

# Notification form for GP practices: Reduction or withdrawal of primary care services

For the attention of.....

Practice name:

First lines of address:

Contact name & telephone number  
(person to be contacted in connection with this request)

The above named GP practice is informing Greater Glasgow and Clyde Health Board that it proposes to reduce or withdraw the following clinical services that it would normally deliver to its patients under the terms of its primary medical services contract with the Health Board. The GP practice should indicate whether it considers these proposals are at level 1, 2 or 3 as defined in the Covid-19 pandemic guidance.

Description of the clinical services that will be reduced or not performed (where a reduction is proposed, the extent of that reduction should be documented)  
(Please write "all" if surgery closure is intended)

Reasons that clinical services will be reduced or not performed (Please list staff absent from the surgery or document any other reason for request)

Please note the Health Board may validate these reasons at any time during or after any period of service suspension.

Expected duration of reduction or cessation in clinical services:

PCA(M)2020)02

This proposal to reduce or cease certain clinical services is made without prejudice by the GP practice (contractor) in response to the effects of a Covid-19 flu pandemic.

Signed.....

For and on behalf of the GP practice (contractor)

Date.....