**Appendix 6a**

**Feedback for Contractual / Practice Merger**

**<<Practice name and Practice Code>>**

**and**

**<<Practice name and Practice Code>>**

|  |  |
| --- | --- |
| **Proposed merger date** |  |
| **IT Comments**  Include whether it is feasible for the merger to take place on the proposed date. If not, suggest an appropriate alternative date and the reasons why.  Include how much notice is required to merge clinical systems.  Surviving contract **<<Practice code>>** |  |

This application should be viewed as **strictly confidential** as the Practices may not have made their staff or patients aware of the proposal.

If you have any Practice level queries you may contact **<<Practice Manager Name and email address>>** who will be the point of contact for the merger

Please **return the completed form within 10 working days** to hiowicb-hsi.so.pccommissioning@nhs.net