**Post Operative Care - Treatment Room Enhanced Service**

<Recipient Name>

<Recipient Details>

<Recipient Address>

Date: <Todays date>

Ref:

Dear <Recipient Name>

Please accept this as 6-months’ notice that we are no longer able to undertake Treatment Room services and have served notice of such to the ICB.

Due to the escalating pressures on general practice, we can no longer undertake work that would ideally be undertaken solely in secondary care without the appropriate resources and mechanisms in place to support this non-core work.

Treatment Room includes the range of procedures within primary care that have previously been performed or initiated in secondary care and will include as a minimum, but not restricted to:

* Application of simple dressings.
* Removal of sutures and clips from uncomplicated wounds arising from a secondary care procedure.
* Post-operative care of surgical wounds in patients who can attend the Provider premises and where the care of such wounds falls within the skill and experience of the staff involved.
* Follow up wound care arising from attendance at GPwSI schemes, the Community Surgery Service, Minor Injury Units, Urgent Treatment Centres and Accident and Emergency Units. These units will provide, on FP10 an initial supply of appropriate dressings.

Please be aware that this will require you to make alternative arrangements for the patients’ post-procedure review.

Treatment Room services will still be provided until the date our notice is reached.

Thank you for your ongoing care and treatment of our mutual patients.

Yours sincerely

<Sender name>

**On behalf of <Sender details>**