# Appendix 2 - Breach & Remedial Notices– Draft template

**Name of contractor:**

**Address of premises:**

**Date of inclusion in the pharmaceutical list for the area of [insert name of health board]:**

**This is a remedial notice issued under regulation 50 of the NHS (Pharmaceutical Services) (Wales) Regulations 2020.**

**Term of service that has been breached:** [insert specific term of service]

**Nature of the breach:**

[Insert details]

**Steps you are required to take, to our satisfaction, in order to remedy the breach:**

[Insert details]

**The required steps must be completed by:**

[Insert details]

[insert the following where relevant]

**[Withholding of payments**

We have also determined that payment withholdings are to apply in respect of this breach.

[insert reasoning for decision to withhold payments]

[insert details of how much or which fees or allowances are to be withheld and the reasoning for withholding that amount or those fees or allowances]

The withholding relates to the period from [insert date] to [insert date].]

You have a right of appeal to the Welsh Ministers against the issuing of this remedial notice [and to withhold payments]. Should you choose to appeal then you should send a concise and reasoned statement of the grounds for your appeal within 30 days of the date of this notice to [pharmacy.appeals@gov.wales](mailto:pharmacy.appeals@gov.wales).

Please note that should you fail to comply with the requirements of this remedial notice we reserve the right to exercise our powers to take further action in relation to your inclusion in the pharmaceutical list in respect of the above named premises. This may include removal of the premises from the pharmaceutical list under regulation 53 of the NHS (Pharmaceutical Services) (Wales) Regulations 2020.

Dated:

Signed:

on behalf of [insert name of health board]

Print name:

**Template Breach Notice**

**Name of contractor:**

**Address of premises:**

**Date of inclusion in the pharmaceutical list for the area of [insert name of health board]:**

**This is a breach notice issued under regulation 51 of the NHS (Pharmaceutical Services) (Wales) Regulations 2020.**

**Nature of the breach:**

You are required to not repeat the breach again.

[*insert the following where relevant*]

**[Withholding of payments**

We have also determined that payment withholdings are to apply in respect of this breach.

[*insert reasoning for decision to withhold payments*]

[*insert details of how much or which fees or allowances are to be withheld*]

The withholding relates to the period from [*insert date*] to [*insert date*].]

You have a right of appeal to the Welsh Ministers against the issuing of this remedial notice [and to withhold payments]. Should you choose to appeal then you should send a concise and reasoned statement of the grounds for your appeal within 30 days of the date of this notice to [pharmacy.appeals@gov.wales](mailto:pharmacy.appeals@gov.wales).

Please note that should you fail to comply with the requirements of this remedial notice we reserve the right to exercise our powers to take further action in relation to your inclusion in the pharmaceutical list in respect of the above named premises. This may include removal of the premises from the pharmaceutical list under regulation 53 of the NHS (Pharmaceutical Services) (Wales) Regulations 2020.

Dated:

Signed:

on behalf of [insert name of health board]

Print name