**This letter is for you to adapt for your patient(s). Please ensure that you customise the text highlighted in yellow so that the information is appropriate. Please also ensure that once you have made your amendments, any important information isn’t split across two pages, or that an instruction to continue on to a second page is added.**

Insert practice header or print to practice headed paper, or type address details below.

[Practice name]

[Address]

[Tel]

[Email]

[Date]

[Title\_Initial\_Surname]

[Patient Address Block]

Dear [Title] [Surname],

**Your topical fungal nail treatment will no longer be available on NHS Prescription**

Within the practice we regularly review our patients’ treatment to ensure that all treatment complies with current best practice. We are encouraging the use of cost-effective prescribing throughout the NHS to enable patients to receive the treatments they need.

You have been identified as a patient using an antifungal nail treatment. NHS Dorset has asked all GP teams to review prescribing for topical fungal nail infections. Your treatment is currently classed as non-formulary in Dorset because if offers a low cure rate, and as such should not be routinely prescribed.

If you would like to continue with this treatment, NHS Dorset recommend it is purchased over the counter.

If you have any questions about this change, please contact your GP/Nurse/Pharmacist (delete as appropriate).

|  |  |
| --- | --- |
| **GP/Nurse/Pharmacist** [delete as applicable] | [Add number] |

Yours sincerely

Dr [insert name] and partners

[insert practice name]