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11 March 2015

Dear Practice Manager

Contract for the Provision of Public Health Services 1st April 2014 – 31st March 2015 ('the Agreement'): Notification of Contract Extension Request

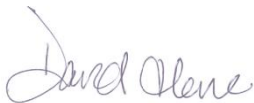
We refer to the above Agreement between ourselves. Please take this letter as notice that the Authority is exercising the right under clause C1 of the contract to request an extension to the terms of the contract by a period of **twelve** months. Therefore, the proposed term of the contract would expire automatically on **31st March 2016**. It is proposed that the unit costs for Public Health Services during this extension will remain the same as in the original contract, a summary of which can be found in the individual service specifications therein. This contract and service specifications will soon be available on the Salford and Trafford Local Medical Committee website.

Except as expressly extended by this Notice of Extension, it is proposed the Agreement shall remain in full force and effect.

Please **sign, scan and return this letter** to phsecretary@salford.gov.uk or to **Vivienne Parish** at the address above to acknowledge receipt, and thereby confirm your agreement to the extension of the term. Please also indicate on this letter which services **you wish to deliver in 2015/16 by completing the boxes below**. Please note if you wish to provide services from this contract that you did not in 2014/15 we may request additional competency certificates.

We look forward to hearing from you.

Yours faithfully



David Herne
Director of Public Health

We hereby confirm we wish to provide the following services under the Public Health Services contract:

Service	Providing in 2015/16 (please tick)
Chlamydia Screening	
Smoking Cessation	
Long Acting Reversible Contraception	
NHS Health Checks	

We hereby confirm receipt of and agreement to the variation of the Agreement and that the variation is incorporated into the Agreement for the provision of Public Health Services with Salford City Council as outlined in the letter above.

Name: Signed:.....

For:..... Date:.....