

# **2018/19 Annual GP Practice Self Declaration**

**NHS England INFORMATION READER BOX****Directorate**

Medical	<b>Operations and Information</b>	Specialised Commissioning
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<b>Additional Circulation List</b>	
<b>Description</b>	The annual electronic practice self declaration (eDEC) was first introduced in April 2013 and has replaced the variable arrangements (such as submission of annual reports) which existed in the past between providers of primary medical services and Primary Care Trusts. The eDEC is an annual mandatory data collection.
<b>Cross Reference</b>	<a href="https://www.england.nhs.uk/publication/primary-medical-care-policy-and-guidance-manual-pgm/">https://www.england.nhs.uk/publication/primary-medical-care-policy-and-guidance-manual-pgm/</a>
<b>Superseded Docs (if applicable)</b>	eDEC 2017/18
<b>Action Required</b>	Online submission of annual declaration by all GP practices in England using <a href="http://www.primarycare.nhs.uk">www.primarycare.nhs.uk</a>
<b>Timing / Deadlines (if applicable)</b>	<b>By 5th December 2018</b>
<b>Contact Details for further information</b>	Primary Care Commissioning Operations and Information Directorate Quarry House Quarry Hill, Leeds LS2 7UE  <a href="mailto:england.primarycareops@nhs.net">england.primarycareops@nhs.net</a>

**Document Status**

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## **2018/19 Annual GP Practice Self Declaration: WEB BASED.**

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Version 4 for 2016/17 Annual Declaration: November 2016.

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Prepared by: NHS England Operations and Information,  
Primary Care Commissioning.

### **Equality and Health Inequalities Statement**

Promoting equality and addressing health inequalities are at the heart of NHS England's values. Throughout the development of the policies and processes cited in this document, we have:

- Given due regard to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited under the Equality Act 2010) and those who do not share it; and
- Given regard to the need to reduce inequalities between patients in access to, and outcomes from healthcare services and to ensure services are provided in an integrated way where this might reduce health inequalities.

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## Background

The annual electronic practice self declaration (eDEC) was first introduced to practices in April 2013 and has replaced the variable arrangements (such as the submission of annual reports) which existed between former Primary Care Trusts and providers of Primary Medical Services. The eDEC is an annual mandatory data collection. There have been four previous annual collections between 2013/14 and 16/17.

Information collected in the eDEC is covered in 8 categories, these include: 1. Practice Details, 2. Practice Staff, 3. Practice Premises and equipment, 4. Practice services, 5. Information about the practice and its procedures, 6. Governance, 7. Compliance with CQC. 8 GP I.T.

To meet the Care Quality Commission (CQC) registration requirements, all services regulated by CQC must comply with the law, but in particular, they must comply with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3) (as amended). A number of the questions asked in this declaration therefore relate to CQC's registration requirements. In addition however this version of the declaration has been amended to reflect our commitment in the General Practice Forward View to reducing workload in regulatory duplication. The CQC has reviewed the questions such that responses will form part of their pre-inspection documentation thereby reducing workload for practices

### Onward uses of the information:

CQC inspection teams and NHS England Regional Teams work closely together and share information on a regular basis. The information provided to NHS England in this declaration will be shared with CQC. Similarly, the outcome of CQC inspections will be shared with NHS England, this includes any action plans which practices may submit to CQC (where relevant).

In maintaining NHS England's commitments towards transparency and supporting patient choice, the following sections and items could be shared either with public facing NHS websites (e.g. NHS Choices) and/or other modules visible to all users of the primary care website for instance may be used within the GPIT assurance module and General Practice Outcome standards:

Could be published in the public domain in the near future	<ul style="list-style-type: none"><li>• Question 1H. Practice telephone number (for patients).</li><li>• Practice Services Section (i.e. Chapter 4): all content.</li><li>• Premises and Equipment Questions on wheelchair accessibility questions 3E and 3F.</li><li>• The electronic practice catchment area, the practice website address, branch practice opening times and where relevant practice Facebook page.</li><li>• Question 5T and 8J: The practice is using an appropriate tool to identify people living with frailty (which is then subject to clinical confirmation) and the practice is enriching the Summary Care Record of patients who have given their consent.</li></ul>
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Will be available to all users of the primary care website	<ul style="list-style-type: none"> <li>• Interoperable patient records questions: 6E and 6F.</li> <li>• GP IT section (i.e. Chapter 8): all content.</li> <li>• The electronic practice catchment area.</li> </ul>
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Clinical Commissioning Groups that commission primary care services under formal delegation from NHS England may receive information from the Self Declaration that is necessary in support of their delegated functions.

### Legal disclaimer:

NHS England, as with all NHS organisations is required to share intelligence with other statutory bodies, both in circumstances where they have a legal right to request it e.g. National Audit Office, CQC; or where it is necessary or expedient for them to receive it in order to protect the welfare of individuals or to discharge their functions.

Practices are therefore reminded of the significance to ensure that responses provided to questions are accurate and can withstand legal scrutiny, the declaration is treated and considered to be a formal submission once declared.

All information in the eDEC is subject to the requirements of the Freedom of Information Act 2000. In response to a request for information, exemptions to disclosure will be considered on a case by case basis.

### Completion Guidance

The eDEC is a mandatory return and remains an organisational responsibility of the practice to complete within the requested time frame. The information is submitted by a senior member of practice staff usually the practice manager and/or senior partner as similar to requirements related to completing CQRS returns. Only the person in the practice who has the permission in their user account will be able to view/edit and submit the eDEC in the NHS England primary care website [www.primarycare.nhs.uk](http://www.primarycare.nhs.uk)

The eDEC for 2018/19 includes mandatory and voluntary questions. Questions which are voluntary have been colour coded and marked voluntary, practices are encouraged to complete responses to these questions but can leave the questions blank if they prefer. Responses to voluntary questions will help enable the system to better support GP practices in the future. Responding no to questions which are voluntary does not mean the practice is not compliant with their contract.

Practices who require further support to gain access to the eDEC, or have any specific questions about the content or experience any technical difficulties should contact their NHS England regional team.

In order to account for changes which have occurred in the contract, some changes to questions have been made from last year's declaration. Where a subtle change has been made to the question but the essence is the same as last year, such questions have been identified by "(r)" for revised next to the question number. Where any new questions have been asked these have been identified by "(n)" for new. A copy of the eDEC is available in written form in the resources section of the website.



For practices who submitted an electronic declaration last year, the questions and responses provided have been presented back. Practices are asked to check these responses. If no changes have occurred practices can resubmit this back.

Practices are reminded of the need to ensure that responses provided apply to any new arrangements which have since occurred from when the declaration was submitted last year, for example when a practice has merged with another and is using the same practice organisation code.

With respect to branch practices, registered under the same parent organisation code (main practice) it is assumed that all responses to all questions for the main practice equally apply to the branch practices. Should any responses to questions answered in this declaration be different for a branch practice, then practices are required to explain these differences further by making use of the free text entry available in the 'supporting Information' section found at the end of the declaration.

Throughout the eDEC module, you will find introduction sections detailing the background behind the questions and the responses required. You can find a detailed manual on using the tool [here](#).

There is also in-line help throughout the declaration which can be accessed using the 'Help' tab at the top right hand corner.

At the end of this module, under the section marked 'Supporting Information' you can provide additional information or documentation, which will clarify to your regional team, any problems you have with any of the questions in the eDEC.

You can progress through the Declaration using the buttons marked 'Forward' and 'Back' at the bottom of every page, or by clicking on the buttons on the Navigation Bar on the left.

Although the Declaration will save your responses as you go, you should remember to click on 'Save and Go To Next Section' at the end of each page. Your progress through the Declaration will be shown at the bottom left of the Navigation Bar.

For more help, you can also download the Electronic Declaration Manual

If you are having problems with the Catchment Area editor, you can find a training video [here](#).

## **1 Practice Details**

This is used to confirm the basic details of your practice e.g. the name, address and contract type. This information helps to ensure the records held by the regional team are correct.

To complete this section, you should confirm that the pre-filled boxes are correct in the 'Main Practice' section. If you have any concerns about this, you should discuss this with your regional team contract manager.

Within the remit of the Practice Details is submission of a 'Practice Area' or 'Catchment Area'. This should be done under the 'Catchment Area' tab.

Practice Details	Response
1A. Practice organisation code	
1B. Practice name	
1C. Practice area	
1D. Practice contract type (GMS/PMS/APMS/other)	Select from list
1E. Organisation type <sup>1</sup> (Social Enterprise/NHS body/Non NHS body)	Select from list
1F. Since your practice last completed this declaration, have you changed configuration <sup>2</sup> or structure? (e.g. the practice is declaring under the same organisation code as for last year's declaration and since this time, the practice has merged or divided from another practice).	Yes / No/ N/A <sup>3</sup>
1G. Contract start date/ end date <sup>4</sup> (where applicable)	
1H. Practice telephone number (for patients) <sup>5</sup>	
1I. Practice telephone number (other, if different)	
1J . Does the practice have any branches? If so how many and what are their names?	<p>Enter number, If 1 e.g.</p> <p>Drop Down Select from ODS Subset list and enter Name</p> <p>If 2 e.g. Two drop down select</p> <p>Enter ODS code and Enter Name</p>

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<sup>1</sup> This question relates to how the contractor elects to be regarded for the purposes of dispute resolution procedures, see definitions available in: <http://www.england.nhs.uk/wp-content/uploads/2013/10/manag-disputes.pdf>

<sup>2</sup> This means that there has been a change in the contractual entity of the practice.

<sup>3</sup> N/A applies if the practice is new and was not able to complete an electronic declaration last year.

<sup>4</sup> Mandatory question if responding 'Yes' to: 'new or recently changed configuration' and for APMS contracts, otherwise: optional.

<sup>5</sup> Response to this question could be shared with public facing NHS websites e.g. NHS Choices.



## 2 Practice Staff

For the purpose of this declaration the contractor is assumed to have sufficient staff, suitably qualified, skilled and experienced to provide a level of service sufficient to meet the reasonable needs of its patients. The practice should amend the declaration to 'NO' if it is not able to demonstrate this.

It is recognized that workforce pressures and including vacancies are increasing locum use in general practice, at a time when locum costs are rising. This section seeks to understand the extent practices are dependent on locums GP support, and how costs compare with the maximum indicative rate for locum cost.

This section relates to Regulations 18 and 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (as amended).

### 2.1 Staff Numbers and Suitability

Question 2A	Response
The practice can evidence and make available the needs analysis and risk assessment it has used for deciding sufficient staff levels. Recognising the need to have the right knowledge, experience, qualifications and skills for the purpose of providing services in the practice and demonstrating capacity to respond to unexpected service changes.	Yes/No
Question 2B	Response
All health care professionals working in the practice are registered with the relevant professional body, and that this registration is checked on employment (along with satisfactory references) and where applicable annually thereafter, and that health care professionals that are required to revalidate do so and that for GPs, inclusion on the performer list is checked. ( <i>GMS Regulations Part 7, PMS Regulations Part 8, Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 18(2)(c)</i> ).	Yes/No
Question 2C	Response
All relevant staff have been subject to the necessary Disclosure and Barring Service (DBS) checks. The DBS has replaced the Criminal Records Bureau <a href="https://www.gov.uk/government/organisations/disclosure-and-barring-service/about">https://www.gov.uk/government/organisations/disclosure-and-barring-service/about</a>  See also the CQC myth buster on DBS checks. <a href="http://www.cqc.org.uk/content/nigels-surgery-2-who-should-have-disclosure-and-barring-service-dbs-check">http://www.cqc.org.uk/content/nigels-surgery-2-who-should-have-disclosure-and-barring-service-dbs-check</a>	Yes/No

Question 2D (r)	Response
<i>The following question relates to locum use and associated cost to the practice. This is an indicative figure only and does not represent what a</i>	Enter number of

<p><i>practice must or should pay. Neither will it be used for performance management purposes.</i></p> <p>Total number of locum sessions, between 1st of July 2018 through to 30th September 2018, where pay has exceeded the maximum indicative rate of £82.43 per hour.</p>	<p>sessions</p>
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## 2.2 Training and Support

Question 2E	Response
<p>All health care professionals employed in the practice have annual appraisals and where applicable personal development plans and that this is aligned to revalidation for doctors and also for registered nurses and midwives (according to requirements issued by the Nursing and Midwifery Council)</p> <p><i>(GMS Regulations Part 7, Regulation 54, PMS Regulations Part 8, Regulation 47), CQC GP handbook</i></p>	<p>Yes/No</p>
Question 2F	Response
<p>Practice staff have written terms and conditions of employment conforming to or exceeding the statutory minimum <i>(relevant employment law and GMS Regulations Part 7, Regulation 49).</i></p>	<p>Yes/No</p>
Question 2G	Response
<p>The Practice can demonstrate that it is compliant with Equal Opportunities legislation on employment and discrimination. <i>(Equality Act 2010)</i></p>	<p>Yes/No</p>

Question 2L (r)	Response
<p>Are all healthcare workers employed by the practice familiar with the Government's Prevent strategy and have all GPs (partners and salaried) participated in PREVENT training in the past 3 years?</p> <p><b>Guidance note:</b> participation could be either in person or on-line training. Ref. 10.143 page 88 Prevent Strategy:  <a href="https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/97976/prevent-strategy-review.pdf">https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/97976/prevent-strategy-review.pdf</a></p>	<p>Yes/No</p>
Question 2M (n)	Response
<p>The practice has policy(ies) for safeguarding both children and adults which includes: Domestic Violence, Mental Capacity, FGM and the requirement for mandatory reporting, information sharing, freedom to speak up information.          (This is a legal requirement to have policies and fits with CQC inspection regulations and Children Act 2004.)</p> <p>Supporting resources/ links:  <a href="http://www.gpnotebook.co.uk/simplepage.cfm?ID=x20140305071001216972">http://www.gpnotebook.co.uk/simplepage.cfm?ID=x20140305071001216972</a></p>	<p>Yes/No</p>

Royal College toolkits: Child <a href="http://www.rcgp.org.uk/clinical-and-research/resources/toolkits/the-rcgp-nsppc-safeguarding-children-toolkit-for-general-practice.aspx">http://www.rcgp.org.uk/clinical-and-research/resources/toolkits/the-rcgp-nsppc-safeguarding-children-toolkit-for-general-practice.aspx</a> Adult <a href="http://www.rcgp.org.uk/clinical-and-research/resources/toolkits/safeguarding-adults-at-risk-of-harm-toolkit.aspx">http://www.rcgp.org.uk/clinical-and-research/resources/toolkits/safeguarding-adults-at-risk-of-harm-toolkit.aspx</a> )	
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### 3 Practice premises and equipment

This section covers the Practice premises and equipment with regards to service provision, compliance with Health and Safety regulations and infection control, as defined in the contract. Regulations 12(2)(d-f) and (h) and 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (as amended) and the Health & Safety at Work Act 1974.

Question 3A	Response
<p>The premises used for the provision of services under the contract are suitable for the delivery of those services and sufficient to meet the reasonable needs of the practice's patients. (<i>GMS Regulations Schedule 3 Part 1, Paragraph 1, PMS Regulations Schedule 2 Part 1, Paragraph 2</i>) and must meet Minimum Standards as defined in Schedule 1 of the Premises Costs Directions (2013)</p>	Yes/No
Question 3B	Response
<p>The premises used for the provision of services under the contract are subject to a plan that has been formally agreed with the NHS England (<i>GMS Regulations Schedule 3, Part 1, Paragraph 1, PMS Regulations Schedule 2, Part 1, Paragraph 2</i>) if rectification actions are required; or in order to comply with Minimum Standards as of the current Premises Costs Directions</p>	Yes/No
Question 3C	Response
<p>The practice is able to demonstrate that it complies with arrangements for infection control and decontamination in accordance with the Health &amp; Social Care Act 2008 code of practice on the prevention and control of infections. (<i>GMS Regulations Schedule 3 Part 1 Paragraph 14, PMS Regulations Schedule 2 Part 1, Paragraph 9</i>).</p> <p>In addition the practice will want to be aware of related guidance, such as the National Specifications of Cleanliness in the NHS. Appendix D: examples of interpretation for primary medical care,</p>	Yes/No

including carrying out annual audits as set out in the code. <a href="#"><u>National specifications for cleanliness in the NHS: primary care medical and dental premises</u></a>	
<b>Question 3D</b>	<b>Response</b>
The practice can demonstrate that it meets the requirements of the Health & Safety at Work Act 1974 and Fire Safety Regulations [this might include for example evidence of regular review or audit of any policies or procedures adopted by the practice. ( <i>Health &amp; Safety at Work Act</i> ) <i>The Regulatory Reform (Fire Safety) Order 2005</i> . ( <a href="http://www.legislation.gov.uk/ukxi/2005/1541/contents/made">http://www.legislation.gov.uk/ukxi/2005/1541/contents/made</a> )	Yes/No
<b>Question 3E</b>	<b>Response</b>
Does the practice have at least one consulting room which is accessible to wheel chair users? <sup>6</sup>	Yes/No
<b>Question 3F</b>	<b>Response</b>
If answering No to question 3E, what arrangements are in place to meet the reasonable needs of patients who are wheel chair users? <sup>7</sup>	Select all which apply:  1. Home visit 2. Other (free text)

## 4 Practice Services

This section primarily relates to the core hours of 0800 – 1830 every day except weekends and bank holidays. We assume that the practice is providing general medical services to meet the reasonable needs of its patients. When entering opening times outside this window, we assume that this relates to extended hours. This section covers the provision of services, including routine and emergency/out-of-hours medical care.

All responses to questions in this chapter will also be used to allow the general public to learn more about the practices which provide particular services. This may include the sharing of responses from questions 4A through to 4X with public facing NHS websites e.g. NHS Choices.

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<sup>6</sup> Response to this question could be shared with public facing NHS websites e.g. NHS Choices.

<sup>7</sup> Ibid

Opening Hours (reception and phone lines open)	Question 4A.Details of opening hours for reception	Question 4B. Details of opening hours for phone lines
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Closing Hours		Response
4C. Are there any <b>regular</b> periods during <b>each week</b> that the practice is closed to patients between the hours of 8.00 and 6.30pm Monday to Friday (except bank holidays)?.		Yes/no
Question 4D . If yes, please provide details of days and times		Response
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Question 4E		Response
Are there any other <b>intermittent</b> periods during <b>each month</b> that the practice is closed to patients between the hours of 8.00 and 6.30pm Monday to Friday (except bank holidays)?		Yes/no
Question 4F . If responding yes to question 4E, please indicate frequency of intermittent closure period and provide details of days and times		
Day	Frequency of intermittent closure time: select from list: fortnightly / once every three weeks / once a month / once every other month / other (free text)	Time: select a.m / p.m
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Question 4Fb (n): Is the practice closed <u>each week</u> for half a day during core contract hours?		
Monday	Y/N	
Tuesday	Y/N	
Wednesday	Y/N	
Thursday	Y/N	
Friday	Y/N	

Extended Opening Hours – where the practice provides outside of core contract hours		
4G. Hours per week (not within 08:00-18:30 Mon-Fri)	4H . Funding mechanism (e.g. ES, Incentive Scheme, PMS growth, other)	4I. Contract/agreement end date
<b>Patient online access</b> It is a contractual requirement for GP practices to currently offer and promote to patients: online booking of appointments, online ordering of repeat prescriptions and online access to detailed coded medical records, when requested by the patient. During 2018/19 NHS England and BMA are working toward a joint commitment to have 30% of patients registered for one or more of these online services. However, this 30% target is not a contractual requirement for practices.  If you need any guidance, advice or support (including contact details), please visit NHS England's Patient Online Programme's web pages for more information <a href="http://www.england.nhs.uk/patient-online/">http://www.england.nhs.uk/patient-online/</a>		
4K (r). If the practice has less than 30% of patients registered for one or more of online services, does it have a plan to reach this by 31 March 2019?		Yes/No

New Out of Area patients ( <i>GMS Regulations, part 5, Regulation 30, PMS Regulations, part 5, Regulation 25</i> )	
4L. Does the practice offer primary medical services (excluding home visits) to new patients who are seeking to register with the practice and reside outside their usual practice boundary area?  (Guidance Note: Provision of out of area registration by practices is optional).	Yes / No

In case of Emergency (during core contract hours)	
<b>The contract states that “the Contractor must provide the services described in Part 8 (namely <i>essential services</i>) at such times, within <i>core hours</i>, as are appropriate to meet the reasonable needs of its patients, and to have in place arrangements for its patients to access such services throughout the <i>core hours</i> in case of emergency” (2014, NHS England, Standard GMS Contract)</b>	
4M During the preceding 12 months, the practice can confirm, that it can evidence (if requested), how it is meeting the reasonable needs of its patient population and the practice has arrangements in place for its patients to	<b>1. The practice can confirm with evidence which has been obtained from patient sources in the preceding 12 months from:</b> (select all that apply from list) <ul style="list-style-type: none"> <li>• Patient Participation Group,</li> <li>• GP Patient Survey,</li> </ul>



access such services throughout the <i>core hours</i> (08:00 – 18:30 Monday to Friday) in case of emergency?	<ul style="list-style-type: none"> <li>Local Survey,</li> <li>Combination of PPG/GPPS/Local Survey,</li> <li>Other: FREE TEXT entry:</li> </ul> <b>2. The practice is not able to confirm</b> <sup>8</sup>
4N. The practice can confirm it has arrangements in place for its patients to access essential services in case of emergency if the practice is not open during core contract hours.	Yes/No
4O. If practice services are not available to patients during core contract hours what arrangements are in place?	Select response from drop down list: <ul style="list-style-type: none"> <li>Same OOH provider as that commissioned by CCG,</li> <li>Sub contracted provider: (enter name and select from list provided),</li> <li>Provided directly by the practice,</li> <li>Other free text entry:,</li> <li>None</li> </ul>

Out of Hours	
4P. Is the practice responsible for the provision/commissioning of care in the Out of Hours period? (i.e. care which is provided by the practice or commissioned by the practice. This does not refer to Out of Hours Care commissioned by the CCG).	Yes / No (opted out)
4Q. If 'Yes' and the practice sub-contracts the provision of out of hours care, please provide the name of the accredited provider.	Enter name of OOH provider and select from the list provided <sup>9</sup>
4R. If 'Yes' the practice can evidence that it has in place arrangements to monitor its contract with its OOH provider, including: frequency of meetings with the provider, and any action it has taken against its provider through non-compliance or complaints.	Yes/No

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<sup>8</sup> Declaring "not able to confirm", means that you are not able to provide evidence from patient sources, this does not necessarily mean you are not meeting the reasonable needs of your patients.

<sup>9</sup> If your provider is not on the list provided then enter the name by selecting 'OTHER' and enter in free text.

4S. If 'No (opted out)' the practice can evidence that it has in place arrangements to monitor and report on any patient or practice concerns about the quality of local OOH services. (GMS Regulations Part 5 Regulation 18, PMS Regulations Part 5 Regulation 22)	Yes/No
4T. If 'No (opted out)' the practice can evidence that it also has in place arrangements to promptly review the clinical details of OOHs consultations made by its patients and for dealing with information requests from the OOH provider. (GMS Regulations Part 5 Regulation 18, PMS Regulations Part 5 Regulation 22)	Yes/No

Access to interpreting services	
4U . Does the practice provide access to interpreting?	Select from drop down list  Yes – telephone only  Yes – telephone and face to face interpreter (inclusive of British Sign Language)  Yes – other  No
4V. If yes, who funds the interpreting service?	Select all that apply:  i) Practice ii) CCG iii) NHS England iv) Other

Question 4W (n). Maintaining up to date information on the GP practice website	
Does the practice review and update (where appropriate) the content of the practice website on at least two separate occasions, or more, per year?	Response:  Yes/No*

\*Declaring no to Q4W(n) does not mean that the practice is not compliant with their contract.

## 5 Information about the practice and its procedures

This section covers the Practice procedures and includes how the practice communicates with patients, how it stores and records information regarding medication and compliance with regulations regarding children. This relates to Regulations 9, 10, 11, 12, 13 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (as amended).

### 5.1 Communicating with Patients

Question 5A	Response
The practice produces a leaflet that includes all of the requirements set out in its contract. ( <i>GMS Regulations Part 10, Regulation 78, PMS Regulations, Part 11, Regulation 71</i> ).	Yes/No
Question 5B	Response
The practice reviews and updates its leaflet at least once every 12 months. ( <i>GMS Regulations Part 10, Regulation 78, PMS Regulations Part 11 Regulation 71</i> ).	Yes/No
Question 5C	Response
The practice leaflet is made available for patients/prospective patients. ( <i>GMS Regulations Part 10, Regulation 78, PMS Regulations Part 11, Regulation 71</i> )	Yes/No
Question 5D	Response
The practice has a complaints policy which complies with the NHS complaints procedure and it is advertised to patients. ( <i>GMS Regulations Part 11, Regulation 79, PMS Regulations Part 12, Regulation 72</i> ).	Yes/No
Question 5E	Response
The practice can demonstrate reasonable grounds where it has refused an application to register and keeps a written record of refusals and the reasons for them. ( <i>GMS Regulations Schedule 3, Part 2, Paragraph 21, PMS Regulations Schedule 2, Part 2, Paragraph 20</i> ).	Yes/No
Question 5F	Response
When removing patients from its list the practice can demonstrate that it does so in accordance with contractual requirements and provides the required notice, including providing an explanation of the reasons in writing to the patient. ( <i>GMS Regulations Schedule 3, Part 2, Paragraph 21, PMS Regulations Schedule 2, Part 2, Paragraph 20</i> )	Yes/No

Question 5G	Response
<p>The practice can evidence that they have engaged with their PPG throughout the year and make available such feedback to the practice population including actions and reports, including where they have acted on suggestions for improvement. (<i>GMS Regulations Part 5, Regulation 26, PMS Regulations Part 5, Regulation 20</i>).</p>	Yes/No
Question 5H	Response
<p>The practice is able to show that the PPG is properly representative of its practice population or that it has made and continues to make efforts to ensure it is representative of its local population. (<i>GMS Regulations Part 5, Regulation 26, PMS Regulations Part 5, Regulation 20</i>)</p>	Yes/No
Question 5I	
<p>When undertaking call/recall activities as part of delivering vaccination programmes please specify when required how the practice's eligible population are contacted?</p>	<p>Selection all options that apply</p> <p>Poster in waiting room</p> <p>Notification on practice website</p> <p>Letter to patient</p> <p>Text message to patient</p> <p>Phone call to patient</p> <p>During consultation/ appointment</p> <p>Other electronic technical solution (free text)</p> <p>Other non-electronic technical</p>

	<p>solution (free text)</p> <p>n/a practice does not undertake call/recall</p>
<b>Question 5U</b>	<b>Response</b>
<p>Has the GP practice updated their whistleblowing policy in light of published guidance?</p> <p>Ref: <a href="https://www.england.nhs.uk/2016/11/support-whistleblowers-pc/">https://www.england.nhs.uk/2016/11/support-whistleblowers-pc/</a></p>	Yes/No
<b>Question 5V</b>	<b>Response</b>
Has the practice identified someone external to the practice staff can raise concerns with in confidence (e.g. freedom to speak up guardian, local whistleblowing lead)?	Yes/No

## 5.2 Medication

<b>Question 5J</b>	<b>Response</b>
The practice has a written policy and procedures in line with the requirements of the Medicines Act ( <i>GMS Regulations Part 14 Regulation 87, PMS Regulations Part 14 Regulation 79</i> ) which will be made available if requested.	Yes/No
<b>Question 5K</b>	<b>Response</b>
Practice stores vaccines in accordance with the manufacturer's instructions ( <i>GMS Regulations Schedule 3, Paragraph 13, PMS Regulations Schedule 2 Paragraph 8</i> ).	Yes/No
<b>Question 5L</b>	<b>Response</b>
The practice has a procedure to ensure all batch numbers and expiry dates are recorded for all vaccines administered and that all immunisations, vaccinations and consent to immunisations are recorded in the patient record ( <i>GMS Regulations Schedule 1 Paragraph 4, PMS subject to local agreement</i> ).	Yes/No

Question 5M	Response
The Practice stores its Vaccines in fridges which have a max and min thermometer and can demonstrate, if asked, that readings are taken on all working days. ( <i>GMS Regulations Schedule 3, Part 1, Paragraph 13, PMS Regulations Schedule 2, Part 1, Paragraph 8</i> ).	Yes/No
Question 5N	Response
All staff involved in administering vaccines are trained in the recognition of anaphylaxis and able to administer appropriate first line treatment when it occurs ( <i>GMS Regulations Schedule 1, Paragraph 4, PMS subject to local agreement</i> ).	Yes/No
Question 5O	Response
With regard to dispensing doctors: the practice can demonstrate it has clear procedures, that are followed in practice, monitored and reviewed, for controlled drugs, unless they are taken by the person themselves in their own home, including: investigations about adverse events, incidents, errors and near misses; sharing concerns about mishandling.	Yes/ No/ N/A
Question 5P	Response
With regard to dispensing doctors: The practice has systems in place to ensure they comply with the requirements of the Controlled Drugs (Supervision of Management and Use) Regulations 2006, relevant health technical memoranda and professional guidance from the Royal Pharmaceutical Society of Great Britain and other relevant professional bodies and agencies.	Yes/ No / N/A
Question 5Q	Response
<p>With regard to dispensing doctors: The practice declares it complies with the terms of service of dispensing doctors outlined in schedule 6 of The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 and;</p> <p>The practice can demonstrate that for all patients which it dispenses to it is satisfied that they would have serious difficulty in obtaining any necessary drugs or appliances from an NHS pharmacist by reason of distance or inadequacy of means of communication (colloquially known as the “serious difficulty” test which can apply anywhere in the country); or</p> <p>A patient is resident in an area which is rural in character, known as a controlled locality, at a distance of more than one mile<sup>1</sup> (1.6 km) from pharmacy premises (excluding any distance selling premises).</p>	Yes/ No / N/A



The pharmacy premises do not have to be in a controlled locality.	
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### 5.3 Consent, Including Children

Question 5S	Response
The practice records patients' consent for minor surgery including curettage and cautery and, in relation to warts, verrucae and other skin lesions, cryocautery ( <i>GMS Regulations Schedule 1 Paragraph 8, PMS subject to local agreement</i> )	Yes/No
Question 5W (n)	Response
<p>The practice has a policy for patients to request chaperones, this policy includes children and young people as well as adult patients.</p> <p>Addenbrooks Hospital NHS Trust has example of best practice:  <a href="https://www.cuh.nhs.uk/about-us/our-profile/policies-and-procedures">https://www.cuh.nhs.uk/about-us/our-profile/policies-and-procedures</a></p> <p>Further references of note, learning from:  Myles Bradbury investigation report:  <a href="https://www.verita.net/wp-content/uploads/2016/04/Independent-investigation-into-governance-arrangements-in-the-paediatric-haematology-and-oncology-service-at-Cambridge-University-Hospitals-NHS-Foundation-Trust-following-the-Myles-Bradbury-case.pdf">https://www.verita.net/wp-content/uploads/2016/04/Independent-investigation-into-governance-arrangements-in-the-paediatric-haematology-and-oncology-service-at-Cambridge-University-Hospitals-NHS-Foundation-Trust-following-the-Myles-Bradbury-case.pdf</a></p> <p>Savile investigation recommendations:  <a href="https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/407209/KL_lessons_learned_report_FINAL.pdf">https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/407209/KL_lessons_learned_report_FINAL.pdf</a></p>	Yes/No

## 6 Information and Clinical Governance

This section covers information and clinical Governance, and includes questions about storage of data, transmission of data, allowing patients appropriate access to the data held about them and general practice information technology. This section in part relates to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (as amended).

Question 6A	Response
The practice has a protocol to allow patients access to their records on request in accordance with current legislation ( <i>Data Protection Act 2018 and HMS Regulations Part 10, Regulation 71,PMS Regulations Part 11, Regulation 64</i> )	Yes/No
Question 6B	Response
The practice has a nominated person who has responsibility for ensuring the effective operation of the system of clinical governance. ( <i>GMS Regulations Schedule Part 14, Regulation 87, PMS Regulations Part 14, Regulation 79</i> ).	Yes/No

Question 6C	Response
The practice is registered under the Data Protection Act 2018 ( <i>Data Protection Act 2018</i> ).	Yes/No
Question 6D	Response
The practice has a procedure for electronic transmission of patient data in line with national policy ( <i>Data Protection Act 2018 and GMS Regulations Part 10, Regulation 69, PMS Regulations Part 11, Regulation 62</i> ) including mechanisms to ensure that computerised medical records/data are transferred to a new practice when a patient leaves.	Yes/No

<b>Question 6 K (n) General Data Protection Regulation:</b> GDPR general guidance include advise for general practice:  <a href="https://digital.nhs.uk/data-and-information/looking-after-information/data-security-and-information-governance/information-governance-alliance-iga/general-data-protection-regulation-gdpr-guidance">https://digital.nhs.uk/data-and-information/looking-after-information/data-security-and-information-governance/information-governance-alliance-iga/general-data-protection-regulation-gdpr-guidance</a>  <b>Additional support references on DPO:</b>  <a href="https://ico.org.uk/for-organisations/guide-to-the-general-data-protection-regulation-gdpr/accountability-and-governance/data-protection-officers/">https://ico.org.uk/for-organisations/guide-to-the-general-data-protection-regulation-gdpr/accountability-and-governance/data-protection-officers/</a>  <a href="http://pwc.blogs.com/data_protection/2017/02/data-protection-officer-do-you-need-to-appoint-one.html">http://pwc.blogs.com/data_protection/2017/02/data-protection-officer-do-you-need-to-appoint-one.html</a>  <a href="https://edps.europa.eu/data-protection/data-protection/reference-library/data-protection-officer-dpo_en">https://edps.europa.eu/data-protection/data-protection/reference-library/data-protection-officer-dpo_en</a>	
The practice has either appointed a Data Protection Officer or has plans to do so?	Yes/No

Interoperable patient records	
6F. The practice has arrangements in place to ensure a validated NHS number is used in all NHS clinical correspondence, including referrals, generated by the practice, except in exceptional circumstances where the number cannot be ascertained. <sup>10</sup> ( <i>GMS Regulations Part 10, Regulation 70, PMS Regulations Part 11, Regulation 63</i> ).	Yes/No

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<sup>10</sup> Ibid

## Clinical Leads for vulnerable groups

In a context of patients living longer with greater and more complex comorbid conditions the health needs of practice populations are changing. These questions have been asked to support understanding, strategy development, develop systems and processes to manage vulnerable patients and are not related to contractual compliance.

CQC Regulation 17: Good governance, includes requirements to maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment (provided, this includes complying with the Data Protection Act)

This section contains 3 mandatory questions and 1 voluntary.

Question 6G	Response option
<p>Does the practice have a lead for vulnerable adults?</p> <p>The broad definition of a vulnerable adult referred to in the 1997 consultation 'who decides' issued by the lord chancellor department is: 'A person who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation'</p>	Yes / No <sup>11</sup>
Question 6L (n)	Response
<p>Does the practice have procedures and information sharing agreements to ensure information sharing with the multiagency teams for safeguarding vulnerable adults and children.</p> <p>(Children Act 2004) Supporting links:</p> <p>Royal College toolkits: Child <a href="http://www.rcgp.org.uk/clinical-and-research/resources/toolkits/the-rcgp-nspcc-safeguarding-children-toolkit-for-general-practice.aspx">http://www.rcgp.org.uk/clinical-and-research/resources/toolkits/the-rcgp-nspcc-safeguarding-children-toolkit-for-general-practice.aspx</a> Adult <a href="http://www.rcgp.org.uk/clinical-and-research/resources/toolkits/safeguarding-adults-at-risk-of-harm-toolkit.aspx">http://www.rcgp.org.uk/clinical-and-research/resources/toolkits/safeguarding-adults-at-risk-of-harm-toolkit.aspx</a></p>	Yes/No
Question 6M (n)	Response
<p>Does the practice have clear training agreements for safeguarding and records of training retained within the practice for audit requirements?</p>	Yes/No

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<sup>11</sup> Declaring "no" does not mean the practice is not compliant with their contract.

<p>Notable reference learning from Savile investigation recommendations:  <a href="https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/407209/KL_lessons_learned_report_FINAL.pdf">https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/407209/KL_lessons_learned_report_FINAL.pdf</a></p> <p>Children Act 2004 requirements:  <a href="http://www.gpnotebook.co.uk/simplepage.cfm?ID=x20140305071001216972">http://www.gpnotebook.co.uk/simplepage.cfm?ID=x20140305071001216972</a></p> <p>Supportive tool kits: Royal College of General Practice:  Child  <a href="http://www.rcgp.org.uk/clinical-and-research/resources/toolkits/the-rcgp-nspcc-safeguarding-children-toolkit-for-general-practice.aspx">http://www.rcgp.org.uk/clinical-and-research/resources/toolkits/the-rcgp-nspcc-safeguarding-children-toolkit-for-general-practice.aspx</a>  Adult  <a href="http://www.rcgp.org.uk/clinical-and-research/resources/toolkits/safeguarding-adults-at-risk-of-harm-toolkit.aspx">http://www.rcgp.org.uk/clinical-and-research/resources/toolkits/safeguarding-adults-at-risk-of-harm-toolkit.aspx</a></p>	
VOLUNTARY Question 6J	Response Option
<p><b>Mental Capacity Act Background:</b></p> <p>The House of lords select committee on the Mental Capacity Act 2005 (published 25/2/14) found that statutory services were often failing in their obligations in relation to the MCA. There is patch availability of training resource on the MCA, - but with increasing prevalence of dementia, NHS England wants to ensure that practices have access to appropriate training and support. Assessment of capacity is highlighted in BMA's guidance 'Safeguarding vulnerable adults – a tool kit for general practitioners. CQC inspectors will want GPs and other practice staff to demonstrate their competence in safeguarding adults at risk.</p> <p>Whilst not a contractual requirement, NHS England is keen to ensure all practices have access to the required level of support to ensure that practices are aware of good practice in relation to adult safeguarding and the issues regarding the MCA. The outcome will help to inform future training requirements.</p> <p><b>VOLUNTARY Question 6J:</b>  Within the last 3 years, has the practice provided for training on mental capacity / Mental Capacity Act for practice staff health care professionals and/or other staff (where relevant) and got a system for assessing staff competency?</p>	<p><b>Optional</b></p> <p>Yes / No<sup>12</sup></p>

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<sup>12</sup> Ibid

## 7 Registration with CQC

CQC Regulation 15, CQC (Registration) Regulations 2009 require that CQC is notified of specific changes in the running of the service so that CQC can be assured that the provider has taken appropriate action.

Question 7A	Response
<p>'Does your CQC registration accurately reflect the regulated activities you provide, and is each location where you provide them listed'</p> <p>Published guidance available here:</p> <p><a href="#">Scope of registration</a></p> <p><a href="#">What is a location: Guidance for providers and inspectors</a></p>	Yes / No
Question 7B	Response
Have you notified CQC of any change relating to regulated persons and any of the events listed in the regulations <sup>13</sup> , put in an application if required and are in receipt of an up to date registration certificate?	Yes <sup>14</sup> / No <sup>15</sup> / N/A <sup>16</sup>

## 8 General Practice IT

NHS England has a responsibility to ensure general practices are provided with core GP IT services and this responsibility has been delegated to CCGs. This section, will be analysed with other relevant sections of eDEC and together with data collected from CCGs and central NHS sources (NHS Digital) to support assurance and provide insight to support investment in digital services in General Practice. As part of the Digital Primary Care Maturity Assurance Model, the objective is to:

- Support General Practice in improving service and organisational efficiency and effectiveness by utilising digital technology enablers. This aligns with the ambitions outlined in the GPFV.
- Support local commissioners (CCGs) and NHS England in ensuring local GP IT services support GMS contractual requirements, meet NHS commitments and mandates, are safe and secure and appropriately utilise delegated GP IT funds.
- Support emerging ICS/STPs and new models of care based on integrated care by contributing General Practice digital datasets to wider "place based" digital maturity models.

The questions asked in this section are based on published guidance or NHS policies (in which case links to relevant documentation is given) or on good practice and known transformational enablers not all of which will be relevant to all general practices and localities.

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<sup>13</sup> Regulations here refers Regulation 15 of the CQC (Registration) Regulations 2009

<sup>14</sup> Declaring Yes means a change has occurred and the practice has informed CQC.

<sup>15</sup> Declaring No means a change has occurred but the practice has not yet notified CQC.

<sup>16</sup> Declaring N/A means no changes have occurred

Declaring No in this section does not mean the practice is non-compliant with their contract.

Responses to questions 8A through to 8K will be shared within other modules of the primary care website and will be visible to all other website users.

Offering digital services for public and patients					
Question 8A (r)	Response Options:-Tick all that apply				
The practice promotes and offers the facility for patients nursing and residential homes to receive consultations electronically, either by email, video, telephone consultation or other electronic means.		Patients	Nursing Homes	Residential Homes	None or N/A
	Email				
	Video				
	Telephone				
	Online consultations (e.g. Electronic questionnaires, text messaging systems, etc.)				
VOLUNTARY Question 8B .			Response Option		
The practice & its registered patients have access to a shared online system which allows patients to engage with their GP by:			Yes / No: 1. Patients can record their personal health data which is accessible online by the GP 2. Patients and GPs can online collaboratively set goals and care outcomes and track progress against these 3. None or N/A		

Offering digital services for professionals	
Question 8C	Response Option
The practice principle clinical system is accessible outside the practice for the following purposes:	Yes / No: 1. Access at all routine locations for GP service point of care delivery (eg out of surgery locations such as hospitals, nursing homes and



	<p>community using mobile technologies)</p> <ol style="list-style-type: none"> <li>2. Access remotely e.g. home for administrative &amp; maintenance purposes</li> <li>3. Access from patient homes using mobile technologies (subject to local provider network coverage)</li> <li>4. None or N/A</li> </ol>
<b>VOLUNTARY Question 8D</b>	<b>Response Option</b>
Where the practice works within a federation it is able to use its principal clinical system and its IT infrastructure to support shared working between practices in the following ways	<p>Yes / No:</p> <ol style="list-style-type: none"> <li>1. Clinical system (records)</li> <li>2. Appointment booking and management</li> <li>3. Integrated telephony systems across practices</li> <li>4. Reporting on activity &amp; coded clinical data</li> <li>5. Morbidity Registers across aggregated (federation) populations</li> <li>6. None or N/A</li> </ol>

<b>Adopting Core Standards for data sharing</b>	
<b>Question 8E (r)</b>	<b>Response Option</b>
<p>NHS Mail is the primary email system used by the general practice</p> <p>(Reference: GP IT Operating Model Primary Care Contractor IT Operating Model)</p>	Yes / No
<b>Question 8F</b>	<b>Response Option</b>
<p>Local acute trust discharge letters/summaries received by the practice electronically in the following ways:</p> <p>(Reference: NHS Standard provider contract</p>	<p>Yes / No:</p> <ol style="list-style-type: none"> <li>1. The majority of local acute discharge summaries/letters</li> </ol>

<p>Everyone Counts: Planning for Patients 2014/15 to 2018/19)</p>	<p>are received electronically for <b>out patients</b></p> <p>2. The majority of local acute discharge summaries/letters are received electronically for <b>in patients</b></p> <p>3. The majority of local A&amp;E discharge summaries are received electronically</p> <p>4. None or N/A</p>
VOLUNTARY Question 8G	Response Option
<p>The practice routinely electronically orders or receives the following diagnostics tests with their main acute provider</p> <p>(Reference: NHS Standard provider contract</p> <p>Everyone Counts: Planning for Patients 2014/15 to 2018/19)</p>	<p>Yes / No:</p> <p>1. Place orders for common laboratory diagnostic tests</p> <p>2. Place orders for common imaging &amp; diagnostic tests</p> <p>3. Receive diagnostic reports for common imaging &amp; diagnostic tests</p> <p>4. None or N/A</p>
VOLUNTARY Question 8H	Response Option
<p>Where there is legitimate access and consent the practice and other local health &amp; social care providers are able to share electronic patient data by view access to records in the following ways:</p> <p>(Ref: NIB framework)</p>	<p>Yes / No:</p> <p>1. Other local health providers can access practice records</p> <p>2. Local social care providers can access practice records</p> <p>3. Practice can access records from other local health providers</p> <p>4. Practice can access records from local social care providers</p> <p>5. None or N/A</p>

Question 8J	Response Option
<p>The practice is enriching the Summary Care Record of patients who have given their consent, including those living with severe frailty?</p> <p>NB. The response is not limited to those who have severe frailty and aged 65 and over, instead it refers to <b>all the patients in a practice</b> who have consented for their records to be enriched.</p>	Yes/ No
Question 8K (n)	Response Option
<p>Where the practice has directly purchased IT services, infrastructure or systems (connected to the managed GP IT infrastructure), the practice as contract holder, has reviewed these arrangements for compliance with the ten NDG data security standards and applicable legal requirements and appropriate certification ie ISO/IEC 27001: 2013, Cyber Essentials (CE) and CE+, where appropriate.</p> <p>National Data Guardian Standards 2017</p>	Yes/ No Not Applicable *
Question 8L (n)	Response Option
<p>Does the practice have a process in place to systematically review all locally developed Templates and Searches to ensure alignment with the transition to SNOMED CT?</p>	Yes/No

## 9 Catchment Area

The Electronic Declaration requires the Practice to submit their inner contract area catchment area boundary. The aim is to use these catchment areas to allow practices and the public to determine whether services can be provided.

We expect the majority of practices to be able to enter their catchment area using the Tool provided.

Proceed to the 'Enter Catchment Area' section, click on 'Open Catchment Editor' section. From here you can import your Catchment Area from the GPOS tool (if entered), and save your catchment area. When this has been completed, click on the 'Yes' box, and then complete the section.

Practices who have a branch practice, should include a second catchment area for the branch practice.

If you are having problems with the Catchment Area editor, you can find a training video [here](#).

Additional functionality has been provided to enable practices to upload a catchment area which has been drawn using an alternative mapping software programme on the proviso the file is in KML point format and successfully uploads.

Catchment area information could be shared with public facing NHS websites e.g. NHS Choices.

## 10 Supporting Information

This information will be viewed by the regional team contract managers when considering the Declaration submission.

You do not have to submit anything in the supporting information section - if you have answered all the mandatory questions, then no further information is required.

Practices are reminded that no personal information should be included in this section which would identify any patient, member of staff or third parties.

This section should not be used as a substitute for drawing a catchment area form from the previous section. Practices experiencing any difficulty using the catchment area editor should contact their NHS England regional Team.

A separate free text section has been created for:

<b>VOLUNTARY Question 10A</b>	<b>Response Option</b>
Link to practice website	Free Text <sup>17</sup>
<b>VOLUNTARY Question 10B</b>	<b>Response Option</b>
Link to practice Facebook page	Free Text <sup>18</sup>
<b>VOLUNTARY Question 10C</b>	<b>Response Option</b>
Opening and closing times of branch practices (if different to main practice).	Free Text <sup>19</sup>
<b>VOLUNTARY Question 10D</b>	<b>Response Option</b>
Other Supporting information. This section allows you to submit information which may be relevant to your declaration. E.g. practice leaflet, copy of action plan, other information about branch practices.	Free Text And /or Document Upload (Word/Excel/Image file/PDF)
<b>Question 10E</b>	<b>Response Option</b>
To support an assessment of the time burden to practices on completing this data return. Please can you state how long has it taken the practice to complete the declaration?	Enter time in minutes <sup>20</sup>

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<sup>17</sup> Responses could be shared with public facing NHS websites e.g. NHS Choices.

<sup>18</sup> Ibid

<sup>19</sup> Ibid

<sup>20</sup> Response will be shared with NHS Digital Burden Advise Assessment Service.