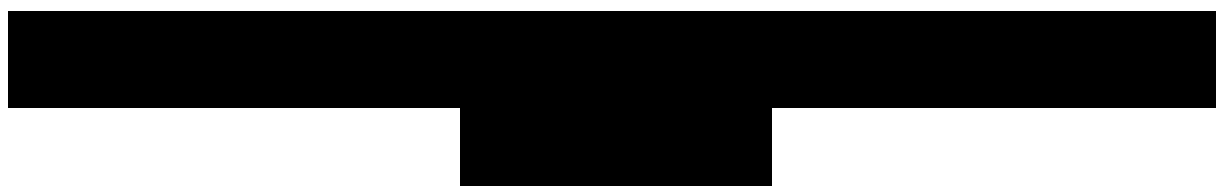


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## Practice Declaration Answers Overview



Submitted On: 29/11/2018  
Submitted By:

The Unique Submission Confirmation Code is [REDACTED]\_20483\_83BC5481

(You will need this if there is a query about your submission  
If you need to contact us about your Declaration, you can cut-and-paste  
this into your email.)



## Practice Details

1A. Organisation Code D [REDACTED]

1B. Practice Name [REDACTED]

1C. Practice Catchment Area (see section below)

1D. Practice Contract Type GMS

1E. Organisation Type NHS Body

1F. Since your practice last completed this declaration, have you changed configuration or structure? No

1Ga. Contract Start Date

1Gb. Contract End Date

1H. Practice Telephone Number (for Patients): 01493 [REDACTED]

1I. Practice Telephone Number (Other, if different): 01493 [REDACTED]

1J. Branch Practice Details:

Branch Codes:

Branch Names:



## Practice Staff

<p>2A. 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.</p>	Yes
<p>2B. 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. (GMS Regulations Part 7, PMS</p>	Yes
<p>2C. 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 mythbuster on DBS checks. <a href="http://www.cqc.org.uk/content/nigels-surgery-2-who-should-have-disclosure-and-barring-service-dbs-">http://www.cqc.org.uk/content/nigels-surgery-2-who-should-have-disclosure-and-barring-service-dbs-</a></p>	Yes
<p>2D(r). 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 practice must or should pay. Neither will it be used for performance management purposes. Please enter the total number of locum sessions, between 1st July 2018 through to 30th September 2018, where pay has exceeded the maximum</p>	0
<p>2E. 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) (GMS Regulations Part 7, Regulation 54, PMS Regulations Part 8, Regulation 47), CQC GP</p>	Yes
<p>2F. Practice staff have written terms and conditions of employment conforming to or exceeding the statutory minimum (relevant employment law and GMS Regulations Part 7, Regulation 49).</p>	Yes
<p>2G. The Practice can demonstrate that it is compliant with Equal Opportunities legislation on employment and discrimination. (Equality Act 2010)</p>	Yes
<p>2L(r). 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>	No
<p>2M(n). 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>	No



## Premises and Equipment

<p>3A. 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. (GMS Regulations Schedule 3 Part 1, Paragraph 1, PMS Regulations Schedule 2 Part 1, Paragraph 2) and must meet Minimum Standards as defined in Schedule 1 of the Premises Costs Directions (2013)</p>	Yes
<p>3B. The premises used for the provision of services under the contract are subject to a plan that has been formally agreed with NHS England (GMS Regulations Schedule 3, Part 1, Paragraph 1, PMS Regulations Schedule 2, Part 1, Paragraph 2) if rectification actions are required; or in order to comply with Minimum Standards as defined in Minimum Standards of the Premises Costs Directions (2013).</p>	No
<p>3C. 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. (GMS Regulations Schedule 3 Part 1 Paragraph 14, PMS Regulations Schedule 2 Part 1, Paragraph 9).</p>	Yes
<p>3D. The practice can demonstrate that it meets the requirements of the Health &amp; 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]. (Health &amp; Safety at Work Act) The Regulatory Reform (Fire Safety) Order 2005</p>	Yes
<p>3E. Does the practice have at least one consulting room which is accessible to wheel chair users?</p>	Yes
<p>3F. If answering No to question 3E, what arrangements are in place to meet the reasonable needs of patients who are wheel chair users?</p>	Not Answered



## Opening Hours

### ██████████ - Reception Opening Hours

	Opening Time	Lunch Break Start	Lunch Break End	Closing Time
Monday	08:00	...	...	18:30
Tuesday	08:00	...	...	18:30
Wednesday	08:00	...	...	18:30
Thursday	08:00	...	...	18:30
Friday	08:00	...	...	18:30
Saturday	Not Open	...	...	...
Sunday	Not Open	...	...	...

Monday Comments:

Tuesday Comments:

Wednesday Comments:

Thursday Comments:

Friday Comments:

Saturday Comments:

Sunday Comments:

### D ██████████ - Telephone Opening Hours

	Opening Time	Lunch Break Start	Lunch Break End	Closing Time
Monday	08:00	...	...	18:30
Tuesday	08:00	...	...	18:30
Wednesday	08:00	...	...	18:30
Thursday	08:00	...	...	18:30
Friday	08:00	...	...	18:30
Saturday	Not Open	...	...	...
Sunday	Not Open	...	...	...

Monday Comments:

Tuesday Comments:

Wednesday Comments:

Thursday Comments:

Friday Comments:

Saturday Comments:

Sunday Comments:



## Opening Hours (Continued)

### ██████████ (Branch Practice) - Reception Opening Hours

	Opening Time	Lunch Break Start	Lunch Break End	Closing Time
Monday	08:30	...	...	18:00
Tuesday	08:30	...	...	18:00
Wednesday	08:30	...	...	18:00
Thursday	08:30	...	...	18:00
Friday	08:30	...	...	18:00
Saturday	Not Open	...	...	...
Sunday	Not Open	...	...	...

Monday Comments:

Tuesday Comments:

Wednesday Comments:

Thursday Comments:

Friday Comments:

Saturday Comments:

Sunday Comments:

### ██████████ - Telephone Opening Hours

	Opening Time	Lunch Break Start	Lunch Break End	Closing Time
Monday	08:00	...	...	18:30
Tuesday	08:00	...	...	18:30
Wednesday	08:00	...	...	18:30
Thursday	08:00	...	...	18:30
Friday	08:00	...	...	18:30
Saturday	...	...	...	...
Sunday	...	...	...	...

Monday Comments:

Tuesday Comments:

Wednesday Comments:

Thursday Comments:

Friday Comments:

Saturday Comments:

Sunday Comments:



## Opening Hours (Continued)

### ██████████ (Branch Practice) - Reception Opening Hours

	Opening Time	Lunch Break Start	Lunch Break End	Closing Time
Monday	08:30	...	...	18:30
Tuesday	08:30	...	...	18:30
Wednesday	08:30	...	...	20:00
Thursday	08:30	...	...	20:00
Friday	08:30	...	...	20:00
Saturday	08:00	...	...	12:00
Sunday	08:00	...	...	12:00

Monday Comments:

Tuesday Comments:

Wednesday Comments:

Thursday Comments:

Friday Comments:

Saturday Comments:

Sunday Comments:

### ██████████ - Telephone Opening Hours

	Opening Time	Lunch Break Start	Lunch Break End	Closing Time
Monday	08:00	...	...	18:30
Tuesday	08:00	...	...	18:30
Wednesday	08:00	...	...	18:30
Thursday	08:00	...	...	18:30
Friday	08:00	...	...	18:30
Saturday	Not Open	...	...	...
Sunday	Not Open	...	...	...

Monday Comments:

Tuesday Comments:

Wednesday Comments:

Thursday Comments:

Friday Comments:

Saturday Comments:

Sunday Comments:



## Practice Services

4C. Are there any regular periods during each week that the practice is closed to patients between the hours of 8.00 and 6.30pm Monday to Friday (except bank

No

4D. If answering Yes to 4C, please provide details of days and times.

Monday:

Tuesday:

Wednesday:

Thursday:

Friday:

4E. Are there any other intermittent periods during each month that the practice is closed to patients between the hours of 8.00 and 6.30pm Monday to Friday (except bank holidays)?

No

4F. If answering Yes to 4E, please provide details of days and times.

Monday:

Tuesday:

Wednesday:

Thursday:

Friday:

4Fb. Is the practice closed each week for half a day during core contract Hours?

Monday: No

Tuesday: No

Wednesday: No

Thursday: No

Friday: No

4G. Enter the Number of Extended Hours per week (not within 08:00-18:30 Mon-Fri) the practice provides.

4.5

4H. Where appropriate, specify the funding mechanism for this provision.

improved access pilot

4I. Where appropriate, specify the contract/agreement end date.

31/08/2019

4K(r). If the practice has less than 30% of patients registered for one or more online services, does the practice have a plan to reach this by 31st March 2019?

No

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

No





## Practice Services (Continued)

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 access such services throughout the core hours (08:00 – 18:30 Monday to Friday) in case of emergency?

1.The practice can confirm with evidence

Evidence available (if answering 1 to 4M): Patient Participation Group,GP Patient Survey,Local Survey

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

4O. If practice services are not available to patients during core contract hours what arrangements are in place?

Same OOH Provider as CCG

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

No (opted out)

4Q. If answering 'Yes' to 4P and the practice sub-contracts the provision of out of hours care, please provide the name of the accredited provider.

Not Answered

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

Not Answered

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

Yes

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

4U. Does the practice provide access to patients who need interpreting services?

Yes – telephone and face to face interpreter (inclusive of British Sign Language)

4V. If yes, who funds the interpreting service?

CCG,

4W(n). Does the practice review and update (where appropriate) the content of the practice website on at least two separate occasions, or more, per year?

Yes



## Practice Procedures

5A. The practice produces a leaflet that includes all of the requirements set out in its contract. (GMS Regulations Part 10, Regulation 78, PMS Regulations, Part 11, Regulation 71).	Yes
5B. The practice reviews and updates its leaflet at least once every 12 months. (GMS Regulations Part 10, Regulation 78, PMS Regulations Part 11 Regulation 71).	Yes
5C. The practice leaflet is made available for patients/prospective patients. (GMS Regulations Part 10, Regulation 78, PMS Regulations Part 11 Regulation 71).	Yes
5D. The practice has a complaints policy which complies with the NHS complaints procedure and it is advertised to patients. (GMS Regulations Part 11, Regulation 79, PMS Regulations Part 12, Regulation 72).	Yes
5E. 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. (GMS Regulations Schedule 3, Part 2, Paragraph 21, PMS Regulations Schedule 2, Part 2,	Yes
5F. 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. (GMS Regulations	Yes
5G. 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 (GMS Regulations Part 5,	Yes
5H. 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. (GMS Regulations Part 5, Regulation 26, PMS Regulations Part 5,	Yes
5I. When undertaking call/recall activities as part of delivering vaccination programmes please specify when required how the practice's eligible population are contacted:	Poster in waiting room, Notification on practice website, Letter to patient, Text message to patient, Phone call to patient, During consultation/ appointment
5J. The practice has a written policy and procedures in line with the requirements of the Medicines Act (GMS Regulations Part 14 Regulation 87, PMS Regulations Part 14 Regulation 79) which will be made available if requested.	Yes
5K. Practice stores vaccines in accordance with the manufacturer's instructions (GMS Regulations Schedule 3, Paragraph 13, PMS Regulations Schedule 2 Paragraph 8).	Yes
5L. 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 (GMS Regulations Schedule 1	Yes



## Practice Procedures (Continued)

	Yes
5M. 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.(GMS Regulations Schedule 3, Part 1, Paragraph 13, PMS Regulations Schedule 2, Part 1, Paragraph 8).	
5N. All staff involved in administering vaccines are trained in the recognition of anaphylaxis and able to administer appropriate first line treatment when it occurs (GMS Regulations Schedule 1, Paragraph 4, PMS subject to local agreement)	Yes
5O. 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.	Not Applicable
5P. 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.	Not Applicable
5Q. 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 Services) Regulations 2012 and; The practice can demonstrate that for all	Not Applicable
5R. The practice has a policy for consent to the treatment of children that conforms to the current Children Act 2004.	Yes
5S. The practice records patients' consent for minor surgery including curettage and cautery and, in relation to warts, verrucae and other skin lesions, cryocautery (GMS Regulations Schedule 1 Paragraph 8, PMS subject to local agreement).	Yes
5U. Has the GP practice updated their whistleblowing policy in light of published guidance?	Yes
5V. 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
5W(n). The practice has a policy for patients to request chaperones, this policy includes children and young people as well as adult patients.	Yes



## Governance

6A. The practice has a protocol to allow patients access to their records on request in accordance with current legislation (Data Protection Act 2018 and GMS Regulations Part 10, Regulation 71, PMS Regulations Part 11, Regulation 64).	Yes
6B. The practice has a nominated person who has responsibility for ensuring the effective operation of the system of clinical governance. (GMS Regulations Schedule Part 14, Regulation 87, PMS Regulations Part 14, Regulation 79).	Yes
6C. The practice is registered under the Data Protection Act (Data Protection Act 2018)	Yes
6D. The practice has a procedure for electronic transmission of patient data in line with national policy (Data Protection Act 2018 and GMS Regulations Part 10, Regulation 69, PMS Regulations Part 11, Regulation 62) including mechanisms to ensure that computerised medical records/data are transferred to a new practice	Yes
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. (GMS Regulations Part 10, Regulation 70, PMS Regulations Part 11,	Yes
6K(n). The practice has either appointed a Data Protection Officer or has plans to do so?	Yes
6G. Does the practice have a lead for vulnerable adults?	Yes
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	
6L(n). Does the practice have procedures and information sharing agreements to ensure information sharing with the multiagency teams for safeguarding vulnerable adults and children	Yes
6M(n). Does the practice have clear training agreements for safeguarding and records of training retained within the practice for audit requirements?	Yes
6J. VOLUNTARY QUESTION: 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?	Yes



## Catchment Area

If you have entered a valid catchment area, this should appear as an image in the space above.

Please note that if your catchment area is very complex (>1000 points or >10 polygons) this may not show due to limitations within Google Maps. This does not affect your submission. If you require a copy of your submitted catchment area and this is not shown above, please contact your Regional Team.

## CQC

7A. Does your CQC registration accurately reflect the regulated activities you provide, and is each location where you provide them listed? Yes

7B. Have you notified CQC of any change relating to regulated persons and any of the events listed in the regulations , put in an application if required and are in receipt of an up to date registration certificate? Yes



## General Practice IT

8A (r). 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. Tick all that apply:

Patients: Nursing  
Homes: Residential  
Homes:

8B. VOLUNTARY QUESTION: The practice & its registered patients have access to a shared online system which allows patients to engage with their GP by: (Tick all that apply)

Patients can record their personal health data which is accessible online by the GP: Not Answered

Patients and GPs can online collaboratively set goals and care outcomes and track progress against these: Not Answered

8C. The practice principle clinical system is accessible outside the practice for the following purposes (Tick all that apply):

Access at all routine locations for GP service point of care delivery (eg out of surgery locations such as hospitals, nursing homes and community using mobile technologies): Yes

Access remotely e.g. home for administrative & maintenance purposes: Yes

8D. VOLUNTARY QUESTION: 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

Clinical system (records): Not Answered

Appointment booking and management: Not Answered

Integrated telephony systems across practices: Not Answered

Reporting on activity & coded clinical data: Not Answered

Morbidity Registers across aggregated (federation) populations: Not Answered



## General Practice IT (Continued)

8E. NHS Mail is the primary email system used by the general practice Yes

8F. Local acute trust discharge letters/ summaries received by the practice electronically in the following ways:

The majority of local acute discharge summaries/letters are received electronically for outpatients: Yes

The majority of local acute discharge summaries/letters are received electronically for inpatients: Yes

The majority of local A&E discharge summaries are received electronically: Yes

8G. The practice routinely electronically orders or receives the following diagnostics tests with their main acute provider

Place orders for common laboratory diagnostic tests: Not Answered

Place orders for common imaging & diagnostic tests: Not Answered

Receive diagnostic reports for common imaging & diagnostic tests: Not Answered

8H. VOLUNTARY QUESTION: Where there is legitimate access and consent the practice and other local health & social care providers are able to share electronic patient data by view access to records in the following ways: (Ref: NIB framework) :

Other local health providers can access practice records: Not Answered

Local social care providers can access practice records: Not Answered

Practice can access records from other local health providers: Not Answered

Practice can access records from local social care providers: Not Answered





## General Practice IT (Continued)

8J. The practice is enriching the Summary Care Record of patients who have given their consent, including those living with severe frailty? Yes

8K(n). 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. Not Applicable

8L(n). 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? Yes



## Supporting Information

### Free Text Supporting Information:

The practice has policies for safeguarding both children and adults which are being reviewed to taken into account the requirements . The practice does encourage patients to register for the online services.

### Supporting Files:



## Supporting Information

Q10A. Link to Practice Website	Not Answered
Q10B. Link to Practice Facebook page	Not Answered
Q10C. Opening and closing times of branch practices (if different to main practice, and not entered in Practice Services section).	Not Answered
Q10E. 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?	45

