NHS England

Annual Electronic Practice Self-Declaration (eDec) Submission Support Guidance

2025

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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.

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 Information

CQC inspection teams and NHS England regional teams and ICBs work closely together and share information on a regular basis. The information provided to NHS England in this declaration will be shared with CQC and ICBs. 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.UK) and/or other information modules visible to all users of the primary care indicators website (www.primarycareindicators.nhs.uk) for instance may be used within the GPIT digital maturity index and General Practice Indicators:

Could be published in the public domain in the near future e.g. NHS.UK website	• Question 1H. Practice telephone number (for patients). • Practice Services Section (i.e. Chapter 4): all content. • Premises and Equipment Questions on wheelchair accessibility questions 3E and 3F.

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	• The electronic practice catchment area, the practice website address, branch practice opening times, practice email address for patients, and where relevant practice Facebook page.
Will be used by Register with a GP surgery - NHS England Digital	• The electronic practice catchment area.
Will be available to anyone in the NHS and approved stakeholders with access to www.primarycareindicators.nhs.uk	• Interoperable patient records questions: 6F • GP IT section (i.e. Chapter 8): all content. • The electronic practice catchment area.

NHS England regional teams will receive information from the annual electronic practice self-declaration.

Integrated Care Boards that commission primary care services under formal delegation from NHS England will receive information from the annual electronic practice 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.

Strategic Data Collection Service (SDCS)

Getting Started

The Data Collections Service grants access to SDCS for the eDec. Users will receive an automatic email from SDCS confirming which collection you have been registered to submit

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for and on behalf of which organisation (you can submit for multiple organisations, just outline this in your request to the Data Collections Service). The email will also include a link to SDCS: https://datacollection.sdcs.digital.nhs.uk/

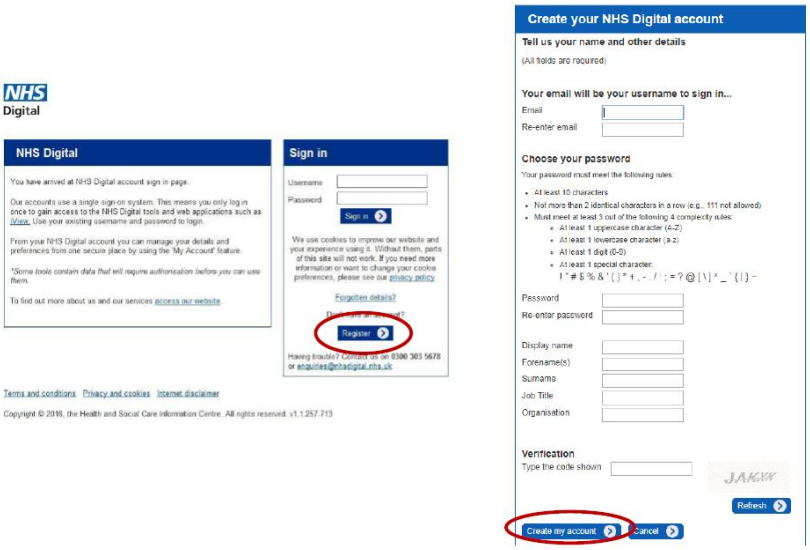
Registering your Single Sign on (SSO) Account

To access SDCS, you must have a valid SSO account. SDCS/SSO accounts can only be registered to personal, work email addresses (e.g. jane.example@nhs.net / paul.example@organisation.gov.uk). Generic, team, shared or personal private email addresses (e.g. example@hotmail.com) are not accepted.

To register your SSO account and create your password, click the link in your invitation email to navigate to the 'Sign In' screen. Click '**Sign In'**.



From the 'Sign In' page, click the **'Register'** button and complete the registration form by filling out each of the fields in the form. 'Email' must be the email address given to the Data Collection Service/ the email that received the invitation email. Once complete, click '**Create My Account**'.



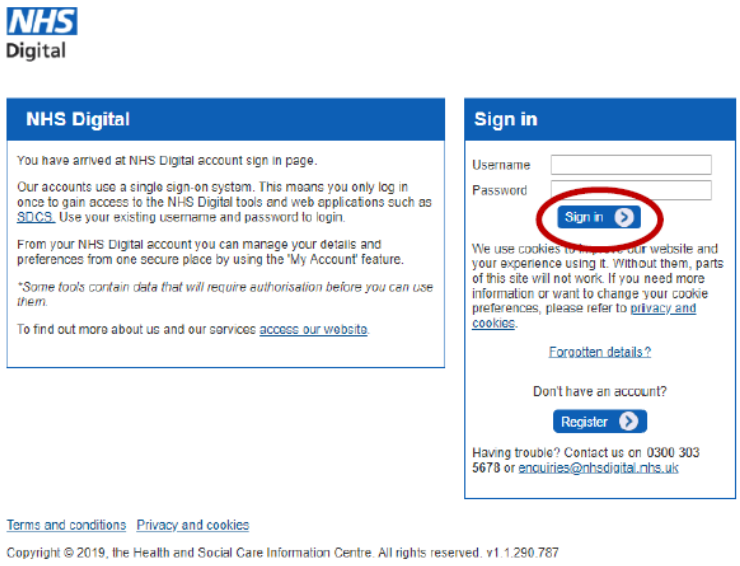
Logging in to SDCS

Once you have registered your SSO, you can log into SDCS. Click the link in your invitation email to navigate to the 'Sign In' screen. Click 'Sign In'.



Enter your username and password and click the '**Sign In'** button.

Your username will be the email address given to the Data Collections Service and the email used to register your SSO. Your password will be the password that you created when registering your SSO.

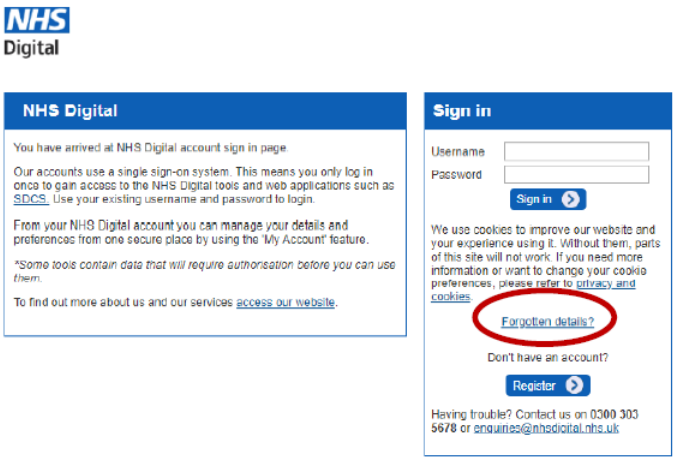


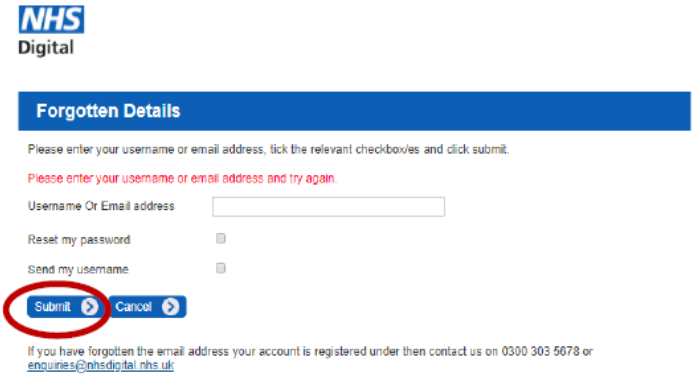
You will then be taken to the SDCS home page.

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Resetting your password

You can reset your own password for your SSO account at any time. Please note that the Data Collections Service cannot action password resets. To reset your password, from the 'Sign In' page click '**Forgotten details?**' and complete and submit the subsequent form.

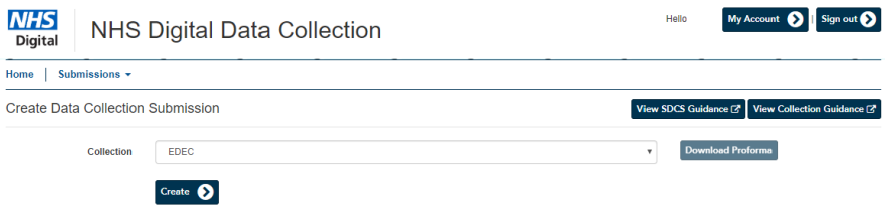




Accessing the eDec

Submission Page

Once logged in to SDCS you will need to select **Submissions** > **New,** this will take you to the below page.



You will need to select **GeneralPracticeAnnualSelfDeclaration-eDec** from the dropdown then click **Create.** This will take you to the eDec submission page.

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This screen will show all GP surgeries you are associated with and the current progress.

Once you click on the relevant GP surgery, you are presented with all the questions and their status.

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Completion Guidance

General Information

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 it is 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 NHS Digital's Strategic Data Collection Service https://datacollection.sdcs.digital.nhs.uk/

The eDEC for 2025/26 includes mandatory and voluntary questions. Questions which are voluntary have been 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 NHS Digital enquiry service quoting eDEC.

In order to account for changes which have occurred in the contract, some changes to questions have been made from last year's declaration.

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.

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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		
1D	Practice Contract Type	GMS
		PMS
		APMS
		Other
1E	Organisation Type This question relates to how the contractor elects to be regarded for the purposes of dispute resolution procedures, see definitions available in: NHS England » Primary Medical Care Policy and Guidance Manual (PGM) Part B Chapter 1	Social Enterprise
		NHS body
		Non-NHS body
1F	Since your practice last completed this declaration, have you changed configuration 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. This means that there has been a change in the contractual entity of the practice).	Yes
		No
		N/A[1]
1Ga	Contract start date/end date [2](where applicable)	DD/MM/YYYY
1Gb	Contract end date (where applicable)	DD/MM/YYYY
1H	Practice telephone number (for patients)[3]	

[1] N/A applies if the practice is new and was not able to complete an electronic declaration last year
[2] Mandatory question if responding 'Yes' to: 'new or recently changed configuration' and for APMS contracts, otherwise: optional.
[3] Response to this question could be shared with public facing NHS websites e.g. NHS.UK.

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1I	Practice telephone number (other, if different)	
1J	Does the practice have any branches? If so, how many	

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 recognised 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 the support of GP locums, 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).

Practice Staff Numbers and Suitability & Training and Support		
Practice Staff (Numbers and Suitability)		
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.	Yes/No
2Q	The practice can evidence that all staff working within the practice, including temporary staff such as GP locums, have been recorded in the data entry module of the National Workforce Reporting Service and that these records are reviewed and updated on a regular basis. (GMS Regulation 74E, PMS Agreements Regulation 67E).	Yes/No
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.	Yes/No

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	(GMS Regulations Part 7, PMS Regulations Part 8, Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 18(2)(c)).	
2C	All relevant staff have been subject to the necessary Disclosure and Barring Service (DBS) checks.	Yes/No
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.* Total number of locum sessions, between 1st of July 2025 through to 30th September 2025, where pay has exceeded the maximum indicative rate of £73.77 per hour.	Enter Number
Practice Staff (Training and Support)		
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 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 handbook.	Yes/No
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; 20.20 of the standard PMS Agreement).*	Yes/No
2G	The Practice can demonstrate that it is compliant with Equal Opportunities legislation on employment and discrimination. *(Equality Act 2010).*	Yes/No
2L	Are all healthcare workers employed by the practice familiar with the Government's Prevent strategy and have participated in Prevent training in the past 3 years? Prevent duty guidance: England and Wales (2023): https://www.gov.uk/government/publications/prevent-duty-guidance/revised-prevent-duty-guidance-for-england-and-wales Links to Prevent training	Yes/No

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	Prevent duty training: Learn how to support people susceptible to radicalisation | Prevent duty training eLfH level 3: https://portal.e-lfh.org.uk/Component/Details/544137	
2M (r)	The practice has policies for safeguarding both children and adults which includes: Domestic Abuse, Mental Capacity, FGM and the requirement for mandatory reporting, information sharing, inclusive of participation in statutory reviews, freedom to speak up information? (This is a legal requirement to have policies and fits with CQC inspection regulations and Children Act 2004 and Care Act 2014). Supporting resources: https://www.leeds.gov.uk/one-minute-guides/working-together https://www.gov.uk/government/publications/care-act-statutory-guidance Royal College toolkits: Course: Safeguarding Hub | RCGP Learning	Yes/No
2P (r)	The practice has process in place to ensure all new healthcare staff, the full practice team, including locums, have a period of induction which includes being taught practice policies and procedures on safeguarding, including local contact details for the Local Authority Designated Officer (LADO) and Person in Position of Trust (PIPOT).	Yes/No

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) and15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (as amended) and the Health & Safety at Work Act 1974

Practice Premises and Equipment		
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	Yes/No

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	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 NHS (GMS-Premises Costs) Directions 2024.	
3B	If answering No to 3A: 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 (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 of the current Premises Costs Directions	Yes/No
3C	The practice is able to demonstrate that it complies with arrangements for infection control and decontamination in accordance with the Health & 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). 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, including carrying out annual audits as set out in the code. National specifications for cleanliness in the NHS: primary care medical and dental premises	Yes/No
3D	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.] (Health & Safety at Work Act) The Regulatory Reform (Fire Safety) Order 2005. (https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/14892/fsra-healthcare.pdf)	Yes/No
3E	Does the practice have at least one consulting room which is accessible to wheelchair users?[4]	Yes/No

3F. If answering No to question 3E.	*Select all which apply:*
	Home Visit
	Other (free text)

[4] Response to this question could be shared with public facing NHS websites e.g. NHS UK.

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What arrangements are in place to meet the reasonable needs of patients who are wheelchair users?[5]	

Practice Services

This section primarily relates to the core hours of 0800 – 1830 every day except weekends and bank holidays.

GP practices are contractually required to remain open to provide essential services within core hours (0800-1830 Monday to Friday, except weekends and bank holidays) to meet the reasonable needs of their patients and to have in place arrangements for their patients to access such services throughout the core hours in case of emergency (GMS Regulations, Part 5, Regulation 17 PMS Regulations, Schedule 2, Part 1, Regulation 1).

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 enhanced 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 UK.

Practice Services		
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		

[5] Ibid

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Saturday		
Sunday		
Closing Hours		
4C	Are there any regular periods during each week that the practice is closed to patients between the hours of 8am and 6:30pm Monday to Friday (except bank holidays)?	Yes/No
	If yes, 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 8am and 6:30pm Monday to Friday (except bank holidays)?	Yes/No
	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
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
4Fb:	Is the practice closed each week for half a day during core contract hours?	
Monday		

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Tuesday		
Wednesday		
Thursday		
Friday		
4Z	The practice has a process in place to agree any diversions to NHS 111 on an exceptional basis with their ICB primary care team? Reference item 23 within NHS England » Delivery plan for recovering access to primary care	Yes / No
Enhanced 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	Network Directed Enhanced Service (DES)
		Incentive Scheme
		Personal Medical Services (PMS) growth
		Other
4I	Contract/agreement end date	
New Out of Area Patients (GMS Regulations, part 5, Regulation 30, PMS Regulations, part 5, Regulation 25)		
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). New Out of Area patients (GMS Regulations, part 5, Regulation 30, PMS Regulations, part 5, Regulation 25)	Yes/No

In case of Emergency (during core contract hours)

The contract states that "the Contractor must provide the services described in Part 8 (namely essential services) at such times, within core hours, as are appropriate to meet

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the reasonable needs of its patients, and to have in place arrangements for its patients to access such services throughout the core hours in case of emergency (2014, NHS England, Standard GMS Contract)		
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.	The practice can confirm with evidence which has been obtained from patient sources in the preceding 12 months from: *(select all that apply from list)*
		Patient Participation Group
		GP Patient Survey
		Local Survey
		Combination of PPG/GPPS/Local Survey
		Other (Free Text)
		The practice is not able to confirm[6]
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. (Guidance note: If the practice is not closed during core contract hours respond n/a, if the practice has arrangements in place respond yes, if the practice does not have arrangements in place respond no.)	Yes/No/ N/A
4O	If practice services are not available to patients during core contract hours what arrangements are in place?	*Select all which apply*
		Same OOH provider as that commissioned by ICB
		Subcontracted provider: (enter name and select from list provided
		Provided directly by the practice
		Other (free text entry)
		None

[6] 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.

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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 ICB). Guidance Note: Where the ICB commissions OOH service on behalf of practices, practices should respond No to this question. If practices have their own arrangements (even if it is the same OOH provider as the one commissioned by the ICB), practices should respond Yes to this question.	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[7]
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
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	Yes/No

[7] If your provider is not on the list provided, then enter the name by selecting 'OTHER' and enter in free text.

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	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)	
Access to Interpreting Services		
4U	Does the practice provide access to interpreting? Guidance note: Interpreting means: spoken word or British Sign Language.	*Select all which apply*
		Telephone
		Face to face interpreter (inclusive of British Sign Language)
		Video interpreting (inclusive of British Sign Language)
		Yes - Other
		No
4V	If yes, who funds the interpreting service?	*Select all which apply*
		Practice
		ICB
		NHS England
		Other

Practice Services: continued

4X	The practice is currently open to all patients for both virtual and face to face appointments as clinically appropriate.	Yes / No
4ZA (n)	The practice can confirm and evidence where requested, that its online consultation tool is switched on for the duration of core hours as per the contract regulations e.g. for non-urgent appointment requests, medication queries and admin requests.	Yes/No

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	GMS Regulations, Schedule 3, Part 1, paragraph 4: The National Health Service (General Medical Services Contracts and Personal Medical Services Agreements) (Amendment) Regulations 2025 PMS Regulations, Schedule 2, Part 1, paragraph 5: The National Health Service (General Medical Services Contracts and Personal Medical Services Agreements) (Amendment) Regulations 2025	
4ZB (n)	The practice notifies patients on its website and in the premises that patients requesting urgent clinical appointment or reviews should either be made by attending the practice in person or by telephone.	Yes/No

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).

Communicating with Patients		
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/No
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/No
5C	The practice leaflet is made available for patients/prospective patients. (GMS Regulations Part 10, Regulation 78, PMS Regulations Part 11, Regulation 71)	Yes/No
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/No
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, Paragraph 20).	Yes/No N/A
5Z	The practice can demonstrate (e.g. practice policy, records of refusals) it has not refused any registration on the grounds any patient was unable to provide proof of identify or address or any evidence of immigration status.	Yes/No

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	(GMS Regulations Schedule 3, Part 2, Paragraph 21, PMS Regulations Schedule 2, Part 2, Paragraph 20)	
5F	When removing patients from its list the practice can demonstrate that it does so in accordance with contractual requirements and recently updated national guidance; the practice will need to provide the required notice, including providing an explanation of the reasons in writing to the patient. (Regulations: GMS Regulations Schedule 3, Part 2, Paragraph 21, PMS Regulations Schedule 2, Part 2, Paragraph 20; Guidance: NHS England » Primary Medical Care Policy and Guidance Manual (PGM) Chapters 3, 6 and 7).	Yes/No
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, Regulation 26, PMS Regulations Part 5, Regulation 20).	Yes/No
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, Regulation 20).	Yes/No
5I	When undertaking call/recall activities as part of delivering vaccination programmes please specify when required how the practice's eligible population are contacted.	*Select all which apply:* Letter to patient Text message to patient Phone call to patient During consultation/appointment Other electronic technical solution (free text) Other non-electronic technical solution (free text)
5U	Has the GP practice reviewed their whistleblowing/speaking up policy in light of the 2022 national policy update? Reference:https://www.england.nhs.uk/ourwork/freedom-to-speak-up/developing-freedom-to-speak-up-arrangements-in-the-nhs/	Yes/No

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5AG (n)	The practice staff have access to a trained and registered freedom to speak up (FTSU) Guardian, who is named in the practice's FTSU policy. Guidance Link: Find My FTSU Guardian - National Guardian's Office	Yes / No
5X	Practice confirms it is **not** advertising the provision of private GP services either by itself or through any other person (via the practice leaflet, practice website or any other written or electronic means) (Guidance note: for a compliant response – answer 'Yes' to confirm the practice is not advertising private services and 'No' to confirm the practice is advertising private services)	Yes/No
5Y	Does the practice routinely identify patients on the registered list who would benefit from Care Continuity with their named GP and support team? Declaring no does not mean the practice is not compliant) GMS Regulations Schedule 3 Part 1 Para 8 and Schedule 3 Part 1 Para 11) About the toolkit: Continuity of care: About the toolkit | RCGP Learning and Delivery plan for recovering access to primary care	Yes/No
5AA	If responding yes to 5Y. Does the practice routinely measure the extent to which those patients receive care continuity? Declaring no does not mean the practice is not compliant)GMS Regulations Schedule 3 Part 1 Para 8 and Schedule 3 Part 1 Para 11) About the toolkit: https://elearning.rcgp.org.uk/mod/book/view.php?id=12895 Delivery plan for recovering access to primary care. https://www.england.nhs.uk/wp-content/uploads/2023/05/PRN00283-delivery-plan-for-recovering-access-to-primary-care-may-2023.pdf	Yes/No
5AB	Does the practice routinely record patient's care continuity preferences? About the toolkit: https://elearning.rcgp.org.uk/mod/book/view.php?id=12895	Yes/No

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	Delivery plan for recovering access to primary care. https://www.england.nhs.uk/wp-content/uploads/2023/05/PRN00283-delivery-plan-for-recovering-access-to-primary-care-may-2023.pdf	
5AC	Practice has a process to have due regard for the requirements, needs and circumstances of Armed Forces Veterans when offering services and making onward referrals? (GMS: Schedule 3, para 15B, PMS: Schedule 2, para 10B).	Yes/No
5AD (n)	The practice can confirm it has published a link to the General Practice Patient Charter 'You and Your GP' on its practice website. GMS Regulation 73(5A)(c): The National Health Service (General Medical Services Contracts) Regulations 2015 PPMS Regulation 66(5A)(c): The National Health Service (Personal Medical Services Agreements) Regulations 2015	Yes/No
Primary Care Patient Safety Strategy		
5AE (n)	The practice is aware of the NHS England Primary care patient safety strategy and can evidence if requested how it has regard to the strategy. https://www.england.nhs.uk/long-read/primary-care-patient-safety-strategy/What does it mean to have 'regard'?	Yes/No
5AF (n)	The practice has registered for an administrator account with Learn from patient safety events (LFPSE) service. GMS Regulation 74J: The National Health Service (General Medical Services Contracts and Personal Medical Services Agreements) (Amendment) Regulations 2025 PMS Regulation 67J: The National Health Service (General Medical Services Contracts and Personal Medical Services Agreements) (Amendment) Regulations 2025 https://www.england.nhs.uk/patient-safety/patient-safety-insight/learning-from-patientsafety-events/learn-from-patient-safety-events-service/	Yes/No

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Medication		
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/No
5K	Practice stores vaccines in accordance with the manufacturer's instructions (GMS Regulations Schedule 3, Paragraph 13, PMS Regulations Schedule 2 Paragraph 8).	Yes/No
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 Part 1, Paragraph 3 (8), PMS subject to local agreement).	Yes/No
5M	The Practice stores its vaccines in fridges which have a maximum and minimum 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). GP mythbuster 17: Vaccine storage and fridges in GP practices - Care Quality Commission (cqc.org.uk)	Yes/No
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, Part 9A, Regulation 66D, PMS Regulations, Part 10A, Regulation 59E).	Yes/No
5O (r)	With regard to dispensing doctors: The practice can demonstrate it has clear procedures, that are followed in practice, monitored and reviewed, for controlled drugs, ~~i~~including: investigations about adverse events, incidents, errors and near misses; sharing concerns about mishandling.	Yes/No/ N/A
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.	Yes/No/ N/A

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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 and Local Pharmaceutical Services) Regulations 2013 and; 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 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 (1.6 km) from pharmacy premises (excluding any distance selling premises). The pharmacy premises do not have to be in a controlled locality.	Yes/No/ N/A
5QB (n)	With regards to dispensing doctors: The practice understands it has responsibilities in relation to patient choice and is able to issue a prescription form for any dispensing patient who chooses to take an order for any particular item to a community pharmacy (rather than having that item dispensed by the practice) Schedule 6 paragraph 7 of the PLPS Regulations https://www.legislation.gov.uk/uksi/2013/349/regulation/2	Yes/No
5QA	The practice has procedures in place to ensure that it does not prescribe in excess (in cost or quantity, of drugs, medicines and appliances) of that which is reasonably necessary for the proper treatment of patients? [1]The National Health Service (General Medical Services Contracts) Regulations 2004 (legislation.gov.uk) Guidance pertinent to this regulatory requirement[1] includes: • Overview | Chronic pain (primary and secondary) in over 16s: assessment of all chronic pain and management of chronic primary pain | Guidance | NICE • Overview | Depression in adults: treatment and management | Guidance | NICE • Overview | Challenging behaviour and learning disabilities: prevention and interventions for people with learning disabilities whose behaviour challenges | Guidance | NICE • Confronting antimicrobial resistance 2024-2029	Yes/No

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Consent, Including Children		
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 Part 1, Regulation 3(6A), PMS subject to local agreement)	Yes/No N/A
5W	The practice has a policy for patients to request chaperones, this policy includes children and young people as well as adult patients. https://www.cqc.org.uk/guidance-providers/gps/gp-mythbusters/gp-mythbuster-15-chaperones https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/intimate-examinations-and-chaperones	Yes/No

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).

Information and Clinical 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 71ZA and 71ZB,PMS Regulations Part 11, Regulation 64ZA and 64ZB)	Yes/No
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/No
6C	The practice is registered under the Data Protection Act 2018 (Data Protection Act 2018).	Yes/No
6D	The practice has a procedure for electronic transmission of patient data in line with national policy	Yes/No

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	(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 when a patient leaves.	
GDPR general guidance and DPO information: https://ico.org.uk/for-organisations/uk-gdpr-guidance-and-resources/ and https://www.england.nhs.uk/digital-gp-good-practice-guidance/		
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. [8](GMS Regulations Part 10, Regulation 70, PMS Regulations Part 11, Regulation 63).	Yes/No
Network Contract DES data sharing		
6N	For practices signed up to the Network Contract DES, if applicable, does your PCN have in place suitable data sharing and data processing arrangements?	Yes/No/N/A
GP Connect Interoperability		
6U (n)	The practice can confirm in accordance with the GP contract regulations, that its computerised clinician systems are configured to enable other health and care settings to continuously: GMS Regulation 68A: The National Health Service (General Medical Services Contracts and Personal Medical Services Agreements) (Amendment) Regulations 2025 PMS Regulation 61A: The National Health Service (General Medical Services Contracts and Personal Medical Services Agreements) (Amendment) Regulations 2025	

[8] Ibid

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	A. Access Patient's GP records via GP Connect: HTML	Yes/No
	B. Access Patient's GP records via GP Connect: Structured	Yes/No
6V (n)	The practice can confirm, in accordance with the GP contract regulations, that its computerised clinical systems are configured to enable community pharmacy registered professionals to send consultation summaries to the GP practice workflow. GMS Regulation 68A: The National Health Service (General Medical Services Contracts and Personal Medical Services Agreements) (Amendment) Regulations 2025	Yes/No

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)

Clinical Leads for Vulnerable Groups		
6G	Does the practice have a lead for adults with care and support needs? Care Act 2014: supporting implementation - GOV.UK	Yes/No
6T	Does the practice have a lead for children with care and support needs?	Yes/No
6L (r)	Does the practice have procedures and information sharing agreements to ensure information sharing with the multiagency teams for safeguarding adults with care and support needs and children? Guidance note: applications of these agreements go beyond having an information sharing agreement and may include sharing information sufficiently to facilitate practice safeguarding meetings which involve other health service personnel and co-operating with requests for information sharing for safeguarding statutory reviews. Requests for information sharing for safeguarding purposes may include local child safeguarding,	Yes/No

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	safeguarding adult, domestic homicide reviews and Joint Targeted Area Inspections.) RCGP safeguarding standards for general practice	
6M (r)	Does the practice have clear training agreements for safeguarding and records of training retained within the practice for audit requirements? RCGP safeguarding standards for general practice	Yes/No
6J	Within the last 3 years, has the practice provided for training on Mental Capacity Act 2005 and assessing mental capacity for practice staff health care professionals and/or other staff (where relevant) and got a system for assessing staff competency? Resources House of Lords - Mental Capacity Act 2005: post-legislative scrutiny - Select Committee on the Mental Capacity Act 2005 (parliament.uk) : Training: Mental Capacity Act section: NHSE elfh Hub (e-lfh.org.uk) Mental Capacity Toolkit. bma-adult-safeguarding-full-toolkit-2018.pdf 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 compliance with statutory obligations under the MCA 2005. The outcome will help to inform future training requirements.	Yes/No
6P	The practice has a procedure in place to ensure that all DNACPR decisions made in respect of patients with a learning disability are made in line with good clinical practice and are reviewed and updated regularly? https://www.nhs.uk/conditions/do-not-attempt-cardiopulmonary-resuscitation-dnacpr-decisions/ GP mythbuster 105: Do not attempt cardiopulmonary resuscitation (DNACPR) - Care Quality Commission (cqc.org.uk)	Yes/No
6Q	The practice has a procedure in place to offer a maternal postnatal check at 6-8 weeks, as an additional appointment to that for the baby. (GMS Regulation, Part 1, Regulations 3(4), PMS Regulation).	Yes/No

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6R	The practice has a procedure in place to record the ethnicity of all their registered patients (e.g. upon registration, regular reviews)? (GMS Regulation, Part 10, Regulation 67, PMS Regulation, Part 11 Regulation 60A)	Yes/No

Registering 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.

Registering with CQC		
7A	Does your CQC registration accurately reflect the regulated activities you provide, and is each location where you provide them listed? Published guidance available here: What is a location? - Care Quality Commission (cqc.org.uk)	Yes/No
7B	Have you notified CQC of any change relating to regulated persons and any of the events listed in the regulations[9], put in an application if required and are in in receipt of an up to date registration certificate?	Yes[10]/No[11]/N/A[12]

General Practice Digital Services

The NHS provides general practices with digital services as required by the GP Contract. Following the publication of the Health and Care Act 2022, this responsibility has been delegated to ICBs.

The NHS 2024/25 Priorities and Operational Planning Guidance highlights the use of the What Good Looks Like framework to continue the digitisation of services to support integration and service transformation. Section 8 of the electronic declaration is therefore presented using the main themes of this framework but at the same time preserving the digital maturity assurance of the GPIT Operating Model as required by the GP contract.

The questions asked in this section are based on published guidance, NHS policies (in which case links to relevant documentation is given) or on good practice and known

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transformational enablers not all of which will be relevant to all general practices and localities. Declaring No in this section does not mean the practice is non-compliant with their contract.

Responses to questions in this section will be shared within other modules of the primary care indicators website GPIT section www.primarycareindicators.nhs.uk and will be visible to all other users.

Digitise		
8D	Where the practice is a member of a PCN it is able to use its principal clinical system and its IT infrastructure to support shared working between practices in the following ways.	*Select all that apply:* *If you select None or N/A do not select any other options.*
		Clinical system (records)
		Appointment booking and management
		Integrated telephony systems across practices
		Reporting on activity & coded clinical data
		Morbidity Registers across aggregated (federation) populations
		None or N/A
8E (n)	The practice has digitised its paper records with the exception of paper records received post-digitisation. Reference: Securing Excellence in Primary Care (GP) Digital Services: The Primary Care (GP) Digital Services Operating Model 2021-23.	Yes/No
If Yes to 8E, how are the digitised records stored? (select all that apply)		The scanned paper record is attached to the patient's electronic health record and stored on the practice's clinical system.

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		The scanned paper record is stored in the NHS National Document Repository cloud service.
		The scanned paper record is stored on removable media such as a USB stick. (This means that the whole record is stored on removable media, rather than there being removable media included in the Lloyd George paper file).
		The scanned paper record is stored in a commercial cloud service.
8RA	The practice uses remote desktop protocol (i.e. a device in the surgery is kept switched on as a host) to enable remote working from home or settings outside the practice as part its business continuity plans.	Yes / No
8RBa	If Yes to question 8RA: Please provide the product name:	Free text
8RBb	Please provide the product supplier:	Free text
8RBc (n)	If yes to 8RA, does the practice have a plan/timescale to discontinue the use of desktop sharing software i.e. remote desktop protocol (RDP) or equivalent? Reference: Securing Excellence in Primary Care (GP) Digital Services: The Primary Care (GP) Digital Services Operating Model 2021-23.	Yes / No

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8TA	During the last 12 months, the practice has an updated schedule of services in the v2 CCG Practice agreement: Reference: Securing Excellence in Primary Care (GP) Digital Services: The Primary Care (GP) Digital Services Operating Model 2021-23.	Yes/No
8UA	The practice has a business continuity plan.: (Reference: Securing Excellence in Primary Care (GP) Digital Services: The Primary Care (GP) Digital Services Operating Model 2021-23.) ISO 22301 for Business Continuity Management. NHS England Business Continuity Management Framework.	Please select all that apply: Provides and enables all staff to be aware of their roles in responding to the emergency. Considers that disruptions to services may arise from outside the practice (e.g. GP system suppliers, pathology labs, workflow messaging, etc). Prioritises communication and engagement with patients and stakeholders. Requires working collaboratively with commissioners, GPIT delivery partners and suppliers in maintaining and restoring services. In the last 12 months, the plan has been tested, used in an actual incident or was part of a bigger security exercise.
8XAB	Whilst the practice uses encryption on its website, the practice has a process in place to ensure that	Yes/No/Practice does not have a website

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	any links on its pages, including third party suppliers, uses the same level of security. Reference: https://digital.nhs.uk/about-nhs-digital/standards-for-web-products	
8XBA (r)	In maintaining and updating its website, the practice ensures that: Reference: https://www.england.nhs.uk/long-read/creating-a-highly-usable-and-accessible-gp-website-for-patients/	Select all that apply
		Practice website usability has been tested using the GP website benchmarking and improvement tool within the last 12 months by the practice, ICB or supplier.
		Patients are able to access and start key tasks from links on the practice website homepage (and menu at the top of the page). These eight key tasks are described here: https://www.england.nhs.uk/long-read/creating-a-highly-usable-and-accessible-gp-website-for-patients/#1-1-prioritise-improving-the-most-important-journeys-for-patients
		Practice website providers template is fully accessible and meets WCAG AA standards (and the supplier has provided proof to the practice). The practice website

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		includes an accessibility statement.
		Practice website provider uses NHS design components (i.e. NHS "look and feel") in its template
		Practice is on the latest version website template from their supplier
		The practice is using NHS written content templates for the key pages on their website, to ensure the written content on the website meets the NHS reading age of 9 to 11 years
8XCA	The practice has checked that their profiles and opening times information on the NHS UK website are up to date. Reference: Profile editor login - NHS (www.nhs.uk)	Yes/No
8Z	The practice uses the following additional digital tools which may or may not be integrated with GP clinical system but uses local NHS infrastructure and connectivity:	*Select all that apply:*
		Dictation software
		Patient flow tools (select from list: Patient self-arrival, Patient calling)
		Medical (connected) devices (select from list:

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		ECG, spirometry, BP, other)
		Business software (select from list: billing, payroll, card payments)
		Accessibility tools (select from list: for hearing, sight and other sensory impairment)
Connect		
8ZA(r)	The practice communicates effectively and efficiently with patients by:	Select all that apply:
		Actively promoting the use of NHS App
		Optimising the length of messages to reduce SMS costs
		By default, only sending messages to directly affected patients
		Restricting the use of direct messaging to those allowed in the GPIT Operating model (e.g. reminders, vaccination appointments)
		Using messaging via patient facing services to avoid costs
		Adhering to ICB/policy with regard to using SMS for long messages and surveys
		Practice does not have a website
		Select all that apply:

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8ZAB (r)	To empower patients, the practice now utilises digital tools that patients can access and use for: Reference: https://www.england.nhs.uk/long-read/delivery-plan-for-recovering-access-to-primary-care-2/	Online consultations Self booking links (appointment booking) Messaging
Transform		
8ZH	Where Shared Care Records are in place, the practice is able to access joined up patient information from: References: 10 Year Health Pan for England NHS England » Fit for the Future: 10 Year Health Plan for England and Data Saves Lives https://www.gov.uk/government/publications/data-saves-lives-reshaping-health-and-social-care-with-data/data-saves-lives-reshaping-health-and-social-care-with-data	*Please tick all those where sharing and access already exist:* Acute Mental Health Urgent/Emergency Care Community Health Community Pharmacy Social Care Providers Hospices Care Homes
8ZJ (n)	Does the practice use Demand and Capacity Planning Tools?	Yes / No
8ZI (r)	In the last 12 months, the practice premises (facilities systems and infrastructure have been used to provide extended services which normally runs from 6.30pm to 8pm Mondays to Fridays and 9am to 5pm on Saturdays. Reference: Securing Excellence in Primary Care (GP) Digital Services: The Primary Care (GP) Digital Services Operating Model 2021-23.	Yes/No

Supporting Information

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This information will be viewed by the commissioner 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 the NHS Digital customer contact centre.

A separate free text section has been created for:

Supporting Information		
10A	GP practice links to online presence is provided via the following routes [13]*(select all that apply)*	
	Link to practice website	
	Link to practice Facebook page	
	Link to alternative online presence page	
	Practice does not have an online presence	
10C	Opening and closing times of branch practices[14] (If different to main practice).	
10D	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
10E	To support an assessment of the time burden to practices on completing this data return. Please can you state how	Enter time in minutes

[13] Responses could be shared with public facing NHS websites e.g. NHS.UK
[14] Ibid

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	long has it taken the practice to complete the declaration?[15]	

Catchment Area

Use this link to access your catchment area:

1. I confirm that I have logged into the General Practice Catchment Hub and have checked and applied any necessary changes to ensure this catchment area represents the GP practice's contractual boundary held with the commissioner for the main site and any branch sites.

2. I understand that I may be contacted by NHS England or NHS South, Central and West if there are any data quality issues with the catchment area when the catchment data is used in NHS tools such as Register with a GP surgery service.

Reference: Register with a GP surgery service - https://digital.nhs.uk/services/register-with-a-gp-surgery-service

The information is collected to support commissioners manage the contract, subsets of the data are shared with NHS.UK for use in the public domain, the entire content is shared with CQC, so practices do not have to share the same information twice prior to inspection, the content is also used for ministerial briefings and responding to FOIs.

- NHS England
- CQC
- ICBs
- Local Regional Offices
- Maps data is published online and shared with the NHS.UK team

[15] Response will be shared with NHS England's Data Standards and Assurance Service

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