

SECTION B - GENERAL AVAILABILITY

- 8 Please specify the estimated time to be devoted each week to General Medical Services?

33 hours

- 9 Please specify the estimated total time to be spent each week making any domiciliary visits?

11 1/2 hours routine
3 hours emergency

- 10 What arrangements do you propose for notifying patients of the times and places approved by the Committee and at which you will normally be available to patients? (A Notice placed in your surgery would be acceptable)

Notice Yes / No Practice Leaflets Yes / No Letter to Patients Yes / No

- 11 Has the Medical Practices Committee or the Secretary of State under Section 33 of the NHS Act 1977 imposed any conditions on your practise in the area? Yes / No.

If yes please specify below the terms of any such conditions.

- 12 Please specify if you wish to apply under the Provisions of Paragraph 25A of the Terms of Service applicable from 1st April 1990 (copy attached) to be available for only 4 days a week. A relevant form will then be supplied to you. N.B. See also Question 16.

NO

- 13 (IF YOU WISH TO BE AVAILABLE FOR LESS THAN 26 HOURS IN EACH WEEK PLEASE INDICATE BELOW:) N/A

I wish to be available
not less than 19 hours

YES/NO

I wish to be available
not less than 13 hours

YES/NO

- 14 (Please specify whether such reduced availability is sought permanently or only on a temporary basis?) N/A

Permanent

YES/NO

Temporary

YES/NO

SECTION C - HOURS AT MAIN SURGERY

16

Surgery Hours (please refer to notes of guidance on completion)
Please indicate if any surgery is for emergencies only by placing (E)
against the start time of the surgery concerned.

MONDAY - AT MAIN SURGERY

Morning			Afternoon			Evening		
<u>Start Time</u>	<u>Published Finish Time</u>	<u>Actual Finish Time</u>	<u>Start Time</u>	<u>Published Finish Time</u>	<u>Actual Finish Time</u>	<u>Start Time</u>	<u>Published Finish Time</u>	<u>Actual Finish Time</u>
0900	11:00	11:30						

TUESDAY - AT MAIN SURGERY

Morning			Afternoon			Evening		
<u>Start Time</u>	<u>Published Finish Time</u>	<u>Actual Finish Time</u>	<u>Start Time</u>	<u>Published Finish Time</u>	<u>Actual Finish Time</u>	<u>Start Time</u>	<u>Published Finish Time</u>	<u>Actual Finish Time</u>
0900	11:00	11:30				E 16:30	18:15	18:30

(IN ROTATION WITH PAVTINE)

WEDNESDAY - AT MAIN SURGERY

Morning			Afternoon			Evening		
<u>Start Time</u>	<u>Published Finish Time</u>	<u>Actual Finish Time</u>	<u>Start Time</u>	<u>Published Finish Time</u>	<u>Actual Finish Time</u>	<u>Start Time</u>	<u>Published Finish Time</u>	<u>Actual Finish Time</u>
0900	11:00	11:30						

THURSDAY - AT MAIN SURGERY

Morning			Afternoon			Evening		
<u>Start Time</u>	<u>Published Finish Time</u>	<u>Actual Finish Time</u>	<u>Start Time</u>	<u>Published Finish Time</u>	<u>Actual Finish Time</u>	<u>Start Time</u>	<u>Published Finish Time</u>	<u>Actual Finish Time</u>
0900	11:00	11:30						

FRIDAY - AT MAIN SURGERY

Morning			Afternoon			Evening		
<u>Start Time</u>	<u>Published Finish Time</u>	<u>Actual Finish Time</u>	<u>Start Time</u>	<u>Published Finish Time</u>	<u>Actual Finish Time</u>	<u>Start Time</u>	<u>Published Finish Time</u>	<u>Actual Finish Time</u>
0900	11:00	11:30						

SECTION D - HOURS AT BRANCH SURGERY(IES)

17

(Ignore this section if you do not work at a branch surgery)

MONDAY - AT BRANCH SURGERY

Morning			Afternoon			Evening		
<u>Start</u>	<u>Published</u>	<u>Actual</u>	<u>Start</u>	<u>Published</u>	<u>Actual</u>	<u>Start</u>	<u>Published</u>	<u>Actual</u>
<u>Time</u>	<u>Finish Time</u>	<u>Finish Time</u>	<u>Time</u>	<u>Finish Time</u>	<u>Finish Time</u>	<u>Time</u>	<u>Finish Time</u>	<u>Finish Time</u>

TUESDAY - AT BRANCH SURGERY

Morning			Afternoon			Evening		
<u>Start</u>	<u>Published</u>	<u>Actual</u>	<u>Start</u>	<u>Published</u>	<u>Actual</u>	<u>Start</u>	<u>Published</u>	<u>Actual</u>
<u>Time</u>	<u>Finish Time</u>	<u>Finish Time</u>	<u>Time</u>	<u>Finish Time</u>	<u>Finish Time</u>	<u>Time</u>	<u>Finish Time</u>	<u>Finish Time</u>

WEDNESDAY - AT BRANCH SURGERY

Morning			Afternoon			Evening		
<u>Start</u>	<u>Published</u>	<u>Actual</u>	<u>Start</u>	<u>Published</u>	<u>Actual</u>	<u>Start</u>	<u>Published</u>	<u>Actual</u>
<u>Time</u>	<u>Finish Time</u>	<u>Finish Time</u>	<u>Time</u>	<u>Finish Time</u>	<u>Finish Time</u>	<u>Time</u>	<u>Finish Time</u>	<u>Finish Time</u>

THURSDAY - AT BRANCH SURGERY

Morning			Afternoon			Evening		
<u>Start</u>	<u>Published</u>	<u>Actual</u>	<u>Start</u>	<u>Published</u>	<u>Actual</u>	<u>Start</u>	<u>Published</u>	<u>Actual</u>
<u>Time</u>	<u>Finish Time</u>	<u>Finish Time</u>	<u>Time</u>	<u>Finish Time</u>	<u>Finish Time</u>	<u>Time</u>	<u>Finish Time</u>	<u>Finish Time</u>

FRIDAY - AT BRANCH SURGERY

Morning			Afternoon			Evening		
<u>Start</u>	<u>Published</u>	<u>Actual</u>	<u>Start</u>	<u>Published</u>	<u>Actual</u>	<u>Start</u>	<u>Published</u>	<u>Actual</u>
<u>Time</u>	<u>Finish Time</u>	<u>Finish Time</u>	<u>Time</u>	<u>Finish Time</u>	<u>Finish Time</u>	<u>Time</u>	<u>Finish Time</u>	<u>Finish Time</u>

SECTION E CLINIC HOURS

- 18 Please distinguish clinic hours between main and branch surgeries by placing either (M) or (B) against the times

MONDAY

<u>Type of Clinic</u>	<u>Normal Start Time</u>	<u>Normal Finish Time</u>
POST NATAL & IUD	1300	1500

TUESDAY

<u>Type of Clinic</u>	<u>Normal Start Time</u>	<u>Normal Finish Time</u>
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WEDNESDAY

<u>Type of Clinic</u>	<u>Normal Start Time</u>	<u>Normal Finish Time</u>
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THURSDAY

<u>Type of Clinic</u>	<u>Normal Start Time</u>	<u>Normal Finish Time</u>
ANTENATAL	1300	1600

FRIDAY

<u>Type of Clinic</u>	<u>Normal Start Time</u>	<u>Normal Finish Time</u>
IMMUNISATION	1300	1500

SATURDAY

<u>Type of Clinic</u>	<u>Normal Start Time</u>	<u>Normal Finish Time</u>
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SUNDAY

<u>Type of Clinic</u>	<u>Normal Start Time</u>	<u>Normal Finish Time</u>
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SECTION F - SERVICES PROVIDED

- 19 Is your name included on Obstetric List? Yes/ No
- 20 Do you provide Contraceptive Services for all Patients? /No
- 21 Do you provide Contraceptive Services for own patients and Partners patients only? Yes/ No
- 22 Do you operate an Appointment System? Yes/ No
- at Main Surgery Yes/ No
- at Branch Surgery /No N/A
- 23 Do you intend to seek inclusion on the Minor Surgery List? Yes/ No
- 24 Do you intend to seek inclusion on the Child Health Surveillance List? Yes/ No
- 25 Out of hours arrangements
- Own Cover Yes/ No
- Deputising service (Please indicate level of consent given) Yes/ No 15 CALLS / 1000 PATIENTS PER MONTH
- Local rota with other Practices /No
- Combination of above arrangements Yes/ No
- 26 Languages spoken (other than English)
- 27 Particular clinical interests.

SECTION G

30 Assistant(s) Employed ~~Yes~~/No Number

31 GP Trainee(s) Employed ~~Yes~~/No Number

32 Number of other persons employed or available at practice premises (includes Ancillary Staff, District Health Authority Staff, Nursing Staff and any other health professionals)

Name of Employee	Employed By	Average Hours per Week	Nature of Services Provided by Employee
1	Partners/DHA*		
2	Partners/DHA*		
3	Partners/DHA*		
4	Partners/DHA*		
5	Partners/DHA*		
6	Partners/DHA*		

*delete as appropriate

33 Doctor's National Code (as shown on Prescription Pad FP.10)

335 740

Code A

Doctors Signature

Date