# Safe and effective provision of high quality primary medical services to out of area registered patients: implementing the 2025/26 GP contract change

## Annex A: assurance checklist

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| Part 1 – Out of area registration plans |  |
| Rationale why the practice wishes to or has changed its operating model and how does this support and align with the integrated care board’s (ICB’s) priorities on neighbourhood and primary care network (PCN) based services. | Free text |
| Current out of area registration status/data, for example,   1. number of registered patients 2. number of out of area registered patients 3. percentage of out of area registered patients 4. current number of registered patients who live within contract boundary (inner) 5. current number of registered patients who live outside of contract boundary (outer) 6. practice rurality index 7. change in the above, for example, over last quarter/year. | Please state numbers |
| What is the GP practices planned projections for registering out of area patients and over what time period, and change in the ratio of in/out of area patient registrations? | Free text |
| Details of practice premises for face-to-face appointments, including any considerations for new premises/locations.  Note: new premises requests will need to be submitted separately as contract variation request. | Free text |
| How will the practice monitor and respond to any increase in patient de-registration requests and face-to-face appointment did not attends (DNAs), including provision of care through sub-contractors? | Free text |

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| Part 2 – Information about the practice and its procedures | |
| Out of area registration | |
| Practice policy and procedures for managing patient registrations demonstrate:   1. clinical and practical considerations for the appropriateness of out of area registration for each individual patient 2. effective patient communication of requirements to attend ongoing appointments to receive the full range of primary medical services including cervical screening, vaccinations and immunisations etc and the locations at which they will need to attend 3. patient consent is obtained to register as an out of area patient, and with the knowledge that they will be de-registered from their current GP practice 4. practice can confirm all out of area registrations have been made accurately via GP links including a manual note with the relevant text string necessary to identify registered patients as out of area   Note: Commissioners will want to review the practices rurality index alongside patient in and out of area registration data. | Yes/no answers |
| Clinical appropriateness review | |
| The practice has a clear policy and procedure in place to:   1. monitor changes in patients’ health (or practical) status sufficient to warrant review of the patients continued out of area registration; and 2. arrangements for patient notification to be sent where they may need to register with a local GP where it is no longer safe or practical to maintain registration as an out of area patient | Yes/no answers |
| Coordination for out of area patient when at home | |
| Procedures in place for maintaining and updating a list of community service providers in the patient’s locality. | Yes/no answers |
| Procedures in place for maintaining and updating safeguarding team contacts in the patient’s locality. | Yes/no answers |
| Mechanisms in place to ensure that patients referred to community and secondary care are not declined for being out of the practice’s catchment area. | Yes/no answers |
| Supporting materials– practice to provide copies of: | |
| Practice policies on patient registrations, including how the practice would incorporate out of area registrations. | Yes/no answers |
| Information provided to patients who are either out of area or planning to be registered out of area, highlighting details of any services the patient will not be able to routinely access.  Note. Patient facing materials should have clear descriptions of patients being warned that they may need to register with a local GP practice near their home should their health needs change and given opportunity to change their mind if they wish. | Yes/no answers |
| Safeguarding. The practice safeguarding lead and associated policies are linked to the out of area locations to which patients have registered from, where appropriate. | Yes/no answers |
| Infection prevention control |  |
| The practice has a process for the reporting of infectious diseases to the UK Health Security Agency (UKHSA) for out of area registered patients. | Yes/no answers |

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| Part 3 – Assurance |  |
| Practice staff numbers, suitability, training support and governance | |
| The practice can demonstrate clinical and operational leadership, workforce, skill mix, clinical governance, training and support for practice staff in place necessary to meet the needs of patients and maintain patient safety. | Yes/no answers |
| Patient engagement | |
| The practice can demonstrate it has engaged with its registered patients on changes to its operating model and considered and addressed where appropriate any concerns raised about the provision of services, for example, to existing registered patients. | Yes/no answers |
| Advertising | |
| The practice can confirm through its new operating model it is not advertising the provision of any private services, either itself or through any third-party, whether the practice provides the services itself or they are provided by another person, by any written or electronic means where these are used to advertise the primary medical services it provides?  Note: for the avoidance of doubt this includes redirecting patients to other non-NHS funded services. | Yes/no answers |
| Digital safety/ General practice IT (GPIT) assurance | |
| Has the practice secured assurance that the digital tools to be used will meet standards in: clinical safety, data protection, cyber security, interoperability and accessibility. [Digital technology assessment criteria (DTAC)](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.england.nhs.uk%2Flong-read%2Fprimary-care-service-development-funding-and-general-practice-it-funding-guidance-2024-25%2F&data=05%7C02%7Cfiona.foxton%40nhs.net%7C59c38d61041146816a3e08ddc5d42acd%7C37c354b285b047f5b22207b48d774ee3%7C0%7C0%7C638884237213320696%7CUnknown%7CTWFpbGZsb3d8eyJFbXB0eU1hcGkiOnRydWUsIlYiOiIwLjAuMDAwMCIsIlAiOiJXaW4zMiIsIkFOIjoiTWFpbCIsIldUIjoyfQ%3D%3D%7C0%7C%7C%7C&sdata=G%2Bf3wCOKfRLjBLXYD2TRZcHqpbMMsOAR%2B5mmD2qOHtQ%3D&reserved=0) is recommended in establishing such assurance. This includes, where required (see NHS England [step by step guidance](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fdigital.nhs.uk%2Fservices%2Fclinical-safety%2Fapplicability-of-dcb-0129-and-dcb-0160%2Fstep-by-step-guidance&data=05%7C02%7Cfiona.foxton%40nhs.net%7C59c38d61041146816a3e08ddc5d42acd%7C37c354b285b047f5b22207b48d774ee3%7C0%7C0%7C638884237213361702%7CUnknown%7CTWFpbGZsb3d8eyJFbXB0eU1hcGkiOnRydWUsIlYiOiIwLjAuMDAwMCIsIlAiOiJXaW4zMiIsIkFOIjoiTWFpbCIsIldUIjoyfQ%3D%3D%7C0%7C%7C%7C&sdata=Q6OOXbn1MfgQPGVSQ4wFpUwWJzBXcErDR3yJH%2BltI8g%3D&reserved=0)), compliance with [DCB0129: clinical risk management: its application in the manufacture of health IT systems](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fdigital.nhs.uk%2Fdata-and-information%2Finformation-standards%2Finformation-standards-and-data-collections-including-extractions%2Fpublications-and-notifications%2Fstandards-and-collections%2Fdcb0129-clinical-risk-management-its-application-in-the-manufacture-of-health-it-systems&data=05%7C02%7Cfiona.foxton%40nhs.net%7C59c38d61041146816a3e08ddc5d42acd%7C37c354b285b047f5b22207b48d774ee3%7C0%7C0%7C638884237213386373%7CUnknown%7CTWFpbGZsb3d8eyJFbXB0eU1hcGkiOnRydWUsIlYiOiIwLjAuMDAwMCIsIlAiOiJXaW4zMiIsIkFOIjoiTWFpbCIsIldUIjoyfQ%3D%3D%7C0%7C%7C%7C&sdata=6T8CfMYg9s8X10%2F5ho1owG88d5MbT3jEKKJfpHPStZ4%3D&reserved=0).. | Yes/no answers |
| Does the practice have access to a clinical safety officer, as required under [DCB0160: clinical risk management: its application in the deployment and use of health IT systems](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fdigital.nhs.uk%2Fdata-and-information%2Finformation-standards%2Finformation-standards-and-data-collections-including-extractions%2Fpublications-and-notifications%2Fstandards-and-collections%2Fdcb0160-clinical-risk-management-its-application-in-the-deployment-and-use-of-health-it-systems&data=05%7C02%7Cfiona.foxton%40nhs.net%7C59c38d61041146816a3e08ddc5d42acd%7C37c354b285b047f5b22207b48d774ee3%7C0%7C0%7C638884237213414836%7CUnknown%7CTWFpbGZsb3d8eyJFbXB0eU1hcGkiOnRydWUsIlYiOiIwLjAuMDAwMCIsIlAiOiJXaW4zMiIsIkFOIjoiTWFpbCIsIldUIjoyfQ%3D%3D%7C0%7C%7C%7C&sdata=vviWoV2qq2Vky3y6OeLFXci1wFWdJK4aPIvSc4tkj28%3D&reserved=0), to provide guidance and assurance on implementing and configuring these digital tools. | Yes/no answers |
| Where the practice utilises a third-party organisation, as a sub-contractor, to provide this service has the practice secured approval of the commissioner to allow the third-party organisation access to the digital tools, equipment, systems and support provided by the NHS to the practice as part of the contract. | Yes/no answers |