

## Annex B: Template Declaration of interests for Practice Partners and employees

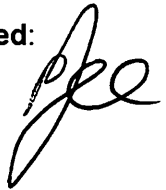
<b>Name:</b>		Dr Pauline Riddett		
<b>Position within, or relationship with, the Practice:</b>		Partner		
<b>Detail of interests held (complete all that are applicable):</b>				
<b>Type of Interest*</b> *See attachment for details	<b>Description of Interest (including for indirect Interests, details of the relationship with the person who has the interest)</b>	<b>Date interest relates</b> From & To		<b>Actions to be taken to mitigate risk</b> (to be agreed with Practice Manager and Senior Partner)
Non-financial professional interest	Director of Wakefield Health Alliance – Federation of GP Practices	Jul 17	date	All decisions made by the Board are ratified by the rest of the Partners as well as the other members of the Federation
Financial Interest	Shareholder in Novus Health which holds the contract to perform various medical services such as physiotherapy in the Wakefield area	2009	date	Novus would only be awarded services through strict tendering procedures as laid down by the CCG which allow for fair competition.
Financial interest	Practice is shareholder in Wakefield Health Alliance a Federation of GP Practices	2016	date	The Federation follows NHS guidelines for commissioning services which ensure open competition and that contracts are awarded for the benefit of the patients. Any provision of services by the Federation would be done via strict tendering procedures as laid down by the CCG or similar organisation such as an MCP (multi-speciality community provider) or ACO (accountable care organisation)

The information submitted will be held by the Practice for personnel or other reasons specified on this form and to comply with the organisation's policies. This information may be held in both manual and electronic form in accordance with the Data Protection Act 1998. Information may be disclosed to third parties in accordance with the Freedom of Information Act 2000 and published in registers that the Practice holds.

I confirm that the information provided above is complete and correct. I acknowledge that any changes in these declarations must be notified to the Practice Manager as soon as practicable and no later than 28 days after the interest arises. I am aware that if I do not make full, accurate and timely declarations then civil, criminal, or internal disciplinary action may result.

I do / ~~not~~ [delete as applicable] give my consent for this information to published on registers that the Practice holds. If consent is NOT given please give reasons:

Signed:



Date:

8/10/18

Signed:

(Senior Partner)



Position: Senior Partner

Date:

8/10/18

Please return to the Practice Manager to provide advice, support, and guidance on how conflicts of interest should be managed, and administer associated administrative processes