

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

<b>Name:</b>		Rebecca Clegg	
<b>Position within, or relationship with, the Practice:</b>		Practice Manager	
<b>Detail of interests held (complete all that are applicable):</b>			
Type of Interest* *See attachment for details	Description of Interest (including for indirect interests, details of the relationship with the person who has the interest)	Date interest relates From & To	Actions to be taken to mitigate risk (to be agreed with Practice Manager and Senior Partner)
	No interests recorded		

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

Signed: *K. Cross*

Date: *23-1-24*

Signed:   
(Senior Partner)

Position: Senior Partner  
Date: *18/3/24*

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

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

<b>Name:</b>		Charlotte Barter		
<b>Position within, or relationship with, the Practice:</b>		Deputy Practice Manager		
<b>Detail of interests held (complete all that are applicable):</b>				
Type of Interest* *See attachment for details	Description of Interest (including for indirect interests, details of the relationship with the person who has the interest)	Date interest relates From & To	Actions to be taken to mitigate risk (to be agreed with Practice Manager and Senior Partner)	
	No interests recorded			

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

Signed: 

Date: 1/2/24.

Signed:   
(Senior Partner)

Position: Senior Partner

Date: 18/3/24

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

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

Name:		Elizabeth Walker	
Position within, or relationship with, the Practice:		Operations Manager	
<b>Detail of interests held (complete all that are applicable):</b>			
Type of Interest* *See attachment for details	Description of Interest (including for indirect Interests, details of the relationship with the person who has the interest)	Date interest relates From & To	Actions to be taken to mitigate risk (to be agreed with Practice Manager and Senior Partner)
	No interests recorded		


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

Signed: 

Date: 23.01.23

Signed:   
(Senior Partner)

Position: Senior Partner

Date: 18/3/24

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

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

<b>Name:</b>		Dr Rosario Vega	
<b>Position within, or relationship with, the Practice:</b>		Partner	
<b>Detail of interests held (complete all that are applicable):</b>			
Type of Interest* *See attachment for details	Description of Interest (including for indirect Interests, details of the relationship with the person who has the interest)	Date interest relates From & To	Actions to be taken to mitigate risk (to be agreed with Practice Manager and Senior Partner)
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 ICB which allow for fair competition.

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

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Signed:

Date: 23 Jan 2024



Signed:

Position: Senior Partner

Date: 23 Jan 2024

(Senior Partner)

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



**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>			
Type of Interest*	Description of Interest (including for indirect interests, details of the relationship with the person who has the interest)	Date interest relates From & To	Actions to be taken to mitigate risk (to be agreed with Practice Manager and Senior Partner)
*See attachment for details			
financial interest	Board member of Connexus	Aug 2020	All decisions made by the Board are ratified by the rest of the Partners as well as the other members of the Confederation
Non-financial professional interest	Clinical Director Pontefract & Knottingley Primary Care Network	Aug 19	All decisions made by the Primary Care Network Board are ratified by the rest of the Primary Care Network members
Financial Interest	Shareholder in Novus Health which holds the contract to perform various medical services such as physiotherapy in the Wakefield area	2009	Novus would only be awarded services through strict tendering procedures as laid down by the ICB which allow for fair competition.

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I do / ~~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: 5/21/24

Signed:



Position: Senior Partner

Date: 18/3/24

(Senior Partner)

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

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

<b>Name:</b>		<b>Dr Annette Kemshell</b>		
<b>Position within, or relationship with, the Practice:</b>		<b>Partner</b>		
<b>Detail of interests held (complete all that are applicable):</b>				
<b>Type of Interest*</b>	<b>Description of Interest (including for indirect Interests, details of the relationship with the person who has the interest)</b>	<b>Date interest relates From &amp; To</b>	<b>Actions to be taken to mitigate risk (to be agreed with Practice Manager and Senior Partner)</b>	
<b>*See attachment for details</b>				
<b>Non-financial professional interest</b>	<b>Employed by Health Education England as a Training Programme Director for Heart of Yorkshire GP scheme</b>	<b>2022</b>	<b>All decisions made about placements are ratified by the rest of the Training Programme Directors</b>	
<b>Financial Interest</b>	<b>Shareholder in Novus Health which holds the contract to perform various medical services such as physiotherapy in the Wakefield area</b>	<b>2009</b>	<b>Novus would only be awarded services through strict tendering procedures as laid down by the ICB which allow for fair competition.</b>	
<b>Non-financial professional interest</b>	<b>Educational lead for Pontefract &amp; Knottingley Primary Care Network</b>	<b>2023</b>	<b>All decisions made by the Primary Care Network Board are ratified by the rest of the Primary Care Network members.</b>	

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

Signed: 

Date: 7/3/24

Signed:   
(Senior Partner)

Position: Senior Partner

Date: 18/3/24

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

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

<b>Name:</b>		Dr Kamal Ibrahim	
<b>Position within, or relationship with, the Practice:</b>		Partner	
<b>Detail of interests held (complete all that are applicable):</b>			
Type of Interest* *See attachment for details	Description of Interest (including for indirect interests, details of the relationship with the person who has the interest)	Date interest relates From & To	Actions to be taken to mitigate risk (to be agreed with Practice Manager and Senior Partner)
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 ICB which allow for fair competition.

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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 / ~~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: 26.01.2024

Signed:   
(Senior Partner)

Position: Senior Partner  
Date: 18/3/24

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

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

<b>Name:</b>		Dr Adam Clark	
<b>Position within, or relationship with, the Practice:</b>		Salaried GP	
<b>Detail of interests held (complete all that are applicable):</b>			
<b>Type of Interest*</b> <small>*See attachment for details</small>	<b>Description of Interest (including for indirect Interests, details of the relationship with the person who has the interest)</b>	<b>Date interest relates From &amp; To</b>	<b>Actions to be taken to mitigate risk (to be agreed with Practice Manager and Senior Partner)</b>
<b>Non-financial professional interest</b>	Works for Novus Dermatology one day per week training to be a GPwER in Dermatology	July 2023	All decisions made by Novus are ratified by the rest of the members of Novus


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

Signed:  Dr. Cassa

Date: 12/03/2024.

Signed:   
(Senior Partner)

Position: Senior Partner      Date: 12/31/2024

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



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

Name:		Dr Joseph Brennan	
Position within, or relationship with, the Practice:		Salaried GP	
<b>Detail of interests held (complete all that are applicable):</b>			
Type of Interest* *See attachment for details	Description of Interest (including for indirect interests, details of the relationship with the person who has the interest)	Date interest relates From & To	Actions to be taken to mitigate risk (to be agreed with Practice Manager and Senior Partner)
	No interests recorded		

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

Signed:



Date: 24/01/24

Signed:



Position: Senior Partner

Date: 18/3/24

(Senior Partner)

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

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

Name:		Dr Suzanne Seddon	
Position within, or relationship with, the Practice:		Salaried GP	
<b>Detail of interests held (complete all that are applicable):</b>			
Type of Interest*	Description of Interest (including for indirect interests, details of the relationship with the person who has the interest)	Date interest relates From & To	Actions to be taken to mitigate risk (to be agreed with Practice Manager and Senior Partner)
*See attachment for details			
	No interests recorded		

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I do / ~~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: 26/1/24



Signed:

Position: Senior Partner

Date: 18/3/24

(Senior Partner)

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

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

<b>Name:</b>		Dr Julia Baldwin	
<b>Position within, or relationship with, the Practice:</b>		Salaried GP	
<b>Detail of interests held (complete all that are applicable):</b>			
Type of Interest* *See attachment for details	Description of Interest (including for indirect interests, details of the relationship with the person who has the interest)	Date interest relates From & To	Actions to be taken to mitigate risk (to be agreed with Practice Manager and Senior Partner)
	No interests recorded		

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I do / ~~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: 23/1/24



Signed:

Position: Senior Partner

Date: 18/3/24

(Senior Partner)

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

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

<b>Name:</b>		Dr Simon McGraw	
<b>Position within, or relationship with, the Practice:</b>		Salaried GP	
<b>Detail of interests held (complete all that are applicable):</b>			
Type of Interest*	Description of Interest (including for indirect interests, details of the relationship with the person who has the interest)	Date interest relates From & To	Actions to be taken to mitigate risk (to be agreed with Practice Manager and Senior Partner)
Non-financial professional interest	Works for Connect health MSK service one day per week	2006	All decisions made by Connect Health are ratified by the Connect Health board members.

*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.*

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

Signed: 

Date: 4/3/24.



Signed: **(Senior Partner)**

Date: 18/3/24

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



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

Name:		Dr Samantha Wong		
Position within, or relationship with, the Practice:		Salaried GP		
<b>Detail of interests held (complete all that are applicable):</b>				
Type of Interest* *See attachment for details	Description of Interest (including for indirect Interests, details of the relationship with the person who has the interest)	Date interest relates From & To	Actions to be taken to mitigate risk (to be agreed with Practice Manager and Senior Partner)	
	No interests recorded			

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

Signed: 

SAMANTHA WONG

Date: 24/1/24

Signed:   
(Senior Partner)

Position: Senior Partner

Date: 18/3/24

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

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

<b>Name:</b>		ACP Jayne Thomas	
<b>Position within, or relationship with, the Practice:</b>		ACP Manager	
<b>Detail of interests held (complete all that are applicable):</b>			
Type of Interest*	Description of Interest (including for indirect interests, details of the relationship with the person who has the interest)	Date interest relates From & To	Actions to be taken to mitigate risk (to be agreed with Practice Manager and Senior Partner)
	No interests recorded		

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I do / ~~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: 02/02/2024

Signed:   
(Senior Partner)

Position: Senior Partner

Date: 18/3/24

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

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

Name:		Nurse Shelley Hopwood		
Position within, or relationship with, the Practice:		Nurse Manager		
<b>Detail of interests held (complete all that are applicable):</b>				
Type of Interest*	Description of Interest (including for indirect interests, details of the relationship with the person who has the interest)	Date interest relates From & To	Actions to be taken to mitigate risk (to be agreed with Practice Manager and Senior Partner)	
*See attachment for details	No interests recorded			

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

Signed: 

Date: 29/01/24.

Signed:   
(Senior Partner)

Position: Senior Partner

Date: 18/3/24

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