**STATEMENT BY THE GENERAL PRACTICE AGREEING TO ACT UNDER**

**THE SERVICE SPECIFICATIONS OF THE BUCKINGHAMSHIRE COUNTY COUNCIL PUBLIC HEALTH CONTRACT**

**Services provided from April 2016**

I have received, read and agreed to act in accordance with **all** the requirements of the service specifications for public health services under the Public Health Contract.

Please find below the services that this general practice will be delivering under the Public Health Contract for Buckinghamshire County Council\*.

Tick the relevant box.

* Smoking cessation [ ]
* Long acting reversible contraception [ ]
* Chlamydia screening [ ]
* NHS Healthcheck [ ]
* Drugs Misuse – shared care [ ]

\*Please refer to individual Service Specifications for mandatory service delivery requirements.

|  |  |
| --- | --- |
| Name of General Practice (block capitals): |  |
| K Code: |  |
| Practice Manager Name: |  |
| Practice Manager Signature: |  |
| Email Address: |  |
| Telephone Number: |  |
| Date: |  |

When submitting this form please **do not** upload it to the Issue Documentation Event. Please submit the form via the messages section of the portal. Should you encounter any difficulties contact Due North on 01670 597137 who’ll be able to assist you further**.**