

Statement of purpose

Health and Social Care Act 2008

Template for providers

Please read the guidance document *Statement of purpose: Guidance for providers* and also the notes at end of this template before completing it.

Statement of purpose			
Health and Social Care Act 2008			
Version	3	Date of next review	February 2017

Service provider <i>Full name, business address, telephone number and email address of the registered provider:</i>	
Name	Raleigh Surgery
Address line 1	33 Pines Road
Address line 2	
Town/city	Exmouth
County	Devon
Post code	EX8 5NH
Email	D-CCG.RaleighSurgery@nhs.net
Main telephone	01395 222499
ID numbers <i>Where this is an updated version of the statement of purpose, please provide the service provider and registered manager ID numbers:</i>	
Service provider ID	1-199763432/L83627
Registered manager ID	CON1-531893958

Aims and objectives <i>What do you wish to achieve by providing regulated activities? How will your service help the people who use your services? Please use the numbered bullet points:</i>
1. To alleviate pain and help promote healthy lifestyles effectively and efficiently
2. Diagnose illness

3. Effectively manage illness and strive to continue providing patient centred care by meeting the patients and wider societies expectations of health care in a holistic manner.
4. Ensuring that at all times patients and staff ae treated with dignity, empathy and respect.
5. Respond to patient needs through feedback via the PPG, surveys, website suggestions and complaints. Operate ethically by being open and transparent.
6. Provide a safe and clean environment for patients and staff and comply with Health and Safety regulations.
7. Continue to improve staff skills by encouraging continual professional development appraisals and staff training.
8. Confidentiality of patients and staff information is paramount and is monitored regularly by governance and effective systems.

Legal status <i>Tick the relevant box and provide the information requested for the type of provider you are:</i> Use <input checked="" type="checkbox"/>	
Individual	<input checked="" type="checkbox"/>
Partnership	<input type="checkbox"/>
List the names of all partners	1. Dr K Knight 2. 3. 4. 5. 6.
Limited liability partnership registered as an organisation	<input type="checkbox"/>
Incorporated organisation	<input type="checkbox"/>
Company number	

Are you a charity?	<input type="checkbox"/> No ✓ <input type="checkbox"/> Yes Charity number:
Group structure (if applicable)	

Please repeat the following table for each of your regulated activities¹

Regulated activity 1 <i>As shown on your certificate of registration</i>	GP Surgery
Services <i>What services, care and/or treatment do you provide for this regulated activity? (For example GP, dentist, acute hospital, care home with nursing, sheltered housing)</i>	GP consultations and treatment services
Locations <i>As listed on your certificate of registration. Please repeat the section below for each location for this regulated activity</i>	
Location 1:	

Name of location	Raleigh Surgery
Address line 1	33 Pines Road
Address line 2	Exmouth
Address line 3	Devon
Address line 4	EX8 5NH
Address line 5	
Brief description of location²	Purpose built GP surgery with disabled access and community room
No of approved places/beds (not NHS)³	
Name and contact details of registered manager(s) (if applicable)⁴ <i>Full name, business address, telephone number and email address of each registered manager.</i> <i>For each registered manager, state which regulated activities and locations(s) they manage.</i> <i>Copy and paste the sub-section if they are more than two registered managers</i>	Registered manager 1
	Full name: Dr K Knight
	Proportion of working time spent at each location (for job share posts only):
	Contact details:
	Business address: As above
	Telephone: 01395 222499
	Email: karenknight2@nhs.net
	Locations: Raleigh Surgery

	Regulated activities:	
	1. Diagnostic screening procedures	
	2. Family planning	
	3. Surgical procedures	
	4. Maternity and midwifery services	
	5. Treatment of disease, disorder or injury	
	Registered manager 2:	
	Full name:	
	Proportion of time spent at each location:	
	Contact details:	
	Business address:	
	Telephone:	
	Email:	
	Locations:	
Regulated activities:		
1.		
2.		
3.		
4.		
Service user band(s) at this location⁵	Learning disabilities or autistic spectrum disorder	<input type="checkbox"/> √

Use <input checked="" type="checkbox"/>	Older people	<input type="checkbox"/> √
	Younger adults	<input type="checkbox"/> √
	Children 0-3 years	<input type="checkbox"/> √
	Children 4-12 years	<input type="checkbox"/> √
	Children 13-18 years	<input type="checkbox"/> √
	Mental health	<input type="checkbox"/> √
	Physical disability	<input type="checkbox"/> √
	Sensory impairment	<input type="checkbox"/> √
	Dementia	<input type="checkbox"/> √
	People detained under the Mental Health Act	<input type="checkbox"/> √
	People who misuse drugs and alcohol	<input type="checkbox"/> √
	People with an eating disorder	<input type="checkbox"/> √
	Whole population	<input type="checkbox"/> √
	None of the above Please give details:	<input type="checkbox"/>

Notes:

1. Regulated activity – If you use a combined statement of purpose, repeat the information for each of the regulated activities for which you are registered. You can do this by copying and pasting the whole regulated activity table.

2. Locations – For each location registered for a particular regulated activity (including your headquarters), please provide a brief description, including whether the services at that location are specifically adapted or suitable for people with particular needs or where you can meet requirements for special facilities or staffing. You can do this by copying and pasting the relevant lines for each location.

You may also give details around 'listed buildings', shared occupancy, and special facilities (for example hydrotherapy pools).

3. Overnight beds – If the location provides overnight beds, please state the number.

4. Registered manager(s) – Where the regulated activity is managed by a registered manager(s), please enter his or her full name, contact address (if different from the location address), telephone number and email address. Please state how much time is spent managing the regulated activities where more than one manager is in post for each location. This may be in days or hours. Where the regulated activity has no separate manager but is managed directly by the provider, leave the box empty.

5. Service user band(s) – Tick all the boxes that describe the service user needs or groups of people who use your service.