

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		Date of next review	
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Service provider

Full name, business address, telephone number and email address of the registered provider:

Name	Park and St Francis Surgery
Address line 1	Pilgrims Close, Valley Park
Address line 2	Chandlers Ford
Town/city	Eastleigh
County	Hampshire
Post code	SO53 4ST
Email	
Main telephone	023 8025 2131

ID numbers

Where this is an updated version of the statement of purpose, please provide the service provider and registered manager ID numbers:

Service provider ID	
Registered manager ID	

Aims and objectives

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:

1. To provide general practice health care of a high quality and promote well-being to people within the practice area

2. To ensure all patients are treated fairly, honestly, without discrimination and always

to the best interests of the patient
3. For patients to have a knowledge of all health care options available to them
4. To work alongside other healthcare providers and organisations promoting research studies and treating ill health
5. To ensure the premises and equipment are compliant with health and safety laws and standards
6. To ensure all staff are suitably trained and qualified to offer best practice and efficiency
7. To ensure effective management and governance 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 type="checkbox"/>
Partnership	X
List the names of all partners	1. Dr Simon Chaplin-Rogers 2. Dr Kathy Fowler 3. Dr Chris Arden 4. Dr Julia Terry 5. Dr Samuel Glanville 6. Dr Joanna Birmingham 7. Dr Mark Rickenbach 8. Dr Jayne O'Connor
Limited liability partnership registered as an organisation	<input type="checkbox"/>
Incorporated organisation	<input type="checkbox"/>
Company number	

Are you a charity?	<input checked="" 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>	1. Diagnostic and screening procedures 2. Family Planning 3. Maternity and Midwifery services 4. Surgical procedures 5. Treatment of disease, disorder or injury
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>	Doctors treatment services Doctors consultation 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	Park and St Francis Surgery
Address line 1	Pilgrims Close, Valley Park
Address line 2	Chandlers Ford
Address line 3	Eastleigh
Address line 4	Hampshire
Address line 5	SO53 4ST
Brief description of location²	Main surgery – three storey building
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,</i>	Registered manager 1
	Full name: Joanna Birmingham
	Proportion of working time spent at each location (for job share posts only):
	Contact details: as below

state which regulated activities and locations(s) they manage.

Copy and paste the sub-section if they are more than two registered managers

Business address:

Park and St Francis Surgery
Pilgrims Close, Valley Park
Chandlers Ford
Eastleigh
Hampshire
SO53 4ST

Telephone: 023 8025 2131

Email: j.birmingham@nhs.net

Locations:

Regulated activities:

1. Diagnostic and Screening procedures
2. Family Planning
3. Maternity and Midwifery Services
4. Surgical Procedures
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 <i>Use</i> <input checked="" type="checkbox"/>	Learning disabilities or autistic spectrum disorder	<input 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"/>
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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.