#### 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 purposeHealth and Social Care Act 2008 |
| Version | 1.1 | Date of next review | March 2018 |

|  |
| --- |
| Service provider*Full name, business address, telephone number and email address of the registered provider:* |
| Name | Dr Upton & Dr Kaur |
| Address line 1 | Tardis Surgery |
| Address line 2 | Queen Street |
| Town/city | Cheadle |
| County | Staffordshire |
| Post code | ST10 1BH |
| Main telephone | 01538 753771 |
| 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  | 1-199768672 |
| Registered manager ID | GMC 3121001 |

|  |
| --- |
| 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. Achieve a uniform standard system in line with our policies and procedures that are accessible and instructive for all staff. Staff are encouraged to apply reasonable discretion to meet the expectations of patients belonging to the practice showing respect at all times regardless of ethnicity, religious belief, personal attributes or the nature of their medical needs.  |
| 2. Review the facilities to create a working environment that provides an improved patient experience with an emphasis on maintaining a personal level of service while presenting a professional front and maintaining confidentiality. Technology is minimised at the point of interface between patient and practice staff. |
| 3. Provide the patients with a high level of clinical care provided in a timely manner using a next day appointment system.  |
| 4. Engage with the patients in decision making around actions that impact their continued care and efficiency of the service. |
| 5. Undertake both mandatory and non mandatory staff training to all staff members to ensure the right skills are in place to provide the best care for our patients.  |
| 6. Encourage personal development among the staff to achieve their professional ambitions. |
| 7. Provide a safe working environment for the staff and the public. Health and safety policies and procedures to be reviewed on a regular basis using a formalised risk assessment template. |

|  |
| --- |
| Legal status*Tick the relevant box and provide the information requested for the type of provider you are:**Use* 🗹 |
| Individual | No |
| **Partnership** |  |
| **List the names of all partners** | 1. Dr K S Upton2. Dr S Kaur |
| **Limited liability partnership registered as an organisation** | N/A |
| **Incorporated organisation** | N/A |
| **Company number** | N/A |
| **Are you a charity?** |  No |
| **Group structure (if applicable)** | N/A |

# Please repeat the following table for each of your regulated activities1

|  |  |
| --- | --- |
| **Regulated activity 1***As shown on your certificate of registration* | Diagnostic and Screening Procedures |
| **Services** *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)* | GP with nurse support |
| **Regulated activity 2***As shown on your certificate of registration* | Family Planning |
| **Services** *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)* | GP with nurse support |
| **Regulated activity 3***As shown on your certificate of registration* | Maternity and Midwifery Services |
| **Services** *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)* | GP with support from the community midwife support and community health visitor |
| **Regulated activity 4***As shown on your certificate of registration* | Surgical Procedures |
| **Services** *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)* | GP |
| **Regulated activity 5***As shown on your certificate of registration* | Treatment of Disease Disorder and Injury |
| **Services** *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)* | GP with nurse support |
| **Locations***As listed on your certificate of registration. Please repeat the section below for each location for this regulated activity* |
| **Location 1:** |
| **Name of location** | Tardis Surgery |
| **Address line 1** | Queen Street |
| **Address line 2** | Cheadle |
| **Address line 3** | Stoke-on-Trent |
| **Address line 4** | Staffordshire |
| **Address line 5** | ST10 1BH |
| **Brief description of location2** | The location consists of 3 terraced houses knocked into 1. The layout has 5 clinical rooms and a dispensary together with admin rooms and a medical notes storage room  |
| **No of approved places/beds (not NHS)3** | N/A |
| **Name and contact details of registered manager(s) (if applicable)4***Full name, business address, telephone number and email address of each registered manager.**For each registered manager, state which regulated activities and locations(s) they manage.**Copy and paste the sub-section if they are more than two registered managers* | **Registered manager 1** |
| **Full name: Dr Kevin S Upton** |
| **Proportion of working time spent at each location (for job share posts only): N/A** |
| **Contact details:** |
| Business address:The Tardis SurgeryQueen StreetCheadleStoke-on-TrentStaffordshireST10 1BH |
| Telephone: 01538 753771 |
| Email:  |
| **Locations:** The Tardis SurgeryQueen StreetCheadleStoke-on-TrentStaffordshireST10 1BH |
| **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: N/A** |
| **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***Use* 🗹 | Learning disabilities or autistic spectrum disorder  |  |
| Older people |  |
| Younger adults |  |
| Children 0-3 years |  |
| Children 4-12 years |  |
| Children 13-18 years |  |
| Mental health |  |
| Physical disability |  |
| Sensory impairment |  |
| Dementia |  |
| People detained under the Mental Health Act |  |
| People who misuse drugs and alcohol |  |
| People with an eating disorder |  |
| Whole population  |  |
| None of the above Please give details: | 🞎 |

**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.