

# **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

<b>Version</b>	1	<b>Date of next review</b>	1.4.2014
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### Service provider

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

<b>Name</b>	Dr Susan Mary Reeves
<b>Address line 1</b>	Manchester Road Medical Centre
<b>Address line 2</b>	27-31 Manchester Road
<b>Town/city</b>	Knutsford
<b>County</b>	Cheshire
<b>Post code</b>	WA16 0LY
<b>Email</b>	joan.carpenter@nhs.net
<b>Main telephone</b>	01565 633101

### ID numbers

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

<b>Service provider ID</b>	1-569481648
<b>Registered manager ID</b>	

### 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. We aim to ensure high quality, safe and effective medical care

2. Be committed to our patient needs and treat them on an individual basis

3. Act with integrity and complete confidentiality
4. To improve as a patient centred service through review, decision making and communication.
5. To continue to improve our healthcare services through monitoring and auditing
6. Respond to complaints according to national guidelines and implement changes where necessary
7. Manage risks through effective consent procedures
8. To maintain our motivated and skilled work teams
9. To guide our employees in accordance with diversity and equality
10. Treat all patients and staff with dignity, respect and honesty
11. Maintain high quality of care through continuous learning and training
12. Prescribe and administer medicines safely
13. To ensure effective and robust information governance systems
14. Ensure clean, safe services and environment implementing current infection control standards
15. Ensuring that patients can access effective care out of hours
16. Training GP's of the future to a high standard
17. Liaising effectively with outside bodies to ensure that continuity of care is achieved
18. Reflect the latest advances in Primary Care Medicine
We aim to provide a high quality healthcare service delivered in a friendly and caring manner

<b>Legal status</b> <i>Tick the relevant box and provide the information requested for the type of provider you are:</i> Use <input checked="" type="checkbox"/>	
<b>Individual</b>	
<b>Partnership</b>	<input checked="" type="checkbox"/>
<b>List the names of all partners</b>	1. Dr Susan Mary Reeves 2. Dr Patrick James Kearns 3. Dr Philip Mark Coney
<b>Limited liability partnership registered as an organisation</b>	<input checked="" type="checkbox"/>
<b>Incorporated organisation</b>	<input checked="" type="checkbox"/>
<b>Company number</b>	
<b>Are you a charity?</b>	No
<b>Group structure (if applicable)</b>	

Please repeat the following table for each of your regulated activities<sup>1</sup>

<b>Regulated activity 1</b> <i>As shown on your certificate of registration</i>	Diagnostic & Screening Procedures
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<p><b>Services</b></p> <p><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></p>	<p>GP Surgery -</p> <p>Aim to review patients at least annually offering diagnostic and screening services as indicated. Services include CVD, CHD, Diabetes, Respiratory, CKD, PAD, mental illness, health checks, referral for diagnostic investigations for suspected illness</p>
<p><b>Locations</b></p> <p><i>As listed on your certificate of registration. Please repeat the section below for each location for this regulated activity</i></p>	
<p><b>Location 1:</b></p>	
<p><b>Name of location</b></p>	<p>Manchester Road Medical Centre</p>
<p><b>Address line 1</b></p>	<p>27-31 Manchester Road</p>
<p><b>Address line 2</b></p>	<p>Knutsford</p>
<p><b>Address line 3</b></p>	<p>Cheshire</p>
<p><b>Address line 4</b></p>	<p>WA16 0LY</p>
<p><b>Address line 5</b></p>	<p></p>
<p><b>Brief description of location<sup>2</sup></b></p>	<p>3 x Edwardian 3 storey terraced houses converted for surgery purposes. 8 treatment rooms – 4 on the ground floor and 4 on the first floor. Disabled access &amp; facilities available on site. No lift and so facilities are in place to ensure that any disabled, infirm patients are seen downstairs.</p>
<p><b>Name and contact details of registered manager(s) (if applicable)<sup>4</sup></b></p> <p><i>Full name, business address, telephone number and email address of each registered manager.</i></p> <p><i>For each registered manager, state which regulated activities and locations(s) they manage.</i></p> <p><i>Copy and paste the sub-section if they are more than two registered</i></p>	<p><b>Registered manager 1</b></p> <p><b>Full name: Dr Susan Mary Reeves</b></p> <p><b>Proportion of working time spent at each location (for job share posts only):</b></p> <p><b>Contact details: 01565 633101</b></p> <p>Business address: As above</p> <p>Telephone: 01565 633101</p>

<i>managers</i>	Email: susan.reeves @nhs.net	
	<b>Locations:</b> Manchester Road Medical Centre 1-569481648	
	<b>Regulated activities:</b>	
	1. Diagnostic & Screening procedures	
	2. Family Planning	
	3. Maternity & Midwifery services	
	4. Surgical procedures	
	5. Treatment of disease, disorder or injury	
<b>Service user band(s) at this location<sup>5</sup></b>  Use <input checked="" type="checkbox"/>	Learning disabilities or autistic spectrum disorder	<input checked="" type="checkbox"/>
	Older people	<input checked="" type="checkbox"/>
	Younger adults	<input checked="" type="checkbox"/>
	Children 0-3 years	<input checked="" type="checkbox"/>
	Children 4-12 years	<input checked="" type="checkbox"/>
	Children 13-18 years	<input checked="" type="checkbox"/>
	Mental health	<input checked="" type="checkbox"/>
	Physical disability	<input checked="" type="checkbox"/>
	Sensory impairment	<input checked="" type="checkbox"/>
	Dementia	<input checked="" type="checkbox"/>
	People detained under the Mental Health Act	<input checked="" type="checkbox"/>
	People who misuse drugs and alcohol	<input checked="" type="checkbox"/>
	People with an eating disorder	<input checked="" type="checkbox"/>

	Whole population	<input checked="" type="checkbox"/>
	None of the above Please give details:	<input type="checkbox"/>
<b>Regulated activity 2</b> <i>As shown on your certificate of registration</i>	Family Planning	
<b>Services</b> <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>	Family Planning Service – offered by doctors and nurses including coil fitting, implanon insertion & removal, injectable contraception, contraceptive advice, prescribing & review	
<b>Locations</b> <i>As listed on your certificate of registration. Please repeat the section below for each location for this regulated activity</i>		
<b>Location 1:</b>		
<b>Name of location</b>	Manchester Road Medical Centre	
<b>Address line 1</b>	27-31 Manchester Road	
<b>Address line 2</b>	Knutsford	
<b>Address line 3</b>	Cheshire	
<b>Address line 4</b>	WA16 0LY	
<b>Address line 5</b>		
<b>Brief description of location<sup>2</sup></b>	3 x Edwardian 3 storey terraced houses converted for surgery purposes. 8 treatment rooms – 4 on the ground floor and 4 on the first floor. Disabled access & facilities available on site. No lift and so facilities are in place to ensure that any disabled, infirm patients are seen downstairs.	
<b>Name and contact details of</b>	<b>Registered manager 1</b>	

<p><b>registered manager(s) (if applicable)<sup>4</sup></b></p> <p><i>Full name, business address, telephone number and email address of each registered manager.</i></p> <p><i>For each registered manager, state which regulated activities and locations(s) they manage.</i></p> <p><i>Copy and paste the sub-section if they are more than two registered managers</i></p>	<b>Full name: Dr Susan Mary Reeves</b>	
	<b>Proportion of working time spent at each location (for job share posts only):</b>	
	<b>Contact details: 01565 633101</b>	
	Business address: As above	
	Telephone: 01565 633101	
	Email: susan.reeves @nhs.net	
	<b>Locations:</b>	
	Manchester Road Medical Centre	
	<b>Regulated activities:</b>	
	1. Diagnostic & Screening procedures	
	2. Family Planning	
3. Maternity & Midwifery services		
4. Surgical procedures		
5. Treatment of disease, disorder or injury		
<p><b>Service user band(s) at this location<sup>5</sup></b></p> <p>Use <input checked="" type="checkbox"/></p>	Learning disabilities or autistic spectrum disorder	<input checked="" type="checkbox"/>
	Older people	<input checked="" type="checkbox"/>
	Younger adults	<input checked="" type="checkbox"/>
	Children 0-3 years	<input checked="" type="checkbox"/>
	Children 4-12 years	<input checked="" type="checkbox"/>
	Children 13-18 years	<input checked="" type="checkbox"/>
	Mental health	<input checked="" type="checkbox"/>
	Physical disability	<input checked="" type="checkbox"/>
	Sensory impairment	<input checked="" type="checkbox"/>



	Dementia	<input checked="" type="checkbox"/>
	People detained under the Mental Health Act	<input checked="" type="checkbox"/>
	People who misuse drugs and alcohol	<input checked="" type="checkbox"/>
	People with an eating disorder	<input checked="" type="checkbox"/>
	Whole population	<input checked="" type="checkbox"/>
	None of the above Please give details:	<input type="checkbox"/>

<b>Regulated activity 3</b> <i>As shown on your certificate of registration</i>	Maternity & Midwifery Services
<b>Services</b> <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>	Full antenatal and postnatal care provided by the doctors and midwives from the surgery premises. Clinics are held weekly for antenatal appointments on a Thursday and post natal appointments on a Tues to coincide with the baby immunisation clinic.
<b>Locations</b> <i>As listed on your certificate of registration. Please repeat the section below for each location for this regulated activity</i>	
<b>Location 1:</b>	
<b>Name of location</b>	Manchester Road Medical Centre
<b>Address line 1</b>	27-31 Manchester Road
<b>Address line 2</b>	Knutsford
<b>Address line 3</b>	Cheshire
<b>Address line 4</b>	WA16 0LY

<b>Address line 5</b>		
<b>Brief description of location<sup>2</sup></b>	3 x Edwardian 3 storey terraced houses converted for surgery purposes. 8 treatment rooms – 4 on the ground floor and 4 on the first floor. Disabled access & facilities available on site. No lift and so facilities are in place to ensure that any disabled, infirm patients are seen downstairs.	
<b>Name and contact details of registered manager(s) (if applicable)<sup>4</sup></b> <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>	<b>Registered manager 1</b>	
	<b>Full name: Dr Susan Mary Reeves</b>	
	<b>Proportion of working time spent at each location (for job share posts only):</b>	
	<b>Contact details: 01565 633101</b>	
	Business address: As above	
	Telephone: 01565 633101	
	Email: susan.reeves @nhs.net	
	<b>Locations:</b> Manchester Road Medical Centre 1-569481648	
	<b>Regulated activities:</b>	
	1. Diagnostic & Screening procedures	
2. Family Planning		
3. Maternity & Midwifery services		
4. Surgical procedures		
5. Treatment of disease, disorder or injury		
<b>Service user band(s) at this location<sup>5</sup></b>  Use <input checked="" type="checkbox"/>	Learning disabilities or autistic spectrum disorder	<input checked="" type="checkbox"/>
	Older people	<input checked="" type="checkbox"/>

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

<b>Regulated activity 4</b> <i>As shown on your certificate of registration</i>	Surgical Procedures
<b>Services</b> <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>	Minor Surgery Service – treatment of minor skin lesions, cautery and excision of benign lesions

<b>Locations</b>	
<i>As listed on your certificate of registration. Please repeat the section below for each location for this regulated activity</i>	
<b>Location 1:</b>	
<b>Name of location</b>	Manchester Road Medical Centre
<b>Address line 1</b>	27-31 Manchester Road
<b>Address line 2</b>	Knutsford
<b>Address line 3</b>	Cheshire
<b>Address line 4</b>	WA16 0LY
<b>Address line 5</b>	
<b>Brief description of location<sup>2</sup></b>	3 x Edwardian 3 storey terraced houses converted for surgery purposes. 8 treatment rooms – 4 on the ground floor and 4 on the first floor. Disabled access & facilities available on site. No lift and so facilities are in place to ensure that any disabled, infirm patients are seen downstairs.
<b>Name and contact details of registered manager(s) (if applicable)<sup>4</sup></b>  <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>	<b>Registered manager 1</b>
	<b>Full name: Dr Susan Mary Reeves</b>
	<b>Proportion of working time spent at each location (for job share posts only):</b>
	<b>Contact details: 01565 633101</b>
	Business address: As above
	Telephone: 01565 633101
	Email: susan.reeves @nhs.net
	<b>Locations:</b> Manchester Road Medical Centre 1-569481648
	<b>Regulated activities:</b>
	1. Diagnostic & Screening procedures

	2. Family Planning	
	3. Maternity & Midwifery services	
	4. Surgical procedures	
	5. Treatment of disease, disorder or injury	
<b>Service user band(s) at this location<sup>5</sup></b> <i>Use</i> <input checked="" type="checkbox"/>	Learning disabilities or autistic spectrum disorder	<input checked="" type="checkbox"/>
	Older people	<input checked="" type="checkbox"/>
	Younger adults	<input checked="" type="checkbox"/>
	Children 0-3 years	<input checked="" type="checkbox"/>
	Children 4-12 years	<input checked="" type="checkbox"/>
	Children 13-18 years	<input checked="" type="checkbox"/>
	Mental health	<input checked="" type="checkbox"/>
	Physical disability	<input checked="" type="checkbox"/>
	Sensory impairment	<input checked="" type="checkbox"/>
	Dementia	<input checked="" type="checkbox"/>
	People detained under the Mental Health Act	<input checked="" type="checkbox"/>
	People who misuse drugs and alcohol	<input checked="" type="checkbox"/>
	People with an eating disorder	<input checked="" type="checkbox"/>
	Whole population	<input checked="" type="checkbox"/>
	None of the above Please give details:	<input type="checkbox"/>

<b>Regulated activity 5</b> <i>As shown on your certificate of registration</i>	Treatment of disease, disorder or injury
<b>Services</b> <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>	<p>Management of acute and chronic illness/injury by doctors and nurses. Includes screening, diagnosis, treatment, referral, review.</p> <p>General Nursing Care including wound care, family planning, minor illness advice, smoking cessation advice, blood pressure monitoring, imms &amp; vacs, travel advice, ear syringing, cervical cytology, venepuncture, ECG and health checks</p> <p>Weight Management Advice – offered by all clinicians and specialist advice provided by visiting dietician from local hospital trust.</p>
<b>Locations</b> <i>As listed on your certificate of registration. Please repeat the section below for each location for this regulated activity</i>	
<b>Location 1:</b>	
<b>Name of location</b>	Manchester Road Medical Centre
<b>Address line 1</b>	27-31 Manchester Road
<b>Address line 2</b>	Knutsford
<b>Address line 3</b>	Cheshire
<b>Address line 4</b>	WA16 0LY
<b>Address line 5</b>	
<b>Brief description of location<sup>2</sup></b>	3 x Edwardian 3 storey terraced houses converted for surgery purposes. 8 treatment rooms – 4 on the ground floor and 4 on the first floor. Disabled access & facilities available on site. No lift and so facilities are in place to ensure that any disabled, infirm patients are seen downstairs.
<b>Name and contact details of registered manager(s)</b>	<b>Registered manager 1</b>
	<b>Full name: Dr Susan Mary Reeves</b>

<p><b>(if applicable)<sup>4</sup></b>  <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 location(s) they manage.</i>  <i>Copy and paste the sub-section if they are more than two registered managers</i></p>	<b>Proportion of working time spent at each location (for job share posts only):</b>	
	<b>Contact details: 01565 633101</b>	
	Business address: As above	
	Telephone: 01565 633101	
	Email: susan.reeves @nhs.net	
	<b>Locations:</b> Manchester Road Medical Centre 1-569481648	
	<b>Regulated activities:</b>	
	1. Diagnostic & Screening procedures	
	2. Family Planning	
	3. Maternity & Midwifery services	
4. Surgical procedures		
5. Treatment of disease, disorder or injury		
<p><b>Service user band(s) at this location<sup>5</sup></b>  Use <input checked="" type="checkbox"/></p>	Learning disabilities or autistic spectrum disorder	<input checked="" type="checkbox"/>
	Older people	<input checked="" type="checkbox"/>
	Younger adults	<input checked="" type="checkbox"/>
	Children 0-3 years	<input checked="" type="checkbox"/>
	Children 4-12 years	<input checked="" type="checkbox"/>
	Children 13-18 years	<input checked="" type="checkbox"/>
	Mental health	<input checked="" type="checkbox"/>
	Physical disability	<input checked="" type="checkbox"/>

	Sensory impairment	<input checked="" type="checkbox"/>
	Dementia	<input checked="" type="checkbox"/>
	People detained under the Mental Health Act	<input checked="" type="checkbox"/>
	People who misuse drugs and alcohol	<input checked="" type="checkbox"/>
	People with an eating disorder	<input checked="" type="checkbox"/>
	Whole population	<input checked="" 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.