

# **Statement of purpose**

Health and Social Care Act 2008

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<b>Version</b>	1	<b>Date of next review</b>	June 2016
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## Service provider

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

<b>Name</b>	Horndean Surgery
<b>Address line 1</b>	Blendworth Lane
<b>Address line 2</b>	Horndean
<b>Town/city</b>	Waterlooville
<b>County</b>	Hampshire
<b>Post code</b>	PO8 0AA
<b>Email</b>	<a href="mailto:Jean.smees@nhs.net">Jean.smees@nhs.net</a>
<b>Main telephone</b>	023 92592138

## 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>	CRT1-596883575 / J82640
<b>Registered manager ID</b>	GMC 4607470

## 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 a high standard of medical care, treatment and support to our patients, their families and carers.
2. Be committed to our patients' needs and act in their best interests at all times.
3. Act with integrity and confidentiality.

4. Be courteous, approachable, friendly and accommodating.
5. To involve allied healthcare professionals in the care of our patients where it is in their best interests
6. To encourage our patients to get involved in the practice, to improve as a patient centred service through decision making and communication.
7. Ensure safe and effective services and environment.
8. Maintain our motivated and skilled work teams.
9. Maintain high quality care through continuous learning and training.
10. To behave with patients and employees in accordance with diversity and equality.
11. To ensure effective and robust clinical and information governance systems.
12. To treat all patients and staff with dignity, respect and honesty without discrimination.

<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>	<input type="checkbox"/>
<b>Partnership</b>	<input checked="" type="checkbox"/>
<b>List the names of all partners</b>	1. Dr Mark Coombe 2. Dr Clare Matthews 3. Dr Zaid Hirmiz
<b>Limited liability partnership registered as an organisation</b>	<input type="checkbox"/>
<b>Incorporated organisation</b>	<input type="checkbox"/>
<b>Company number</b>	
<b>Are you a charity?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Charity number:

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

<p><b>Regulated activity 1</b> <i>As shown on your certificate of registration</i></p>	<p>Diagnostic and screening procedures</p>
<p><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>	<p>GP</p>
<p><b>Regulated activity 2</b> <b>As shown on your certificate of registration</b></p>	<p>Maternity and Midwifery Services</p>
<p><b>Services</b> <b>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)</b></p>	<p>GP</p>

<p><b>Regulated activity 3</b> As shown on your certificate of registration</p>	<p>Surgical Procedures</p>
<p><b>Services</b> 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)</p>	<p>GP</p>
<p><b>Regulated activity 4</b> As shown on your certificate of registration</p>	<p>Treatment of disease, disorder or injury</p>
<p><b>Services</b> 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)</p>	<p>GP</p>

<b>Regulated activity 5</b> <b>As shown on your certificate of registration</b>	
<b>Services</b> <b>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)</b>	

<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>	Horndean Surgery
<b>Address line 1</b>	Blendworth Lane
<b>Address line 2</b>	Horndean
<b>Address line 3</b>	Waterlooville
<b>Address line 4</b>	Hampshire
<b>Address line 5</b>	PO8 0AA

<b>Brief description of location<sup>2</sup></b>	<p>The building is single storey with car park in front. There is a one main entrance and two fire exits to the side. We have 2 treatment rooms, 3 consulting rooms, an administration office and practice managers office. There is a reception area with small kitchen at the back. There is 1 patient and 1 staff toilet.</p>																					
<b>No of approved places/beds (not NHS)<sup>3</sup></b>	<p>None</p>																					
<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>	<table border="1"> <tr> <td colspan="2" data-bbox="702 801 1418 869"> <b>Registered manager 1</b> </td> </tr> <tr> <td colspan="2" data-bbox="702 869 1418 936"> <b>Full name: Dr Clare Matthews</b> </td> </tr> <tr> <td colspan="2" data-bbox="702 936 1418 1093"> <b>Proportion of working time spent at each location (for job share posts only):</b> </td> </tr> <tr> <td colspan="2" data-bbox="702 1093 1418 1167"> <b>Contact details:</b> </td> </tr> <tr> <td colspan="2" data-bbox="702 1167 1418 1234"> Horndean Surgery </td> </tr> <tr> <td colspan="2" data-bbox="702 1234 1418 1301"> Blendworth Lane </td> </tr> <tr> <td colspan="2" data-bbox="702 1301 1418 1368"> Horndean </td> </tr> <tr> <td colspan="2" data-bbox="702 1368 1418 1435"> Waterlooville </td> </tr> <tr> <td colspan="2" data-bbox="702 1435 1418 1503"> Hampshire </td> </tr> <tr> <td colspan="2" data-bbox="702 1503 1418 1570"> PO8 0AA </td> </tr> </table>		<b>Registered manager 1</b>		<b>Full name: Dr Clare Matthews</b>		<b>Proportion of working time spent at each location (for job share posts only):</b>		<b>Contact details:</b>		Horndean Surgery		Blendworth Lane		Horndean		Waterlooville		Hampshire		PO8 0AA	
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Waterlooville																						
Hampshire																						
PO8 0AA																						
<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"/>