

# **Statement of purpose**

Health and Social Care Act 2008

Version 3 – March 2016, review June 2017

# Statement of purpose

Health and Social Care Act 2008

<b>Version</b>	1	<b>Date of next review</b>	June 2017
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## Service provider

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

<b>Name</b>	Woodbridge Hill Surgery
<b>Address line 1</b>	1 Deerbarn Road
<b>Address line 2</b>	
<b>Town/city</b>	Guildford
<b>County</b>	Surrey
<b>Post code</b>	GU2 8YB
<b>Email</b>	w.hussey@nhs.net
<b>Main telephone</b>	01483 573194

## 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>	1-199744398
<b>Registered manager ID</b>	GMC 4203694

## 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 the best possible quality service for our patients within a confidential and safe environment through effective collaboration and teamwork
2. To show our patients courtesy and respect at all times irrespective of ethnic origin, religious belief, personal attributes or the nature of the health problem

3. To involve our patients in decisions regarding their treatment
4. To promote good health and well being to our patients through education and information; also utilising electronic processes wherever possible to make care and information more accessible
5. To involve and collaborate in multidisciplinary team work including nursing and other allied healthcare professionals in the care of our patients
6. To encourage our patients to get involved in the practice through an annual survey and encouragement to comment on the care they receive
7. To ensure that all member of the team have the right skills and training to carry out their duties competently, and they have opportunities to discuss and learn from problems or issues that arise at any time.
8. To provide safe, effective health primary care services in a responsive way; meeting the needs of our patients
9. To support continuity of care – wherever possible through personal continuity; but also through medical record continuity enabled by high quality medical records; and following guidelines based on best evidence, national, and local policy
10. To be an active and responsible member in our local health community ensuring our practice and services to our patients are commissioned and provided in a way most likely to meet their needs
11. To ensure the practice is compliant with relevant legislation and policy relevant to maintaining trust and confidentiality, as well as to ensure we practice high quality medicine.
12. To provide a learning environment where we train student and health professionals and are involved in teaching ad research. This learning and continual improvement ethos runs through everything we do, we look to continuously make incremental improvements and learn lessons from delivering primary health care

<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. Prof Simon de Lusignan 2. Dr Angela Carlyon

	3. Dr John Rees 4. Dr Katherine Dean 5. Dr Timothy Stewart
<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>

<b>Regulated activity 1</b> <i>As shown on your certificate of registration</i>	Diagnostic and screening 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>	GP
<b>Regulated activity 2</b> <b>As shown on your certificate of registration</b>	Family Planning

<p><b>Services</b></p> <p><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></p> <p><b>As shown on your certificate of registration</b></p>	<p>Maternity and Midwifery Services</p>
<p><b>Services</b></p> <p><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 4</b></p> <p><b>As shown on your certificate of registration</b></p>	<p>Surgical Procedures</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>	GP
<b>Regulated activity 5</b> <b>As shown on your certificate of registration</b>	Treatment of disease, disorder or injury
<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>	GP

<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>	Woodbridge Hill Surgery
<b>Address line 1</b>	1 Deerbarn Road
<b>Address line 2</b>	Guildford
<b>Address line 3</b>	Surrey
<b>Address line 4</b>	GU2 8YB
<b>Address line 5</b>	

<b>Brief description of location<sup>2</sup></b>	<p>The building is 2 storey with car parking facilities and an automatic door at the entrance with no steps. We have 2 treatment rooms and 3 consulting rooms on the ground floor with additional rooms for phlebotomy and chronic disease management and a toilet. On the first floor we have 6 consulting rooms, 2 toilets, administration rooms, and a kitchen</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>	<b>Registered manager 1</b>
	<b>Full name: Dr Katherine Deane</b>
	<b>Proportion of working time spent at each location (for job share posts only):</b>
	<b>Contact details:</b>
	Business address: Woodbridge Hill Surgery 1 Deerbarn Road Guildford Surrey GU2 8YB
	Telephone: 01483 514434
Email: kate.deane@nhs.net	

	<b>Locations:</b> Woodbridge Hill Surgery, 1 Deerbarn Road, Guildford, Surrey GU2 8YB
	<b>Regulated activities:</b>
	1. Diagnostic and screening procedures
	2. Family Planning
	3. Maternity and Midwifery services
	4. Surgical procedures
	5. Treatment of disease, disorder or injury
	<b>Registered manager 2:</b>
	<b>Full name:</b>
	<b>Proportion of time spent at each location:</b>
	<b>Contact details:</b>
	Business address:
	Telephone:
	Email:
	<b>Locations:</b>
	<b>Regulated activities:</b>
	1.
	2.



	3.	
	4.	
<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"/>	

**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.