

Statement of purpose

Health and Social Care Act 2008

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| Version | 1 | Date of next review | September 2015 |
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Service provider

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

| | |
|-----------------------|-----------------------------|
| Name | Beaufort Road Surgery |
| Address line 1 | 21 Beaufort Road |
| Address line 2 | Southbourne |
| Town/city | Bournemouth |
| County | Dorset |
| Post code | BH6 5AJ |
| Email | Paul.jennings@dorset.nhs.uk |
| Main telephone | 01202 433081 |

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 | 1-199748334 |
| Registered manager ID | RGP1 - 1813693812 |

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 by working together
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

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| 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 |
| 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 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 |

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| 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 | <input checked="" type="checkbox"/> |
| List the names of all partners | 1. Dr David Leonard 2. Dr Anne Thurston 3. Dr Timothy Mitchell 4. Dr James Reynolds 5. Dr Mohamed Elhanafy 6. Dr Neil Simpson |
| 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: |

Please repeat the following table for each of your regulated activities¹

| | |
|---|--|
| <p>Regulated activity 1 <i>As shown on your certificate of registration</i></p> | <p>Diagnostic and screening procedures</p> |
| <p>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></p> | <p>GP</p> |
| <p>Regulated activity 2 As shown on your certificate of registration</p> | <p>Maternity and Midwifery Services</p> |
| <p>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)</p> | <p>GP</p> |
| <p>Regulated activity 3 As shown on your certificate of registration</p> | <p>Surgical procedures</p> |

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| 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 4 As shown on your certificate of registration | Treatment of disease, disorder or 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 |

| | |
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| 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 | Beaufort Road Surgery |
| Address line 1 | 21 Beaufort Road |
| Address line 2 | Southbourne |
| Address line 3 | Bournemouth |
| Address line 4 | Dorset |
| Address line 5 | BH6 5AJ |

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|---|--|-----------------------------|-----------------------------------|--|-------------------------|---|-------------------------|-----------------------------------|
| Brief description of location² | <p>The surgery is purpose build with 2 stories and car parking facilities</p> <p>We have 2 Nurses treatment rooms, 6 consulting rooms, 5 examination rooms and a phlebotomy room on the ground floor. There are also toilets including facilities for the disabled</p> <p>On the first floor we have 1 consulting room, 2 toilets, administration/ management rooms, and a kitchen</p> | | | | | | | |
| No of approved places/beds (not NHS)³ | <p>None</p> | | | | | | | |
| 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, 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 data-bbox="702 862 1418 925"> Registered manager 1 </td> </tr> <tr> <td data-bbox="702 925 1418 987"> Full name: Dr Neil Simpson </td> </tr> <tr> <td data-bbox="702 987 1418 1153"> Proportion of working time spent at each location (for job share posts only): </td> </tr> <tr> <td data-bbox="702 1153 1418 1216"> Contact details: </td> </tr> <tr> <td data-bbox="702 1216 1418 1659"> Business address: Beaufort Road Surgery 21 Beaufort Road Southbourne Bournemouth Dorset BH6 5AJ </td> </tr> <tr> <td data-bbox="702 1659 1418 1731"> Telephone: 01202 433081 </td> </tr> <tr> <td data-bbox="702 1731 1418 1794"> Email: neil.simpson@dorset.nhs.uk </td> </tr> </table> | Registered manager 1 | Full name: Dr Neil Simpson | Proportion of working time spent at each location (for job share posts only): | Contact details: | Business address: Beaufort Road Surgery 21 Beaufort Road Southbourne Bournemouth Dorset BH6 5AJ | Telephone: 01202 433081 | Email: neil.simpson@dorset.nhs.uk |
| Registered manager 1 | | | | | | | | |
| Full name: Dr Neil Simpson | | | | | | | | |
| Proportion of working time spent at each location (for job share posts only): | | | | | | | | |
| Contact details: | | | | | | | | |
| Business address: Beaufort Road Surgery 21 Beaufort Road Southbourne Bournemouth Dorset BH6 5AJ | | | | | | | | |
| Telephone: 01202 433081 | | | | | | | | |
| Email: neil.simpson@dorset.nhs.uk | | | | | | | | |

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|--|---|
| | Locations: Beaufort Road Surgery, 21Beaufort Road, Southbourne, Bournemouth, Dorset, BH6 5AJ |
| | Regulated activities: |
| | 1. Diagnostic and screening procedures |
| | 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. |

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| | 4. | |
| Service user band(s) at this location⁵ <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 type="checkbox"/> |
| | People who misuse drugs and alcohol | <input checked="" type="checkbox"/> |
| | People with an eating disorder | <input checked="" type="checkbox"/> |
| | Whole population | <input 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.