

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

Version	2	Date of next review	April 2015
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Service provider

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

Name	Stirchley Medical Practice
Address line 1	Stirchley Medical Practice
Address line 2	Sandino Road
Town/city	Telford
County	Shropshire
Post code	TF3 1FB
Email	SMP@nhs.net
Main telephone	01952 660444

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	
Registered manager ID	

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 work to provide the best possible care for our patients in all our regulated activities, taking note of current best practice, local guidelines and patient pathways.

2. We aim to provide an environment of respect and confidentiality which encourages

patients to take advantage of the services we provide and this improves their health and well-being.

3. We operate within a system that shows no prejudice in the access and care we provide for patients with physical disability and leaning disabilities.

4. By providing the regulated activities we are able to give a complete range of services and package of care to our patients

Legal status

Tick the relevant box and provide the information requested for the type of provider you are:

Use

Individual	<input type="checkbox"/>
Partnership	<input checked="" type="checkbox"/>
List the names of all partners	1. Dr Quentin Shaw 2. Dr Mike Innes 3. Dr Tom Underwood 4. Dr Louise Heggsey 5. Dr Sarah feather 6. Dr Neil Harper 7. Dr Nitin Gureja 8. Dr Sujatha Kumar 9 Mrs Tracie Craddock .
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 Screen 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>General Practice</p>
<p>Regulated activity 2 <i>As shown on your certificate of registration</i></p>	<p>Treatment of disease , disorder or injury</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>General Practice</p>
<p>Regulated activity 3 <i>As shown on your certificate of registration</i></p>	<p>Maternity and midwifery Services</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>General Practice</p>
<p>Regulated activity 4</p>	<p>Family Planning</p>

<i>As shown on your certificate of registration</i>	
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>	General Practice
Regulated activity 5 <i>As shown on your certificate of registration</i>	Diagnostic and screening procedures
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	Stirchley Medical Practice
Address line 1	Sandino Road
Address line 2	Stirchley
Address line 3	Telford
Address line 4	TF3 1FB
Address line 5	
Brief description of location²	The building is a purpose built health centre, we have 15 consultation rooms, 4 treatment rooms and a dedicated minor surgical room. The second floor is an educational suite. We have staff and patient parking. We have 4 staff toilets and 3 patient toilets. The offices for the District Nursing and Health visiting teams are also within the building.
No of approved places/beds (not NHS)³	N/A

<p>Name and contact details of registered manager(s) (if applicable)⁴</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>	Registered manager 1
	Full name: Tracie Craddock
	Proportion of working time spent at each location (for job share posts only): 100%
	Contact details:
	Business address: Stirchley medical Practice Sandino Road Stirchley Telford TF3 1FB
	Telephone: 01952 660444
	Email: tracie.craaddock@nhs.net
	Locations:
	Stirchley Medical Practice Sandino Road Stirchley TF3 1FB
	Regulated activities:
	1. Diagnostic and Screening Procedures
	2. Family Planning
	3. Maternity and Midwifery Service
4. Surgical Procedures	
5. Treatment of Disease 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.		
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 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.