

# **Statement of purpose**

Health and Social Care Act 2008

## **Parklands Surgery**

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>	01	<b>Date of next review</b>	1.4.2015
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### Service provider

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

<b>Name</b>	Dr Hogg and Partners
<b>Address line 1</b>	Parklands Surgery
<b>Address line 2</b>	Wymington Road
<b>Town/city</b>	Rushden
<b>County</b>	Northamptonshire
<b>Post code</b>	NN10 9EB
<b>Email</b>	parklands.k83044@nhs.net
<b>Main telephone</b>	01933 396000

### 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>	1-199757853
<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. To provide high quality, accessible health care to our practice population without discrimination.

2. To ensure all patients are treated fairly and honestly and understand the options

available to them.
3. To work alongside other healthcare organisations and providers to tackle the causes of and treat ill health.
4. To ensure safe and effective services in a safe environment reducing risk wherever it is found.
5. To ensure all staff are suitably trained and qualified to offer best practice and efficiency at all times.
6. To operate in a financially sound manner.
7. To provide effective and sound management and governance systems.

<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 Steven Hogg 2. Dr Victoria Barber 3. Dr Aninda Biswas 4. Dr Anne Duncan 5. Dr Bhupen Patel 6. Dr Muruga Kumar Subramaniam 7. Dr Sohail Shad
<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:

<b>Group structure (if applicable)</b>	
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**Please repeat the following table for each of your regulated activities<sup>1</sup>**

<b>Regulated activity 1,2,3,4,5</b> <i>As shown on your certificate of registration</i>	Diagnostic and screening procedures Family planning Maternity and midwifery services Surgical Procedures 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>	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>	Parklands Surgery
<b>Address line 1</b>	Wymington Road

<b>Address line 2</b>	Rushden
<b>Address line 3</b>	Northamptonshire
<b>Address line 4</b>	NN10 9EB
<b>Address line 5</b>	
<b>Brief description of location<sup>2</sup></b>	<p>Parklands is a well-established GP Surgery purpose built in 1998, practice owned with on-site parking. Our premises are modern with special consideration for the disabled, including parking, access and internal features.</p> <p>Our practice area covers Rushden, Higham Ferrers, Wymington, Podington, Newton Bromswold, Yelden and Knuston.</p> <p>We have 12095 patients of all ages, medical conditions and disabilities.</p>
<b>No of approved places/beds (not NHS)<sup>3</sup></b>	
<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 Steven Hogg</b>
	<b>Proportion of working time spent at each location (for job share posts only):</b> N/A
	<b>Contact details:01933 396000</b>
	Business address: Parklands Surgery Wymington Road Rushden Northamptonshire NN10 9EB
	Telephone: 01933 396000
	Email: <b>parklands.k83044@nhs.net</b>

	<b>Locations:</b> <b>Parklands Surgery</b>
	<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 and 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	
	People who misuse drugs and alcohol	
	People with an eating disorder	
	Whole population	
None of the above Please give details:		

## 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.