

# **Statement of Purpose**

Health and Social Care Act 2008

## **Phoenix Surgery**

# Statement of purpose

Health and Social Care Act 2008

**Version**

6

**Date of next review**

April 2018

## Service provider

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

**Name**

Phoenix Surgery (Main Surgery)

**Address line 1**

9 Chesterton Lane

**Town/city**

Cirencester

**County**

Gloucestershire

**Post code**

GL7 1XG

**Main telephone**

01285 652056

**Branch Surgeries**

**Name**

South Cerney Branch Surgery

**Address line 1**

Clarks Hay

**Town/city**

South Cerney

**County**

Gloucestershire

**Post code**

GL7 5UA

**Main telephone**

01285 862112

**Name**

Kemble Branch Surgery

**Address line 1**

Church Lane

**Town/city**

Kemble

**County**

Gloucestershire

<b>Post code</b>	GL7 6AE
<b>Main telephone</b>	01285 652056
<b>Name</b>	Royal Agricultural University Branch Surgery
<b>Address line 1</b>	Stroud Road
<b>Town/city</b>	Cirencester
<b>County</b>	Gloucestershire
<b>Post code</b>	GL7 6JS
<b>Main telephone</b>	01285 652056

### **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 promote the lifelong health of the patients of the practice and respond to their needs in a way which draws on a wide range of preventative techniques and holistic practice methods

2. To register patients with an individual doctor who works in partnership with the patient and an extended practice team.

3. To provide continuity of care and involve them in decisions about their care and obtain their consent to provide that care.

4. To encourage patients to take responsibility for their health with the support of the practice team

5. To provide an educational environment where doctors and staff have the right training and skills to carry out their duties to the highest level

6. To keep abreast of any current national guidelines and integrate them into our working practice

7. To listen to our patients, through surveys & comments, and to keep the patients informed in matters relating to the practice.

<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 R Sethi 2. Dr G McInerney 3. Dr A Nichol 4. Dr P Hill 5. Dr K Al-Khayat 6. Dr J Woodward 7. Dr N Vernon 8. Dr Amy-Louise Douglas
<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>	

**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>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>	Phoenix Surgery
<b>Address line 1</b>	9 Chesterton Lane
<b>Address line 2</b>	Cirencester
<b>Address line 3</b>	
<b>Address line 4</b>	Gloucestershire
<b>Address line 5</b>	GL7 1XG
<b>Brief description of location<sup>2</sup></b>	<p>Detached house converted to a GP surgery.</p> <p>All consulting rooms are on the ground floor for ease of access.</p> <p>The premise has a car park with disabled parking bays, an automatic door opener into the surgery and toilet facilities for the disabled.</p> <p>There is wheelchair access to all ground floor areas and a hearing loop.</p>

<b>No of approved places/beds (not NHS)<sup>3</sup></b>	N/A
<b>Regulated activity 2</b> <b>As shown on your certificate of registration</b>	Family Planning
<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>	Phoenix Surgery
<b>Address line 1</b>	9 Chesterton Lane
<b>Address line 2</b>	Cirencester
<b>Address line 3</b>	
<b>Address line 4</b>	Gloucestershire
<b>Address line 5</b>	GL7 1XG
<b>Brief description of location<sup>2</sup></b>	<p>Detached house converted to a GP surgery.</p> <p>All consulting rooms are on the ground floor for ease of access.</p> <p>The premise has a car park with disabled parking bays, an automatic door opener into the surgery and toilet facilities for the disabled.</p> <p>There is wheelchair access to all ground floor areas and a hearing loop.</p>
<b>No of approved places/beds (not NHS)<sup>3</sup></b>	N/A

<b>Regulated activity 3</b> <b>As shown on your certificate of registration</b>	Maternity and Midwifery Services
<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>	Phoenix Surgery
<b>Address line 1</b>	9 Chesterton Lane
<b>Address line 2</b>	Cirencester
<b>Address line 3</b>	
<b>Address line 4</b>	Gloucestershire
<b>Address line 5</b>	GL7 1XG
<b>Brief description of location<sup>2</sup></b>	<p>Detached house converted to a GP surgery.</p> <p>All consulting rooms are on the ground floor for ease of access.</p> <p>The premise has a car park with disabled parking bays, an automatic door opener into the surgery and toilet facilities for the disabled.</p> <p>There is wheelchair access to all ground floor areas and a hearing loop.</p>
<b>No of approved places/beds (not NHS)<sup>3</sup></b>	N/A
<b>Regulated activity 4</b> <b>As shown on your certificate of registration</b>	Surgical Procedures

<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>	Phoenix Surgery
<b>Address line 1</b>	9 Chesterton Lane
<b>Address line 2</b>	Cirencester
<b>Address line 3</b>	
<b>Address line 4</b>	Gloucestershire
<b>Address line 5</b>	GL7 1XG
<b>Brief description of location<sup>2</sup></b>	<p>Detached house converted to a GP surgery. All consulting rooms are on the ground floor for ease of access.</p> <p>The premise has a car park with disabled parking bays, an automatic door opener into the surgery and toilet facilities for the disabled.</p> <p>There is wheelchair access to all ground floor areas and a hearing loop.</p>
<b>No of approved places/beds (not NHS)<sup>3</sup></b>	N/A
<b>Regulated activity 5</b> <i>As shown on your certificate of registration</i>	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>	Phoenix Surgery
<b>Address line 1</b>	9 Chesterton Lane
<b>Address line 2</b>	Cirencester
<b>Address line 3</b>	
<b>Address line 4</b>	Gloucestershire
<b>Address line 5</b>	GL7 1XG
<b>Brief description of location<sup>2</sup></b>	<p>Detached house converted to a GP surgery.</p> <p>All consulting rooms are on the ground floor for ease of access.</p> <p>The premise has a car park with disabled parking bays, an automatic door opener into the surgery and toilet facilities for the disabled.</p> <p>There is wheelchair access to all ground floor areas and a hearing loop.</p>
<b>No of approved places/beds (not NHS)<sup>3</sup></b>	N/A
<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</i>	<b>Registered manager 1</b>
	<b>Full name: Dr Rohit Sethi</b>
	<b>Contact details:</b>

<p><i>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>	<p>Business address:</p> <p>Phoenix Surgery 9 Chesterton Lane Cirencester GL7 1XG</p>
	<p>Telephone: 01285 652056</p>
	<p>Email: rohitsethi@nhs.net Cc juliamaclean@nhs.net</p>
	<p><b>Locations:</b> Phoenix Surgery 9 Chesterton Lane Cirencester GL7 1XG</p>
	<p><b>Regulated activities:</b></p>
	<p>1. Diagnostic and screening procedures</p>
	<p>2. Family Planning</p>
	<p>3. Maternity and Midwifery Services</p>
	<p>4. Surgical Procedures</p>
	<p>5. Treatment of disease, disorder or injury</p>
	<p><b>Registered manager 2:</b></p>
	<p><b>Full name:</b></p>
<p><b>Proportion of time spent at each location:</b></p>	
<p><b>Contact details:</b></p>	

	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
Older people		√
Younger adults		√
Children 0-3 years		√
Children 4-12 years		√
Children 13-18 years		√
Mental health		√
Physical disability		√
Sensory impairment		√
Dementia		√
People detained under the Mental Health Act		<input type="checkbox"/>
People who misuse drugs and alcohol		√

	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.