

# **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

<b>Version</b>	1	<b>Date of next review</b>	July 2014
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### Service provider

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

<b>Name</b>	Dr Linda Kandola
<b>Address line 1</b>	Gamston Medical Centre
<b>Address line 2</b>	Gamston District Centre
<b>Town/city</b>	Gamston
<b>County</b>	Nottingham
<b>Post code</b>	NG2 6PS
<b>Email</b>	
<b>Main telephone</b>	01159455946

### 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>	1-199712184
<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. General Medical Practitioner Services to patients.
2. Provide comprehensive range of quality primary care services.

3. Friendly patient centred practice – working with patients for their care.
4. Involved in developing future services for patients in the locality.
5. Developed and involved our PPG to promote service development.
6.
7.

<b>Legal status</b> <i>Tick the relevant box and provide the information requested for the type of provider you are:</i>	
<b>Individual</b>	X
<b>Partnership</b>	N/A
<b>List the names of all partners</b>	Dr Linda Kandola
<b>Limited liability partnership registered as an organisation</b>	N/A
<b>Incorporated organisation</b>	N/A
<b>Company number</b>	N/A
<b>Are you a charity?</b>	NO
<b>Group structure (if applicable)</b>	N/A

**Please repeat the following table for each of your regulated activities**

<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>	General Practitioner
<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>	Gamston Medical Centre
<b>Address line 1</b>	Gamston District Centre
<b>Address line 2</b>	Gamston
<b>Address line 3</b>	Nottingham
<b>Address line 4</b>	NG2 6PS
<b>Address line 5</b>	
<b>Brief description of location<sup>2</sup></b>	Purpose built medical centre.
<b>No of approved places/beds (not NHS)<sup>3</sup></b>	n/a

<b>Regulated activity 2</b> <i>As shown on your certificate of registration</i>	Family Planning
<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>	General Practitioner
<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>	Gamston Medical Centre
<b>Address line 1</b>	Gamston District Centre
<b>Address line 2</b>	Gamston
<b>Address line 3</b>	Nottingham
<b>Address line 4</b>	NG2 6PS
<b>Address line 5</b>	
<b>Brief description of location<sup>2</sup></b>	Purpose built medical centre.
<b>No of approved places/beds (not NHS)<sup>3</sup></b>	n/a

<b>Regulated activity 3</b> <i>As shown on your certificate of registration</i>	Maternity and Midwifery Services
<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>	General Practitioner
<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>	Gamston Medical Centre
<b>Address line 1</b>	Gamston District Centre
<b>Address line 2</b>	Gamston
<b>Address line 3</b>	Nottingham
<b>Address line 4</b>	NG2 6PS
<b>Address line 5</b>	
<b>Brief description of location<sup>2</sup></b>	Purpose built medical centre.
<b>No of approved places/beds (not NHS)<sup>3</sup></b>	n/a

<b>Regulated activity 4</b> <i>As shown on your certificate of registration</i>	Surgical 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>	General Practitioner
<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>	Gamston Medical Centre
<b>Address line 1</b>	Gamston District Centre
<b>Address line 2</b>	Gamston
<b>Address line 3</b>	Nottingham
<b>Address line 4</b>	NG2 6PS
<b>Address line 5</b>	
<b>Brief description of location<sup>2</sup></b>	Purpose built medical centre.
<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>	General Practitioner
<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>	Gamston Medical Centre
<b>Address line 1</b>	Gamston District Centre
<b>Address line 2</b>	Gamston
<b>Address line 3</b>	Nottingham
<b>Address line 4</b>	NG2 6PS
<b>Address line 5</b>	
<b>Brief description of location<sup>2</sup></b>	Purpose built medical centre.
<b>No of approved places/beds (not NHS)<sup>3</sup></b>	n/a



<p><b>Name and contact details of registered manager(s) (if applicable)<sup>4</sup></b></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>	<b>Registered manager 1</b>
	<b>Full name: Dr Linda Kandola</b>
	<b>Full Time</b>
	<b>Contact details: 01159455946</b>
	The Gamston Medical Centre Gamston District Centre Gamston Nottingham NG2 6PS
	Telephone: 01159455946
	Email:
	<b>Locations: as above</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>Service user band(s) at this location<sup>5</sup></b> Use <input checked="" type="checkbox"/>	Learning disabilities or autistic spectrum disorder	
	Older people	<input type="checkbox"/>
	Younger adults	<input type="checkbox"/>
	Children 0-3 years	<input type="checkbox"/>
	Children 4-12 years	<input type="checkbox"/>
	Children 13-18 years	<input type="checkbox"/>
	Mental health	<input type="checkbox"/>
	Physical disability	<input type="checkbox"/>
	Sensory impairment	<input type="checkbox"/>
	Dementia	<input type="checkbox"/>
	People detained under the Mental Health Act	<input type="checkbox"/>
	People who misuse drugs and alcohol	<input type="checkbox"/>
	People with an eating disorder	<input type="checkbox"/>
	Whole population – as GP Practice	X
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.