

# **Statement of purpose**

Health and Social Care Act 2008

## **Park Road Medical Centre**

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Health and Social Care Act 2008

<b>Version</b>	1	<b>Date of next review</b>	2015
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<b>Service provider</b> <i>Full name, business address, telephone number and email address of the registered provider:</i>	
<b>Name</b>	Park Road Medical Centre
<b>Address line 1</b>	1a Park Road
<b>Address line 2</b>	
<b>Town/city</b>	Wallington
<b>County</b>	Surrey
<b>Post code</b>	SM68AW
<b>Email</b>	raza.toosy@nhs.net
<b>Main telephone</b>	020 8647 4485
<b>ID numbers</b> <i>Where this is an updated version of the statement of purpose, please provide the service provider and registered manager ID numbers:</i>	
<b>Service provider ID</b>	1-199747366
<b>Registered manager ID</b>	Location ID – 1-566354858

<b>Aims and objectives</b> <i>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:</i>
<ul style="list-style-type: none"> <li>• Provision of excellent patient care delivered in a clean, suitably equipped and safe environment</li> <li>• Patients will be involved in their own care and be given the appropriate choices in who, where and when their care is provided</li> <li>• The practice will provide suitable clinics and care to manage long term conditions putting the patient as our primary focus not their condition/s</li> <li>• All patients and users of the Practice will be treated with dignity and respect</li> </ul>

- The Practice will work in collaboration with other NHS Healthcare providers to ensure that appropriate and cost efficient pathways are devised resulting in patients having easier access to services closer to home.
- The Practice will act with integrity and complete confidentiality, be courteous, approachable, friendly and accommodating and patient centred involving patients in decisions made
- To ensure effective and robust information governance systems
- Care will be provided by suitably trained members of staff who will have the right skills and training and experience to carry out their duties and will work alongside other non practice primary care staff to ensure the ongoing appropriate care of our patients

**Legal status**

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

Use

<b>Individual</b>	<input type="checkbox"/>
<b>Partnership</b>	<input checked="" type="checkbox"/>
<b>List the names of all partners</b>	1. Dr Raza Toosy 2. Dr Tahir Toosy
<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>	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>	This service provides General Practice type regulated activities as set out in our contract.
<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>	Park Road Medical Centre
<b>Address line 1</b>	1a Park Road
<b>Address line 2</b>	Wallington
<b>Address line 3</b>	Surrey
<b>Address line 4</b>	SM6 8AW
<b>Address line 5</b>	
<b>Brief description of location<sup>2</sup></b>	Purpose build premises built in 1977 providing 3 consulting rooms, 1 treatment room, a waiting area, an admin area, a board room and lecture room.
<b>No of approved places/beds (not NHS)<sup>3</sup></b>	0
<b>Name and contact details of registered manager(s)</b>	<b>Registered manager 1</b>
	<b>Full name: Dr Raza Toosy</b>

<p><b>(if applicable)<sup>4</sup></b>  <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 location(s) they manage.</i></p> <p><i>Copy and paste the sub-section if they are more than two registered managers</i></p>	<b>Proportion of working time spent at each location (for job share posts only):</b>
<b>Locations:</b>	
<b>Regulated activities:</b>	
1.	
2.	
3.	
4.	
<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.	
<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	<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"/>
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<b>Regulated activity 3</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>	This service provides specific diagnostic procedures ie <ul style="list-style-type: none"> <li>• Phlebotomy</li> <li>• Microbiology samples are undertaken for analysis off-site.</li> <li>• Specific screening programmes such as cervical screening are also undertaken for analysis off-site.</li> </ul> This is in line with regular GP services.
<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>	Park Road Medical Centre
<b>Address line 1</b>	1a Park Road
<b>Address line 2</b>	Wallington
<b>Address line 3</b>	Surrey
<b>Address line 4</b>	SM6 8AW
<b>Address line 5</b>	
<b>Brief description of location<sup>2</sup></b>	Purpose build premises built in 1977 providing 3 consulting rooms, 1 treatment room, a waiting area, an admin area, a board room and lecture room.



<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 Raza Toosy</b>
	<b>Proportion of working time spent at each location (for job share posts only):</b>
	<b>Contact details:</b>
	Business address:
	Telephone:
	Email:
	<b>Locations:</b>
	<b>Regulated activities:</b>
	1.
	2.
	3.
	4.
	<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.	
<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	<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"/>

<b>Regulated activity 4</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>	Most of Maternity and Midwifery Services are dealt with off-site. However this service occasionally offers Ante natal services and Post natal services to women who are pregnant in line with regular GP services.
<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>	Park Road Medical Centre
<b>Address line 1</b>	1a Park Road
<b>Address line 2</b>	Wallington
<b>Address line 3</b>	Surrey
<b>Address line 4</b>	SM6 8AW
<b>Address line 5</b>	

<b>Brief description of location<sup>2</sup></b>	Purpose build premises built in 1977 providing 3 consulting rooms, 1 treatment room, a waiting area, an admin area, a board room and lecture room.
<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:</b>
	<b>Proportion of working time spent at each location (for job share posts only):</b>
	<b>Contact details:</b>
	Business address:
	Telephone:
	Email:
	<b>Locations:</b>
	<b>Regulated activities:</b>
	1.
2.	
3.	
4.	
<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.	
	Learning disabilities or autistic spectrum disorder	<input checked="" type="checkbox"/>
	Older people	<input type="checkbox"/>
	Younger adults	<input checked="" type="checkbox"/>
	Children 0-3 years	<input checked="" type="checkbox"/>
	Children 4-12 years	<input type="checkbox"/>
	Children 13-18 years	<input checked="" type="checkbox"/>
	Mental health	<input checked="" type="checkbox"/>
Physical disability	<input checked="" type="checkbox"/>	

**Service user band(s) at this location<sup>5</sup>**

Use

	Sensory impairment	<input checked="" type="checkbox"/>
	Dementia	<input 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"/>

<b>Regulated activity 5</b> <i>As shown on your certificate of registration</i>	Family Planning 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>	Provision of all general family planning advice and prescription of oral contraceptive in line with regular GP services.
<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>	Park Road Medical Centre
<b>Address line 1</b>	1a Park Road
<b>Address line 2</b>	Wallington
<b>Address line 3</b>	Surrey
<b>Address line 4</b>	SM6 8AW

<b>Address line 5</b>	
<b>Brief description of location<sup>2</sup></b>	Purpose build premises built in 1977 providing 3 consulting rooms, 1 treatment room, a waiting area, an admin area, a board room and lecture room.
<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 Raza Toosy</b>
	<b>Proportion of working time spent at each location (for job share posts only):</b>
	<b>Contact details:</b>
	Business address:
	Telephone:
	Email:
	<b>Locations:</b>
	<b>Regulated activities:</b>
	1.
2.	
3.	
4.	

	<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 type="checkbox"/>
	Younger adults	<input checked="" type="checkbox"/>
	Children 0-3 years	<input type="checkbox"/>
	Children 4-12 years	<input 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 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"/>

**Forest Hall Medical Group 2013**