

Statement of purpose

Health and Social Care Act 2008

Bottreaux Surgery, Boscastle

Statement of purpose

Health and Social Care Act 2008

Version	1	Date of next review	2015
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Service provider

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

Name	Bottreaux Surgery
Address line 1	Boscastle
Address line 2	
Town/city	
County	Cornwall
Post code	PL35 0BG
Email	Letters.Bottreaux@Cornwall.NHS.UK
Main telephone	01840 250209

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	1-199761891
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. Provision of excellent patient care delivered in a clean, suitably equipped and safe environment.

2. Care will be provided by suitably trained members of staff who will have the right skills, 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.

3. Patients will be involved in their own care and be given the appropriate choices in who, where and when their care is provided.

4. The practice will provide suitable clinics and care to manage long term conditions putting the patient as our primary focus not their condition/s.

5. All patients and users of the Practice will be treated with dignity and respect.

6. 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.

Legal status <i>Tick the relevant box and provide the information requested for the type of provider you are:</i> Use <input checked="" type="checkbox"/>	
Individual	<input type="checkbox"/>
Partnership	<input checked="" type="checkbox"/>
List the names of all partners	1. Dr Paul Abbott 2. Dr Graham Garrod 3. Dr Rebekah Gibbons
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:
Group structure (if applicable)	

Please repeat the following table for each of your regulated activities¹

Regulated activity 1 <i>As shown on your certificate of registration</i>	Diagnostic and Screening procedures.
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<p>Services</p> <p><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 services for our registered patients and, on occasions, patients registered with other GP practices or temporary residents. Specific diagnostic procedures eg phlebotomy, microbiology samples and biopsies are undertaken for analysis off-site. Specific screening programmes such as cervical screening are also undertaken for analysis off-site.</p>
<p>Locations</p> <p><i>As listed on your certificate of registration. Please repeat the section below for each location for this regulated activity</i></p>	
<p>Location 1:</p>	
<p>Name of location</p>	<p>Bottreaux Surgery</p>
<p>Address line 1</p>	<p>Boscastle</p>
<p>Address line 2</p>	
<p>Address line 3</p>	
<p>Address line 4</p>	<p>Cornwall</p>
<p>Address line 5</p>	<p>PL35 0BG</p>
<p>Brief description of location²</p>	<p>Purpose built centre comprising of 4 consulting rooms. 1 treatment room, 1 examination room, 1 dispensary, 1 rest room, 4 offices and a reception area.</p>
<p>No of approved places/beds (not NHS)³</p>	
<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</i></p>	<p>Registered manager 1</p> <p>Full name: Dr Paul Abbott</p> <p>Bottreaux Surgery Boscastle</p> <p>Contact details: Bottreaux@me.com Tel 01840 250209</p>

locations(s) they manage.

Copy and paste the sub-section if they are more than two registered managers

Regulated activities:

1.

2.

3.

4.

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 Use <input checked="" type="checkbox"/>	Learning disabilities or autistic spectrum disorder	y
	Older people	y
	Younger adults	y
	Children 0-3 years	y
	Children 4-12 years	y
	Children 13-18 years	y
	Mental health	y
	Physical disability	y
	Sensory impairment	y
	Dementia	y
	People detained under the Mental Health Act	y
	People who misuse drugs and alcohol	y
	People with an eating disorder	y
Whole population	y	
None of the above Please give details:		

Regulated activity 2 <i>As shown on your certificate of registration</i>	Family Planning Services
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<p>Services</p> <p><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>Provision of all general family planning advice and prescription of oral contraceptive, emergency contraception, fitting and removal of IUCD devices and contraceptive implants. We also provide fitting of implants to patient who are registered with other GP practices.</p>
<p>Locations</p> <p><i>As listed on your certificate of registration. Please repeat the section below for each location for this regulated activity</i></p>	
<p>Location 1:</p>	
<p>Name of location</p>	<p>Bottreaux Surgery</p>
<p>Address line 1</p>	<p>Boscastle</p>
<p>Address line 2</p>	
<p>Address line 3</p>	
<p>Address line 4</p>	<p>Cornwall</p>
<p>Address line 5</p>	<p>PL35 0BG</p>
<p>Brief description of location²</p>	<p>Purpose built centre comprising of 4 consulting rooms. 1 treatment room, 1 examination room, 1 dispensary, 1 rest room, 4 offices and a reception area.</p>
<p>No of approved places/beds (not NHS)³</p>	
<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,</i></p>	<p>Registered manager 1</p>
	<p>Full name:</p>
	<p>Proportion of working time spent at each location (for job share posts only):</p>
	<p>Contact details:</p>

state which regulated activities and locations(s) they manage.

Copy and paste the sub-section if they are more than two registered managers

Business address:

Telephone:

Email:

Locations:

Regulated activities:

1.

2.

3.

4.

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	y
	Older people	n
	Younger adults	y
	Children 0-3 years	n
	Children 4-12 years	n
	Children 13-18 years	y
	Mental health	y
	Physical disability	y
	Sensory impairment	y
	Dementia	n
	People detained under the Mental Health Act	n
	People who misuse drugs and alcohol	y
	People with an eating disorder	y
	Whole population	n
None of the above Please give details:		

Regulated activity 3 <i>As shown on your certificate of registration</i>	Maternity and Midwifery Services.
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 services offered and provided in conjunction with community midwives for the assessment, treatment and education of patients in the antenatal period as well as post-delivery.
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	Bottreaux Surgery
Address line 1	Boscastle
Address line 2	
Address line 3	
Address line 4	Cornwall
Address line 5	PL35 0BG
Brief description of location²	Purpose built centre comprising of 4 consulting rooms. 1 treatment room, 1 examination room, 1 dispensary, 1 rest room, 4 offices and a reception area.
No of approved places/beds (not NHS)³	
Name and contact details of registered manager(s)	Registered manager 1
	Full name:

<p>(if applicable)⁴ <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>	<p>Proportion of working time spent at each location (for job share posts only):</p>
	<p>Contact details:</p>
	<p>Business address:</p>
	<p>Telephone:</p>
	<p>Email:</p>
	<p>Locations:</p>
	<p>Regulated activities:</p>
	<p>1.</p>
	<p>2.</p>
	<p>3.</p>
	<p>4.</p>
	<p>Registered manager 2:</p>
	<p>Full name:</p>
	<p>Proportion of time spent at each location:</p>
	<p>Contact details:</p>
	<p>Business address:</p>
<p>Telephone:</p>	
<p>Email:</p>	

	Locations:	
	Regulated activities:	
	1.	
	2.	
	3.	
Service user band(s) at this location⁵ <i>Use</i> <input checked="" type="checkbox"/>	Learning disabilities or autistic spectrum disorder	y
	Older people	n
	Younger adults	y
	Children 0-3 years	y
	Children 4-12 years	n
	Children 13-18 years	y
	Mental health	y
	Physical disability	y
	Sensory impairment	y
	Dementia	n
	People detained under the Mental Health Act	n
	People who misuse drugs and alcohol	y
	People with an eating disorder	y
	Whole population	n

	None of the above Please give details:	<input type="checkbox"/>
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Regulated activity 4 <i>As shown on your certificate of registration</i>	Surgical Procedures
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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>	Minor surgical procedures, excisions, incisions, aspirations and injections as well as cautery, cryosurgery
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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	Bottreaux Surgery
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Address line 1	Boscastle
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Address line 2	
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Address line 3	
-----------------------	--

Address line 4	Cornwall
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Address line 5	PL35 0BG
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Brief description of location²	Purpose built centre comprising of 4 consulting rooms. 1 treatment room, 1 examination room, 1 dispensary, 1 rest room, 4 offices and a reception area.
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No of approved places/beds (not NHS)³	
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<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 location(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:
	Proportion of working time spent at each location (for job share posts only):
	Contact details:
	Business address:
	Telephone:
	Email:
	Locations:
	Regulated activities:
	1.
	2.
	3.
	4.
	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	y
	Older people	y
	Younger adults	y
	Children 0-3 years	y
	Children 4-12 years	y
	Children 13-18 years	y
	Mental health	y
	Physical disability	y
	Sensory impairment	y
	Dementia	y
	People detained under the Mental Health Act	y
	People who misuse drugs and alcohol	y
People with an eating disorder	y	

	Whole population	y
	None of the above Please give details:	

Regulated activity 5 <i>As shown on your certificate of registration</i>	Treatment of disease, disorder or injury
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 services for our registered patients and, on occasions, patients registered with other GP practices or temporary residents
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	Bottreaux Surgery
Address line 1	Boscastle
Address line 2	
Address line 3	
Address line 4	Cornwall
Address line 5	PL35 0BG
Brief description of location²	Purpose built centre comprising of 4 consulting rooms. 1 treatment room, 1 examination room, 1 dispensary, 1 rest room, 4 offices and a reception area.

No of approved places/beds (not NHS)³	
Name and contact details of registered manager(s) (if applicable)⁴ <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>	Registered manager 1
	Full name:
	Proportion of working time spent at each location (for job share posts only):
	Contact details:
	Business address:
	Telephone:
	Email:
	Locations:
	Regulated activities:
	1.
	2.
	3.
	4.
	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
Older people		y
Younger adults		y
Children 0-3 years		y
Children 4-12 years		y
Children 13-18 years		y
Mental health		y
Physical disability		y
Sensory impairment		y
Dementia		y

	People detained under the Mental Health Act	y
	People who misuse drugs and alcohol	y
	People with an eating disorder	y
	Whole population	y
	None of the above Please give details:	

BOTTREAUX SURGERY 2013