

Statement of purpose

Health and Social Care Act 2008

Dr E Bilton and Partners
Gloucester City Health Centre
The Park
Gloucester
GL1 1XR

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

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Version	1	Date of next review	August 2018
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Service provider

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

Name	Gloucester City Health Centre
Address line 1	The Park
Address line 2	
Town/city	Gloucester
County	Gloucestershire
Post code	GL1 1XR
Email	
Main telephone	01452 891110

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	1-594429323
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. To provide the best quality care and service to our patients within a confidential and safe environment.

2. To show respect and courtesy to our patients at all times irrespective of their

ethnicity, origin, religion, personal attributes or their individual health problem.
3. To involve our patients in decisions about their health and treatment.
4. To promote good health to our patients through health education and good clinical care, both within the practice and the patient's own home.
5. To involve other health professionals in the care of our patients where it is necessary and in their best interest.
6. To ensure members of our team have an adequate skill mix and they receive appropriate training to ensure they carry out their duties well. To support our staff and protect them against abuse.
7. Encourage our patients to give feedback about the practice through an annual survey. Provide information to enable our patients to make a comment or complaint about the practice or an individual member of the team. Encourage our patients to join our Patient Participation Group.

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	Yes
List the names of all partners	1. Dr E Bilton 2. Dr S Loader 3. Dr S Kane
Limited liability partnership registered as an organisation	<input type="checkbox"/>
Incorporated organisation	<input type="checkbox"/>
Company number	
Are you a charity?	No
Group structure (if applicable)	

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Please repeat the following table for each of your regulated activities¹

Regulated activity 1 <i>As shown on your certificate of registration</i>	GP
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>	Immunisations Smoking Cessation Chronic disease management Family Planning Phlebotomy Minor Surgery Ear Syringing Midwifery - community midwives hold clinics Baby clinics - Health Visitors hold a clinic in the Practice once a week Foreign travel advice and immunisations ECG monitoring Cervical Screening
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	Gloucester City Health Centre
Address line 1	The Park
Address line 2	Gloucester
Address line 3	GL1 1XR
Address line 4	

Address line 5	
Brief description of location²	<p>The building is 2 storey, the Practice is located on the ground floor.</p> <p>The Practice leases the property from the 2gether Trust (Mental Health Trust) who occupy part of the building.</p> <p>There is a ramp leading up to the automatic door which allows easy access for wheelchairs.</p> <p>There are 4 GP consulting rooms, 3 treatment rooms and 1 phlebotomy room. There are 2 staff toilets and male and female toilets for the patients. There are admin offices and District Nurses occupy a room in the practice premises.</p>
No of approved places/beds (not NHS)³	None
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: Dr E Bilton
	Proportion of working time spent at each location (for job share posts only):
	Contact details: emma.bilton@nhs.net or Telephone 01452 891110
	Business address: Gloucester City Health Centre, The Park, Gloucester. GL1 1XR
Telephone: 01452 891110	

	Email: emma.bilton@nhs.net
	Locations: Gloucester City Health Centre
	Regulated activities:
	1. Diagnostic and screening procedures
	2. Treatment of disease, disorder or injury
	3. Family Planning
	4. Maternity and midwifery services
	5. Surgical Procedures
	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	<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"/>	

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.