

Statement of purpose

Health and Social Care Act 2008

Clarendon Medical Centre

Reviewed: May 2016

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

Version	1	Date of next review	May 2017
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Service provider

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

Name	Clarendon Medical Centre
Address line 1	5 Alice Street
Address line 2	
Town/city	Bradford
County	West Yorkshire
Post code	BD8 7RT
Email	Waheed.hussain@bradford.nhs.uk
Main telephone	01274 736996

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	
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 the best primary care services delivered in clean, suitably equipped and safe environment.

2. Proactive management of long term conditions, from birth through to the end of life.

3. Efficient use of NHS resources whilst providing clinically appropriate access to other NHS services eg consultant referrals, diagnostic tests and effective treatment.

4. All members of the practice team will have the right skills and training to carry out their duties competently

5. All patients will be treated with respect and dignity.

6. Patients will be proactively involved In the development and maintenance of good quality services through the patient representation group and patient feedback.

7. We will liaise with other agencies and NHS colleagues in an effective manner with the focus on what is best for the patient.

Legal status

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

Use

Individual



Partnership



List the names of all partners

1. Dr Waheed Farooq Hussain

Limited liability partnership registered as an organisation



Incorporated organisation



Company number

Are you a charity?

No

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>	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	Clarendon Medical Centre
Address line 1	5 Alice Street
Address line 2	Bradford
Address line 3	BD8 7RT
Address line 4	West Yorkshire
Address line 5	
Brief description of location²	Purpose built primary care centre comprised of 6 consulting rooms, 3 treatment rooms, 1 Minor Surgery Theatre administrative office space and patients waiting area. The building was constructed in 1984 in accordance with Primary Care Building guidance and is DDA compliant.
No of approved places/beds (not NHS)³	

<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 locations(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 Use <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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Regulated activity 2 <i>As shown on your certificate of registration</i>	Diagnostic and Screening 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>	General practice services for our registered patients and, on occasions, patients registered with other GP practices or temporary residents.
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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	Clarendon Medical Centre
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Address line 1	5 Alice Street
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Address line 2	Bradford
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Address line 3	BD8 7RT
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Address line 4	West Yorkshire
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Address line 5	
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Brief description of location²	Purpose built primary care centre comprised of 6 consulting rooms, 3 treatment rooms, 1 Minor Surgery Theatre administrative office space and patients waiting area. The building was constructed in 1984 in accordance with Primary Care Building guidance and is DDA compliant.
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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.	
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"/>

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Regulated activity 3 <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, aspiration and injection as well as cautery, cryosurgery, nail surgery and circumcision service. General practice services for our registered patients only.
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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	Clarendon Medical Centre
Address line 1	5 Alice Street
Address line 2	Bradford
Address line 3	BD8 7RT
Address line 4	West Yorkshire
Address line 5	

Brief description of location²	Purpose built primary care centre comprised of 6 consulting rooms, 3 treatment rooms, 1 Minor Surgery Theatre administrative office space and patients waiting area. The building was constructed in 1984 in accordance with Primary Care Building guidance and is DDA compliant.
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	<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"/>
Regulated activity 4 <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	Clarendon Medical Centre	
Address line 1	5 Alice Street	
Address line 2	Bradford	

Address line 3	BD8 7RT
Address line 4	West Yorkshire
Address line 5	
Brief description of location²	Purpose built primary care centre comprised of 6 consulting rooms, 3 treatment rooms, 1 Minor Surgery Theatre administrative office space and patients waiting area. The building was constructed in 1984 in accordance with Primary Care Building guidance and is DDA compliant.
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	<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"/>

Regulated activity 5 <i>As shown on your certificate of registration</i>	Family Planning Services.
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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>	Provision of all general family planning advice and prescription of oral contraceptive, emergency contraception, fitting and removal of IUCD devices and contraceptive implants.
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Locations
As listed on your certificate of registration. Please repeat the section below for each location for this regulated activity

Location 1:

Name of location	Clarendon Medical Centre
Address line 1	5 Alice Street
Address line 2	Bradford
Address line 3	BD8 7RT
Address line 4	West Yorkshire
Address line 5	
Brief description of location²	Purpose built primary care centre comprised of 6 consulting rooms, 3 treatment rooms, 1 Minor Surgery Theatre administrative office space and patients waiting area. The building was constructed in 1984 in accordance with Primary Care Building guidance and is DDA compliant.
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 Use <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"/>	

Regulated activity <i>As shown on your certificate of registration</i>	<ol style="list-style-type: none"> 1. Diabetic clinic 2. Immunisations 3. Lifestyle management / weight loss / exercise and smoking cessation 4. Cervical screening 5. Phlebotomy 6. Physiotherapy
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	<p>7. Podiatrist</p> <p>8. Well person checks</p> <p>9. Wound dressings</p> <p>10. ECG monitoring</p> <p>11. 24 Hr BP Monitoring</p> <p>12. Spirometry</p> <p>13. Private Medicals</p>
<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>	<ul style="list-style-type: none"> • Clarendon Medical Centre operates two diabetes clinics each week to provide ongoing care for our diabetic patients. This is run by our trained GP and Practice Nurse. • Our practices nurses are qualified to carry out cervical screening and tests in the form of cervical smears. • We offer ECG Screening, as we have an ECG machine in the practice. • We have a 24 hr ambulatory BP monitor and software.
<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>	
Name of location	Clarendon Medical Centre
Address line 1	5 Alice Street
Address line 2	Bradford
Address line 3	BD8 7RT
Address line 4	West Yorkshire
Address line 5	
Brief description of location²	<p>Purpose built primary care centre comprised of 6 consulting rooms, 3 treatment rooms, 1 Minor Surgery Theatre administrative office space and patients waiting area. The building was constructed in 1984 in accordance with Primary Care Building guidance and is DDA compliant.</p>

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	<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.