**Statement of purpose**

Health and Social Care Act 2008

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| **Statement of purpose**Health and Social Care Act 2008 |
| **Version** | 3 | **Date of next review** | April 2016 |

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| **Service provider***Full name, business address, telephone number and email address of the registered provider:* |
| **Name** | Valentine Medical Centre |
| **Address line 1** | 2 Smethurst Street |
| **Address line 2** | Blackley |
| **Town/city** | Manchester |
| **County** | Greater Manchester |
| **Post code** | M9 8PP |
| **Email** | Nmccg.valmed@nhs.net |
| **Main telephone** | 01612415480 |
| **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**  | 1-199784317 |
| **Registered manager ID** | 3263365 |

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| **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 possible quality service for our patients within a confidential and safe environment. |
| 2. To show our patients courtesy and respect at all times irrespective of ethnic origin, religious belief, personal attributes or the nature of the health problem. |
| 3. To work in partnership with our patients, their families and carers towards a positive experience and understanding, involving them in decision making about their treatment and care. |
| 4. To promote good health and well-being to our patients through education and information. |
| 5. To involve allied healthcare professionals in the care of our patients where it in their best interests. |
| 6. To be a learning organisation that continually improves what we are able to offer patients. |
| 7. To provide our patients and staff with an environment which is safe and friendly |

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| **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 John Fallon2. Dr Fiona Hargreaves3. Dr Julie Richards4. Dr Alan Storey6. Dr Michelle Athwal |
| **Limited liability partnership registered as an organisation** | 🞎 |
| **Incorporated organisation** | 🞎 |
| **Company number** |  |
| **Are you a charity?** | 🗹 No🞎 YesCharity number:  |
| **Group structure (if applicable)** |  |

**Please repeat the following table for each of your regulated activities1**

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| **Regulated activity 1***As shown on your certificate of registration* | Diagnostic and screening procedures |
| **Services** *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)* | GP |
| **Regulated activity 2****As shown on your certificate of registration** | Family Planning |
| **Services** **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)** | GP |
| **Regulated activity 3****As shown on your certificate of registration** | Maternity and Midwifery Services |
| **Services** **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)** | GP |
| **Regulated activity 4****As shown on your certificate of registration** | Surgical Procedures |
| **Services** **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)** | GP |
| **Regulated activity 5****As shown on your certificate of registration** | Treatment of disease, disorder or injury |
| **Services** **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)** | GP |

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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** | Valentine Medical Centre |
| **Address line 1** | 2 Smethurst Street |
| **Address line 2** | Blackley |
| **Address line 3** | Manchester |
| **Address line 4** |  |
| **Address line 5** | M9 8PP |
| **Brief description of location2** | A purpose built three storey building with car parking facilities for both patients and staff and a lift to all floors. Consulting rooms on both the ground and first floors and storage capacity on the second floor. A accessible lift is available to all floors. Accessible toilet facilities are also available on both the ground and first floor, together with baby changing facilities. |
| **No of approved places/beds (not NHS)3** | None |
| **Name and contact details of registered manager(s) (if applicable)4***Full name, business address, telephone number and email address of each registered manager.**For each registered manager, state which regulated activities and locations(s) they manage.**Copy and paste the sub-section if they are more than two registered managers* | **Registered manager 1** |
| **Full name: Dr Julie Richards** |
| **Proportion of working time spent at each location (for job share posts only):** |
| **Contact details:**  |
| Business address:Valentine Medical Centre2 Smethurst StreetBlackley M9 8PP |
| Telephone: 0161 241 5480 |
| Email:  |
| **Locations:** |
| **Regulated activities:** |
| 1. Diagnostic and screening procedures |
| 2. Family Planning |
| 3. Maternity and Midwifery services |
| 4. Surgical procedures |
| 5. Treatment of disease, disorder or injury |
| **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* 🗹 | Learning disabilities or autistic spectrum disorder  | 🗹 |
| Older people | 🗹 |
| Younger adults | 🗹 |
| Children 0-3 years | 🗹 |
| Children 4-12 years | 🗹 |
| Children 13-18 years | 🗹 |
| Mental health | 🗹 |
| Physical disability | 🗹 |
| Sensory impairment | 🗹 |
| Dementia | 🗹 |
| People detained under the Mental Health Act | 🗹 |
| People who misuse drugs and alcohol | 🗹 |
| People with an eating disorder | 🗹 |
| Whole population | 🗹 |
| None of the above Please give details: | 🞎 |

**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.