

# **Statement of purpose**

Health and Social Care Act 2008

Marfleet Group Practice

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

<b>Version</b>	V001	<b>Date of next review</b>	20 November 2013
----------------	------	----------------------------	------------------

### Service provider

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

<b>Name</b>	Marfleet Group Practice
<b>Address line 1</b>	Marfleet Primary Healthcare Centre
<b>Address line 2</b>	Preston Road
<b>Town/city</b>	HULL
<b>County</b>	East Yorkshire
<b>Post code</b>	HU9 5HH
<b>Email</b>	john.weir@nhs.net
<b>Main telephone</b>	01482 701834

### ID numbers

*Where this is an updated version of the statement of purpose, please provide the service provider and registered manager ID numbers:*

<b>Service provider ID</b>	
<b>Registered manager ID</b>	

## **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. TREATMENT OF DISEASE, DISORDER OR INJURY**

The Marfleet Group Practice aims to provide high quality services in the treatment of disease, disorder or injury through the recruitment, retention and motivation of suitably qualified management, clinical and administrative staff and partners.

Operating in state of the art premises, using the latest technology and best clinical practices, we hope to provide an accessible, safe and reliable service that meets demand and the needs of patients towards optimising their health and well-being.

Working as part of a team and in close liaison with patients & their families and carers as well as health service and allied & other organisations and agencies, we hope to achieve a co-ordinated, timely and clinically appropriate response within available resources in a way that is understood and accepted by patients.

Focussed on outcomes as well as ensuring a satisfactory patient journey throughout our organisation and beyond, we hope to ensure patients are confident and happy with the quality of services provided.

In developing and improving our provision, we will work with patients and their representatives to ensure that they are consulted and involved in decisions and policies.

We will recognise and celebrate good performance, but equally respond to concerns expressed about the quality of services in a way that is timely, fair and reasonable. Where there is scope for improvement, we will respond in an open and constructive manner with a culture of learning and improvement.

To measure our success, we will consult our patient group and particularly aim to conduct user surveys to establish satisfaction levels for individual clinicians as well as other aspects of service delivery. We also take note of various performance statistics provided by commissioners and other agencies. Additionally, we will analyse complaints as a means of identifying and acting upon areas for improvement.

### **2. DIAGNOSTIC & SCREENING PROCEDURES**

In order to reduce mortality and morbidity, the Practice aims to not only to provide timely and appropriate reactive diagnostic services during the course of patient consultations, but also to encourage patients to access screening services provided by the practice or other health service or allied organisations.

Where diagnostic services are provided at the practice, we will seek to ensure that such services are widely publicised and adequately resourced so that patients have the best opportunity to attain timely diagnosis and treatment of their condition.

In cases where patients already have a diagnosis and require their condition monitored, we will ensure that call and recall systems provide patients and clinicians with the information needed to appropriately manage the condition, optimise the patients health and prevent additional problems.

To measure our success, we will consult our patient group and particularly aim to conduct user surveys to establish satisfaction levels for individual clinicians as well as other aspects of service delivery. We also take note of various performance statistics provided by commissioners, laboratory staff and other agencies. Additionally, we will analyse complaints as a means of identifying and acting upon areas for improvement.

**3. MATERNITY SERVICES**

In cooperation with other related health services, the Practice aims to provide safe reliable and accessible maternity services to expectant mothers in a welcoming environment. In addition to clinical care within best practice, we will provide appropriate and timely advice and information – as well as appropriate and empathetic support and care across the range of needs in the mother and child’s progress through maternity.

To measure our success, we will consult our patient group and particularly aim to conduct user surveys to establish satisfaction levels for individual clinicians as well as other aspects of service delivery. We will also take note of various performance statistics provided by commissioners and other agencies. Additionally, we will analyse complaints as a means of identifying and acting upon areas for improvement.

- 4.
- 5.
- 6.
- 7.

<b>Legal status</b>	
<i>Tick the relevant box and provide the information requested for the type of provider you are:</i>	
Use <input checked="" type="checkbox"/>	
<b>Individual</b>	No
<b>Partnership</b>	Yes
<b>List the names of all partners</b>	1. Dr John Anthony David Weir 2. Dr Ling Faang Yu 3. Dr Jesus Manuel Chapela-Pose

	<p>4. Dr Anupam Banerjee</p> <p>5. Dr Faiza Magrabi</p> <p>6. Dr Chun Cai</p>
<b>Limited liability partnership registered as an organisation</b>	No
<b>Incorporated organisation</b>	No
<b>Company number</b>	No
<b>Are you a charity?</b>	No
<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>	<b>Treatment of Disease, disorder or injury</b>
<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>	GPs Practice Nurses Health Care Assistants Management, administration & reception Attached staff and consultant outreach
<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>	Marfleet Primary Healthcare Centre
<b>Address line 1</b>	Preston Road
<b>Address line 2</b>	HULL
<b>Address line 3</b>	East Yorkshire
<b>Address line 4</b>	Hu9 5HH
<b>Address line 5</b>	
<b>Brief description of location<sup>2</sup></b>	Purpose-built LIFT building shared with CHCP offices and clinical services as well as pharmacy, library and private dental practice. Large car parking facilities for staff and patients
<b>No of approved places/beds (not NHS)<sup>3</sup></b>	
<b>Name and contact details of</b>	<b>Registered manager 1</b>

<p><b>registered manager(s) (if applicable)<sup>4</sup></b></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>	<p><b>Full name: John Anthony David Weir</b></p>
	<p><b>Proportion of working time spent at each location (for job share posts only):</b></p> <p>Full time partner working usually one to two sessions per week at the branch surgery</p>
	<p><b>Contact details:</b></p>
	<p>Business address:</p> <p>Marfleet Primary Healthcare Centre Preston Road HULL HU9 5HH</p>
	<p>Telephone: 01482 701834</p>
	<p>Email: john.weir@nhs.net</p>
	<p><b>Locations:</b></p> <p>Marfleet Primary Healthcare Centre, Preston Road Hull HU9 5HH Branch Surgery, Hauxwell Grove, Hull</p>
	<p><b>Regulated activities:</b></p>
	<p>1. Treatment of disease disorder or injury</p>
	<p>2. Diagnostic &amp; screening procedures</p>
	<p>3. Maternity Services</p>
	<p>4.</p>
	<p><b>Registered manager 2:</b></p>
<p><b>Full name:</b></p>	
<p><b>Proportion of time spent at each location:</b></p>	
<p><b>Contact details:</b></p>	

	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
Older people		Yes
Younger adults		Yes
Children 0-3 years		Yes
Children 4-12 years		Yes
Children 13-18 years		Yes
Mental health		Yes
Physical disability		Yes
Sensory impairment		Yes
Dementia		Yes
People detained under the Mental Health Act		No
People who misuse drugs and alcohol		Yes

	People with an eating disorder	Yes
	Whole population	No
	None of the above Please give details:	<input type="checkbox"/>
<b>Location 2:</b>		
<b>Name of location</b>	Branch Surgery	
<b>Address line 1</b>	Hauxwell grove	
<b>Address line 2</b>	HULL	
<b>Address line 3</b>	East Yorkshire	
<b>Address line 4</b>		
<b>Address line 5</b>		
<b>Brief description of location<sup>2</sup></b>	Purpose-built GP Surgery under the cost rent scheme with adjacent car park. Facilities include GP consulting room, Nurse Treatment room, attached staff room, administration and reception area and patient waiting 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</i>	<b>Registered manager 1</b>	
	<b>Full name: John Anthony David Weir</b>	
	<b>Proportion of working time spent at each location (for job share posts only):</b> Full time partner working usually one to two sessions per week at the branch surgery	
	<b>Contact details:</b>	

<p><i>locations(s) they manage.</i></p> <p><i>Copy and paste the sub-section if they are more than two registered managers</i></p>	<p>Business address:</p> <p>Marfleet Primary Healthcare Centre  Preston Road  HULL  HU9 5HH</p>
	<p>Telephone: 01482 701834</p>
	<p>Email: john.weir@nhs.net</p>
	<p><b>Locations:</b></p> <p>Marfleet Primary Healthcare Centre, Preston Road Hull HU9 5HH  Branch Surgery, Hauxwell Grove, Hull</p>
	<p><b>Regulated activities:</b></p>
	<p>1. Treatment of disease disorder or injury</p>
	<p>2. Diagnostic &amp; screening procedures</p>
	<p>3. Maternity Services</p>
	<p>4.</p>
	<p><b>Registered manager 2:</b></p>
	<p><b>Full name:</b></p>
	<p><b>Proportion of time spent at each location:</b></p>
	<p><b>Contact details:</b></p>
	<p>Business address:</p>
<p>Telephone:</p>	
<p>Email:</p>	

	<b>Locations:</b>	
	<b>Regulated activities:</b>	
	1.	
	2.	
	3.	
4.		
<b>Service user band(s) at this location<sup>5</sup></b> Use <input checked="" type="checkbox"/>	Learning disabilities or autistic spectrum disorder	Yes
	Older people	Yes
	Younger adults	Yes
	Children 0-3 years	Yes
	Children 4-12 years	Yes
	Children 13-18 years	Yes
	Mental health	Yes
	Physical disability	Yes
	Sensory impairment	Yes
	Dementia	Yes
	People detained under the Mental Health Act	No
	People who misuse drugs and alcohol	Yes
	People with an eating disorder	Yes
	Whole population	No
None of the above Please give details:	<input type="checkbox"/>	

Please repeat the following table for each of your regulated activities<sup>1</sup>

<b>Regulated activity 2</b> <i>As shown on your certificate of registration</i>	<b>Diagnostic &amp; Screening Services</b>
<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>	GPs Practice Nurses Health Care Assistants Management, administration & reception
<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>	Marfleet Primary Healthcare Centre
<b>Address line 1</b>	Preston Road
<b>Address line 2</b>	HULL
<b>Address line 3</b>	East Yorkshire
<b>Address line 4</b>	Hu9 5HH
<b>Address line 5</b>	
<b>Brief description of location<sup>2</sup></b>	Purpose-built LIFT building shared with CHCP offices and clinical services as well as pharmacy, library and private dental practice. Large car parking facilities for staff and patients
<b>No of approved places/beds (not NHS)<sup>3</sup></b>	

<p><b>Name and contact details of registered manager(s) (if applicable)<sup>4</sup></b></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>	<p><b>Registered manager 1</b></p>
	<p><b>Full name: John Anthony David Weir</b></p>
	<p><b>Proportion of working time spent at each location (for job share posts only):</b></p> <p>Full time partner working usually one to two sessions per week at the branch surgery</p>
	<p><b>Contact details:</b></p>
	<p>Business address:</p> <p>Marfleet Primary Healthcare Centre</p> <p>Preston Road</p> <p>HULL</p> <p>HU9 5HH</p>
	<p>Telephone: 01482 701834</p>
	<p>Email: john.weir@nhs.net</p>
	<p><b>Locations:</b></p> <p>Marfleet Primary Healthcare Centre, Preston Road Hull HU9 5HH</p> <p>Branch Surgery, Hauxwell Grove, Hull</p>
	<p><b>Regulated activities:</b></p>
	<p>1. Treatment of disease disorder or injury</p>
	<p>2. Diagnostic &amp; screening procedures</p>
	<p>3. Maternity Services</p>
	<p>4.</p>
	<p><b>Registered manager 2:</b></p>
<p><b>Full name:</b></p>	
<p><b>Proportion of time spent at each location:</b></p>	
<p><b>Contact details:</b></p>	

	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
Older people		Yes
Younger adults		Yes
Children 0-3 years		Yes
Children 4-12 years		Yes
Children 13-18 years		Yes
Mental health		Yes
Physical disability		Yes
Sensory impairment		Yes
Dementia		Yes
People detained under the Mental Health Act		No
People who misuse drugs and alcohol		Yes

	People with an eating disorder	Yes
	Whole population	No
	None of the above Please give details:	<input type="checkbox"/>
<b>Location 2:</b>		
<b>Name of location</b>	Branch Surgery	
<b>Address line 1</b>	Hauxwell Grove	
<b>Address line 2</b>	HULL	
<b>Address line 3</b>	East Yorkshire	
<b>Address line 4</b>		
<b>Address line 5</b>		
<b>Brief description of location<sup>2</sup></b>	Purpose-built GP Surgery under the cost rent scheme with adjacent car park. Facilities include GP consulting room, Nurse Treatment room, attached staff room, administration and reception area and patient waiting 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</i>	<b>Registered manager 1</b>	
	<b>Full name: John Anthony David Weir</b>	
	<b>Proportion of working time spent at each location (for job share posts only):</b> Full time partner working usually one to two sessions per week at the branch surgery	
	<b>Contact details:</b>	

<p><i>locations(s) they manage.</i></p> <p><i>Copy and paste the sub-section if they are more than two registered managers</i></p>	<p>Business address:</p> <p>Marfleet Primary Healthcare Centre  Preston Road  HULL  HU9 5HH</p>
	<p>Telephone: 01482 701834</p>
	<p>Email: john.weir@nhs.net</p>
	<p><b>Locations:</b></p> <p>Marfleet Primary Healthcare Centre, Preston Road Hull HU9 5HH  Branch Surgery, Hauxwell Grove, Hull</p>
	<p><b>Regulated activities:</b></p>
	<p>1. Treatment of disease disorder or injury</p>
	<p>2. Diagnostic &amp; screening procedures</p>
	<p>3. Maternity Services</p>
	<p>4.</p>
	<p><b>Registered manager 2:</b></p>
	<p><b>Full name:</b></p>
	<p><b>Proportion of time spent at each location:</b></p>
	<p><b>Contact details:</b></p>
	<p>Business address:</p>
<p>Telephone:</p>	
<p>Email:</p>	

	<b>Locations:</b>	
	<b>Regulated activities:</b>	
	1.	
	2.	
	3.	
<b>Service user band(s) at this location<sup>5</sup></b> Use <input checked="" type="checkbox"/>	Learning disabilities or autistic spectrum disorder	Yes
	Older people	Yes
	Younger adults	Yes
	Children 0-3 years	Yes
	Children 4-12 years	Yes
	Children 13-18 years	Yes
	Mental health	Yes
	Physical disability	Yes
	Sensory impairment	Yes
	Dementia	Yes
	People detained under the Mental Health Act	No
	People who misuse drugs and alcohol	Yes
	People with an eating disorder	Yes
	Whole population	No
	None of the above Please give details:	<input type="checkbox"/>

Please repeat the following table for each of your regulated activities<sup>1</sup>

<b>Regulated activity 3</b> <i>As shown on your certificate of registration</i>	<b>Maternity Services</b>
<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>	
<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>	Marfleet Primary Healthcare Centre
<b>Address line 1</b>	Preston Road
<b>Address line 2</b>	HULL
<b>Address line 3</b>	East Yorkshire
<b>Address line 4</b>	Hu9 5HH
<b>Address line 5</b>	
<b>Brief description of location<sup>2</sup></b>	Purpose-built LIFT building shared with CHCP offices and clinical services as well as pharmacy, library and private dental practice. Large car parking facilities for staff and patients
<b>No of approved places/beds (not NHS)<sup>3</sup></b>	

<p><b>Name and contact details of registered manager(s) (if applicable)<sup>4</sup></b></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>	<p><b>Registered manager 1</b></p>
	<p><b>Full name: John Anthony David Weir</b></p>
	<p><b>Proportion of working time spent at each location (for job share posts only):</b></p> <p>Full time partner working usually one to two sessions per week at the branch surgery</p>
	<p><b>Contact details:</b></p>
	<p>Business address:</p> <p>Marfleet Primary Healthcare Centre</p> <p>Preston Road</p> <p>HULL</p> <p>HU9 5HH</p>
	<p>Telephone: 01482 701834</p>
	<p>Email: john.weir@nhs.net</p>
	<p><b>Locations:</b></p> <p>Marfleet Primary Healthcare Centre, Preston Road Hull HU9 5HH</p> <p>Branch Surgery, Hauxwell Grove, Hull</p>
	<p><b>Regulated activities:</b></p>
	<p>1. Treatment of disease disorder or injury</p>
	<p>2. Diagnostic &amp; screening procedures</p>
	<p>3. Maternity Services</p>
	<p>4.</p>
	<p><b>Registered manager 2:</b></p>
<p><b>Full name:</b></p>	
<p><b>Proportion of time spent at each location:</b></p>	
<p><b>Contact details:</b></p>	

	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
Older people		Yes
Younger adults		Yes
Children 0-3 years		Yes
Children 4-12 years		Yes
Children 13-18 years		Yes
Mental health		Yes
Physical disability		Yes
Sensory impairment		Yes
Dementia		Yes
People detained under the Mental Health Act		No
People who misuse drugs and alcohol		Yes

	People with an eating disorder	Yes
	Whole population	No
	None of the above Please give details:	<input type="checkbox"/>

<b>Location 2:</b>	
<b>Name of location</b>	Branch Surgery
<b>Address line 1</b>	Hauxwell Grove
<b>Address line 2</b>	HULL
<b>Address line 3</b>	East Yorkshire
<b>Address line 4</b>	
<b>Address line 5</b>	
<b>Brief description of location<sup>2</sup></b>	Purpose-built GP Surgery under the cost rent scheme with adjacent car park. Facilities include GP consulting room, Nurse Treatment room, attached staff room, administration and reception area and patient waiting 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</i>	<b>Registered manager 1</b>
	<b>Full name: John Anthony David Weir</b>
	<b>Proportion of working time spent at each location (for job share posts only):</b> Full time partner working usually one to two sessions per week at the branch surgery
	<b>Contact details:</b>

<p><i>locations(s) they manage.</i></p> <p><i>Copy and paste the sub-section if they are more than two registered managers</i></p>	<p>Business address:</p> <p>Marfleet Primary Healthcare Centre  Preston Road  HULL  HU9 5HH</p>
	<p>Telephone: 01482 701834</p>
	<p>Email: john.weir@nhs.net</p>
	<p><b>Locations:</b></p> <p>Marfleet Primary Healthcare Centre, Preston Road Hull HU9 5HH  Branch Surgery, Hauxwell Grove, Hull</p>
	<p><b>Regulated activities:</b></p>
	<p>1. Treatment of disease disorder or injury</p>
	<p>2. Diagnostic &amp; screening procedures</p>
	<p>3. Maternity Services</p>
	<p>4.</p>
	<p><b>Registered manager 2:</b></p>
	<p><b>Full name:</b></p>
	<p><b>Proportion of time spent at each location:</b></p>
	<p><b>Contact details:</b></p>
	<p>Business address:</p>
<p>Telephone:</p>	
<p>Email:</p>	

	<b>Locations:</b>	
	<b>Regulated activities:</b>	
	1.	
	2.	
	3.	
<b>Service user band(s) at this location<sup>5</sup></b> Use <input checked="" type="checkbox"/>	Learning disabilities or autistic spectrum disorder	Yes
	Older people	Yes
	Younger adults	Yes
	Children 0-3 years	Yes
	Children 4-12 years	Yes
	Children 13-18 years	Yes
	Mental health	Yes
	Physical disability	Yes
	Sensory impairment	Yes
	Dementia	Yes
	People detained under the Mental Health Act	No
	People who misuse drugs and alcohol	Yes
	People with an eating disorder	Yes
	Whole population	No
	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.