

Branch End Surgery

Statement of purpose

Health and Social Care Act 2008

March 2019

Policy ratified by GP Partners:

	Signed	Date
Dr Alan Maguire		11419
Dr Farzan Kamali		Malla.
Dr Lorien Dornan	Cen	114/19.

Version:	Review date:	Edited by:	Comments:
2	March 2021	C Mettham	

Service provider

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

Name	Branch End Surgery
Address line 1	Main Road
Address line 2	
Town/city	Stocksfield
County	Northumberland
Post code	NE43 6LL
Email	Branchend.surgery@nhs.net
Main telephone	01661 842626

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 good quality primary care services delivered in a 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 participation 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 Alan Maguire
	2. Dr Farzan Kamali
	3. Dr Lorien Dornan
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	Treatment of Disease, Disorder or Injury.	
As shown on your certificate of registration		
Services	General practice services for our registere	
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)	patients and, on occasions, patients regist with other GP practices or temporary resid	
Locations As listed on your certificate of regis location for this regulated activity	stration. Please repeat the section below for e	each
Location 1:		
Name of location	Branch End Surgery	
Address line 1	Main Road	
Address line 2	Stocksfield	
Address line 3		
Address line 4	Northumberland	
Address line 5	NE43 7LL	
Brief description of location ²	Partly Purpose built primary care centre (part converted residential property) comprised of 6 consulting rooms, 2 treatment rooms, administrative office spaces and 3 x patients waiting areas. Managers rooms, meeting room/library and Baby Clinic.	
	TOOTH/IIDIATY and Baby Clinic.	
Service user band(s) at this location ⁵	Learning disabilities or autistic spectrum disorder	V
Service user band(s) at this location ⁵ Use	Learning disabilities or autistic spectrum	V

Francisco		
	Children 0-3 years	V
	Children 4-12 years	V
	Children 13-18 years	V
	Mental health	V
	Physical disability	$\overline{\checkmark}$
	Sensory impairment	V
	Dementia	$\overline{\checkmark}$
	People detained under the Mental Health Act	$ \overline{\checkmark} $
	People who misuse drugs and alcohol	V
	People with an eating disorder	
	Whole population	
	None of the above Please give details:	

Regulated activity 2	Surgical Procedures.		
As shown on your certificate of registration			
Services	Minor surgical procedures, excisions, inci-		
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)	aspiration and injection as well as cautery, cryosurgery and nail surgery.		
Locations As listed on your certificate of regi location for this regulated activity	stration. Please repeat the section below for	each	
Location 1:			
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Address line 2	Stocksfield		
Address line 3			
Address line 4	Northumberland		
Address line 5	NE43 7LL		
Brief description of location ²	Partly Purpose built primary care centre (part converted residential property) comprised of 6 consulting rooms, 2 treatment rooms, administrative office spaces and 3 x patients waiting areas. Managers rooms, meeting room/library and Baby Clinic.		
Service user band(s) at this location ⁵	Learning disabilities or autistic spectrum disorder	V	
Use 🗹	Older people	$\overline{\checkmark}$	
	Younger adults	V	
	Children 0-3 years	V	

Children 4-12 years	√
Children 13-18 years	\checkmark
Mental health	\checkmark
Physical disability	\checkmark
Sensory impairment	\checkmark
Dementia	\checkmark
People detained under the Mental Health Act	$\overline{\checkmark}$
People who misuse drugs and alcohol	V
People with an eating disorder	7
Whole population	Ø
None of the above	
Please give details:	

Regulated activity 3	Diagnostic and Screening procedures.	
As shown on your certificate of registration		
Services	General practice services for our registered	
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)	patients and, on occasions, patients regis with other GP practices or temporary resid Specific diagnostic procedures eg phlebol microbiology samples and biopsies are undertaken for analysis off-site. Specific screening programmes such as cervical screening are also undertaken for analysis site.	dents. tomy,
Locations As listed on your certificate of registional location for this regulated activity	stration. Please repeat the section below for	each
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Service user band(s) at this location ⁵	Learning disabilities or autistic spectrum disorder	V
Use ☑	Older people	\checkmark
	Younger adults	V
	Children 0-3 years	$\overline{\mathbf{V}}$

Children 4-12 years	\square
Children 13-18 years	V
Mental health	
Physical disability	
Sensory impairment	Q
Dementia	
People detained under the Mental Health Act	\square
People who misuse drugs and alcohol	\checkmark
People with an eating disorder	
Whole population	$\overline{\checkmark}$
None of the above Please give details:	
r lease give details.	

Regulated activity 4 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)	General practice services offered and pro in conjunction with community midwives for assessment, treatment and education of print in the antenatal period as well as post-delegation.	or the patients
Locations As listed on your certificate of regis location for this regulated activity	stration. Please repeat the section below for	each
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Service user band(s) at this location ⁵	Learning disabilities or autistic spectrum disorder	\checkmark
Use ☑	Older people	
	Younger adults	V
	Children 0-3 years	V

Children 4-12 years	
Children 13-18 years	\square
Mental health	
Physical disability	
Sensory impairment	
Dementia	
People detained under the Mental Health Act	
People who misuse drugs and alcohol	Ø
People with an eating disorder	ď
Whole population	
None of the above	
Please give details:	

Regulated activity 5	Family Planning Services		
As shown on your certificate of registration			
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)	Provision of all general family planning ad and prescription of oral contraceptive, emergency contraception, fitting and remoduCD devices and contraceptive implants.	oval of	
Locations As listed on your certificate of regis location for this regulated activity	stration. Please repeat the section below for	each	
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Name of location	Branch End Surgery		
Address line 1	Main Road		
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Address line 3			
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Service user band(s) at this location ⁵	Learning disabilities or autistic spectrum disorder	V	
Use ☑	Older people		
	Younger adults	V	
	Children 0-3 years		

C	Children 4-12 years	
C	Children 13-18 years	\checkmark
N	Mental health	\checkmark
F	Physical disability	\checkmark
S	Sensory impairment	\checkmark
С	Dementia	
	People detained under the Mental Health Act	
P	People who misuse drugs and alcohol	\checkmark
P	People with an eating disorder	\checkmark
V	Whole population	
	None of the above	
F	Please give details:	

