



## Statement of purpose

Health and Social Care Act 2008

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<b>Version</b>	3	<b>Date of next review</b>	March 2018
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<b>Service provider</b>	
<b>Name</b>	Baslow Health Centre
<b>Address line 1</b>	Church Lane
<b>Address line 2</b>	Baslow
<b>Town/city</b>	Bakewell
<b>County</b>	Derbyshire
<b>Post code</b>	DE45 1SP
<b>Email</b>	admin.baslowsurgery@nhs.net
<b>Main telephone</b>	01246 582216
<b>ID numbers</b>	
<i>Where this is an updated version of the statement of purpose, please provide the service provider and registered manager ID numbers:</i>	
<b>Service provider ID</b>	1-199704928
<b>Registered manager ID</b>	CON1-839679516

**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. Our philosophy is to provide a safe and personalised, high quality general practice care to individuals, families, with complimentary diagnostics and medical specialities accessible through a network of secondary care providers.

2. Our services include disease prevention and health promotion, management of acute and chronic illnesses, blood analysis, specialist referrals, family planning, cervical smears, ante-natal and post-natal care, paediatric care and immunisations and travel health.

3. The Practice endeavours to deliver excellent medical care at all times. The Practice Manager would like to hear from any patient who believes this promise has not been fulfilled and welcomes suggestions to improve our services.

4. Our principle is that patients come first. Staff express their respect for the privacy and dignity of all patients by behaving in an empathetic and sensitive manner, always aiming to accommodate their needs.

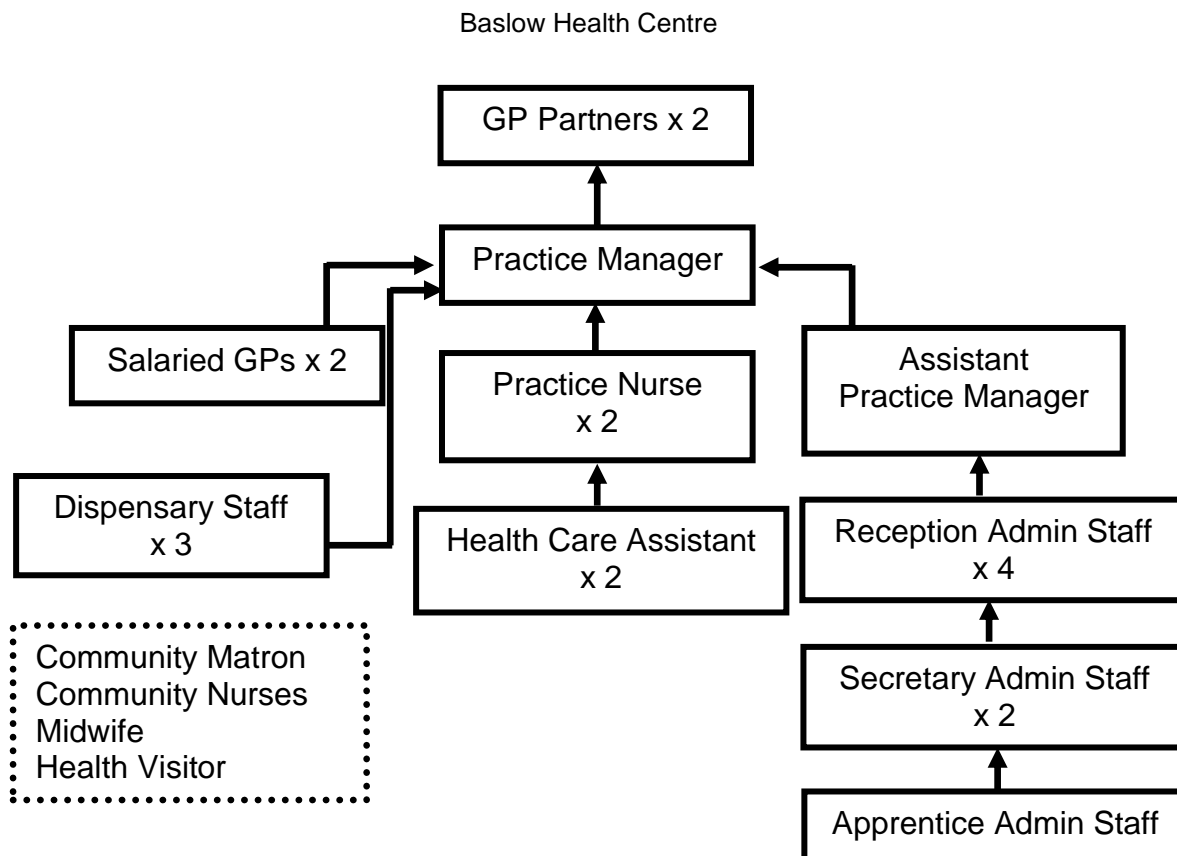
5. Promotion of good health and wellbeing to our patients, through education and information.

6. Ensure that all practice staff have the right skills and training to carry out their duties in a competent manner and have the opportunity to discuss and learn from problems or issues as they arise.

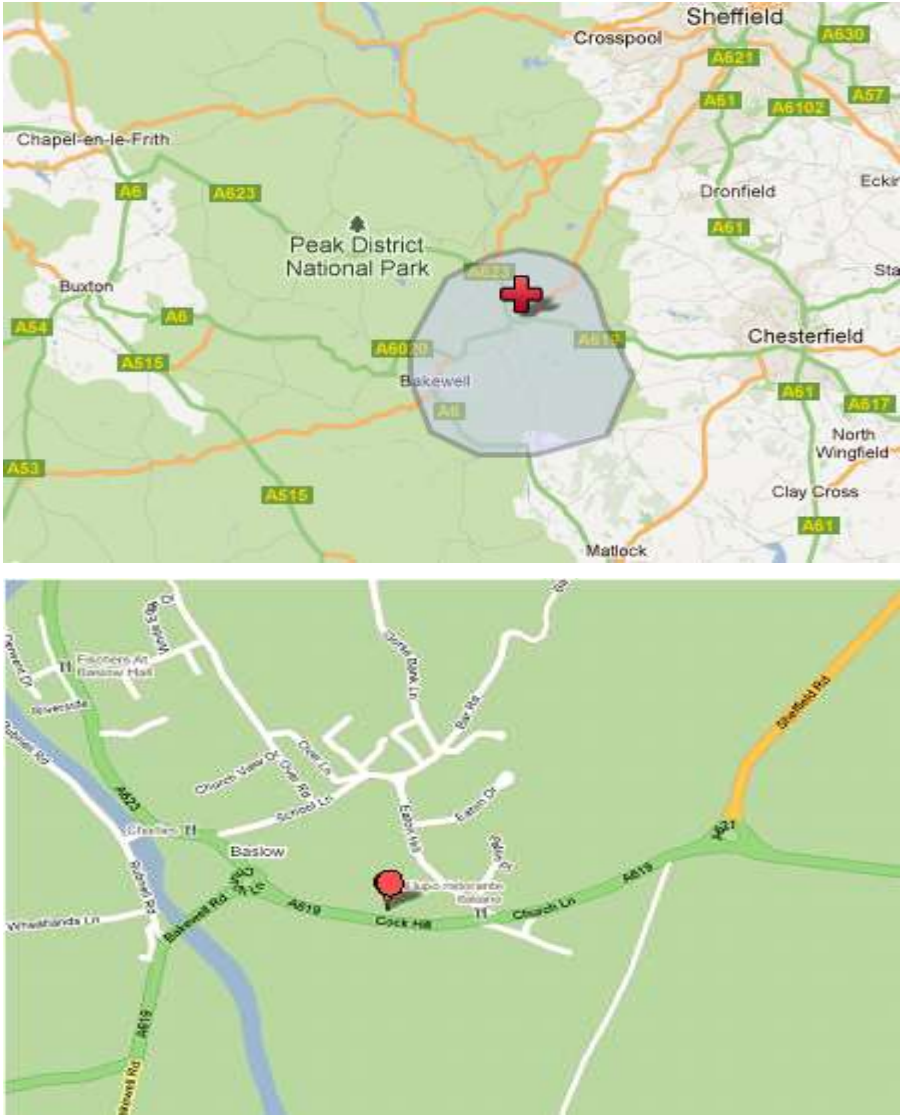
7. Support continuity of care wherever possible and informing patients of the benefits from sharing medical records with other health care professionals.

8. Being an active member of the North Derbyshire Commissioning Group and the Dales Local Community Group, ensuring that the Practice and its patients' needs are represented in the best possible way.

<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>	<input type="checkbox"/>
<b>Partnership</b>	<input checked="" type="checkbox"/>
<b>List the names of all partners</b>	1. Dr L Jordan 2. Dr A Waterfall
<b>Limited liability partnership registered as an organisation</b>	<input type="checkbox"/>
<b>Incorporated organisation</b>	<input type="checkbox"/>
<b>Company number</b>	
<b>Are you a charity?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Charity number:
<b>Group structure</b>	



<p><b>Regulated activity 1</b> As shown on your certificate of registration</p>	<p>General Practice consultation service: consulting, diagnosing, treating and management of patients within a Primary Care setting.</p>
<p><b>Services</b> 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)</p>	<p>General medical services Routine medical check-ups Issuing of relevant prescriptions</p> <p>Management and treatment of: CHD Heart Failure Stroke &amp; TIA Hypertension Diabetes COPD Epilepsy Hypothyroidism Cancer Mental Health Palliative Care Asthma Dementia Depression Chronic Kidney Disease Arterial Fibrillation Obesity Learning disabilities</p> <p>Smoking cessation Health Checks Immunisations, Travel advice &amp; Immunisations Childhood immunisations Weight loss and lifestyle management, Cytology Health screening and early detection of cancer.</p>

Locations	
Name of location	Baslow Health Centre
Address line 1	Church Lane
Address line 2	Baslow
Address line 3	Bakewell
Address line 4	Derbyshire
Address line 5	DE45 1SP
Brief description of location	 <p>Baslow is situated at the northern edge of Chatsworth Park in Derbyshire and the Peak District National Park, with which it has close links. Baslow is served by regular bus service. Parking facilities are very limited at the Heath Centre. Alternative public parking is available adjacent to Baslow Village Hall and, wherever possible, we would advise that you use this. The building is ground floor and is full accessible.</p>

<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>	<b>Registered Manager 1</b>
	<p><b>Full name:</b> Dr Abigail Waterfall</p> <p>GMC: 6030040</p>
	<p><b>Proportion of working time spent at each location (for job share posts only):</b></p>
	<p><b>Contact details:</b> as below:</p>
	<p>Baslow Health Centre</p> <p>Church Lane, Baslow, Bakewell, Derbyshire, DE45 1SP</p>
	<p>Telephone: 01246 582216</p>
	<p>Email: admin.baslowsurgery@nhs.net</p>
	<p><b>Locations:</b> Baslow Health Centre</p> <p>Church Lane, Baslow, Bakewell, Derbyshire, DE45 1SP</p>
	<p><b>Regulated activities:</b></p>
	<p>1. General Practice consultation service: consulting, diagnosing, treating and management of patients within a Primary Care setting.</p>
	<p>2.</p>
	<p>3.</p>
	<p>4.</p>
	<b>Registered Manager 2:</b>
<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	<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 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.