

# **Statement of purpose**

Health and Social Care Act 2008

***THE VAUXHALL SURGERY 2016***

**Statement of purpose**

## Health and Social Care Act 2008

<b>Version</b>	1	<b>Date of next review</b>	2018
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### Service provider

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

<b>Name</b>	The Vauxhall Surgery
<b>Address line 1</b>	8 Jonathan Street
<b>Address line 2</b>	
<b>Town/city</b>	London
<b>County</b>	
<b>Post code</b>	SE11 5NH
<b>Email</b>	LAMCCG.vauxhallsurgery@nhs.net
<b>Main telephone</b>	020 7735 1971

### 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. All patients/staff and users of the practice to be treated with dignity and respect.

2. The practice will work with other NHS care providers to ensure that appropriate effective and cost efficient pathways are used enabling patients easy access to services.

3. Provision of holistic healthcare to individuals inclusive of physical, emotional and psycho-social needs.

4. Provision of excellent patient care delivered in a safe environment.

5. The Practice will provide suitable care to manage long term conditions to our patient population putting the patient and their condition as the primary focus.

6. To provide suitably trained members of staff to carry out work alongside other non practice primary staff to ensure appropriate care of our patients.

<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>	Individual
<b>Name</b>	Dr Kirit A Shah
<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 (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>	Treatment of Disease, Disorder or Injury. Management of Long Term Chronic disease.
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<p><b>Services</b></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>	<p>General practice services for our registered patients and, at times, patients registered with other GP practices who require temporary or immediate and necessary care</p>
<p><b>Locations</b></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><b>Location 1:</b></p>	
<p><b>Name of location</b></p>	<p>The Vauxhall Surgery</p>
<p><b>Address line 1</b></p>	<p>8 Jonathan Street</p>
<p><b>Address line 2</b></p>	
<p><b>Address line 3</b></p>	<p>London</p>
<p><b>Address line 4</b></p>	
<p><b>Address line 5</b></p>	<p>SE11 5NH</p>
<p><b>Brief description of location<sup>2</sup></b></p>	<p>Former rent offices converted to GP Surgery situated over 3 floors, with disabled access. We have 3 consulting rooms and 2 treatment rooms. Admin/office space. Patient waiting area.</p>
<p><b>No of approved places/beds (not NHS)<sup>3</sup></b></p>	
	<p><b>Registered manager 1</b></p>
	<p><b>Full name:</b> Dr Kirit A Shah</p>
	<p><b>Proportion of working time spent at each location (for job share posts only):</b></p>
	<p><b>Contact details:</b> The Vauxhall Surgery 8 Jonathan Street London SE11 5NH</p>

	<b>Business address:</b> The Vauxhall Surgery 8 Jonathan Street London SE11 5NH
	Telephone: 020 7735 1971
	Email: LAMCCG.vauxhallsurgery@nhs.net
	<b>Locations:</b>
	<b>Regulated activities:</b>
	1.
	2.
	3.
	4.
	<b>Registered manager 2:</b>
	<b>Full name:</b>
	<b>Proportion of time spent at each location:</b>
	<b>Contact details:</b>
	Business address:
	Telephone:
Email:	
<b>Locations:</b>	

	<b>Regulated activities:</b>	
	1.	
	2.	
	3.	
4.		
	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:		

<b>Regulated activity 2</b> <i>As shown on your certificate of registration</i>	Surgical Procedures.
<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>	Minor surgical procedures, aspiration, injection and cryosurgery
<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>	The Vauxhall Surgery
<b>Address line 1</b>	8 Jonathan Street
<b>Address line 2</b>	
<b>Address line 3</b>	
<b>Address line 4</b>	London
<b>Address line 5</b>	SE11 5NH
<b>Brief description of location<sup>2</sup></b>	
<b>No of approved places/beds (not NHS)<sup>3</sup></b>	
	<b>Registered manager 1</b>
	<b>Full name:</b>
	<b>Proportion of working time spent at each location (for job share posts only):</b>



	<b>Contact details:</b>
	Business address:
	Telephone:
	Email:
	<b>Locations:</b>
	<b>Regulated activities:</b>
	1.
	2.
	3.
	4.
	<b>Registered manager 2:</b>
	<b>Full name:</b>
	<b>Proportion of time spent at each location:</b>
	<b>Contact details:</b>
	Business address:
	Telephone:
	Email:
	<b>Locations:</b>

	<b>Regulated activities:</b>	
	1.	
	2.	
	3.	
4.		
	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:		

<p><b>Regulated activity 3</b> <i>As shown on your certificate of registration</i></p>	<p>Diagnostic and Screening procedures. Seasonal Influenza/pneumococcal vaccination programmes, National Catch Up campaigns as per current guidelines.</p>
<p><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></p>	<p>General practice services for our registered patients and, at times, patients registered as temporary or immediately necessary patients. Specific diagnostic procedures eg cervical screening, phlebotomy and microbiology are carried out for off-site analysis. Seasonal Influenza/ Pneumococcal vaccination. Catch Up campaigns as per Department of Health current guidelines according to trends.</p>
<p><b>Locations</b> <i>As listed on your certificate of registration. Please repeat the section below for each location for this regulated activity</i></p>	
<p><b>Location 1:</b></p>	
<p><b>Name of location</b></p>	<p>The Vauxhall Surgery</p>
<p><b>Address line 1</b></p>	<p>8 Jonathan Street</p>
<p><b>Address line 2</b></p>	
<p><b>Address line 3</b></p>	
<p><b>Address line 4</b></p>	<p>London</p>
<p><b>Address line 5</b></p>	<p>SE11 5NH</p>
<p><b>Brief description of location<sup>2</sup></b></p>	
<p><b>No of approved places/beds (not NHS)<sup>3</sup></b></p>	
	<p><b>Registered manager 1</b></p>
	<p><b>Full name:</b></p>

	<b>Proportion of working time spent at each location (for job share posts only):</b>
	<b>Contact details:</b>
	Business address:
	Telephone:
	Email:
	<b>Locations:</b>
	<b>Regulated activities:</b>
	1.
	2.
	3.
	4.
	<b>Registered manager 2:</b>
	<b>Full name:</b>
	<b>Proportion of time spent at each location:</b>
	<b>Contact details:</b>
	Business address:
	Telephone:
	Email:

	<b>Locations:</b>	
	<b>Regulated activities:</b>	
	1.	
	2.	
	3.	
	4.	
	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:	
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<b>Regulated activity 4</b> <i>As shown on your certificate of registration</i>	Maternity Services. Child Health surveillance
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<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>	<p>Provided in conjunction with community midwives for both antenatal and post natal period.</p> <p>Routine Child Health checks and immunisations in accordance with Department of Health guidelines.</p>
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<b>Locations</b> <i>As listed on your certificate of registration. Please repeat the section below for each location for this regulated activity</i>
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<b>Location 1:</b>
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<b>Name of location</b>	The Vauxhall Surgery
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<b>Address line 1</b>	8 Jonathan Street
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<b>Address line 2</b>	
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<b>Address line 3</b>	
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<b>Address line 4</b>	London
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<b>Address line 5</b>	SE11 5NQ
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<b>Brief description of location<sup>2</sup></b>	
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<b>No of approved places/beds (not NHS)<sup>3</sup></b>	
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	<b>Registered manager 1</b>
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	<b>Full name:</b>
	<b>Proportion of working time spent at each location (for job share posts only):</b>
	<b>Contact details:</b>
	Business address:
	Telephone:
	Email:
	<b>Locations:</b>
	<b>Regulated activities:</b>
	1.
	2.
	3.
	4.
	<b>Registered manager 2:</b>
	<b>Full name:</b>
	<b>Proportion of time spent at each location:</b>
	<b>Contact details:</b>
	Business address:
Telephone:	

	Email:	
	<b>Locations:</b>	
	<b>Regulated activities:</b>	
	1.	
	2.	
	3.	
	4.	
	Learning disabilities or autistic spectrum disorder	<input checked="" type="checkbox"/>
	Older people	
	Younger adults	<input checked="" type="checkbox"/>
	Children 0-3 years	
	Children 4-12 years	
	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	
	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	
	None of the above Please give details:	

<b>Regulated activity 5</b> <i>As shown on your certificate of registration</i>	Family Planning Services
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<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>	Family planning advice, prescriptions of oral contraceptive and emergency contraception and contraceptive injections.
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<b>Locations</b> <i>As listed on your certificate of registration. Please repeat the section below for each location for this regulated activity</i>
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<b>Location 1:</b>
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<b>Name of location</b>	The Vauxhall Surgery
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<b>Address line 1</b>	8 Jonathan Street
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<b>Address line 2</b>	
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<b>Address line 3</b>	
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<b>Address line 4</b>	London
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<b>Address line 5</b>	SE11 5NH
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<b>Brief description of location<sup>2</sup></b>	
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<b>No of approved places/beds</b>	
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<b>(not NHS)<sup>3</sup></b>	
	<b>Registered manager 1</b>
	<b>Full name:</b>
	<b>Proportion of working time spent at each location (for job share posts only):</b>
	<b>Contact details:</b>
	Business address:
	Telephone:
	Email:
	<b>Locations:</b>
	<b>Regulated activities:</b>
	1.
	2.
	3.
	4.
	<b>Registered manager 2:</b>
	<b>Full name:</b>
	<b>Proportion of time spent at each location:</b>
<b>Contact details:</b>	
Business address:	

	Telephone:	
	Email:	
	<b>Locations:</b>	
	<b>Regulated activities:</b>	
	1.	
	2.	
	3.	
	4.	
	Learning disabilities or autistic spectrum disorder	<input checked="" type="checkbox"/>
Older people		
Younger adults	<input checked="" type="checkbox"/>	
Children 0-3 years		
Children 4-12 years		
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		
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	
	None of the above Please give details:	

***THE VAUXHALL SURGERY 2016***