

Statement of purpose

Health and Social Care Act 2008

Version

3

Date of next review

March 2016

Service provider

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

Name

BURGESS ROAD SURGERY

Address line 1

357A BURGESS ROAD

Address line 2

Town/city

SOUTHAMPTON

County

HAMPSHIRE

Post code

SO16 3BD

Email

SOCCG.burgessroadsurgery@nhs.net

Main telephone

02380 676233

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

1-199749285

Registered manager ID

CON1-507654698

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. Provide a high standard of medical care
2. Be committed to our patients needs
3. Act with integrity and complete confidentiality
4. Be courteous, friendly, approachable and accommodating

5. ensure safe and effective services environment
6. To improve as a patient centred service through decision making and communication
7. To maintain our motivated and skilled work teams
8. through monitoring and auditing, continue to improve our healthcare services
9. Maintain high quality of care through continuous learning and training
10. to guide our employees in accordance with diversity and equality
11. To ensure effective and robust information governance systems
12. treat all patients and staff with dignity, respect and honesty.

Legal status <i>Tick the relevant box and provide the information requested for the type of provider you are:</i> Use <input checked="" type="checkbox"/>	
Individual	<input type="checkbox"/>
Partnership	<input checked="" type="checkbox"/>
List the names of all partners	1. Dr Bhasker Dave 2. Dr Hemant Bhatt 3. Dr Angela Hall 4. Dr Gabriella Day 5. Dr Vikas Shetty
Limited liability partnership registered as an organisation	<input type="checkbox"/>
Incorporated organisation	<input type="checkbox"/>
Company number	
Are you a charity?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Charity number:

Group structure (if applicable)	
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Please repeat the following table for each of your regulated activities¹

Regulated activity 1 <i>As shown on your certificate of registration</i>	Family planning
Services <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>	IUD services as a GP practice
Regulated activity 2 <i>As shown on your certificate of registration</i>	Maternity and midwifery services
Services <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>	GP practice support for expectant mothers and their babies.
Regulated activity 3 <i>As shown on your certificate of registration</i>	Surgical procedures

<p>Services</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>Injections, minor operations, Cautery , cryotherapy.</p>
<p>Regulated activity 4</p> <p><i>As shown on your certificate of registration</i></p>	<p>Treatment of disease, disorder or injury.</p>
<p>Services</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>GP services for practice population.</p>
<p>Locations</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>Location 1:</p>	
<p>Name of location</p>	<p>Burgess Road Surgery</p>
<p>Address line 1</p>	<p>357a burgess road</p>
<p>Address line 2</p>	<p>Southampton</p>
<p>Address line 3</p>	<p>SO16 3BD</p>
<p>Address line 4</p>	
<p>Address line 5</p>	
<p>Brief description of location²</p>	<p>GP Practice in central Southampton</p>

No of approved places/beds (not NHS)³	N/A	
Name and contact details of registered manager(s) (if applicable)⁴ <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 locations(s) they manage.</i> <i>Copy and paste the sub-section if they are more than two registered managers</i>	Registered manager 1	
	Full name: Dr Hemant Bhatt	
	Proportion of working time spent at each location (for job share posts only):	
	Contact details: 02380 676233	
	Business address: Burgess Road Surgery 357a Burgess Road Southampton SO16 3BD	
	Telephone: 02380 676233	
	Email: hbhatt@nhs.net	
	Locations: As Above	
	Regulated activities:	
	1. Family Planning	
2. Maternity and midwifery services		
3. Surgical procedures		
4. Treatment of disease, disorder or injury		
Service user band(s) at this location⁵ <i>Use</i> <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"/>