

# **Holmcroft Surgery**

## **Statement of purpose**

Health and Social Care Act 2008

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<b>Version</b>	2	<b>Date of next review</b>	April 2020
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## Service provider

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

<b>Name</b>	Dr John Patrick Hannigan and Partners
<b>Address line 1</b>	Holmcroft Surgery
<b>Address line 2</b>	Holmcroft Road
<b>Town/city</b>	Stafford
<b>County</b>	Staffordshire
<b>Post code</b>	ST16 1JG
<b>Email</b>	paddy.hannigan@nhs.net
<b>Main telephone</b>	01785 242172

## 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>	1-199768325
<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. To provide the best possible quality service for our patients within a confidential and safe environment by working together
2. To show our patients courtesy and respect at all times irrespective of ethnic origin, religious belief, personal attributes or the nature of the health problem
3. To involve our patients in decisions regarding their treatment

4. To promote good health and well being to our patients through education and information
5. To involve allied healthcare professionals in the care of our patients where it is in their best interests
6. To encourage our patients to get involved in the practice through an annual survey and encouragement to comment on the care they receive
7. To ensure that all member of the team have the right skills and training to carry out their duties competently

<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 John Patrick Hannigan 2. Dr Mary MacSharry 3. Dr Saeed Anwar 4. Dr Meena Subramaniam
<b>Limited liability partnership registered as an organisation</b>	<input type="checkbox"/> N/A
<b>Incorporated organisation</b>	<input type="checkbox"/> N/A
<b>Company number</b>	N/A
<b>Are you a charity?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Charity number:

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

<p><b>Regulated activity 1</b> <i>As shown on your certificate of registration</i></p>	<p>Diagnostic and screening procedures</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>GP</p>
<p><b>Regulated activity 2</b> <b>As shown on your certificate of registration</b></p>	<p>Family Planning</p>
<p><b>Services</b> <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)</b></p>	<p>GP</p>
<p><b>Regulated activity 3</b> <b>As shown on your certificate of registration</b></p>	<p>Maternity and Midwifery Services</p>
<p><b>Services</b> <b>What services, care and/or treatment do you provide for this regulated activity? (For</b></p>	<p>GP</p>

<p><b>example GP, dentist, acute hospital, care home with nursing, sheltered housing)</b></p>	
<p><b>Regulated activity 4</b> <b>As shown on your certificate of registration</b></p>	<p>Surgical Procedures</p>
<p><b>Services</b> <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)</b></p>	<p>GP</p>
<p><b>Regulated activity 5</b> <b>As shown on your certificate of registration</b></p>	<p>Treatment of disease, disorder or injury</p>
<p><b>Services</b> <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)</b></p>	<p>GP</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>	
<b>Location 1:</b>	
<b>Name of location</b>	Holmcroft Surgery
<b>Address line 1</b>	Holmcroft Road
<b>Address line 2</b>	Stafford
<b>Address line 3</b>	Staffordshire
<b>Address line 4</b>	ST16 1JG
<b>Address line 5</b>	
<b>Brief description of location<sup>2</sup></b>	The building is 1 storey with car parking facilities and Pharmacy attached. The entrance has automatic doors with no steps which lead's to the foyer housing male, female and disabled patient toilets. We have 2 treatment rooms and 10 consulting rooms with additional rooms for phlebotomy and health visitor clinics, 3 staff toilets, 4 administration rooms, reception and reception waiting area, a common/meeting room, 2 store rooms, a boiler room and a kitchen.
<b>No of approved places/beds (not NHS)<sup>3</sup></b>	None
<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,</i>	<b>Registered manager 1</b>
	<b>Full name: Dr John Patrick Hannigan</b>
	<b>Proportion of working time spent at each location (for job share posts only):</b> 2 days per week (Monday and Friday)
	<b>Contact details:</b>

*state which regulated activities and locations(s) they manage.*

*Copy and paste the sub-section if they are more than two registered managers*

Business address:

Holmcroft Surgery

Holmcroft Road

Stafford

Staffs

ST16 1JG

Telephone: 01785 242172

Email: paddy.hannigan@nhs.net

**Locations:**

Holmcroft Surgery

Holmcroft Road

Stafford

Staffs

ST16 1JG

**Regulated activities:**

1. Diagnostic and screening procedures

2. Family Planning

3. Maternity and Midwifery services

4. Surgical procedures

5. Treatment of disease, disorder or injury

**Registered manager 2:**

**Full name:**

**Proportion of time spent at each location:**

**Contact details:**

	Business address:	
	Telephone:	
	Email:	
	<b>Locations:</b>	
	<b>Regulated activities:</b>	
	1.	
	2.	
	3.	
<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	<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:	<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.