

# **Statement of purpose**

Health and Social Care Act 2008

## **Talbot Medical Centre**

# **Statement of purpose**

Health and Social Care Act 2008

<b>Version</b>	1	<b>Date of next review</b>	
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<b>Service provider</b> <i>Full name, business address, telephone number and email address of the registered provider:</i>	
<b>Name</b>	Talbot Medical Centre
<b>Address line 1</b>	Stanley Street
<b>Address line 2</b>	
<b>Town/city</b>	South Shields
<b>County</b>	Tyne and Wear
<b>Post code</b>	NE34 0BX
<b>Email</b>	
<b>Main telephone</b>	0191455 3867
<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>	
<b>Registered manager ID</b>	

<b>Aims and objectives</b> <i>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:</i>
1. Provide the best quality, holistic health care we are able, putting patients at the heart of what we do. This will be delivered in a clean, suitably equipped and safe environment.
2. Care will be provided members of staff who practice reflectively and will have the right skills, training and experience to carry out their duties.
3. Patients will be at the centre of their healthcare decisions and staff will work in partnership with them to achieve this. Patients will be given the appropriate

choices in who, where, when and how their care is provided.

4. The practice will proactively manage long term conditions across the life course of patients and actively promote healthy living and disease prevention.

5. All patients and users of the practice will be treated with compassion, dignity and respect and the practice will provide equity and equality of access to all.

6. Efficient use of NHS resources whilst providing clinically appropriate access to other NHS services eg consultant referrals, diagnostic tests and effective treatment.

<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 Anthony Stone 2. Dr Charlotte Winfield 3. Dr Fiona Crosbie 4. Dr Sharmila Parks 5. Dr Matthew McCloskey
<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.
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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, on occasions, patients registered with other GP practices or temporary residents.</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>Talbot Medical Centre</p>
<p><b>Address line 1</b></p>	<p>Stanley Street</p>
<p><b>Address line 2</b></p>	<p></p>
<p><b>Address line 3</b></p>	<p>South Shields</p>
<p><b>Address line 4</b></p>	<p>Tyne and Wear</p>
<p><b>Address line 5</b></p>	<p>NE34 0BX</p>
<p><b>Brief description of location<sup>2</sup></b></p>	<p>Purpose built building in 1991 with onsite parking. It comprises of 7 clinical rooms, reception area, waiting room, 2 x office space and 2 toilets downstairs, with office space, communal area used for meetings and teaching, a small kitchen and 1 toilet upstairs.</p>
<p><b>No of approved places/beds (not NHS)<sup>3</sup></b></p>	<p></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><b>Registered manager 1</b></p> <p><b>Full name: Anthony Stone</b></p> <p><b>Proportion of working time spent at each location (for job share posts only):</b></p> <p><b>Contact details:</b></p> <p>Talbot Medical Centre</p>

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

Stanley Street

South Shields

Tyne and Wear

NE34 0BX

0191455 3867

4.

**Registered manager 2:**

**Full name:**

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

**Contact details:**

Business address:

Telephone:

Email:

**Locations:**

**Regulated activities:**

1.

2.

3.

4.

<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"/>	

<b>Regulated activity 2</b> <i>As shown on your certificate of registration</i>	Surgical Procedures.
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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>Minor surgical procedures, excisions, incisions, aspiration and injection.</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>Talbot Medical Centre</p>
<p><b>Address line 1</b></p>	<p>Stanley Street</p>
<p><b>Address line 2</b></p>	
<p><b>Address line 3</b></p>	<p>South Shields</p>
<p><b>Address line 4</b></p>	<p>Tyne and Wear</p>
<p><b>Address line 5</b></p>	<p>NE34 0BX</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>0191455 3867</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><b>Registered manager 1</b></p>
	<p><b>Full name: Sharmila Parks</b></p>
	<p><b>Proportion of working time spent at each location (for job share posts only):</b></p>
	<p><b>Contact details:</b></p>
<p>Talbot Medical Centre</p>	



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4.

**Registered manager 2:**

**Full name:**

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

**Contact details:**

Business address:

Telephone:

Email:

**Locations:**

**Regulated activities:**

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 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"/>	

<b>Regulated activity 3</b> <i>As shown on your certificate of registration</i>	Diagnostic and Screening procedures.
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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, on occasions, patients registered with other GP practices or temporary residents. Specific diagnostic procedures eg phlebotomy, microbiology samples and biopsies are undertaken for analysis off-site. Specific screening programmes such as cervical screening are also undertaken for analysis off-site.</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>Talbot Medical Centre</p>
<p><b>Address line 1</b></p>	<p>Stanley Street</p>
<p><b>Address line 2</b></p>	<p></p>
<p><b>Address line 3</b></p>	<p>South Shields</p>
<p><b>Address line 4</b></p>	<p>Tyne and Wear</p>
<p><b>Address line 5</b></p>	<p>NE34 0BX</p>
<p><b>Brief description of location<sup>2</sup></b></p>	<p></p>
<p><b>No of approved places/beds (not NHS)<sup>3</sup></b></p>	<p>0191455 3867</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><b>Registered manager 1</b></p>
	<p><b>Full name: Sharmila Parks</b></p>
	<p><b>Proportion of working time spent at each location (for job share posts only):</b></p>
	<p><b>Contact details:</b></p>
<p>Talbot Medical Centre</p>	

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**Registered manager 2:**

**Full name:**

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

**Contact details:**

Business address:

Telephone:

Email:

**Locations:**

**Regulated activities:**

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 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"/>	

<b>Regulated activity 4</b> <i>As shown on your certificate of registration</i>	Maternity and Midwifery Services.
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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 offered and provided in conjunction with community midwives for the assessment, treatment and education of patients in the antenatal period as well as post-delivery.</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>Talbot Medical Centre</p>
<p><b>Address line 1</b></p>	<p>Stanley Street</p>
<p><b>Address line 2</b></p>	
<p><b>Address line 3</b></p>	<p>South Shields</p>
<p><b>Address line 4</b></p>	<p>Tyne and Wear</p>
<p><b>Address line 5</b></p>	<p>NE34 0BX</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>0191455 3867</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><b>Registered manager 1</b></p>
	<p><b>Full name: Sharmila Parks</b></p>
	<p><b>Proportion of working time spent at each location (for job share posts only):</b></p>
	<p><b>Contact details:</b></p>
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**Contact details:**

Business address:

Telephone:

Email:

**Locations:**

**Regulated activities:**

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 type="checkbox"/>
	Younger adults	<input checked="" type="checkbox"/>
	Children 0-3 years	<input checked="" type="checkbox"/>
	Children 4-12 years	<input 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 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 type="checkbox"/>
None of the above Please give details:	<input type="checkbox"/>	

<b>Regulated activity 5</b> <i>As shown on your certificate of registration</i>	Family Planning Services
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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>Provision of all general family planning advice and prescription of oral contraceptive, contraceptive injections, emergency contraception, fitting and removal of IUCD devices and contraceptive implants.</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>Talbot Medical Centre</p>
<p><b>Address line 1</b></p>	<p>Stanley Street</p>
<p><b>Address line 2</b></p>	<p></p>
<p><b>Address line 3</b></p>	<p>South Shields</p>
<p><b>Address line 4</b></p>	<p>Tyne and Wear</p>
<p><b>Address line 5</b></p>	<p>NE34 0BX</p>
<p><b>Brief description of location<sup>2</sup></b></p>	<p></p>
<p><b>No of approved places/beds (not NHS)<sup>3</sup></b></p>	<p>0191455 3867</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><b>Registered manager 1</b></p>
	<p><b>Full name: Sharmila Parks</b></p>
	<p><b>Proportion of working time spent at each location (for job share posts only):</b></p>
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**Contact details:**

Business address:

Telephone:

Email:

**Locations:**

**Regulated activities:**

1.

2.

3.

4.

<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 type="checkbox"/>
	Younger adults	<input checked="" type="checkbox"/>
	Children 0-3 years	<input type="checkbox"/>
	Children 4-12 years	<input 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 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 type="checkbox"/>
None of the above Please give details:	<input type="checkbox"/>	

**Talbot Medical Practice 2016**