

Statement of Purpose

Health and Social Care Act 2008

Phoenix Surgery

Statement of purpose

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Version	7	Date of next review	March, 2019
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Service provider

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

Name	Phoenix Surgery (Main Surgery)
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Address line 1	9 Chesterton Lane
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Town/city	Cirencester
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County	Gloucestershire
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Post code	GL7 1XG
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Main telephone	01285 652056
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Branch Surgeries

Name	South Cerney Branch Surgery
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Address line 1	Clarks Hay
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Town/city	South Cerney
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County	Gloucestershire
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Post code	GL7 5UA
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Main telephone	01285 862112
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Name	Kemble Branch Surgery
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Address line 1	Church Lane
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Town/city	Kemble
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County	Gloucestershire
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Post code	GL7 6AE
Main telephone	01285 652056
Name	Royal Agricultural University Branch Surgery
Address line 1	Stroud Road
Town/city	Cirencester
County	Gloucestershire
Post code	GL7 6JS
Main telephone	01285 652056

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 promote the lifelong health of the patients of the practice and respond to their needs in a way which draws on a wide range of preventative techniques and holistic practice methods

2. To register patients with an individual doctor who works in partnership with the patient and an extended practice team.

3. To provide continuity of care and involve them in decisions about their care and obtain their consent to provide that care.

4. To encourage patients to take responsibility for their health with the support of the practice team

5. To provide an educational environment where doctors and staff have the right training and skills to carry out their duties to the highest level

6. To keep abreast of any current national guidelines and integrate them into our working practice

7. To listen to our patients, through surveys & comments, and to keep the patients informed in matters relating to the practice.

8. As a member Practice of South Cotswold Cluster we also participate in the provision of Improved Access appointments via a shared rota. This gives patients an opportunity to book an appointment with General Practice each weekday Monday to Thursday 18.30 - 20.00 hrs, Saturday mornings from 08.30 – 12.30 hrs and at Cirencester Hospital from 14.00 to 20.00 hrs each Friday.

Records are shared across the practices with adherence to strict IT Governance and Confidentiality rules and a signed Information Sharing Agreement has been signed and approved by each practice Named Improved Access Lead and approved by each practice Caldicott Guardian.

The South Cotswold Locality consists of 7 GP practices:

- Hilary Cottage Surgery
- Phoenix Surgery
- Rendcomb Surgery
- Romney House Surgery
- St Peter's Road Surgery
- The Avenue Surgery
- Upper Thames Medical Group (aka The Park Surgery and Lechlade Medical Centre)

Patients from cluster practices are managed under our current registered Regulated Activities and consulting GP responsibility agreement.

Confidentiality

Practices will adhere to their own Practice Confidentiality Policy and Agreement. All aspects of this agreement will also apply to patients registered with other practices who may attend the Surgery.

Legal status

Tick the relevant box and provide the information requested for the type of provider you are:

Use

Individual	<input type="checkbox"/>
Partnership	√
List the names of all partners	<ol style="list-style-type: none"> 1. Dr R Sethi 2. Dr A Nichol 3. Dr P Hill 4. Dr K Al-Khayat 5. Dr J Woodward 6. Dr N Vernon 7. Dr Amy-Louise Douglas 8. Dr Angus McMyn
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)	

Please repeat the following table for each of your regulated activities¹

Regulated activity 1 <i>As shown on your certificate of registration</i>	Diagnostic and screening procedures
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
Locations <i>As listed on your certificate of registration. Please repeat the section below for each location for this regulated activity</i>	
Location 1:	
Name of location	Phoenix Surgery
Address line 1	9 Chesterton Lane
Address line 2	Cirencester
Address line 3	
Address line 4	Gloucestershire
Address line 5	GL7 1XG
Brief description of location²	<p>Detached house converted to a GP surgery.</p> <p>All consulting rooms are on the ground floor for ease of access.</p> <p>The premise has a car park with disabled parking bays, an automatic door opener into the surgery and toilet facilities for the disabled.</p> <p>There is wheelchair access to all ground floor areas and a hearing loop.</p>
No of approved places/beds (not NHS)³	N/A

Regulated activity 2 As shown on your certificate of registration	Family Planning
Services 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)	GP
Locations <i>As listed on your certificate of registration. Please repeat the section below for each location for this regulated activity</i>	
Location 1:	
Name of location	Phoenix Surgery
Address line 1	9 Chesterton Lane
Address line 2	Cirencester
Address line 3	
Address line 4	Gloucestershire
Address line 5	GL7 1XG
Brief description of location²	<p>Detached house converted to a GP surgery.</p> <p>All consulting rooms are on the ground floor for ease of access.</p> <p>The premise has a car park with disabled parking bays, an automatic door opener into the surgery and toilet facilities for the disabled.</p> <p>There is wheelchair access to all ground floor areas and a hearing loop.</p>
No of approved places/beds (not NHS)³	N/A
Regulated activity 3 As shown on your certificate of registration	Maternity and Midwifery Services

Services 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)	GP
Locations <i>As listed on your certificate of registration. Please repeat the section below for each location for this regulated activity</i>	
Location 1:	
Name of location	Phoenix Surgery
Address line 1	9 Chesterton Lane
Address line 2	Cirencester
Address line 3	
Address line 4	Gloucestershire
Address line 5	GL7 1XG
Brief description of location²	<p>Detached house converted to a GP surgery. All consulting rooms are on the ground floor for ease of access.</p> <p>The premise has a car park with disabled parking bays, an automatic door opener into the surgery and toilet facilities for the disabled.</p> <p>There is wheelchair access to all ground floor areas and a hearing loop.</p>
No of approved places/beds (not NHS)³	N/A
Regulated activity 4 As shown on your certificate of registration	Surgical Procedures

Services 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)	GP
Locations <i>As listed on your certificate of registration. Please repeat the section below for each location for this regulated activity</i>	
Location 1:	
Name of location	Phoenix Surgery
Address line 1	9 Chesterton Lane
Address line 2	Cirencester
Address line 3	
Address line 4	Gloucestershire
Address line 5	GL7 1XG
Brief description of location²	<p>Detached house converted to a GP surgery. All consulting rooms are on the ground floor for ease of access.</p> <p>The premise has a car park with disabled parking bays, an automatic door opener into the surgery and toilet facilities for the disabled.</p> <p>There is wheelchair access to all ground floor areas and a hearing loop.</p>
No of approved places/beds (not NHS)³	N/A
Regulated activity 5 <i>As shown on your certificate of registration</i>	Treatment of Disease, Disorder or Injury

<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>	GP
<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>	Phoenix Surgery
<p>Address line 1</p>	9 Chesterton Lane
<p>Address line 2</p>	Cirencester
<p>Address line 3</p>	
<p>Address line 4</p>	Gloucestershire
<p>Address line 5</p>	GL7 1XG
<p>Brief description of location²</p>	<p>Detached house converted to a GP surgery.</p> <p>All consulting rooms are on the ground floor for ease of access.</p> <p>The premise has a car park with disabled parking bays, an automatic door opener into the surgery and toilet facilities for the disabled.</p> <p>There is wheelchair access to all ground floor areas and a hearing loop.</p>
<p>No of approved places/beds (not NHS)³</p>	N/A
<p>Name and contact details of registered manager(s) (if applicable)⁴</p> <p><i>Full name, business address, telephone number and email address of each registered</i></p>	<p>Registered manager 1</p> <p>Full name: Dr Rohit Sethi</p> <p>Contact details:</p>

<p><i>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>	<p>Business address:</p> <p>Phoenix Surgery 9 Chesterton Lane Cirencester GL7 1XG</p>
	<p>Telephone: 01285 652056</p>
	<p>Email: rohitsethi@nhs.net Cc juliamaclean@nhs.net</p>
	<p>Locations:</p> <p>Phoenix Surgery 9 Chesterton Lane Cirencester GL7 1XG</p>
	<p>Regulated activities:</p>
	<p>1. Diagnostic and screening procedures</p>
	<p>2. Family Planning</p>
	<p>3. Maternity and Midwifery Services</p>
	<p>4. Surgical Procedures</p>
	<p>5. Treatment of disease, disorder or injury</p>
	<p>Registered manager 2:</p>
	<p>Full name:</p>
<p>Proportion of time spent at each location:</p>	
<p>Contact details:</p>	

	Business address:	
	Telephone:	
	Email:	
	Locations:	
	Regulated activities:	
	1.	
	2.	
	3.	
Service user band(s) at this location⁵ <i>Use</i> <input checked="" type="checkbox"/>	Learning disabilities or autistic spectrum disorder	√
	Older people	√
	Younger adults	√
	Children 0-3 years	√
	Children 4-12 years	√
	Children 13-18 years	√
	Mental health	√
	Physical disability	√
	Sensory impairment	√
	Dementia	√
	People detained under the Mental Health Act	<input type="checkbox"/>
	People who misuse drugs and alcohol	√

	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.