

Statement of purpose

Health and Social Care Act 2008

The Crouch Oak Family Practice

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Version	1	Date of next review	August 2016
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Service provider

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

Name	The Crouch Oak Family Practice
Address line 1	45 Station Road
Address line 2	
Town/city	Addlestone
County	Surrey
Post code	KT15 2BH
Main telephone	01932 840123

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	1-99743952
Registered manager ID	CON1-543072059

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 manage patients who are ill or believe themselves to be ill, with conditions from which recovery is generally expected, for the duration of that condition, including provision of relevant health promotion advice and referral as appropriate, reflecting patient choice wherever possible using best practice and evidence based treatments.

2. To manage patients who are terminally ill, recognising patients' wishes regarding end of life care arrangements and involving services appropriate for the situation, aiming to achieve

care levels to the gold standard framework.
3. To manage patients suffering with chronic diseases to optimise their quality of life and longevity; to involve them in decisions regarding their care and to promote improvement in lifestyle choices.
4. To undertake additional services for patients in accordance with national programmes including cervical screening, vaccination and immunisation, child health surveillance and maternity services but excluding intra partum care.
5. To provide holistic care for all registered patients, including both structured and opportunistic health promotion and management of patients' appropriate continuing care after acute referrals.
6. To provide a competent workforce, with appropriate skills and training, properly equipped to carry out their duties.
7. To provide cost effective care and treatment and to take account of patient views regarding practice services wherever possible.

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	<ol style="list-style-type: none"> 1. Dr Mary-Jo Sanchez 2. Dr Mohan Kanagasundaram 3. Dr Sarah Maxwell 4. Dr Theodora Mantzourani 5. Dr N'Jaimeh Asamoah
Limited liability partnership registered as an organisation	<input type="checkbox"/> N/A
Incorporated organisation	<input type="checkbox"/> N/A
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>	<ul style="list-style-type: none"> • Treatment of disease, disorder or injury • Diagnosis and screening procedures • Family planning • Surgical procedures • 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>	General Practice
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	The Crouch Oak Family Practice
Address line 1	45 Station Road
Address line 2	
Address line 3	Addlestone
Address line 4	Surrey

Address line 5	KT15 2BH
Brief description of location²	Purpose built (single storey) Health Centre (owned by NHS Property Services) linked with a privately owned 3 storey extension. High Street Location Car parking facilities
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 N'Jaimeh Asamoah
	Proportion of working time spent at each location (for job share posts only): n/a
	Contact details:
	Crouch Oak Family Practice
	45 Station Road
	Addlestone
	Surrey
	KT15 2BH
	01932 840123
	Registered manager 2:
	Full name:
	Proportion of time spent at each location:
Contact details:	
Business address:	
Telephone:	

	Email:	
	Locations:	
	Regulated activities:	
	Learning disabilities or autistic spectrum disorder	
	Older people	
Service user band(s) at this location⁵ <i>Use</i> <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	
	People who misuse drugs and alcohol	
	People with an eating disorder	
	Whole population	<input checked="" type="checkbox"/>
	None of the above Please give details:	