

Statement of purpose

Health and Social Care Act 2008

EAST WING SURGERY

Statement of purpose

Health and Social Care Act 2008

Version	1	Date of next review	April 2015
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Service provider

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

Name	Drs Zaidi, Salaudeen and Pillay
Address line 1	East Wing Surgery, Palmer Community Hospital
Address line 2	Wear Street
Town/city	Jarrow
County	Tyne and Wear
Post code	NE32 3UX
Email	ewsa88613@nhs.net
Main telephone	0191 4028075 / 8024

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	
Registered manager ID	

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 with services that are easy to access
2. commitment to our patients needs
3. Act with integrity and complete confidentiality

4. Be courteous, approachable and friendly
5. Treat all patient and staff with dignity and respect
6. Provide clean, safe and effective services
7. Maintain high quality of care through continuous learning and training
8. Use NHS resources to meet the needs of our patients, to ensure patients are involved in their care and have choices
9. Take complaints seriously and investigate them thoroughly

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 S M Z Zaidi 2. Dr O S Salaudeen 3. Dr Y M Pillay 4. 5. 6.
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>	General practice services for our registered patients and on occasion patients registered with other GPs and temporary residents.
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	East Wing Surgery
Address line 1	Palmer Community Hospital
Address line 2	Wear Street
Address line 3	Jarrow
Address line 4	Tyne and Wear
Address line 5	NE32 3UX

<p>Brief description of location²</p>	<p>Surgery is based on the first floor of a community hospital, it is accessible by stairs and lifts. The surgery premises are all on one level, with the exception of the minor surgery room which is located on the ground floor.</p> <p>The practice accepts patients mainly from the Hebburn and Jarrow area.</p> <p>It is accessible by both private transport, car parking facilities on site (charge incurred) public transport, bus and metro which are located in the immediate vicinity</p> <p>The surgery comprises a reception and waiting room, 3 GP consulting rooms, 2 Nurse rooms, 1 treatment room, 1 minor surgery room, 1 Practice Manager room and 1 Administration room.</p> <p>The surgery has patient toilet facilities which are suitable for patients with disabilities and incorporate a baby changing area.</p>
<p>No of approved places/beds (not NHS)³</p>	<p>N/A</p>
<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 manager.</i></p> <p><i>For each registered manager,</i></p>	<p>Registered manager 1</p> <p>Full name: Dr S M Z Zaidi</p> <p>Proportion of working time spent at each location (for job share posts only):</p> <p>Contact details:</p>

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:

East Wing Surgery
Palmer Community Hospital
Wear Street
Jarrow
NE32 3UX

Telephone: 0191 4028075 / 8024

Email:

Locations:

**East Wing Surgery
Palmer Community Hospital**

Regulated activities:

1. Diagnostic and screening procedures
2. Maternity and midwifery services
3. Surgical procedures
4. Treatment of disease, disorder or injury

Registered manager 2:

Full name:

Proportion of time spent at each location:

Contact details:

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	<input type="checkbox"/>
	Older people	<input type="checkbox"/>
	Younger adults	<input type="checkbox"/>
	Children 0-3 years	<input type="checkbox"/>
	Children 4-12 years	<input type="checkbox"/>
	Children 13-18 years	<input type="checkbox"/>
	Mental health	<input type="checkbox"/>
	Physical disability	<input type="checkbox"/>
	Sensory impairment	<input type="checkbox"/>
	Dementia	<input type="checkbox"/>
	People detained under the Mental Health Act	<input type="checkbox"/>
	People who misuse drugs and alcohol	<input type="checkbox"/>
	People with an eating disorder	<input type="checkbox"/>
	Whole population	<input checked="" type="checkbox"/>

	None of the above Please give details:	<input type="checkbox"/>
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>	General Practitioner services offered in conjunction with community midwives, assessment, treatment of patients in antenatal period as well as post delivery	
Locations <i>As listed on your certificate of registration. Please repeat the section below for each location for this regulated activity</i>		
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Address line 5	NE32 3UX	

Brief description of location²	<p>Surgery is based on the first floor of a community hospital, it is accessible by stairs and lifts. The surgery premises are all on one level, with the exception of the minor surgery room which is located on the ground floor.</p> <p>The practice accepts patients mainly from the Hebburn and Jarrow area.</p> <p>It is accessible by both private transport, car parking facilities on site (charge incurred) public transport, bus and metro which are located in the immediate vicinity</p> <p>The surgery comprises a reception and waiting room, 3 GP consulting rooms, 2 Nurse rooms, 1 treatment room, 1 minor surgery room, 1 Practice Manager room and 1 Administration room.</p> <p>The surgery has patient toilet facilities which are suitable for patients with disabilities and incorporate a baby changing area.</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,</i>	<table border="1"> <tr> <td data-bbox="702 1361 1385 1424"> Registered manager 1 </td> </tr> <tr> <td data-bbox="702 1424 1385 1487"> Full name: Dr S M Z Zaidi </td> </tr> <tr> <td data-bbox="702 1487 1385 1648"> Proportion of working time spent at each location (for job share posts only): </td> </tr> <tr> <td data-bbox="702 1648 1385 1720"> Contact details: </td> </tr> </table>	Registered manager 1	Full name: Dr S M Z Zaidi	Proportion of working time spent at each location (for job share posts only):	Contact details:
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Regulated activities:

1. Diagnostic and screening procedures
2. Maternity and midwifery services
3. Surgical procedures
4. Treatment of disease, disorder or injury

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.	
Service user band(s) at this location⁵ Use <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
	People who misuse drugs and alcohol
	People with an eating disorder
	Whole population √
None of the above Please give details:	

Regulated activity 3 <i>As shown on your certificate of registration</i>	Surgical 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>	Minor surgery procedures Excision / aspiration / injection / curette / cauterly / cryotherapy
Locations <i>As listed on your certificate of registration. Please repeat the section below for each location for this regulated activity</i>	
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3. Surgical procedures
4. Treatment of disease, disorder or injury

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.	
Service user band(s) at this location⁵ Use <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
	People who misuse drugs and alcohol
	People with an eating disorder
	Whole population
None of the above Please give details:	

Regulated activity 4 <i>As shown on your certificate of registration</i>	Treatment of disease, disorder or injury
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 service for our registered patients and on occasion patients registered with other GPs and temporary residents
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	Dementia
	People detained under the Mental Health Act
	People who misuse drugs and alcohol
	People with an eating disorder
	Whole population
None of the above Please give details:	