

# **Statement of purpose**

Health and Social Care Act 2008

Template for providers

Please read the guidance document *Statement of purpose: Guidance for providers* and also the notes at end of this template before completing it.

## Statement of purpose

Health and Social Care Act 2008

<b>Version</b>	V4	<b>Date of next review</b>	22.04.25
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### Service provider

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

<b>Name</b>	Dr Khandokar Asadur Rahman & Dr Junaid Dar
<b>Address line 1</b>	Acorn Medical Practice
<b>Address line 2</b>	11-13 Wood Street
<b>Town/city</b>	Mansfield
<b>County</b>	Nottinghamshire
<b>Post code</b>	NG18 1QA
<b>Email</b>	khandokarrahan@nhs.net junaidar@nhs.net
<b>Main telephone</b>	01623 428412

### 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>	1-3859341181
<b>Registered manager ID</b>	GMC 6029747

### 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. Our aim is to provide high standard quality of primary health care services to our patients within the community

2. We deem to maintain the quality of services we provide and ensure the relevant policies and protocols in place are up to date with current needs and also audit services on a regular basis

3. The Practice ethos is:

Always here for your wellbeing

Committed to all our family of patients

Open and honest at all times

Resolute in our aim to do our best

Never too busy to help

4. Ensure our patients are shown courtesy, respect and thoughtfulness at all times irrespective of ethnic origin, religion or mental health problems and provide services for patients who may be experiencing personal issues such as homelessness

5. Patients should be involved in decisions about their health and treatment at all times

6. Provide patients with a forum to ensure that their voice is heard in respect of development of services at the practice in the form of a Patient Participation Group and try to ensure involvement from a wide range of patients from all backgrounds

7. Work closely with other agencies and NHS organisations especially in respect of vulnerable patients, safeguarding adults and children

8. The practice offers extended prebookable access to our Registered patient list as we are working collaboratively with the practices within our Primary Care Network. The clinics are held at the following sites (Acorn Medical Practice, Churchside Medical Practice, Roundwood Surgery, Millview Surgery and Forest Medical). The Practices offer appointments on a rota basis on weekdays from 6.30 pm – 8.00 pm and on Saturday's 8.00am – 12.00. The appointments are bookable through the patient's registered surgery reception

9. The Practice is a registered training practice and assists in training qualified doctors to become GP's

<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"/> X
<b>List the names of all partners</b>	1. Dr Khandokar Asadur Rahman 2. Dr Junaid Dar 3. 4. 5. 6.
<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 type="checkbox"/> No x <input type="checkbox"/> Yes Charity number:
<b>Group structure (if applicable)</b>	N/A

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>	Diagnostic and Screening Procedures
<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>	GP
<b>Regulated Activity 2</b>	Family Planning
<b>Services</b>	GP
<b>Regulated Activity 3</b>	Maternity and Midwifery Services
<b>Services</b>	GP
<b>Regulated Activity 4</b>	Surgical Procedures
<b>Services</b>	GP
<b>Regulated Activity 5</b>	Treatment of Disease, Disorder and Injury
<b>Services</b>	GP

<p><b>Location for All Regulated Activities</b></p>	<p>Acorn Medical Practice 11-13 Wood Street Mansfield Notts NG18 1QA</p>				
<p><b>Brief Description of Location</b></p>	<p>The building is a 13 year old 2 storey building with car parking facilities at the rear with a designated disabled space. A ramp at the front entrance with no steps which leads to an automatic door.</p> <p>Ground floor has 3 consulting rooms, 1 treatment room and HCA room. Main reception area comprises of patient waiting area, reception office, with lower area of reception counter for disabled access. W have two toilets on the ground floor, one for patients with disabled access, remote lighting and emergency pull cord, also staff toilet and boiler room. The ground floor also has 3 storage cupboards</p> <p>The access to the first floor is available via stairs or lift</p> <p>First floor comprises of a sluice room, Practice Manager's office, minor surgery room, medical records storage, administration room, staff room with kitchen facilities, boiler room, storage cupboard and storage for cleaning supplies. 2 clinical rooms and waiting area. Toilet for staff use</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,</i></p>	<table border="1"> <tr> <td data-bbox="695 1525 1418 1592"> <p><b>Registered manager 1</b></p> </td> </tr> <tr> <td data-bbox="695 1592 1418 1659"> <p><b>Full name: Dr Junaid Dar</b></p> </td> </tr> <tr> <td data-bbox="695 1659 1418 1823"> <p><b>Proportion of working time spent at each location (for job share posts only):</b></p> </td> </tr> <tr> <td data-bbox="695 1823 1418 1886"> <p><b>Contact details: 07590850023</b></p> </td> </tr> </table>	<p><b>Registered manager 1</b></p>	<p><b>Full name: Dr Junaid Dar</b></p>	<p><b>Proportion of working time spent at each location (for job share posts only):</b></p>	<p><b>Contact details: 07590850023</b></p>
<p><b>Registered manager 1</b></p>					
<p><b>Full name: Dr Junaid Dar</b></p>					
<p><b>Proportion of working time spent at each location (for job share posts only):</b></p>					
<p><b>Contact details: 07590850023</b></p>					

<p><i>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>	Business address: Acorn Medical Practice 11-13 Wood Street, Mansfield, Notts, NG18 1QA
	Telephone: 01623 428412
	Email: junaidar@nhs.net
	<b>Locations:</b> Acorn Medical Practice, 11- 13 Wood Street, Mansfield, Notts, NG18 1QA
	<b>Regulated activities:</b>
	1. Diagnostic and Screening Procedures
	2. Maternity and Midwifery Services
	3. Surgical Procedures
	4. Treatment of Disease, Disorder and Injury
	5. Family Planning
	<b>Registered manager 2:</b>
	<b>Full name:</b>
	<b>Proportion of time spent at each location:</b>
	<b>Contact details:</b>
	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	x <input type="checkbox"/>
	Older people	x <input type="checkbox"/>
	Younger adults	x <input type="checkbox"/>
	Children 0-3 years	x <input type="checkbox"/>
	Children 4-12 years	x <input type="checkbox"/>
	Children 13-18 years	x <input type="checkbox"/>
	Mental health	x <input type="checkbox"/>
	Physical disability	x <input type="checkbox"/>
	Sensory impairment	x <input type="checkbox"/>
	Dementia	x <input type="checkbox"/>
	People detained under the Mental Health Act	x <input type="checkbox"/>
	People who misuse drugs and alcohol	x <input type="checkbox"/>
	People with an eating disorder	x <input type="checkbox"/>
	Whole population	x <input type="checkbox"/>



	None of the above Please give details:	<input type="checkbox"/>
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**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.