

Statement of purpose

Health and Social Care Act 2008

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Version	1	Date of next review	November 2020
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Service provider

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

Name	Abbeywood Surgery
Address line 1	9 Godstow Road
Address line 2	Abbey Wood
Town/city	London
County	
Post code	SE2 9AT
Email	GRECCG@Abbey.PMS@nhs.net
Main telephone	0208 311 1440

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	1-545974884
Registered manager ID	GMC number 4331926

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 provide high quality care with a patient centred holistic approach
2. To show our patients courtesy and respect at all times irrespective of ethnic origin, religious belief, personal attributes or the nature of the health problem
3. To involve our patients in decisions regarding their treatment

4. To promote good health and well being to our patients through education and information
5. To work closely with other allied healthcare professionals to provide joined up care for our patients
6. To encourage an 'open environment' at the surgery where patients participate and feel free to voice concerns / opinions and that these are dealt with in a wholly transparent nature.

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 Hubert Onyekwelu 2. Dr Hannah Muotune
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:

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
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<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>Regulated activity 2</p> <p>As shown on your certificate of registration</p>	Family Planning
<p>Services</p> <p>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)</p>	GP
<p>Regulated activity 3</p> <p>As shown on your certificate of registration</p>	

<p>Services</p> <p>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)</p>	<p>GP</p>
<p>Regulated activity 4</p> <p>As shown on your certificate of registration</p>	<p>Surgical Procedures</p>
<p>Services</p> <p>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)</p>	<p>GP</p>
<p>Regulated activity 5</p> <p>As shown on your certificate of registration</p>	<p>Treatment of disease, disorder or injury</p>

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
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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	Abbeywood Surgery
Address line 1	7a – 9 Godstow Road
Address line 2	Abbeywood
Address line 3	London
Address line 4	SE2 9AT
Address line 5	
Brief description of location²	<p>The building was originally 2 separate properties – one a 3 bedroomed house and the other a purpose built building</p> <p>The 2 properties have been joined together giving one double storey property</p> <p>car parking facilities are on the street outside the surgery and surrounding area</p> <p>The entrance has no steps.</p> <p>There is a disabled access toilet for patients on the ground floor</p> <p>We have 1 treatment room and 8 consulting rooms on the ground floor.</p> <p>The upper floor houses the admin offices and meeting room</p>

No of approved places/beds (not NHS)³	None
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 Hubert Onyekwelu
	Proportion of working time spent at each location (for job share posts only):
	Contact details:
	Abbeywood Surgery 9 Godstow Road Abbey Wood SE2 9AT
	Telephone: 0208 311 1440
	Email: GRECCG.AbbeyPMS@nhs.net
	Locations: Abbeywood Surgery 9 Godstow Road Abbey Wood SE2 9AT
	Regulated activities:
	1. Diagnostic and screening procedures
	2. Family Planning
	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 <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 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"/>

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.