Statement of Purpose

**[Pick the date]**

Health Department

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### Part 1

### The provider’s name, legal status, address and other contact details

Including address for service of notices and other documents

Please first read the guidance document *Statement of purpose: Guidance for providers*

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| Statement of purpose, Part 1Health and Social Care Act 2008, Regulation 12, schedule 3The provider’s business contact details, including address for service of notices and other documents, in accordance with Sections 93 and 94 of the Health and Social Care Act 2008 |

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| 1. Provider’s name and legal status |
| Full name1 | Ross Road Medical Centre |
| CQC provider ID | 1-544731256 |
| Legal status1 | Individual | [ ]  | Partnership | 🗹 | Organisation | [ ]  |  |

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| 2. Provider’s address, including for service of notices and other documents |
| Business address2 | Ross Road Medical Centre85 Ross Road |
| Town/city | Maidenhead |
| County | Berkshire |
| Post code | SL6 2SR |
| Business telephone | 01628 623767 |
| Electronic mail (email)3 | WAMCCG |

By submitting this statement of purpose you are confirming your willingness for CQC to use the **email address** supplied at Section 2 above for service of documents and for sending all other correspondence to you. Email ensures fast and efficient delivery of important information. If you do not want to receive documents by email please check or tick the box below. We will not share this email address with anyone else.

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| I/we do **NOT** wish to receive notices and other documents from CQC by email | [ ]  |  |

1 Where the provider is a partnership please fill in the partnership’s name at ‘Full name’ in Section 1 above. Where the partnership does not have a name, please fill in the names of all the partners at Section 3 below

2 Where you do not agree to service of notices and other documents by email they will be sent by post to the business address shown in Section 2. This includes draft and final inspection reports. This postal business address will be included on the CQC website.

3 Where you agree to service of notices and other documents by email your copies will be sent to the email address shown in Section 2. This includes draft and final inspection reports.

*Please note:* CQC can deem notices sent to the email or postal address for service you supply in your statement of purpose as having been served as described in Sections 93 and 94 of the Health and Social Care Act 2008. The address supplied must therefore be accurate, up to date, and able to ensure prompt delivery of these important documents.

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| 3. The full names of all the partners in a partnership |
| Names: | 1. Dr Asif Ali2. Dr Sufian Jabbar3. Dr Sajid Ali4. Dr Nazaff Adam |

### Part 2

### Aims and objectives

Please read the guidance document *Statement of purpose: Guidance for providers*.

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| Aims and objectives*What are your aims and objectives in providing the regulated activities and locations shown in part 3 of this statement of purpose* |
| Our vision for Ross Road Medical Centre:To be the local GP practice of choice, valuing our staff and our patients in delivering high quality, safe, effective personalized care and putting patients at the heart of everything we do.The reason we are here:Strive to provide our patients with high quality care and involve them in the decisions we make.Our core values that are shared amongst the partners and staff:* Openness and Respect
* Professionalism and Team work
* Listen and learn
* Participation and involvement
* Local and personalised

We aim to:* To provide our patients courtesy and respect at all times irrespective of ethnic origin, religious belief, personal attributes or the nature of the health problem.
* To work in partnership with other agencies to tackle the causes of, as well as provide the treatment for ill health and where appropriate involve other professionals in delivering a local personalised care for our patients, when they require it.
* To encourage our patients to get involved in the practice, encouraging feedback from them on the care that they have received.
* To promote good health and well-being to our patients through education and information.
* To ensure that all our team, both clinical and non-clinical, have the right skills, knowledge and training for them to carry out their day to day duties.
* To provide our patients and staff with an environment which is safe and friendly
 |

### Part 3

### Location(s), and

### the people who use the service there

### their service type(s)

### their regulated activity(ies)

Fill in a separate part 3 for each location

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| The information below is for location no.: | 1 | of a total of: | 1 | locations |

|  |  |
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| **Name of location** | Ross Road Medical Centre |
| **Address** | 85 Ross RoadMaidenheadBerkshire |
| **Postcode** | SL6 2SR |
| **Telephone** | 01628 623767 |
| **Email** | WAMCCG.Rossroad@nhs.net |

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| **Description of the location**(The premises and the area around them, access, adaptations, equipment, facilities, suitability for relevant special needs, staffing & qualifications etc) |
| The surgery is a GP surgery located in the Larch field area of Maidenhead, comprising of 4 consulting rooms, administrative office space and patient waiting area, with onsite parking for our patients. The building allows easy access for patients with mobility issues and special needs.Facilities for general practice with qualified staff including GPs and nursesEquipment is in place to meet our contractual requirements at all times |
| **No of approved places/ overnight beds (not NHS)** | 0 |

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| **CQC service user bands** |
| The people that will use this location(‘The whole population’ means everyone). |
| Adults aged 18-65 | [ ]  | Adults aged 65+ | [ ]  |  |
| Mental health | [ ]  | Sensory impairment | [ ]  |  |
| Physical disability | [ ]  | People detained under the Mental Health Act | [ ]  |  |
| Dementia | [ ]  | People who misuse drugs or alcohol | [ ]  |  |
| People with an eating disorder | [ ]  | Learning difficulties or autistic disorder | [ ]  |  |
| Children aged 0 – 3 years | [ ]  | Children aged 4-12 | [ ]  | Children aged 13-18 | [ ]  |  |
| The whole population | 🗹 | Other (please specify below) | [ ]  |  |
|       |

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| **The CQC service type(s) provided at this location** |
| Acute services (ACS) | [ ]  |
| Prison healthcare services (PHS) | [ ]  |
| Hospital services for people with mental health needs, learning disabilities, and problems with substance misuse (MLS) | [ ]  |
| Hospice services (HPS) | [ ]  |
| Rehabilitation services (RHS) | [ ]  |
| Long-term conditions services (LTC) | 🗹 |
| Residential substance misuse treatment and/or rehabilitation service (RSM) | [ ]  |
| Hyperbaric chamber (HBC) | [ ]  |
| Community healthcare service (CHC) | [ ]  |
| Community-based services for people with mental health needs (MHC) | [ ]  |
| Community-based services for people with a learning disability (LDC) | [ ]  |
| Community-based services for people who misuse substances (SMC) | [ ]  |
| Urgent care services (UCS) | [ ]  |
| Doctors consultation service (DCS) | 🗹 |
| Doctors treatment service (DTS) | 🗹 |
| Mobile doctor service (MBS) | [ ]  |
| Dental service (DEN) | [ ]  |
| Diagnostic and or screening service (DSS) | 🗹 |
| Care home service without nursing (CHS) | [ ]  |
| Care home service with nursing (CHN) | [ ]  |
| Specialist college service (SPC) | [ ]  |
| Domiciliary care service (DCC) | [ ]  |
| Supported living service (SLS) | [ ]  |
| Shared Lives (SHL) | [ ]  |
| Extra Care housing services (EXC) | [ ]  |
| Ambulance service (AMB) | [ ]  |
| Remote clinical advice service (RCA) | [ ]  |
| Blood and Transplant service (BTS) | [ ]  |

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| **Regulated activity(ies)carried on at this location** |
| Personal care  | [ ]  |  |
| Registered Manager(s) for this regulated activity:       |
| Accommodation for persons who require nursing or personal care | [ ]  |  |
| Registered Manager(s) for this regulated activity:       |
| Accommodation for persons who require treatment for substance abuse | [ ]  |  |
| Registered Manager(s) for this regulated activity:       |
| Accommodation and nursing or personal care in the further education sector | [ ]  |  |
| Registered Manager(s) for this regulated activity:       |
| Treatment of disease, disorder or injury | 🗹 |  |
| Registered Manager(s) for this regulated activity: Dr Asif Ali |
| Assessment or medical treatment for persons detained under the Mental Health Act | [ ]  |  |
| Registered Manager(s) for this regulated activity:       |
| Surgical procedures | 🗹 |  |
| Registered Manager(s) for this regulated activity: Dr Asif Ali |
| Diagnostic and screening procedures | 🗹 |  |
| Registered Manager(s) for this regulated activity: Dr Asif Ali |
| Management of supply of blood and blood derived products etc | [ ]  |  |
| Registered Manager(s) for this regulated activity:       |
| Transport services, triage and medical advice provided remotely | [ ]  |  |
| Registered Manager(s) for this regulated activity:       |
| Maternity and midwifery services | 🗹 |  |
| Registered Manager(s) for this regulated activity: Dr Asif Ali |
| Termination of pregnancies | [ ]  |  |
| Registered Manager(s) for this regulated activity:       |
| Services in slimming clinics | [ ]  |  |
| Registered Manager(s) for this regulated activity:       |
| Nursing care | [ ]  |  |
| Registered Manager(s) for this regulated activity:       |
| Family planning service | 🗹 |  |
| Registered Manager(s) for this regulated activity: Dr Asif Ali |

### Part 4

### Registered manager details

Including address for service of notices and other documents

Please first read the guidance document *Statement of purpose: Guidance for providers*

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| The information below is for manager number: | 1 | of a total of: | 1 | Managers working for the provider shown in part 1 |

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| 1. Manager’s full name | Dr Asif Ali |

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| 2. Manager’s contact details |
| Business address | Ross Road Medical Centre85 Ross Road |
| Town/city | Maidenhead |
| County | Berkshire |
| Post code | SL6 2SR |
| Business telephone | 01628 623767 |
| Manager’s email address1 |
| Asif.ali@nhs.net |

1 Where the manager has agreed to service of notices and other documents by email they will be sent to this email address. This includes draft and final inspection reports on all locations where they manage regulated activities.

Where the manager does not agree to service of notices and other documents by email they will be sent by post to the provider postal business address shown in Part 1 of the statement of purpose. This includes draft and final inspection reports on all locations.

*Please note:* CQC can deem notices sent to manager(s) at the relevant email or postal address for service in this statement of purpose as having been served, as described in Sections 93 and 94 of the Health and Social Care Act 2008. The address supplied must therefore be accurate, up to date, and able to ensure prompt delivery of these important documents to registered managers.

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| 3. Locations managed by the registered manager at 1 above(Please see part 3 of this statement of purpose for full details of the location(s)) |
| Name(s) of location(s) (list) | Percentage of time spent at this location |
| Ross Road Medical Centre | 40% |

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| **4. Regulated activity(ies)managed by this manager** |
| Personal care  | [ ]  |  |
| Accommodation for persons who require nursing or personal care | [ ]  |  |
| Accommodation for persons who require treatment for substance abuse | [ ]  |  |
| Accommodation and nursing or personal care in the further education sector | [ ]  |  |
| Treatment of disease, disorder or injury | 🗹 |  |
| Assessment or medical treatment for persons detained under the Mental Health Act | [ ]  |  |
| Surgical procedures | 🗹 |  |
| Diagnostic and screening procedures | 🗹 |  |
| Management of supply of blood and blood derived products etc | [ ]  |  |
| Transport services, triage and medical advice provided remotely | [ ]  |  |
| Maternity and midwifery services | 🗹 |  |
| Termination of pregnancies | [ ]  |  |
| Services in slimming clinics | [ ]  |  |
| Nursing care | [ ]  |  |
| Family planning service | 🗹 |  |

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| 5. Locations, regulated activities and job sharesWhere this manager does not manage all of the regulated activities ticked / checked at 4 above at all of the locations listed at 3 above, please describe which regulated activities they manage at which locations below.Please also describe below any job share arrangements that include or affect this manager. |
| **N/A** |