

Holbrooks Health team

Statement of purpose

Health and Social Care Act 2008

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Version	2	Date of next review	April 2021
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Service provider

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

Name	Holbrooks Health
Address line 1	71-77 Wheelwright Lane
Address line 2	Holbrooks
Town/city	Coventry
County	West Midlands
Post code	CV11 6HU
Email	kerry.crutchlow@nhs.net
Main telephone	(024) 76 366775

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	PMS7738_1
Registered manager ID	GMC 2648525

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 the best possible quality service for our patients within a confidential and safe environment by working together

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 involve allied healthcare professionals in the care of our patients where it is in their best interests
6. To encourage our patients to get involved in the practice through surveys and patient group encouragement to be part of the decisions around the care they receive
7. To ensure that all members of the team have the right skills and training to carry out their duties competently

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 David Evans 2. Dr Bettina Kleine 3. D Ken Holton 4. Kerry J Crutchlow
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

<p>Regulated activity 1 <i>As shown on your certificate of registration</i></p>	<p>Diagnostic and screening procedures</p>
<p>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></p>	<p>GP</p>
<p>Regulated activity 2 As shown on your certificate of registration</p>	<p>Family Planning</p>
<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)</p>	<p>GP</p>
<p>Regulated activity 3 As shown on your certificate of registration</p>	<p>Maternity and Midwifery Services</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 This will include operating as a covid vaccination hub on behalf of GP Connect PCN. We are satisfied that the current regulated activity facilitates the delivery of Covid-19 vaccinations across a wider patient base. The service will be structured to meet anticipated high demand together with the specific requirements set out by manufactures of specific vaccines, such as cold chain preservation.
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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	Holbrooks Health
Address line 1	71-77 Wheelwright Lane
Address line 2	Holbrooks
Address line 3	Coventry
Address line 4	West Midlands
Address line 5	CV11 6HU
Brief description of location²	<p>As part of Covid secure working we have reoriented the building. The building is 2 storey with car parking facilities and front and rear automatic doors at both entrances with no steps. We have moved all clinical personnel across the 10 consulting rooms on the ground floor. There are designated toilets now meeting covid secure requirements to separate patients, staff and those using PPE.</p> <p>Separate sluice rooms ensure the appropriate demarcation of stock and waste.</p> <p>Staff facilities have been redesigned to ensure staff are working in bubbles and are unable to share communal areas.</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 David R Evans	
	Proportion of working time spent at each location (for job share posts only):	
	Contact details:	
	Holbrooks Health team	
	71-77 Wheelwright Lane	
	Holbrooks	
	CV11 6HU	
	Registered manager 2:	
	Full name:	
	Proportion of time spent at each location:	
	Contact details:	
	Locations:	
Regulated activities:		
1.		
2.		
3.		
4.		
Service user band(s) at this location⁵	Learning disabilities or autistic spectrum disorder	<input checked="" type="checkbox"/>

Use <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 checked="" 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.