

Statement of purpose

Health and Social Care Act 2008

Priory Medical Group – Priory Medical
Centre

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

| | | | |
|----------------|------|----------------------------|----------------------------|
| Version | V3.0 | Date of next review | 1 st April 2019 |
|----------------|------|----------------------------|----------------------------|

Service provider

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

| | |
|-----------------------|--|
| Name | Priory Medical Group |
| Address line 1 | Priory Medical Centre |
| Address line 2 | Cornlands Road |
| Town/city | York |
| County | North Yorkshire |
| Post code | YO24 3WX |
| Email | enquiries@priorymedical.com |
| Main telephone | 01904 7814323 |

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 | 1-199695289 |
| Registered manager ID | CON1-521142820 |

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:

Priory Medical Group is a General Practice Partnership open to all patients living within our Practice boundary in York and the surrounding areas. We work in partnership with our patients and our Patient Participation Group to provide medical care for our patients.

We are a Personal Medical Services (PMS) Practice offering Primary care services for the diagnosis and prevention of disease. We help patients to manage their health and prevent illness. Our GPs, Advanced Clinical Practitioners, Urgent Care Practitioners and Nurses assess, diagnose, treat and manage illness. They carry out screening for some diseases and promote general health and wellbeing.

Our GPs, Advanced Clinical Practitioners, Urgent Care Practitioners and Nurses act as a patient's advocate, supporting and representing a patient's best interests to ensure they receive the best and most appropriate health and/or social care. Our GPs and Advanced Clinical Practitioners also provide the link to further health services and work closely with other healthcare colleagues. They may also arrange hospital admissions and referrals to other services and specialists and they link with secondary and community services about patient care, taking advice and sharing information where needed. They also collect and record important information from other healthcare professionals involved in the treatment of our patients.

Our GPs and Nurses are also involved in the education and training of doctors, nurses, practice staff and other healthcare professionals.

1. To provide high quality, safe, professional Primary Health Care General Practice services to our patients

2. To focus on prevention of disease by promoting health and wellbeing and offering care and advice to our patients

3. To work in partnership with our patients, their families and carers towards a positive experience and understanding, involving them in decision making about their treatment and care.

4. To be a learning organisation that continually improves what we are able to offer patients.

5. To treat patients as individuals and with the same respect we would want for ourselves or a member of our families, listening and supporting people to express their needs and wants and enabling people to maintain the maximum possible level of independence, choice and control

6. 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 the care of our patients.

7. To encourage our patients to communicate with us by joining our Patient Participation Group, talking to us, participating in surveys, and feeding back and on the services that we offer

8. To ensure all staff have the competency and motivation to deliver the required standards of care ensuring that all members of the team have the right skills and training to carry out their duties competently

9. To take care of our staff offering them support to do their jobs and to protect them against abuse

10. To provide our patients and staff with an environment which is safe and friendly

| | |
|--|--|
| 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 Robert Fisher 2. Dr Richard Thompson 3. Dr Stephen Billsborough 4. Dr Sadia Muhammed 5. Dr Lesley Godfrey 6. Dr Emma Fraser 7. Dr Vicky Middleton 8. Mr Martin Eades 9. Dr Jan Hewitson 10. Dr Jane Maloney 11. Dr Shona Gilleghan 12. Dr Chris Bennett 13. Dr Emma Olandj 14. Dr Emma Broughton 15. Dr Emma Olandj 16. Dr Emma Dickinson |
| 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) | See Appendix A |
|--|----------------|

Please repeat the following table for each of your regulated activities¹

| | |
|---|--|
| Regulated activity 1 <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 services for our registered patients and, on occasions, patients registered as 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 | Priory Medical Centre |
| Address line 1 | Cornlands Road |
| Address line 2 | Acomb |

| | |
|---|--|
| Address line 3 | York |
| Address line 4 | YO24 3WX |
| Address line 5 | |
| Brief description of location² | A purpose built primary care centre comprising of 9 consulting rooms, 2 treatment rooms, and 1 counselling room. Administrative office space and patients waiting area. The first floor houses the operational management team and call centre. The building was enhanced and extended in 2010 to allow additional training of GP Registrars. The improvements were made in accordance with Primary Care Building guidance and is fully DDA compliant. The site is also home to York Hospital Trust Community Nursing and Health Visiting teams. Community Podiatry, Community Dentistry and Priory Pharmacy lease part of the premises. |
| 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, 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 Robert Fisher |
| | Proportion of working time spent at each location (for job share posts only): |
| | Contact details: 01904 781423 |
| | Business address: Priory Medical Centre Cornlands Road, Acomb York, YO24 3WX |
| | Telephone: 01904 781423 |
| Email: robertfisher2@nhs.net | |

| | | |
|--|---|-------------------------------------|
| | Locations: Priory Medical Centre | |
| | Regulated activities: | |
| | 1. Treatment of disease, disorder or injury | |
| | 2. Diagnostic and screening procedures | |
| | 3. Surgical procedures | |
| | 4. Family planning | |
| 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 type="checkbox"/> | |

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

| | |
|---|--|
| Regulated activity 2 <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 occasions, patients registered as 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 | Priory Medical Centre |
| Address line 1 | Cornlands Road |
| Address line 2 | Acomb |
| Address line 3 | York |
| Address line 4 | YO24 3WX |
| Address line 5 | |

| | | | | | | | | | | | |
|---|--|-----------------------------|------------------------------------|--|--------------------------------------|--|--------------------------------|--|--|------------------------------|---|
| Brief description of location² | <p>A purpose built primary care centre comprising of 9 consulting rooms, 2 treatment rooms, and 1 counselling room. Administrative office space and patients waiting area. The first floor houses the operational management team and call centre. The building was enhanced and extended in 2010 to allow additional training of GP Registrars. The improvements were made in accordance with Primary Care Building guidance and is fully DDA compliant. The site is also home to York Hospital Trust Community Nursing and Health Visiting teams. Community Podiatry, Community Dentistry and Priory Pharmacy lease part of the premises.</p> | | | | | | | | | | |
| No of approved places/beds (not NHS)³ | <p>n/a</p> | | | | | | | | | | |
| 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> | <table border="1"> <tr> <td data-bbox="702 918 1410 981"> Registered manager 1 </td> </tr> <tr> <td data-bbox="702 981 1410 1048"> Full name: Dr Robert Fisher </td> </tr> <tr> <td data-bbox="702 1048 1410 1209"> Proportion of working time spent at each location (for job share posts only): </td> </tr> <tr> <td data-bbox="702 1209 1410 1276"> Contact details: 01904 781423 </td> </tr> <tr> <td data-bbox="702 1276 1410 1505"> Business address: Priory Medical Centre Cornlands Road, Acomb York, YO24 3WX </td> </tr> <tr> <td data-bbox="702 1505 1410 1572"> Telephone: 01904 781423 </td> </tr> <tr> <td data-bbox="702 1572 1410 1639"> Email: robertfisher2@nhs.net </td> </tr> <tr> <td data-bbox="702 1639 1410 1868"> Locations: Priory Medical Centre </td> </tr> <tr> <td data-bbox="702 1868 1410 1935"> Regulated activities: </td> </tr> <tr> <td data-bbox="702 1935 1410 2002"> 1. Treatment of disease, disorder or injury </td> </tr> </table> | Registered manager 1 | Full name: Dr Robert Fisher | Proportion of working time spent at each location (for job share posts only): | Contact details: 01904 781423 | Business address: Priory Medical Centre Cornlands Road, Acomb York, YO24 3WX | Telephone: 01904 781423 | Email: robertfisher2@nhs.net | Locations: Priory Medical Centre | Regulated activities: | 1. Treatment of disease, disorder or injury |
| Registered manager 1 | | | | | | | | | | | |
| Full name: Dr Robert Fisher | | | | | | | | | | | |
| Proportion of working time spent at each location (for job share posts only): | | | | | | | | | | | |
| Contact details: 01904 781423 | | | | | | | | | | | |
| Business address: Priory Medical Centre Cornlands Road, Acomb York, YO24 3WX | | | | | | | | | | | |
| Telephone: 01904 781423 | | | | | | | | | | | |
| Email: robertfisher2@nhs.net | | | | | | | | | | | |
| Locations: Priory Medical Centre | | | | | | | | | | | |
| Regulated activities: | | | | | | | | | | | |
| 1. Treatment of disease, disorder or injury | | | | | | | | | | | |

| | | |
|---|---|-------------------------------------|
| | 2. Diagnostic and screening procedures | |
| | 3. Surgical procedures | |
| | 4. Family planning | |
| Service user band(s) at this location⁵ Use <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 type="checkbox"/> |
| None of the above Please give details: | <input type="checkbox"/> | |

| | |
|--|---------------------|
| Regulated activity 3 <i>As shown on your certificate of registration</i> | Surgical procedures |
|--|---------------------|

| | |
|--|---|
| <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> | <p>General practice services for our registered patients and, on occasions, patients registered as temporary residents.</p> |
| <p>Locations</p> <p><i>As listed on your certificate of registration. Please repeat the section below for each location for this regulated activity</i></p> | |
| <p>Location 1:</p> | |
| <p>Name of location</p> | <p>Priory Medical Centre</p> |
| <p>Address line 1</p> | <p>Cornlands Road</p> |
| <p>Address line 2</p> | <p>Acomb</p> |
| <p>Address line 3</p> | <p>York</p> |
| <p>Address line 4</p> | <p>YO24 3WX</p> |
| <p>Address line 5</p> | <p></p> |
| <p>Brief description of location²</p> | <p>A purpose built primary care centre comprising of 9 consulting rooms, 2 treatment rooms, and 1 counselling room. Administrative office space and patients waiting area. The first floor houses the operational management team and call centre. The building was enhanced and extended in 2010 to allow additional training of GP Registrars. The improvements were made in accordance with Primary Care Building guidance and is fully DDA compliant. The site is also home to York Hospital Trust Community Nursing and Health Visiting teams. Community Podiatry, Community Dentistry and Priory Pharmacy lease part of the premises.</p> |
| <p>No of approved places/beds (not NHS)³</p> | <p>n/a</p> |
| <p>Name and contact details of</p> | <p>Registered manager 1</p> |

| | | |
|---|---|-------------------------------------|
| 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> | Full name: Dr Robert Fisher | |
| | Proportion of working time spent at each location (for job share posts only): | |
| | Contact details: 01904 781423 | |
| | Business address: Priory Medical Centre Cornlands Road, Acomb York, YO24 3WX | |
| | Telephone: 01904 781423 | |
| | Email: probertfisher2@nhs.net | |
| | Locations: Priory Medical Centre | |
| | Regulated activities: | |
| | 1. Treatment of disease, disorder or injury | |
| | 2. Diagnostic and screening procedures | |
| 3. Surgical procedures | | |
| 4. Family planning | | |
| Service user band(s) at this location⁵ Use <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 type="checkbox"/> |
| | None of the above Please give details: | <input type="checkbox"/> |

| | |
|---|--|
| Regulated activity 4 <i>As shown on your certificate of registration</i> | Family planning |
| 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 occasions, patients registered as 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 | Priory Medical Centre |
| Address line 1 | Cornlands Road |
| Address line 2 | Acomb |
| Address line 3 | York |

| | |
|---|--|
| Address line 4 | YO24 3WX |
| Address line 5 | |
| Brief description of location² | A purpose built primary care centre comprising of 9 consulting rooms, 2 treatment rooms, and 1 counselling room. Administrative office space and patients waiting area. The first floor houses the operational management team and call centre. The building was enhanced and extended in 2010 to allow additional training of GP Registrars. The improvements were made in accordance with Primary Care Building guidance and is fully DDA compliant. The site is also home to York Hospital Trust Community Nursing and Health Visiting teams. Community Podiatry, Community Dentistry and Priory Pharmacy lease part of the premises. |
| 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, 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 Robert Fisher |
| | Proportion of working time spent at each location (for job share posts only): |
| | Contact details: 01904 781423 |
| | Business address: Priory Medical Centre Cornlands Road, Acomb York, YO24 3WX |
| | Telephone: 01904 781423 |
| | Email: robertfisher2@nhs.net |
| | Locations: Priory Medical Centre |

| | | |
|--|---|-------------------------------------|
| | Regulated activities: | |
| | 1. Treatment of disease, disorder or injury | |
| | 2. Diagnostic and screening procedures | |
| | 3. Surgical procedures | |
| | 4. Family planning | |
| 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 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.