

# Statement of Purpose

Health and Social Care Act 2008

**Kingsmead Healthcare**

**4 Kingsmead Way London E9 5QG**

<b>Last Review</b>	April 2015	<b>Date of next review</b>	April 2016
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## Service provider

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

<b>Name</b>	Kingsmead Healthcare
<b>Address line 1</b>	4 Kingsmead Way
<b>Address line 2</b>	
<b>Town/city</b>	London
<b>County</b>	
<b>Post code</b>	E9 5QG
<b>Email</b>	CAHCCG.Kingsmead@nhs.net
<b>Main telephone</b>	020 8985 1930

## 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>	F84015
<b>Registered manager ID</b>	Dr. Gorur R. ANANTHAPADMANABAN

**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, acting with integrity and total confidentiality

2. To show our patients courtesy, honesty 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 an annual survey and encouragement to comment on the care they receive

7. To ensure that all member of the team have the right skills and training to carry out their duties competently and that learning and training is an ongoing process

8. To use auditing and monitoring tools to ensure that improvement is a continuous, ongoing process

**Legal status**

*Tick the relevant box and provide the information requested for the type of provider you are:*

Use

**Individual**

**Partnership**

**List the names of all partners**

1. Dr. Jamal ARSHAD
2. Dr. Gorur R ANANTHAPADMANABAN
3. Dr. Venkat S P ADIREDDI

**Limited liability partnership registered as an organisation**

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 activities<sup>1</sup>

<b>Regulated activity 1</b> <i>As shown on your certificate of registration</i>	<b>Diagnostic and screening procedures</b>
<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>	<b>GP Led supported by Practice Nurse and Healthcare Assistant</b> The Practice clinicians use diagnostic and screening procedures as part of everyday consultation process. They are used both for diagnostic and monitoring to inform the treatment process.
<b>Regulated activity 2</b> <b>As shown on your certificate of registration</b>	<b>Family Planning</b>
<b>Services</b> <b>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)</b>	<b>GP Led supported by Practice Nurse</b> The Practice provides a wide range of family planning services, including provision of choices in contraception methods, IUCD fitting and removal and the counselling involved in the initiation and review of their ongoing use.

<p><b>Regulated activity 3</b> As shown on your certificate of registration</p>	<p><b>Maternity and Midwifery Services</b></p>
<p><b>Services</b> 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><b>GP and Practice Nurse</b> The scope of delivering Maternity Services has been reduced significantly in the last year whereby all community clinics have been closed by the local CCG and care transferred to the local hospital. GPs now do just one (36 week antenatal check) whilst the Practice Nurse carries out the postnatal check. GPs also support the patient where indicated by an allocated hospital midwife.</p>
<p><b>Regulated activity 4</b> As shown on your certificate of registration</p>	<p><b>Surgical Procedures</b></p>
<p><b>Services</b> 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>The Practice does not carry out or has signed up for carry out any surgical procedures at the Practice. This may be contemplated as an option when the relevant skills become available to the GP team.</p>

<p><b>Regulated activity 5</b></p> <p><b>As shown on your certificate of registration</b></p>	<p><b>Treatment of disease, disorder or injury</b></p>
<p><b>Services</b></p> <p><b>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)</b></p>	<p><b>GP Led supported by Practice Nurse and Healthcare Assistant</b></p> <p>The Practice provides a wide range of services (core and additional) to its patients.</p>

<p><b>Locations</b></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><b>Location 1:</b></p>	
<p><b>Name of location</b></p>	<p>Kingsmead Healthcare</p>
<p><b>Address line 1</b></p>	<p>4 Kingsmead Way</p>
<p><b>Address line 2</b></p>	<p>London</p>
<p><b>Address line 3</b></p>	<p>E9 5QG</p>
<p><b>Address line 4</b></p>	
<p><b>Address line 5</b></p>	

<p><b>Brief description of location<sup>2</sup></b></p>	<p>The Practice is located in South-east Hackney which has a high deprivation index.</p> <p>It is a detached, purpose-renovated building with two floors, located on the promenade of a large estate. The ground floor has the waiting area, reception, three toilets, conference room and five clinical rooms, with access to the car park at the rear and the caretaker flat. The first floor has five rooms which are used for administration but one of them serves as part-time consultation rooms for tertiary services (mental health).</p>
<p><b>No of approved places/beds (not NHS)<sup>3</sup></b></p>	<p>Not Applicable</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, 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>	<p><b>Registered manager 1</b></p> <p><b>Full name:</b> Dr. Gorur Ramaswami ANANTHAPADMANABAN</p> <p><b>Proportion of working time spent at each location (for job share posts only):</b> Not Applicable as one site Practice</p> <p><b>Contact details:</b></p> <p>Kingsmead Healthcare 4 Kingsmead Way London E9 5QG</p> <p>Telephone: 020 8985 1930</p> <p>Email: Gorur.Anantha@nhs.net</p> <p><b>Location(s):</b> As Above.</p>

	<b>Regulated activities:</b>	
	1. Diagnostic and screening procedures	
	2. Family Planning	
	3. Maternity and Midwifery services	
	4. Treatment of disease, disorder or injury	
	5.	
	<b>Registered manager 2:</b>	
	<b>Full name:</b> Deepak Sinha	
	<b>Proportion of time spent at each location:</b> Not Applicable as one site Practice	
	<b>Contact details:</b>	
	Kingsmead Healthcare 4 Kingsmead Way London E9 5QG	
	Telephone: 020 8985 1930	
	Email: dsinha@nhs.net	
	<b>Location(s):</b> As Above.	
	<b>Regulated activities:</b>	
1. Diagnostic and screening procedures		
2. Family Planning		
3. Maternity and Midwifery services		
4. Treatment of disease, disorder or injury		
<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	<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.