

Statement of purpose

Health and Social Care Act 2008

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*

<p>Statement of purpose, Part 1</p> <p>Health and Social Care Act 2008, Regulation 12, schedule 3</p> <p>The 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</p>

1. Provider's name and legal status			
Full name ¹	Halliwell Surgery 2		
CQC provider ID	1-199783666		
Legal status ¹	Individual <input type="checkbox"/>	Partnership <input checked="" type="checkbox"/>	Organisation <input type="checkbox"/>

2. Provider's address, including for service of notices and other documents	
Business address ²	The Halliwell Surgery Lindfield Drive Halliwell
Town/city	Bolton
County	Lancashire
Post code	BL1 3RG
Business telephone	01204 523813
Electronic mail (email) ³	luan.stewart@nhs.net

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.

I/we do NOT wish to receive notices and other documents from CQC by email	<input type="checkbox"/>
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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.

3. The full names of all the partners in a partnership	
Names:	Dr Manu Jeyam Dr Rachel Jesudas

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Part 2

Aims and objectives

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

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

1. To provide the best possible care and quality of service for our patients
2. To provide a confidential and safe environment through effective collaboration and teamwork.
3. To show all patients courtesy and respect at all times. To show understanding of culture; ethnic origin; religious belief; personal attributes and the nature of their health problems.
4. To involve our patients in decision making about their treatment.
5. To promote healthy living through education; screening availability and information leaflets and on-screen information within the surgery.
6. To hold multi-disciplinary team meetings with nurses; Macmillan teams; Integrated community care teams and health visitors.
7. To provide an area of education for students and training doctors
8. To encourage our patients to get involved with the Practice decisions using the annual survey; PPG and Friends and Family results.
9. To ensure that the team is upskilled and has the correct training to carry out their duties.
10. To hold regular team meetings to discuss significant events; new procedures, audits and discuss any worries or concerns.
11. To provide safe and effective care for our patients.
12. To support patients through continuity of care; local guidelines; accurate record keeping; named GP and care planning.
13. To ensure that our practice and services are governed and commissioned in a way to suit their needs.
14. To ensure that the practice is compliant with relevant legislation and policy relevant to maintaining trust and confidentiality.
15. To provide high quality medicines management.
16. To aid in research.
17. We strive to provide excellent patient care to a diverse and deprived population through robust clinical governance principles and good team working while supporting equality and diversity; and encouraging teaching and training. Learning and continual professional development is the ethos of the surgery.

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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	The Halliwell Surgery 2
Address	The Halliwell Surgery Lindfield Drive Halliwell
Postcode	BL1 3RG
Telephone	01204 523813
Email	luan.stewart@nhs.net

Description of the location (The premises and the area around them, access, adaptations, equipment, facilities, suitability for relevant special needs, staffing & qualifications etc.)	
<p>The building is set in one wing of a single storey building. There are car park facilities directly attached to the building, which include two disabled bays and a pharmacy within the grounds of the parking area. There are no steps leading to the building, we are in the process of fitting automatic doors. There are 5 GP consulting rooms; 2 nurse consulting rooms; 1 counsellor room; patient waiting area and toilets; staff kitchen and offices. There is also a shared (between three surgeries in the building) meeting room and a shared room used for phlebotomy services ; smoking cessation and Bidas (alcohol and drug teams) clinics.</p>	
No of approved places / overnight beds (not NHS)	None

CQC service user bands

The people that will use this location ('The whole population' means everyone).

Adults aged 18-65	<input checked="" type="checkbox"/>	Adults aged 65+	<input checked="" type="checkbox"/>
Mental health	<input checked="" type="checkbox"/>	Sensory impairment	<input checked="" type="checkbox"/>
Physical disability	<input checked="" type="checkbox"/>	People detained under the Mental Health Act	<input type="checkbox"/>
Dementia	<input checked="" type="checkbox"/>	People who misuse drugs or alcohol	<input checked="" type="checkbox"/>
People with an eating disorder	<input type="checkbox"/>	Learning difficulties or autistic disorder	<input checked="" type="checkbox"/>
Children aged 0 – 3 years	<input checked="" type="checkbox"/>	Children aged 4-12	<input checked="" type="checkbox"/> Children aged 13-18
The whole population	<input checked="" type="checkbox"/>	Other (please specify below)	<input type="checkbox"/>

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

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

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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*

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 Manu Jeyam
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2. Manager's contact details	
Business address	Halliwell Surgery 2, Lindfield Drive, Halliwell
Town/city	Bolton
County	Lancashire
Post code	BL1 3RG
Business telephone	01204 523813
Manager's email address¹	
m.jeyam@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.

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

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

5. Locations, regulated activities and job shares

Where 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.

