

Our Statement of purpose

(Health and Social Care Act 2008)

Hilly Fields 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	August 2016	Date of next review	August 2017
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Service provider

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

Name	Hilly Fields Medical Centre
Address line 1	172 Adelaide Avenue
Address line 2	
Town/city	London
County	
Post code	SE4 1JN
Email	Lewccg.g85055-general@nhs.net
Main telephone	020 8314 5552

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	1-199742654
Location ID	1-559113338

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. We aim to provide a high quality easily accessible patient care to our patients, by our dedicated and committed team of health care professionals and supporting staff.

2. We aim to maintain a personalised and excellent service we have been offering our patients through:

- a dedication to engaging each patient in decision-making about their treatment and care;
- listening to each patient and supporting them to express their needs and wants;
- providing an holistic approach to their medical care
- Provide a good access to our services.

3. We aim to maintain our practice's position as an educational hub for undergraduate teaching, post-graduate training as well as peer to peer learning.

4. We aim to work closely with our local practices and providers to ensure an enhanced access to services for our patients that we may otherwise not be able to offer.

5. We aim to work with our community and secondary service providers to provide a holistic care to our patient population giving them an informed choice to suit their needs and at the same time to ensure the efficient use of NHS resources

6. We will treat all our patients and staff fairly, with dignity, integrity and respect in an environment which is safe and friendly and which inspires confidence and trust

7. We will maintain confidentiality and integrity through a robust information governance system

8. We will continue to be innovative and involve our patients in developing and maintaining our services to high standard.

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 Girish Malde 2. Dr Faruk Majid 3. Dr Michael Adesi 4. Dr Olek Sobolewski 5. Dr Ravi Sharma 6. Dr Leo Emordi
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)	

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Please repeat the following table for each of your regulated activities¹

Regulated activity 1 <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>	NHS General Practice services for our registered and temporary patients
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	Hilly Fields Medical Centre
Address line 1	172 Adelaide Avenue
Address line 2	London
Address line 3	SE4 1JN
Address line 4	
Address line 5	

Brief description of location²	172 Adelaide Avenue is a large Victorian Property that has been converted to a high and modern building compliant with DDA and all regulations. We moved into this premises in 1994 and later expanded it in 2008 to the current size and standard.
No of approved places/beds (not NHS)³	
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 Girish Malde
	Proportion of working time spent at each location (for job share posts only):
	Contact details: 020 8314 5552
	Hilly Fields Medical Centre 172 Adelaide Avenue, London SE4 1JN
	Telephone: 020 8314 5552
	Email: girish.malde@nhs.net

	Locations: Hilly Fields Medical Centre 172 Adelaide Avenue, London SE4 1JN
	Regulated activities:
	1. Diagnostic and screening procedures
	2. Maternity and midwifery services and Family Planning
	3. Surgical procedures
	4. Treatment of disease, disorder or injury
	Registered manager 2:
	Full name:
	Proportion of time spent at each location:
	Contact details:
	Business address:
	Telephone:
	Email:
	Locations:
	Regulated activities:
1.	

	2.	
	3.	
	4.	
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 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:		
Regulated activity 2 <i>As shown on your certificate of registration</i>	Maternity and midwifery services	

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>	NHS General Practice services for our registered and temporary patients
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	Hilly Fields Medical Centre
Address line 1	172 Adelaide Avenue
Address line 2	London
Address line 3	SE4 1JN
Address line 4	
Address line 5	
Brief description of location²	172 Adelaide Avenue is a large Victorian Property that has been converted to a high and modern building compliant with DDA and all regulations. We moved into this premises in 1994 and later expanded it in 2008 to the current size and standard.
No of approved places/beds (not NHS)³	
Name and contact details of registered manager(s)	Registered manager 1
	Full name: Dr Girish Malde

<p>(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></p>	<p>Proportion of working time spent at each location (for job share posts only):</p>
	<p>Contact details: 020 8314 5552</p>
	<p>Hilly Fields Medical Centre 172 Adelaide Avenue, London SE4 1JN</p>
	<p>Telephone: 020 8314 5552</p>
	<p>Email: girish.malde@nhs.net</p>
	<p>Locations: Hilly Fields Medical Centre 172 Adelaide Avenue, London SE4 1JN</p>
	<p>Regulated activities:</p>
	<p>1. Diagnostic and screening procedures</p>
	<p>2. Maternity and midwifery services</p>
	<p>3. Surgical procedures</p>
	<p>4. Treatment of disease, disorder or injury</p>
	<p>Registered manager 2:</p>
<p>Full name:</p>	

	Proportion of time spent at each location:	
	Contact details:	
	Business address:	
	Telephone:	
	Email:	
	Locations:	
	Regulated activities:	
	1.	
	2.	
	3.	
4.		
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 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:	
Regulated activity 3 <i>As shown on your certificate of registration</i>	Surgical 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>	NHS General Practice services for our registered and temporary patients	
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	Hilly Fields Medical Centre	
Address line 1	172 Adelaide Avenue	
Address line 2	London	
Address line 3	SE4 1JN	
Address line 4		
Address line 5		

Brief description of location²	172 Adelaide Avenue is a large Victorian Property that has been converted to a high and modern building compliant with DDA and all regulations. We moved into this premises in 1994 and later expanded it in 2008 to the current size and standard.
No of approved places/beds (not NHS)³	
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 Girish Malde
	Proportion of working time spent at each location (for job share posts only):
	Contact details: 020 8314 5552
	Hilly Fields Medical Centre 172 Adelaide Avenue, London SE4 1JN
	Telephone: 020 8314 5552
	Email: girish.malde@nhs.net

	Locations: Hilly Fields Medical Centre 172 Adelaide Avenue, London SE4 1JN
	Regulated activities:
	1. Diagnostic and screening procedures
	2. Maternity and midwifery services
	3. Surgical procedures
	4. Treatment of disease, disorder or injury
	Registered manager 2:
	Full name:
	Proportion of time spent at each location:
	Contact details:
	Business address:
	Telephone:
	Email:
	Locations:
	Regulated activities:
	1.

	2.	
	3.	
	4.	
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 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:		
Regulated activity 4 <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>	NHS General Practice services for our registered and temporary patients
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	Hilly Fields Medical Centre
Address line 1	172 Adelaide Avenue
Address line 2	London
Address line 3	SE4 1JN
Address line 4	
Address line 5	
Brief description of location²	172 Adelaide Avenue is a large Victorian Property that has been converted to a high and modern building compliant with DDA and all regulations. We moved into this premises in 1994 and later expanded it in 2008 to the current size and standard. .
No of approved places/beds (not NHS)³	
Name and contact details of registered manager(s)	Registered manager 1
	Full name: Dr Girish Malde

<p>(if applicable)⁴ <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>Proportion of working time spent at each location (for job share posts only):</p>
	<p>Contact details: 020 8314 5552</p>
	<p>Hilly Fields Medical Centre 172 Adelaide Avenue, London SE4 1JN</p>
	<p>Telephone: 020 8314 5552</p>
	<p>Email: girish.malde@nhs.net</p>
	<p>Locations: Hilly Fields Medical Centre 172 Adelaide Avenue, London SE4 1JN</p>
	<p>Regulated activities:</p>
	<p>1. Diagnostic and screening procedures</p>
	<p>2. Maternity and midwifery services</p>
	<p>3. Surgical procedures</p>
	<p>4. Treatment of disease, disorder or injury</p>
	<p>Registered manager 2:</p>
	<p>Full name:</p>
<p>Proportion of time spent at each location:</p>	

	Contact details:	
	Business address:	
	Telephone:	
	Email:	
	Locations:	
	Regulated activities:	
	1.	
	2.	
	3.	
	4.	
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 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:	

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.