

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 name¹	Fleet Medical Centre		
CQC provider ID	1-199750210		
Legal status¹	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 address²	Fleet Medical Centre, Church Road
Town/city	Fleet
County	Hampshire
Post code	GU51 4PE
Business telephone	01252 619020
Electronic mail (email)³	james.perrin@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 Christopher Higgins Dr Barbara Tollett Dr Clifford Kimber Dr Nina Durasamy Dr Susie Blume

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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

Fleet Medical Centre consists of dedicated and professional employees. We strive to be acknowledged by our patients, suppliers and regulators as an example to our industry. We aim to exceed patient and regulator expectations through high standards of work and excellent clinical care and judgement.

We aim at all times to be consistent and fair with our patient care; to offer good patient care as and when our patients need our support. We aim to make access to care as comfortable and convenient as possible within the financial resources available to us. We intend to communicate with our patients and stakeholders so that their awareness of our services and standards are clear.

The practice aims to:

Prevent ill health, improve well being and provide services that improve local health outcomes by following agreed care pathways and using evidence based medical practice.

Deliver services that are responsive to the needs of our local communities and in line with the vision of our commissioners.

Use finances wisely and ensure the efficient use of resources

Provide services that are equitable, accessible and of high quality

Offer a motivated team who feel valued and supported by the GP Partnership and encourage them to achieve the aims and objectives while meeting their own personal and professional goals

Invest in property, technology and training to facilitate innovative processes and support our aims

To communicate effectively with all other stakeholders involved in patient pathways

Our fundamental core objectives include:

1. To deliver high quality, integrated medical care that is closer to home and which meets individual needs
2. To deliver innovative and flexible solutions that support and improve health and wellbeing
3. To deliver value for money and be financially sustainable
4. Respect our patients right to confidentiality and offer a system of feedback and comment to strive for improvement. To support patients with complaints and offer a process of response and review

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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	Fleet Medical Centre
Address	Fleet Medical Centre, Church Road, Fleet, Hampshire
Postcode	GU51 4PE
Telephone	01252 619020
Email	james.perrin@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>A purpose built GP practice constructed in 2000</p> <p>Incorporates a Private Dental Centre and Lloyds Pharmacy with its own access</p> <p>Situated alongside Fleet Community Hospital</p> <p>Facilities for general practice with qualified staff including GPs and nurses</p> <p>A teaching practice for registrars and we have healthcare assistants providing additional medical services</p> <p>Equipment is in place to meet our contractual requirements at all times</p>	
No of approved places / overnight beds (not NHS)	0

CQC service user bands

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

Adults aged 18-65	<input type="checkbox"/>	Adults aged 65+	<input type="checkbox"/>	
Mental health	<input type="checkbox"/>	Sensory impairment	<input type="checkbox"/>	
Physical disability	<input type="checkbox"/>	People detained under the Mental Health Act	<input type="checkbox"/>	
Dementia	<input type="checkbox"/>	People who misuse drugs or alcohol	<input type="checkbox"/>	
People with an eating disorder	<input type="checkbox"/>	Learning difficulties or autistic disorder	<input type="checkbox"/>	
Children aged 0 – 3 years	<input type="checkbox"/>	Children aged 4-12	<input type="checkbox"/>	Children aged 13-18 <input type="checkbox"/>
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 checked="" 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 Christopher Higgins		
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 checked="" type="checkbox"/>	
Registered Manager(s) for this regulated activity: Dr Christopher Higgins		
Diagnostic and screening procedures	<input checked="" type="checkbox"/>	
Registered Manager(s) for this regulated activity: Dr Christopher Higgins		
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 Christopher Higgins		
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 Christopher Higgins		
Family planning service	<input checked="" type="checkbox"/>	
Registered Manager(s) for this regulated activity: Dr Christopher Higgins		

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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 Christopher Higgins
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2. Manager's contact details	
Business address	Fleet Medical Centre, Church Road
Town/city	Fleet
County	Hampshire
Post code	GU51 4PE
Business telephone	01252 619020
Manager's email address¹	
chrishiggins@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
Fleet Medical Centre	100

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 checked="" 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 checked="" type="checkbox"/>	

5. Locations, regulated activities and job shares
<p>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.</p> <p>Please also describe below any job share arrangements that include or affect this manager.</p>
<p>None & n/a</p>