

# **Statement of purpose**

Health and Social Care Act 2008

The Vernon 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

<b>Version</b>	4.00	<b>Date of next review</b>	June 2024
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## Service provider

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

<b>Name</b>	The Vernon Street Medical Centre
<b>Address line 1</b>	13 Vernon Street
<b>Address line 2</b>	
<b>Town/city</b>	Derby
<b>County</b>	
<b>Post code</b>	DE1 1FW
<b>Email</b>	<a href="mailto:victoria.wright28@nhs.net">victoria.wright28@nhs.net</a>
<b>Main telephone</b>	01332 332812

## 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>	1-199704868
<b>Registered manager ID</b>	CON-550790648

## 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. The management of patients who are ill or believe themselves to be ill, with conditions from which recovery is generally expected, for the duration of that condition, including relevant health promotion advice and referral as appropriate,

reflecting patient choice wherever practical.
2. The general Management of patients who are terminally ill.
3. The management of chronic disease in the manner determined by the practice, in discussion with the patient.
4. The delivery of Local Enhanced Services, or their equivalent, which may be commissioned by the Southern Derbyshire Clinical Commissioning Group (CCG), the local authority (Derby City Council) or the National Commissioning Board.
5. To provide a professional health care service to our patients ensuring that the Doctors, Practice Nurses and Practice staff are fully trained to complete the role they are assigned.
6. To ensure access to services for all our patients
7. To ensure access to services outside of core hours.  The Practice is part of 16 local Practices that have come together to form a CIC; called Primary Care Plus. We deliver patient services in extended hours which can be accessed by the registered patient population from each of the 16 practices. All appointments are pre-bookable and can be booked by the patient's own practice. The patients consent to share their medical records and give us a brief description of their problem so we can direct them to the most appropriate member of our team. The patients are seen at one of 7 designated hubs. The Vernon Street Medical Centre hosts a hub on behalf of Primary Care Plus. The service operates Monday to Friday 6pm-8pm and at weekends 08.00 - 12.00 am
8. To provide our patients with a clean and safe environment and to listen to the views of our patients by providing regular questionnaires and other facilities to gather feedback, suggestions and complaints.

<b>Legal status</b> <i>Tick the relevant box and provide the information requested for the type of provider you are:</i> Use <input checked="" type="checkbox"/>	
<b>Individual</b>	
<b>Partnership</b>	✓
<b>List the names of all partners</b>	1. Dr Peter William Iddon 2. Dr Caroline Anne Williams 3. Dr Meryll Ada Watkins 4. Dr Victoria Sarah Wright

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)	

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>	Diagnostic and Screening Procedures
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**Services**

*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).*

General Practice services for our registered patients and for temporary residents. Specific diagnostic procedures for example phlebotomy, microbiology samples and skin biopsies are undertaken for analysis and reporting off site mainly at the Royal Derby Hospital. We also undertake screening programmes for example cervical screening and these samples are also sent off site for analysis and reporting.

<b>Regulated activity 2</b> <i>As shown on your certificate of registration</i>	Family Planning
<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>	Provision of all general family planning advice and prescription of oral contraceptive, emergency contraception, fitting and removal of IUCD devices and contraceptive implants.

<b>Regulated activity 3</b> <i>As shown on your certificate of registration</i>	Surgical Procedures
<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>	Minor surgery procedures, excisions, incisions, aspiration and injection as well as cautery and cryosurgery (the practice has its own supply of liquid nitrogen).

<b>Regulated activity 4</b> <i>As shown on your certificate of registration</i>	Treatment of disease, disorder or injury
<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>	General practice services for our registered patients and for temporary residents.

<b>Regulated activity 5</b> <i>As shown on your certificate of registration</i>	Maternity and midwifery services (draft)
<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>	Pre-natal and post-natal care for our registered patients and for temporary residents.

<b>Address line 1</b>	13 Vernon Street
<b>Address line 2</b>	Derby
<b>Address line 3</b>	DE1 1FW
<b>Brief description of location<sup>2</sup></b>	<p>The Vernon Street Medical Centre is located close to the City Centre on Vernon Street which is off the Ashbourne Road (A52). It is a grade 2 listed building which has been significantly improved over the years. It has seven consulting rooms (2 of which are upstairs) and a treatment room. There is a platform lift installed connecting the downstairs with the upstairs waiting rooms. There is a ramp for wheel chair users or patients who have other mobility problems. There is a car parking space for disabled badge holders.</p>
<b>Name and contact details of registered manager(s) (if applicable)<sup>4</sup></b> <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</i>	<b>Registered manager 1</b>
	<b>Full name:</b> Dr Victoria Wright
	<b>Proportion of working time spent at each location (for job share posts only):</b>
	<b>Contact details:</b>

<p><i>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>The Vernon Street Medical Centre</p> <p>13 Vernon Street</p> <p>Derby</p> <p>DE1 1FW</p>	
	<p>Telephone: 01332 332812</p>	
	<p>Email: <a href="mailto:victoria.wright28@nhs.net">victoria.wright28@nhs.net</a></p>	
	<p><b>Brach surgery –The Lanes Medical Centre</b></p> <p>147 Normanton Lane</p> <p>Derby</p> <p><b>DE23 6LF</b></p>	
	<p><b>The Lanes Medical Centre was formerly a Post Office and is situated on the junction of Normanton Lane and Littleover Lane. The Post Office was converted into a medical practice in 2008. There are two downstairs consulting rooms and a treatment room. Access is from the front of the building which has a wheel chair ramp and bi-fold electric doors.</b></p>	
	<p><b>Regulated activities available:</b></p>	
	<p>1. 1. Diagnosis and screening procedures</p>	
	<p>2. 2. Family Planning</p>	
	<p>3. 3. Surgical Procedures</p>	
	<p>4. 4. Treatment of disease, disorder or surgery</p>	
	<p>5. Maternity and midwifery services</p>	
<p><b>Service user band(s) at these location<sup>5</sup></b></p> <p>Use <input checked="" type="checkbox"/></p>	<p>Learning disabilities or autistic spectrum disorder</p>	<p>✓</p>
	<p>Older people</p>	<p>✓</p>
	<p>Younger adults</p>	<p>✓</p>
	<p>Children 0-3 years</p>	<p>✓</p>
	<p>Children 4-12 years</p>	<p>✓</p>



	Children 13-18 years	✓
	Mental health	✓
	Physical disability	✓
	Sensory impairment	✓
	Dementia	✓
	People detained under the Mental Health Act	<input type="checkbox"/>
	People who misuse drugs and alcohol	✓
	People with an eating disorder	✓
	Whole population	✓
	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.