



Statement of purpose

Health and Social Care Act 2008



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	V1	Date of next review	08.12.2018
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Service provider

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

Name	Dr Khandokar Asadur Rahman & Dr Junaid Dar
Address line 1	Acorn Medical Practice
Address line 2	11-13 Wood Street
Town/city	Mansfield
County	Nottinghamshire
Post code	NG18 1QA
Email	anisahjn@yahoo.co.uk junaidar@nhs.net
Main telephone	01623 428412

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	1-3859341181
Registered manager ID	GMC 6029747



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. Our aim is to provide high standard quality of primary health care services to our patients in the community

2. We deem to maintain the quality of services we provide and ensure the relevant policies and protocols in place are up to date with current needs and also audit services on a regular basis

3. The Practice ethos is:
 Always here for your wellbeing
 Committed to all our family of patients
 Open and honest at all times
 Resolute in our aim to do our best
 Never too busy to help

4. Ensure our patients are shown courtesy, respect and thoughtfulness at all times irrespective of ethnic origin, religion or mental health problems and provide services for patients who may be experiencing personal issues such as homelessness

5. Patients should be involved in decisions about their health and treatment at all times

6. Provide patients with a forum to ensure that their voice is heard in respect of development of services at the practice in the form of a patient participation group and try to ensure involvement from a wide range of patients from all backgrounds

7. Work closely with other agencies and NHS organisations especially in respect of vulnerable patients, safeguarding adults and children

8. The practice offers extended pre bookable access to our Registered patient list as we are working collaboratively and the clinics are held at the following sites (Acorn Medical Practice, Churchside Medical Practice, Roundwood Surgery, Millview Surgery) The Practices offer appointments on a rota basis on weekdays from 6.30pm – 8.00pm and on Saturday’s 8.00am – 12.00. These appointments are bookable through the patient’s registered surgery reception.



9. The Practice is now registered as a training practice.

Legal status

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

Use

Individual	
Partnership	<input checked="" type="checkbox"/>
List the names of all partners	1. Dr Khandokar Asadur Rahman 2. Dr Junaid Dar
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)	N/A

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
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Acorn Medical Practice

11-13 Wood Street, Mansfield, Notts, NG18 1QA

Tel: 01623 428412 Fax: 01623 412519

www.acornmedicalpractice.co.uk



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>	GP
Regulated activity 2 <i>As shown on your certificate of registration</i>	Family Planning
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>	GP
Regulated activity 3 <i>As shown on your certificate of registration</i>	Maternity and Midwifery Services



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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>	GP
Regulated activity 4 <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>	GP
Regulated activity 5 <i>As shown on your certificate of registration</i>	Treatment of Disease, Disorder or Injury



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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>	GP
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	Acorn Medical Practice
Address line 1	11-13 Wood Street
Address line 2	Mansfield
Address line 3	Nottinghamshire
Address line 4	NG18 1QA
Address line 5	



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<p>Brief description of location²</p>	<p>The building is a 7.5 year old 2 floor building with car parking facilities at the rear with a designated Disabled space. A ramp at the front entrance with no steps which leads to an automatic door.</p> <p>Ground floor has 3 consulting rooms and 1 treatment room. Main reception area comprises of patient waiting area, reception office, with lower area of reception counter for disabled access and Practice Manager office. We have two toilets on the ground floor, one for the patients with disabled access, remote lighting and emergency pull cord, also staff toilet and boiler room. The ground floor also has three storage cupboards</p> <p>The access to the first floor is available via stairs or lift</p> <p>First floor comprises of a sluice, GP/Staffs quiet room (including bathroom), minor surgery room, medical records storage, administration room, staff room, kitchen, boiler room, storage cupboard and storage for cleaning supplies. We also have an area of approximately 60 square metres which we are currently awaiting approval to develop into another clinical room and waiting area</p>
<p>No of approved places/beds (not NHS)³</p>	<p>None</p>
<p>Name and contact details of registered manager(s) (if applicable)⁴</p> <p><i>Full name, business address, telephone number and email address of each registered manager.</i></p> <p><i>For each registered manager,</i></p>	<p>Registered manager 1</p> <p>Full name: Dr Junaid Dar</p> <p>Proportion of working time spent at each location (for job share posts only):</p> <p>Contact details: 07590850023</p>



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<p><i>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>	Acorn Medical Practice	
	11-13 Wood Street	
	Mansfield	
	Notts	
	NG18 1QA	
	Telephone: 01623 428412	
	Email: junaidar@nhs.net	
	Locations:	
	Acorn Medical Practice, 11-13 Wood Street, Mansfield, Notts, NG18 1QA	
	Regulated activities:	
	1. Diagnostic and Screening Procedures	
	2. Maternity and Midwifery Services	
	3. Surgical Procedures	
	4. Treatment of Disease, Disorder or Injury	
	5. Family Planning	
	Learning disabilities or autistic spectrum disorder	√
	Older people	√
	Younger adults	√
	Children 0-3 years	√
	Children 4-12 years	√
	Children 13-18 years	√

Service user band(s) at this location⁵

Use

	Mental health	✓
	Physical disability	✓
	Sensory impairment	✓
	Dementia	✓
	People detained under the Mental Health Act	✓
	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.