

Statement of purpose

Version	1	Date of next review	Aug 2019
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Service provider	
Name	Walderslade Surgery
Address line 1	High Croft
Address line 2	Hoyland
Town/city	Barnsley
County	South Yorkshire
Post code	S74 9AF
Email	Robert.farmer@nhs.net
Main telephone	01226 743221
ID numbers <i>Where this is an updated version of the statement of purpose, please provide the service provider and registered manager ID numbers:</i>	
Service provider ID	1-573858878
Registered manager ID	1-199712380

Aims and objectives

What do you wish to achieve by providing regulated activities?

How will your service help the people who use your services?

1. To provide the best possible service for our patients within a confidential and safe environment by working together

2. To show our patients courtesy and respect at all times irrespective of ethnic origin, religious belief, personal attributes or the nature of the health problem

3. To involve our patients in decisions regarding their treatment

4. To promote good health and well being to our patients through education and information

5. To involve allied healthcare professionals in the care of our patients where it is in their best interests

6. To encourage our patients to get involved in the practice through an annual survey and encouragement to comment on the care they receive

7. To ensure that all members of the team have the right skills and training to carry out their duties competently

Legal status

Individual

Partnership

List the names of all partners

Dr R J Wastling
Dr A S Ward
Dr R T Farmer
Dr P F Lane
Dr Z Ibrahimi

Limited liability partnership registered as an organisation

Incorporated organisation

Company number

Are you a charity?

No

Yes

Please repeat the following table for each of your regulated activities¹

<p>Regulated activity 1 As shown on your certificate of registration</p>	<p>Diagnostic and screening procedures</p>
<p>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)</p>	<p>GP</p>
<p>Regulated activity 2 As shown on your certificate of registration</p>	<p>Family Planning</p>
<p>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)</p>	<p>GP</p>
<p>Regulated activity 3 As shown on your certificate of registration</p>	<p>Maternity and Midwifery Services</p>
<p>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)</p>	<p>GP</p>

Regulated activity 4 As shown on your certificate of registration	Surgical Procedures
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)	GP
Regulated activity 5 As shown on your certificate of registration	Treatment of disease, disorder or injury
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)	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	Walderslade Surgery
Address line 1	High Croft
Address line 2	Hoyland
Address line 3	Barnsley
Address line 4	S74 9AF

Brief description of location²	<p>The premises were built in 2005 and are located in the town centre. The surgery is a 2 storey building with car parking facilities. We have 8 treatment rooms, 16 consulting rooms and 1 minor surgery room. We have a number of public toilets including designated disabled toilets and baby change facilities. The admin offices and other staff areas are located on the second floor.</p>														
No of approved places/beds (not NHS)³	<p>None</p>														
Name and contact details of registered manager(s) (if applicable) <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>	<table border="1"> <tr> <td data-bbox="695 685 1418 752"> Registered manager 1 </td> </tr> <tr> <td data-bbox="695 752 1418 819"> Full name: Dr Robert Farmer </td> </tr> <tr> <td data-bbox="695 819 1418 945"> Proportion of working time spent at each location (for job share posts only): </td> </tr> <tr> <td data-bbox="695 945 1418 1012"> Contact details: </td> </tr> <tr> <td data-bbox="695 1012 1418 1272"> Business address: Walderslade Surgery High Croft Hoyland Barnsley S74 9AF </td> </tr> <tr> <td data-bbox="695 1272 1418 1339"> Telephone: 01226 743221 </td> </tr> <tr> <td data-bbox="695 1339 1418 1406"> Email: Robert.Farmer@nhs.net </td> </tr> <tr> <td data-bbox="695 1406 1418 1644"> Locations: Walderslade Surgery High Croft Hoyland Barnsley S74 9AF </td> </tr> <tr> <td data-bbox="695 1644 1418 1711"> Regulated activities: </td> </tr> <tr> <td data-bbox="695 1711 1418 1778"> 1. Diagnostic and screening procedures </td> </tr> <tr> <td data-bbox="695 1778 1418 1845"> 2. Family Planning </td> </tr> <tr> <td data-bbox="695 1845 1418 1912"> 3. Maternity and Midwifery services </td> </tr> <tr> <td data-bbox="695 1912 1418 1980"> 4. Surgical procedures </td> </tr> <tr> <td data-bbox="695 1980 1418 2004"> 5. Treatment of disease, disorder or injury </td> </tr> </table>	Registered manager 1	Full name: Dr Robert Farmer	Proportion of working time spent at each location (for job share posts only):	Contact details:	Business address: Walderslade Surgery High Croft Hoyland Barnsley S74 9AF	Telephone: 01226 743221	Email: Robert.Farmer@nhs.net	Locations: Walderslade Surgery High Croft Hoyland Barnsley S74 9AF	Regulated activities:	1. Diagnostic and screening procedures	2. Family Planning	3. Maternity and Midwifery services	4. Surgical procedures	5. Treatment of disease, disorder or injury
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Service user band(s) at this location ⁵ 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:	<input type="checkbox"/>	