

# **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><b>Statement of purpose, Part 1</b></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>
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1. Provider's name and legal status					
Full name <sup>1</sup>	Bowburn Medical Centre				
CQC provider ID	1-2502814101				
Legal status <sup>1</sup>	Individual	<input type="checkbox"/>	Partnership	<input checked="" type="checkbox"/>	Organisation

2. Provider's address, including for service of notices and other documents	
Business address <sup>2</sup>	Bow Street Bowburn
Town/city	Durham
County	County Durham
Post code	DH6 5AL
Business telephone	01913772495
Electronic mail (email) <sup>3</sup>	Gary.holmes@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 <b>NOT</b> wish to receive notices and other documents from CQC by email	<input type="checkbox"/>
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<sup>1</sup> 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

<sup>2</sup> 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.

<sup>3</sup> 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.

<b>3. The full names of all the partners in a partnership</b>	
<b>Names:</b>	Dr Kenneth Armstrong

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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*

1. To provide the best possible quality service for our patients within a confidential and safe environment through effective collaboration and teamwork
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; also utilising electronic processes wherever possible to make care and information more accessible
5. To involve and collaborate in multidisciplinary team work including nursing and other allied healthcare professionals in the care of our patients
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 are respected and have the right skills and training to carry out their duties competently, and they have opportunities to discuss and learn from problems or issues that arise at any time.
8. To provide safe, effective health primary care services in a responsive way; meeting the needs of our patients
9. To support continuity of care – wherever possible through personal continuity; but also through medical record continuity enabled by high quality medical records; and following guidelines based on best evidence, national, and local policy
10. To be an active and responsible member in our local health community ensuring our practice and services to our patients are commissioned and provided in a way most likely to meet their needs
11. To ensure the practice is compliant with relevant legislation and policy relevant to maintaining trust and confidentiality, as well as to ensure we practice high quality medicine.
12. To provide a learning environment for all staff .This learning and continual improvement ethos runs through everything we do, we look to continuously make incremental improvements and learn lessons from delivering primary health care

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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.:	<b>1</b>	of a total of:	<b>1</b>	locations
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<b>Name of location</b>	Bowburn Medical Centre
<b>Address</b>	Bow Street Bowburn Durham
<b>Postcode</b>	DH6 5AL
<b>Telephone</b>	01913772495
<b>Email</b>	Gary.holmes@nhs.net

<b>Description of the location</b>	
(The premises and the area around them, access, adaptations, equipment, facilities, suitability for relevant special needs, staffing & qualifications etc)	
<p>The Surgery is a single storey Building with dedicated parking, including for disabled. There are no automatic doors, but we have a doorbell for disabled patients to alert reception should assistance be required. We have a toilet for patients, a large waiting room, four consulting rooms and a treatment room. There is an administration office, staff toilets and a common-room/kitchen.</p>	
<b>No of approved places / overnight beds (not NHS)</b>	

<b>CQC service user bands</b>				
The people that will use this location ('The whole population' means everyone).				
Adults aged 18-65	x	Adults aged 65+	x	
Mental health	x	Sensory impairment	x	
Physical disability	x	People detained under the Mental Health Act	<input type="checkbox"/>	
Dementia	x	People who misuse drugs or alcohol	x	
People with an eating disorder	x	Learning difficulties or autistic disorder	x	
Children aged 0 – 3 years	x	Children aged 4-12	x	Children aged 13-18
			x	
The whole population	x	Other (please specify below)	<input type="checkbox"/>	

<b>The CQC service type(s) provided at this location</b>	
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 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 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"/>



<b>Regulated activity(ies) carried on at this location</b>		
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 Kenneth Armstrong		
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 Kenneth Armstrong		
Diagnostic and screening procedures	<input checked="" type="checkbox"/>	
Registered Manager(s) for this regulated activity: Dr Kenneth Armstrong		
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 Kenneth Armstrong		
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 type="checkbox"/>	
Registered Manager(s) for this regulated activity:		
Family planning service	<input checked="" type="checkbox"/>	
Registered Manager(s) for this regulated activity: Dr Kenneth Armstrong		

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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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<b>1. Manager's full name</b>	Dr Kenneth Armstrong
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<b>2. Manager's contact details</b>	
<b>Business address</b>	Bowburn Medical Centre Bow Street Bowburn
<b>Town/city</b>	Durham
<b>County</b>	County Durham
<b>Post code</b>	DH6 5AL
<b>Business telephone</b>	01913772495
<b>Manager's email address<sup>1</sup></b>	
kenneth.armstrong1@nhs.net	

<sup>1</sup> 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.

<b>3. Locations managed by the registered manager at 1 above</b>	
(Please see part 3 of this statement of purpose for full details of the location(s))	
<b>Name(s) of location(s) (list)</b>	<b>Percentage of time spent at this location</b>
Bowburn Medical Centre	100%

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<b>4. Regulated activity(ies) managed by this manager</b>		
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	x	
Assessment or medical treatment for persons detained under the Mental Health Act	<input type="checkbox"/>	
Surgical procedures	x	
Diagnostic and screening procedures	x	
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	x	
Termination of pregnancies	<input type="checkbox"/>	
Services in slimming clinics	<input type="checkbox"/>	
Nursing care	<input type="checkbox"/>	
Family planning service	<input checked="" type="checkbox"/>	

**5. Locations, regulated activities and job shares**

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.

Please also describe below any job share arrangements that include or affect this manager.