

Abbotswood Medical Centre

Statement of purpose

Health and Social Care Act 2008

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Version	1	Date of next review	2014
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Service provider

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

Name	Abbotswood Medical Centre
Address line 1	12 Katherine Place
Address line 2	
Town/city	Abbots Langley
County	Hertfordshire
Post code	WD5 0BT
Email	receptionabbotswoodsurgery@nhs.net
Main telephone	01923 673060

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:

We aim to ensure high quality, safe and effective services and environment

1. To provide monitored, audited and continued improved healthcare services

2. To provide healthcare which is available to the population and create a partnership between patients and health professional which ensures mutual respect, holistic care and continuous learning and training.

3. The provision of accessible healthcare which is proactive to healthcare changes, efficiency, innovation and development.

4. To improve services offered to patients

5. To improve communication between the surgery and the patients	
6.To recruit, retain and develop a highly motivated and appropriately skilled workforce	
7. All patients and users of the practice will be treated with dignity and respect.	
Legal status <i>Tick the relevant box and provide the information requested for the type of provider you are:</i>	
Use <input checked="" type="checkbox"/>	
Individual	<input type="checkbox"/>
Partnership	<input checked="" type="checkbox"/>
List the names of all partners	1. Dr Abdul Mashkoor Khan 2. Dr Sarah Khan
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)	

We provide General Medical Services to the whole population as defined by being registered with the practice, and occasionally treat patients who are not registered with the practice such as Temporary Residents.

We carry out diagnostic procedures including phlebotomy, cervical smears and microbiology for off-site analysis.

We are regulated to provide:

1. Treatment of disease, disorder or injury
2. Diagnostic and screening procedures
3. Family Planning

Please repeat the following table for each of your regulated activities¹

Regulated activity 1/2/3 <i>As shown on your certificate of registration</i>	1. Treatment of disease, disorder or injury
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 services including :- Chronic Disease Management Acute Treatment Counselling Physiotherapy
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	Abbotswood Medical Centre
Address line 1	12 Katherine Place
Address line 2	Abbots Langley
Address line 3	Hertfordshire
Address line 4	WD5 0BT
Address line 5	
Brief description of location²	Abbotswood Medical Centre is a purpose built 500sq meter practice. The surgery is located in Katherine Place with onsite parking.

No of approved places/beds (not NHS)³	None
Name and contact details of registered manager(s) (if applicable)⁴ <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>	Registered manager 1
	Full name: Dr Abdul Khan
	Proportion of working time spent at each location (for job share posts only):
	Contact details: 01923 673060
	Business address: 12 Katherine Place Abbots Langley Hertfordshire, Wd5 0BT
	Telephone: 01923 673060
	Email: receptionabbotswoodsurgery@nhs.net
Service user band(s) at this location⁵ <i>Use</i> <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
	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:

Regulated activity 2 <i>As shown on your certificate of registration</i>	Diagnostic and Screening 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 services including :- Cervical Screening Chronic Disease Management Phlebotomy Microbiology
Locations <i>As listed on your certificate of registration. Please repeat the section below for each location for this regulated activity</i>	
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	Business address: 12 Katherine Place Abbots Langley Hertfordshire, Wd5 0BT
	Telephone: 01923 673060
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Service user band(s) at this location⁵	Learning disabilities or autistic spectrum disorder <input checked="" type="checkbox"/>

Use <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
	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:

Regulated activity 3 <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 services including :- Contraceptive Implants/Coils Sexual Health advice Access to specialist services

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