

Statement of purpose

Health and Social Care Act 2008

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Version	2	Date of next review	Jan 2019
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Service provider

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

Name	Ghosh Medical Limited
Address line 1	39 West Road
Address line 2	Prenton
Address line 3	Merseyside
Post code	CH43 9UJ
Email	myhealth@drarunghosh.co.uk
Main telephone	01516512406

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	Not yet registered
Registered manager ID	Not yet registered

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. To provide high quality, safe, professional services to our patients, focusing on the provision of non-NHS primary health services.
2. To promote the prevention of disease by promoting health and wellbeing and offering care and advice to our patients
3. To work in partnership with our patients, their families and carers towards a positive experience and understanding, involving them in decision making about their treatment and care.
4. To be a learning organisation that continually improves what we are able to offer patients.

5. To treat patients as individuals and with the same respect we would want for ourselves or a member of our families, listening and supporting people to express their needs and wants and enabling people to maintain the maximum possible level of independence, choice and control
6. To work in partnership with other agencies to tackle the causes of, as well as provide the treatment for ill health and where appropriate involve other professionals in the care of our patients.
7. To encourage our patients to communicate with us by joining our Patient Forum, talking to us, participating in surveys, and feeding back and on the services that we offer
8. To ensure all staff have the competency and motivation to deliver the required standards of care ensuring that all members of the team have the right skills and training to carry out their duties competently
9. To take care of our staff offering them support to do their jobs and to protect them against abuse including having a zero tolerance of all forms of abuse.
10. To provide our patients and staff with an environment which is safe and friendly
11. To operate on a financially sound basis.

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	
Partnership	
Limited liability partnership registered as an organisation	
Incorporated organisation	<input checked="" type="checkbox"/>
Company number (if applicable)	07855106
Are you a charity?	No

Please repeat the following table for each of your regulated activities¹

Regulated activity 1 <i>As shown on your certificate of</i>	Treatment of disease, disorder and injury
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<i>registration</i>	
<p>Services</p> <p><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></p>	<p>A key element of the provision of services to patients by the applicant will be consultation, investigation and appropriate agreed treatment. The consultation will include detailed history, relevant physical examinations, requesting relevant clinical investigations and then drawing up the detailed initial treatment plan, implementing the agreed plan, prescribing medications or onward referral to another specialist. Consultations will be by doctors and other registered health care professionals. Service users will be seen for follow-up consultations to discuss investigations or unsuccessful treatment or further treatment as necessary.</p> <p>Treatment services will include vaccinations and immunisations. In addition, some service users will be seen on an ongoing basis because of the extent of their primary care needs; all such patients will only be seen on an ambulatory care basis or at their own home when domiciliary visits are required.</p> <p>Onward referrals to other health and social care professionals will be arranged when required for the patient's health and well-being.</p>
<p>Regulated activity 2</p> <p>As shown on your certificate of registration</p>	<p>Diagnostic and screening procedures</p>

<p>Services</p> <p>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>In order to ensure that the best possible clinical care and treatment is provided, some diagnostic and screening procedures that are appropriate to the clinical circumstances and needs of the patient will be undertaken. These include blood tests, urine tests etc for analysis at external pathology/microbiology laboratories, obtaining clinical samples such as tissue, cells or fluids using swabs or biopsies, etc.</p>
<p>Regulated activity 3</p> <p>As shown on your certificate of registration</p>	<p>Services In Slimming Clinics</p>
<p>Services</p> <p>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>The provision of advice and treatment including the prescription of medicines for the purpose of weight reduction both by and under the supervision of, a registered medical practitioner. This will include the prescription of medicines for weight reduction.</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, 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>	<p>Registered manager</p>
	<p>Full name: Dr Arun Kumar Ghosh</p>
	<p>Contact details:</p>
	<p>myhealth@drarunghosh.co.uk</p>
	<p>07725162036</p>
<p>Locations:</p> <ol style="list-style-type: none"> 1. The Barns, 5 Village Road, Prenton, Merseyside CH43 5SR 2. Rodney Street, 88 Rodney Street, Liverpool, Merseyside L1 9AR 	
<p>Regulated activities:</p>	

	"Diagnostic and screening procedures"
	"Treatment of Disease, Disorder and Injury"
	"Services In Slimming Clinics"

Locations

As listed on your certificate of registration. Please repeat the section below for each location for this regulated activity

Location 1

Name of location	The Barns
Address line 1	5 Village Road
Address line 2	Prenton
Address line 3	Merseyside
Address line 4	CH43 5SR
Brief description of location²	Primary care clinic (non-NHS)
Regulated Activities	<ul style="list-style-type: none"> • "Diagnostic and screening procedures" • "Treatment of Disease, Disorder and Injury" • "Services In Slimming Clinics"
Service Types	Doctors Consultation Services Doctors Treatment Services
No of approved places/beds (not NHS)³	Nil (ambulatory care only)

Service user band(s) at this location⁵ Use <input checked="" type="checkbox"/>	Learning disabilities or autistic spectrum disorder	<input type="checkbox"/>
	Older people	<input type="checkbox"/>
	Younger adults	<input type="checkbox"/>

	Children 0-3 years	<input type="checkbox"/>
	Children 4-12 years	<input type="checkbox"/>
	Children 13-18 years	<input type="checkbox"/>
	Mental health	<input type="checkbox"/>
	Physical disability	<input type="checkbox"/>
	Sensory impairment	<input type="checkbox"/>
	Dementia	<input type="checkbox"/>
	People detained under the Mental Health Act	<input type="checkbox"/>
	People who misuse drugs and alcohol	<input type="checkbox"/>
	People with an eating disorder	<input type="checkbox"/>
	Whole population	<input checked="" type="checkbox"/>
	None of the above Please give details:	<input type="checkbox"/>

Location 2

Name of location	Rodney Street
Address line 1	88 Rodney Street
Address line 2	Liverpool
Address line 3	Merseyside
Address line 3	L1 9AR

Brief description of location²	Primary care clinic (non-NHS)
Regulated Activities	<ul style="list-style-type: none"> • "Diagnostic and screening procedures" • "Treatment of Disease, Disorder and Injury" • "Services In Slimming Clinics"
Service Types	Doctors Consultation Services Doctors Treatment Services
No of approved places/beds (not NHS)³	Nil (ambulatory care only)

Service user band(s) at this location⁵ Use <input checked="" type="checkbox"/>	Learning disabilities or autistic spectrum disorder	<input type="checkbox"/>
	Older people	<input type="checkbox"/>
	Younger adults	<input type="checkbox"/>
	Children 0-3 years	<input type="checkbox"/>
	Children 4-12 years	<input type="checkbox"/>
	Children 13-18 years	<input type="checkbox"/>
	Mental health	<input type="checkbox"/>
	Physical disability	<input type="checkbox"/>
	Sensory impairment	<input type="checkbox"/>
	Dementia	<input type="checkbox"/>
	People detained under the Mental Health Act	<input type="checkbox"/>
	People who misuse drugs and alcohol	<input type="checkbox"/>

	People with an eating disorder	<input type="checkbox"/>
	Whole population	<input checked="" type="checkbox"/>
	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.