

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

Statement of purpose, Part 1

Health and Social Care Act 2008, Regulation 12, schedule 3

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

1. Provider's name and legal status

Full name¹	Keele Practice					
CQC provider ID	I-518900918					
Legal status¹	Individual	<input type="checkbox"/>	Partnership	<input checked="" type="checkbox"/>	Organisation	<input type="checkbox"/>

2. Provider's address, including for service of notices and other documents

Business address²	Health Centre Keele University
Town/city	Newcastle
County	Staffs
Post code	ST5 5BG
Business telephone	01782 753550
Electronic mail (email)³	Jan.williamson@northstaffscg.nhs.uk

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 NOT wish to receive notices and other documents from CQC by email	<input type="checkbox"/>
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¹ 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

² 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.

³ 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.

3. The full names of all the partners in a partnership	
Names:	<p>Dr Evan O'Byrne</p> <p>Dr Samuel Clarson</p>



Statement of purpose

Health and Social Care Act 2008

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

To ensure good access to the most appropriate healthcare professional

To meet the highest standards of healthcare provision

To treat all patients with dignity and respect irrespective of their ethnic origin, religious belief, personal attributes or nature of their health condition

To involve patients in any decisions regarding their healthcare

To adhere to local and national guidance for best patient care

To refer and involve the wider healthcare team as appropriate

To encourage service users to recognize the effect of lifestyle on their health and wellbeing

To ensure all staff are appropriately trained and are competent

To have systems in place to ensure safety of staff and patients

To have effective systems for information governance

To have effective safeguarding systems in place for adults, children and vulnerable groups

To consider the needs of our service users and respond to their feedback

To have effective communication with our staff, service users and professional colleagues

To put patient care and confidentiality at the heart of all our practices

To encourage patients to get involved in the practice through the Patient Participation Group, patient surveys and comments made to staff

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Statement of purpose

Health and Social Care Act 2008

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.:	1	of a total of:	1	locations
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Name of location	Keele Practice
Address	Health Centre Keele University Newcastle, Staffs,
Postcode	ST5 5BG
Telephone	01782 753550
Email	Docman.m83670@nhs.net

Description of the location (The premises and the area around them, access, adaptations, equipment, facilities, suitability for relevant special needs, staffing & qualifications etc)	
Keele Practice is a GP partnership which is located on the Keele University campus. It has an open list and provides General Medical Services to all patients who live on the campus and in the surrounding areas. The building is compliant, and services are provided on the upper and lower ground floors to everyone. All staff have up to date training in all areas to provide the best possible service to patients, and to understand the safeguarding responsibilities of working with children and vulnerable adults, and their responsibilities regarding health and safety, and their clinical and non-clinical roles. All staff have undergone and enhanced DBS check, and clinicians are registered with their regulatory bodies. All equipment is annually checked in according with legal guidelines.	
No of approved places / overnight beds (not NHS)	0

CQC service user bands

The people that will use this location ('The whole population' means everyone).

Adults aged 18-65	<input type="checkbox"/>	Adults aged 65+	<input type="checkbox"/>
Mental health	<input type="checkbox"/>	Sensory impairment	<input type="checkbox"/>
Physical disability	<input type="checkbox"/>	People detained under the Mental Health Act	<input type="checkbox"/>
Dementia	<input type="checkbox"/>	People who misuse drugs or alcohol	<input type="checkbox"/>
People with an eating disorder	<input type="checkbox"/>	Learning difficulties or autistic disorder	<input type="checkbox"/>
Children aged 0 – 3 years	<input type="checkbox"/>	Children aged 4-12	<input type="checkbox"/>
		Children aged 13-18	<input type="checkbox"/>
The whole population	X	Other (please specify below)	<input type="checkbox"/>

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

Regulated activity(ies) carried on at this location		
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	X	
Registered Manager(s) for this regulated activity: Dr E O'Byrne		
Assessment or medical treatment for persons detained under the Mental Health Act	<input type="checkbox"/>	
Registered Manager(s) for this regulated activity:		
Surgical procedures	X	
Registered Manager(s) for this regulated activity: Dr E O'Byrne		
Diagnostic and screening procedures	X	
Registered Manager(s) for this regulated activity: Dr E O'Byrne		
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	X	
Registered Manager(s) for this regulated activity: Dr E O'Byrne		
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	X	
Registered Manager(s) for this regulated activity: Dr E O'Byrne		

Statement of purpose

Health and Social Care Act 2008

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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1. Manager's full name	Dr Evan O'Byrne
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2. Manager's contact details	
Business address	Keele Practice Health Centre Keele University
Town/city	Newcastle-under-Lyme
County	Staffs
Post code	ST5 5BG
Business telephone	01782 753550
Manager's email address¹	
Evan.obyrne@northstaffsccg.nhs.uk	

¹ 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.

3. Locations managed by the registered manager at 1 above (Please see part 3 of this statement of purpose for full details of the location(s))	
Name(s) of location(s) (list)	Percentage of time spent at this location
Keele Health Centre including home visits	100

4. Regulated activity(ies) managed by this manager		
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	X	

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.