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Statement of purpose

Health and Social Care Act 2008

Milborne Port Surgery incorporating
Templecombe Surgery (Branch surgery)

Please read the guidance document *Statement of purpose: Guidance for providers* and also the notes at end of this template before completing it.

Statement of purpose

Health and Social Care Act 2008

Version	4	Date of next review	June 2022
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Service provider

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

Name	Milborne Port Surgery
Address line 1	Gainsborough
Address line 2	Milborne Port
Town/city	Sherborne
County	Dorset
Post code	DT9 5FH
Email	Somccg.milborneportsurgery-reception@nhs.net
Main telephone	01963 250334

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	1-199765816
Registered manager ID	CON1-569762754

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 a high quality primary care medical service to our registered patients and temporary patients in a clean, suitably equipped and safe environment.

2. To provide appropriate on going treatment & care to all our registered patients & temporary residents, taking account of their specific needs and including the provision of advice on relevant health promotion. Involve patients in decisions made regarding their care.

3. To offer timely access to assessment when patients are unwell, giving treatment where appropriate and referring to other providers where this is in the best interests of the patient.

4. To offer services to all without discrimination, by practice staff that have the right skills and training in order to provide the services competently.

5. To promote health and wellbeing, by offering appropriate advice, checks and access to information.

6. To have respect for all our patients, their family and carers at all times, to listen and respond to their needs.

7. To work with national and local organisations to enable them to commission appropriate care for our patients' population.

Legal status

Tick the relevant box and provide the information requested for the type of provider you are:

Use

Individual

Partnership

List the names of all partners

- 1. Dr Ian Anthony Wyer
- 2. Dr Simon Bulley
- 4. Dr Tabitha Smith

Limited liability partnership registered as an organisation

Incorporated organisation	<input type="checkbox"/>
Company number	
Are you a charity?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Charity number: N/A
Group structure (if applicable)	N/A

Regulated activity 1	

<i>As shown on your certificate of registration</i>	Diagnostic and Screening Procedure
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>	<ul style="list-style-type: none"> ➤ Testing Urine ➤ Phlebotomy ➤ Cervical smears ➤ NHS Checks ➤ INR Testing
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	Milborne Port Surgery
Address line 1	Gainsborough
Address line 2	Milborne Port
Address line 3	Sherborne
Address line 4	Dorset
Address line 5	DT9 5FH
Brief description of location²	<p>Modern medical centre built in 2009 comprising of 7 consultation rooms, 5 treatment rooms, a dispensary and administrative areas. 2 large separable waiting areas.</p> <p>Spacious car parking facilities with wheelchair access.</p>
No of approved places/beds (not NHS)³	n/a
Location 2:	
Name of location	branch surgery at Templecombe.
Address line 1	Templecombe Surgery
Address line 2	Rock House

Address line 3	Station Road
Address line 4	Templecombe
Address line 5	BA8 0JR
Brief description of location²	Templecombe Surgery is a converted cottage with 3 consulting rooms, waiting room, reception and dispensary area, storage, kitchen and amenities.
No of approved places/beds (not NHS)³	n/a
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 Anthony Ian Wyer
	Proportion of working time spent at each location (for job share posts only):
	Contact details:
	Business address: Milborne Port Surgery Gainsborough Milborne Port Sherborne Dorset DT9 5FH
	Telephone: 01963 250334
Email: ian.wyer@nhs.net	

	Locations: Milborne Port Surgery and branch site Templecombe Surgery (Rock House, Station Road, Templecombe, Somerset, BA8 0JR)
	Regulated activities:
	1. Diagnostic and Screening Procedure
	2. Surgical Procedures
	3. Treatment of disease, disorder or injury
	4. Maternity Services
	5. Family Planning
	Registered manager 2:
	Full name:
	Proportion of time spent at each location:
	Contact details:
	Business address:
	Telephone:
	Email:
	Locations:
	Regulated activities:
	1.
	2.

	3.	
	4.	
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	<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"/>	
Regulated activity 2 <i>As shown on your certificate of registration</i>	Surgical 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>	<ul style="list-style-type: none"> ➤ Minor surgical procedures, excisions, incisions, aspiration and injection as well as cautery, cryosurgery. ➤ Rheumatological injections.
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	Milborne Port Surgery
Address line 1	Gainsborough
Address line 2	Milborne Port
Address line 3	Sherborne
Address line 4	Dorset
Address line 5	DT9 5FH
Brief description of location²	<p>Modern medical centre built in 2009 comprising of 7 consultation rooms, 5 treatment rooms, a dispensary and administrative areas. 2 large separable waiting areas.</p> <p>Spacious car parking facilities with wheelchair access.</p>
No of approved places/beds (not NHS)³	n/a
Location 2:	
Name of location	branch surgery at Templecombe.
Address line 1	Templecombe Surgery
Address line 2	Rock House
Address line 3	Station Road

Address line 4	Templecombe
Address line 5	BA8 0JR
Brief description of location²	Templecombe Surgery is a converted cottage with 3 consulting rooms, waiting room, reception and dispensary area, storage, kitchen and amenities.
No of approved places/beds (not NHS)³	n/a
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 Anthony Ian Wyer
	Proportion of working time spent at each location (for job share posts only):
	Contact details:
	Business address: Milborne Port Surgery Gainsborough Milborne Port Sherborne Dorset DT9 5FH
	Telephone: 01963 250334
Email: ian.wyer@nhs.net	

	Locations: Millborne Port and Templecombe Surgeries
	Regulated activities:
	1. Diagnostic and Screening Procedure
	2. Surgical Procedures
	3. Treatment of disease, disorder or injury
	4. Maternity Services
	5. Family Planning
	Registered manager 2:
	Full name:
	Proportion of time spent at each location:
	Contact details:
	Business address:
	Telephone:
	Email:
	Locations:
	Regulated activities:
	1.
	2.
	3.

	4.	
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	<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"/>	

Regulated activity 3 <i>As shown on your certificate of registration</i>	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>	<ul style="list-style-type: none"> ➤ Treatment of acute and chronic disease. ➤ Treatment of injury. ➤ Health education and disease prevention. ➤ General practice services for our registered patients and occasionally patients registered with other GP practices.
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	Milborne Port Surgery
Address line 1	Gainsborough
Address line 2	Milborne Port
Address line 3	Sherborne
Address line 4	Dorset
Address line 5	DT9 5FH
Brief description of location²	<p>Modern medical centre built in 2009 comprising of 7 consultation rooms, 5 treatment rooms, a dispensary and administrative areas. 2 large separable waiting areas.</p> <p>Spacious car parking facilities with wheelchair access.</p> <p>In 2020/21 we will also be giving influenza and pneumococcal vaccinations at Templecombe Recreation Ground, Vine Street, Templecombe, BA8 0JY</p>

No of approved places/beds (not NHS)³	n/a
Location 2:	
Name of location	branch surgery at Templecombe.
Address line 1	Templecombe Surgery
Address line 2	Rock House
Address line 3	Station Road
Address line 4	Templecombe
Address line 5	BA8 0JR
Brief description of location²	Templecombe Surgery is a converted cottage with 3 consulting rooms, waiting room, reception and dispensary area, storage, kitchen and amenities.
No of approved places/beds (not NHS)³	n/a
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,</i>	Registered manager 1
	Full name: Dr Anthony Ian Wyer
	Proportion of working time spent at each location (for job share posts only):
	Contact details:

<p><i>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>Business address:</p> <p>Business address: Milborne Port Surgery Gainsborough Milborne Port Sherborne Dorset DT9 5FH</p>
	<p>Telephone: 01963 250334</p>
	<p>Email: lan.wyer@nhs.net</p>
	<p>Locations: Milborne Port and Templecombe Surgeries</p>
	<p>Regulated activities:</p>
	<p>1. Diagnostic and Screening Procedure</p>
	<p>2. Surgical Procedures</p>
	<p>3. Treatment of disease, disorder or injury</p>
	<p>4. Maternity Services</p>
	<p>5. Family Planning</p>
	<p>Registered manager 2:</p>
	<p>Full name:</p>
	<p>Proportion of time spent at each location:</p>
	<p>Contact details:</p>

	Business address:	
	Telephone:	
	Email:	
	Locations:	
	Regulated activities:	
	1.	
	2.	
	3.	
	4.	
	Service user band(s) at this location⁵ <i>Use</i> <input checked="" type="checkbox"/>	Learning disabilities or autistic spectrum disorder
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"/>
Regulated activity 4 <i>As shown on your certificate of registration</i>	Maternity Services	
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>	<ul style="list-style-type: none"> ➤ Referral to midwife on first presentation ➤ Advice re vitamins during pregnancy ➤ Routine antenatal care of the normal pregnancy (shared with midwife) ➤ Shared antenatal care of pregnancies as requested by the hospital antenatal team. ➤ Postnatal checks ➤ Referral to hospital/consultant obstetric care as required or indicated. 	
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	Milborne Port Surgery	
Address line 1	Gainsborough	
Address line 2	Milborne Port	
Address line 3	Sherborne	
Address line 4	Dorset	
Address line 5	DT9 5FH	

Brief description of location²	Modern medical centre built in 2009 comprising of 7 consultation rooms, 5 treatment rooms, a dispensary and administrative areas. 2 large separable waiting areas. Spacious car parking facilities with wheelchair access.
No of approved places/beds (not NHS)³	n/a
Location 2:	
Name of location	branch surgery at Templecombe.
Address line 1	Templecombe Surgery
Address line 2	Rock House
Address line 3	Station Road
Address line 4	Templecombe
Address line 5	BA8 0JR
Brief description of location²	Templecombe Surgery is a converted cottage with 3 consulting rooms, waiting room, reception and dispensary area, storage, kitchen and amenities.
No of approved places/beds (not NHS)³	n/a
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,</i>	Registered manager 1
	Full name: Dr Anthony Ian Wyer
	Proportion of working time spent at each location (for job share posts only):
	Contact details:

state which regulated activities and locations(s) they manage.

Copy and paste the sub-section if they are more than two registered managers

Business address:

Milborne Port Surgery

Gainsborough

Milborne Port

Sherborne

Dorset

DT9 5FH

Telephone: 01963 250334

Email: Ian.Wyer@nhs.net

Locations:Milborne Port and Templecombe Surgeries

Regulated activities:

1. Diagnostic and Screening Procedure

2. Surgical Procedures

3. Treatment of disease, disorder or injury

4. Maternity Services

5. Family Planning

Registered manager 2:

Full name:

Proportion of time spent at each location:

Contact details:

	Business address:	
	Telephone:	
	Email:	
	Locations:	
	Regulated activities:	
	1.	
	2.	
	3.	
	4.	
	Service user band(s) at this location⁵ <i>Use</i> <input checked="" type="checkbox"/>	Learning disabilities or autistic spectrum disorder
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 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 type="checkbox"/>
People detained under the Mental Health Act		<input type="checkbox"/>

	People who misuse drugs and alcohol	<input checked="" type="checkbox"/>
	People with an eating disorder	<input checked="" type="checkbox"/>
	Whole population	<input type="checkbox"/>
	None of the above Please give details:	<input type="checkbox"/>
Regulated activity 5 <i>As shown on your certificate of registration</i>	Family Planning Services	
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>	<ul style="list-style-type: none"> ➤ Coil fitting and removal ➤ Prescriptions of contraceptives, emergency contraception ➤ Provision of all general family planning advice including LARC. 	
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	Milborne Port Surgery	
Address line 1	Gainsborough	

Address line 2	Milborne Port
Address line 3	Sherborne
Address line 4	Dorset
Address line 5	DT9 5FH
Brief description of location²	Modern medical centre built in 2009 comprising of 7 consultation rooms, 5 treatment rooms, a dispensary and administrative areas. 2 large separable waiting areas. Spacious car parking facilities with wheelchair access.
No of approved places/beds (not NHS)³	n/a
Location 2:	
Name of location	branch surgery at Templecombe.
Address line 1	Templecombe Surgery
Address line 2	Rock House
Address line 3	Station Road
Address line 4	Templecombe
Address line 5	BA8 0JR
Brief description of location²	Templecombe Surgery is a converted cottage with 3 consulting rooms, waiting room, reception and dispensary area, storage, kitchen and amenities.
No of approved places/beds (not NHS)³	n/a
Name and contact details of registered manager(s)	Registered manager 1
	Full name: Dr Anthony Ian Wyer

<p>(if applicable)⁴ <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 location(s) they manage.</i></p> <p><i>Copy and paste the sub-section if they are more than two registered managers</i></p>	<p>Proportion of working time spent at each location (for job share posts only):</p>
	<p>Contact details:</p>
	<p>Business address: Milborne Port Surgery Gainsborough Milborne Port Sherborne Dorset DT9 5FH</p>
	<p>Telephone: 01963 250334</p>
	<p>Email: Joanna.briffa@nhs.net</p>
	<p>Locations: Milborne Port and Templecombe Surgeries</p>
	<p>Regulated activities:</p>
	<p>1. Diagnostic and Screening Procedure</p>
	<p>2. Surgical Procedures</p>
	<p>3. Treatment of disease, disorder or injury</p>
	<p>4. Maternity Services</p>
	<p>5. Family Planning</p>
	<p>Registered manager 2:</p>
<p>Full name:</p>	

	Proportion of time spent at each location:	
	Contact details:	
	Business address:	
	Telephone:	
	Email:	
	Locations:	
	Regulated activities:	
	1.	
	2.	
	3.	
4.		
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 type="checkbox"/>
	Younger adults	<input checked="" type="checkbox"/>
	Children 0-3 years	<input type="checkbox"/>
	Children 4-12 years	<input 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 type="checkbox"/>
	People detained under the Mental Health Act	<input type="checkbox"/>
	People who misuse drugs and alcohol	<input checked="" type="checkbox"/>
	People with an eating disorder	<input checked="" type="checkbox"/>
	Whole population	<input 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.