

Statement of purpose

Health and Social Care Act 2008

Wokingham Medical Centre

(formerly Tudor House & Rectory Road Surgeries)
23 Rose Street, Wokingham, Berkshire RG40 1XS

Statement of purpose

Health and Social Care Act 2008

Version	3.0	Date of next review	December 2019
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Service provider

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

Name	Wokingham Medical Centre
Address line 1	23 Rose Street
Address line 2	
Town/city	Wokingham
County	Berkshire
Post code	RG40 1XS
Email	admin.wmc@nhs.net
Main telephone	0118 978 4586

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	1-199752675
Registered manager ID	CON1-565481617

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. We aim to ensure high quality, safe and effective GP services to patients.
2. Provide monitored and continually improving healthcare services.
3. Provide healthcare which is available to a whole population and create a partnership between patient and health profession which ensures mutual respect, holistic care and continuous learning and training.

4. The provision of accessible healthcare which is proactive to healthcare changes, efficiency and innovation and development.
5. To improve Clinical Governance and Evidence Based Practice.
6. To improve Clinical and Non-clinical risk management.
7. To reduce risk in specific clinical risk areas and facilities
8. To optimise performance against key targets and core standards
9. To improve services offered to and communication with patients.
10. Recruit, retain and develop a highly motivated and appropriately skilled workforce
11. To enhance performance of the workforce and develop management capability and expertise.
12. To ensure effective management and governance systems
13. Ensure robust Information Technology strategy to support the Practice.

<p>Legal status Tick the relevant box and provide the information requested for the type of provider you are: Use <input checked="" type="checkbox"/></p>	
Individual	<input type="checkbox"/>
Partnership	<input checked="" type="checkbox"/>
List the names of all partners	<ol style="list-style-type: none"> 1. Dr D Stackwood (F) 2. Dr R Bahra (M) 3. Dr V Bhardwaj (M) 4. Dr I Jalisi (M) 5. Dr H Hafizji (M) 6. Dr Z Ali (M) 7. Dr H Rutherford (F) 8. Dr R O'Sullivan (F)
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)	Not applicable

Please repeat the following table for each of your regulated activities¹

Regulated activity 1 <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
Locations <i>As listed on your certificate of registration. Please repeat the section below for each location for this regulated activity</i>	

Location 1: 1-1384269424	
Name of location	Wokingham Medical Centre
Address line 1	23 Rose Street
Address line 2	
Address line 3	Wokingham
Address line 4	Berkshire
Address line 5	RG40 1XS
Brief description of location²	Wokingham Medical Centre (WMC) is an award winning, purpose built surgery that opened in 2014. The premises include modern consulting and treatment rooms on two floors with both stair and lift access. Externally, the premises include parking facilities for disabled patients with easy access arrangements for those with limited physical mobility. WMC is conveniently located in the heart of Wokingham town centre.
No of approved places/beds (not NHS)³	0
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 Vipin Bhardwaj
	Proportion of working time spent at each location (for job share posts only):
	Contact details:
	Business address: Wokingham Medical Centre 23 Rose Street Wokingham Berks RG40 1XS
	Telephone: 0118 978 4566
	Email: admin.wmc@nhs.net

	Locations: Wokingham Medical Centre	
	Regulated activities:	
	1. GP	
	2.	
	3.	
	4.	
	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	Learning disabilities or autistic spectrum disorder	<input type="checkbox"/>

Use <input checked="" 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"/>	
Regulated activity 2 <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	

Locations	
<i>As listed on your certificate of registration. Please repeat the section below for each location for this regulated activity</i>	
Location 1: 1-1384269424	
Name of location	Wokingham Medical Centre
Address line 1	23 Rose Street
Address line 2	
Address line 3	Wokingham
Address line 4	Berkshire
Address line 5	RG40 1XS
Brief description of location²	Wokingham Medical Centre (WMC) is an award winning, purpose built surgery that opened in 2014. The premises include modern consulting and treatment rooms on two floors with both stair and lift access. Externally, the premises include parking facilities for disabled patients with easy access arrangements for those with limited physical mobility. WMC is conveniently located in the heart of Wokingham town centre.
No of approved places/beds (not NHS)³	0
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 Vipin Bhardwaj
	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:

Wokingham Medical Centre
23 Rose Street
Wokingham
Berkshire
RG40 1XS

Telephone: 0118 978 4566

Email: admin.wmc@nhs.net

Locations:

Wokingham Medical Centre

Regulated activities:

1. GP

2.

3.

4.

Registered manager 2:

Full name:

Proportion of time spent at each location:

Contact details:

Business address:

Telephone:

Email:

	Locations:	
	Regulated activities:	
	1.	
	2.	
	3.	
Service user band(s) at this location⁵ <i>Use</i> <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"/>
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Regulated activity 3 <i>As shown on your certificate of registration</i>	Maternity and midwifery 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>	GP
Locations <i>As listed on your certificate of registration. Please repeat the section below for each location for this regulated activity</i>	
Location 1: 1-1384269424	
Name of location	Wokingham Medical Centre
Address line 1	23 Rose Street
Address line 2	
Address line 3	Wokingham
Address line 4	Berkshire
Address line 5	RG40 1XS

<p>Brief description of location²</p>	<p>Wokingham Medical Centre (WMC) is an award winning, purpose built surgery that opened in 2014. The premises include modern consulting and treatment rooms on two floors with both stair and lift access. Externally, the premises include parking facilities for disabled patients with easy access arrangements for those with limited physical mobility. WMC is conveniently located in the heart of Wokingham town centre.</p>
<p>No of approved places/beds (not NHS)³</p>	<p>0</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 1</p> <p>Full name: Dr Vipin Bhardwaj</p> <p>Proportion of working time spent at each location (for job share posts only):</p> <p>Contact details:</p> <p>Business address: Wokingham Medical Centre 23 Rose Street Wokingham Berkshire RG40 1XS</p> <p>Telephone: 0118 978 4566</p> <p>Email: admin.wmc@nhs.net</p> <p>Locations: Wokingham Medical Centre</p> <p>Regulated activities:</p> <p>1. GP</p> <p>2.</p> <p>3.</p>

	4.	
	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 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"/>

Regulated activity 4 <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>	GP
Locations <i>As listed on your certificate of registration. Please repeat the section below for each location for this regulated activity</i>	
Location 1: 1-1384269424	
Name of location	Wokingham Medical Centre

Address line 1	23 Rose Street
Address line 2	
Address line 3	Wokingham
Address line 4	Berkshire
Address line 5	RG40 1XS
Brief description of location²	Wokingham Medical Centre (WMC) is an award winning, purpose built surgery that opened in 2014. The premises include modern consulting and treatment rooms on two floors with both stair and lift access. Externally, the premises include parking facilities for disabled patients with easy access arrangements for those with limited physical mobility. WMC is conveniently located in the heart of Wokingham town centre.
No of approved places/beds (not NHS)³	0
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 Vipin Bhardwaj
	Proportion of working time spent at each location (for job share posts only):
	Contact details:
	Business address: Wokingham Medical Centre 23 Rose Street Wokingham Berkshire RG40 1XS
	Telephone: 0118 978 4566
	Email: admin.wmc@nhs.net

	Locations: Wokingham Medical Centre	
	Regulated activities:	
	1. GP	
	2.	
	3.	
	4.	
	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	Learning disabilities or autistic spectrum disorder	<input type="checkbox"/>

Use <input checked="" 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"/>	

Regulated activity 5 <i>As shown on your certificate of registration</i>	Treatment of disease, disorder or injury.
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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
Locations <i>As listed on your certificate of registration. Please repeat the section below for each location for this regulated activity</i>	
Location 1: 1-1384269424	
Name of location	Wokingham Medical Centre
Address line 1	23 Rose Street
Address line 2	
Address line 3	Wokingham
Address line 4	Berkshire
Address line 5	RG40 1XS
Brief description of location²	Wokingham Medical Centre (WMC) is an award winning, purpose built surgery that opened in 2014. The premises include modern consulting and treatment rooms on two floors with both stair and lift access. Externally, the premises include parking facilities for disabled patients with easy access arrangements for those with limited physical mobility. WMC is conveniently located in the heart of Wokingham town centre.
No of approved places/beds (not NHS)³	0
Name and contact details of registered manager(s)	Registered manager 1
	Full name: Dr Vipin Bhardwaj

<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: Wokingham Medical Centre 23 Rose Street Wokingham Berkshire RG40 1XS</p>
	<p>Telephone: 0118 978 4566</p>
	<p>Email: admin.wmc@nhs.net</p>
	<p>Locations: Wokingham Medical Centre</p>
	<p>Regulated activities:</p>
	<p>1. GP</p>
	<p>2.</p>
	<p>3.</p>
	<p>4.</p>
	<p>Registered manager 2:</p>
	<p>Full name:</p>
	<p>Proportion of time spent at each location:</p>
	<p>Contact details:</p>
<p>Business address:</p>	
<p>Telephone:</p>	

	Email:	
	Locations:	
	Regulated activities:	
	1.	
	2.	
	3.	
	4.	
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"/>
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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.