

# **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

Please first read the guidance document *Statement of purpose: Guidance for providers*

<p><b>Statement of purpose, Part 1</b></p> <p>Health and Social Care Act 2008, Regulation 12, schedule 3</p> <p>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</p>
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1. Provider's name and legal status			
Full name <sup>1</sup>	Lightwater Surgery		
CQC provider ID	1-545512421		
Legal status <sup>1</sup>	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 address <sup>2</sup>	39 All Saints Road
Town/city	Lightwater
County	Surrey
Post code	GU18-5SQ
Business telephone	01276 538600
Electronic mail (email) <sup>3</sup>	Fiona.Hadley@nhs.net

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

<sup>2</sup> 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.

<sup>3</sup> 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.

<b>3. The full names of all the partners in a partnership</b>	
<b>Names:</b>	Dr Sara Louise Jones Dr Adrian Mark Davis Dr Philip John Wilcox Dr Majid Ali Saeed Dr Melissa Joanna Forsbrey

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## 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*

Lightwater Surgery produces patient centred care, that is accountable in providing a safe, high quality, effective level of service, in an open and questioning environment.

We consist of a dedicated and compassionate professional team, striving to exceed patient expectations, through high standards of clinical care.

The practice will continue to provide a modern environment for patient facilities and provide access for many services and investigations.

We shall support our patients, and make their access to care as convenient as possible. We shall provide healthcare which is available to all and create a partnership between the patient and the practice, maintaining patient dignity; ensuring mutual respect, holistic and continuous care. We will continue to work closely with our Patient Participation Group; a source of further enhanced communication with our local population.

We will endeavour to improve the health of our community and try to prevent ill health by using evidence based medicine. Consequently we will deliver services that are responsive to the needs of our population, thus improving healthcare. We will be mindful of our duty to be efficient and robust in the use of resources available to us.

We will safeguard children and vulnerable adults, by ensuring all staff receive and maintain the appropriate training.

We will continue to respect our patients right to confidentiality and supply a system of feedback and comment to build upon improvement. We will listen to complaints and offer a process of response and review.

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# Statement of purpose

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## 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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<b>Name of location</b>	Lightwater Surgery
<b>Address</b>	39 All Saints Road Lightwater Surrey
<b>Postcode</b>	GU18-5SQ
<b>Telephone</b>	01276 538600
<b>Email</b>	Fiona.Hadley@nhs.net

<b>Description of the location</b> (The premises and the area around them, access, adaptations, equipment, facilities, suitability for relevant special needs, staffing & qualifications etc)	
<p>A purpose built GP practice that was extended and refurbished in 2012. In a semi rural setting, on the Surrey/ Berkshire borders.</p> <p>We have disabled access at the front and back of the building, and have a lift available.</p> <p>There are facilities and equipment available for General Practice, with fully qualified doctors and nurses, to meet our contractual demands. Additional services are also provided by GP trainees (being an established Training Practice), healthcare assistants and phlebotomists.</p>	
<b>No of approved places / overnight beds (not NHS)</b>	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
The whole population	<input checked="" type="checkbox"/>	Other (please specify below)	<input type="checkbox"/>



<b>The CQC service type(s) provided at this location</b>	
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 checked="" 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"/>

<b>Regulated activity(ies) carried on at this location</b>		
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	<input checked="" type="checkbox"/>	
Registered Manager(s) for this regulated activity: Dr Saeed		
Assessment or medical treatment for persons detained under the Mental Health Act	<input type="checkbox"/>	
Registered Manager(s) for this regulated activity:		
Surgical procedures	<input checked="" type="checkbox"/>	
Registered Manager(s) for this regulated activity: Dr Saeed		
Diagnostic and screening procedures	<input type="checkbox"/>	
Registered Manager(s) for this regulated activity:		
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	<input checked="" type="checkbox"/>	
Registered Manager(s) for this regulated activity: Dr Saeed		
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 checked="" type="checkbox"/>	
Registered Manager(s) for this regulated activity: Dr Saeed		
Family planning service	<input checked="" type="checkbox"/>	
Registered Manager(s) for this regulated activity: Dr Saeed		

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## **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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<b>1. Manager's full name</b>	Dr Majid Ali Saeed
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<b>2. Manager's contact details</b>	
<b>Business address</b>	Lightwater Surgery 39 All Saints Road
<b>Town/city</b>	Lightwater
<b>County</b>	Surrey
<b>Post code</b>	GU18-5SQ
<b>Business telephone</b>	01276 538600
<b>Manager's email address<sup>1</sup></b>	
Majid.Saeed@nhs.net	

<sup>1</sup> 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.

<b>3. Locations managed by the registered manager at 1 above</b>	
(Please see part 3 of this statement of purpose for full details of the location(s))	
<b>Name(s) of location(s) (list)</b>	<b>Percentage of time spent at this location</b>
Lightwater Surgery	100

<b>4. Regulated activity(ies) managed by this manager</b>		
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	<input checked="" type="checkbox"/>	
Assessment or medical treatment for persons detained under the Mental Health Act	<input type="checkbox"/>	
Surgical procedures	<input checked="" type="checkbox"/>	
Diagnostic and screening procedures	<input type="checkbox"/>	
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	<input checked="" type="checkbox"/>	
Termination of pregnancies	<input type="checkbox"/>	
Services in slimming clinics	<input type="checkbox"/>	
Nursing care	<input checked="" type="checkbox"/>	
Family planning service	<input checked="" type="checkbox"/>	

<b>5. Locations, regulated activities and job shares</b>
<p>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.</p> <p>Please also describe below any job share arrangements that include or affect this manager.</p>
<p>Nil/ N/A</p>