

<b>Statement of purpose:</b> Health and Social Care Act 2008			
<b>Version</b>	3	<b>Date of next review</b>	December 2021

<b>Service provider</b> <i>Full name, business address, telephone number and email address of the registered provider:</i>	
<b>Name</b>	Budleigh Salterton Medical Centre
<b>Address line 1</b>	1 The Lawn
<b>Town/city</b>	Budleigh Salterton Medical Centre
<b>County</b>	Devon
<b>Post code</b>	EX8 1SE
<b>Email</b>	d-ccg.budleighmedicalcentre@nhs.net
<b>Main telephone</b>	01392 441212
<b>ID numbers</b> <i>Where this is an updated version of the statement of purpose, please provide the service provider and registered manager ID numbers:</i>	
<b>Service provider ID</b>	L83011
<b>Registered manager ID</b>	GMC 4632 957

<b>Aims and objectives</b> <i>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:</i>
1. To provide a high quality and confidential service to all patients regardless of age, sex, marital status, pregnancy, race, ethnicity, disability, sexual orientation, gender, pregnancy or maternity status, religion or belief
2. To ensure that all members of the team have the right skills and training to carry out their duties competently.
3. To focus on prevention of poor health by promoting well person clinics, smoking cessation clinics etc to all of our patients attending and to offer care and advice.
4. To understand and meet the needs of our patients, involve them in decision making about their treatment and care and encourage them to participate fully.
5. To carry out annual satisfaction surveys of the people who use our service and use the results to make change when required.
6. To involve other professionals in the care of our patients where it is the patients best interests, i.e. referrals for specialist care and advice.
7. To provide our patients with a comfortable, relaxing and friendly environment.

**Legal status**

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

<b>Individual</b>	No
<b>Partnership</b>	Yes
<b>List the names of all partners</b>	1. Dr Tania Davis 2. Dr Karen Heaney 3. Dr Benjamin Hallmark 4. Dr Brian Taylor 5. Dr Joseph Bailey
<b>Limited liability partnership registered as an organisation</b>	-
<b>Incorporated organisation</b>	-
<b>Company number</b>	-
<b>Are you a charity?</b>	No
<b>Group structure (if applicable)</b>	-

<b>Regulated activity 1</b> As shown on your certificate of registration	Diagnostics and screening procedures
<b>Services</b> 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)	GP
<b>Regulated activity 2</b> As shown on your certificate of registration	Family planning
<b>Services</b> 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)	GP
<b>Regulated activity 3</b> As shown on your certificate of registration	Maternity and midwifery
<b>Services</b> 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)	GP
<b>Regulated activity 4</b> As shown on your certificate of registration	Surgical procedures
<b>Services</b> 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)	GP
<b>Regulated activity 5</b> As shown on your certificate of registration	Treatment of disease, disorder or injury
<b>Services</b> 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)	GP

**Locations**

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

**Location 1:**

<b>Name of location</b>	Budleigh Salterton Medical Centre
<b>Address line 1</b>	1 The Lawn
<b>Town/city</b>	Budleigh Salterton
<b>County</b>	Devon
<b>Post code</b>	EX9 6LS
<b>Brief description of location<sup>2</sup></b>	<p>A 2 storey building with a disabled parking space to the front and automatic push button entrance doors with no steps. On the ground floor there are 8 consulting rooms, a nursing room and a minor ops room and 2 toilets (one is for disabled use). On the first floor are the administration rooms, staff room, kitchen and 2 toilets (one with a shower).</p> <p>(We are also running a vaccination site at LED Exmouth Tennis and Fitness Centre, Withycombe Village Road, Exmouth , EX8 3AE as a satellite site)</p>
<b>No of approved places/beds (not NHS)<sup>3</sup></b>	None

**Name and contact details of registered manager(s) (if applicable)<sup>4</sup>**

*Full name, business address, telephone number and email address of each registered manager.*

*For each registered manager, state which regulated activities and locations(s) they manage.*

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

**Registered manager**

**Full Name:** Dr Benjamin William Hallmark

**Proportion of working time spent at each location**  
(for job share posts only): Full time in one location

**Contact details:****Business address:**

Budleigh Salterton Medical Centre  
1 The Lawn, Budleigh Salterton, Devon, EX9 6LS

**Telephone:** 01395 441212

**Email:** ben.hallmark@nhs.net

**Locations:**

1 The Lawn, Budleigh Salterton, Devon, EX9 6LS

**Regulated activities:**

1. Diagnostic and screening procedures

	2. Family planning
	3. Maternity and midwifery services
	4. Surgical procedures
	5. Treatment of disease, disorder or injury

<b>Service user band(s) at this location<sup>5</sup></b> <i>Use <input checked="" type="checkbox"/></i>	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"/>

<b>Location 2:</b>	
<b>Name of location</b>	Budleigh Hospital Hub
<b>Address line 1</b>	East Budleigh Road
<b>Town/city</b>	Budleigh Salterton
<b>County</b>	Devon
<b>Post code</b>	EX9 6HF
<b>Brief description of location<sup>2</sup></b>	<p>Sole use of one clinic room with full facilities which was refurbished in 2017.</p> <p>This has been used many years and Devon CCG advised this room should be added to our Statement of Purpose for clarity.</p>
<b>No of approved places/beds (not NHS)<sup>3</sup></b>	None

**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.