

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	Stifford Clays Medical Practice					
CQC provider ID	1-199727779					
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	Stifford Clays Health Centre Crammavill Street Stifford Clays
Town/city	Grays
County	Essex
Post code	RM16 2AP
Business telephone	01375 800450
Electronic mail (email)³	Practice.managerF81192@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 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:

Dr Manoj Chandran

Dr Raheela Rasool

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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

- To provide high quality, evidence-based Primary-Care services to our registered patients and appropriate emergency-care as when required for non-registered patients.

- As a training organization responsible for teaching F2 and ST doctors we aim to use the experience derived from the Primary-Care workload to provide valuable teaching opportunities for our doctors in training; the long-term aim is to help our trainees to successfully develop their careers and to produce competent, safe and useful GPs of the future.

- To use our Primary-Care and Training experience to further the development of medical services and to contribute to wider development of Primary-Care in the locality by involvement at Primary Care Network (PCN) and Integrated Care Board (ICB) board level, provision of GP appraisals and Medicines Management/other clinical governance input.

Box will expand if completed using a computer

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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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Name of location	Stifford Clays Medical Practice
Address	Stifford Clays Health Centre Crammavill Street Stifford Clays Grays Essex
Postcode	RM16 2AP
Telephone	01375 800450
Email	Pracice.managerF81192@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)

- Stifford Clays Health Centre is a NHS Property Service (MSEICB) -owned, purpose-built primary-care health centre situated in a long-established residential development and within 100m of the local shopping facilities.
- The Health Centre comprises a single-storey building housing the medical practice named, The Stifford Clays Medical Practice, but also used by the Grays PCN/Enhanced Services and Community Physio. The building also offers meeting rooms and training facilities.
- Access to the Health Centre is good and easy - local buses stop nearby and for car-users, although the Health Centre car-parking space is staff only, there is usually adequate parking on public roads within 50m of the building. Access to the building is via fully automated doors designed to facilitate wheelchair access.
- Within the GP-practice area of the Health Centre, there is a large open-plan patient waiting area with adequate seating provision and a reception area with a wheelchair-user friendly area designed-in. The practice currently uses 11 consulting/treatment rooms clearly identified by number. The nursing treatment-room has equipment enabling full examination and treatment of all patients including those with disabilities. There are available patient toilet facilities including a separate toilet offering modifications for the disabled. There are also administrative areas, staff toilet facilities and a small kitchen for staff use.
- The Practice is served by experienced non-clinical staff:
Practice Manager; Senior Administrator, Medical Secretary, Referrals Administrator, Administrator, Records/Data-entry clerk x2; Reception Manager, Repeat Prescription Administrator; Receptionist/Care Navigators x5.
- Clinical Practice is carried out by appropriately qualified GPs and Nurses:
Partners: -
Dr Manoj Chandran MB.BS MS(ENT) MAHE
Dr Raheela Rasool MB BS MRCPGP

Salaried GP: -
Dr Agne Sumilaite MB
Dr Navin John MBBS, MD (Paediatrics) India , MRCPGP
Dr Hannah Simire

Nurses: -
Kerri O'Brien RGN
Tina Wallis RGN FPcert
Angela Hague EN(G) Tissue viability cert
Ramona Rusu RGN
Debra Freeman RGN

Healthcare Assistant: -
Claire-Marie O'Flaherty

No of approved places / overnight beds (not NHS)	0
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CQC service user bands					
The people that will use this location ('The whole population' means everyone).					
Adults aged 18-65	X	Adults aged 65+		X	
Mental health	X	Sensory impairment		X	
Physical disability	X	People detained under the Mental Health Act		<input type="checkbox"/>	
Dementia	X	People who misuse drugs or alcohol		X	
People with an eating disorder	X	Learning difficulties or autistic disorder		X	
Children aged 0 – 3 years	X	Children aged 4-12	X	Children aged 13-18	X
The whole population	<input type="checkbox"/>	Other (please specify below)		X	
Any other patients who might fall within the standard definition of a General Practice patient-list.					

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 checked="" 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 checked="" type="checkbox"/>
Community-based services for people with a learning disability (LDC)	<input checked="" 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 checked="" type="checkbox"/>
Care home service without nursing (CHS)	<input checked="" type="checkbox"/>
Care home service with nursing (CHN)	<input checked="" 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	<input checked="" type="checkbox"/>	
Registered Manager(s) for this regulated activity: Dr Manoj Chandran		
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 Manoj Chandran		
Diagnostic and screening procedures	<input checked="" type="checkbox"/>	
Registered Manager(s) for this regulated activity: Dr Manoj Chandran		
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 Manoj Chandran		
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 Manoj Chandran		
Family planning service	<input checked="" type="checkbox"/>	
Registered Manager(s) for this regulated activity: Dr Manoj Chandran		

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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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1. Manager's full name	Dr Manoj CHANDRAN
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2. Manager's contact details	
Business address	Stifford Clays Medical Practice Stifford Clays Health Centre Crammavill Street Stifford Calys
Town/city	Grays
County	Essex
Post code	RM16 2AP
Business telephone	01375 800450
Manager's email address¹	
practice.managerf81192@nhs.net	

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
Stifford Clays Medical Practice Stifford Clays Health Centre	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	<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 checked="" 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"/>	

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.

Not applicable.