

# **Statement of purpose**

Health and Social Care Act 2008

**Dr Kenyon & Partners**

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

<b>Version</b>	2.0	<b>Date of next review</b>	1 October 2015
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### Service provider

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

<b>Name</b>	Dr Kenyon & Partners
<b>Address line 1</b>	19 Beaumont Street
<b>Address line 2</b>	
<b>Town/city</b>	Oxford
<b>County</b>	Oxfordshire
<b>Post code</b>	OX1 2NA
<b>Email</b>	
<b>Main telephone</b>	01865 240501

### ID numbers

*Where this is an updated version of the statement of purpose, please provide the service provider and registered manager ID numbers:*

<b>Service provider ID</b>	1-199758368
<b>Registered manager ID</b>	

### 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. Provision of good quality primary care services delivered in a clean, suitably equipped and safe environment.
2. Proactive management of long-term conditions, from birth through to the end of life.

3. Efficient use of NHS resources whilst providing clinically appropriate access to other NHS services eg consultant referrals, diagnostic tests and effective treatment.
4. All members of the practice team will have the right skills and training to carry out their duties competently.
5. All patients will be treated with respect and dignity.
6. Patients will be proactively involved In the development and maintenance of good quality services through the patient representation group and patient feedback.
7. We will liaise with other agencies and NHS colleagues in an effective manner with the focus on what is best for the patient.

<b>Legal status</b> <i>Tick the relevant box and provide the information requested for the type of provider you are:</i> Use <input checked="" type="checkbox"/>	
<b>Individual</b>	<input type="checkbox"/>
<b>Partnership</b>	<input checked="" type="checkbox"/>
<b>List the names of all partners</b>	1. Dr Christopher Mark Kenyon 2. Dr Deborah Jane Waller 3. Dr Andrew Schuman 4. Dr Jayne Haynes 5. Dr Simon Curtis 6. Dr Rachel Jane Hardwick 7. Dr Richard Silvester 8. Dr Nicola Meriel Raine 9. Dr Ben Riley 10. Dr Sunaina Khanna
<b>Limited liability partnership registered as an organisation</b>	<input type="checkbox"/>
<b>Incorporated organisation</b>	<input type="checkbox"/>
<b>Company number</b>	
<b>Are you a charity?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Charity number:

<b>Group structure (if applicable)</b>	
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Please repeat the following table for each of your regulated activities<sup>1</sup>

<b>Regulated activity 1</b> <i>As shown on your certificate of registration</i>	<b>Maternity and midwifery services</b>
<b>Services</b> <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>	General practice for our registered patients and on occasion patients registered as temporary residents. General practice services offered and provided in conjunction with community midwives for the assessment, treatment and education of patients in the antenatal period as well as post-delivery.
<b>Locations</b> <i>As listed on your certificate of registration. Please repeat the section below for each location for this regulated activity</i>	
<b>Location 1:</b>	
<b>Name of location</b>	Dr Kenyon & Partners
<b>Address line 1</b>	19 Beaumont Street
<b>Address line 2</b>	Oxford
<b>Address line 3</b>	OX1 2NA
<b>Address line 4</b>	
<b>Address line 5</b>	
<b>Brief description of location<sup>2</sup></b>	NHS GP practice consisting of 8 consulting rooms, 4 treatment rooms, a physiotherapy room, a counselling room, administrative office spaces and 5 patient waiting rooms.
<b>No of approved places/beds (not NHS)<sup>3</sup></b>	0
<b>Name and contact details of registered manager(s) (if applicable)<sup>4</sup></b>	<b>Registered manager 1</b>
	<b>Full name: Dr Christopher Mark Kenyon</b>

<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><b>Proportion of working time spent at each location (for job share posts only):</b></p>
	<p><b>Contact details:</b></p>
	<p>Business address: 19 Beaumont Street, Oxford, OX1 2NA</p>
	<p>Telephone: 01865 240501</p>
	<p>Email: chriskenyon@nhs.net</p>
	<p><b>Locations:</b></p> <p>19 Beaumont Street, Oxford, OX1 2NA</p>
	<p><b>Regulated activities:</b></p>
	<p>1.</p>
	<p>2.</p>
	<p>3.</p>
	<p>4.</p>
	<p><b>Registered manager 2:</b></p>
	<p><b>Full name:</b></p>
	<p><b>Proportion of time spent at each location:</b></p>
	<p><b>Contact details:</b></p>
	<p>Business address:</p>
<p>Telephone:</p>	
<p>Email:</p>	
<p><b>Locations:</b></p>	
<p><b>Regulated activities:</b></p>	

	1.	
	2.	
	3.	
	4.	
<b>Service user band(s) at this location<sup>5</sup></b> Use <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 checked="" type="checkbox"/>
	Children 4-12 years	<input type="checkbox"/>
	Children 13-18 years	<input 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"/>	

<b>Regulated activity 2</b> <i>As shown on your certificate of registration</i>	<b>Family planning services</b>
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<b>Services</b> <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>	General practice for our registered patients and on occasion patients registered as temporary residents. Provision of all general family planning advice and prescription of oral contraceptive, emergency contraception, fitting and removal of IUCD devices and contraceptive implants.
<b>Locations</b> <i>As listed on your certificate of registration. Please repeat the section below for each location for this regulated activity</i>	
<b>Location 1:</b>	
<b>Name of location</b>	Dr Kenyon & Partners
<b>Address line 1</b>	19 Beaumont Street
<b>Address line 2</b>	Oxford
<b>Address line 3</b>	OX1 2NA
<b>Address line 4</b>	
<b>Address line 5</b>	
<b>Brief description of location<sup>2</sup></b>	NHS GP practice consisting of 8 consulting rooms, 4 treatment rooms, a physiotherapy room, a counselling room, administrative office spaces and 5 patient waiting rooms.
<b>No of approved places/beds (not NHS)<sup>3</sup></b>	0
<b>Name and contact details of registered manager(s) (if applicable)<sup>4</sup></b> <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>	<b>Registered manager 1</b>
	<b>Full name: Dr Christopher Mark Kenyon</b>
	<b>Proportion of working time spent at each location (for job share posts only):</b>
	<b>Contact details:</b>
	Business address: 19 Beaumont Street, Oxford, OX1 2NA
	Telephone: 01865 240501

	Email: chriskenyon@nhs.net	
	<b>Locations:</b> 19 Beaumont Street, Oxford, OX1 2NA	
	<b>Regulated activities:</b>	
	1.	
	2.	
	3.	
	4.	
	<b>Registered manager 2:</b>	
	<b>Full name:</b>	
	<b>Proportion of time spent at each location:</b>	
	<b>Contact details:</b>	
	Business address:	
	Telephone:	
	Email:	
	<b>Locations:</b>	
	<b>Regulated activities:</b>	
	1.	
2.		
3.		
4.		
<b>Service user band(s) at this location<sup>5</sup></b>  Use <input checked="" type="checkbox"/>	Learning disabilities or autistic spectrum disorder	<input 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"/>	

<b>Regulated activity 3</b> <i>As shown on your certificate of registration</i>	<b>Treatment of disease, disorder or injury</b>
<b>Services</b> <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>	General practice services for our registered patients and, on occasions, patients registered with other GP practices or temporary residents.
<b>Locations</b> <i>As listed on your certificate of registration. Please repeat the section below for each location for this regulated activity</i>	

<b>Location 1:</b>	
<b>Name of location</b>	Dr Kenyon & Partners
<b>Address line 1</b>	19 Beaumont Street
<b>Address line 2</b>	Oxford
<b>Address line 3</b>	OX1 2NA
<b>Address line 4</b>	
<b>Address line 5</b>	
<b>Brief description of location<sup>2</sup></b>	NHS GP practice consisting of 8 consulting rooms, 4 treatment rooms, a physiotherapy room, a counselling room, administrative office spaces and 5 patient waiting rooms.
<b>No of approved places/beds (not NHS)<sup>3</sup></b>	0
<b>Name and contact details of registered manager(s) (if applicable)<sup>4</sup></b>  <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>	<b>Registered manager 1</b>
	<b>Full name: Dr Christopher Mark Kenyon</b>
	<b>Proportion of working time spent at each location (for job share posts only):</b>
	<b>Contact details:</b>
	Business address: 19 Beaumont Street, Oxford, OX1 2NA
	Telephone: 01865 240501
	Email: chriskenyon@nhs.net
	<b>Locations:</b> 19 Beaumont Street, Oxford, OX1 2NA
	<b>Regulated activities:</b>
	1.
2.	

	3.	
	4.	
	<b>Registered manager 2:</b>	
	<b>Full name:</b>	
	<b>Proportion of time spent at each location:</b>	
	<b>Contact details:</b>	
	Business address:	
	Telephone:	
	Email:	
	<b>Locations:</b>	
	<b>Regulated activities:</b>	
	1.	
	2.	
	3.	
4.		
<b>Service user band(s) at this location<sup>5</sup></b> Use <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"/>

<b>Regulated activity 4</b> <i>As shown on your certificate of registration</i>	<b>Surgical procedures</b>
<b>Services</b> <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>	General practice for our registered patients and on occasion patients registered as temporary residents. Minor surgical procedures, excisions, incisions, aspiration and injection as well as cautery, cryosurgery and nail surgery.
<b>Locations</b> <i>As listed on your certificate of registration. Please repeat the section below for each location for this regulated activity</i>	
<b>Location 1:</b>	
<b>Name of location</b>	Dr Kenyon & Partners
<b>Address line 1</b>	19 Beaumont Street
<b>Address line 2</b>	Oxford
<b>Address line 3</b>	OX1 2NA
<b>Address line 4</b>	

<b>Address line 5</b>	
<b>Brief description of location<sup>2</sup></b>	NHS GP practice consisting of 8 consulting rooms, 4 treatment rooms, a physiotherapy room, a counselling room, administrative office spaces and 5 patient waiting rooms.
<b>No of approved places/beds (not NHS)<sup>3</sup></b>	0
<b>Name and contact details of registered manager(s) (if applicable)<sup>4</sup></b>  <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>	<b>Registered manager 1</b>
	<b>Full name: Dr Christopher Mark Kenyon</b>
	<b>Proportion of working time spent at each location (for job share posts only):</b>
	<b>Contact details:</b>
	Business address: 19 Beaumont Street, Oxford, OX1 2NA
	Telephone: 01865 240501
	Email: chriskenyon@nhs.net
	<b>Locations:</b>
	19 Beaumont Street, Oxford, OX1 2NA
	<b>Regulated activities:</b>
	1.
	2.
	3.
4.	
<b>Registered manager 2:</b>	
<b>Full name:</b>	
<b>Proportion of time spent at each location:</b>	
<b>Contact details:</b>	

	Business address:	
	Telephone:	
	Email:	
	<b>Locations:</b>	
	<b>Regulated activities:</b>	
	1.	
	2.	
	3.	
<b>Service user band(s) at this location<sup>5</sup></b> <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"/>

<b>Regulated activity 5</b> <i>As shown on your certificate of registration</i>	Diagnostic and screening procedures
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<b>Services</b> <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>	General practice for our registered patients and on occasion patients registered as temporary residents. Specific diagnostic procedures for example phlebotomy, microbiology samples, biopsies are undertaken for analysis off-site. Specific screening programmes such as cervical screening are also undertaken for analysis off-site.
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<b>Locations</b> <i>As listed on your certificate of registration. Please repeat the section below for each location for this regulated activity</i>
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<b>Location 1:</b>
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<b>Name of location</b>	Dr Kenyon & Partners
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<b>Address line 1</b>	19 Beaumont Street
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<b>Address line 2</b>	Oxford
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<b>Address line 3</b>	OX1 2NA
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<b>Address line 4</b>	
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<b>Address line 5</b>	
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<b>Brief description of location<sup>2</sup></b>	NHS GP practice consisting of 8 consulting rooms, 4 treatment rooms, a physiotherapy room, a counselling room, administrative office spaces and 5 patient waiting rooms.
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<b>No of approved places/beds (not NHS)<sup>3</sup></b>	0
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<b>Name and contact details of</b>	<b>Registered manager 1</b>
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<p><b>registered manager(s) (if applicable)<sup>4</sup></b></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 location(s) they manage.</i></p> <p><i>Copy and paste the sub-section if they are more than two registered managers</i></p>	<b>Full name:</b> Dr Christopher Mark Kenyon
	<b>Proportion of working time spent at each location (for job share posts only):</b>
	<b>Contact details:</b>
	Business address: 19 Beaumont Street, Oxford, OX1 2NA
	Telephone: 01865 240501
	Email: chriskenyon@nhs.net
	<b>Locations:</b>
	19 Beaumont Street, Oxford, OX1 2NA
	<b>Regulated activities:</b>
	1.
	2.
	3.
	4.
	<b>Registered manager 2:</b>
<b>Full name:</b>	
<b>Proportion of time spent at each location:</b>	
<b>Contact details:</b>	
Business address:	
Telephone:	
Email:	
<b>Locations:</b>	



	<b>Regulated activities:</b>	
	1.	
	2.	
	3.	
	4.	
<b>Service user band(s) at this location<sup>5</sup></b> <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"/>	

**Dr Kenyon & Partners 2014**

## 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.