

CARE QUALITY COMMISSION

Statement of purpose

In accordance with

Health and Social Care Act 2008

TO BE KEPT ON RECEPTION

For Public viewing if requested

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

Version	1	Date of next review	19 th March 2027
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Service provider

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

Name	AXBRIDGE & WEDMORE MEDICAL PRACTICE
Address line 1	HOULGATE WAY
Address line 2	
Town/city	AXBRIDGE
County	SOMERSET
Post code	BS26 2BJ
Email	
Main telephone	01934 732464

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	1-199766045
Registered manager ID	1-199766045

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. PROVIDE NHS PRIMARY HEALTH CARE TO PATIENTS AXBRIDGE SURGERY

2. PROVIDE NHS PRIMARY HEALTH CARE TO PATIENTS REGISTERED AT WEDMORE SURGERY

Legal status <i>Tick the relevant box and provide the information requested for the type of provider you are:</i> Use <input checked="" type="checkbox"/>	
Individual	<input type="checkbox"/>
Partnership	X
List the names of all partners	1. DR EWART JACKSON-VOYZEY 2, DR HANNAH MCHUGH
Limited liability partnership registered as an organisation	<input type="checkbox"/>
Incorporated organisation	<input type="checkbox"/>
Company number	
Are you a charity?	X No
Group structure (if applicable)	

Please repeat the following table for each of your regulated activities¹

Regulated activity 1 <i>As shown on your certificate of registration</i>	Personal care
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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>	NHS General Practice
Locations <i>As listed on your certificate of registration. Please repeat the section below for each location for this regulated activity</i>	
Location 1:	
Name of location	AXBRIDGE SURGERY
Address line 1	HOULGATE WAY
Address line 2	AXBRIDGE
Address line 3	SOMERSET
Address line 4	BS26 2BJ
Brief description of location²	MEDICAL CENTRE
No of approved places/beds (not NHS)³	NA
Location 2:	
Name of location	WEDMORE SURGERY
Address line 1	THE SURGERY
Address line 2	ST. MEDARD ROAD
Address line 3	WEDMORE
Address line 4	SOMERSET

Address line 5	BS28 4AN
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 HANNAH MCHUGH
	Proportion of working time spent at each location (for job share posts only): NA
	Contact details:01934 732464
	Business address: AXBRIDGE & WEDMORE MEDICAL PRACTICE HOULGATE WAY AXBRIDGE SOMERSET BS26 2BJ
	Telephone: 01934 732464
	Email: joey.mchugh@nhs.net
	Locations: AXBRIDGE & WEDMORE SURGERIES
	Regulated activities:
	1. Personal Care
	2. Treatment of disease, disorder or injury
	3. Surgical procedures
	4. Diagnostic and screening procedure
	5. Family planning services
Registered manager 2:	
Full name: NA	
Proportion of time spent at each location:	

	Contact details:	
	Business address:	
	Telephone:	
	Email:	
	Locations:	
	Regulated activities:	
Service user band(s) at this location⁵ Use <input checked="" type="checkbox"/>	Learning disabilities or autistic spectrum disorder	X
	Older people	X
	Younger adults	X
	Children 0-3 years	X
	Children 4-12 years	X
	Children 13-18 years	X
	Mental health	X
	Physical disability	X
	Sensory impairment	X
	Dementia	X
	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 checked="" type="checkbox"/>
	None of the above Please give details:	<input type="checkbox"/>

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.