

# **ESCRICK SURGERY**

## **Care Quality Commission**

### **Statement of Purpose**

Health and Social Care Act 2008

**THE ESCRICK SURGERY**  
**MAIN STREET, ESCRICK, YORK, YO19 6LE**  
**TEL: 01904 728243**  
**WEBSITE: [www.escricksurgeryyork.co.uk](http://www.escricksurgeryyork.co.uk)**

# Statement of purpose

Health and Social Care Act 2008

<b>Version</b>	4	<b>Date of next review</b>	1 <sup>st</sup> November 2019
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## Service provider

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

<b>Name</b>	The Escrick Surgery
<b>Address line 1</b>	4 Main Street
<b>Address line 2</b>	Escrick
<b>Town/city</b>	York
<b>County</b>	North Yorkshire
<b>Post code</b>	YO19 6LE
<b>Email</b>	stephen.hanna@nhs.net
<b>Main telephone</b>	01904 728243

## 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>	1-199695398
<b>Registered manager ID</b>	CRT1-570878287

## 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 high quality patient-centred primary care; specifically to ensure that patients are given the opportunity to be involved in decision making.
2. To use clinical governance and continuous learning and training to maintain that high quality of care.
3. To ensure safe, clean and suitably equipped premises.
4. To ensure that all patients and staff are treated with dignity, respect and honesty.
5. To ensure effective and robust systems (clinical and non-clinical) are in place.

6. To maintain patient confidentiality
7. To refer patients to appropriate external agencies when required with the consent of the patient.
8. To acknowledge our responsibilities to the Vale of York Commissioning Group, specifically regarding cost-effective use of NHS resources.

<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 J Lenthall 2. Dr SJ Hanna 3. Dr Rodger Toner 4. 5. 6.
<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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<b>Regulated activity 1</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>	Diagnostic procedures include electrocardiography, spirometry, phlebotomy, and taking of microbiological samples. Samples may also be sent for histological or cytological analysis. All are analysed off site except ECG's and spirometry. Cervical cytology screening is sent off site for analysis.
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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>	The Escrick Surgery
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<b>Address line 1</b>	4 Main Street
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<b>Address line 2</b>	Escrick
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<b>Address line 3</b>	York
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<b>Address line 4</b>	YO19 6LE
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<b>Address line 5</b>	
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<b>Brief description of location<sup>2</sup></b>	1 storey primary care centre comprising of 5 consulting rooms, 2 nursing rooms, 3 treatment rooms, 1 administrative office, 1 patient waiting room, 1 reception and dispensary area, 1 secretary's office, 1 staff room, 1 meeting room, 1 manager's office, 1 secure storage room.
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<b>No of approved places/beds (not NHS)<sup>3</sup></b>	N/A
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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 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>Full name:</b> Dr Stephen James Hanna</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:</p> <p>The Escrick Surgery 4 Main Street Escrick York YO19 6LE</p>
	<p>Telephone: 01904 728243</p>
	<p>Email: stephen.hanna@nhs.net</p>
	<p><b>Locations:</b></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>	

	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 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 2</b> <i>As shown on your certificate of registration</i>	Maternity and midwifery services
<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 provided in conjunction with the community midwife team for the assessment, monitoring and treatment of pregnant women, and of mother and baby in the post-natal period.
<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>	The Escrick Surgery
<b>Address line 1</b>	4 Main Street
<b>Address line 2</b>	Escrick
<b>Address line 3</b>	York
<b>Address line 4</b>	YO19 6LE
<b>Address line 5</b>	
<b>Brief description of location<sup>2</sup></b>	1 storey primary care centre comprising of 5 consulting rooms, 2 nursing rooms, 3 treatment rooms, 1 administrative office, 1 patient waiting room, 1 reception and dispensary area, 1 secretary's office, 1 staff room, 1 meeting room, 1 manager's office, 1 secure storage room.
<b>No of approved places/beds (not NHS)<sup>3</sup></b>	N/A
<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</i>	<b>Registered manager 1</b>
	<b>Full name:</b> Dr Stephen James Hanna
	<b>Proportion of working time spent at each location (for job share posts only):</b>

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*

**Contact details:**

Business address:  
The Escrick Surgery  
4 Main Street  
Escrick  
York  
YO19 6LE

Telephone: 01904 728243

Email: stephen.hanna@nhs.net

**Locations:**

**Regulated activities:**

1.

2.

3.

4.

**Registered manager 2:**

**Full name:**

**Proportion of time spent at each location:**

**Contact details:**

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 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 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>	Surgical Procedures
<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>	A range of minor surgical procedures including excisions, incisions, aspirations, infections, cautery and removal of toenails.
<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>	The Escrick Surgery
<b>Address line 1</b>	4 Main Street
<b>Address line 2</b>	Escrick
<b>Address line 3</b>	York
<b>Address line 4</b>	YO19 6LE
<b>Address line 5</b>	
<b>Brief description of location<sup>2</sup></b>	1 storey primary care centre comprising of 5 consulting rooms, 2 nursing rooms, 3 treatment rooms, 1 administrative office, 1 patient waiting room, 1 reception and dispensary area, 1 secretary's office, 1 staff room, 1 meeting room, 1 manager's office, 1 secure storage room.
<b>No of approved places/beds (not NHS)<sup>3</sup></b>	N/A
<b>Name and contact details of registered manager(s)</b>	<b>Registered manager 1</b>
	<b>Full name:</b> Dr Stephen James Hanna

**(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*

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

**Contact details:**

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Escrick  
York  
YO19 6LE

Telephone: 01904 728243

Email: stephen.hanna@nhs.net

**Locations:**

**Regulated activities:**

1.

2.

3.

4.

**Registered manager 2:**

**Full name:**

**Proportion of time spent at each location:**

**Contact details:**

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 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>	Family Planning
<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>	Provision of the full range of family planning advice and treatments including oral contraceptives, contraceptive injections, the fitting and removal of IUCD's and implants as well as emergency contraception. Referrals for vasectomy are made to external agencies.
<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>	The Escrick Surgery
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<b>Address line 3</b>	York
<b>Address line 4</b>	YO19 6LE
<b>Address line 5</b>	
<b>Brief description of location<sup>2</sup></b>	1 storey primary care centre comprising of 5 consulting rooms, 2 nursing rooms, 3 treatment rooms, 1 administrative office, 1 patient waiting room, 1 reception and dispensary area, 1 secretary's office, 1 staff room, 1 meeting room, 1 manager's office, 1 secure storage room.
<b>No of approved places/beds (not NHS)<sup>3</sup></b>	N/A
<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</i>	<b>Registered manager 1</b>
	<b>Full name:</b> Dr Stephen James Hanna
	<b>Proportion of working time spent at each location (for job share posts only):</b>

manager.

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

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**Locations:**

**Regulated activities:**

1.

2.

3.

4.

**Registered manager 2:**

**Full name:**

**Proportion of time spent at each location:**

**Contact details:**

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 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 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>	Treatment of disease, disorder or injury
<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>	To provide the full range of general practice services to our patients, including in their own homes if appropriate. Referring to appropriate external agencies when required with the consent of the patient.
<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>	The Escrick Surgery
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<b>Address line 3</b>	York
<b>Address line 4</b>	YO19 6LE
<b>Address line 5</b>	
<b>Brief description of location<sup>2</sup></b>	1 storey primary care centre comprising of 5 consulting rooms, 2 nursing rooms, 3 treatment rooms, 1 administrative office, 1 patient waiting room, 1 reception and dispensary area, 1 secretary's office, 1 staff room, 1 meeting room, 1 manager's office, 1 secure storage room.
<b>No of approved places/beds (not NHS)<sup>3</sup></b>	N/A
<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</i>	<b>Registered manager 1</b>
	<b>Full name:</b> Dr Stephen James Hanna
	<b>Proportion of working time spent at each location (for job share posts only):</b>



manager.

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**Locations:**

**Regulated activities:**

1.

2.

3.

4.

**Registered manager 2:**

**Full name:**

**Proportion of time spent at each location:**

**Contact details:**

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 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"/>	