

Cofton Medical Centre

2 Robinsfield Drive West Heath Birmingham B31 4TU

Tel: 0121 693 5777 Fax: 0121 693 4414



Statement of purpose

Health and Social Care Act 2008

Review Due: August 2020

Statement of purpose

Health and Social Care Act 2008

Version

4

Date of next review

August 2020

Service provider

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

Name	Cofton Medical Centre
Address line 1	2 Robinsfield Drive
	West Heath
Town/city	Birmingham
County	West Midlands
Post code	B31 4TU
Email	juliewalker2@nhs.net
Main telephone	0121 693 5777

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	1-199771173
Registered manager ID	

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. To provide safe, high quality, accessible general medical services to the registered population.
2. To promote well being through the prevention of illness and disease.
3. Provide care that is evidence based and cost effective.
4. Deliver patient-centred care in collaboration with other health and social care agencies.
5. To provide a dedicated, motivated and highly trained team to deliver person-

- centred care.
6. To provide services from a purpose-built building that is safe, clean and well-equipped.
7. To ensure that service users' privacy, dignity, choice, independence, equality and human rights are respected at all times and incorporated into their care planning.

Legal status
 Tick the relevant box and provide the information requested for the type of provider you are:
 Use

Individual	<input type="checkbox"/>
Partnership	<input checked="" type="checkbox"/>
List the names of all partners	1. Dr Kirsty Blackford MBChB 2. Dr Zia Noor MBChB, DRCOG, MRCGP 3. Dr Victoria Lloyd MBChB, DRCOG, MRCGP 4. Dr Joe Pinder MBChB, MRCP, MRCGP 5. Dr Richard Daniel Kent MB ChB (Hons), MRCP, DRCOG, MRCGP, Bsc (Hons) 6. Dr Neha Gupta MRCP, MRCGP, DRCOG, DFSRH, MBBS
Limited liability partnership registered as an organisation	<input type="checkbox"/>
Incorporated organisation	<input type="checkbox"/>
Company number	
Are you a charity?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Charity number:
Group structure (if applicable)	

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Please repeat the following table for each of your regulated activities¹

Regulated activity 1 <i>As shown on your certificate of registration</i>	Diagnostic and Screening Procedures
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>	General Medical Services as detailed in the GP Contract (2004) for the registered population, those in need of immediately necessary treatment and temporary residents. Some diagnostic and screening services are carried out in other healthcare settings such as hospital laboratories and specialist screening centres.
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	Cofton Medical Centre
Address line 1	2 Robinsfield Drive
Address line 2	West Heath
Address line 3	Birmingham
Address line 4	B31 4TU
Address line 5	

Brief description of location²	<p>The building is a purpose built health centre with provision for the disabled as follows: parking bay, automatic doors, hearing loop, low –level counter, toilet facilities.</p> <p>There are 14 fully equipped consulting rooms and one treatment room. There is also a large waiting room, reception area, offices and space for administrative staff. Patient facilities include toilet facilities, health promotion screen and information leaflets, self-check in arrivals screen and toilet facilities.</p>
No of approved places/beds (not NHS)³	
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 Joe Pinder
	Proportion of working time spent at each location (for job share posts only):
	Contact details: 0121 693 5777
	Business address: Cofton Medical Centre 2 Robinsfield Drive West Heath Birmingham B31 4TU
	Telephone: 0121 693 5777
	Email:
	Locations:
	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

Regulated activity 2 <i>As shown on your certificate of registration</i>	Family Planning
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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>	General Medical Services as detailed in the GP Contract (2004) for the registered population, those in need of immediately necessary treatment and temporary residents.
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Locations <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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No of approved places/beds (not NHS)³								
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>	<table border="1"> <tr> <td data-bbox="580 819 1303 891"> Registered manager 1 </td> </tr> <tr> <td data-bbox="580 891 1303 960"> Full name: Dr Joe Pinder </td> </tr> <tr> <td data-bbox="580 960 1303 1122"> Proportion of working time spent at each location (for job share posts only): </td> </tr> <tr> <td data-bbox="580 1122 1303 1191"> Contact details: 0121 693 5777 </td> </tr> <tr> <td data-bbox="580 1191 1303 1525"> Business address: Cofton Medical Centre 2 Robinsfield Drive West Heath Birmingham B31 4TU </td> </tr> <tr> <td data-bbox="580 1525 1303 1594"> Telephone: 0121 693 5777 </td> </tr> <tr> <td data-bbox="580 1594 1303 1659"> Email: </td> </tr> </table>	Registered manager 1	Full name: Dr Joe Pinder	Proportion of working time spent at each location (for job share posts only):	Contact details: 0121 693 5777	Business address: Cofton Medical Centre 2 Robinsfield Drive West Heath Birmingham B31 4TU	Telephone: 0121 693 5777	Email:
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Regulated activity 3 <i>As shown on your certificate of registration</i>	Maternity and midwifery services
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>	General Medical Services as detailed in the GP Contract (2004) for the registered population, those in need of immediately necessary treatment and temporary residents.
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No of approved places/beds (not NHS)³	
Name and contact details of	Registered manager 1

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>	Full name: Dr Joe Pinder
	Proportion of working time spent at each location (for job share posts only):
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Regulated activity 4 <i>As shown on your certificate of registration</i>	Surgical procedures
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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>	General Medical Services as detailed in the GP Contract (2004) for the registered population, those in need of immediately necessary treatment and temporary residents.
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Locations <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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	Full name: Dr Joe Pinder
	Proportion of working time spent at each location (for job share posts only):
	Contact details: 0121 693 5777
	Business address: Cofton Medical Centre 2 Robinsfield Drive West Heath Birmingham B31 4TU
	Telephone: 0121 693 5777
	Email:
Regulated activity 5 <i>As shown on your certificate of registration</i>	Treatment of disease, disorder or injury

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>	General Medical Services as detailed in the GP Contract (2004) for the registered population, those in need of immediately necessary treatment and temporary residents.
Locations <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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No of approved places/beds (not NHS)³	
Name and contact details of registered manager(s)	Registered manager 1
	Full name: Dr Joe Pinder

<p>(if applicable)⁴ <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>Proportion of working time spent at each location (for job share posts only):</p>
	<p>Contact details: 0121 693 5777</p>
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	<p>Telephone: 0121 693 5777</p>
	<p>Email:</p>

<p>Service user band(s) at this location⁵ Use <input checked="" type="checkbox"/></p>	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"/>