



BIRCHWOOD MEDICAL CENTRE

Statement of purpose

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Health and Social Care Act 2008

Version	1.4	Date of next review	January 2023
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Service provider

Name	Dr A K Patiniott & Partners
Address line 1	Birchwood Medical Centre
Address line 2	15 Benson Road, Birchwood
Town/city	Warrington
County	Cheshire
Post code	WA3 7PJ
Main telephone	01925 823502

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	1-199777757
Registered manager ID	CON1-572306522

Aims and objectives

Birchwood Medical Centre is a general medical practice which provides primary care medical services to its registered population. The practice team is composed of a partnership of general practitioners, a practice manager, a nurse clinician, practice nurses, healthcare assistants, a physiotherapist and secretarial and administrative staff who aim to provide high quality healthcare services in a professional and efficient way. The practice has a focus on training and works with other community services to provide holistic care.

As the first point of contact within the health care system the practice aims to provide good access to those who are ill or need advice, dealing with all health problems regardless of the age, sex or any other characteristic or disability of the patient concerned. This access may be at the surgery at a designated appointment time or

on a home visit.

The practice aims to provide care that is patient-centred and tailored to the individual and benefits from a doctor/patient relationship built up over time by the provision of continuity of care. Patients will be involved in decisions about their care planning and regular satisfaction surveys will be conducted and the results used to further improve the service. Complaints will be handled promptly and according to the practice policy.

The practice manages both acute and chronic health problems and aims to improve health outcomes for patients with a chronic disease by managing them in an organised way with a comprehensive call and recall system. It also aims to actively promote health and well being with appropriate and effective intervention.

The practice is committed to ensuring that patients and their carers are treated with respect and that there is a managed healthcare environment which minimises the risk of infection to patients, staff and carers.

The practice endeavours to make efficient use of health care resources through co-ordinating care, reflecting on performance, working with other professionals in the primary care setting and by managing the interface with secondary care, but taking an advocacy role for the patient when it is needed. We are part of the East Warrington Primary Care Network (PCN) with two other local practices and we work closely together, along with other healthcare staff and organisations, providing integrated services to the local population.

During the current 2020 Covid-19 pandemic the practice will be using a satellite site for patients who are suspected of having or have tested positive for Covid-19 who require some form of medical assessment that cannot be dealt with remotely. This site will be manned by GP's from our own Primary Care Network along with those from the other Warrington PCN's. This will allow all shielded and non-Covid patients requiring a face to face assessment to be seen in a safer environment at the practice, as well as helping to protect practice staff and maintain the service.

Also during the Covid-19 pandemic, from December 2020, the practice will be offering a service for Covid Vaccinations from the Warrington Wolves East Wing as a satellite site of our practice.

Legal status	
Partnership	Yes
List the names of all partners	1. Dr Anthony Kieron Patiniott 2. Dr Abraham Joseph 3. Dr Jennifer Louise Bright
Are you a charity?	No
Regulated activity 1 <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>	Treatment for acute conditions Ongoing treatment for long-term conditions Emergency treatment Nursing care Palliative care Giving of vaccinations/immunisations Physiotherapy
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	Birchwood Medical Centre
Address line 1	15 Benson Road
Address line 2	Birchwood
Address line 3	Warrington
Address line 4	Cheshire
Address line 5	WA3 7PJ

Brief description of location²	Primary medical care centre
No of approved places/beds (not NHS)³	0
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 Anthony Kieron Patiniott
	Proportion of working time spent at each location (for job share posts only): N/A
	Contact details:
	Business address: Birchwood Medical Centre 15 Benson Road Birchwood Warrington Cheshire WA3 7PJ
	Telephone: 01925 823502
	Email: a.patiniott@nhs.net
	Locations: Birchwood Medical Centre
	Regulated activities:
	1. Treatment of disease, disorder or injury 2. Surgical procedures

	3. Diagnostic and screening procedures	
	4. Maternity and midwifery services	
	5. Family Planning Services	
Service user band(s) at this location⁵ Use <input checked="" type="checkbox"/>	Learning disabilities or autistic spectrum disorder	<input type="checkbox"/>
	Older people	<input type="checkbox"/>
	Younger adults	<input type="checkbox"/>
	Children 0-3 years	<input type="checkbox"/>
	Children 4-12 years	<input type="checkbox"/>
	Children 13-18 years	<input type="checkbox"/>
	Mental health	<input type="checkbox"/>
	Physical disability	<input type="checkbox"/>
	Sensory impairment	<input type="checkbox"/>
	Dementia	<input type="checkbox"/>
	People detained under the Mental Health Act	<input type="checkbox"/>
	People who misuse drugs and alcohol	<input type="checkbox"/>
	People with an eating disorder	<input type="checkbox"/>
	Whole population	<input checked="" type="checkbox"/>
None of the above Please give details:	<input type="checkbox"/>	
Location 2:		
Name of location	Face to Face Assessment Centre	
Address line 1	Bath Street Health and Wellbeing Centre	

Address line 2	Legh Street
Address line 3	
Address line 4	Warrington
Address line 5	WA1 1UG
Brief description of location²	Primary medical care centre
No of approved places/beds (not NHS)³	0
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 Anthony Kieron Patiniott
	Proportion of working time spent at each location (for job share posts only): N/A
	Contact details:
	Business address: Birchwood Medical Centre 15 Benson Road Birchwood Warrington Cheshire WA3 7PJ
	Telephone: 01925 823502
	Email: a.patiniott@nhs.net

	Locations: Face to Face Assessment Centre	
	Regulated activities:	
	1. Treatment of disease, disorder or injury	
	2. Surgical procedures	
	3. Diagnostic and screening procedures	
	4. Maternity and midwifery services	
5. Family Planning Services		
Service user band(s) at this location⁵ Use <input checked="" type="checkbox"/>	Learning disabilities or autistic spectrum disorder	<input type="checkbox"/>
	Older people	<input type="checkbox"/>
	Younger adults	<input type="checkbox"/>
	Children 0-3 years	<input type="checkbox"/>
	Children 4-12 years	<input type="checkbox"/>
	Children 13-18 years	<input type="checkbox"/>
	Mental health	<input type="checkbox"/>
	Physical disability	<input type="checkbox"/>
	Sensory impairment	<input type="checkbox"/>
	Dementia	<input type="checkbox"/>
	People detained under the Mental Health Act	<input type="checkbox"/>
	People who misuse drugs and alcohol	<input type="checkbox"/>
	People with an eating disorder	<input type="checkbox"/>
Whole population	√	

	None of the above Please give details:	<input type="checkbox"/>
Location 3:		
Name of location	Covid Vaccination Centre	
Address line 1	Warrington Wolves East Wing	
Address line 2	Health Services at Wolves	
Address line 3	Halliwell Jones Stadium	
Address line 4	Warrington	
Address line 5	WA2 7NE	
Brief description of location²	Community health services centre	
No of approved places/beds (not NHS)³	0	
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,</i>	Registered manager 1	
	Full name: Dr Anthony Kieron Patiniott	
	Proportion of working time spent at each location (for job share posts only): N/A	
	Contact details:	

<p><i>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>	Business address: Birchwood Medical Centre 15 Benson Road Birchwood Warrington Cheshire WA3 7PJ	
	Telephone: 01925 823502	
	Email: a.patiniott@nhs.net	
	Locations: Covid Vaccination Centre	
	Regulated activities:	
	1. Treatment of disease, disorder or injury	
	2. Surgical procedures	
	3. Diagnostic and screening procedures	
	4. Maternity and midwifery services	
	5. Family Planning Services	
<p>Service user band(s) at this location⁵</p> <p>Use <input checked="" type="checkbox"/></p>	Learning disabilities or autistic spectrum disorder	<input type="checkbox"/>
	Older people	<input type="checkbox"/>
	Younger adults	<input type="checkbox"/>
	Children 0-3 years	<input type="checkbox"/>
	Children 4-12 years	<input type="checkbox"/>
	Children 13-18 years	<input type="checkbox"/>
	Mental health	<input type="checkbox"/>

	Physical disability	<input type="checkbox"/>
	Sensory impairment	<input type="checkbox"/>
	Dementia	<input type="checkbox"/>
	People detained under the Mental Health Act	<input type="checkbox"/>
	People who misuse drugs and alcohol	<input type="checkbox"/>
	People with an eating disorder	<input type="checkbox"/>
	Whole population	<input checked="" type="checkbox"/>
	None of the above Please give details:	<input type="checkbox"/>

Regulated activity 2 <i>As shown on your certificate of registration</i>	Surgical 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>	Excision of skin lesions Incisions Joint injections Aspiration Contraceptive implants
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	Birchwood Medical Centre
Address line 1	15 Benson Road
Address line 2	Birchwood
Address line 3	Warrington
Address line 4	Cheshire
Address line 5	WA3 7PJ
Brief description of location²	Primary medical care centre
No of approved places/beds (not NHS)³	0
Name and contact details of registered manager(s)	Registered manager 1
	Full name: Dr Anthony Kieron Patiniott

<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 location(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): N/A</p>	
	<p>Contact details:</p>	
	<p>Business address: Birchwood Medical Centre 15 Benson Road Birchwood Warrington Cheshire WA3 7PJ</p>	
	<p>Telephone: 01925 823502</p>	
	<p>Email: apatiniott@nhs.net</p>	
	<p>Locations: Birchwood Medical Centre</p>	
	<p>Regulated activities:</p>	
	<p>1. Treatment of disease, disorder or injury</p>	
	<p>2. Surgical procedures</p>	
	<p>3. Diagnostic and screening procedures</p>	
<p>4. Maternity and midwifery services</p>		
<p>5. Family Planning Services</p>		
<p>Service user band(s) at this location⁵ Use <input checked="" type="checkbox"/></p>	<p>Learning disabilities or autistic spectrum disorder</p>	<input type="checkbox"/>
	<p>Older people</p>	<input type="checkbox"/>
	<p>Younger adults</p>	<input type="checkbox"/>
	<p>Children 0-3 years</p>	<input type="checkbox"/>

	Children 4-12 years	<input type="checkbox"/>
	Children 13-18 years	<input type="checkbox"/>
	Mental health	<input type="checkbox"/>
	Physical disability	<input type="checkbox"/>
	Sensory impairment	<input type="checkbox"/>
	Dementia	<input type="checkbox"/>
	People detained under the Mental Health Act	<input type="checkbox"/>
	People who misuse drugs and alcohol	<input type="checkbox"/>
	People with an eating disorder	<input type="checkbox"/>
	Whole population	<input checked="" type="checkbox"/>
	None of the above Please give details:	<input type="checkbox"/>

Regulated activity 3 <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>	Taking blood samples Excision of skin lesions Aspiration
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	Birchwood Medical Centre
Address line 1	15 Benson Road
Address line 2	Birchwood
Address line 3	Warrington
Address line 4	Cheshire
Address line 5	WA3 7PJ
Brief description of location²	Primary medical care centre
No of approved places/beds (not NHS)³	0
Name and contact details of registered manager(s)	Registered manager 1
	Full name: Dr Anthony Kieron Patiniott

<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 location(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): N/A</p>	
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	<p>Telephone: 01925 823502</p>	
	<p>Email: apatiniott@nhs.net</p>	
	<p>Locations: Birchwood Medical Centre</p>	
	<p>Regulated activities:</p>	
	<p>1. Treatment of disease, disorder or injury</p>	
	<p>2. Surgical procedures</p>	
	<p>3. Diagnostic and screening procedures</p>	
<p>4. Maternity and midwifery services</p>		
<p>5. Family Planning Services</p>		
<p>Service user band(s) at this location⁵ Use <input checked="" type="checkbox"/></p>	<p>Learning disabilities or autistic spectrum disorder</p>	<input type="checkbox"/>
	<p>Older people</p>	<input type="checkbox"/>
	<p>Younger adults</p>	<input type="checkbox"/>
	<p>Children 0-3 years</p>	<input type="checkbox"/>

	Children 4-12 years	<input type="checkbox"/>
	Children 13-18 years	<input type="checkbox"/>
	Mental health	<input type="checkbox"/>
	Physical disability	<input type="checkbox"/>
	Sensory impairment	<input type="checkbox"/>
	Dementia	<input type="checkbox"/>
	People detained under the Mental Health Act	<input type="checkbox"/>
	People who misuse drugs and alcohol	<input type="checkbox"/>
	People with an eating disorder	<input type="checkbox"/>
	Whole population	<input checked="" type="checkbox"/>
	None of the above Please give details:	<input type="checkbox"/>

Regulated activity 4 <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>	Ante-natal care Post-natal care
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	Birchwood Medical Centre
Address line 1	15 Benson Road
Address line 2	Birchwood
Address line 3	Warrington
Address line 4	Cheshire
Address line 5	WA3 7PJ
Brief description of location²	Primary medical care centre
No of approved places/beds (not NHS)³	0
Name and contact details of registered manager(s)	Registered manager 1
	Full name: Dr Anthony Kieron Patiniott

<p>(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 location(s) they manage.</i> <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): N/A</p>	
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	<p>Telephone: 01925 823502</p>	
	<p>Email: apatiniott@nhs.net</p>	
	<p>Locations: Birchwood Medical Centre</p>	
	<p>Regulated activities:</p>	
	<p>1. Treatment of disease, disorder or injury</p>	
	<p>2. Surgical procedures</p>	
	<p>3. Diagnostic and screening procedures</p>	
<p>4. Maternity and midwifery services</p>		
<p>5. Family Planning Services</p>		
<p>Service user band(s) at this location⁵ Use <input checked="" type="checkbox"/></p>	<p>Learning disabilities or autistic spectrum disorder</p>	<input type="checkbox"/>
	<p>Older people</p>	<input type="checkbox"/>
	<p>Younger adults</p>	<input type="checkbox"/>
	<p>Children 0-3 years</p>	<input type="checkbox"/>

	Children 4-12 years	<input type="checkbox"/>
	Children 13-18 years	<input type="checkbox"/>
	Mental health	<input type="checkbox"/>
	Physical disability	<input type="checkbox"/>
	Sensory impairment	<input type="checkbox"/>
	Dementia	<input type="checkbox"/>
	People detained under the Mental Health Act	<input type="checkbox"/>
	People who misuse drugs and alcohol	<input type="checkbox"/>
	People with an eating disorder	<input type="checkbox"/>
	Whole population	<input checked="" type="checkbox"/>
	None of the above Please give details:	<input type="checkbox"/>

Regulated activity 5 <i>As shown on your certificate of registration</i>	Family planning 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>	Insertion/removal of intrauterine contraceptive devices
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	Birchwood Medical Centre
Address line 1	15 Benson Road
Address line 2	Birchwood
Address line 3	Warrington
Address line 4	Cheshire
Address line 5	WA3 7PJ
Brief description of location²	Primary medical care centre
No of approved places/beds (not NHS)³	0
Name and contact details of registered manager(s)	Registered manager 1
	Full name: Dr Anthony Kieron Patiniott

<p>(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 location(s) they manage.</i> <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): N/A</p>	
	<p>Contact details:</p>	
	<p>Business address: Birchwood Medical Centre 15 Benson Road Birchwood Warrington Cheshire WA3 7PJ</p>	
	<p>Telephone: 01925 823502</p>	
	<p>Email: apatiniott@nhs.net</p>	
	<p>Locations: Birchwood Medical Centre</p>	
	<p>Regulated activities:</p>	
	<p>1. Treatment of disease, disorder or injury</p>	
	<p>2. Surgical procedures</p>	
	<p>3. Diagnostic and screening procedures</p>	
<p>4. Maternity and midwifery services</p>		
<p>5. Family Planning Services</p>		
<p>Service user band(s) at this location⁵ Use <input checked="" type="checkbox"/></p>	<p>Learning disabilities or autistic spectrum disorder</p>	<input type="checkbox"/>
	<p>Older people</p>	<input type="checkbox"/>
	<p>Younger adults</p>	<input type="checkbox"/>
	<p>Children 0-3 years</p>	<input type="checkbox"/>

	Children 4-12 years	<input type="checkbox"/>
	Children 13-18 years	<input type="checkbox"/>
	Mental health	<input type="checkbox"/>
	Physical disability	<input type="checkbox"/>
	Sensory impairment	<input type="checkbox"/>
	Dementia	<input type="checkbox"/>
	People detained under the Mental Health Act	<input type="checkbox"/>
	People who misuse drugs and alcohol	<input type="checkbox"/>
	People with an eating disorder	<input type="checkbox"/>
	Whole population	√
	None of the above Please give details:	<input type="checkbox"/>