

Statement of purpose

Health and Social Care Act 2008

Statement of purpose

Health and Social Care Act 2008

Version

V2

Date of next review

August 2024

Service provider

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

Name

Church Langley Medical Practice

Address line 1

Church Langley Way

Address line 2

Town/city

Harlow

County

Essex

Post code

CM17 9TG

Email

Main telephone

01279 638520

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

1-546000669

Registered manager ID

Dr. Rauf Omobolaji Kuti

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. Church Langley Medical Practice consists of dedicated and professional clinicians supported by an excellent non-clinical administration team. Our aim is to be acknowledged by our patients and our external regulators, showing great example of excellence in our field. We strive for the highest standards possible at all times.

2. It is our intention to offer a consistent and fair service to our patients and extended families alike. We aim to make access to all provisions to care as accessible as possible given the current financial restraint on GP resources.

3. Our clinical teams strive to prevent ill health, maintain good health by following agreed care pathways in conjunction with evidence based medical practice. In addition, the aim is to deliver services that are responsive to the needs of our patients whilst adhering to local CCG guidelines on good practice.

4. We promise to respect the right of our patients to confidentiality at all times. We offer a pathway for feedback to the management and clinical teams so as to always drive for improvement.

5. We will always strive to use our finances wisely and to ensure the most efficient use of all practice resources

6. We will never refuse to accept a patient for care at this practice because of their race, colour, sexual orientation or disability.

7. We will promote the continued professional development of our clinical and non-clinical teams to ensure that we are au-fait with current updates within the medical world and to ensure we maximise the standard of care offered to our patients

Legal status

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

Use ☒

Individual

☐

Partnership

☒

List the names of all partners

1. Dr Rauf Omobolaji Kuti
2. Dr Ahmed Saber
- 3.
- 4.
- 5.
- 6.

**Limited liability partnership
registered as an organisation**

☐

Incorporated organisation

☐

Company number	
Are you a charity?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Charity number:
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>	1. Diagnostic and Screening Procedures 2. Family Planning 3. Maternity and Midwifery Services 4. Surgical Procedures 5. 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>	1. GP 2. GP 3. GP 4. GP 5. GP

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	Church Langley Medical Practice
Address line 1	Church Langley Way
Address line 2	Harlow
Address line 3	Essex CM17 9TG
Address line 4	
Address line 5	
Brief description of location²	<p>Purpose built GP Practice constructed in 1996.</p> <p>Situated within a building occupied by the practice, a dental surgery, a child development centre, and an independent pharmacy.</p> <p>Facilities for general practice with qualified staff including GPs, Nurses, HCAs, and non-clinical staff.</p> <p>All equipment is in place to meet our contractual requirements at all times.</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</i>	Registered manager 1
	Full name: Dr. Rauf Omobolaji Kuti
	100% at Church Langley Medical Practice
	Contact details: 01279 638520

<i>locations(s) they manage.</i> <i>Copy and paste the sub-section if they are more than two registered managers</i>	Church Langley Medical Practice Church Langley Way Harlow Essex CM17 9TG
	Telephone: 01279 638520
	Email: bkuti@nhs.net
	Locations: As above
	Regulated activities:
	1. Diagnostic and Screen Procedures
	2. Family Planning
	3. Maternity and Midwifery Services
	4. Surgical Procedures
	5. Treatment of Disease, Disorder or Injury
	Registered manager 2:
	Full name:
	Proportion of time spent at each location:
	Contact details:
	Business address:
Telephone:	
Email:	

	Locations:	
	Regulated activities:	
	1.	
	2.	
	3.	
	4.	
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	✓
Whole population	✓ <input type="checkbox"/>	

	None of the above Please give details:	<input type="checkbox"/>
--	---	--------------------------