

Statement of purpose

Health and Social Care Act 2008

Angel Medical Services

Certificate Number: CRT1 – 522169817

Certificate Date: 15/11/2012

Provider ID: 1-199811911

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Version	1.0	Date of next review	01 st April 2018
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Service provider

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

Name	Angel Medical Services
Address line 1	34 Ritchie Street
Address line 2	Angel
Town/city	London
County	
Post code	N1 0DG
Email	ams@nhs.net
Main telephone	0207 837 1663

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	1-199811911
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 the highest quality NHS general medical services available under the NHS

2. To ensure that patients are seen by the most appropriate healthcare professional as quickly as possible as dependent upon their presenting complaint.

3. To focus on prevention of disease by promoting good health and prophylactic medicine.
4. To provide patients with an experience and environment that is comfortable, friendly, professional and relaxing.
5. To understand and meet the needs of our patients, involving them in decisions about their care and encourage them to participate fully.
6. To involve other professionals in the care of our patients, involve them in decisions about their care and encourage them to participate fully.
7. To ensure all members of our team have the right skills and training to carry out their duties competently.
8. To continuously improve the lines of communication to patients using the latest technologies as appropriate.
9. To develop new ways to educate and inform patients in order to encourage patients to be proactive in their health and wellbeing.

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	<input type="checkbox"/>
List the names of all partners	1. Dr S M Mills 2. Dr R Goldberg 3. Dr S Limaye 4. Dr S Hazelwood
Limited liability partnership registered as an organisation	<input type="checkbox"/>
Incorporated organisation	<input checked="" type="checkbox"/>
Company number	06723362

Are you a charity?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Charity number:
Group structure (if applicable)	Partnership Limited by shares

Please repeat the following table for each of your regulated activities¹

Regulated activity 1 <i>As shown on your certificate of registration</i>	GP 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>	GP Services
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	Angel Medical Services
Address line 1	34 Ritchie Street
Address line 2	Angel
Address line 3	London
Address line 4	N1 0DG
Address line 5	
Brief description of location²	An Urgent Care centre located in the heart of Angel, London. This location is our only site.
No of approved places/beds (not NHS)³	N/A
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 Sunil Limaye
	Proportion of working time spent at each location (for job share posts only):
	Contact details: 02078371663
	Business address: Angel Medical Services 34 Ritchie Street Angel London N1 0DG
	Telephone: 020 78371663
	Email: s.limaye@nhs.net

	Locations: Angel Medical Services
	Regulated activities:
	1. GP Services
	2.
	3.
	4.
	Registered manager 2:
	Full name: Dr Stella Mills
	Proportion of time spent at each location: 100%
	Contact details:
	Business address: Angel Medical Services Ltd 34 Ritchie Street Angel London N1 0DG
	Telephone: 020 78371663
	Email: maggie.mills@nhs.net
	Locations:
	Regulated activities:
	1.
	2.

	3.	
	4.	
Service user band(s) at this location⁵ <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"/>	

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.