

# Strawberry Hill Medical Centre

## Statement of Purpose



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# Statement of Purpose

The name and address of the registered provider is:

Strawberry Hill Medical Centre,  
Old Bath Road,  
Newbury,  
Berkshire  
RG14 1JU.

Tel: 01635 917917

Website: [www.strawberryhillmedicalcentre.co.uk](http://www.strawberryhillmedicalcentre.co.uk)

National Practice Code: K81063

Integrated Care Board:

Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board

[bucksoxonberksw.icb.nhs.uk](http://bucksoxonberksw.icb.nhs.uk)

Primary Care Network A34PCN

CQC Registry Number:

CRT1-2841198867

CQC Rating:

02/05/2019 rated as Overall Good, with Outstanding for Well-led

Partners:

Dr Imogen Caffery

Dr Anne-Marie Faulkner

Dr Abid Irfan

Dr Emily McCullagh

Dr Graham Stiff

Dr Angus Whitfield

Dr Ben Loxton-Edwards

Dr Zaid Al-Nakeeb

Dr Stephanie Fernandes

Practice Manager: Louisa Gilboy

Deputy Manager: Sabrina Mann

Nurse Team Lead: Anthea Sharkey

Reception Manager: Penny Everett

The surgery is located on the edge of the Town Centre of Newbury, Berkshire. It is newly renovated purpose designed building.

This document should read in conjunction with the Practice Booklet and the Practice Charter Policy.

## **Strawberry Hill Medical Centre's Aims and Objectives**

We will ensure all our patients are kept Safe, provide a Caring ethos and as a practice we are Responsive, Effective and Well-led.

- We aim to ensure high quality, safe and effective services and environment.
- To provide monitored, audited and continually improving healthcare services.
- To provide healthcare which is available to a whole population and create a partnership between patient and health professional which ensures mutual respect, holistic care and continuous learning and training.
- The provision of accessible healthcare which is proactive to healthcare changes, efficiency and innovation and development.
- To provide Clinical Governance and Evidence Based Practice.
- To provide Clinical and Non-clinical risk management.
- To ensure vigilance for unforeseen emergencies.
- To optimise performance against key targets and core standards.
- To meet key targets.
- To deliver excellent General Medical Services offered to our patients.
- To offer excellent communication between the surgery and our patients.
- To recruit, retain and develop a highly motivated and appropriately skilled workforce.
- To enhance performance of the workforce.
- To guide the employees in accordance with the Equality & Diversity legislation.
- To ensure effective Management and Governance systems.
- To ensure robust Business Processes.
- To ensure a robust Information Technology Strategy to support the business of Strawberry Hill Medical Centre. We offer contact via x-on cloud telephony, Footfall, Accurx text and photo messaging and NHS email.

The registered activities and service types have been agreed by the Strawberry Hill Medical Centre GP Partners in accordance with CQC guidance.

Services are described under Registered Activity and Service Type. The Regulated Activities under CQC are:

- To provide General Medical Services to all our registered patients.
- Urgent appointments are available daily and for immediately necessary conditions if required.
- NHS prescriptions and medications (electronic facility is available) that are relevant or a private prescription can be issued by the practice.
- Immunisations - we operate the national Child Health Surveillance programme.
- Foreign Travel and Immunisation – we offer the NHS travel immunisations
- Cardiovascular Health checks – Clinical staff are available to provide general health checks encompassing things such as weight, cholesterol levels, blood tests etc. to help patients who wish to achieve a healthier lifestyle or identify any potential health issues early.
- Medicals and Reports – Our GP's are able to carry out medical reports and reviews.

- COPD – care planning is provided for all patients with COPD. Patients are invited to attend annually for their review.
- Asthma Clinic – we provide fully trained Physician Associate and Nursing staff to carry out asthma reviews for our patients.
- Diabetic Clinic – the practice provides ongoing care for our diabetic patients – our clinics are run by our trained nurses, care plans are provided. Diabetes is supervised by a GP Partner.
- Pre-Diabetes – patients that have a history of pre-diabetes, or have a recent diagnosis are invited to see a diabetic nurse for a review. Pre-diabetes is supervised by a GP partner.
- Family planning service – Our family planning support and guidance is run by our Physician Associates and Nursing Team and supervised by a GP Partner. We fit and replace contraception implants and coils.
- Seasonal Flu Vaccination - At the practice we offer 'at risk' groups the flu vaccine at a certain time each year to protect against the flu virus in-line with the national Influzena Programmes.
- Covid Vaccinations – we offer seasonal covid vaccinations alongside our flu vaccines
- Admissions Avoidance – the practice is proactive in preventing admissions to hospital. Patients on the admission avoidance register have a care plan.
- Named Accountable GP – all patients are allocated and provided the name of their GP, this is provided face to face.
- Shingles Vaccination - the practice offer patients within the current national cohort shingle vaccinations.
- Pneumococcal Vaccination – we offer patients 65 yrs and over or 'at risk' a pneumococcal vaccination.
- Minor Surgery - We offer a number of minor operations and these are performed by Dr Angus Whitfield.
- Joint injections are also offered by most of the Doctors.
- Physician Associate Clinic – Our Physician Associates are able to see, diagnosed and treat all patients.
- ECG testing – the practice offers ECG testing.
- Blood pressure – we are pleased to be able to offer not only blood pressure testing but also a 24 hour monitoring service. A self-service BP pod is available within our opening hours.
- Cervical screening - We operate the call and recall system in-line with the national Cervical Screening programme. Our nurses are qualified to carry out cervical smears.
- Patients with Learning Disabilities – we offer all our patients an annual health check. They are supported by an allocated Care Coordinator
- Tissue Viability Clinic – the practice offers and manages patients with leg ulcers.
- Weight Management – We provide digital weight management referrals and work with the local sports centre to help with weight loss.
- To provide a learning environment suitable for the professional enhancement of medical staff allied professional and specialist registrars in specialist training.
- We work with the Diabetic Eye Screening Service and hold an annual clinic for our patients within the practice.

- Our patients are also part of the National Breast Screening Programme.
- Our patients participate in the National Bowel Screening Programme.
- We have monthly virtual/online multi-disciplinary meetings that are attended by the Clinic Nurse Specialist in Palliative Care, School Nurses, Health Visitors, Heart Failure Nurses, Occupational Therapist and Mental Health Team.
- Social Prescriber – we have a social prescriber who supports patients with their non-medical needs
- Clinical Pharmacist – we have an inhouse pharmacist who undertakes Structured Meds Reviews and disseminates any drug alerts
- Vulnerable Patients – we have a team of care-coordinators who look after our most vulnerable groups: Those with Learning Disabilities, Sever Mental Health, Housebound, Care Home residents and those living with long term conditions
- Practice Paramedic – we have a practice paramedic commencing March 2023
- Mental Health Practitioner – we have a mental health practitioner commencing January 2023
- Carers – we actively invite carers to let us know they are an unpaid carer. All newly identified carers are sent an information leaflet advising where/how to obtain help and advice.
- Veterans – we encourage veterans to let us know they served in the armed forces.
- We have a virtual Patient Participation Group (PPG). An AGM is held annually to appoint an organising committee who meet 4-6 times a year.
- We look after patients resident in 6 Care Homes in the local area and the two respite wards at the local Hospital.
- If a patient is vulnerable or has a long term condition and at risk of being admitted to Hospital, a Care Plan is created for us and other Health Professionals to use.

### **General Information**

Our practice ethos is to strive towards a partnership between patients and health professionals based on our Practice Charter (See Practice Charter policy) and Practice Booklet.