

**Dr G Tabbone**

**Dr P Arora**

**Dr P Tatavarthi**

St James Surgery  
89 Wash Lane  
Clacton on Sea  
CO15 1DA  
Tel: (01255) 222121

Church Square Branch Surgery  
St Osyth  
Clacton on Sea  
CO16 8NU  
Tel: (01255) 820309



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**Statement of purpose  
Health and Social Care Act 2008**

**ST JAMES SURGERY**

<b>Statement of purpose</b>			
Health and Social Care Act 2008			
<b>Version</b>	4	<b>Date of next review</b>	1.11.2019

<b>Service provider</b>	
<i>Full name, business address, telephone number and email address of the registered provider:</i>	
<b>Name</b>	St James Surgery
<b>Address line 1</b>	89 Wash Lane
<b>Address line 2</b>	
<b>Town/city</b>	Clacton-On-Sea
<b>County</b>	Essex
<b>Post code</b>	CO15 1DA
<b>Email</b>	stjamesurgeryf81052@nhs.net
<b>Main telephone</b>	01255 222121
<b>ID numbers</b>	
<i>Where this is an updated version of the statement of purpose, please provide the service provider and registered manager ID numbers:</i>	
<b>Service provider ID</b>	1-199726695
<b>Registered manager ID</b>	N/A

<b>Aims and objectives</b>
<i>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:</i>
1. To provide a high standard of medical care irrespective of healthcare needs, ethnicity or religious beliefs.
2. Act with dignity, integrity and complete confidentiality at all times.
3. To ensure that the most effective health care checks are offered and guidelines followed.
4. Be courteous, approachable, friendly and accommodating to all patients.
5. Enable patients the opportunity of choice, regarding their healthcare needs.

6. Continue to improve our healthcare services through on-going learning, training, monitoring and auditing.

7. Adopt innovative ways of working to maximise a positive patient and staff experience.

### **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 Giuseppina Tabbone
2. Dr Prashant Arora
3. Dr Praveen Tatavarthi

**Limited liability partnership registered as an organisation**

**Incorporated organisation**

**Company number**

**Are you a charity?**

No

Yes

Charity number:

**Group structure (if applicable)**

**Please repeat the following table for each of your regulated activities<sup>1</sup>**

<b>Regulated activity 1</b> <i>As shown on your certificate of registration</i>	Diagnostic and screening procedures
<b>Services</b> <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 Practice medical services for our registered population. Patients not registered but require immediate medical attention may be seen as a temporary resident.
<b>Locations</b> <i>As listed on your certificate of registration. Please repeat the section below for each location for this regulated activity</i>	
<b>Location 1:</b>	
<b>Name of location</b>	St James Surgery
<b>Address line 1</b>	89 Wash Lane
<b>Address line 2</b>	Clacton-On-Sea
<b>Address line 3</b>	Essex
<b>Address line 4</b>	CO15 1DA
<b>Address line 5</b>	
<b>Brief description of location<sup>2</sup></b>	We are a converted 3 storey vicarage in Clacton-On-Sea, with 8 consulting rooms, a nurse treatment room, minor operations room and administration offices upstairs. There is disabled toilet downstairs.
<b>No of approved places/beds (not NHS)<sup>3</sup></b>	
<b>Name and contact details of registered manager(s)</b>	<b>Registered manager 1</b>
	<b>Full name:</b>

<p><b>(if applicable)<sup>4</sup></b>  <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><b>Proportion of working time spent at each location (for job share posts only):</b></p>
	<p><b>Contact details:</b></p>
	<p>Business address:</p>
	<p>Telephone:</p>
	<p>Email:</p>
	<p><b>Locations:</b></p>
	<p><b>Regulated activities:</b></p>
	<p>1.</p>
	<p>2.</p>
	<p>3.</p>
	<p>4.</p>
	<p><b>Registered manager 2:</b></p>
	<p><b>Full name:</b></p>
	<p><b>Proportion of time spent at each location:</b></p>
	<p><b>Contact details:</b></p>
<p>Business address:</p>	
<p>Telephone:</p>	
<p>Email:</p>	

	<b>Locations:</b>	
	<b>Regulated activities:</b>	
	1.	
	2.	
	3.	
4.		
<b>Service user band(s) at this location<sup>5</sup></b> <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 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"/>
None of the above Please give details:	<input type="checkbox"/>	

<b>Regulated activity 2</b> <i>As shown on your certificate of registration</i>	Family Planning Services
<b>Services</b> <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>	Provision of all general family planning advice and prescription of; Oral contraception, emergency contraception, fitting and removal of IUCD devices and contraceptive implants.
<b>Locations</b> <i>As listed on your certificate of registration. Please repeat the section below for each location for this regulated activity</i>	
<b>Location 1:</b>	
<b>Name of location</b>	St James Surgery
<b>Address line 1</b>	89 Wash Lane
<b>Address line 2</b>	Clacton-On-Sea
<b>Address line 3</b>	Essex
<b>Address line 4</b>	CO15 1DA
<b>Address line 5</b>	
<b>Brief description of location<sup>2</sup></b>	We are a converted 3 storey vicarage in Clacton-On-Sea, with 8 consulting rooms, a nurse treatment room, minor operations room and administration offices upstairs. There is disabled toilet downstairs.
<b>No of approved places/beds (not NHS)<sup>3</sup></b>	
<b>Name and contact details of registered manager(s) (if applicable)<sup>4</sup></b> <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>	<b>Registered manager 1</b>
	<b>Full name:</b>
	<b>Proportion of working time spent at each location (for job share posts only):</b>
	<b>Contact details:</b>

*locations(s) they manage.*  
*Copy and paste the sub-section if they are more than two registered managers*

Business address:
Telephone:
Email:
<b>Locations:</b>
<b>Regulated activities:</b>
1.
2.
3.
4.
<b>Registered manager 2:</b>
<b>Full name:</b>
<b>Proportion of time spent at each location:</b>
<b>Contact details:</b>
Business address:
Telephone:
Email:
<b>Locations:</b>
<b>Regulated activities:</b>
1.



	2.	
	3.	
	4.	
<b>Service user band(s) at this location<sup>5</sup></b> <i>Use</i> <input checked="" type="checkbox"/>	Learning disabilities or autistic spectrum disorder	<input checked="" type="checkbox"/>
	Older people	<input type="checkbox"/>
	Younger adults	<input checked="" type="checkbox"/>
	Children 0-3 years	<input type="checkbox"/>
	Children 4-12 years	<input 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 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 type="checkbox"/>
None of the above Please give details:	<input type="checkbox"/>	

<b>Regulated activity 3</b> <i>As shown on your certificate of registration</i>	Maternity and Midwifery
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<p><b>Services</b></p> <p><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></p>	<p>General practice medical services offered and provided in conjunction with community midwives for the assessment, treatment and education of patients in the antenatal period as well as postnatal.</p>
<p><b>Locations</b></p> <p><i>As listed on your certificate of registration. Please repeat the section below for each location for this regulated activity</i></p>	
<p><b>Location 1:</b></p>	
<p><b>Name of location</b></p>	<p>St James Surgery</p>
<p><b>Address line 1</b></p>	<p>89 Wash Lane</p>
<p><b>Address line 2</b></p>	<p>Clacton-On-Sea</p>
<p><b>Address line 3</b></p>	<p>Essex</p>
<p><b>Address line 4</b></p>	<p>CO15 1DA</p>
<p><b>Address line 5</b></p>	
<p><b>Brief description of location<sup>2</sup></b></p>	<p>We are a converted 3 storey vicarage in Clacton-On-Sea, with 8 consulting rooms, a nurse treatment room, minor operations room and administration offices upstairs. There is disabled toilet downstairs.</p>
<p><b>No of approved places/beds (not NHS)<sup>3</sup></b></p>	
<p><b>Name and contact details of registered manager(s) (if applicable)<sup>4</sup></b></p> <p><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</i></p>	<p><b>Registered manager 1</b></p>
	<p><b>Full name:</b></p>
	<p><b>Proportion of working time spent at each location (for job share posts only):</b></p>
	<p><b>Contact details:</b></p>

*locations(s) they manage.*  
*Copy and paste the sub-section if they are more than two registered managers*

Business address:
Telephone:
Email:
<b>Locations:</b>
<b>Regulated activities:</b>
1.
2.
3.
4.
<b>Registered manager 2:</b>
<b>Full name:</b>
<b>Proportion of time spent at each location:</b>
<b>Contact details:</b>
Business address:
Telephone:
Email:
<b>Locations:</b>
<b>Regulated activities:</b>
1.

	2.	
	3.	
	4.	
<b>Service user band(s) at this location<sup>5</sup></b> <i>Use</i> <input checked="" type="checkbox"/>	Learning disabilities or autistic spectrum disorder	<input checked="" type="checkbox"/>
	Older people	<input type="checkbox"/>
	Younger adults	<input checked="" type="checkbox"/>
	Children 0-3 years	<input checked="" type="checkbox"/>
	Children 4-12 years	<input 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 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 type="checkbox"/>
None of the above Please give details:	<input type="checkbox"/>	

<b>Regulated activity 4</b> <i>As shown on your certificate of registration</i>	Surgical procedures
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<p><b>Services</b></p> <p><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></p>	<p>Minor surgical procedures, excisions, incisions, aspiration and injection as well as cautery, cryosurgery and nail surgery.</p>
<p><b>Locations</b></p> <p><i>As listed on your certificate of registration. Please repeat the section below for each location for this regulated activity</i></p>	
<p><b>Location 1:</b></p>	
<p><b>Name of location</b></p>	<p>St James Surgery</p>
<p><b>Address line 1</b></p>	<p>89 Wash Lane</p>
<p><b>Address line 2</b></p>	<p>Clacton-On-Sea</p>
<p><b>Address line 3</b></p>	<p>Essex</p>
<p><b>Address line 4</b></p>	<p>CO15 1DA</p>
<p><b>Address line 5</b></p>	
<p><b>Brief description of location<sup>2</sup></b></p>	<p>We are a converted 3 storey vicarage in Clacton-On-Sea, with 8 consulting rooms, a nurse treatment room, minor operations room and administration offices upstairs. There is disabled toilet downstairs.</p>
<p><b>No of approved places/beds (not NHS)<sup>3</sup></b></p>	
<p><b>Name and contact details of registered manager(s) (if applicable)<sup>4</sup></b></p> <p><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</i></p>	<p><b>Registered manager 1</b></p>
	<p><b>Full name:</b></p>
	<p><b>Proportion of working time spent at each location (for job share posts only):</b></p>
	<p><b>Contact details:</b></p>

*locations(s) they manage.*  
*Copy and paste the sub-section if they are more than two registered managers*

Business address:
Telephone:
Email:
<b>Locations:</b>
<b>Regulated activities:</b>
1.
2.
3.
4.
<b>Registered manager 2:</b>
<b>Full name:</b>
<b>Proportion of time spent at each location:</b>
<b>Contact details:</b>
Business address:
Telephone:
Email:
<b>Locations:</b>
<b>Regulated activities:</b>
1.

	2.	
	3.	
	4.	
<b>Service user band(s) at this location<sup>5</sup></b> <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 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"/>
None of the above Please give details:	<input type="checkbox"/>	

<b>Regulated activity 5</b> <i>As shown on your certificate of registration</i>	Treatment of disease, disorder or injury
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<p><b>Services</b></p> <p><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></p>	<p>General Practice medical services for our registered population. Patients not registered but require immediate medical attention may be seen as a temporary resident.</p>
<p><b>Locations</b></p> <p><i>As listed on your certificate of registration. Please repeat the section below for each location for this regulated activity</i></p>	
<p><b>Location 1:</b></p>	
<p><b>Name of location</b></p>	<p>St James Surgery</p>
<p><b>Address line 1</b></p>	<p>89 Wash Lane</p>
<p><b>Address line 2</b></p>	<p>Clacton-On-Sea</p>
<p><b>Address line 3</b></p>	<p>Essex</p>
<p><b>Address line 4</b></p>	<p>CO15 1DA</p>
<p><b>Address line 5</b></p>	
<p><b>Brief description of location<sup>2</sup></b></p>	<p>We are a converted 3 storey vicarage in Clacton-On-Sea, with 8 consulting rooms, a nurse treatment room, minor operations room and administration offices upstairs. There is disabled toilet downstairs.</p>
<p><b>No of approved places/beds (not NHS)<sup>3</sup></b></p>	
<p><b>Name and contact details of registered manager(s) (if applicable)<sup>4</sup></b></p> <p><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</i></p>	<p><b>Registered manager 1</b></p>
	<p><b>Full name:</b></p>
	<p><b>Proportion of working time spent at each location (for job share posts only):</b></p>
	<p><b>Contact details:</b></p>



*locations(s) they manage.*  
*Copy and paste the sub-section if they are more than two registered managers*

Business address:
Telephone:
Email:
<b>Locations:</b>
<b>Regulated activities:</b>
1.
2.
3.
4.
<b>Registered manager 2:</b>
<b>Full name:</b>
<b>Proportion of time spent at each location:</b>
<b>Contact details:</b>
Business address:
Telephone:
Email:
<b>Locations:</b>
<b>Regulated activities:</b>
1.

	2.	
	3.	
	4.	
<b>Service user band(s) at this location<sup>5</sup></b> <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 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"/>
None of the above Please give details:	<input type="checkbox"/>	