

# Statement of purpose

Health and Social Care Act 2008

Version

1

Date of next review

1/4/2012

Service provider

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

Name

Jonathan Alexander-Abt

Address line 1

17 Park Place

Address line 2

Town/city

Stevenage

County

Herts

Post code

SG1 1DU

Email

[office@stevenageorthodontics.com](mailto:office@stevenageorthodontics.com)

Main telephone

01438-765390

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

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. promote good oral health to all patients attending our practice for care and advice***
- 2. provide high quality orthodontic care, including periodic examinations and treatment, where required***
- 3. understand and meet the needs of our patients, involve them in decisions about their care and encourage them to participate fully***
- 4. involve other professionals in the care of our patients, where this is in the patient's interests for example, referral for specialist care and advice***
- 5. participate in local initiatives to promote the benefits of general and oral health to the wider population***
- 6. ensure that all members of our team have the right skills and training to carry out their duties competently and with confidence***
- 7. ensure an awareness of current national guidelines affecting the way we care for our patients***

<b>Legal status</b>	
<i>Tick the relevant box and provide the information requested for the type of provider you are:</i>	
<i>Use <input checked="" type="checkbox"/></i>	
<b>Individual</b>	<input type="checkbox"/> YES
<b>Partnership</b>	<input type="checkbox"/>
<b>List the names of all partners</b>	1. 2. 3. 4. 5. 6.
<b>Limited liability partnership registered as an organisation</b>	<input type="checkbox"/>
<b>Incorporated organisation</b>	<input type="checkbox"/>
<b>Company number</b>	
<b>Company structure</b>	

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

<b>Regulated activity 1</b>	<b><i>Treatment of disease, disorder and injury</i></b>
<b>Services</b>	<ul style="list-style-type: none"> <li>• <b><i>orthodontic assessment and treatment</i></b></li> </ul>
<b>Regulated activity 2</b>	<b><i>Surgical procedures</i></b>
<b>Services</b>	<ul style="list-style-type: none"> <li>• <b><i>Insertion of Orthodontic Temporary Anchorage Devices</i></b></li> </ul>
<b>Regulated activity 3</b>	<b><i>Diagnostic procedures</i></b>
<b>Services</b>	<ul style="list-style-type: none"> <li>• <b><i>diagnosis of dental disease including caries, periodontal disease and malocclusion</i></b></li> <li>• <b><i>photographs, study models and radiographs – taking and diagnosing,</i></b></li> <li>• <b><i>soft tissue screening</i></b></li> </ul>

<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>	As above
<b>Address line 1</b>	
<b>Address line 2</b>	
<b>Address line 3</b>	
<b>Address line 4</b>	
<b>Address line 5</b>	
<b>Brief description of location</b>	<ul style="list-style-type: none"> <li>• <i>The premises are located on the 2nd Floor of 17 Park Place which is conveniently located for parking and public transport.</i></li> <li>• <i>The premises are equipped with an induction loop for the hearing impaired and we have access to remote translation services.</i></li> <li>• <i>As there is no lift in the building, the premises are not suitable for wheelchairs or those who cannot use stairs. Assistance is available to access our services e.g. members are staff are happy to help parents carry prams or pushchairs up the stairs to the clinic and will bring printed materials (including copies of patient photographs and radiographs) for treatment planning discussions (in a ground floor location in the building once privacy is ensured) with parents/guardians who are unable to use stairs. Patients/parents who are unable to use stairs are offered the choice of referral onwards to an orthodontic practice with disabled access or to be seen/treated by our team at a local general dental practice (with whom we have secured arrangements for this purpose) that is located on the ground floor and therefore has disabled access and which is a 4 minute walk from our location.</i></li> </ul>
<b>No of approved places/beds (not NHS)</b>	<i>N/A</i>
<b>Name and contact details of registered manager(s) (if applicable)</b>  <i>Full name, business address, telephone number and email address of each registered manager.</i>	<b>Registered manager 1</b>
	<b>Full name:</b> <i>N/A</i>
	<b>Proportion of working time spent at each location (for job share posts only):</b>
	<b>Contact details:</b>

<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 registered managers</i></p>	Business address:	
	Telephone:	
	Email:	
	<b>Locations:</b>	
	<b>Regulated activities:</b>	
	1.	
	2.	
3.		
4.		
<p><b>Service user band(s) at this location</b></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 type="checkbox"/> YES
	None of the above	<input type="checkbox"/>
Please give details:		