

# **Statement of purpose**

Health and Social Care Act 2008

## **Saville Medical Group**

Dr J V Salkeld

Dr J G B Kent

Dr R A Flint

Dr L A Robinson

Dr P Lamballe

Dr D F Cumberlidge

Dr M A Wright

Dr S Graham

# Statement of purpose

Health and Social Care Act 2008

<b>Version</b>	2	<b>Date of next review</b>	2018
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## Service provider

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

<b>Name</b>	Saville Medical Group
<b>Address line 1</b>	7 Saville Place
<b>Town/city</b>	Newcastle Upon Tyne
<b>County</b>	Tyne and Wear
<b>Post code</b>	NE1 8DQ
<b>Email</b>	Saville.med@nhs.net
<b>Main telephone</b>	0191 232 4274

## ID numbers

*Where this is an updated version of the statement of purpose, please provide the service provider and registered manager ID numbers:*

<b>Service provider ID</b>	1-199690156
<b>Registered manager ID</b>	

## 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. The provision of general medical services from cradle to grave.
2. Provision of health promotion and disease prevention for our patient population.
3. Offering a range of high quality services to our patients.
4. Care of patients with chronic diseases.

5. Extended hours to accommodate patients who are unable to see a doctor during usual working hours.

6. Holistic approach to patient care by utilising the skills and competencies of the whole team.

7. End of life pathway.

**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 Judith Victoria Salkeld
2. Dr Jeremy George Brian Kent
3. Dr Rupert Adam Flint
4. Dr Louise Ann Robinson
5. Dr Philip Lamballe
6. Dr Duncan Frank Cumberlidge
7. Dr Marie Anne Wright
8. Dr S Graham

**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>	Treatment of disease, disorder or injury
<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 services for our registered patients and, on occasions, patients registered with other GP practices or temporary residents.
<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>	Saville Medical Group – Saville Place
<b>Address line 1</b>	7 Saville Place
<b>Address line 2</b>	Newcastle Upon Tyne
<b>Address line 3</b>	Tyne and Wear
<b>Address line 4</b>	NE1 8DQ
<b>Brief description of location<sup>2</sup></b>	Primary care centre consisting of 11 GP consulting rooms, 9 other consulting rooms, 1 NHS CPN room, 4 Nurse consulting rooms, 2 receptions, 2 waiting areas, 3 patient toilets, 3 staff toilets, 3 staff kitchens, 1 boardroom, 1 practice managers room, 1 IT room, 1 secretarial room, 7 admin rooms and 4 storage rooms.
<b>No of approved places/beds (not NHS)<sup>3</sup></b>	N/A
<b>Name and contact details of</b>	<b>Registered manager 1</b>

<p><b>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 locations(s) they manage.</i></p> <p><i>Copy and paste the sub-section if they are more than two registered managers</i></p>	<b>Full name:</b> Dr Judith Victoria Salkeld	
	<b>Proportion of working time spent at each location (for job share posts only):</b>	
	<b>Contact details:</b>	
	Business address: Saville Medical Group, 7 Saville Place, Newcastle upon Tyne, Tyne and Wear, NE1 8DQ.	
	Telephone: 0191 2324274	
	Email: saville.med@nhs.net	
	<b>Locations:</b>	
	7 Saville Place, Newcastle upon Tyne, Tyne and Wear, NE1 8DQ.	
	285 Trevelyan Drive, Newbiggin Hall, Newcastle upon Tyne, NE5 4BP.	
	<b>Regulated activities:</b>	
1. Treatment of disease, disorder and injury		
2. Surgical Procedures		
3. Diagnostic and Screenings Procedures		
4. Maternity and Midwifery Services		
5. Family Planning Services		
<p><b>Service user band(s) at this location<sup>5</sup></b></p> <p>Use <input checked="" type="checkbox"/></p>	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"/>

### Locations

*As listed on your certificate of registration. Please repeat the section below for each location for this regulated activity*

#### Location 2:

<b>Name of location</b>	Saville Medical Group – Newbiggin Hall
<b>Address line 1</b>	285 Trevelyan Drive
<b>Address line 2</b>	Newbiggin Hall
<b>Address line 3</b>	Newcastle Upon Tyne
<b>Address line 4</b>	NE5 4BP
<b>Brief description of location<sup>2</sup></b>	Primary care centre consisting of 9 GP consulting rooms, 2 Nurse consulting rooms, 1 waiting area, 1 reception, 2 patient toilets, 2 staff toilets, 1 staff kitchen and 1 staff room.

<b>No of approved places/beds (not NHS)<sup>3</sup></b>	N/A	
<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 locations(s) they manage.</i>  <i>Copy and paste the sub-section if they are more than two registered managers</i>	<b>Registered manager 1</b>	
	<b>Full name:</b> Dr Judith Victoria Salkeld	
	<b>Proportion of working time spent at each location (for job share posts only):</b>	
	<b>Contact details:</b>	
	<b>Business address:</b> Saville Medical Group, 7 Saville Place, Newcastle upon Tyne, Tyne and Wear, NE1 8DQ.	
	<b>Telephone:</b> 0191 2324274	
	<b>Email:</b> saville.med@nhs.net	
	<b>Locations:</b> 7 Saville Place, Newcastle upon Tyne, Tyne and Wear, NE1 8DQ.  285 Trevelyan Drive, Newbiggin Hall, Newcastle upon Tyne, NE5 4BP.	
	<b>Regulated activities:</b>	
	1. Treatment of disease, disorder and injury	
2. Surgical Procedures		
3. Diagnostic and Screenings Procedures		
4. Maternity and Midwifery Services		
5. Family Planning Services		
<b>Service user band(s) at this location<sup>5</sup></b>  Use <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>	Surgical 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>	Minor surgical procedures, excisions, incisions, aspiration and injection as well as cautery, cryosurgery.
<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>	Saville Medical Group – Saville Place
<b>Address line 1</b>	7 Saville Place
<b>Address line 2</b>	Newcastle Upon Tyne
<b>Address line 3</b>	Tyne and Wear
<b>Address line 4</b>	NE1 8DQ
<b>Brief description of location<sup>2</sup></b>	Primary care centre consisting of 11 GP consulting rooms, 9 other consulting rooms, 1 NHS CPN room, 4 Nurse consulting rooms, 2 receptions, 2 waiting areas, 3 patient toilets, 3 staff toilets, 3 staff kitchens, 1 boardroom, 1 practice managers room, 1 IT room, 1 secretarial room, 7 admin rooms and 4 storage rooms.
<b>No of approved places/beds (not NHS)<sup>3</sup></b>	N/A
<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 locations(s) they manage.</i>  <i>Copy and paste the sub-section if they are more than two registered managers</i>	<b>Registered manager 1</b>
	<b>Full name:</b> Dr Judith Victoria Salkeld
	<b>Proportion of working time spent at each location (for job share posts only):</b>
	<b>Contact details:</b>
	Business address: Saville Medical Group, 7 Saville Place, Newcastle upon Tyne, Tyne and Wear, NE1 8DQ.
	Telephone: 0191 2324274
	Email: saville.med@nhs.net
	<b>Locations:</b> 7 Saville Place, Newcastle upon Tyne, Tyne and Wear, NE1 8DQ.  285 Trevelyan Drive, Newbiggin Hall, Newcastle upon Tyne, NE5 4BP.

	<b>Regulated activities:</b>	
	1. Treatment of disease, disorder and injury	
	2. Surgical Procedures	
	3. Diagnostic and Screenings Procedures	
	4. Maternity and Midwifery Services	
	5. Family Planning Services	
<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>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 2:</b>	
<b>Name of location</b>	Saville Medical Group – Newbiggin Hall
<b>Address line 1</b>	285 Trevelyan Drive
<b>Address line 2</b>	Newbiggin Hall
<b>Address line 3</b>	Newcastle Upon Tyne
<b>Address line 4</b>	NE5 4BP
<b>Brief description of location<sup>2</sup></b>	Primary care centre consisting of 9 GP consulting rooms, 2 Nurse consulting rooms, 1 waiting area, 1 reception, 2 patient toilets, 2 staff toilets, 1 staff kitchen and 1 staff room.
<b>No of approved places/beds (not NHS)<sup>3</sup></b>	N/A
<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 locations(s) they manage.</i>  <i>Copy and paste the sub-section if they are more than two registered managers</i>	<b>Registered manager 1</b>
	<b>Full name:</b> Dr Judith Victoria Salkeld
	<b>Proportion of working time spent at each location (for job share posts only):</b>
	<b>Contact details:</b>
	Business address: Saville Medical Group, 7 Saville Place, Newcastle upon Tyne, Tyne and Wear, NE1 8DQ.
	Telephone: 0191 2324274
	Email: saville.med@nhs.net

	<b>Locations:</b>	
	7 Saville Place, Newcastle upon Tyne, Tyne and Wear, NE1 8DQ.	
	285 Trevelyan Drive, Newbiggin Hall, Newcastle upon Tyne, NE5 4BP.	
	<b>Regulated activities:</b>	
	1. Treatment of disease, disorder and injury	
	2. Surgical Procedures	
	3. Diagnostic and Screenings Procedures	
4. Maternity and Midwifery Services		
5. Family Planning Services		
<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 3</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 services for our registered patients and, on occasions, patients registered with other GP practices or temporary residents. Specific diagnostic procedures eg phlebotomy, microbiology samples and biopsies are undertaken for analysis off-site. Specific screening programmes such as cervical screening are also undertaken for analysis off-site.
<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>	Saville Medical Group – Saville Place
<b>Address line 1</b>	7 Saville Place
<b>Address line 2</b>	Newcastle Upon Tyne
<b>Address line 3</b>	Tyne and Wear
<b>Address line 4</b>	NE1 8DQ
<b>Brief description of location<sup>2</sup></b>	Primary care centre consisting of 11 GP consulting rooms, 9 other consulting rooms, 1 NHS CPN room, 4 Nurse consulting rooms, 2 receptions, 2 waiting areas, 3 patient toilets, 3 staff toilets, 3 staff kitchens, 1 boardroom, 1 practice managers room, 1 IT room, 1 secretarial room, 7 admin rooms and 4 storage rooms.
<b>No of approved places/beds (not NHS)<sup>3</sup></b>	N/A

<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 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>Registered manager 1</b></p>	
	<p><b>Full name:</b> Dr Judith Victoria Salkeld</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: Saville Medical Group, 7 Saville Place, Newcastle upon Tyne, Tyne and Wear, NE1 8DQ.</p>	
	<p>Telephone: 0191 2324274</p>	
	<p>Email: saville.med@nhs.net</p>	
	<p><b>Locations:</b></p> <p>7 Saville Place, Newcastle upon Tyne, Tyne and Wear, NE1 8DQ.</p> <p>285 Trevelyan Drive, Newbiggin Hall, Newcastle upon Tyne, NE5 4BP.</p>	
	<p><b>Regulated activities:</b></p>	
	<p>1. Treatment of disease, disorder and injury</p>	
<p>2. Surgical Procedures</p>		
<p>3. Diagnostic and Screenings Procedures</p>		
<p>4. Maternity and Midwifery Services</p>		
<p>5. Family Planning Services</p>		
<p><b>Service user band(s) at this location<sup>5</sup></b></p> <p>Use <input checked="" type="checkbox"/></p>	<p>Learning disabilities or autistic spectrum disorder</p>	<input checked="" type="checkbox"/>
	<p>Older people</p>	<input checked="" type="checkbox"/>
	<p>Younger adults</p>	<input checked="" type="checkbox"/>
	<p>Children 0-3 years</p>	<input checked="" type="checkbox"/>
	<p>Children 4-12 years</p>	<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"/>

### Locations

*As listed on your certificate of registration. Please repeat the section below for each location for this regulated activity*

#### Location 2:

<b>Name of location</b>	Saville Medical Group – Newbiggin Hall
<b>Address line 1</b>	285 Trevelyan Drive
<b>Address line 2</b>	Newbiggin Hall
<b>Address line 3</b>	Newcastle Upon Tyne
<b>Address line 4</b>	NE5 4BP
<b>Brief description of location<sup>2</sup></b>	Primary care centre consisting of 9 GP consulting rooms, 2 Nurse consulting rooms, 1 waiting area, 1 reception, 2 patient toilets, 2 staff toilets, 1 staff kitchen and 1 staff room.

<b>No of approved places/beds (not NHS)<sup>3</sup></b>	N/A	
<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 locations(s) they manage.</i>  <i>Copy and paste the sub-section if they are more than two registered managers</i>	<b>Registered manager 1</b>	
	<b>Full name:</b> Dr Judith Victoria Salkeld	
	<b>Proportion of working time spent at each location (for job share posts only):</b>	
	<b>Contact details:</b>	
	<b>Business address:</b> Saville Medical Group, 7 Saville Place, Newcastle upon Tyne, Tyne and Wear, NE1 8DQ.	
	<b>Telephone:</b> 0191 2324274	
	<b>Email:</b> saville.med@nhs.net	
	<b>Locations:</b> 7 Saville Place, Newcastle upon Tyne, Tyne and Wear, NE1 8DQ.  285 Trevelyan Drive, Newbiggin Hall, Newcastle upon Tyne, NE5 4BP.	
	<b>Regulated activities:</b>	
	1. Treatment of disease, disorder and injury	
2. Surgical Procedures		
3. Diagnostic and Screenings Procedures		
4. Maternity and Midwifery Services		
5. Family Planning Services		
<b>Service user band(s) at this location<sup>5</sup></b>  Use <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 4</b> <i>As shown on your certificate of registration</i>	Maternity and midwifery 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>	General practice services offered and provided in conjunction with community midwives for the assessment, treatment and education of patients in the antenatal period as well as post-delivery.
<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>	Saville Medical Group – Saville Place
<b>Address line 1</b>	7 Saville Place
<b>Address line 2</b>	Newcastle Upon Tyne
<b>Address line 3</b>	Tyne and Wear
<b>Address line 4</b>	NE1 8DQ
<b>Brief description of location<sup>2</sup></b>	Primary care centre consisting of 11 GP consulting rooms, 9 other consulting rooms, 1 NHS CPN room, 4 Nurse consulting rooms, 2 receptions, 2 waiting areas, 3 patient toilets, 3 staff toilets, 3 staff kitchens, 1 boardroom, 1 practice managers room, 1 IT room, 1 secretarial room, 7 admin rooms and 4 storage rooms.
<b>No of approved places/beds (not NHS)<sup>3</sup></b>	N/A
<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 locations(s) they manage.</i>  <i>Copy and paste the sub-section if they are more than two registered managers</i>	<b>Registered manager 1</b>
	<b>Full name:</b> Dr Judith Victoria Salkeld
	<b>Proportion of working time spent at each location (for job share posts only):</b>
	<b>Contact details:</b>
	Business address: Saville Medical Group, 7 Saville Place, Newcastle upon Tyne, Tyne and Wear, NE1 8DQ.
	Telephone: 0191 2324274
	Email: saville.med@nhs.net
	<b>Locations:</b>  7 Saville Place, Newcastle upon Tyne, Tyne and Wear, NE1 8DQ.  285 Trevelyan Drive, Newbiggin Hall, Newcastle upon Tyne, NE5 4BP.

	<b>Regulated activities:</b>	
	1. Treatment of disease, disorder and injury	
	2. Surgical Procedures	
	3. Diagnostic and Screenings Procedures	
	4. Maternity and Midwifery Services	
	5. Family Planning Services	
<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>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 2:</b>	
<b>Name of location</b>	Saville Medical Group – Newbiggin Hall
<b>Address line 1</b>	285 Trevelyan Drive
<b>Address line 2</b>	Newbiggin Hall
<b>Address line 3</b>	Newcastle Upon Tyne
<b>Address line 4</b>	NE5 4BP
<b>Brief description of location<sup>2</sup></b>	Primary care centre consisting of 9 GP consulting rooms, 2 Nurse consulting rooms, 1 waiting area, 1 reception, 2 patient toilets, 2 staff toilets, 1 staff kitchen and 1 staff room.
<b>No of approved places/beds (not NHS)<sup>3</sup></b>	N/A
<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 locations(s) they manage.</i>  <i>Copy and paste the sub-section if they are more than two registered managers</i>	<b>Registered manager 1</b>
	<b>Full name:</b> Dr Judith Victoria Salkeld
	<b>Proportion of working time spent at each location (for job share posts only):</b>
	<b>Contact details:</b>
	Business address: Saville Medical Group, 7 Saville Place, Newcastle upon Tyne, Tyne and Wear, NE1 8DQ.
	Telephone: 0191 2324274
	Email: saville.med@nhs.net

	<b>Locations:</b>	
	7 Saville Place, Newcastle upon Tyne, Tyne and Wear, NE1 8DQ.	
	285 Trevelyan Drive, Newbiggin Hall, Newcastle upon Tyne, NE5 4BP.	
	<b>Regulated activities:</b>	
	1. Treatment of disease, disorder and injury	
	2. Surgical Procedures	
	3. Diagnostic and Screenings Procedures	
4. Maternity and Midwifery Services		
5. Family Planning Services		
<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>	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 contraceptive, 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>	Saville Medical Group – Saville Place
<b>Address line 1</b>	7 Saville Place
<b>Address line 2</b>	Newcastle Upon Tyne
<b>Address line 3</b>	Tyne and Wear
<b>Address line 4</b>	NE1 8DQ
<b>Brief description of location<sup>2</sup></b>	Primary care centre consisting of 11 GP consulting rooms, 9 other consulting rooms, 1 NHS CPN room, 4 Nurse consulting rooms, 2 receptions, 2 waiting areas, 3 patient toilets, 3 staff toilets, 3 staff kitchens, 1 boardroom, 1 practice managers room, 1 IT room, 1 secretarial room, 7 admin rooms and 4 storage rooms.
<b>No of approved places/beds (not NHS)<sup>3</sup></b>	N/A

<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 locations(s) they manage.</i></p> <p><i>Copy and paste the sub-section if they are more than two registered managers</i></p>	<b>Registered manager 1</b>	
	<b>Full name:</b> Dr Judith Victoria Salkeld	
	<b>Proportion of working time spent at each location (for job share posts only):</b>	
	<b>Contact details:</b>	
	Business address: Saville Medical Group, 7 Saville Place, Newcastle upon Tyne, Tyne and Wear, NE1 8DQ.	
	Telephone: 0191 2324274	
	Email: saville.med@nhs.net	
	<b>Locations:</b>	
	7 Saville Place, Newcastle upon Tyne, Tyne and Wear, NE1 8DQ.	
	285 Trevelyan Drive, Newbiggin Hall, Newcastle upon Tyne, NE5 4BP.	
<p><b>Service user band(s) at this location<sup>5</sup></b></p> <p>Use <input checked="" type="checkbox"/></p>	<b>Regulated activities:</b>	
	1. Treatment of disease, disorder and injury	
	2. Surgical Procedures	
	3. Diagnostic and Screenings Procedures	
	4. Maternity and Midwifery Services	
	5. Family Planning Services	
	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"/>

### Locations

*As listed on your certificate of registration. Please repeat the section below for each location for this regulated activity*

#### Location 2:

<b>Name of location</b>	Saville Medical Group – Newbiggin Hall
<b>Address line 1</b>	285 Trevelyan Drive
<b>Address line 2</b>	Newbiggin Hall
<b>Address line 3</b>	Newcastle Upon Tyne
<b>Address line 4</b>	NE5 4BP
<b>Brief description of location<sup>2</sup></b>	Primary care centre consisting of 9 GP consulting rooms, 2 Nurse consulting rooms, 1 waiting area, 1 reception, 2 patient toilets, 2 staff toilets, 1 staff kitchen and 1 staff room.



<b>No of approved places/beds (not NHS)<sup>3</sup></b>	N/A	
<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 locations(s) they manage.</i>  <i>Copy and paste the sub-section if they are more than two registered managers</i>	<b>Registered manager 1</b>	
	<b>Full name:</b> Dr Judith Victoria Salkeld	
	<b>Proportion of working time spent at each location (for job share posts only):</b>	
	<b>Contact details:</b>	
	<b>Business address:</b> Saville Medical Group, 7 Saville Place, Newcastle upon Tyne, Tyne and Wear, NE1 8DQ.	
	<b>Telephone:</b> 0191 2324274	
	<b>Email:</b> saville.med@nhs.net	
	<b>Locations:</b> 7 Saville Place, Newcastle upon Tyne, Tyne and Wear, NE1 8DQ.  285 Trevelyan Drive, Newbiggin Hall, Newcastle upon Tyne, NE5 4BP.	
	<b>Regulated activities:</b>	
	1. Treatment of disease, disorder and injury	
2. Surgical Procedures		
3. Diagnostic and Screenings Procedures		
4. Maternity and Midwifery Services		
5. Family Planning Services		
<b>Service user band(s) at this location<sup>5</sup></b>  Use <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"/>

### 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.