# **Statement of purpose**

Health and Social Care Act 2008

Template for providers

Please read the guidance document Statement of purpose: Guidance for providers and also the notes at end of this template before completing it.

Statement of purpose Health and Social Care Act 2008			
Version	1.1	Date of next review	OCTOBER 2025

## Service provider

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

Name DR SRINIVAS RAO DASARI		
Address line 1	168 HAMSTEAD ROAD	
Address line 2	HANDSWORTH	
Town/city BIRMINGHAM		
County WEST MIDLANDS		
Post code	t code B20 2QR	
Email	Srinivas.dasari1@nhs.net	
Main telephone	0121 523 7500	

#### 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	1-8537574116
Registered manager ID	NOT KNOWN

## 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 overall aim is to establish and provide the highest standard of health care for our patients

2. Provide a high standard working environment for the staff
3. Promote and respect all individuals' dignity and human rights at all times
4. To always maintain confidentiality
5. To provide evidence-based practice in assessment planning, delivery and evaluation of care treatment and support
6. Have clear policies and procedures in place and a monitoring and review process

7. Actively listen to and involve patients, relatives and carers who use our service

# Legal status Tick the relevant box and provide the information requested for the type of provider vou are: Use **☑** Individual yes **Partnership** List the names of all partners 1. 2. 3. 4. 5. 6. **Limited liability partnership** NO registered as an organisation **Incorporated organisation** NO N/A Company number Are you a charity? NO **Group structure (if applicable)** N/A

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

Regulated activity 1  As shown on your certificate of registration	DIAGNOSTIC & SCREENING PROCEDURES	
Services  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)	GENERAL PRACTITIONER	
Locations As listed on your certificate of registration. Please repeat the section below for each location for this regulated activity		
Location 1:		
Name of location	DR DASARI'S SURGERY	
Address line 1	168 HAMSTEAD ROAD	
Address line 2	HANDSWORTH	
Address line 3	BIRMINGHAM	
Address line 4	WEST MIDLANDS	
Address line 5	B20 2QR	

Brief description of location <sup>2</sup>	The Handsworth surgery is a 2-storey building attached to a pharmacy. It has disabled access and disabled WC. There is car parking at the rear of the building and also baby feeding facilities on site.
No of approved places/beds (not NHS) <sup>3</sup>	N/A
Location 2:	
Name of location	NHS TNHOUSE CLINIC
Address line 1	HAMSTEAD ROAD
Address line 2	GREAT BARR
Address line 3	BIRMINGHAM
Address line 4	WEST MIDLANDS
Address line 5	B43 5EL
Brief description of location <sup>2</sup>	Tanhouse Clinic is purpose-built Health Centre shared occupancy with other health professionals. There is disabled access, disabled WC and car parking at the side of the premises. There is also a baby feeding room available for patients
No of approved places/beds (not NHS) <sup>3</sup>	N/A
Name and contact details of	Registered manager 1
registered manager(s)	Full name: DR SRINIVAS RAO DASARI

# (if applicable)4

Full name, business address, telephone number and email address of each registered manager.

For each registered manager, state which regulated activities and locations(s) they manage.

Copy and paste the sub-section if they are more than two registered managers

# Proportion of working time spent at each location (for job share posts only):

5 days Handsworth

4 days Great Barr

#### **Contact details:**

Business address: 168 HAMSTEAD ROAD

HANDSWORTH BIRMINGHAM B20 2QR

Telephone: 0121 523 7500

Email: Srinivas.dasari@nhs.net

#### Locations:

168 Hamstead Road Handsworth B20 2QR NHS Tanhouse Clinic Hamstead Road B43 5EL

## Regulated activities:

- 1. DIAGNOSTIC & SCREENING PROCEDURES
- 2. FAMILY PLANNING
- 3. TREATMENT OF DISEASE, DISORDER OR INJURY

4.

## Registered manager 2:

Full name:

Proportion of time spent at each location:

**Contact details:** 

	Business address:	
	Telephone:	
	Email:	
	Locations:	
	Regulated activities:	
	1.	
	2.	
	3.	
	4.	
Service user band(s) at this location <sup>5</sup>	Learning disabilities or autistic spectrum disorder	yes
Use ☑	Older people	yes
	Younger adults	yes
	Children 0-3 years	yes
	Children 4-12 years	yes
	Children 13-18 years	yes
	Mental health	yes
	Physical disability	yes
	Sensory impairment	yes
	Dementia	yes
	People detained under the Mental Health Act	no

	People who misuse drugs and alcohol	yes
	People with an eating disorder	yes
	Whole population	yes
	None of the above	
	Please give details:	

Demulated activity 2	EANULY DI ANNUNC
Regulated activity 2	FAMILY PLANNING
As shown on your certificate of registration	
Services	GENERAL PRACTITIONER
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)	
Locations As listed on your certificate of register location for this regulated activity	ration. Please repeat the section below for each
Location 1:	
Name of location	DR CHITRES SURGERY
Address line 1	168 HAMSTEAD ROAD
Address line 2	HANDSWORTH
Address line 3	BIRMINGHAM
Address line 4	WEST MIDLANDS
Address line 5	B20 2QR
Brief description of location <sup>2</sup>	The Handsworth surgery is a 2-storey building attached to a pharmacy. It has disabled access and disabled WC. There is car parking at the rear of the building and also baby feeding facilities on site.
No of approved places/beds (not NHS) <sup>3</sup>	N/A

Location 2:

	1
Name of location	NHS TANHOUSE CLINIC
Address line 1	HAMSTEAD ROAD
Address line 2	HANDSWORTH
Address line 3	BIRMINGHAM
Address line 4	WEST MIDLANDS
Address line 5	B43 5EL
Brief description of location <sup>2</sup>	Tanhouse Clinic is purpose-built Health Centre shared occupancy with other health professionals. There is disabled access, disabled WC and car parking at the side of the premises. There is also a baby feeding room available for patients
No of approved places/beds (not NHS) <sup>3</sup>	N/A
(not NHS) <sup>3</sup> Name and contact details of	N/A  Registered manager 1
(not NHS) <sup>3</sup>	
(not NHS) <sup>3</sup> Name and contact details of registered manager(s)	Registered manager 1  Full name: DR SRINIVAS RAO DASARI  Proportion of working time spent at each location (for job share posts only):
(not NHS) <sup>3</sup> Name and contact details of registered manager(s) (if applicable) <sup>4</sup> Full name, business address, telephone number and email address of each registered manager.	Registered manager 1  Full name: DR SRINIVAS RAO DASARI  Proportion of working time spent at each
(not NHS) <sup>3</sup> Name and contact details of registered manager(s) (if applicable) <sup>4</sup> Full name, business address, telephone number and email address of each registered manager.  For each registered manager,	Registered manager 1  Full name: DR SRINIVAS RAO DASARI  Proportion of working time spent at each location (for job share posts only):
(not NHS) <sup>3</sup> Name and contact details of registered manager(s) (if applicable) <sup>4</sup> Full name, business address, telephone number and email address of each registered manager.	Registered manager 1  Full name: DR SRINIVAS RAO DASARI  Proportion of working time spent at each location (for job share posts only): 50% at each location
(not NHS) <sup>3</sup> Name and contact details of registered manager(s) (if applicable) <sup>4</sup> Full name, business address, telephone number and email address of each registered manager.  For each registered manager, state which regulated activities and locations(s) they manage.  Copy and paste the sub-section if	Registered manager 1  Full name: DR SRINIVAS RAO DASARI  Proportion of working time spent at each location (for job share posts only): 50% at each location  Contact details:
(not NHS) <sup>3</sup> Name and contact details of registered manager(s) (if applicable) <sup>4</sup> Full name, business address, telephone number and email address of each registered manager.  For each registered manager, state which regulated activities and locations(s) they manage.	Registered manager 1  Full name: DR SRINIVAS RAO DASARI  Proportion of working time spent at each location (for job share posts only): 50% at each location  Contact details:  Business address: 168 HAMSTEAD ROAD
(not NHS) <sup>3</sup> Name and contact details of registered manager(s) (if applicable) <sup>4</sup> Full name, business address, telephone number and email address of each registered manager.  For each registered manager, state which regulated activities and locations(s) they manage.  Copy and paste the sub-section if they are more than two registered	Registered manager 1  Full name: DR SRINIVAS RAO DASARI  Proportion of working time spent at each location (for job share posts only): 50% at each location  Contact details:  Business address: 168 HAMSTEAD ROAD HANDSWORTH
(not NHS) <sup>3</sup> Name and contact details of registered manager(s) (if applicable) <sup>4</sup> Full name, business address, telephone number and email address of each registered manager.  For each registered manager, state which regulated activities and locations(s) they manage.  Copy and paste the sub-section if they are more than two registered	Registered manager 1  Full name: DR SRINIVAS RAO DASARI  Proportion of working time spent at each location (for job share posts only): 50% at each location  Contact details:  Business address: 168 HAMSTEAD ROAD HANDSWORTH BIRMINGHAM
(not NHS) <sup>3</sup> Name and contact details of registered manager(s) (if applicable) <sup>4</sup> Full name, business address, telephone number and email address of each registered manager.  For each registered manager, state which regulated activities and locations(s) they manage.  Copy and paste the sub-section if they are more than two registered	Registered manager 1  Full name: DR SRINIVAS RAO DASARI  Proportion of working time spent at each location (for job share posts only): 50% at each location  Contact details:  Business address: 168 HAMSTEAD ROAD HANDSWORTH BIRMINGHAM

Locations:
168 Hamstead Road
NHS Tanhouse Clinic
Regulated activities:
1. DIAGNOSTIC & SCREENING PROCEDURES
2. FAMILY PLANNING
3. TREATMENT OF DISEASE, DISORDER OR INJURY
4.
Registered manager 2:
Full name:
Proportion of time spent at each location:
Contact details:
Business address:
Telephone:
Email:
Locations:
Regulated activities:
1.
2.
3.

Service user band(s) at this location⁵         Use ☑       Dider people       yes         Younger adults       yes         Children 0-3 years       yes         Children 4-12 years       yes         Children 13-18 years       yes         Mental health       yes         Physical disability       yes         Sensory impairment       yes         Dementia       yes         People detained under the Mental Health Act       no
Younger adults  Younger adults  Children 0-3 years  Children 4-12 years  Children 13-18 years  Mental health  yes  Physical disability  yes  Dementia  People detained under the Mental  yes
Children 0-3 years yes  Children 4-12 years yes  Children 13-18 years yes  Mental health yes  Physical disability yes  Sensory impairment yes  Dementia yes  People detained under the Mental no
Children 4-12 years yes  Children 13-18 years yes  Mental health yes  Physical disability yes  Sensory impairment yes  Dementia yes  People detained under the Mental no
Children 13-18 years yes  Mental health yes  Physical disability yes  Sensory impairment yes  Dementia yes  People detained under the Mental no
Mental health yes  Physical disability yes  Sensory impairment yes  Dementia yes  People detained under the Mental no
Physical disability yes  Sensory impairment yes  Dementia yes  People detained under the Mental no
Sensory impairment yes  Dementia yes  People detained under the Mental no
Dementia yes  People detained under the Mental no
People detained under the Mental no
People who misuse drugs and alcohol yes
People with an eating disorder yes
Whole population yes
None of the above Please give details:

Regulated activity 3	TREATMENT OF DISEASE, DISORDER OR
As shown on your certificate of registration	INJURY

#### Services

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)

#### **GENERAL PRACTITIONER**

#### Locations

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

## Location 1:

Location 1.	
Name of location	DR DASARI'S SURGERY
Address line 1	168 HAMSTEAD ROAD
Address line 2	HANDSWORTH
Address line 3	BIRMINGHAM
Address line 4	WEST MIDLANDS
Address line 5	B20 2QR
Brief description of location <sup>2</sup>	The Handsworth surgery is a 2-storey building attached to a pharmacy. It has disabled access and disabled WC. There is car parking at the rear of the building and also baby feeding facilities on site.
No of approved places/beds (not NHS) <sup>3</sup>	N/A
Location 2:	
Name of location	NHS Tanhouse Clinic
Address line 1	Hamstead Road
Address line 2	Handsworth
Address line 3	Birmingham

Address line 4	West Midlands
Address line 5	B43 5EL
Brief description of location <sup>2</sup>	Tanhouse Clinic is purpose-built Health Centre shared occupancy with other health professionals. There is disabled access, disabled WC and car parking at the side of the premises. There is also a baby feeding room available for patients
No of approved places/beds (not NHS) <sup>3</sup>	N/A
Name and contact details of registered manager(s) (if applicable) <sup>4</sup> Full name, business address, telephone number and email address of each registered manager.	Registered manager 1
	Full name: DR SRINIVAS RAO DASARI
	Proportion of working time spent at each location (for job share posts only): 50% EACH SITE
For each registered manager, state which regulated activities and	Contact details:
locations(s) they manage.  Copy and paste the sub-section if they are more than two registered managers	Business address: 168 Hamstead Road  Handsworth  Birmingham  B20 2QR
	Telephone: 0121 523 7500
	Email: Srinivas.dasari1@nhs.net

Locations:
168 Hamstead Road Handsworth B20 2QR
NHS Tanhouse Clinic Hamstead Road B43 5EL
Regulated activities:
1. DIAGNOSTIC & SCREENING PROCEDURES
2. FAMILY PLANNING
3. TREATMENT OF DISEASE, DISORDER OR INJURY
4.
Registered manager 2:
Full name:
Full name:  Proportion of time spent at each location:
Proportion of time spent at each location:
Proportion of time spent at each location:  Contact details:
Proportion of time spent at each location:  Contact details:
Proportion of time spent at each location:  Contact details:
Proportion of time spent at each location:  Contact details:  Business address:
Proportion of time spent at each location:  Contact details:  Business address:  Telephone:  Email:
Proportion of time spent at each location:  Contact details:  Business address:  Telephone:
Proportion of time spent at each location:  Contact details:  Business address:  Telephone:  Email:
Proportion of time spent at each location:  Contact details:  Business address:  Telephone:  Email:
Proportion of time spent at each location:  Contact details:  Business address:  Telephone:  Email:
Proportion of time spent at each location:  Contact details:  Business address:  Telephone:  Email:  Locations:

	3.	
	4.	
Service user band(s) at this location <sup>5</sup>	Learning disabilities or autistic spectrum disorder	yes
Use ☑	Older people	yes
	Younger adults	yes
	Children 0-3 years	yes
	Children 4-12 years	yes
	Children 13-18 years	yes
	Mental health	yes
	Physical disability	yes
	Sensory impairment	yes
	Dementia	yes
	People detained under the Mental Health Act	no
	People who misuse drugs and alcohol	yes
	People with an eating disorder	yes
	Whole population	yes
	None of the above	yes
	Please give details:	

# **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.