

Statement of Purpose

Health and Social Care Act 2008

TOWER HILL PARTNERSHIP



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Version	4	Date of next review	31.3.2027
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Service provider

Name	TOWER HILL PARTNERSHIP
Address line 1	433 WALSALL ROAD
Address line 2	PERRY BARR
Town/city	BIRMINGHAM
County	WEST MIDLANDS
Post code	B42 1BT
Email	taiwo.soyannwo@nhs.net
Main telephone	0121 411 0487
ID numbers	
Service Provider ID	1-199770618
Registered Manager ID	DR TAIWO SOYANNWO CON1-504019086

Aims and objectives

1. Provide a high standard of medical care.
2. Be committed to our patients needs.
3. Act with integrity and complete confidentiality.
4. Be courteous, approachable and accommodating.
5. Ensure safe and effective services and environment.

6. To improve as a patient centred service through decision making and communication.
7. To maintain our motivated and skilled work teams.
8. Through monitoring and auditing continue to improve our healthcare services.
9. Maintain high quality of care through continuous learning and training.
10. To guide our employees in accordance with diversity and equality.
11. To improve Clinical Governance and Evidence Based Practice.
12. To improve Clinical and Non-Clinical risk management.
13. Treat all patients and staff with dignity, respect and honesty.
14. To optimise performance against key targets and core standards.
15. To ensure a robust information technology strategy and information governance.

Legal status	
Individual	<input type="checkbox"/>
Partnership	√
List the names of all partners	<ol style="list-style-type: none"> 1. Dr Taiwo Soyannwo 2. Dr Manish Latthe 3. Dr Gulpavan Hundle 4. Dr Suneil Bath 5. Dr Serena Deller
Limited liability partnership registered as an organisation	<input type="checkbox"/>
Incorporated organisation	<input type="checkbox"/>

Company number	n/a
Are you a charity?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Charity number:
Group structure (if applicable)	

Please repeat the following table for each of your regulated activities¹

<u>Regulated activity</u>	<p>Diagnostic and Screening Procedures</p> <p>Family Planning Including insertion of Sub Dermal Implants and IUDs</p> <p>Maternity and Midwifery Services</p> <p>Surgical Procedures Incision and drainage Injections into joints Removal of skin lesions Toe nail removal/treatment Suturing of small wounds</p> <p>Treatment of Disease, Disorder or Injury</p>
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Services	General Practice
<u>Location:</u>	
Name of location	Tower Hill Partnership
Address line 1	435 Walsall Road
Address line 2	Perry Barr
Address line 3	Birmingham
Address line 4	B42 1BT
Address line 5	
Brief description of location	Tower Hill Partnership is a purpose built Medical Practice which opened on the 6 th of May 2014. There are x3 floors, 2 of which are for patient use. All Consulting rooms are easily accessible with a lift for disabled patients. We are positioned on the main A34 with good links to local transport and ample parking spaces.
No of approved places/beds (not NHS)³	n/a
Name and contact details of registered manager(s)	<u>Registered Manager</u>
	Full name: Dr Taiwo Soyannwo

(if applicable)⁴	Proportion of working time spent at each location (for job share posts only): Full time	
	Contact details:	
	<u>Business address:</u> Tower Hill Partnership 433 Walsall Road Perry Barr Birmingham B42 1BT	
	Telephone: 0121 411 0487	
	Email: taiwo.soyannwo@nhs.net	
	<u>SERVICE USER BANDS</u>	
	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	√

	None of the above Please give details:	<input type="checkbox"/>
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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.