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| **Name of dental practice** |  |
| **Address and postcode** |  |
| **Telephone number** |  |
| **Email address** |  |

|  |  |
| --- | --- |
| **Date Statement of Purpose written** |  |
| **Author** |  |

**Contents**

**Section 1 - The aims and objectives of the private dental practice**

The goals and desired outcomes for the practice.

**Section 2 - Services, Treatments and Facilities**

Thedetails of the services, treatments and facilities provided by the practice.

**Section 3 - Registered Manager details**

The name and contact information for the registered manager of the practice.

**Section 4 - Registered Provider details**

The name and contact information for the registered provider of the practice.

**Section 5 – Responsible Individual**

In the case of an organisation, details of the responsible individual’s roles and responsibilities within the organisation.

**Section 6 – Staff details**

Details of the relevant qualifications and experience of all the dentists and dental care professionals employed in or for the purposes of the private dental practice.

**Section 7 – Organisational Structure**

Description / chart of the relationship between the registered provider and the practice being registered.

**Section 8 - Patient views**

How the service seeks patient views in order to monitor the quality of the service provided.

**Section 9 - Opening Hours**

Times when practice will be open and arrangements for patients who require urgent care or treatment out of hours.

**Section 10 - Complaints**

How to raise a complaint and timescales for dealing with the complaint.

**Section 11 - Privacy & Dignity**

How the service will respect the privacy and dignity of your patients *in line with the Equality Act 2010.*

**Section 12 - Date**

The date on which the Statement of Purpose was reviewed and reasons for review.

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| **SECTION 1 - AIMS AND OBJECTIVES OF THE DENTAL PRACTICE** |
| ***Prompt*** *- Explain the goals that your service has set for itself and include the outcomes or results that you will use to measure its success. You should also try to describe the specific impact you intend to have on the people who use your services and what benefits they can expect to experience as a result of accessing the services you provide*. ***-******Delete prompt once completed*** |
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| **SECTION 2 - SERVICES / TREATMENTS / FACILITIES** |
| ***Prompt -*** *Details of the services, treatments, age range and facilities you intend providing and how these will be provided referring to both the equipment and staff with the specialist skills to provide these. Describe the type of needs that the people who will use your services will have. Give details of specific health needs that you aim to meet. You should not include any personal or confidential details about individuals in the Statement of Purpose.* ***-******Delete prompt once completed*** |
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| **SECTION 3 - REGISTERED MANAGER (RM) DETAILS** | |
| Name |  |
| Address and postcode |  |
| Telephone number |  |
| Email address |  |
| Relevant qualifications | |
| Relevant experience | |

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| **SECTION 4 - REGISTERED PROVIDER DETAILS** | | |
| Company name |  |
| Registered address and postcode |  |
| Telephone number |  |
| Email address |  |
| RI name |  |
| Relevant qualifications | |
| Relevant experience | |

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| **SECTION 5 – RESPONSIBLE INDIVIDUAL (RI) DETAILS** | | |
| RI name |  |
| Company name |  |
| Registered address and postcode |  |
| Telephone number |  |
| Email address |  |
| Roles and responsibilities within the organisation | |

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| **SECTION 6 - STAFF DETAILS** | | |
| Name | Position | Relevant qualifications / experience |
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| **SECTION 7 - ORGANISATIONAL STRUCTURE** |
| ***Prompt -***Organisation (such as a company) please insert the relationship between the registered provider and the service being registered. ***Delete prompt once completed*** |
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| **SECTION 8 - PATIENTS VIEWS** |
| ***Prompt*** *- describe how you will seek patient views in order to monitor the quality of the services you provide and how you intend to use this information*. ***-******Delete prompt once completed*** |
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| **SECTION 9 - OPENING HOURS** |
| ***Prompt*****-**provide opening hours and details of the arrangements for patients who require urgent care or treatment. ***-******Delete prompt once completed*** |
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| **SECTION 10 - ARRANGEMENTS FOR DEALING WITH COMPLAINTS** |
| ***Prompt******-*** *How a patient can lodge a complaint and set out the timescales for responding. Please provide details about how to complain, who to complain to, how you will deal with a complaint and other sources of help if patient not happy with how you have dealt with the complaint.*  *You should ensure that your policy meets the requirements of* ***Regulation 21*** *of the* ***Private Dentistry (Wales) Regulations 2017****.* ***- Delete prompt once completed*** |
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| **SECTION 11 - PRIVACY AND DIGNITY** |
| ***Prompt******-*** *How the service will respect the privacy and dignity of your patients in line with the Equality Act 2010.* ***- Delete prompt once completed*** |
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| **SECTION 12 – STATEMENT OF PURPOSE REVIEWS** |

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| Date Statement of Purpose reviewed |  |
| Category of changes made | Change of staff details  Change of Registered person(s)  Change of treatments  Change of setting/organisation details |
| Reviewed by |  |
| Date HIW notified of changes |  |

|  |  |
| --- | --- |
| Date Statement of Purpose reviewed |  |
| Category of changes made | Change of staff details  Change of Registered person(s)  Change of treatments  Change of setting/organisation details |
| Reviewed by |  |
| Date HIW notified of changes |  |

|  |  |
| --- | --- |
| Date Statement of Purpose reviewed |  |
| Category of changes made | Change of staff details  Change of Registered person(s)  Change of treatments  Change of setting/organisation details |
| Reviewed by |  |
| Date HIW notified of changes |  |