

APMS Public Consultation

1. EXECUTIVE SUMMARY

A steering group was formed in April 2017 to review the future of nine APMS practices in Walsall, where the contracts are expiring and this steering group regularly reported into the Primary Care Commissioning Committee (PCCC). The objectives in reviewing the APMS Contracts prior to procurement was to:-

- Promote working at scale where possible
- Promote sustainability within General Practice
- Ensure value for money

The APMS Steering Group scoped some initial options for these contracts. A set of options went out to public consultation and the results of this consultation were reviewed by an APMS Recommendations panel. The recommendations made by the APMS Recommendations panel are due to be discussed at the PCCC meeting on 19th October for an agreement on the final recommendations to take to the Governing Body. Due to report submission deadlines for HOSC the final recommendations are not available to include within this report, however the final recommendations will be reported to HOSC either as an update report sent on the Thursday 19th October or at the meeting. The final recommendations from PCCC will go to the CCG Governing Body on 7th November to make a final decision on the options to go out to procurement. Walsall CCG are providing the HOSC with a report to provide assurance that a robust consultation and review process was undertaken and to consider the final recommendations by 6th November, prior to the final decision being made at the Governing Body on 7th November.

2. INTRODUCTION

2.1. Pre-consultation

A steering group was formed in April 2017 to review the future of nine APMS practices in Walsall, where the contracts are expiring in 2018, except for two; one in 2019 and one in 2020. In reviewing the APMS contracts, the APMS Steering Group was provided with a mandate from the PCCC to procure APMS contracts at scale, where possible in line with the CCGs Primary Care Strategy and NHS England Five Year Forward View instead of having one provider for each APMS contract. The APMS Steering Group reviewed patient footprints and geographical areas to group practices into areas and considered whether the following options were viable to each area a) merge the individual practices together to make larger contracts to go out to procurement b) let the existing contract expire and not renew the contract and c) keep the practice(s) as is and go out to procurement. For each area some of these options were not viable and PCCC agreed the final options to go out to public consultation.

The APMS Steering Group reviewed the current contracts and one element that is funded in five of the nine existing contracts is a requirement to offer Saturday morning and out of core evening opening hours 2 days a week. These practices are Collingwood Family Practice, Keys Family Practice, Coalpool Family Practice, Harden Family Practice and Wharf Family Practice. The APMS Steering Group set out a proposal that went out to public consultation that this requirement is removed from the new service specifications for the APMS practices with a view to expanding extended access to cover all of Walsall at a number of 'hub' GP practices for evening or weekend appointments, allowing improved access for those who work and those that find it more convenient to have a late evening or weekend appointment. These five practices could still provide evening and weekend appointments under a nationally commissioned service (Extended Access Directed Enhanced Service) and all new APMS contracts would not be allowed to have a half day closing.

The APMS Steering Group provided monthly updates to the PCCC and they covered:-

- April 2017- An overview of the APMS contracts
- May 2017 - Initial options appraisal
- June 2017 – Initial Review of public consultation and process

- July 2017 – Approval of Public Consultation launch
- September 2017– Patient Consultation update and approval of recommendation panel and process

2.2. Public Consultation

An Equality Impact Assessment was completed, the main stakeholders were identified and a public consultation plan was developed. The consultation was raised at the HOSC meeting in July prior to the launch of the public consultation. A six week public consultation was undertaken on the nine APMS practices between the 26th July and 6th September 2017 (see appendix). The consultation was launched on the CCG website, letters were sent to every patient over the age of 18 registered with a directly affected practice, four public consultation events were organised across the four areas, articles were published in the local press and a presentation was given to the local PPG chairs meeting. Healthwatch Walsall was commissioned to undertake independent focus groups, obtain views from the hard to reach groups, collate, analyse the survey responses and produce an independent report. The patient consultation events were well attended and there were over 1,000 completed surveys from the public to the consultation. Valuable feedback and comments were received that have informed the decision making process.

2.3. APMS Recommendations Panel

The APMS Recommendation panel was convened to review the findings of the public consultation and to score the consultation options. The panel scored the options for each area against a set of criteria to evaluate each option fully. The scoring criteria consisted of patient view; staff views; strategic fit; operating costs (estates); capital costs (estates); ease of delivery of estates amendments; sustainability; services and inequalities; travel; parking; transport and each of the review areas was allocated a weighting. These elements provide a full assessment of the impacts that are important to patients and to the CCG. The quality of the practices was considered but wasn't scored as there was agreement that any procurement process may result in a change of provider and the quality would change.

The APMS Recommendations Panel had a wide membership including lay members, Healthwatch Walsall, Director of Primary Care and Transformation, Senior Commissioning, Head of Contracting and Procurement, Finance, Estates, Quality and Safety, external GP Clinical Lead, LMC Representative and representation from NHS England.

3. SUMMARY OF OPTIONS

3.1. AREA 1 – WALSALL (MANOR MEDICAL, SAI (INTRAHEALTH) AND WHARF FAMILY PRACTICE)

The lease for Wharf Family Practice in Pleck Road is running out, so a new base is required for the Wharf patients. Manor Medical and Sai (Intrahealth) are already based at the building in Forrester Street and occupy half of the building each.

The options that went out to public consultation for area 1 were:-

- **Option 1** - combine Manor Medical, and Wharf Family Practice, and base at Forrester Street. Sai Medical Practice would remain a separate practice for now, although in the same building. This would mean current patients of Wharf Family Practice would go to Forrester Street for care.
- **Option 2** - combine Manor Medical, Wharf Family Practice and Sai Medical Practice, and base at Forrester Street. This would mean current patients of Wharf Family Practice would go to Forrester Street for care. Please note that Sai Medical Practice and Manor Medical Practice are already based at Forrester Street.

Currently Walsall Healthcare Trust occupies rooms on the upper floor of the building for community staff and they are looking to reduce their occupied buildings across Walsall from 16 to 6 to match the locality team footprint. For both of these options the rooms that are currently occupied by Community Services would be vacated and utilised for administrative functions of the practices leaving the space on the ground floor to be utilised by clinical rooms.

3.2. AREA 2 – HARDEN, COALPOOL AND BLAKENALL

- **Option 1** is to combine the three GP practice contracts of Blakenall Family Practice, Harden Family Practice and Coalpool Family Practice and base at one site, Harden Health Centre. Patients of the

three practices would all be part of the new single practice and those who currently go to Blakenall would go to Harden Health Centre.

- **Option 2** is to combine the three GP practice contracts of Blakenall Family Practice, Harden Family Practice and Coalpool Family Practice and base them at two sites, Harden Health Centre and Blakenall. There would be a single reception desk at Harden Health Centre, and patients of the combined practice would be able to go to either Harden Health Centre or Blakenall.

Currently Walsall Healthcare Trust occupies rooms on the upper floor of the building for community staff and they are looking to reduce their occupied buildings across Walsall from 16 to 6 to match the locality team footprint. For option 1 the rooms that are currently occupied by Community Services would be vacated and utilised for administrative functions of the practices leaving the space on the ground floor to be utilised by clinical rooms, however under option 2 the upstairs rooms will not be required.

3.3. AREA 3A – KINGFISHER

The options that went out to public consultation for area 3a – Kingfisher were:-

- **Option 1** is to allow the contract to expire at Kingfisher Practice and not procure anything in its place. This means that patients would go to other nearby practices. Patients of Kingfisher Practice could register at Berkley Practice and Stroud Practice, which are in the same building as Kingfisher Practice or other surrounding practices.
- **Option 2** is to retain the practice at Kingfisher Practice.

3.4. AREA 3B – KEYS FAMILY PRACTICE

The options that went out to public consultation for area 3b (Keys) were:-

- **Option 1** is to allow the contract to expire at Keys Family Practice and not procure anything in its place. Patients of Keys Family Practice could register at one of the three practices based at the nearby Willenhall Medical Centre, Lockfield, Lockstown, Croft or other surrounding practices.
- **Option 2** is to retain the practice at Keys Family Practice.



3.5. ACCESS

PCCC will be discussing on the 19th October the impact of the removal of out of hours morning, evening and weekend appointments from the APMS contracts.

4. CONCLUSION AND DECISION MAKING

HOSC will receive, following PCCC on 19th October an update on the recommendations for procurement for the above areas, which will be subject to Governing Body approval on the 7th November 2017. Walsall CCG are requesting that HOSC consider and respond to the recommendations by 6th November, prior to the final decision being made at the Governing Body on 7th November.

5. APPENDICES

Public Consultation	 APMS Consultation.pdf
Pre-consultation Equality Impact Assessment	 EQIA APMS (pre-consultation EQIA)

Quality & Equality Impact Assessment – APMS Practices

1. Overview

1.1. What is the service change?

Walsall Clinical Commissioning Group (CCG) is reviewing the future and considering changes to 9 GP practices that are on the Alternative Provider Medical Services (APMS) contract. GP services are provided on a General Medical Services (GMS) or Alternative Provider Medical Services (APMS) contract and APMS contracts are time limited. Several APMS contracts in Walsall are due to come to an end in the first three months of 2018. APMS contracts have to go out to procurement and this can mean that the contract holder can change, although not necessarily the staff within the practice. Walsall CCG is therefore looking at them and considering how future services could look.

This consultation directly affects 9 Walsall practices; Manor Medical - Forrester Street, Walsall; Wharf Family Practice - Pleck Road, Walsall; Blakenall Family Practice - Blakenall, Walsall; Harden Family Practice - Harden Road, Bloxwich; Coalpool Family Practice - Harden Road, Bloxwich; Kingfisher Practice - Churchill Road, Walsall; Keys Family Practice - Field Street, Willenhall; Collingwood Family Practice - Great Barr, Birmingham; Sai (Intrahealth)- Forrester Street, Walsall

The changes proposed are:-

Area 1 – Walsall – Manor Medical, Wharf Family Practice and Sai Medical Practice

Option 1 – combine Manor Medical, and Wharf Family Practice, and base at Forrester Street. This would mean current patients of Wharf Family Practice would go to Forrester Street for care.

Option 2 – combine Manor Medical, Wharf Family Practice and Sai Medical Practice, and base at Forrester Street. This would mean current patients of Wharf Family Practice would go to Forrester Street for care.

Area 2 - Harden/Blakenall

Option 1-combine the three GP practice contracts of Blakenall Family Practice, Harden Family Practice and Coalpool Family Practice and base at one site, Harden Health Centre. Patients of the three practices would all be part of the new single practice and those who currently go to Blakenall would go to Harden Health Centre.

Option 2 - is to combine the three GP practice contracts of Blakenall Family Practice, Harden Family Practice and Coalpool Family Practice and base them at two sites, Harden Health Centre and Blakenall. There would be a single reception desk at Harden Health Centre, and patients of the combined practice would be able to go to either Harden Health Centre or Blakenall.

Area 3a - Kingfisher Practice – Churchill Road, Walsall

Option 1 - to allow the contract to expire at Kingfisher Practice and not procure anything in its place. This means that patients would go to other nearby practices. Patients of Kingfisher Practice could register at Berkley Practice and Stroud Practice, which are in the same building as Kingfisher Practice or other surrounding practices.

Option 2 - to retain the practice at Kingfisher Practice.

Area 3b – Keys Family Practice- Field Street, Willenhall

Option 1 - allow the contract to expire at Keys Family Practice and not procure anything in its place. Patients of Keys Family Practice could register at one of the three practices based at the nearby Willenhall Medical Centre, Lockfield, Lockstown, Croft or other surrounding practices.

Option 2 - is to retain the practice at Keys Family Practice.

Area 4 – Collingwood

Retain Practice at Collingwood

Access

The following practices in this consultation provide late evening and Saturday morning appointments (extended access): Collingwood Family Practice; Keys Family Practice; Coalpool Family Practice; Harden Family Practice; Wharf Family Practice.

The proposal is that these arrangements could be removed under the new contracts, with a view to expanding extended access to cover all of Walsall and these practices could provide evening and weekend appointments through the National Directed Enhanced Service for Extended Access.

1.2. Why are we doing it?

There are a number of reasons why the CCG are proposing changes:-

- The contracts are coming to an end so need to be reviewed
- The Wharf practice lease is coming to an end and there is no option to extend the lease on a long term basis, therefore the CCG need to look at alternative options for these patients
- Merging smaller practices into bigger practices to meet strategic objective for General Practice to work at scale (working together) and delivering the benefits of working at scale
 - GP practices are well staffed with enough GPs, nurses and administration and management staff to meet patients' needs
 - There is improved access to appointments and potentially additional services for patients with a range of health care staff
 - Access to additional services which may mean that patients can be seen and treated within their practice or local community rather than their local hospital
 - Increased support and shared learning for practices and their staff
 - Good value for money delivering high quality services in an efficient way
- Current APMS contracts cost the CCG 40% more on average than if the contract was a General Medical Services (GMS) contract. Many of the existing contracts were set nearly 10 years ago and funding provided through the APMS contracts for many services that are now obsolete or funded elsewhere.

1.3. How have patient opinions been considered

On 24 January 2017, NHS Walsall Clinical Commissioning Group (WCCG) launched a seven week public engagement exercise - The Big Conversation. The purpose of the exercise was to engage with people in Walsall on their views and experiences of health care services and also share ideas for future healthcare delivery to ensure we have sustainable, quality services that are affordable and fit for the future. One of the areas was general practice. Main findings of the consultation on primary care are that:-

- There was general agreement that it would be acceptable to see a different GP nearby if own GP not available at a different practice, however, there was some concern about transport links and having to travel to other practices.
- Confusing when multiple GPs in one building with several receptions and waiting areas. Need to work together better and reduce duplication.
- Participants were supportive of using more online and telephone services to access GP appointments and advice however it was recognised that it won't suit everyone and that traditional methods would still need to be used for more vulnerable people and those without knowledge or access to the internet.
- The general consensus was that GPs should have longer opening hours for those who work. This should include evenings and weekends where possible. Abolishing half day closing was also an issue that was raised.

2. Impact Assessment

2.1. "What is the impact on the SAFETY of patients of implementing the change proposed including any improvement actions?"

The changes will have no impact on safety of patients. Clinical Policies will not be changed.

2.2. What is the impact on the EFFECTIVENESS of care on patients, of implementing the change proposed including any improvement actions?

The procurement process will ensure that the successful provider will be able to provide effective care. Commissioning primary medical services at scale is in line with National Policy. National evidence suggests that practices working at scale are more efficient as they can pool back office functions, greater ability to expand practice team skill mix, strengthen capacity of practices to develop new services out of hospital, improving integration and strengthening clinical governance. http://www.rand.org/pubs/research_reports/RR1181.html

2.3. What is the impact on the EXPERIENCE of care on patients, of implementing the change proposed including any improvement actions?

The procurement process will ensure that the successful provider will be able to provide a positive experience of care for patients including dignity, informed Choice, Control of care, Responsiveness, Empathy & Caring, Family & Friends Test, Feedback complaints and from PALs.

Patients may need to find an alternative GP practice if contracts are expired; the CCG would support patients to find a new GP in this instance, potentially Area 3 - Keys Family Practice and Kingfisher Practice.

Parking may be an issue for any patients that are currently registered at the Keys as there may not be enough parking, disabled and standard sized spaces at the alternative practices nearby. Patients currently registered at the Kingfisher already use the same car park as the two other practices that the Kingfisher patients may choose to register with if the contract is expired.

Patients may need to travel to a new building if their practice is relocated, potentially Area 1 - Wharf and Area 2 - Blakenall. Identified impacts are parking, disabled parking, access to buildings. Parking spaces will be released if the community health staff move into other premises from these buildings.

Access to parking could be mitigated by including a requirement in the contract to spread clinical appointments throughout the day rather than having morning and afternoon appointments to spread the demand for a parking space throughout the day.

Patients may become part of a large merged practice, potentially Area 1 and Area 2. Concerns may be raised about access to their preferred GP.

There are some practices that have a high (over 80%) ethnic minority population and there is a need to ensure that their needs are represented in the consultation. Current providers of these practices have clinicians and staff that speak the languages of the patients and there will be a desire to retain that within the new contract.

The removal of extended access (late evening and weekend appointments) from the APMS contracts will impact patients registered at Collingwood Family Practice; Keys Family Practice; Coalpool Family Practice; Harden Family Practice; Wharf Family Practice. The proposal is that these arrangements could be removed under the new contracts, with a view to expanding extended access to cover all of Walsall by April 2019. These practices could provide evening and weekend appointments under the Nationally commissioned Directed Enhanced Service.

3. Protected Characteristics – analysis of impact

The following table highlights the positive and negative impacts of the proposal against each of the protected characteristics. Walsall CCG has collected information, from GP clinical systems on the number of patients that share protected characteristic that are registered at the nine practices. This information has informed the assessment and will be available to the decision makers, however has not been published due to small numbers that could make

Age
<p>Patients over the age of 65 are more likely to use GP services more and any potential changes will affect them more than someone who accesses the services less regularly. Potential impacts for patient over the age of 65 is possibly having to access a new surgery in a new location. Potential impacts are transport links to the new locations, walking distance and whether there is enough parking/disabled parking. Area 1 and Area 2 propose a new location for 1 practice in each area and they are 0.3 miles and 0.5 miles away from the current practice. Maps have been produced showing where patients registered at the relative practices live and there is a lot of overlap between the proposed mergers, so for some patients the new practice premises will be closer and for some further away. Assessment will be undertaken on transport links, barriers for walking to the practice, parking issues. Positive impacts could be the ability to access a larger selection of clinicians trained in a range of long term conditions to assist in the management of long term conditions. Healthwatch Walsall will be engaging with local community groups that targets people over 65. Posters and hard copies of surveys will be available to capture the views of people that are accessing the services the most.</p> <p>Young people are a seldom heard group and Healthwatch will undertake a focus group with young people to engage them in the consultation and ensure their views are captured.</p> <p>Working age patients may be negatively impacted by the removal of the evening and weekend appointments from the APMS contracts that have this included. The proposal is to remove this from the small number of contracts that have this included and insert a clause in all of the new contracts to ensure that the practice provides evening and weekend appointments through the National Directed Enhanced Service for extended access. This would positively impact all patients that are registered with an APMS contract rather than a few contracts. The CCG is also working towards providing evening and weekend appointments across all of Walsall.</p>
Disability Impact
<p>The main impact for patients with physical disabilities is that they may need to access a GP practice in a new location. An issue that may be raised is access to disabled parking at the new location. Additional disabled parking will be considered at some of the sites. Consultation will explore impact.</p> <p>Patients with learning difficulties may have issues understanding the consultation. An easy read version will be available and a specific focus group will ensure their views are heard.</p>
Sex
<p>A positive impact of creating larger practices is that there will be a greater choice of clinicians for patients to see. Currently not all practices have access to a female GP and this might be particularly beneficial to female Asian patients.</p>

Race
<p>In some of the areas there are a high percentage of patients that are from ethnic minorities, with a number of patients that do not speak English as a first language, or not at all. Many of the current GP practices have clinicians and staff that speak the languages of the patients and there may be a concern that this will be lost if the practices are merged. Under TUPE laws staff at existing practice would transfer to any merged practice so the skills would not be lost. The contract will have a clause inserted to ensure that the practice staff can meet the language needs of the patients. All practices have access to translation services for languages that are not spoken within the practice.</p> <p>A positive impact of creating larger practices is that there will be a greater choice of clinicians for patients to see. Currently not all practices have access to a female GP and this might be particularly beneficial to female Asian patients.</p> <p>To ensure engagement in the consultation there will translations of the consultation document, focus groups and links with faith groups during the consultation.</p>
Religion or Belief
No differential impact identified. Providers should address these issues with their workforce as part of codes of conduct, equality and diversity training and specific awareness around attitudes.
Sexual Orientation
Commissioners will expect all provider organisations involved in the delivery of primary care to honour the Public Sector Equality Duty set out in s149 Equality Act 2010 which covers sexual orientation. Most issues for LGB people will involve homophobic behaviour (direct or indirect derogatory comments about homosexuals); assumptions of heterosexuality; and health information which does not address the particular needs of LGB people. Providers should address these issues with their workforce as part of codes of conduct, equality and diversity training and specific awareness around homophobic attitudes.
Gender Reassignment/ Transgender
No differential impact identified. Providers should address these issues with their workforce as part of codes of conduct, equality and diversity training and specific awareness around attitudes.
Pregnancy and Maternity Impact and evidence
No differential impact identified.
Marriage and Civil Partnership
No differential impact identified.
Other Excluded Groups/ Multiple and social deprivation (e.g. carers, transient communities, ex-offenders, asylum seekers, sex-workers, and homeless people.
Healthwatch will undertake some work with homeless people to engage them in the consultation.

4. Version Control

Version 1 – Pre-Consultation

This document will be added to during the consultation as and when further impacts are identified.

Your Health, Your Future

Consultation on possible changes
to GP practices in Walsall -
have your say

26th July - 6th September 2017



Contents

Introduction	.....	2
The case for change	.....	3
The options	.....	4
Which options will we choose?	.....	7
What will happen after a decision is made?	.....	8
Questionnaire	.....	9
How to submit your answers and comments	.....	17

Contact details

Please read this document carefully and give us your feedback on what you think the best solution is for the GP services we talk about. More information can be found on our website or you can get in touch with us.

You can give us your views by completing the survey on the next page or online at:
www.walsallccg.nhs.uk

For any queries email us at getinvolved@walsall.nhs.uk or call: **01922 618388**

We would like to encourage feedback from all sections of the community. If you require a hard copy of this public consultation document or a copy in an alternative format, please contact the CCG's Communications and Engagement team on telephone: **01922 618388** or email: getinvolved@walsall.nhs.uk

You have until 6th September 2017 to give us your feedback. Postal questionnaires will be accepted up to the 10th September.

You can post your completed questionnaire to:

Freepost NHS QUESTIONNAIRE RESPONSES

Please ensure you use the capital letters as shown above, so that the Post Office's machines can read the address automatically. You just need this one line address, which will be delivered to us.

Introduction

NHS Walsall Clinical Commissioning Group (CCG) is responsible for choosing and buying local health services to meet the needs of the 281,000 residents in Walsall, including local hospital services, GP services, community services, mental health services and more.

GP services within the 59 GP practices are provided through contracts. GP services are provided on a General Medical Services (GMS) or Alternative Provider Medical Services (APMS) contract and APMS contracts are time limited. Several APMS contracts in Walsall are due to come to an end in the first three months of 2018. APMS contracts have to go out to procurement and this can mean that the contract holder can change, although not necessarily the staff within the practice. Walsall CCG is therefore looking at them and considering how future services could look.

The APMS contracts with the GP practices include a number of services which are no longer offered, or are paid for in a different way, therefore the CCG would like to look at whether the needs of the area have changed.

This document describes the options for the future of these GP practices and asks for your views. The GP practices affected are:

GP practice	Address	Number of patients registered
Manor Medical	Forrester Street, Walsall	3342
Wharf Family Practice	Pleck Road, Walsall	3205
Sai Medical Practice	Forrester Street, Walsall	3474
Blakenall Family Practice	Blakenall, Walsall	5643
Harden Family Practice	Harden Road, Bloxwich	3019
Coalpool Family Practice	Harden Road, Bloxwich	4144
Kingfisher Practice	Churchill Road, Walsall	4768
Keys Family Practice	Field Street, Willenhall	4808
Collingwood Family Practice	Great Barr, Birmingham	5289

The groups of people who may be affected are:

- The patients of these practices - approximately 37,700 people
- The staff at these practices
- The family and carers of patients at these practices
- The staff, patients, families and carers at practices nearby
- Local residents who may want to use these services in the future.

It is important that we have discussions and get feedback from these groups, we also welcome feedback and discussion with anyone who wishes to engage with us as part of this consultation.

The case for change

The review of these practices as their contracts come up for renewal is part of a wider transformation of health and social care services. The CCG's overall vision is to ***Improve the health and Well-being of the people of Walsall***.

To support this vision, the CCG has a primary care strategy for 2017-22. This strategy aims to:

- Help patients see the right clinician at the right time
- Support patients with the most complex needs
- Help more patients receive care out of hospital

To help achieve this, the CCG would like to see more practices working 'at scale' – in other words working together and sometimes combining into larger practices. The benefits of working 'at scale' include:

- GP practices are well staffed with enough GPs, nurses and administration and management staff to meet patients' needs
- There is improved access to appointments and potentially additional services for patients with a range of health care staff
- Access to additional services which may mean that patients can be seen and treated within their practice or local community rather than their local hospital
- Increased support and shared learning for practices and their staff
- Good value for money delivering high quality services in an efficient way
- National evidence suggests that practices working together are more efficient as they can pool back office functions, more easily expand practice teams, consider offering new roles and develop new services out of hospital.

When the CCG renew the contracts, they would like to look at combining some of the existing practices into bigger practices. As well as the benefits listed above, this will help to keep services that are safe and sustainable in the long term.

The Big Conversation

Earlier this year Walsall CCG ran a seven week public engagement exercise and the main issues raised about GP services were:

- There was general agreement that it would be acceptable to see a different GP nearby at a different practice if a patient's own GP was not available. However, there was some concern about transport links and having to travel to other practices
- The general consensus was that GPs should have longer opening hours for those who work. This should include evenings and weekends where possible.
- It is confusing when multiple GPs are in one building with several receptions and waiting areas. They need to work together better and reduce duplication.

We have taken this feedback into consideration when developing our proposals.

The options

A paper was brought to the CCG's Primary Care Commissioning Committee (PCCC) in May 2017 presenting a number of options for each area. These options were discussed and PCCC removed options that were not viable options. A table highlighting the discussions on each option is available in the pre-consultation document available on the CCG website, but is too detailed to include in this document.

We would now like your views on the options for each area. We would like to know what you think about our suggestions, and what you think we should include in the future contracts.

Area 1

The options are:

Area 1 - Walsall - Manor Medical, Wharf Family Practice and Sai Medical Practice

Here, the lease for Wharf Family Practice in Pleck Road is running out, so whatever happens the practice needs to move.

Option 1 - combine Manor Medical, and Wharf Family Practice, and base at Forrester Street. Sai Medical Practice would remain a separate practice for now, although in the same building. This would mean current patients of Wharf Family Practice would go to Forrester Street for care.

Option 2 - combine Manor Medical, Wharf Family Practice and Sai Medical Practice, and base at Forrester Street. This would mean current patients of Wharf Family Practice would go to Forrester Street for care. Please note that Sai Medical Practice and Manor Medical Practice are already based at Forrester Street. One of the changes for Sai Medical Practice and Manor Medical Practice patients would be a single reception, something people welcomed in the engagement.

For both options, the space freed up by moving administrative functions into office space upstairs would mean there would be more clinical space to incorporate the additional patients from Wharf Family Practice.

Overview	Benefits	Drawbacks/Risks
Area 1 - option 1 Group the two expiring contracts together at Forrester Street as one practice. This configuration would see the building in its current format, divided into two separate practices. Upstairs rooms would be converted for back office functions and possibly some clinical. Sai Medical Practice would then be considered at a later time.	The lease on the building that the Wharf Family Practice occupies is expiring on 31/03/2018 with no option to extend long term and the Forrester Street site is the nearest.	<ul style="list-style-type: none">• Parking at Forrester Street is currently difficult however some of that would be alleviated when community staff vacate the premises.• Need to review disabled parking at the premises to ensure there are enough disabled spaces to accommodate the practices on one site.• Need to ensure that have lift access to any clinical rooms upstairs.

Overview	Benefits	Drawbacks/Risks
Area 1 - option 2 Combine 3 contracts and base at Forrester Street. Upstairs rooms would be converted for back office functions and possibly some clinical.	<ul style="list-style-type: none"> • Larger list size will be more attractive to potential providers • Make all three contracts coterminous • Make adjustments to the whole building to accommodate the three contracts into one 	<ul style="list-style-type: none"> • Parking at Forrester Street is currently difficult however some of that would be alleviated when community staff vacate the premises. • Need to review disabled parking at the premises to ensure there is enough disabled spaces to accommodate the 3 practices on one site. • Need to ensure that have lift access to any clinical rooms upstairs.

Area 2 - Harden/Blakenall

Option 1 is to combine the three GP practice contracts of Blakenall Family Practice, Harden Family Practice and Coalpool Family Practice and base at one site, Harden Health Centre. Patients of the three practices would all be part of the new single practice and those who currently go to Blakenall would go to Harden Health Centre.

Option 2 is to combine the three GP practice contracts of Blakenall Family Practice, Harden Family Practice and Coalpool Family Practice and base them at two sites, Harden Health Centre and Blakenall. There would be a single reception desk at Harden Health Centre, and patients of the combined practice would be able to go to either Harden Health Centre or Blakenall.

Overview	Benefits	Drawbacks/Risks
Area 2 - option 1 Move the Blakenall Family Practice to Harden Health Centre and procure a combined contract for Blakenall, Harden and Coalpool.	<ul style="list-style-type: none"> • Larger list size will be more attractive to potential service providers. • Taking advantage of delivering primary care at scale. • Helps to reduce multiple reception desks within one health centre. 	<ul style="list-style-type: none"> • Likely to be public support to retain GP presence in Blakenall.

Overview	Benefits	Drawbacks/Risks
Area 2 - option 2 Procure a combined contract for Blakenall, Harden and Coalpool with Harden and Coalpool delivered from Harden Health Centre and Blakenall Family Practice being delivered from the Blakenall site.	<ul style="list-style-type: none"> • Larger list size will be more attractive to potential service providers. • Taking advantage of delivering primary care at scale. • Retains a GP presence in Blakenall, as requested in previous patient consultations. • Helps to reduce multiple reception desks within one health centre. 	<ul style="list-style-type: none"> • May be less attractive to potential providers to provide a service on a split site. • More costly to provide a service on a split site.

Area 3 - Willenhall

Area 3a - Kingfisher Practice – Churchill Road, Walsall

Option 1 is to allow the contract to expire at Kingfisher Practice and not procure anything in its place. This means that patients would go to other nearby practices. Patients of Kingfisher Practice could register at Berkley Practice and Stroud Practice, which are in the same building as Kingfisher Practice or other surrounding practices.

Option 2 is to retain the practice at Kingfisher Practice.

Area 3b - Keys Family Practice- Field Street, Willenhall

Option 1 is to allow the contract to expire at Keys Family Practice and not procure anything in its place. Patients of Keys Family Practice could register at one of the three practices based at the nearby Willenhall Medical Centre, Lockfield, Lockstown, Croft or other surrounding practices.

Option 2 is to retain the practice at Keys Family Practice.

Overview	Benefits	Drawbacks/Risks
Area 3a - option 1 Not replace the contract at Kingfisher Practice	There are a number of GP providers in the area that could accommodate the patients, either within the same building or within close proximity	Potential redundancy risk for current providers There might not be enough capacity in the neighbouring practices to accommodate patients Empty premises
Area 3a - option 2 Retain the contract at Kingfisher Practice	No disruption to patients	Doesn't take advantage of delivering primary care services at scale.
Area 3b - option 1 Not replace the contract at Keys Family Practice	There are a number of GP providers in the area that could accommodate the patients within close proximity	Potential redundancy risk for current providers There might not be enough capacity in the neighbouring practices to accommodate patients Empty premises
Area 3b - option 2 Retain the contract at Keys Family Practice	No disruption to patients	Doesn't take advantage of delivering primary care services at scale.

All areas

The following practices in this consultation provide late evening and Saturday morning appointments: Collingwood Family Practice; Keys Family Practice; Coalpool Family Practice; Harden Family Practice; Wharf Family Practice.

The plan is that these arrangements could be removed under the new contracts, with a view to expanding extended access to cover all of Walsall rather than a small handful of practices. Offering extended access for the whole of Walsall would benefit patients at the other practices in this consultation: Manor Family Practice; Sai Medical Practice; Blakenall Family Practice and Kingfisher Practice. The proposal is that patients throughout Walsall will have access to 'hub' GP practices where they can go if they require an evening or weekend appointment, allowing improved access for those who work. We will be working with our patients, practices and localities to design services that achieve 100% coverage of extended access (evening and weekend appointments) by no later than April 2019. These practice could still provide evening and weekend appointments under a Nationally commissioned service (Extended Access Directed Enhanced Service).

Which options will we choose?

At the moment we don't know which options we will choose because we need more feedback- that is why we are running this consultation.

We need to understand what is important to all the people who have an interest in the future of the practices, particularly the patients.

We also need to understand if you think there are other options for the future of the practices we haven't considered.

The feedback you give us will inform our decision and help us to make the right choice for local GP services. It will also help us to know what to include in the contracts. We will also take into account other factors such as finance, buildings and building leases, and risks.



What will happen after a decision is made?

After we make our decision, we will need to begin a procurement process. This process will apply to all the practices which need new contracts. A procurement is a legally required formal process with rules that provides a fair way of choosing a contract holder.

Because we have to go through a procurement process we cannot guarantee that the people who currently deliver the services at these GP practices will continue to deliver them in the future. They will have the opportunity to bid for any of the contracts that are taken forward, but will have to compete fairly with any qualified provider that also chooses to bid.

Staff, in the practices that are re-procured may change employers. If this happens then they will still have a job at that new practice as their employment will be protected by TUPE law. TUPE laws help staff when the job they do moves to a different organisation. It means that if over half of their job moves to a new organisation, they will be given the chance to move too.

For staff in a practice that we decide not to renew the contract for, the process is more complicated. If over 50% of the patients or work they do at the practice goes to another practice, then the staff will also go to the other practice.

If the patients and work spread across a number of other practices then the staff may be at risk of redundancy. We would work closely with them and their employers to help them understand what their options are and where possible to secure a new job.

For the practices that go through procurement, the process will take approximately nine to 12 months. After this there will be a short time when everything is finalised and the handover happens, so it is unlikely that patients at those practices will notice the change for a year. Patients at the practices will have the opportunity to be involved in choosing the new provider. Patient representatives will be invited to be on interview panels for providers.

If practices do not have their contracts renewed and their contract is not reprocured (potentially Kingfisher Practice and Keys Family Practice) the changes at those practices will happen more quickly. In those practices, we will start to contact you in six months to recommend that you choose another practice to register at. We will support all patients to register at another practice and will make sure they continue to have access to GP services.

Questionnaire

Thank you for reading this document so far. Please can you now take the time to answer the following questions. By answering these questions you will help us to understand what is important to you and what you think we should do.

These questions are about the future of nine practices which deliver GP services. If you have any other ideas, please let us know so we can consider them.

Please answer all questions that are relevant to you.

SECTION A: Your views on our proposals. Please feel free only to complete the sections you are interested in.

1. What is important to you in terms of your GP practice? (please tick all that apply).

- ☐ Offering a range of services
- ☐ Offering a choice of appointment times
- ☐ Fast access to an appointment
- ☐ Offering a large selection of GPs and nurses to see
- ☐ Use of modern technology to interact with clinicians (e.g Skype, online consultations)
- ☐ Being able to prebook appointments
- ☐ Being able to see the same doctor, nurse or other clinician
- ☐ How easy it is to get to the practice
- ☐ Being able to see a male/female GP
- ☐ Other, please specify

2. Please tick all practices where you have a particular interest (tick all that apply).

- ☐ Manor Medical - Forrester Street, Walsall
- ☐ Wharf Family Practice - Pleck Road, Walsall
- ☐ Sai Medical Practice - Forrester Street, Walsall
- ☐ Blakenall Family Practice - Blakenall, Walsall
- ☐ Harden Family Practice - Harden Road, Bloxwich
- ☐ Coalpool Family Practice - Harden Road, Bloxwich
- ☐ Kingfisher Practice - Churchill Road, Walsall
- ☐ Keys Family Practice - Field Street, Willenhall
- ☐ Collingwood Family Practice - Collingwood Drive, Great Barr
- ☐ No, I'm a member of the public
- ☐ No, I'm responding on behalf of an organisation (please name the organisation)

3. Please tell us why you are particularly interested in the practice(s) (tick all that apply).

- ☐ I am a patient registered with the practice
- ☐ I am a family member or carer of a patient registered at the practice
- ☐ I am a patient at a neighbouring practice
- ☐ I am an employee or partner at one of the practices
- ☐ An organisation that works with the practice
- ☐ Other, please specify



In the following questions, please answer any or all that are relevant to you.

Area 1 - Complete this section if you have an interest in these practices. Otherwise skip to question 7.

4. What is your preferred option for Area 1?

- ☐ **Option 1** - combine Manor Medical Practice, and Wharf Family Practice, and base at Forrester Street. Sai Medical Practice would remain a separate practice for now, although in the same building. This would mean current patients of Wharf Family Practice would go to Forrester Street for care.
- ☐ **Option 2** - combine Manor Medical Practice, Wharf Family Practice and Sai Medical Practice, and base at Forrester Street. This would mean current patients of Wharf Family Practice would go to Forrester Street for care. NB that Sai Medical is already based at Forrester Street. One of the changes for Sai Medical Practice patients would be a single reception, something people welcomed in the engagement

5a. What impact would Option 1 have on you?

- ☐ No impact ☐ Positive impact ☐ Negative impact ☐ Prefer not to say

5b. If the impact is negative, in what area have you concerns (tick all that apply)?

- | | |
|--|---|
| <input type="checkbox"/> Parking | <input type="checkbox"/> Physical access in and around the building |
| <input type="checkbox"/> Getting to the practice | <input type="checkbox"/> Space within the building to accommodate an extra practice |
| <input type="checkbox"/> Languages spoken by staff | <input type="checkbox"/> Seeing doctor of choice |
| <input type="checkbox"/> Other, please specify | |
-

5c. If the impact is positive, why do you say this?

- ☐ Offering a range of services within the practice
- ☐ Offering a large selection of GPs and nurses to see
- ☐ Offering the choice of male/female GP to see
- ☐ Other
-

6a. What impact would Option 2 have on you?

- ☐ No impact ☐ Positive impact ☐ Negative impact ☐ Prefer not to say

6b. If the impact is negative, in what area have you concerns (tick all that apply)?

- | | |
|--|---|
| <input type="checkbox"/> Parking | <input type="checkbox"/> Physical access in and around the building |
| <input type="checkbox"/> Getting to the practice | <input type="checkbox"/> Space within the building to accommodate an extra practice |
| <input type="checkbox"/> Languages spoken by staff | <input type="checkbox"/> Seeing doctor of choice |
| <input type="checkbox"/> Other, please specify | |
-



6c. If the impact is positive, why do you say this?

- ☐ Offering a range of services within the practice
- ☐ Offering a large selection of GPs and nurses to see
- ☐ Offering the choice of male/female GP to see
- ☐ Other

Area 2 - Complete this section if you have an interest in these practices. Otherwise skip to question 10.

7. What is your preferred option for Area 2?

- ☐ **Option 1** - is to combine the three GP practice contracts of Blakenall Family Practice, Harden Family Practice and Coalpool Family Practice and base at one site, Harden Health Centre. Patients of the three practices would all be part of the new single practice and those who currently go to Blakenall would go to Harden Health Centre.
- ☐ **Option 2** is to combine the three GP practice contracts of Blakenall Family Practice, Harden Family Practice and Coalpool Family Practice and base them at two sites, Harden Health Centre and Blakenall. Patients of the combined practice would be able to go to either Harden Health Centre or Blakenall.

8a. What impact would Option 1 have on you?

- ☐ No impact
- ☐ Positive impact
- ☐ Negative impact
- ☐ Prefer not to say

8b. If the impact is negative, in what area have you concerns (tick all that apply)?

- ☐ Parking
- ☐ Getting to the practice
- ☐ Languages spoken by staff
- ☐ Physical access in and around the building
- ☐ Space within the building to accommodate an extra practice
- ☐ Seeing doctor of choice
- ☐ Other, please specify

8c. If the impact is positive, why do you say this?

- ☐ Offering a range of services within the practice
- ☐ Offering a large selection of GPs and nurses to see
- ☐ Offering the choice of male/female GP to see
- ☐ Other

9a. What impact would Option 2 have on you?

- ☐ No impact
- ☐ Positive impact
- ☐ Negative impact
- ☐ Prefer not to say

9b. If the impact is negative, in what area have you concerns (tick all that apply)?

- ☐ Parking
- ☐ Getting to the practice
- ☐ Physical access in and around the building
- ☐ Space within the building to accommodate an extra practice



- ☐ Languages spoken by staff ☐ Seeing doctor of choice
☐ Other, please specify

9c. If the impact is positive, why do you say this?

- ☐ Offering a range of services within the practice
☐ Offering a large selection of GPs and nurses to see
☐ Offering the choice of male/female GP to see
☐ Other

Area 3 - Willenhall

10. What is your preferred option for Area 3a - Kingfisher Practice, Churchill Road, Walsall?

- ☐ **Option 1** is to allow the contract to expire at Kingfisher Practice and not procure anything in its place. This means that patients would go to other nearby practices. Patients of Kingfisher Practice could register at Berkley Practice and Stroud Practice, which are in the same building as Kingfisher Practice or other surrounding practices.

- ☐ **Option 2** is to retain the practice at Kingfisher Practice.

11a. What impact would Option 1 have on you?

- ☐ No impact ☐ Positive impact ☐ Negative impact ☐ Prefer not to say

11b. If the impact is negative, in what area have you concerns (tick all that apply)?

- ☐ Parking ☐ Physical access in and around the building
☐ Getting to the practice ☐ Space within the building to accommodate an extra practice
☐ Languages spoken by staff ☐ Seeing doctor of choice
☐ Other, please specify

11c. If the impact is positive, why do you say this?

- ☐ Offering a range of services within the practice
☐ Offering a large selection of GPs and nurses to see
☐ Offering the choice of male/female GP to see
☐ Other

12a. What impact would Option 2 have on you?

- ☐ No impact ☐ Positive impact ☐ Negative impact ☐ Prefer not to say



12b. If the impact is negative, in what area have you concerns (tick all that apply)?

- | | |
|--|---|
| <input type="checkbox"/> Parking | <input type="checkbox"/> Physical access in and around the building |
| <input type="checkbox"/> Getting to the practice | <input type="checkbox"/> Space within the building to accommodate an extra practice |
| <input type="checkbox"/> Languages spoken by staff | <input type="checkbox"/> Seeing doctor of choice |
| <input type="checkbox"/> Other, please specify | |

12c. If the impact is positive, why do you say this?

- ☐ Offering a range of services within the practice
- ☐ Offering a large selection of GPs and nurses to see
- ☐ Offering the choice of male/female GP to see
- ☐ Other

13. What is your preferred option for Area 3b – Keys Family Practice, Field Street, Willenhall?

- ☐ **Option 1** is to allow the contract to expire at Keys Family Practice and not procure anything in its place. Patients of Keys Family Practice could register at one of the three practices based at the nearby Willenhall Medical Centre, Lockfield, Lockstown, Croft or other surrounding practices.
- ☐ **Option 2** is to retain the practice at Keys Family Practice.

14a. What impact would Option 1 have on you?

- ☐ No impact ☐ Positive impact ☐ Negative impact ☐ Prefer not to say

14b. If the impact is negative, in what area have you concerns (tick all that apply)?

- | | |
|--|---|
| <input type="checkbox"/> Parking | <input type="checkbox"/> Physical access in and around the building |
| <input type="checkbox"/> Getting to the practice | <input type="checkbox"/> Space within the building to accommodate an extra practice |
| <input type="checkbox"/> Languages spoken by staff | <input type="checkbox"/> Seeing doctor of choice |
| <input type="checkbox"/> Other, please specify | |

14c. If the impact is positive, why do you say this?

- ☐ Offering a range of services within the practice
- ☐ Offering a large selection of GPs and nurses to see
- ☐ Offering the choice of male/female GP to see
- ☐ Other



15a. What impact would Option 2 have on you?

- ☐ No impact ☐ Positive impact ☐ Negative impact ☐ Prefer not to say

15b. If the impact is negative, in what area have you concerns (tick all that apply)?

- ☐ Parking ☐ Physical access in and around the building
☐ Getting to the practice ☐ Space within the building to accommodate an extra practice
☐ Languages spoken by staff ☐ Seeing doctor of choice
☐ Other, please specify

15c. If the impact is positive, why do you say this?

- ☐ Offering a range of services within the practice
☐ Offering a large selection of GPs and nurses to see
☐ Offering the choice of male/female GP to see
☐ Other

16a. Answer this question if you are currently registered at one of the following practices that offer evening and weekend appointments; Collingwood Family Practice; Keys Family Practice; Coalpool Family Practice; Harden Family Practice; Wharf Family Practice.

If the practice you currently use is open less on an evening and weekend, but we offer evening and weekend appointments for all Walsall citizens at local 'hub' practices, what impact would this have on you?

- ☐ No impact ☐ Positive impact ☐ Negative impact ☐ Prefer not to say

16b. Why do you say this?

17. What services are not offered that you would like us to provide?

18. Are there any reasons why the proposed changes would affect you more than any other person? (for example, due to age, mobility, sexuality, gender, race, religion etc.) and how can we overcome this?



SECTION B: Equalities monitoring

We recognise and actively promote the benefits of diversity and we are committed to treating everyone with dignity and respect regardless of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex (gender) or sexual orientation. To ensure that our services are designed for the population we serve, we would like you to complete the short monitoring section below. The information provided will only be used for the purpose it has been collected for and will not be passed to any third parties.

19. What is the first part of your postcode? e.g. WS13

20. What is your gender?

☐ Male ☐ Female ☐ Transgender ☐ Prefer not to say

21. If female, are you currently pregnant or have you given birth within the last 12 months?

☐ Yes ☐ No ☐ Prefer not to say

22. What is your age?

☐ Under 16 ☐ 16-24 ☐ 25-34 ☐ 35-59 ☐ 60-74 ☐ 75+ ☐ Prefer not to say

23. What is your ethnic group?

White

☐ English/Welsh/Scottish/Northern Irish/British ☐ Irish ☐ Gypsy or Irish Traveller
☐ Any other White background, please describe

Mixed/Multiple ethnic groups

☐ White and Black Caribbean ☐ White and Black African ☐ White and Asian
☐ Any other Mixed/Multiple ethnic background, please describe

Asian/Asian British

☐ Indian ☐ Pakistani ☐ Bangladeshi ☐ Chinese
☐ Any other Asian background, please describe

Black/ African/Caribbean/Black British

☐ African ☐ Caribbean
☐ Any other Black/African/Caribbean background, please describe

Other ethnic group

☐ Arab
☐ Any other ethnic group, please describe

☐ Prefer not to say



24. Do you look after, or give any help or support to family members, friends neighbours or others because of either

- | | |
|---|--|
| <input type="checkbox"/> Long-term physical or mental-ill-health/disability | <input type="checkbox"/> Problems related to old age |
| <input type="checkbox"/> No | <input type="checkbox"/> I'd prefer not to say |
| <input type="checkbox"/> Other, please describe: | |

25. Are your day-to-day activities limited because of a health condition or illness which has lasted, or is expected to last, at least 12 months? (Please select all that apply)

- ☐ Vision (such as due to blindness or partial sight)
- ☐ Hearing (such as due to deafness or partial hearing)
- ☐ Mobility (such as difficulty walking short distances, climbing stairs)
- ☐ Dexterity (such as lifting and carrying objects, using a keyboard)
- ☐ Ability to concentrate, learn or understand (Learning Disability/Difficulty)
- ☐ Memory
- ☐ Mental ill health
- ☐ Stamina or breathing difficulty or fatigue
- ☐ Social or behavioural issues (for example, due to neuro diverse conditions such as Autism, Attention Deficit Disorder or Aspergers' Syndrome)
- ☐ No
- ☐ Prefer not to say
- ☐ Any other condition or illness, please describe

26. What is your sexual orientation?

- | | | | | |
|---|--|------------------------------|----------------------------------|--|
| <input type="checkbox"/> Bisexual | <input type="checkbox"/> Heterosexual / straight | <input type="checkbox"/> Gay | <input type="checkbox"/> Lesbian | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Other (please state) | | | | |

27. Are you?

Single

- ☐ Never married or partnered

Living in a couple

- ☐ Married / civil partnership
- ☐ Co-habiting

Not living in a couple

- ☐ Married (but not living with husband / wife / civil partner)
- ☐ Separated (but still married or in a civil partnership)
- ☐ Divorced / dissolved civil partnership
- ☐ Widowed / surviving partner / civil partner
- ☐ Prefer not to say
- ☐ Other relationship (please state)



28. What is your religion and belief?

- | | | |
|--|---------------------------------|-----------------------------------|
| <input type="checkbox"/> No religion | <input type="checkbox"/> Baha'i | <input type="checkbox"/> Buddhist |
| <input type="checkbox"/> Christian (including Church of England, Catholic, Protestant and all other Christian denominations) | | |
| <input type="checkbox"/> Hindu | <input type="checkbox"/> Jain | <input type="checkbox"/> Jewish |
| <input type="checkbox"/> Muslim | <input type="checkbox"/> Sikh | |
| <input type="checkbox"/> Other (please specify) | | |

☐ Prefer not to say

How to submit your answers and comments

If you would prefer to answer and comment online, anonymously, please use the following link:
www.walsallccg.nhs.uk

When you have answered the questions and made your comments in this printed version, please post the questionnaire to:

Freepost NHS QUESTIONNAIRE RESPONSES

Please ensure you use the capital letters as shown above, so that the Post Office's machines can read the address automatically. You just need this one line address, which will be delivered to us. The last date you can complete the questionnaire is 3rd September 2017.



We can provide versions of this document in other languages and formats such as Braille and large print on request. Please contact the Engagement and Communications Team, telephone 01922 618388.

Somali

Waxaan ku siin karnaa bug-yarahaan oo ku qoran luqado iyo habab kale sida farta indhoolaha Braille iyo daabacad far waa-wayn markii aad soo codsato. Fadlan la soo xiriir qaybta Ka-qaybgalka iyo Dhex-gelidda, lambarka telefoonka waa **01922 618388**.

Polish

Jeżeli chcieliby Państwo otrzymać kopię niniejszej ulotki w tłumaczeniu na język obcy lub w innym formacie, np. w alfabecie Braille'a lub w powiększonym druku, prosimy skontaktować się telefonicznie z zespołem ds. zaangażowania pod numerem telefonu **01922 618388**.

Cantonese

如有要求，我們可以將本宣傳手冊用其他語言或格式顯示，如盲文或大號字體。請致電我們的“參與部門” **01922 618388**

Gujarati

અમે આ ચોપાનિયાનું ભાષાંતરો બીજી ભાષાઓમાં અને શૈલીઓમાં જેમ કે બ્રેઇલમાં અને વિનંતી કરવાથી મોટા અક્ષરોમાં છાપેલા પૂરાં પાડી શકીએ છીએ. ઇંગ્લેન્ડ-ટ અને ઇન્વાલ્વમેન્ટ-ટ વિભાગનો ટેલિફોન **01922 618388** દ્વારા સંપર્ક કરો.

Hindi

हम आपको यह परचा दूसरी भाषाएँ में और ब्रेल एवं बड़े अक्षरों जैसी रूपरेखा में निवेदन करने पर प्राप्य कर सकते हैं। कृपया कर के इनगेज्मन्ट और इन्वाल्वमन्ट विभाग में टेलिफॉन द्वारा **01922 618388** संपर्क कीजिए।

Urdu

ہم درخواست کرنے پر لیفلٹ کے اس ترجمے کو دیگر زبانوں اور صورتوں مثال کے طور پر بریل اور بڑے حروف میں بھی فراہم کر سکتے ہیں۔ براہ کرم اس ٹیلی فون نمبر **01922 618388** پر اینگیجمنٹ اینڈ اینوالومنٹ ڈیپارٹمنٹ کے ساتھ رابطہ قائم کریں۔

Arabic

يمكننا تقديم نسخ من هذه النشرة بلغات أخرى وصيغ مثل برايل والطباعة الكبيرة في الطلب. يرجى الاتصال انخراط وإشراك وزارة، والهاتف **01922 618388**

Punjabi

ਅਸੀਂ ਇਸ ਕਿਤਾਬਚੇ ਦੇ ਸੰਸਕਰਨ ਬੇਨਤੀ ਕਰਨ ਤੇ ਹੋਰ ਭਾਸ਼ਾਵਾਂ ਅਤੇ ਫਾਰਮੈਟਾਂ ਜਿਵੇਂ ਕਿ ਬ੍ਰੇਲ ਅਤੇ ਵੱਡੇ ਪ੍ਰਿੰਟ ਵਿੱਚ ਪ੍ਰਦਾਨ ਕਰ ਸਕਦੇ ਹਾਂ। ਕਿਰਪਾ ਕਰਕੇ ਐਂਗੇਜਮੈਂਟ ਅਤੇ ਇਨਵੋਲਵਮੈਂਟ ਵਿਭਾਗ (Engagement and Involvement Department) ਨੂੰ ਸੰਪਰਕ ਕਰੋ, ਟੈਲੀਫੋਨ **01922 618 388**



NHS Walsall Clinical Commissioning Group
Jubilee House
Bloxwich Lane
Walsall
WS2 7JL

Telephone us: **01922 618388**
E-mail us: **getinvolved@walsall.nhs.uk**

