

## Alternative Provider Medical Services (APMS) GP Practices Consultation

### Questions

By answering these questions (as many or as few as you wish) 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 7 of practices which deliver GP services to patients at 12 branches. If you have any other ideas, please let us know so we can consider it.

Please feel free to fill this form in online, email us or to send us a letter with all your thoughts. To fill it in online, visit: [www.surveymonkey.co.uk/r/WB\\_APMS\\_Consultation](http://www.surveymonkey.co.uk/r/WB_APMS_Consultation)

**When you have completed this form**, please return it to either your local GP Practice, Wigan Life Centre South (the one with the swimming pool) or post it to:

FREEPOST RTRA-BXKR-CTTT, Shape Your NHS, Wigan Borough CCG, Wigan Life Centre, College Avenue, Wigan, WN1 1NJ.

**1. Are you particularly interested in the future of any of the branches affected (listed below) for any reason? Please tick the relevant practice**

- |   |   |
|---|---|
| <input type="checkbox"/> Dr Alistair – Ashton Clinic                              | <input type="checkbox"/> Intrahealth - Tyldesley                            |
| <input type="checkbox"/> Dr Alistair – Kidglove House                             | <input type="checkbox"/> Leigh Family Practice – Bridgewater Medical Centre |
| <input type="checkbox"/> Intrahealth - Atherton                                   | <input type="checkbox"/> Leigh Family Practice – Higher Folds               |
| <input type="checkbox"/> Intrahealth - Ince                                       | <input type="checkbox"/> Leigh Family Practice – Wigan Lane                 |
| <input type="checkbox"/> Intrahealth – Leigh Sports Village / LSV Family Practice | <input type="checkbox"/> No – I’m a member of the public                    |
| <input type="checkbox"/> Intrahealth – Marsh Green                                | <input type="checkbox"/> No – I’m responding on behalf of an organisation   |
| <input type="checkbox"/> Intrahealth – Platt Bridge                               |   |

2. Please tell us why you are particularly interested in the branch(es)? *tick all that apply*

I am a patient

I am an employee or partner at one of the practices

I am a family member or carer of a patient

An organisation that works with the practice

I am a patient at a neighbouring practice

Other *please specify*  
\_\_\_\_\_

3. Is there anything about the branch(es) that you need us to consider when making a decision?

4. We have considered the below criteria and evidence around it. Are any of these more important to you than others? *Tick up to THREE*

The accessibility of the branch.

The level of patient choice within 1 mile of the branch

The quality and potential impact on the other practices within 1 mile.

The quality of the building the branch is in

The level of deprivation of the local area

The number of new houses planned within 1 mile

The practice growth in patient numbers

5. Why are these more important?

**6. Are there any other criteria we should consider before we make our decision?**

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**7. If we implement the following options, what difference do you think it will make?**

*(Please tick a box for each option)*

	It's likely to be good	I'm not sure	I'd be concerned
OPTION 1: Renew with no change			
OPTION 2: End the contract			
OPTION 3: Renew with updated contract			
OPTION 4: Merge with updated contract			
OPTION 5: Renew with additional requirements			

Please tell us why you think that. If you have ticked 'I'd be concerned' to any of the above, can you tell us what we can do to make it better?

<b>OPTION 1: Renew with no change</b>	
What do you think?	If you have concerns, what can we do to make it better?
<b>OPTION 2: End the contract:</b>	
What do you think?	If you have concerns, what can we do to make it better?

**OPTION 3: Renew with updated contract**

What do you think?	If you have concerns, what can we do to make it better?
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**OPTION 4: Merge with updated contract**

What do you think?	If you have concerns, what can we do to make it better?
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**OPTION 5: Renew with additional requirements**

What do you think?	If you have concerns, what can we do to make it better?
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**8. If the practice is open less on an evening and weekend, but we offer appointments at a local practice, what difference do you think it will make?**

It's likely to be good       I'm not sure       I'd be concerned

What do you think?	What can we do to make it better?
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9. Are there any extra services (e.g. warfarin clinics) that your branch offers that you think are particularly necessary to you and your local area? Please explain why.

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10. Are there any services that your branch doesn't offer that you think are particularly necessary to you and your local area? Please explain why.

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11. If we ask a branch to offer services to patients from other practices, what difference do you think it will make?

It's likely to be good       I'm not sure       I'd be concerned

What do you think?	If you have concerns, what can we do to make it better?
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12. If we contract a branch to be flexible to change, grow, offer different services and work in different way, what difference do you think it will make?

It's likely to be good       I'm not sure       I'd be concerned

What do you think?	If you have concerns, what can we do to make it better?
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**13. Do you know of any reason why these 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?**

**14. Is there anything else or any alternative options you would like us to consider?**

## Equality Monitoring Form

We want to make sure that services are provided fairly to all those who need them. Some questions may feel personal, but the information collected here helps us to make sure we get the views of all parts of our community. This helps us to reduce any potential barriers to accessing services. Please answer the questions below by ticking the boxes that you feel most describes you. The information we collect will be kept confidential and secure.

POSTCODE			
Please provide at least the first 3 digits of your postcode:			
ETHNICITY			
WHITE		ASIAN OR ASIAN BRITISH	
British		Indian	
Irish		Pakistani	
Polish		Bangladeshi	
Gypsy or Irish Traveller		Chinese	
Roma		Other Asian background (please state)	
Other White (Please state)			
MIXED/MULTIPLE ETHNIC GROUPS		BLACK/AFRICAN/CARIBBEAN OR BLACK BRITISH	
White and Black Caribbean		African	
White and Black African		Caribbean	
White and Asian		Other Black (please state)	
Other Mixed (please state)			
OTHER ETHNIC GROUP			
Arab		Any other ethnic group (please state)	
Prefer not to say			

AGE						
Under 18		25 – 34		45 – 54		65 – 74
18 – 24		35 – 44		55 – 64		75 +
Prefer not to say						

GENDER	
Female	
Male	

GENDER IDENTITY				
Is your gender identity the same as the gender you were assigned at birth?	Yes		No	Prefer not to say
RELATIONSHIP STATUS				
Civil Partnership		Married		
Co-habiting		Single		
Other (please state)		Prefer not to say		

FAITH					
Atheist/None		Buddhism		Christianity	
Hinduism		Islam		Judaism	
Sikhism		<b>Prefer not to say</b>			
Other (please state)					

SEXUAL ORIENTATION					
<b>Do you consider yourself to be</b>					
Heterosexual/straight		Lesbian/gay woman		Bisexual Woman	
Gay man		Bisexual Man		<b>Prefer not to say</b>	
Other (please state)					

DISABILITY					
A disability is an impairment that has (or is likely to have) a substantial (more than minor), adverse, long-term (more than a year) effect on the ability to carry out normal day-to-day activities.					
Do you consider yourself to be a disabled person?	Yes		No		<b>Prefer not to say</b>
<b>If you have answered 'yes' please tick the box(es) below that best describe your impairment. This information helps us improve access and remove barriers to our services.</b>					
Hearing, e.g. profound to mild deafness					
Visual, e.g. blind or partial sighted					
Long-term illness or health condition, e.g. cancer, HIV, diabetes, chronic heart disease, rheumatoid arthritis, chronic asthma					
Learning, e.g. Downs syndrome					
Impaired memory/concentration or ability to understand, e.g. Stroke, dementia, head-injury					
Mental ill health, e.g. bi polar disorders, schizophrenia, depression					
Communication, e.g. speech					
Mobility or physical, e.g. walking, dexterity					
Other – Please state					

RESIDENCY			
Are you British/United Kingdom citizen?	Yes		No

EMPLOYMENT STATUS				
Student		Employed/self employed		Unemployed
Retired		Apprenticeship scheme/training		<b>Prefer not to say</b>
Other (please state)				



**SERVICE PERSONNEL AND THEIR FAMILIES**

Are you currently serving or have previously served (are a veteran) in the UK Armed Forces?	Yes		No		<b>Prefer not to say</b>	
Are you a member of a serviceman or women's immediate family?	Yes		No		<b>Prefer not to say</b>	
Are you a reservist or in part time service such as in the Territorial Army	Yes		No		<b>Prefer not to say</b>	

**CARING RESPONSIBILITIES**

A carer is someone who provides unpaid support/care for a partner, relative, child or friend, etc, who needs help with their day-to day life, because they are disabled, have a long-term illness or they are elderly.

Are you a carer ?	Yes		No		<b>Prefer not to say</b>	
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Thank you for filling in this questionnaire and helping us to make the right decision for the future of the 12 APMS branches.

Please return your completed questionnaire to the freepost address below.

**For more information, or to request this questionnaire in a different language or format, please use the contact details below:**

**Telephone:** 01942 482711  
**Email:** [Shapeyournhs@wiganboroughccg.nhs.uk](mailto:Shapeyournhs@wiganboroughccg.nhs.uk)  
**Website:** [www.wiganboroughccg.nh.uk](http://www.wiganboroughccg.nh.uk)  
**Twitter:** @WiganBoroughCCG  
**Facebook:** Wigan Borough CCG  
**Address:** FREEPOST RTRA-BXKR-CTTT  
Shape Your NHS  
Wigan Borough CCG  
Wigan Life Centre  
College Avenue  
Wigan, WN1 1NJ