

Alternative Provider Medical Services (APMS) GP Practices Consultation

LARGE PRINT

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. 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

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 FREE (without a stamp) to:

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

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

Website: www.wiganboroughccg.nh.uk

Twitter: @WiganBoroughCCG

Facebook: Wigan Borough CCG

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

Dr Alistair – Ashton
Clinic

Intrahealth - Tyldesley

Dr Alistair – Kidglove
House

Leigh Family Practice -
Bridgewater

Intrahealth - Atherton

Leigh Family Practice –
Higher Fold

Intrahealth - Ince

Leigh Family Practice –
Wigan Lane

Intrahealth – Leigh
Sports Village / LSV
Family Practice

No – I’m a member of
the public

Intrahealth – Marsh
Green

No – I’m responding on
behalf of an organisation

Intrahealth – Platt
Bridge

2. Please tell us why you are particularly interested in the(se) 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(se) 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?

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?

OPTION 1: Renew with no change

What do you think?

If you have concerns, what can we do to make it better?

OPTION 2: End the contract:

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?

OPTION 4: Merge with updated contract

What do you think?

If you have concerns, what can we do to make it better?

OPTION 5: Renew with additional requirements

What do you think?

If you have concerns, what can we do to make it better?

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?

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.

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.

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

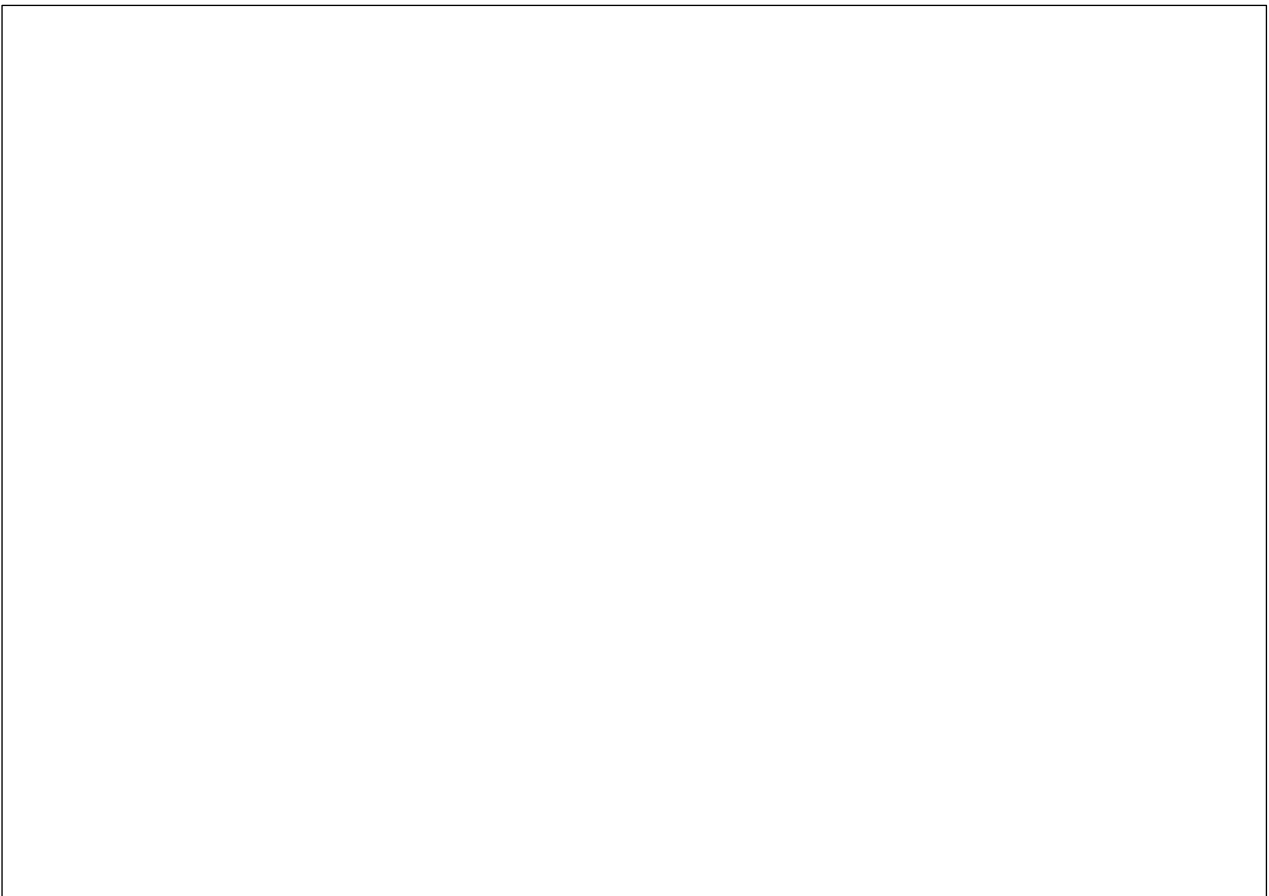
I'd be concerned

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		Prefer not to say		
Other (please state)				

SEXUAL ORIENTATION				
Do you consider yourself to be				
Heterosexual/straight		Lesbian/gay woman		Bisexual Woman
Gay man		Bisexual Man		Prefer not to say
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?	Y E S		N O		Prefer not to say
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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.

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?	Y e s		N o	
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EMPLOYMENT STATUS

Student		Employed/self employed		Unemployed
Retired		Apprenticeship scheme/training		Prefer not to say
Other (please state)				

SERVICE PERSONNEL AND THEIR FAMILIES

Are you currently serving or have previously served (are a veteran) in the UK Armed Forces?	Ye s		N o		Prefer not to say	
Are you a member of a serviceman or women's immediate family?	Ye s		N o		Prefer not to say	
Are you a reservist or in part time service such as in the Territorial Army	Ye s		N o		Prefer not to say	

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 ?	Ye s		N o		Prefer not to say	
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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.

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