

GP Surgeries and Residential Care Homes

Engagement November – December 2013

Patient Feedback Report



Executive summary

Older people in residential care homes are a vulnerable population and often have a number of health issues. If not managed well, these health issues can cause discomfort, pain and result in admission to hospital. In the UK, older people who are resident in care homes receive their health care from GP surgery teams (GPs and nurses from the practice).

It is generally agreed that older people in residential care homes would benefit from a more proactive approach from GP surgery teams. NHS Leeds West Clinical Commissioning Group (CCG) wants to improve the service that care home residents receive from GPs and practice nurses. The engagement team at NHS Leeds West CCG spoke to care home residents, their families and staff, to find out what they thought about the service they receive from GP surgeries. This report outlines the findings of the engagement.

A survey was used to gather the thoughts and experiences of residents, families and care home professionals and asked how GP surgery teams could improve the service they offer to care homes. The survey was shared:

- via the NHS Leeds West CCG patient, carer and public networks;
- via the NHS Leeds West CCG voluntary, community and faith sector network;
- with GP practices in the Leeds West area; and
- with Care homes in the Leeds West area.

The feedback from residents and families suggests that they are generally happy with the primary care services. Residents felt that primary care staff were kind and treated them with dignity and respect, although some felt that when care home staff made telephone requests for visits, they were made to feel like a 'nuisance' by some gatekeepers to the service such as receptionists. Families felt that they would like to be more involved in the care of their relative.

Care Home staff feedback suggests that they are generally unhappy with the primary care service received for their residents. Care home staff felt that it was often difficult to organise a home visit and that visits were often rushed.

This report makes a series of recommendations to the project team who will use this engagement to develop a business case for an enhanced GP care home scheme. The report recommends that the project looks at ways to standardise the primary care received in care homes and free up primary care staff to spend more time with residents and their families. It also suggests that the systems for organising home visits and caring for temporary residents is reviewed.

The business case will be submitted to the NHS Leeds West Clinical Commissioning Committee in February 2014. If the business case is successful the project team will start to develop the scheme in the spring. A briefing will be produced once the project has begun, to show to what extent the engagement recommendations have been implemented.

The patient feedback will also be used to inform a wider strategy for enhancing communication, access and the quality of services.

The report will be shared with those involved in the engagement, those who provided contact details and the report will also be available on the NHS Leeds West CCG website.

1. Background information

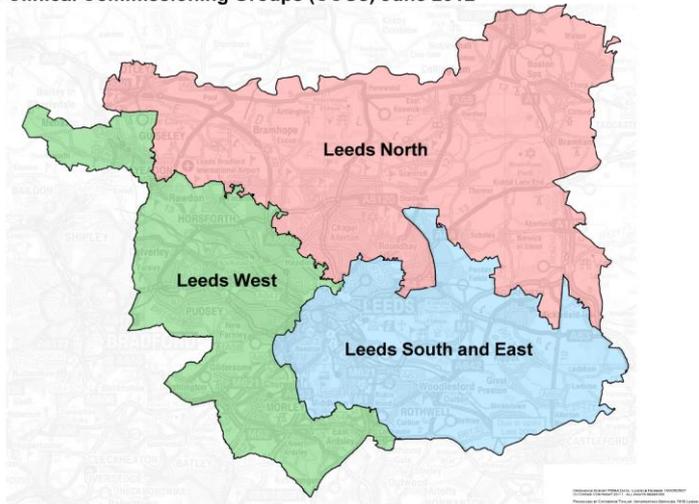
a. NHS Leeds West Clinical Commissioning Group

There are three clinical commissioning groups (CCGs) in Leeds; NHS Leeds West CCG, NHS Leeds North CCG and NHS Leeds South and East CCG. These organisations are responsible for planning and buying (commissioning) local healthcare services.

The CCG is very different from previous NHS organisations. For the first time, healthcare services will be commissioned by organisations that are led by locally based doctors and nurses, supported by experienced managers.

This means we can have a real, detailed understanding of the health and social care issues there are in our neighbourhoods, and a genuine opportunity to shape health services at a much more local level as well as across the city of Leeds.

Leeds Clinical Commissioning Groups (CCGs) June 2012



NHS Leeds West Clinical Commissioning Group (CCG) is made up of 38 GP practices in the west and parts of outer north west and south west Leeds. We are one of three CCGs in Leeds and are the largest, covering a population of around 350,000 people. Our population extends from some of the most affluent neighbourhoods of Leeds to some of the most deprived.

Involving people and the public in developing and evaluating health services is essential if we want to have excellent services that meet local people's needs. It is our responsibility, and one that we take very seriously, to ensure that our local communities have the opportunity to be fully engaged in the decisions we take.

b. GP surgeries and residential care homes

There are 52 care homes in Leeds West. 17 of these are nursing homes providing 24hour nursing care. The remaining 35 are residential homes without in-house nursing support.

Older people in residential care homes are a vulnerable population and often have a number of health issues. If not managed well, these health issues can cause discomfort, pain and result in admission to hospital. In the UK, older people who are resident in care homes receive their health care from GP surgery teams (GPs and nurses from the practice). Care home residents receive the same level of care from GP surgery teams as people in the community.

It is generally agreed that older people in residential care homes are a vulnerable population and would benefit from a more proactive approach from GP surgery teams. NHS Leeds West CCG wants to improve the service that care home residents receive from GPs and practice nurses.

This engagement sought the views of residents, families and care home professionals and asked how GP surgery teams can improve the service they offer care home residents.

2. How did we identify and engage with patients?

There are approximately 52 care homes in the NHS Leeds West CCG and the engagement plan (see appendix A) proposed that a patient survey should be used to gather feedback from patients.

The engagement plan was taken to the NHS Leeds West Clinical Commissioning Group Patient Assurance Group (PAG) in October 2013. This group is made up of patients and assures the CCG's Governing Body that adequate patient involvement has taken place during consultations and engagement. The PAG agreed that the patient groups and engagement method outlined in the plan were appropriate.

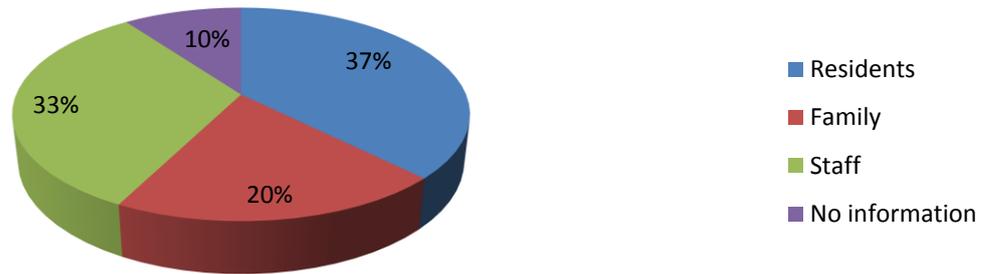
Group consulted	Methods used
Residents/Patients	Patient survey via email
	Focus Group
	Three drop in sessions
Family/Carers	Patient survey via email
	Focus Group
	Three drop in sessions
Care homes and their staff	Patient survey via email with posters to advertise survey
	Three drop in sessions
GP practices in NHS Leeds West CCG (to share with their patients)	Patient survey via email, posters to advertise
The Leeds West CCG Patient Involvement Network	Patient survey via email and in newsletter
Voluntary, Community and Faith Sector Services via the Leeds West CCG Network (to share with their service users)	Patient survey via email and in newsletter

An online version of the survey was available on the NHS Leeds West CCG website

3. Who replied?

In total 40 people contributed to the engagement. Feedback was received from the following groups;

Responses



4. What did people tell us?

Residents

We engaged with 15 care home residents through surveys, focus groups and drop-ins. Residents shared their experience of using primary care services while in the care home.

Residents told us that:

- primary care staff do not visit frequently enough;
- primary care staff are generally kind and treat patients with dignity and respect;
- it is usually the GP who visits;
- they are generally happy with the service they receive from primary care;
- they generally see the same primary care staff;
- they are able to choose the gender of the primary care staff they see;
- they don't feel there is much GPs can do to improve the service; and
- sometimes they feel like a 'nuisance' if they need to call a GP to the care home

Residents told us that they value the following aspects of primary care:

- frequent visits;
- being treated kindly and with dignity and respect;
- seeing the same clinicians each time and avoiding locums where possible;
- a responsive service when required;
- involving family members in the appointment where possible; and
- being involved in decisions about their care, such as being told why they are being re-sent for a blood test.

Family

We engaged with eight family members through surveys, focus groups and drop-ins. Family members shared their experience of supporting their relatives in accessing primary care services. They told us that:

- they have experienced varying levels of primary care services in different care homes;
- they are often not aware if/when their relative accesses a primary care service; and
- they are generally happy with the service their relative receives from primary care.

Family members told us that they value the following aspects of primary care for their relatives:

- being involved in an initial primary care consultation when their relative first enters a care home;
- being involved in subsequent primary care consultations where possible;
- being informed of primary care contact with their relative;
- a more proactive primary care service that visits residents regularly regardless of their health status; and
- Easy access to urgent appointments

Care home staff

We engaged with 13 care home staff through online surveys and drop-ins. Care home staff shared their experience of supporting their residents to access primary care services. Staff told us that:

- Residents often feel that calling out a GP is an imposition. This is reinforced by some GP receptionists putting staff and residents under pressure to attend the surgery;
- some GPs do not have access to patient notes when they arrive at the care home;
- it is sometimes difficult to get through to the practice on the phone;
- it is sometimes difficult to organise prescriptions;
- it is sometimes difficult to organise repeat prescriptions for temporary residents in respite care;
- there is a general reluctance with some GPs to get involved with temporary residents;
- there is a poor relationship between some GP surgeries and temporary residents;
- Some GP's have a poor attitude towards residents with an alcohol dependency;
- There is not enough focus from primary care on prevention;
- There is not enough focus or support from primary care on onward referral;
- They can generally access urgent appointments for residents quickly;
- some GPs need to improve their bedside manner;
- some GPs often appear rushed when they visit the care home;
- some GPs will only deal with one problem per visit;
- some GPs prescribe the wrong medication due to a lack of knowledge of the patient, such as large antibiotics for residents with swallowing difficulties;
- some GP surgeries manage to send the same clinicians to the care home others send different staff for each visit; and
- communication from the GP surgery is sometimes poor. This is with staff, residents, pharmacists and family members

Care home staff told us that they value the following aspects of primary care:

- home visits from GP surgeries;
- regular visits from clinicians so that they can keep on top of residents conditions;
- named GPs for residents;

- GPs who have a good relationship with their residents;
- ‘mini’ surgeries held in care homes or a ‘weekly round’;
- involving residents and families in their care;
- taking the time to explain care to residents;
- responsive services when care is urgent;
- a strategy for caring for temporary residents;
- leaflets for residents to reassure them that in some cases home visits are appropriate;
- well trained and empathic reception staff;
- clinicians who have access to patient records during home visits;
- empathic and caring staff;
- prescription collection services;
- follow-up phone surveys; and
- prescribing appropriate medications.

5. What are the key themes from the feedback?

A number of themes can be identified through the engagement process:

Standards of care

- Residents and carers are generally happy with primary care services.
- Care home staff are generally unhappy with the service their residents receive from primary care.
- Primary care staff are generally kind and treat resident with dignity and respect. However there is a feeling amongst some care home staff that the bedside manner of some GPs could be improved.
- Some GPs appear very rushed during visits and only address one problem per visit.
- The standard of care delivered to residents of care homes varies depending on the clinician and the GP practice.
- Some care home staff raised concerns that residents were sometimes prescribed inappropriate medicines, such as large antibiotics for people with swallowing difficulties.

Appointments

- Appointments are usually with a GP.
- Residents are nearly always able to access urgent GP appointments. This was seen as very important to everyone in the engagement.
- Some people raised concerns about difficulty in making GP appointments.
- There is general consensus that a more proactive GP service in care homes would be welcomed and may help prevent illness.
- Staff, residents and families value being able to see the same GP. Some people reported being able to see the same one or two GPs for appointments. Other people reported that they often saw different people for each appointment.

Care home visits

- While most GP surgeries are willing to visit residents in the care home there were some concerns that gatekeepers to the service, such as receptionists, often put residents and staff under pressure to attend the practice for their appointment.
- Many of the residents and staff reported that they felt like a ‘nuisance’ if they asked for a GP to see them at the care home.

- Some care home staff raised concerns that occasionally primary care staff visiting the care home did not have access to residents medical records.

Involvement

- Residents and family members value being informed and involved in decisions about their care. A number of people felt that communication from the GP surgeries could be improved and that more time needed to be spent explaining care to residents.
- Family members felt that they needed an initial meeting with the GP when their relative first moved into a care home.
- Family members were keen to be informed if their relative accessed primary care services

Temporary residents

- A number of care home staff raised concerns about the standard of care experienced by temporary residents. This included a reluctance amongst some GP to take on temporary residents, difficulties in arrange prescriptions and prejudiced attitudes of some primary care staff towards people with alcohol dependency.

6. Recommendations

As a result of the engagement the following recommendations are made.

The engagement team asks the project team to consider ways to:

- Standardise the care received in care homes and address inequities between different care homes.
- Free up clinicians so that they can spend more time with residents and their families
- Provide clinicians and other GP surgery team members with training around the needs of care home residents and their families
- Work with in partnership with other health and social care professionals to ensure that residents receive appropriate care
- Review the system for organising home visits to care homes and support residents, families and staff to make informed decisions about calling out primary care staff
- Wherever possible ensure that residents see the same clinicians when they request a visit and avoid using locums at care homes.
- Ensure that clinicians have access to medical records during care home visits.
- Review the system for caring for temporary residents and work in partnership with other health and social care providers to ensure consistent care.

7. What will we do with the information?

The report will be shared with those involved in the engagement, those who provided contact details. The report will also be available on the NHS Leeds West CCG website.

The commissioners will use the report to inform the business case for the development of an enhanced care home service. A briefing will be produced once the project has begun, to show to what extent the recommendations have been implemented.

The patient feedback will also be used to inform a wider strategy for enhancing communication, access and the quality of services.

Appendices

Appendix A - Engagement Plan (as shared with the Patient Assurance Group)



Engagement Planning Form

1. Project Title: Enhanced Clinical Care Scheme

2. Project Lead: Sue Wilkinson

Contact details: sue.wilkinson5@nhs.net
8435482

3. Complete Equality Impact Assessment (to complete)

4. A description of the project

a. Describe the engagement (what are we changing and why?)

Enhanced Clinical Care (ECC) is a service provided by GP practices which is over and above the care they are contracted to provide. Currently GP practices are funded to provide reactive services to care homes. This is a GP service which reacts when a health problem is identified. It is generally agreed that proactive services in care homes where GPs visit patients on a regular basis provides better care and helps prevent hospital admission. The ECC also offers patients a monthly multi-disciplinary team (MDT) care review and in-depth medication reviews.

There are 50 care homes in Leeds West. 15 of these are nursing homes providing 24hour nursing care. The remaining 35 are residential homes without in-house nursing support.

Currently the ECC scheme is offered by two practices in Leeds West. Thornton Medical and Robin Lane GP practices provide the ECC scheme their patients in ten residential care homes. This means that two patients in the same care home who are registered with different GP practices currently receive different levels care.

This engagement project seeks the views of patients, families and care home professionals to understand what good primary care services look like for care home residents

b. What is the level of service change?

This a level two project. It a relatively minor project which could affect approximately 2500 patients and their families. The proposed change from Local Enhanced Service (LES) to an NHS contract in 2014 will impact patients in homes in Leeds West and potentially for care home residents who are registered with a West CCG GP, but the care home is outside the west geographical area.

c. Outline the key objectives

- Produce a patient/family/professional survey
- To gather the thoughts of patients, family and professionals
- Develop and run two focus groups with families of care home residents
- Recruit two patient representatives to be involved in the project working group
- Feedback results from the focus groups/survey to the project group
- Feedback results from the engagement to people involved in the engagement

d. Outline expected outcomes

- We will have two patients on the project group
- Patients and families will be informed about the service
- An engagement report outlining the feedback from participants will be produced
- Evidence generated that patient/family feedback has influenced the project

e. To what extent will patient involvement affect the outcome?

We will use feedback from patients and key stakeholders to understand the role of primary care in care homes. This feedback will inform the development of the project. One or two patient representatives will be recruited to the project working group. Their role will be to provide assurance that patient feedback is considered in the development of the project.

f. How does the project support LWCCG organisational vision and priorities (delete as appropriate)

- Ensures that local people are at the centre of our commissioning decisions
- Commissions services based on what we would want for our own families and friends
- Commissions services which are the best possible value for money
- Promotes working in collaboration with our partners
- Supports the better management of long term conditions
- Reduces the number of people who need to go to hospital
- Treats people with dignity and respect
- Take people's views into account

g. How does the project support the NHS Constitution? (delete as appropriate)

- reduces unnecessary hospital outpatient follow-up appointments; and
- reduces unnecessary diagnostic tests,

h. Which other departments do we need to work with?

- Comms and Engagement Team
- Commissioning Team
- Finance

5. Pre-consultation information

a. Have we done something similar before?

Leeds S&E CCG are currently running an engagement that we are hoping to learn from

b. How can we avoid duplicating work?

We are in discussions with LS&E CCG to look to share systems they have already used

c. What learning can we use from previous events?

6. What timescales are you working to?

(include planning implementation, evaluation and feedback)

Complete engagement planner	8 Nov
Write survey	8 Nov
PAG	6 Nov
Send out survey and on website	13 Nov
Job Description	26 Nov

Engagement Planning Form revised comments SS 23.09.13

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Focus group	W/c 18 Nov
Recruit Professional Patient	29 Nov
Survey deadline	10 Dec
Write report	13 Dec (for Becky @ SMT)
Sue to take to CCC	Jan 2014
Feedback to patients	Jan 2014

7. Engaging with our stakeholders

(consider using a stakeholder mapping tool)

a. Who is the change going to effect and how?

- Residents/patients
- Family/carers
- Care homes and their staff
- GP practices/multi-disciplinary teams

b. What methods will we use to recruit?

- GP practices to contact patients
- PRG's
- Care homes to contact residents, families and carers
- We will invite residents/patients, families and carers to attend focus groups
- LWCCG Network (patient and vol sector)

c. What will we do to engage under-represented groups?

This engagement will impact mainly on older people in Leeds. A significant number of these people will have mental health conditions such as dementia. Where patients are not able to represent themselves we will work with family and friends. We will also engage with older people and mental health organisations through our voluntary, community and faith sector network.

d. What methods will we use to engage how will this change for different groups?

We will use patient/family surveys for the majority of residents. We will use a staff survey with professionals working in the care homes. These surveys will be available in paper and electronic formats. An online survey will also be available.

We will also hold two focus groups with families of residents and, where appropriate, residents.

e. What local knowledge can support recruitment and engagement?

We will work with the following people to support engagement:

- GPs with patients in the care homes
- Staff in the care home
- Care home pharmacists

8. What resources do you need?

a. Who is on your project team?

Engagement lead – Jayne Garnett
Engagement support – Chris Bridle
Project Lead – Sue Wilkinson

b. What other staffing do you need?

IT support – Natasha Noor

c. What other resources do you need (equipment, venues etc)?

Room for the focus groups
Equipment for the focus groups
Patient/staff survey
Flyer needed for Care Homes

9. What are your consultation/engagement questions?

a. How will you pilot the questions to ensure they are suitable?

We will develop a survey
SW/CB/JMG discussed the survey questions further and it was decided that this project was not an evaluation of the current service but that the information gathered will inform us of the care that residents and their families would like from their GP's
We will use a multi-disciplinary approach to develop the questions.

b. How will you demonstrate that you have consulted with a representative sample?

We will outline our engagement plan to the NHS Leeds West PAG.
We will seek demographic data from the people who take part in the engagement.
We will produce an engagement report at the end of the project which we will share with the NHS Leeds West PAG and our stakeholders.

c. How will you ensure anonymity with your results

We will omit patient identifiable data from all reports in line with our data protection guidance.

d. How will participants evaluate the event?

Stakeholders will be given the opportunity to evaluate the focus groups. We will also share an engagement report with all stakeholders at the end of the project.

10. Results

a. Who will collate the results?

The team will work together to collate the data

b. Who will analyse the results?

The team will work together to analyse the data

c. Who will write the report?

The engagement team will write the engagement report

d. How will you use the feedback – what will you do differently?

All residents, stakeholders and network members involved in the engagement will receive a copy of the engagement report

11. Feedback and Evaluation

a. What will you feedback?

We will feedback the results of the engagement and demonstrate how this has impacted on the decision making process

b. How will you use the evaluation to improve future events?

We will use the feedback and evaluation to amend future events and identify under-represented groups. We will consider ways in which we can engage with these groups in future consultations.

c. Will there be ongoing feedback or a follow-up event?

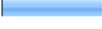
Residents, family and carers will receive an update report at the end of the project

d. Have you filled in the PPI events Record log

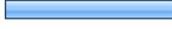
This is the responsibility of the engagement lead.

Appendix B – Feedback from the patient survey

Feedback from residents

10. How many times have you been admitted to hospital in the last year?			
		Response Percent	Response Count
Not admitted		55.6%	5
Once or twice		22.2%	2
Up to five times		22.2%	2
More than five times		0.0%	0
Not sure		0.0%	0
answered question			9
skipped question			22

11. How regularly do you have contact (visit/telephone) with your GP surgery team?			
		Response Percent	Response Count
Whenever there is a problem		87.5%	7
Once a week		0.0%	0
Once a month		12.5%	1
A few times a year		0.0%	0
Other (please state)			1
answered question			8
skipped question			23

12. Do you think this is often enough?			
		Response Percent	Response Count
Yes		62.5%	5
No		37.5%	3
answered question			8
skipped question			23

13. How often do you think you need contact with your GP surgery team?			Response Percent	Response Count
Whenever there is a problem			75.0%	6
Once a week			0.0%	0
Once a month			25.0%	2
A few times a year			0.0%	0
Other (please state)				0
			answered question	8
			skipped question	23

14. How happy are you with the current service you receive from your GP surgery team?										
	1 - Very unhappy	2	3	4	5	6	7	8	9	10 - Very happy
How happy are you:	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (0)	12.5% (1)	25.0% (2)	12.5% (1)	50.0% (4)
										answered question
										skipped question

Feedback from families

17. Please tell us how you would rate the current state of health of your relative											
	1 - Very poor	2	3	4	5	6	7	8	9	10 - Very good	Ratio Count
The health of your relative:	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (0)	50.0% (2)	25.0% (1)	0.0% (0)	0.0% (0)	0.0% (0)	25.0% (1)	
											answered question
											skipped question

18. How many times have they been admitted to hospital in the last year?			Response Percent	Response Count
Not admitted			50.0%	2
Once or twice			50.0%	2
Up to five times			0.0%	0
More than five times			0.0%	0
Not sure			0.0%	0
			answered question	4
			skipped question	27

19. How regularly does your relative have contact (visit/telephone) with their GP surgery team?			Response Percent	Response Count
Whenever there is a problem			50.0%	2
Once a week			0.0%	0
Once a month			50.0%	2
A few times a year			0.0%	0
		Other (please state)		1
			answered question	4
			skipped question	27

20. Do you think this is often enough?			Response Percent	Response Count
Yes			40.0%	2
No			60.0%	3
			answered question	5
			skipped question	26

21. How often do you think they need contact with their GP surgery team?			Response Percent	Response Count
Whenever there is a problem			0.0%	0
Once a week			0.0%	0
Once a month			80.0%	4
Few times a year			20.0%	1
			Other (please state)	0
			answered question	5
			skipped question	26

22. How happy are you with the current service your relative receives from their GP surgery te										
	1 - Very unhappy	2	3	4	5	6	7	8	9	10 - Very happy
How happy are you:	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (0)	20.0% (1)	20.0% (1)	40.0% (2)	0.0% (0)	20.0% (1)
										answered question
										skipped question

Feedback from care home staff

25. Please tell us how confident you are that your residents are receiving a good service from surgery team

	1 - Not confident	2	3	4	5	6	7	8	9	10 - Very confident
How confident are you:	0.0% (0)	0.0% (0)	42.9% (6)	7.1% (1)	14.3% (2)	0.0% (0)	0.0% (0)	7.1% (1)	21.4% (3)	7.1% (1)
answered question										
skipped question										

26. How many different GP practices are your patients registered with?

	Response Percent	Response Count
One or two	7.1%	1
Up to five	57.1%	8
More than five	35.7%	5
answered question		14
skipped question		17

27. Do you think the different practices offer different levels of service?

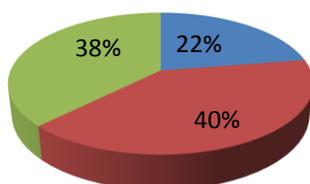
	Response Percent	Response Count
Yes	91.7%	11
No	0.0%	0
Not sure	8.3%	1
answered question		12
skipped question		19

Appendix C – Detail about the people who were involved

We want our events to be attended by a representative section of our population. When we ask people to get involved we also ask people to give us some information about themselves so that we have a better understanding of which groups are not represented. Using this information we will work hard at future events to invite people from under-represented communities. Patients are able to opt out of giving personal information.

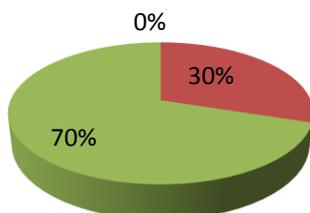
Gender

■ Male ■ Female ■ No information



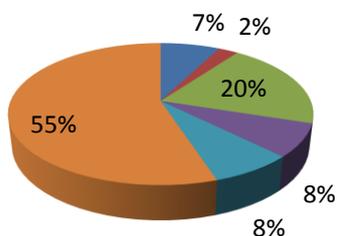
Transgender

■ Yes ■ No ■ No information



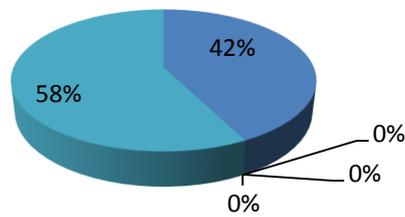
Age

■ 36-45 ■ 46-55 ■ 56-65 ■ 66-75 ■ 76-85 ■ No information



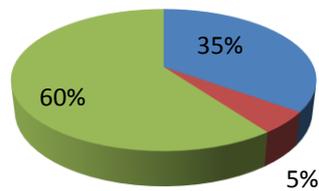
Sexual orientation

■ Heterosexual/ Straight ■ Lesbian/ Gay Woman ■ Gay Man ■ Bisexual ■ No information



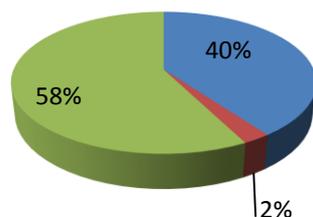
Religion

■ Christianity ■ No religion ■ No information



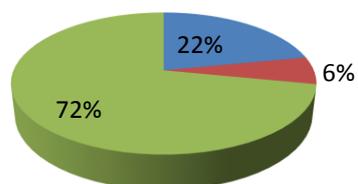
Ethnicity

■ White British ■ Gypsy or Irish Traveller ■ No information



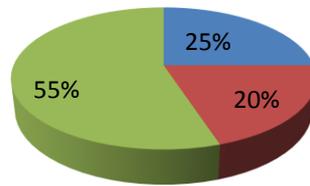
Disability

■ Long standing illness ■ Physical or mobility ■ No information



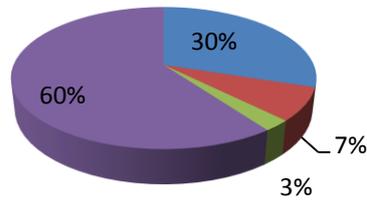
Carer

■ Yes ■ No ■ No information



Relationship Status

■ Married or civil partnership ■ Single ■ Widowed ■ No information



Who was under-represented at this event?

The majority of respondents chose not to complete the equality monitoring section of the survey used by NHS Leeds West CCG and therefore it is very difficult to ascertain which population groups in Leeds were under-represented.

Alternative formats

An electronic version of this report is available on our website at www.leedswestccg.nhs.uk or please contact us direct if you would like to receive a printed version.

If you need this information in another language or format please contact us by telephone: **0113 84 35470** or by email: commsleedswestccg@nhs.net

Jeśli w celu zrozumienia tych informacji potrzebuje Pan(i) pomocy w innym języku lub innej formie, prosimy o kontakt z zespołem ds. kontroli położniczej (maternity review team) pod numerem tel.: **0113 84 35470** lub poprzez e-mail na adres: commsleedswestccg@nhs.net

اگر آپ کو ان معلومات کو سمجھنے کے لیئے یہ کسی اور زبان یا صورت میں درکار ہوں تو برائے مہربانی مٹرنیٹی ریویو ٹیم سے اس نمبر پر فون کر کے رابطہ کریں: 84316700113 یا اس پتہ پر ای میل commsleedswestccg@nhs.net لکھیں:



Further information

If you would like any more information about this project or NHS Leeds West Clinical Commissioning Group, or have any questions or comments, please write to:

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Project Support Officer

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