

Willows Health

Information – Proposed GP Practice Merger (April 2023 onwards)

Dear Patient,

As you may be aware, Willows Health offers its care through several practices across Leicestershire. As a service, we are committed to delivering high quality clinical care and continuously look for ways in which we can improve care.

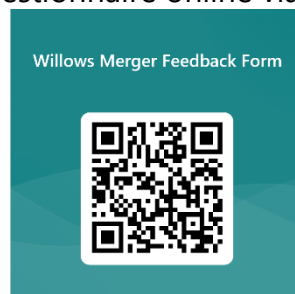
To uphold our commitment to improve care quality and provide a wider set of clinical services to our existing patients, we are proposing to merge the following 6 of our practices into one partnership:

Location list:

- Willows Medical Centre 184 Coleman Road, Leicester, Leicestershire, LE5 4LJ
- Willowbrook Medical Centre 195 Thurncourt Road, Leicester, LE5 2NL
 - Springfield Road Health Centre Springfield Road Leicester, LE2 3BB (part of Willowbrook)
- Clarendon Park Medical Centre 296 Clarendon Park Road, Leicester, LE2 3AG
- Pasley Road Health Centre Pasley Road, Eyres Monsell, Leicester, Leicester, LE2 9BU
- Heatherbrook Surgery 242 Astill Lodge Road, Leicester, Leicestershire, LE4 1EF
- Willows Health Evington 1 Evington Lane Leicester Leicestershire LE5 5PQ

We welcome your feedback regarding this proposal and are happy to answer any questions.

You can also feedback by completing a **Feedback Form**, which you can hand in to your GP practice. Alternatively, you can complete the questionnaire online via the QR code:



You can also read our '**Frequently Asked Questions**' document (enclosed) which includes additional information we hope is useful.

So that you have an opportunity to ask questions and share your views, we will be holding several **drop-in sessions across our sites in February 2023**. To offer some flexibility, timings will vary from early morning, during school hours, evening, and one weekend.

February 2023	Time	Location
Wednesday 8 th	15:00 – 16:00	Pasley Road Health Centre, Pasley Road, Leicester, LE2 9BU
Thursday 9 th	17:30 – 18:30	Willowbrook Medical Centre, 195 Thurncourt Road, Leicester, LE5 2NL
Wednesday 15 th	10:00 – 11:00	Heatherbrook Surgery, 242 Astill Lodge Road, Leicester, LE4 1EF
Thursday 16 th	08:00 – 09:00	Willows Medical Centre, 184 Coleman Road, Leicester, LE5 4LJ
Thursday 23 rd	13:30 – 14:30	Clarendon Park Medical Centre, 296 Clarendon Park Road, Leicester, LE2 3AG
Saturday 25 th	11:00 -12:00	Willows Health Evington, 1 Evington Lane, Leicester, LE5 5PQ

For more information about our proposals, you can visit our website:

[MERGER | Willows Health \(willowshealthcare.org\)](https://www.willowshealthcare.org)

If you have further queries or require any additional support, please do not hesitate to contact your surgery for assistance.

We would like to thank you in advance for your co-operation and feedback and wish you all the best for the coming year.

Yours sincerely,

Executive Team of Directors

Professor Rishabh Prasad,
Professor Fahad Rizvi,
Doctor Avinashi Prasad,
Professor Tariq Kapasi,
Professor Vinay Gupta and
Mrs Stephanie Wightman.

Willows Health – Proposed Practice Merger: Feedback Questionnaire

Q1. Please tick the main option which applies to you. I am;

- A patient at one of the GP practices
- A parent, relative, friend or carer of a patient who is registered at one of the GP practices
- A staff member at one of the GP practices
- I am interested in these services
- Other (please tell us) _____

Q2. If possible, please tell us which GP practice you are registered with?

- Willows Medical Centre

- Willowbrook Medical Centre
 - Springfield Road Health Centre (sub-branch)

- Clarendon Park Medical Centre

- Pasley Road Health Centre

- Heatherbrook Surgery

- Willows Health Evington

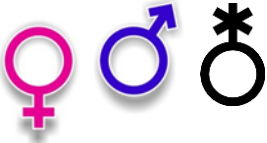




Q3 Are you supportive of the 6 GP practices merging?

- Yes
- No
- Don't know

Q4. Do you have any further comments or feedback?

Equality Monitoring

Please complete as much of the information about yourself as you feel comfortable with, as this will help us understand who is taking part in the consultation. The information you provide will be kept in accordance with the terms of the Data Protection Acts 1998 and 2000 and will be used for monitoring purposes and questionnaire analysis.

 <p>Gender</p>	<p>Q1. What is your gender?</p> <p><input type="checkbox"/> Male</p> <p><input type="checkbox"/> Female</p> <p><input type="checkbox"/> Non-binary</p> <p><input type="checkbox"/> Prefer not to say</p> <p>Other (please tell us)</p>
 <p>Gender reassignment</p>	<p>Q2. Do you identify as the gender you were assigned at birth?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Prefer not to say</p>
 <p>Pregnancy/maternity</p>	<p>Q3. Are you pregnant or have you given birth in the last 26 weeks?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Prefer not to say</p>
 <p>Age</p>	<p>Q4. What is your age?</p> <p><input type="checkbox"/> Under 16</p> <p><input type="checkbox"/> 16 - 24</p> <p><input type="checkbox"/> 25 - 34</p> <p><input type="checkbox"/> 35 - 59</p> <p><input type="checkbox"/> 60 - 75</p> <p><input type="checkbox"/> 76+</p> <p><input type="checkbox"/> Prefer not to say</p>
 <p>Disability</p>	<p>Q5a. Do you consider yourself to have a disability or suffer from poor health?</p> <p><input type="checkbox"/> Yes, I have a disability</p> <p><input type="checkbox"/> Yes, I am in poor health</p> <p><input type="checkbox"/> Neither</p> <p><input type="checkbox"/> Prefer not to say</p>



Condition

Q5b. If you have selected 'yes', please tell us which condition:

- Physical
- Partial or total loss of vision
- Learning disability/ difficulty
- Partial or total loss of hearing
- Mental health condition or disorder
- Long standing illness or disease
- Speech impediment or impairment

Other medical condition or impairment, please tell us here:



Race

Q6. What is your ethnicity?

Asian or Asian British:

- Bangladeshi
- Chinese
- Indian
- Pakistani

Black or Black British:

- African
- Caribbean

Mixed:




- Asian and white
- Black African and White
- Black Caribbean and White
- Any other mixed background _____

White British:

- British, English, Northern Irish, Scottish, Welsh
- Irish
- Gypsy/ Traveller

Other:

- Arab

	<input type="checkbox"/> Polish <input type="checkbox"/> Somali <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Any other ethnicity _____
 <p>Religion or belief</p>	<p>Q7. What is your religion or belief?</p> <input type="checkbox"/> No religion <input type="checkbox"/> Bahá'í <input type="checkbox"/> Buddhist <input type="checkbox"/> Christian <input type="checkbox"/> Hindu <input type="checkbox"/> Jain <input type="checkbox"/> Jewish <input type="checkbox"/> Muslim <input type="checkbox"/> Sikh <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Other, please tell us here: _____
 <p>Relationship Status</p>	<p>Q8. What is your relationship status?</p> <input type="checkbox"/> Single <input type="checkbox"/> Married/civil partnership <input type="checkbox"/> Separated or divorced <input type="checkbox"/> Partnered/living with partner <input type="checkbox"/> Widowed/surviving civil partner <input type="checkbox"/> Prefer not to say
 <p>Sexual orientation</p>	<p>Q9. What is your sexual orientation (preference)?</p> <input type="checkbox"/> Bisexual <input type="checkbox"/> Homosexual <input type="checkbox"/> Heterosexual <input type="checkbox"/> Lesbian <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Other, please tell us here: _____