NHS
Walsall
Clinical Commissioning Group

# Consultation on changes to hospital stroke services

## Engaging with you

**14 August to 22 September 2017**

# Contents

# About this document

This document tells you about the way stroke services are managed in Walsall at the moment, and sets out a proposal for making changes and the reasons for those changes.

It also asks you what you think of those changes and what should be considered when making them.

Please look through these pages and answer the short questionnaire at the end. Your answers and your opinions count.

They will be used by Walsall CCG to help make the decisions about future stroke services in the area.

We can provide other versions of this document such as easy read, braille or other languages. Please email **getinvolved@walsallccg.nhs.uk** or call **01922 618388.**

# Foreword

Stroke is a serious, life-threatening medical condition that occurs when the blood supply to part of the brain is cut off, due to a bleed or a blood vessel being blocked.

Whilst largely preventable, stroke is one of the main causes of deaths in the UK and is also the leading cause of adult disability. In Walsall almost 400 people had a stroke and were taken to Walsall Manor in 2015/16. Strokes are medical emergencies and urgent treatment in the first 72 hours is essential because the sooner a person receives an effective diagnosis and treatment for a stroke, the less damage is likely to occur.

Current stroke services in Walsall have developed over time as a result of localised planning. An audit of the stroke services in 2015/16 by the Sentinel Stroke National Audit Programme (SSNAP) identified that whilst stroke services provided by Walsall Healthcare Trust overall rated as 'good' (and 'improving' over the previous two years), they achieved low scores in two areas. When compared with national quality standards, they would struggle to meet the new standards for 24 hour, 7 day a week consultant cover and access to diagnostics.

While improvements in care have been made, further work is required to meet the national and regional specifications, so more patients survive their stroke, and stroke survivors can achieve their best level of recovery.

NHS Walsall CCG has been listening to the views of patients, the public and our leading clinicians, to evolve our initial scenarios to strengthen and pool the local good practice for those people who have suffered a stroke or a mini-stroke. This approach is in line with other national approaches already in operation across the country, these revised arrangements are demonstrating a reduction in mortality and improved survival rates for patients who stroke.

The CCG, in collaboration with the Royal Wolverhampton Hospital Trust and Walsall Healthcare Trust, is considering placing the acute part of the stroke pathway with The Royal Wolverhampton Trust and the early supported discharge and community rehabilitation with Walsall Healthcare Trust.

At the moment no decisions have been made about changing services, but the CCG has a preferred option to centralise hyper-acute and acute stroke services, which we feel would give Walsall patients the greatest chance of a good quality of life after their stroke. This isn't about saving money, but it is about providing better patient care and better quality of life for local people after they have had a stroke or mini-stroke.

We are inviting you to take part in our survey and upcoming events about this preferred option. We believe there is compelling evidence for change, and we would like your thoughts and feedback on the proposed changes.

Please take a while to read this report and answer the questions at the back. Your responses could help make a difference to the care of future stroke patients and the quality of life of stroke survivors.

Thank you.

**Sally Roberts, Chief Nurse, Director of Quality**
Walsall Clinical Commissioning Group

# Who we are

We are NHS Walsall Clinical Commissioning Group (CCG). We are leading the consultation across Walsall. The CCG is overseen by NHS England and plans and pays for many major NHS healthcare services across the area.

The key partners involved in this review of local stroke services are:

- Walsall Healthcare Trust
- The Royal Wolverhampton Hospital Trust
- Healthwatch Walsall
- West Midlands Clinical Senate
- Walsall Overview and Scrutiny Committee

# Glossary

**Acute Stroke Unit (ASU)** - Specialist stroke services provided from a main hospital. Patients are treated here after the initial few days of having a stroke and after having been in a Hyper-Acute Stroke Unit. 'Mini strokes' or TIAs are also treated here.

**Rehabilitation services** - services which could be provided from a hospital bed or at home to support stroke survivors regain their health following a stroke and may include a package of care such as physiotherapy and speech therapy.

**Thrombolysis** - a procedure to dissolve dangerous clots in blood vessels, improving blood flow and preventing damage to tissues and organs.

**Transient ischaemic attack (TIA)** - known as a 'mini-stroke' and lasts for a short time and any blockage to the brain is temporary with the blood supply returning to normal and symptoms disappearing.

# Stroke and stroke care

A stroke is a rapid loss of brain function that occurs when the blood supply to part of the brain is cut off, leading to brain cells either being damaged or destroyed.
There are two types of stroke:

1. An **ischaemic** stroke resulting from a blockage in one of the blood vessels leading to the brain
2. A **haemorrhagic** stroke resulting from a bleed in the brain.

A transient ischaemic attack or 'mini-stroke' is a sign that a person is at risk of going on to have a full stroke.

Access to the right stroke care at the right time not only helps to reduce death rates, it also improves the resulting condition for the two thirds of patients who survive a stroke, leading to a reduced risk of disability.

# What are hyper acute stroke services or units (HASUs)?

Hyper acute stroke services or units (HASUs) are units where you are cared for up to the first 72 hours (or sooner if medically stable) after having a stroke when you need more specialist 'critical' care.

They are **not:**

- **'Acute stroke' units/wards** - which is where you are cared for after the first 72 hours of having a stroke until you are ready to go home from hospital.

- **Rehabilitation services**, such as speech and language and physiotherapies, which help you get better once you've gone home from the hospital

# Current local stroke services

Current stroke services in Walsall have developed over time as a result of localised planning, and are as follows:

**Manor Hospital - Walsall Healthcare Trust**

Based at the Manor Hospital.

The service has treated **375** stroke patients in 2015/16.

Acute Stroke Unit / In-patient rehabilitation with **28** beds

Treatment for TIAs 24/7.

**New Cross Hospital - The Royal Wolverhampton Hospital Trust**

The Hyper-Acute Stroke and Acute Unit and the Stroke 'step-down' Unit are at New Cross Hospital.

**21** Acute Stroke Unit beds

Treatment for TIAs 24/7

Inpatient rehabilitation of **20** beds

Outreach rehabilitation in patients' homes (Wolverhampton patients only).

The current service in Walsall was rated as 'good' in 2015/16 and 'improving' over the previous two years.

Patients may be moved through the stroke services system for diagnosis and treatment in a variety of ways, depending on where they were first taken ill.

Patients sometimes have to be transferred between hospitals in the early stages of their stroke for specialist treatment.

Patients can sometimes stay longer in a hospital than they are required to do so, when care delivered in the community, either through a defined community stroke bed or at home with support is a more preferred option.

# What are we proposing to change and where?

We have worked with clinicians, patients and the public to develop a proposal to improve local stroke services. The aim is to ensure that there is a consistent level of service for all residents in Walsall. We now want your views on that proposal.

## The proposal we would like your views on:

If you live in Walsall and have a stroke, you would receive hyper acute stroke care at The Royal Wolverhampton Hospitals Trust with stroke rehabilitation provided in Walsall and closer to home.

All stroke patients across Walsall would go to the Hyper-Acute and Acute Stroke Unit at New Cross Hospital in Wolverhampton. They would be diagnosed and treated there until they are ready for discharge and rehabilitation closer to home, either in a community bed or in their own home with clinical support.

The Acute Stroke Units currently at Manor Hospital in Walsall would no longer operate as all patients would be treated in one specialist centre.

However, community-based rehabilitation beds would be available in Walsall, and would be clinically overseen by Walsall Healthcare Trust at Manor Hospital. Rehabilitation would take place over an average period of six weeks but this could be shorter or longer, depending on the patient and would be determined by the treating consultant.

New treatment regimes for stroke patients, for example thrombectomy, would be supported by the Royal Wolverhampton Hospital, but will mean patients follow a defined clinical pathway and this may include treatment at a very specialist hospital.

Overall, this new model would provide a 'Centre of Excellence' for patients in the whole of the Walsall area, meaning that all stroke patients would receive the same level of specialist care in hospital, and the same level of rehabilitation, as near to their homes as possible. All the hospitals, community beds and care in people's homes would have their part to play in providing this 'Centre of Excellence'.

# What would future local stroke services look like?

**Manor Hospital - Walsall Healthcare Trust**

The proposal would be close to the current stroke services based at the Manor Hospital.

In-patient rehabilitation with up to **18** beds (N.B. some of these beds may be in a community setting)

Community stroke rehabilitation at home or community bed.

**New Cross Hospital - The Royal Wolverhampton Hospital Trust**

All stroke patients would be directed to the Hyper-Acute Stroke and Acute Unit, then repatriated to Walsall for Community stroke services.

**39** Acute Stroke Unit beds

Treatment for TIAs 24/7.

# Why do we want to improve these services?

The Walsall Manor hyper acute stroke units (HASUs) admit less than 400 patients a year (375 in 2015/16). This is below the national best practice minimum of 600, meaning stroke doctors and nurses in some of our units risk becoming deskilled, which in turn would mean you may not get the best possible or safest care in the future.

We need more stroke doctors and nurses to run the existing services but there are not enough locally and nationally. This means there are problems with medical cover in our local hospitals and we have already seen temporary closures of some of our services because there are not enough doctors or nurses available.

Over the last few years, the NHS has been making improvements in stroke care as increasing evidence has been building about what and how the most effective diagnosis and treatment can be achieved.

# National best practice

Evidence shows that patients are 25% more likely to survive or recover from a stroke if treated in a specialist centre. Patients need fast access to high-quality scanning facilities in order to diagnose the type of stroke, and assess those who are suitable for thrombolysis and those who would benefit from other treatments.

According to the National Stroke Strategy, key changes in stroke care have contributed to a reduction in the chances of a patient dying within 10 years of having a stroke, from a 71% chance in 2006 to a 67% chance in 2010.

For example, based on the National Stroke Strategy, the London Stroke Model was developed to look at care throughout the stroke service, including the establishment of Hyper-Acute Stroke Units (HASUs), with the treatment of patients taking place in fewer specialist HASUs, Acute Stroke Units (ASUs), and being provided with improved Early Supported Discharge. This reduction is largely due to improved co-ordination in stroke care, more patients receiving clot removing thrombolysis when needed, and more patients receiving scans within 24 hours of admission to hospital, so that the optimum treatment and care can start as soon as possible. This approach will be supported through the Royal Wolverhampton and Walsall combined model.

# Regional Stroke Specification

Some useful work has been done regionally on designing just such a model of stroke care. It is called the Midlands and East Stroke Specification. Our proposal is based on this model which can be summarised as follows:

**Hyper-Acute Care**

**(the first 3 days following a stroke)**

All patients with a suspected stroke should be admitted to a hospital with a Hyper-Acute service to be seen immediately by a Stroke Team.

They will be assessed by appropriately trained staff in a consultant-led Team, to determine likely diagnosis and suitability for thrombolysis and on-going care needs.

The unit should have onsite access to brain and artery scanning, and access to a Consultant Stroke Specialist 24/7.

**Acute stroke care**

**(the remaining days whilst stroke is the main health issue)**

Access to a stroke-trained multi-disciplinary team should be available seven days a week

Access to (but not necessarily onsite) brain and artery scanning.

Treatment within a week for removing clots from the arteries to the head.

**Transient ischaemic attack treatment (TIA)**

Rapid diagnosis and access to specialist care for high-risk patients, so lowering the risk of a full stroke. Treatment within a week for removing clots from the arteries in the neck

Access to services seven days a week, with the facilities to diagnose and treat people with confirmed TIAs, and to manage people with conditions which appear similar to a TIA.

Service led by a Specialist Stroke Consultant and provided by a suitable specialist with access to the Consultant Lead or Specialist Stroke Nurse.

**Rehabilitation services**

**(which provide specialist stroke care 5 days a week)**

Services can be delivered from a variety of settings, including an inpatient rehabilitation bed in an acute hospital, an inpatient rehabilitation bed in a specialist unit, or in a patient's home with healthcare support provided at home.

# Clinical and stakeholder feedback

Taking into account national best practice and the Midlands and East Stroke Specification, our initial work looked at five options, including options which looked at a combination of acute care in both hospitals, Manor House, Walsall and New Cross, Wolverhampton.

However, clinicians have told us that the best clinical outcomes for patients will only be achieved if there is centralised specialist care, with more extensive community support in the rehabilitation phase, in line with new guidelines for stroke services specification.

We have also taken into account the impact changing services in our region would have on neighbouring areas. Through our initial engagement with patients we also have a wealth of feedback on concerns such as access to experts, quality care and travel times.

## Key areas the clinicians and stakeholders considered:

**Thrombolysis (blood clot removal)** - The Royal Wolverhampton NHS Trust has the essential expertise in relation to thrombolysis, which needs to be administered within a certain amount of time following a stroke. Locally the thrombolysis rates are significantly higher for Wolverhampton patients. Centralisation of service would ensure all patients received the same level of service.

**Acute hospital beds** - As a specialist unit would provide the best possible outcome for patients, there will be less need for beds in the other acute hospitals. Patients will not need to remain in beds in acute hospitals when they actually need rehabilitation in the community.

**Clinical skills** - The current model does not always provide enough practice for clinicians and therapists in hyper-acute stroke care, meaning that sometimes patients may need to be transferred between hospitals, using up valuable time. There are not enough stroke clinicians to support a 24 hour, 7 day a week service and there is not enough patient activity to support an increase in stroke consultants at Walsall.

**Equity of service across the area** - Clinicians were keen that there was clinical safety, quality and viability and equity of provision across Walsall area, so it doesn't matter where people live, they have access to the same range of stroke services, based in hospital and the community. It will also help improve clinical practice, as the specialists will be working alongside each other, sharing expertise.

**Rehabilitation** - Clinicians and the public have all told us of the importance of providing rehabilitation services as close as possible to people's homes. This would involve both bedded rehabilitation and multi-disciplinary teams going into people's homes to provide care following a stroke. This includes medical care, physiotherapy and occupational therapy and social care, as required.

# Public and patient feedback to date

**The Big Conversation** - We have carried out extensive initial engagement with patients, carers, the public and stroke services commissioners as well as doctors and nurses, to understand what their needs and concerns are. These responses, collected as part of the Big Conversation launched in January 2017, have been included in our preparations for this further round of engagement and feedback.

Generally the initial feedback supports the fact that services cannot stay as they are, with most respondents acknowledging that something needed to change. There was a general acceptance of the need for intensive hyper-acute care as early as possible after a stroke.

**Travel time** - Concerns were raised at the potential for increased travelling for relatives and carers whilst the patient was at a central location, rather than transferred back to their local hospital.

**Ambulance travel time** - Consideration should be given to the fact that people are concerned that during an acute episode, if they are some distance from Wolverhampton, the increased travel time in an ambulance would negate the specialist care at the Hyper-Acute Stroke Unit. However, evidence shows that the benefits of this specialist care outweighs the additional travel time in an ambulance.

**Impact on other services** - Respondents raised the question that if the stroke facilities were closed down at one hospital, would this mean closure of other facilities. Walsall CCG and Walsall Healthcare Trust have been conscious of ensuring that proposed changes to the stroke service do not impact on other services.

**Communication** - Consideration should also be given to the need for better communication between hospital units and consultants. Any new stroke service would operate as a networked team to ensure communication and seamless care is delivered.

# Please tell us what you think

**Give us your views on the proposed changes by answering the questions below. Thank you for your time.**

**The proposal we are asking you to comment on is:**

To centralise hyper and acute stroke services at The Royal Wolverhampton NHS Trust with stroke rehabilitation provided by Walsall NHS Healthcare Trust in the community or at home.

All patients across Walsall would be taken to The Royal Wolverhampton NHS Trust if a stroke were suspected.

They would be diagnosed and treated there until they are ready for rehabilitation closer to home, either in a community bed in Walsall or in their own home with clinical support.

The Acute Stroke Unit at Walsall Healthcare Trust would no longer operate as all patients would be treated in one specialist centre. However, community-based stroke services would be enhanced and maintained in Walsall.

**Q1. Consider this statement as if you were the stroke patient, and respond: "If I have a stroke, I do not mind where my initial diagnosis and treatment takes place, as long as I receive the expert quality of care I need."**

- ☐ Strongly Agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree
- ☐ Prefer not to say

Why do you say this?

**Q2. Consider this statement as if you were the stroke patient, and respond: "If I have a stroke I do not mind where my rehabilitation takes place, as long as I receive the expert quality of care I need to recover as best I can."**

- ☐ Strongly Agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree
- ☐ Prefer not to say

Why do you say this?

**Q3. Do you think the stroke services proposal would meet patients' needs in terms of ease of access to diagnosis and treatment?**

- ☐ Strongly Agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree
- ☐ Prefer not to say

Why do you say this?

**Q4. Do you think the stroke services proposal would meet patients' and carers' needs in terms of rehabilitation in the community after a stroke?**

- ☐ Strongly Agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree
- ☐ Prefer not to say

Why do you say this?

**Q5. Do you think the stroke services proposal would make access to stroke services fairer for all people across Walsall?**

- ☐ Strongly Agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree
- ☐ Prefer not to say

Why do you say this?

**Q6. Do you think the stroke services proposal would mean stroke services would be safe for all patients across the whole of Walsall?**

- ☐ Strongly Agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree
- ☐ Prefer not to say

Why do you say this?

**Q7. When thinking about the new proposed model for stroke services Is there anything else you would like us to take into consideration?**

**Q8. Are you happy with the way you have been consulted with about this proposal?**

- ☐ Strongly Agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree
- ☐ Prefer not to say

Why do you say this?

**Q9. If you would also like to comment on the way the consultation has been run, please add your comment here:**

**Please tell us a few things about you.**

**Q10. Are you responding on behalf of an organisation?**

☐ Yes
☐ No

If yes, please state the name of the organisation

If no, and you are responding as an individual, please complete the rest of the questionnaire to help our equalities monitoring.

## 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 on to any third parties.

**Q11. What is the first part of your postcode? e.g. WS13**

**Q12. What is your gender?**

☐ Male ☐ Female ☐ Transgender ☐ Prefer not to say

**Q13. If female, are you currently pregnant or have you given birth within the last 12 months?**

☐ Yes ☐ No ☐ Prefer not to say

**Q14. What is your age?**

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

**Q15. 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

**Q16. 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

**Q17. What is your sexual orientation?**

☐ Bisexual ☐ Heterosexual / straight ☐ Gay ☐ Lesbian ☐ Prefer not to say
☐ Other (please state)

**Q18. Are you:**

Single

☐ Single

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)

**Q19. What is your religion and belief?**

☐ No religion
☐ Buddhist
☐ Baha'i
☐ Christian (including Church of England, Catholic, Protestant and all other Christian
☐ denominations)
☐ Hindu
☐ Jain
☐ Jewish
☐ Muslim
☐ Sikh
☐ 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 visit:
**http://walsallccg.nhs.uk/**

When you have answered the questions and made your comments in this printed version, please contact **getinvolved@walsall.nhs.uk** or call **01922 618388.**

# What happens next?

All your feedback, will be independently analysed and the results and comments will be combined into a report. The findings will be thoroughly examined and discussed by doctors, healthcare professionals and managers. They will produce a final recommendation which will take into account the all feedback and will go before the local Health Overview and Scrutiny Committee. This will then be subject to the approval by the Board of the CCG which are responsible for planning and purchasing these services.

# Making sure we consider equalities

A 'due regard' assessment in line with the Equality Act 2010, has been completed, which indicates that the options are unlikely to have a negative impact on people from the groups protected by this legislation. This means that the assessment covered issues such as age, race, gender, maternity, disability, marital or civil partnership status, sexual orientation, religion or belief. This assessment is available upon request.

# Do you need further help?

**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册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 બ્રેઇમાં અને વિનંતી કરવાથી મોટા અક્ષરોમાં છાપેલા પૂરાં પાડી શકીએ છીએ. ઇંગેજ-ટ અને ઇ-વૉલ્વમ-ટ વિભાગનો ટૅલિફૉન **01922 618388** દ્વારા સંપર્ક કરો.

### *Hindi*

हम आपको यह परचा दूसरी भाषाएँ में और ब्रेल एवं बडे अक्षरो जैसी रूपरेखा में निवेदन करने पर प्राप्य कर सकते है। कृपया कर के इनगेज्मन्ट और इन्वाल्वमन्ट विभाग में टॅलिफॉन द्वारा **01922 618388** संपर्क कीजिए।

### *Urdu*

ہم درخواست کرنے پرلیفلیٹ کے اس ترجمے کو دیگر زبانوں اورصورتوں مثال کے طورپربریل اور بڑے حروف میں بھی فراہم کرسکتے ہیں۔ براہ کرم اس ٹیلی فون نمبر **01922 618388**پراینگیجمنٹ اینڈ اینوالومنٹ ڈیپارٹمنٹ کے ساتھہ 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 ਸੰਸਕ ਰਨ ਬੇਨਤੀ ਕਰਨ ਤੇ ਹੋਰ ਭਾਸ਼ਾਵਾਂ ਅਤੇ ਫਾਰਮੇਟਾਂ ਜਿਵੇਂ ਕਿ ਬ੍ਰੇਲ ਅਤੇ ਵੱਡੇ ਪ੍ਰਿੰਟ ਵਿੱਚ ਪ੍ਰਦਾਨ ਕਰ ਸਕਦੇ ਹਾਂ। ਕਿਰਪਾ ਕਰਕੇ ਐਂਗੇਜ਼ਮੈਂਟ ਅਤੇ ਇਨਵੋਲਵਮੈਂਟ ਵਿਭਾਗ (Engagement anc 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**

Improving Health
and Wellbeing for Walsall