

# **BLMK CCG Policy Alignment Public Consultation Report**

**February 2022**

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## 1.0 Background

As part of the process for coming together as a single Clinical Commissioning Group (CCG), Bedfordshire, Luton and Milton Keynes (BLMK) CCG reviewed place-based policies that required alignment. Three areas of policy alignment were identified that would require public consultation:

- Fertility Services
- Gluten-free food prescribing
- Pharmacy First Minor Ailment Scheme

It was initially decided that all three would be included in a single consultation, planned for completion by the end of the financial year 2020/21, to enable the policies to be aligned with effect from 1 April 2021, when the new single CCG would be formed.

As the “second wave” of Covid approached and its potential system impact was becoming clear, the decision was reviewed. In December 2020 the Governing Body approved the Management Executive proposal to pause this work. Legal advice and guidance from NHS England and NHS Improvement (NHSEI), East of England Regional Team was obtained and informed the decision.

As the incident level reduced, it was agreed that the consultation should move forward to enable alignment of policies from 1 April 2022. On 27 July 2021, the BLMK CCG Governing Body gave approval for the public consultation to proceed.

To inform the decision the BLMK CCG Governing Body makes, the public consultation asked for the views of the local population, clinicians, and stakeholders on the proposals.

The public consultation took place from 12 October 2021 through to 21 December 2021. A final decision was due to be made by the BLMK CCG Governing Body in February 2022, in time for any variation in contracts that may be required before 1 April 2022.

BLMK CCG took the decision to postpone the submission of the paper on the policy alignment consultation to the Governing Body. Many clinicians involved in the consultation were deployed to work on the Omicron Covid effort. As such they did not have the opportunity to review the results of the consultation, and adequate time to consider the recommendations to the Governing Body.

The original timeline was for a decision to have been made by April 2022, in line with the BLMK ICS transition to an Integrated Care Board (ICB). The establishment of ICB's has been delayed nationally until 1 July 2022. The final paper and recommendations will now be on the agenda for the Governing Body meeting on the 29 March 2022 and new policies will be finalised in time for the creation of the ICB on the 1 July 2022.

The timeline allowed for a period of pre-consultation engagement prior to the public consultation.

## 2.0 Summary of pre-consultation engagement activity

The pre-consultation engagement phase is an important opportunity to engage with key interested parties to ensure when the formal consultation starts, all the aspects of the consultation have been considered.

During the pre-consultation engagement period a draft Case for Change, draft survey and draft Quality Impact Assessments, Equality Assessments, Data Protection Impact Assessments (QIAEADPIA's) and proposed criteria for the Fertility Services Policy were created. All of these documents were reviewed during the pre-consultation engagement phase.

During the pre-engagement phase we invited, Fertility Network UK, Coeliac UK, Local Pharmaceutical Councils (LPCs) and our local Healthwatch organisations to meet with our clinical leads, commissioning team and engagement team. The aim of the pre-engagement was to focus on the language used in the consultation documents and to ensure all relevant areas were addressed in Quality Impact Assessments, Equality Assessments, Data Protection Impact Assessment (QIAEADPIA) documents.

In addition, we worked with a diversity and inclusion consultant to take advice and ensure we considered all perspectives and were inclusive in the language we used when talking about the expansion of the access to fertility services.

Specific to the fertility services element of the consultation, a Task and Finish Group was convened, which includes clinicians from both primary and secondary care and commissioners to review a number of criteria which need to be aligned ahead of a draft BLMK fertility services policy being adopted. The clinically led group is tasked with ensuring all clinical considerations have been reviewed before putting forward the recommended criteria for inclusion in the new single draft policy.

The feedback received during the pre-consultation engagement phase was incorporated into the final consultation documents. All comments captured during the pre-consultation engagement phase of the consultation were logged to ensure that consideration was given to the suggested changes for the consultation documents, this log was published on the BLMK CCG website (Appendix 1.)

### 2.1 Meetings held during the pre-engagement phase

Date	Organisation	Aim
10 August 2021	Fertility Task and Finish Group	To review and provide clinical decisions on the proposed fertility policy criteria and QIAEADPIA*.
23 August 2021	Fertility Task and Finish Group	To review and provide clinical decisions on the

		proposed fertility policy criteria and QIAEADPIA*.
31 August 2021	Patient and Public Engagement Committee (PPEC)	To assure the Communications approach with patients and public.
3 September 2021	Fertility Network UK	To review and take comments on the consultation documents in relation to fertility services.
6 September 2021	Healthwatch Central Bedfordshire, Luton, Milton Keynes and Bedford Borough	To review and take comments on the consultation documents.
13 September 2021	Bedford Borough Overview and Scrutiny Committee (OSC)	To review policy alignment paper and the consultation plan.
15 September 2021	Fertility Task and Finish Group	To review suggested changes to criteria.
15 September 2021	Group Head of Equality, Diversity & Inclusion, Inclusion Centre of Excellence at Northern Care Alliance NHS Group	To review and take comments on the consultation documents in relation to fertility services.
22 September 2021	Luton Overview and Scrutiny Committee (OSC)	To review the consultation plan.
September 2021	Milton Keynes Overview and Scrutiny Committee (OSC)	Off agenda briefing shared for review.

\*Quality Impact Assessment, Equality Assessment, Data Protection Impact Assessment (QIAEADPIA)

## 2.2 Comments received during Pre-engagement Phase

The meetings with representatives from Fertility Network UK, the four local Healthwatch organisations, the overview and scrutiny committees and the patient and public engagement committee (PPEC), raised some constructive points to include in the consultation documents. The clarifications suggested helped ensure that the consultation documents provided clear and concise information for members of the public to make informed choices upon.

Key points included;

- Being explicit about the governance of the consultation and the process the consultation will go through with the Governing Body making a final decision

- Providing more rationale on the options that are being consulted and the reasons for the preferred options
- To make it clear how many patients will be affected by the proposed changes for each policy area
- Review the language used when talking about finite health budgets and allocating resources

All of the points raised have been logged on an engagement log and where applicable changes made to the final consultation documents.

## **2.3 Fertility Task and Finish Group**

The group met three times during the pre-engagement period on the 10 August, 23 August and 15 September 2021, to review the draft policy criteria and the QIAEADPIA. In addition, clinical members of the group have provided support to the pre-engagement activity by attending meetings with representatives from Fertility Network UK, the four local Healthwatch organisations and the overview and scrutiny meetings.

The group continued to meet through the consultation phase to review periodically the comments arising from the consultation regarding the draft policy criteria that required clinical input and oversight. Members of the group worked with the commissioning and communications teams providing clinical knowledge and support during the formal consultation.

The group will continue to meet as the changes to the criteria are confirmed and to discuss the implementation of the decision made on the policy by the BLMK CCG Governing Body.

## **3.0 Summary of consultation activity**

BLMK CCG ran the formal public consultation for a ten-week period from 12 October 2021 until 21 December 2021.

### **3.1 Consultation Document (Case for Change)**

A consultation document was produced to explain the proposals being considered and the rationale for the CCG's preferred options. The document included a [link to the CCG website where the policy documents](#) for each of the former CCG areas could be viewed. It also included an appendix which outlined the work that had been undertaken to together with details of eligibility criteria.

The document was made [available online](#), as a printed version, in [large print format](#) and in an [easy read format](#).

A copy of the consultation document can be found in Appendix 2.

### 3.2 Consultation Survey

The survey was available online (on Survey Monkey) and in [print format](#). A [large print version](#) and [easy read version](#) were made available on the website and as printed documents on request.

In total 851 responses were received to the survey, these can be broken down into the following groups;

Online version: 846

Printed copies returned: 5

An additional 6 paper copies were returned, however these were received a considerable time after the survey closed so were not added to the results.

We received correspondence from two residents, who also completed the survey, their feedback has been captured in the report via the survey response. In addition we received a letter from a resident in response to the consultation, however this was received on 12 January 2022 so was too late to be included in the consultation.

A copy of the survey can be found in Appendix 3.

### 3.3 How we engaged with Stakeholders and residents

[A media release was issued](#) to announce the launch of the consultation. The story was published in several media outlets and picked up by BBC Look East. BBC Look East interviewed the Clinical lead Dr Shankari Mahathmakanthi and the interview was broadcast on 15 October 2021 on both the 6:30pm and 10pm news broadcasts.

With Covid-19 prevalent in our communities we were unable to undertake as much face-to-face engagement as pre-covid times. We therefore contacted many organisations and groups and asked for their support to help promote the consultation and encourage residents to participate. This included:

- Writing to all town and parish councils and community pharmacies in BLMK to inform them of the consultation, and asking them to display the printed posters we had enclosed on their public facing notice boards
- Providing printed copies of the 'Case for change' document, [A4 posters](#), [A5 flyers](#), and surveys in community locations including children's centres, libraries, GP practices and the four local Healthwatch organisations
- Sending local groups, organisations, and elected councillors an email with electronic versions of the documents and links to the consultation documents, posters and flyers asking them to share with their networks. A paragraph of text was also provided for inclusion in community newsletters and bulletins
- Producing short videos featuring the [lay-member for patient and public](#)



[engagement](#), the [Clinical Lead for Specialist Fertility](#) and [Clinical Lead for MK Pharmacist First and Gluten-free food prescribing](#)

- Sending a reminder email to groups, organisations, elected councillors, town and parish councillors on 2 December to advise that the consultation was ending soon with a request for their continued support to promote. The email included a link to a [Facebook](#) and [Twitter](#) post from 1 December, the recipients were asked to share the posts via their networks.

Details of the councillors, organisations and groups who shared the post can be found in the social media log. The video attached to these posts were viewed over 2,000 times.

Printed materials were also available on request from the BLMK CCG Communications Team, via a message service.

A log of the engagement activities can be found in Appendix 4 and full list of stakeholders in Appendix 5.

### 3.4 Social Media

The consultation and the patient drop-in events were promoted widely on social media on the BLMK CCG owned channels.

Social Media Platform	Impressions	Reach
Twitter	19,732	N/A
Facebook	N/A	21,598
Instagram	2,301	2,221

See Appendix 6 for the full log of social media activity.

To encourage participation in the consultation, BLMK CCG chose to use paid for advertising on Facebook and Instagram from 26 November 2021 to 17 December 2021, initially the advertising was published across BLMK, latterly the advertising was focussed in Luton generating the following activity;

#### BLMK wide advertising

Social Media Platform	Dates	Total Reach	Total Impressions
Facebook / Instagram	26 Nov – 8 Dec 2021	73,252	90,636

#### Luton advertising

Social Media Platform	Dates	Total Reach	Total Impressions
Facebook / Instagram	26 Nov – 17 Dec 2021	34,978	43,574

*Total Reach* - The number of people who saw the advert at least once. Reach is different to impressions, which may include multiple views of the advert by the same people. This metric is estimated.

*Total Impressions* - Impressions measure how often the advert was on screen for the target audience.

### 3.5 Formal responses requested from stakeholders

Formal responses to the consultation were invited from;

Organisation	Policy Area
Healthwatch Milton Keynes	All
Healthwatch Luton	All
Healthwatch Bedford Borough	All
Healthwatch Central Bedfordshire	All
Bedford Borough Health Overview and Scrutiny Committee	All
Central Bedfordshire Overview and Scrutiny Committee	All
Luton Scrutiny Health and Social Care Review Group	All
Milton Keynes Health and Adult Social Care Scrutiny Committee	All
British Dietetic Association (BDA)	Gluten-free foods
Coeliac UK	Gluten-free foods
Fertility Network UK	Specialist fertility services
Bourn Hall Fertility Clinic	Specialist fertility services
Northamptonshire and Milton Keynes Local Pharmaceutical Council	Pharmacy first minor ailment scheme
Bedfordshire Local Pharmaceutical Council	Pharmacy first minor ailment scheme

Formal responses have been received from;

Organisation	Appendix
Healthwatch Milton Keynes	Appendix 7
Healthwatch Luton	Appendix 8
Healthwatch Bedford Borough	Appendix 9
Bedford Borough Health Overview and Scrutiny Committee	Appendix 10
British Dietetic Association (BDA)	Appendix 11
Coeliac UK	Appendix 12
Fertility Network UK	Appendix 13
Bourn Hall Fertility Clinic	Appendix 14
Bedfordshire Local Pharmaceutical Council	Appendix 15

A summary of the responses received by each of the above organisations can be seen in section 9 of this report.

### 3.6 Patient and Resident Events and drop-in sessions

During the consultation period BLMK CGG held three drop-in events, two virtually and one in person.

Whilst attendance was low at the events, it did result in in-depth discussions with patients who had experience of fertility services, providing some key insights;

### **Donor Sperm**

*“When donor sperm becomes too expensive it drives people underground. We are trying to stay within the Human Fertilisation and Embryology Authority (HFEA) regulations and guidance, but a lot of same sex couples are contacting sperm donors on Facebook. In this scenario there is no medical history of the donor and it is completely unregulated, but some couples see it as their only option currently.”*

### **Private Treatment**

*“Having been through Intrauterine Insemination (IUI) unsuccessfully we have moved onto private in vitro fertilisation (IVF). Within the private sector, we felt that on each round of IVF we were offered something extra to improve the chances of success.”*

*“If you are only going to offer one attempt of IVF, then that attempt needs to be the best attempt and consider the risk rating of embryos to ensure the best quality embryos are used. We paid extra for CAREmaps and blastocyst transfer to give us the best chance of a successful cycle.”*

*“During our treatment we would be sitting in a waiting-room and we have paid £8000 to be there and others are getting treatment free on the NHS, purely because we are a same sex couple”.*

### **IUI and IVF Cycles**

*“We were told you can give ten women the same treatment/protocol and each of them will respond differently to it. Offering one cycle of IVF, does not take into account these variable factors. We have done everything asked of us to keep healthy and do everything for an optimum cycle and unfortunately our first round just was not successful. One size does not fit all.*

*It’s good that the policy is being extended and is going to be more inclusive, but why is the policy looking to level down and not up and therefore not in line with NICE guidance? If the issue is about equality and not budget, then the access to services should be levelled up to three cycles across BLMK.”*

### **Cost of Medication for IUI and IVF**

*“A lot of clinics have their own pharmacy – the mark up on the medication from them is huge. We are buying the same medication from a different clinic who have a partner pharmacy who don’t put a mark-up on the medication but do have £75 fee and £30 postage (as is on ice) – this still costs us half of what we were paying from a different clinic.*

*One area to review would be the pharmaceutical contracts for the required medication as this could help bring costs down for treatment.”*

## **Impact on Mental Health**

*“The effect on patient’s mental health cannot be underestimated, the entire life experience of infertility is hugely distressing.”*

*“Reducing the fertility services available will trigger mental health issues. This has a financial impact on the NHS.”*

*“For people suffering with infertility, if they don’t access support from national charities there is nowhere for them to go and many do not feel they can talk with friends and families about infertility.”*

One patient attending had one unsuccessful cycle of IVF on the NHS and had suicidal thoughts. They commented that not everyone can afford to have private treatment, they were offered a transfer of five embryos at a clinic in Turkey, but decided against it.

## **Accessing Fertility Services outside of the UK**

*“When services are not available to patients, this leads to some seeking cheaper services outside of the UK. That means that the services that people access are not regulated by the Human Fertilisation and Embryology Authority (HFEA) who limit the number of embryos that are allowed to be transferred in one cycle.”*

*“When people are desperate if a clinic outside of the UK says they will transfer multiple embryos if they are viable, couples will go for this option. This increases the risk of patients returning to the UK pregnant with twins, triplets quads and potentially even higher.*

*This needs to be considered due to the higher costs for the NHS in providing maternity and post-birth services to these families, there are also health risks associated with multiple births.”*

*“It’s hard to articulate the desperation that couples feel when they don’t have the privilege to conceive naturally. There is nothing that anyone in this country could have said to us that would have stopped us travelling abroad for treatment if it was our only option. We would have been willing to take the risk.”*

*“The feeling of not being able to conceive naturally and the uncertainty that brings every day and night of your life, not knowing if it will happen for you, is the most overwhelming thing.”*

See Appendix 16 for the write-up of the patient feedback captured at the engagement events.

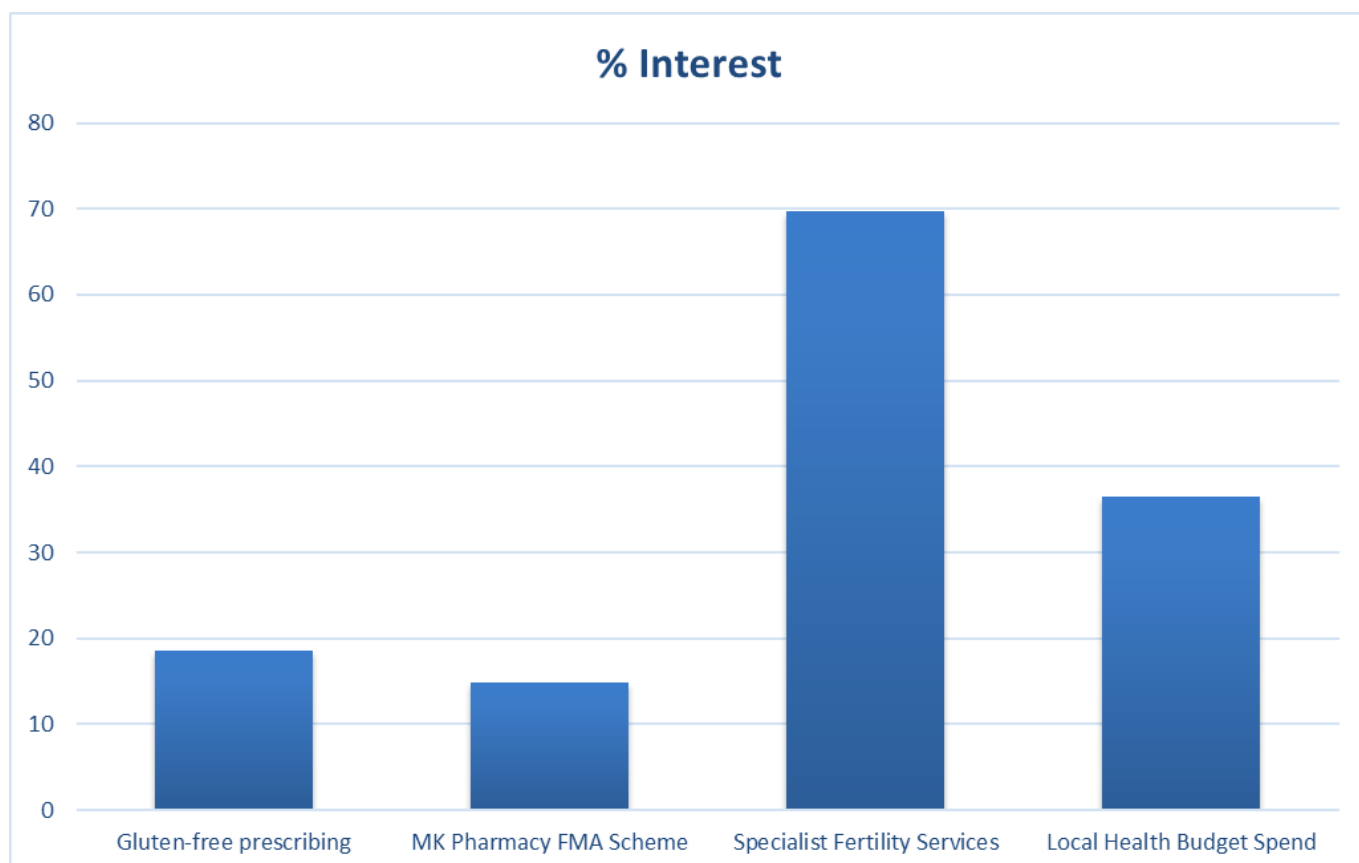
## 4.0 Survey Results

In total 851 responses were received to the survey, not all respondents answered every question and some questions allowed for multiple answers to a question, therefore not all totals will equal 851.

We asked respondents which of the following areas they have a specific interest in, respondents could tick multiple answers. Table 1 below shows the total answers and includes where respondents have ticked multiple areas of interest.

*Table 1*

Area of Interest	Frequency	Percent
Gluten-free food prescribing	158	18.6
Milton Keynes Pharmacy First Minor Ailment Scheme	126	14.8
Specialist fertility services	593	69.7
The way in which the local health budget is spent	311	36.5
<b>Total</b>	<b>1188</b>	<b>100.0</b>



When looking at all responses, the highest percentage of respondents had an interest in Specialist Fertility Services (69.7%) 593 responses and the lowest percentage interest was in the Milton Keynes Pharmacy First Minor Ailment Scheme (14.8%) 126 responses.

When looking at the number of responses by area of interest where respondents have just ticked one area of interest the frequency is as follows;

*Table 2*

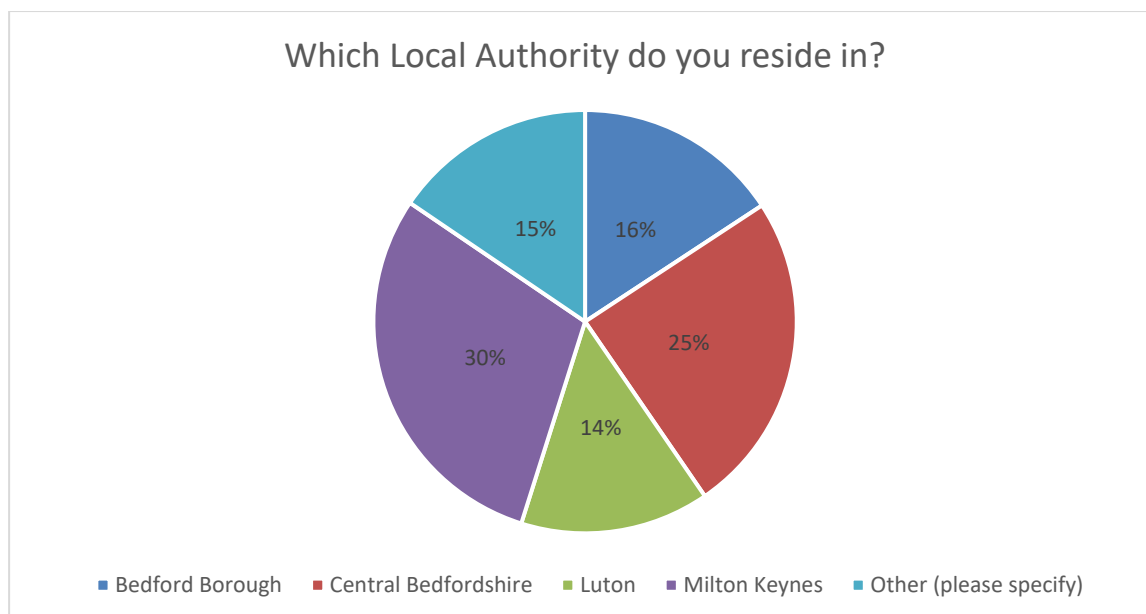
<b>Areas of Interest</b>	<b>Frequency</b>
Gluten Free	51
MK Pharmacy FMA Scheme	19
Specialist Fertility Services	439
Health Budget Spending	123

#### **Which local authority area do you reside in?**

We asked respondents which of the four BLMK local authority areas they lived in, there was also an 'other' option for those that live out of area. Table 3 below shows the total answers, all respondents answered this question.

*Table 3*

<b>Local Authority Area</b>	<b>Frequency</b>	<b>Percent</b>
Bedford Borough	134	15.7
Central Bedfordshire	210	24.7
Luton	123	14.5
Milton Keynes	252	29.6
Other (please specify)	132	15.5
<b>Total</b>	<b>851</b>	<b>100.0</b>



#### 4.0 Fertility services survey feedback analysis

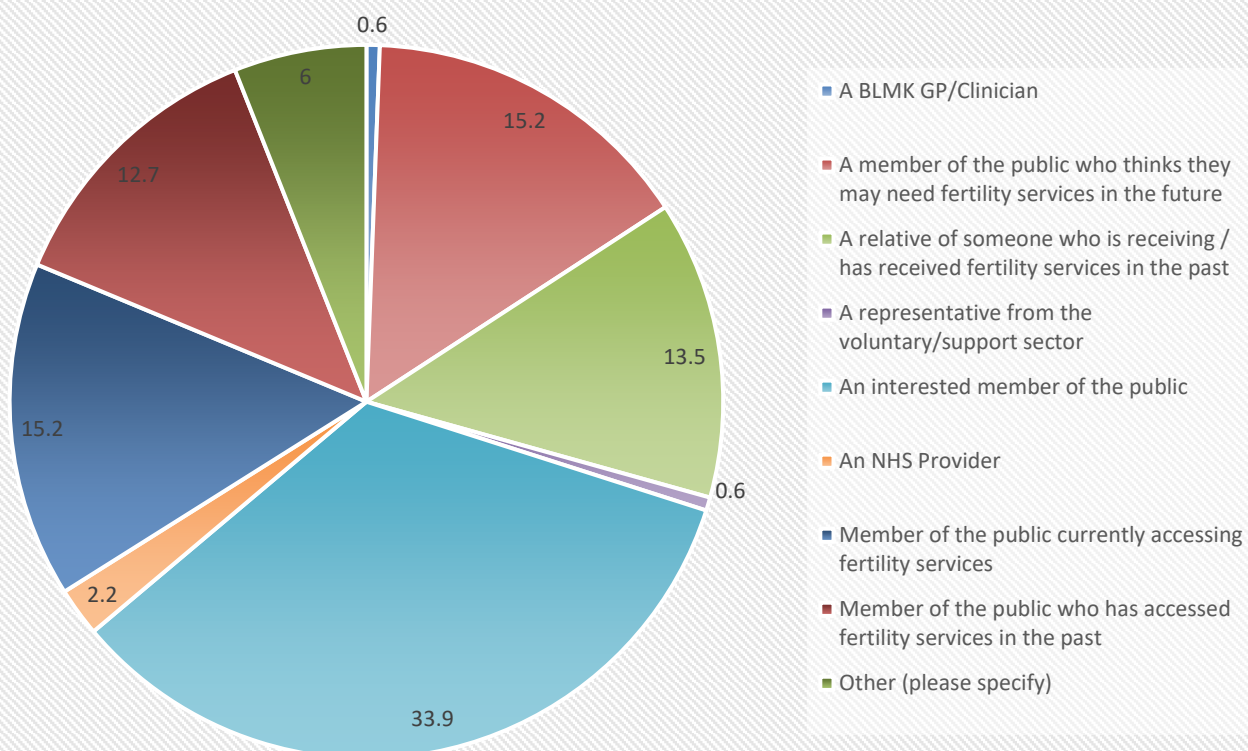
##### What is your interest in fertility services?

We asked respondents what their interest is in fertility services. 200 respondents did not answer this question. Looking at those who *did* answer the question, Table 4 shows:

Table 4

What is your interest in fertility services?	Frequency	Percent
A BLMK GP/Clinician	4	.6
A member of the public who thinks they may need fertility services in the future	99	15.2
A relative of someone who is receiving / has received fertility services in the past	88	13.5
A representative from the voluntary/support sector	4	.6
An interested member of the public	221	33.9
An NHS Provider	14	2.2
Member of the public currently accessing fertility services	99	15.2
Member of the public who has accessed fertility services in the past	83	12.7
Other (please specify)	39	6.0
<b>Total</b>	<b>651</b>	<b>100.0</b>

## What is your interest in fertility services (by %, filtered to exclude those who did not answer)





## List of other reasons

Table 5

<b>Fertility Services Other</b>	<b>Frequency</b>	<b>Percent</b>
N/A	634	97.4
A relative of someone who may need fertility services in the future	1	.2
A taxpayer fed up with public sector waste	1	.2
As an ethnologist	1	.2
BPAS Fertility (England's first not-for-profit fertility service.)	1	.2
Currently going through private fertility treatment	1	.2
Embryologist working in an IVF lab	1	.2
Friend of person needing fertility treatment	1	.2
Friends of same sex couples who want to explore fertility treatment	1	.2
I don't remember ticking that I had a specific interest in fertility services	1	.2
Member of public	1	.2
Member of public refused fertility treatment	1	.2
Member of the public who has close friends in the area who may receive fertility services in the near future	1	.2
N/A	1	.2
not a priority	1	.2
Private healthcare practitioner	1	.2
Someone refused IVF as Cambridge canned it totally. Now reintroduced but I'm too old.	1	.2
Unable to have children	1	.2
<b>Total</b>	<b>651</b>	<b>100.0</b>

## Which of the following options do you think BLMK CCG should opt for when commissioning Fertility Services for the future?

We asked respondents to select one of two options;

### **Option 1**

*To reduce the current offer of three cycles of IVF to residents in Luton to one cycle for all eligible patients in line with the current offering in Bedfordshire and Milton Keynes and extend access to the service for same sex female couples, single females and any person with a uterus (including trans men and no-binary people), who are currently unable to access fertility services under existing policies.*

Option 1 was the preferred option for BLMK CCG.

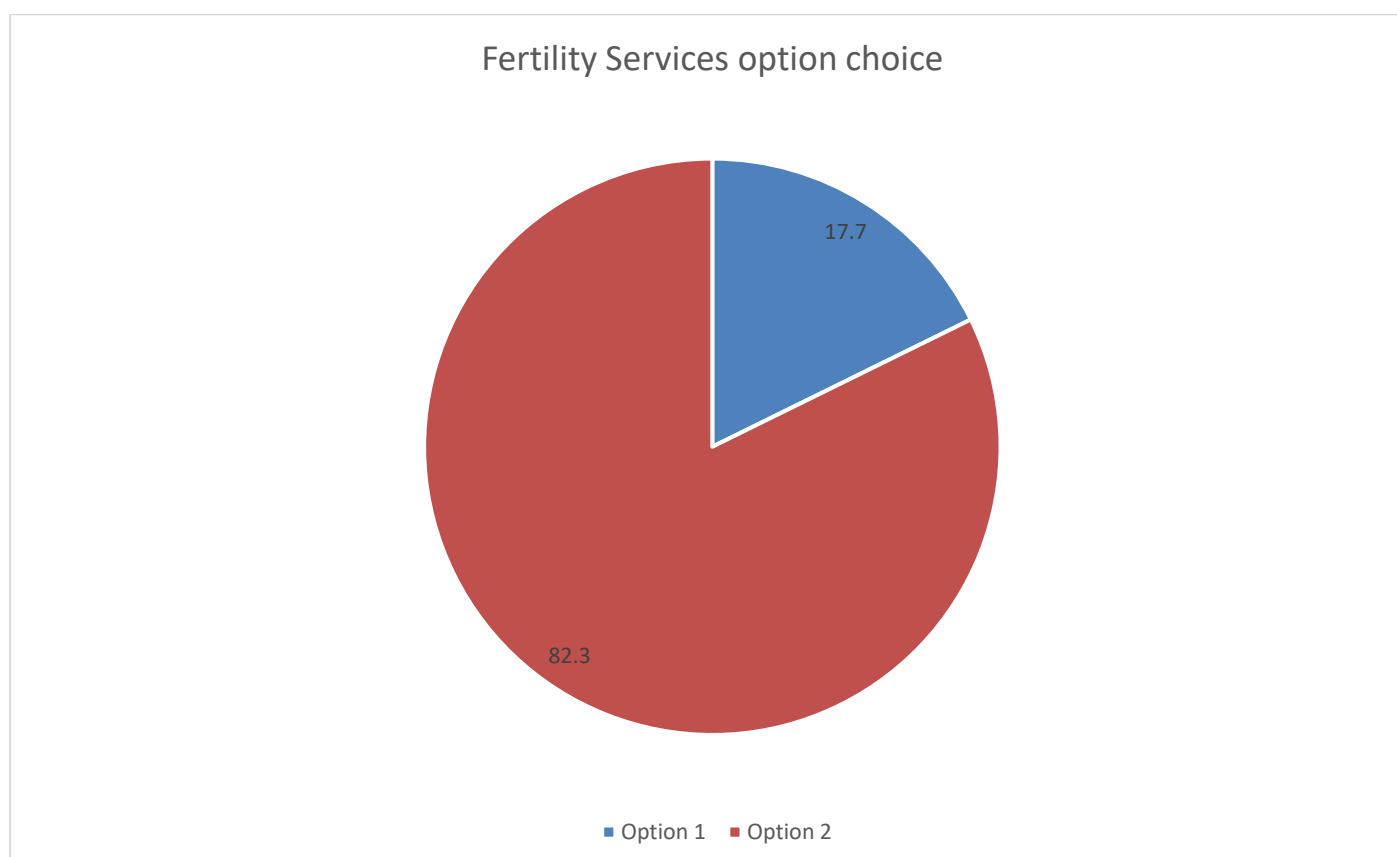
### **Option 2**

*To increase the number of cycles in Bedfordshire and Milton Keynes to three cycles for all patients aged 39 and under, and one cycle for all eligible patients aged over 40-42, in line with the current Luton model and extend access to the service for same sex female couples, single females and any person with a uterus (including trans men and no-binary people), who are currently unable to access fertility services under existing policies.*

219 respondents did not answer this question. Looking at those who did answer the question, Table 6 shows respondents options choice:

Table 6

Fertility Services Option Choice: n=632			
		Frequency	Percent
Valid	Option 1	112	17.7
	Option 2	520	82.3
	<b>Total</b>	<b>632</b>	<b>100.0</b>



Looking at the overall percentage scores for each option;

*Table 7*

Option Choice	Percent %
Option 1:	17.7
Option 2:	82.3

There is a significant difference, with Option 2 scoring higher than Option 1.

#### 4.1 Fertility services survey feedback analysis – Cross-tab analysis

All cross-tab analyses have been carried out using responses from those respondents who answered both of the two questions examined.

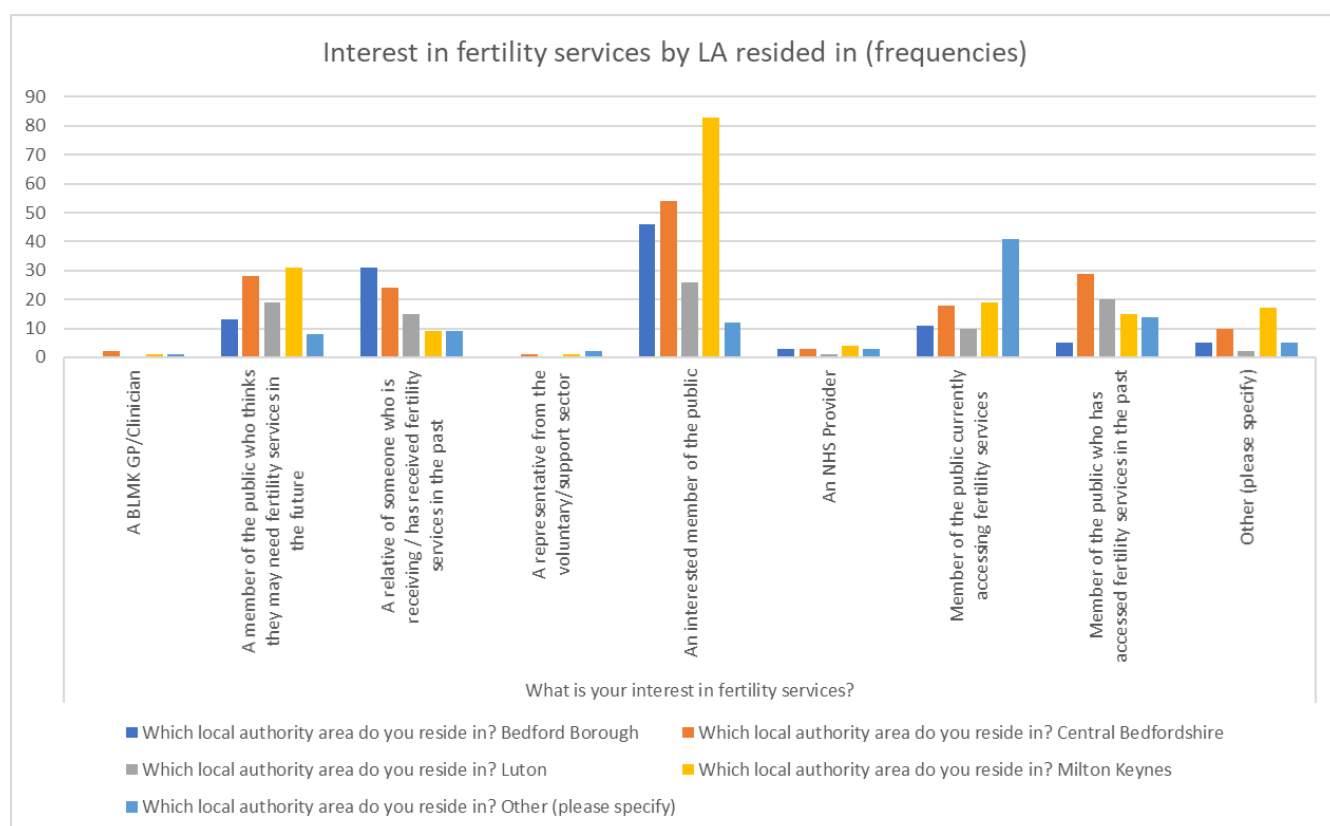
Table 8 looks at respondents interest in fertility services, by which local authority they reside in.

Interest in fertility Services by Local Authority resided in (frequencies only)

*Table 8*

What is your interest in fertility services?	Which local authority area do you reside in?					Total
	Bedford Borough	Central Bedfordshire	Luton	Milton Keynes	Other (please specify)	
A BLMK GP/Clinician	0	2	0	1	1	4
A member of the public who thinks they may need fertility services in the future	13	28	19	31	8	99
A relative of someone who is receiving / has received fertility services in the past	31	24	15	9	9	88
A representative from the voluntary/support sector	0	1	0	1	2	4
An interested member of the public	46	54	26	83	12	221
An NHS Provider	3	3	1	4	3	14
Member of the public currently accessing fertility services	11	18	10	19	41	99
Member of the public who has accessed fertility services in the past	5	29	20	15	14	83
Other (please specify)	5	10	2	17	5	39
<b>Total</b>	<b>114</b>	<b>169</b>	<b>93</b>	<b>180</b>	<b>95</b>	<b>651</b>

## Graph of Interest in fertility Services by Local Authority resided in (frequencies only)



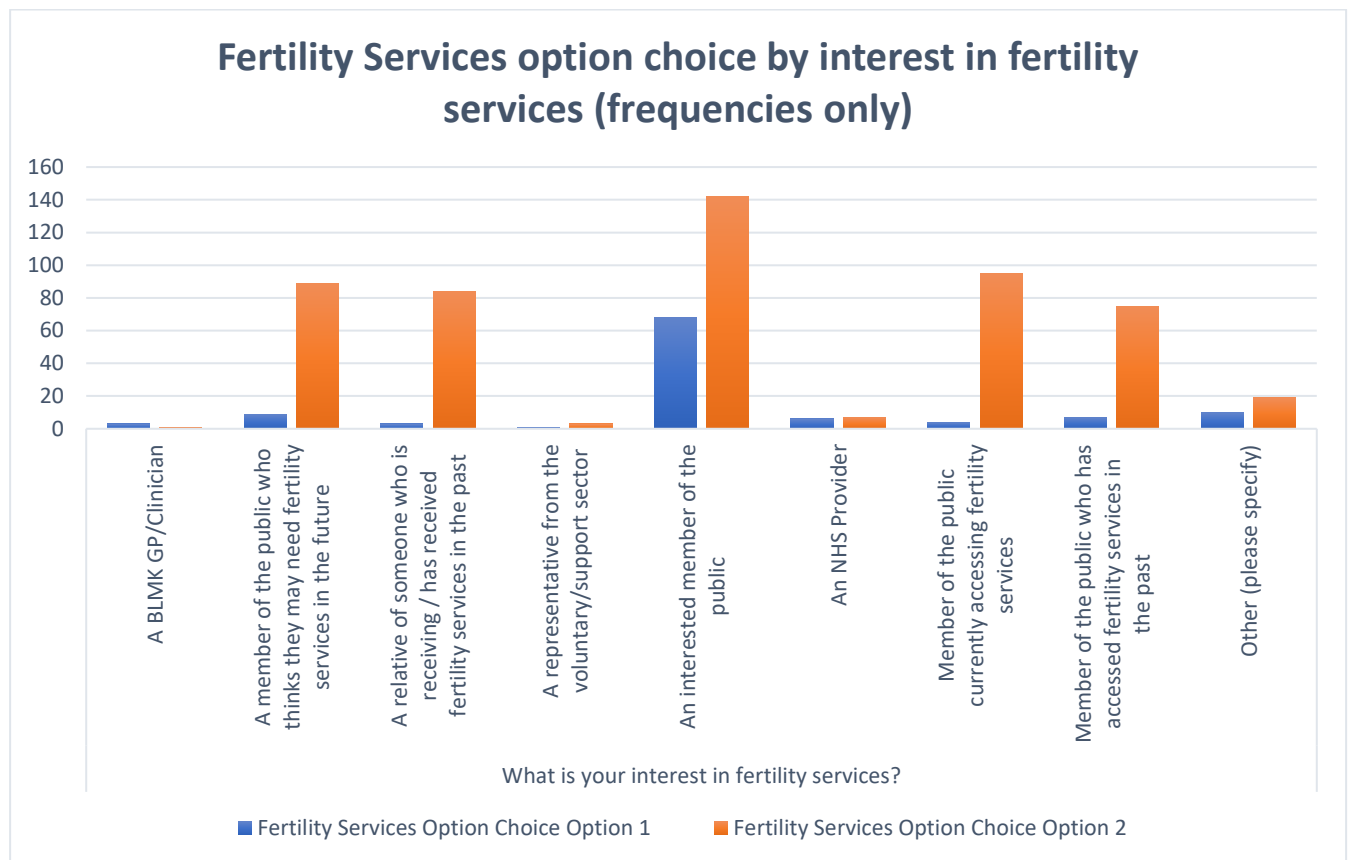
The most obvious outlier here is the large number of 'interested members of the public' in Milton Keynes interested in fertility services. Looking at percentage figures for 'interested members of the public' across all local authorities (total of 221 people), we can see that the Milton Keynes figure at 37.56(±6.38)% of total members of the public interested in fertility services is significantly higher than that category in other local authority areas.

Table 9 looks at respondents choice of option by their interest in fertility services.

**Table 9**

Fertility Services Option Choice * What is your interest in fertility services? Crosstabulation												
			What is your interest in fertility services?									Total
			A BLMK GP/Clinician	A member of the public who thinks they may need fertility services in the future	A relative of someone who is receiving / has received fertility services in the past	A represent ative from the voluntary /support sector	An intereste d member of the public	An NHS Provider	Member of the public currently accessing fertility services	Member of the public who has accessed fertility services in the past	Other (please specify)	
Fertility Services Option Choice	Option 1	Count	3	9	3	1	68	6	4	7	10	111
		% within Fertility Services Option Choice	2.7%	8.1%	2.7%	0.9%	61.3%	5.4%	3.6%	6.3%	9.0%	100.0%
		% within What is your interest in Fertility Services?	75.0%	9.2%	3.4%	25.0%	32.4%	46.2%	4.0%	8.5%	34.5%	17.7%
		% of Total	0.5%	1.4%	0.5%	0.2%	10.9%	1.0%	0.6%	1.1%	1.6%	17.7%
	Option 2	Count	1	89	84	3	142	7	95	75	19	515
		% within Fertility Services Option Choice	0.20%	17.30%	16.30%	0.60%	27.60%	1.40%	18.40%	14.60%	3.70%	100.00%
		% within What is your interest in Fertility Services?	25.0%	90.8%	96.6%	75.0%	67.6%	53.8%	96.0%	91.5%	65.5%	82.3%
		% of Total	0.2%	14.2%	13.4%	0.5%	22.7%	1.1%	15.2%	12.0%	3.0%	82.3%
Total	Count	4	98	87	4	210	13	99	82	29	626	
	% within Fertility Services Option Choice	0.6%	15.7%	13.9%	0.6%	33.5%	2.1%	15.8%	13.1%	4.6%	100.0%	
	% within What is your interest in Fertility Services?	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
	% of Total	0.6%	15.7%	13.9%	0.6%	33.5%	2.1%	15.8%	13.1%	4.6%	100.0%	

Looking simply at frequencies and plotting these on a graph, gives the following:



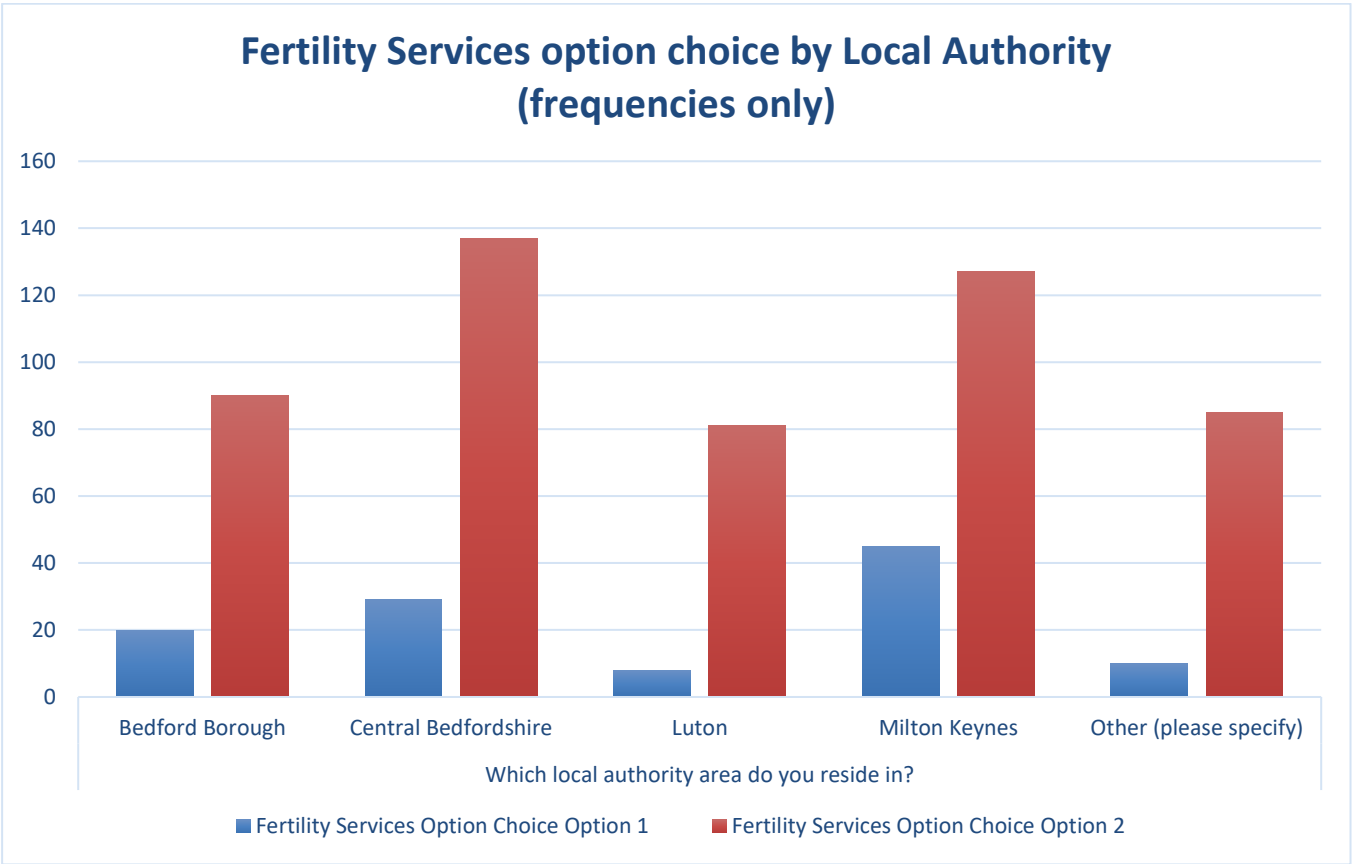
Looking at statistical significance, the key point to highlight here is that the high score for Option 2 in 'interested member of the public' is significantly higher (at  $27.6 \pm 3.866\%$  of the total Option 2 votes) (as shown in table 9) than the scores for Option 2 from the other groups.

## Fertility Services Option Choice by Local authority resided in

Table 10

Fertility Services Option Choice * Which local authority area do you reside in? Crosstabulation								
		Which local authority area do you reside in?						
Fertility Services Option Choice			Bedford Borough	Central Bedfordshire	Luton	Milton Keynes	Other (please specify)	Total
	Option 1	Count	20	29	8	45	10	112
		% within Fertility Services Option Choice	17.9%	25.9%	7.1%	40.2%	8.9%	100.0%
		% within which local authority area do you reside?	18.2%	17.5%	9.0%	26.2%	10.5%	17.7%
		% of Total	3.2%	4.6%	1.3%	7.1%	1.6%	17.7%
	Option 2	Count	90	137	81	127	85	520
		% within Fertility Services Option Choice	17.3%	26.3%	15.6%	24.4%	16.3%	100.0%
		% within which local authority area do you reside?	81.8%	82.5%	91.0%	73.8%	89.5%	82.3%
		% of Total	14.2%	21.7%	12.8%	20.1%	13.4%	82.3%
	Total		Count	110	166	89	172	95
% within Fertility Services Option Choice			17.4%	26.3%	14.1%	27.2%	15.0%	100.0%
% within which local authority area do you reside?			100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
% of Total			17.4%	26.3%	14.1%	27.2%	15.0%	100.0%

Looking simply at frequencies and plotting these on a graph, gives the following:



Looking at statistical significance, the major point to highlight here is that although the Option 2 scores for Central Bedfordshire and Milton Keynes are both (at  $26.3\pm3.78\%$  and  $24.4\pm3.69\%$  respectively) significantly higher than the others (in terms of total Option 2 scores across all Local Authorities), there is no significant difference between the two of them.

**4.2 Fertility services survey feedback analysis – Comments on eligibility criteria**

We asked respondents to comment on the eligibility criteria for the fertility services policy, this was an open response.

137 comments were received in total. They have been coded in NVivo (a software program used for analysing unstructured text) and arranged as themes. Some comments fall under multiple headings, and, where this is the case, either the comment has been split (where this is possible), with each part being listed under a separate heading, or (if the issues are intertwined), the whole comment has been placed under each appropriate heading. Therefore, the total number of comments includes duplicates. The number of comments received by theme is in the table below the full verbatim comments are included in Appendix 17.



Table 11

Theme	Number of Responses
Access criteria (general comments)	12
Age limit	15
All women should have the right to have a baby	3
AMH and FSH (hormone counts)	8
References to 'any person with a uterus'/transgender/non-binary	11
Children from other relationships	12
Funding	8
Inequality in local authority areas	10
Multiple embryo transfers	4
Number of IVF cycles	31
Priority to those with no existing children	5
Same-sex couples	16
Single women	6
Waiting time for IVF	3
Weight and BMI	15
Other	31

## 5.0 Gluten-free food prescribing survey feedback analysis

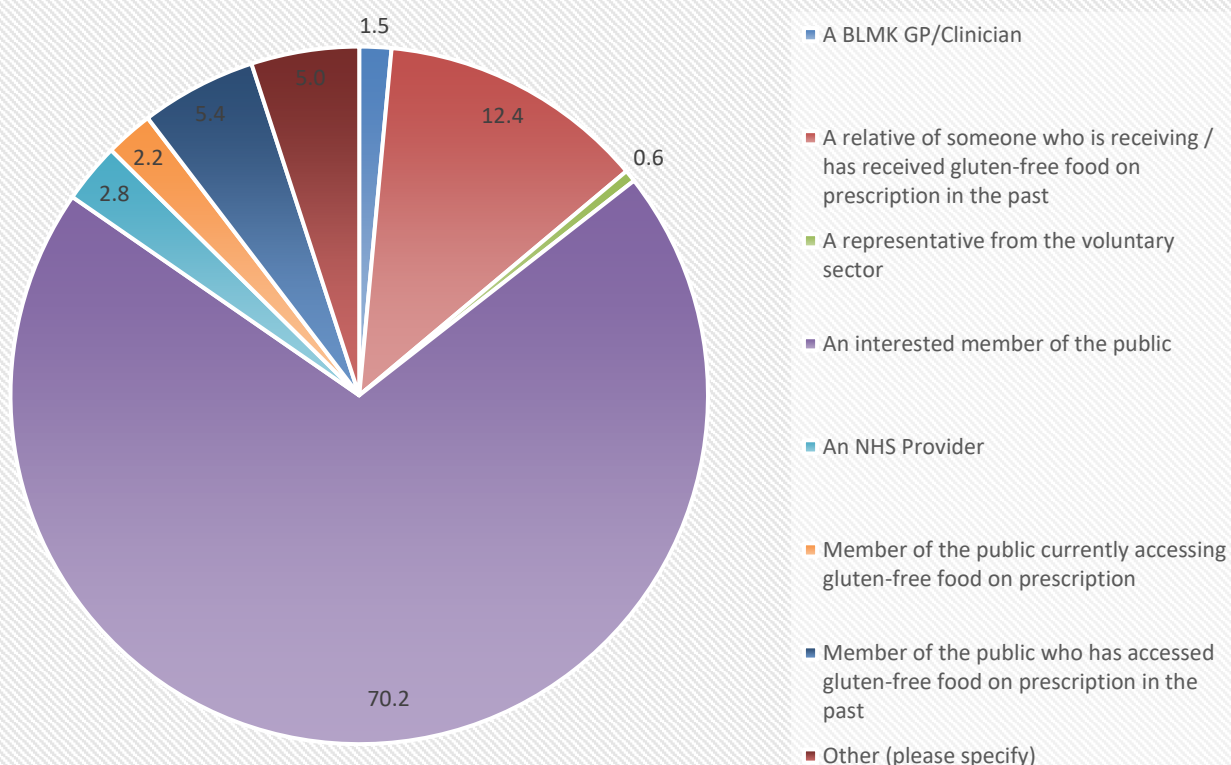
### What is your interest in gluten-free food prescribing?

We asked respondents what their interest is in gluten-free food prescribing. 290 respondents did not answer this question. Looking at those who *did* answer the question, Table 12 shows:

Table 12

What is your interest in gluten-free food prescribing?		
	Frequency	Percent
A BLMK GP/Clinician	8	1.5
A relative of someone who is receiving / has received gluten-free food on prescription in the past	67	12.4
A representative from the voluntary sector	3	.6
An interested member of the public	379	70.2
An NHS Provider	15	2.8
Member of the public currently accessing gluten-free food on prescription	12	2.2
Member of the public who has accessed gluten-free food on prescription in the past	29	5.4
Other (please specify)	27	5.0
<b>Total</b>	<b>540</b>	<b>100.0</b>

### What is your interest in gluten-free food prescribing (by %, filtered to exclude those who did not answer)



#### List of other reasons

Table 13

Reason	Frequency	Percent
N/A	513	95.0
A medically diagnosed coeliac who has never received prescription help with gluten free foods	1	.2
As a nutritional ethologist	1	.2
Ceoliac who has never accessed GF foods on prescription	1	.2
Coeliac	1	.2
Coeliac who hasn't accessed gluten free prescription	1	.2
Daughter on gf diet without access to prescription	1	.2
Diagnosed coeliac while has never accessed prescribed food out of choice	1	.2
Diagnosed with coeliac disease but unable to access prescription food	1	.2
Family member of a gluten free person	1	.2

Family of 6 three of which are coeliacs	1	.2
Friend of person requiring gluten free diet	1	.2
Gluten free but not on prescription	1	.2
Healthcare professional	1	.2
I am 76 and have coeliac disease. The cost of special products is outrageous but not available on prescription.	1	.2
I am gluten free.	1	.2
I am gluten intolerant without coeliac & regularly buy gluten free products because they are not available to me on prescription.	1	.2
I have to be GF because of allergy	1	.2
I have wheat allergy and lactose intolerance.	1	.2
Member of the public who buys some gluten free for myself.	1	.2
Member of the public who can't access gluten free food on prescription.	1	.2
Member of the public with coeliac disease who has never been able to access prescription gluten free food	1	.2
Parent of coeliac child	1	.2
Public health nurse	1	.2
should not be prescribed	1	.2
Someone who probably should have the prescription but would have to eat wheat for a month to get tested. It makes me too sick to contemplate doing this :(	1	.2
Someone who wants to be able to access gluten free food	1	.2
Someone with wheat and lactose intolerance	1	.2
<b>Total</b>	<b>540</b>	<b>100.0</b>

**Which of the following options do you think BLMK CCG should opt for when commissioning gluten-free food on prescription for the future?**

We asked respondents to select one of two options;

**Option 1**

*To withdraw the gluten-free bread and flour available on prescription in Luton whilst ensuring patients at risk of nutritional harm are still able to access when appropriate, in line with Bedfordshire and Milton Keynes.*

*Option 1 was the preferred option of BLMK CCG*

**Option 2**

*To retain gluten-free bread and flour on prescription in Luton and provide the same access to gluten-free bread and flour in Bedfordshire and Milton Keynes.*

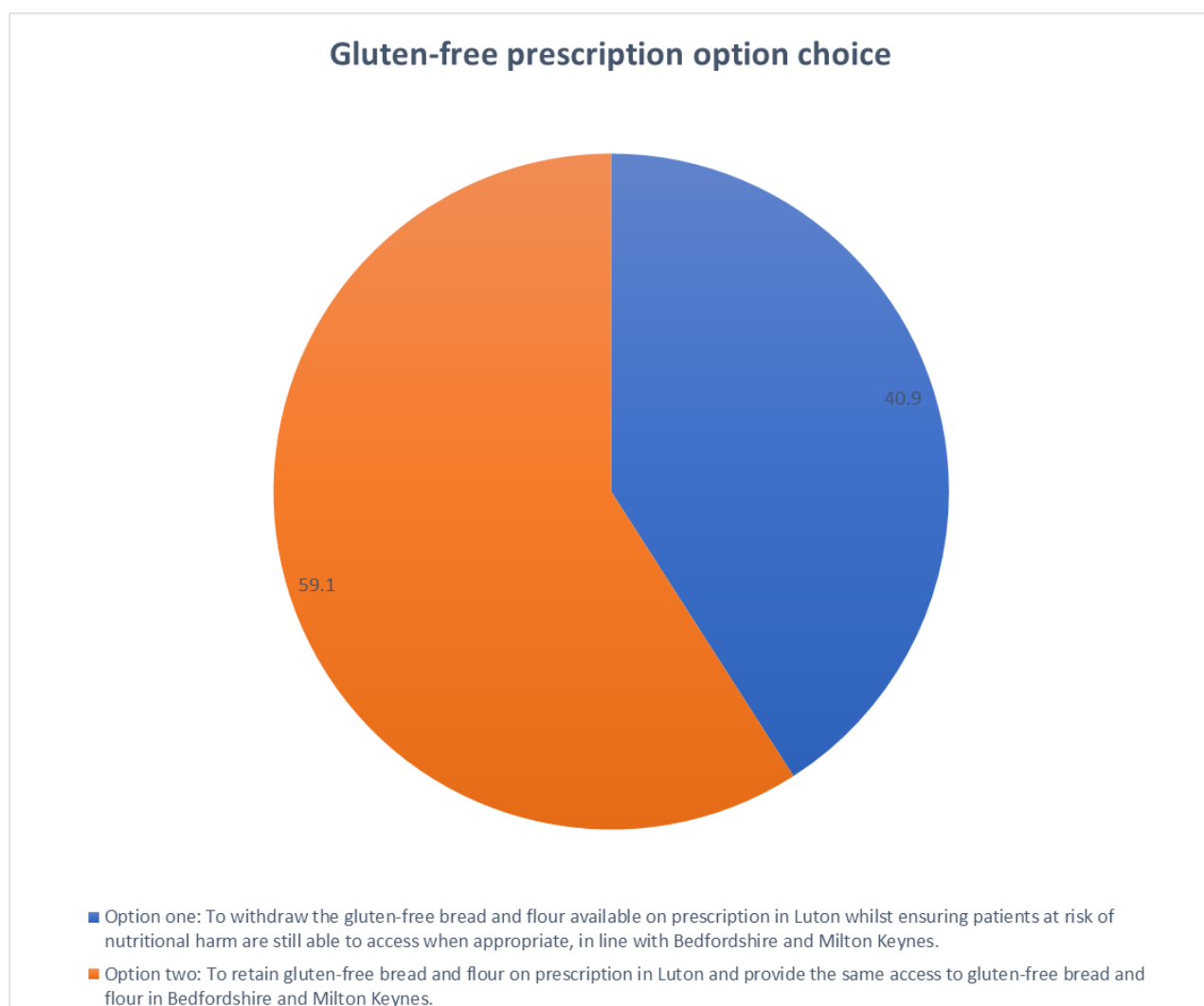
289 respondents did not answer this question. Looking at those who did answer the question, Table 14 shows:

Table 14

Gluten free Option Choice	Frequency	Percent
---------------------------	-----------	---------

Option one: To withdraw the gluten-free bread and flour available on prescription in Luton whilst ensuring patients at risk of nutritional harm are still able to access when appropriate, in line with Bedfordshire and Milton Keynes.	230	40.9
Option two: To retain gluten-free bread and flour on prescription in Luton and provide the same access to gluten-free bread and flour in Bedfordshire and Milton Keynes.	332	59.1
<b>Total</b>	<b>562</b>	<b>100.0</b>

A chart of those who answered the question by percentage for each option is:



Looking at the overall percentage scores for each option;

*Table 15*

Option Choice	%
Option 1:	40.9
Option 2:	59.1

There is an 18.2% difference, with Option 2 scoring higher than Option 1.

## 5.1 Gluten-Free Food on Prescription survey feedback analysis – Cross-tab analysis

All cross-tab analyses have been carried out using responses from those respondents who answered both of the two questions examined.

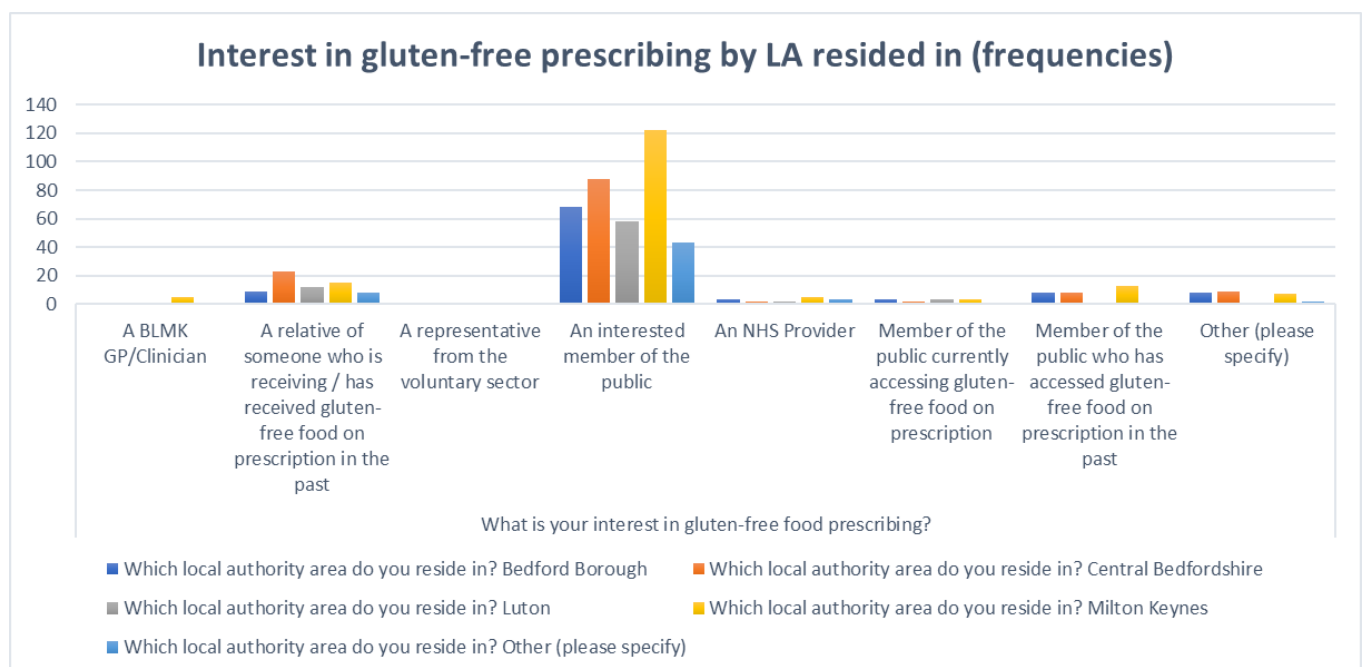
### Interest in gluten-free food prescribing by local authority resided in (frequencies only)

Table 16

What is your interest in gluten-free food prescribing? * Which local authority area do you reside in? Crosstabulation							
		Which local authority area do you reside in?					Total
		Bedford Borough	Central Bedfordshire	Luton	Milton Keynes	Other (please specify)	
What is your interest in gluten-free food prescribing ?	A BLMK GP/Clinician	0	1	1	5	1	8
	A relative of someone who is receiving / has received gluten-free food on prescription in the past	9	23	12	15	8	67
	A representative from the voluntary sector	0	1	0	1	1	3
	An interested member of the public	68	88	58	122	43	379
	An NHS Provider	3	2	2	5	3	15
	Member of the public currently accessing gluten-free food on prescription	3	2	3	3	1	12

	Member of the public who has accessed gluten-free food on prescription in the past	8	8	0	13	0	29
	Other (please specify)	8	9	1	7	2	27
<b>Total</b>		<b>99</b>	<b>134</b>	<b>77</b>	<b>171</b>	<b>59</b>	<b>540</b>

Looking simply at frequencies and plotting these on a graph, gives the following:



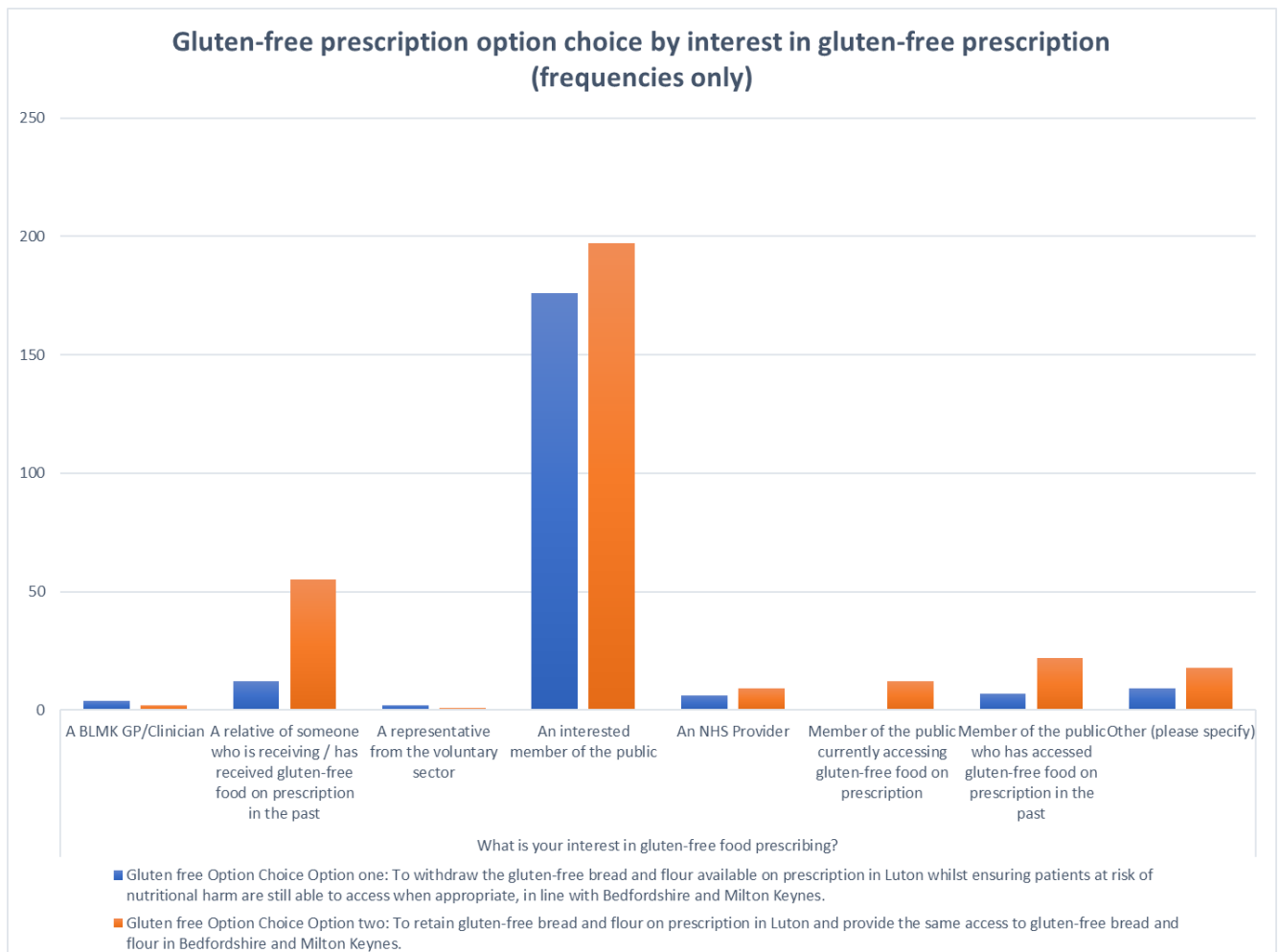
The highest two columns in each group are Milton Keynes and Central Bedfordshire (highest respondent numbers in general), and it is 'interested members of the public' that show the most interest in gluten-free prescribing. Looking at significance of Milton Keynes vs Central Bedfordshire for the largest response category ('interested members of the public'), it can be seen that the Milton Keynes percentage of 'interested member of the public' (at  $32.2 \pm 4.70\%$ ) is significantly higher than that of Central Bedfordshire (at  $23.2 \pm 4.25\%$ ). The difference between Central Bedfordshire and its next highest (Bedford Borough) ( $17.9 \pm 3.86\%$ ) is not, however, significant.

## Gluten-free prescribing Options choice by Interest in gluten-free prescribing

Table 17

Gluten free Option Choice * What is your interest in gluten-free food prescribing? Crosstabulation											
			What is your interest in gluten-free food prescribing?								Total
			A BLMK GP/Clinician	A relative of someone who is receiving / has received gluten-free food on prescription in the past	A representative from the voluntary sector	An interested member of the public	An NHS Provider	Member of the public currently accessing gluten-free food on prescription	Member of the public who has accessed gluten-free food on prescription in the past	Other (please specify)	
Gluten free Option Choice	Option one: To withdraw the gluten-free bread and flour available on prescription in Luton whilst ensuring patients at risk of nutritional harm are still able to access when appropriate, in line with Bedfordshire and Milton Keynes.	Count	4	12	2	176	6	0	7	9	216
		% within Gluten free Option Choice	1.9%	5.6%	.9%	81.5%	2.8%	0.0%	3.2%	4.2%	100.0%
		% within What is your interest in gluten-free food prescribing?	66.7%	17.9%	66.7%	47.2%	40.0%	0.0%	24.1%	33.3%	40.6%
		% of Total	.8%	2.3%	.4%	33.1%	1.1%	0.0%	1.3%	1.7%	40.6%
	Option two: To retain gluten-free bread and flour on prescription in Luton and provide the same access to gluten-free bread and flour in Bedfordshire and Milton Keynes.	Count	2	55	1	197	9	12	22	18	316
		% within Gluten free Option Choice	.6%	17.4%	.3%	62.3%	2.8%	3.8%	7.0%	5.7%	100.0%
		% within What is your interest in gluten-free food prescribing?	33.3%	82.1%	33.3%	52.8%	60.0%	100.0%	75.9%	66.7%	59.4%
		% of Total	.4%	10.3%	.2%	37.0%	1.7%	2.3%	4.1%	3.4%	59.4%
Total		Count	6	67	3	373	15	12	29	27	532
		% within Gluten free Option Choice	1.1%	12.6%	.6%	70.1%	2.8%	2.3%	5.5%	5.1%	100.0%
		% within What is your interest in gluten-free food prescribing?	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
		% of Total	1.1%	12.6%	.6%	70.1%	2.8%	2.3%	5.5%	5.1%	100.0%

Looking simply at frequencies and plotting these on a graph, gives the following:



Looking at statistical significance, the major point to highlight here is that the high score for Option 2 in 'interested member of the public' is not significantly higher (at  $52.8 \pm 5.07\%$ ) than the Option 1 choice for the same group (at  $47.2 \pm 5.07\%$ ).

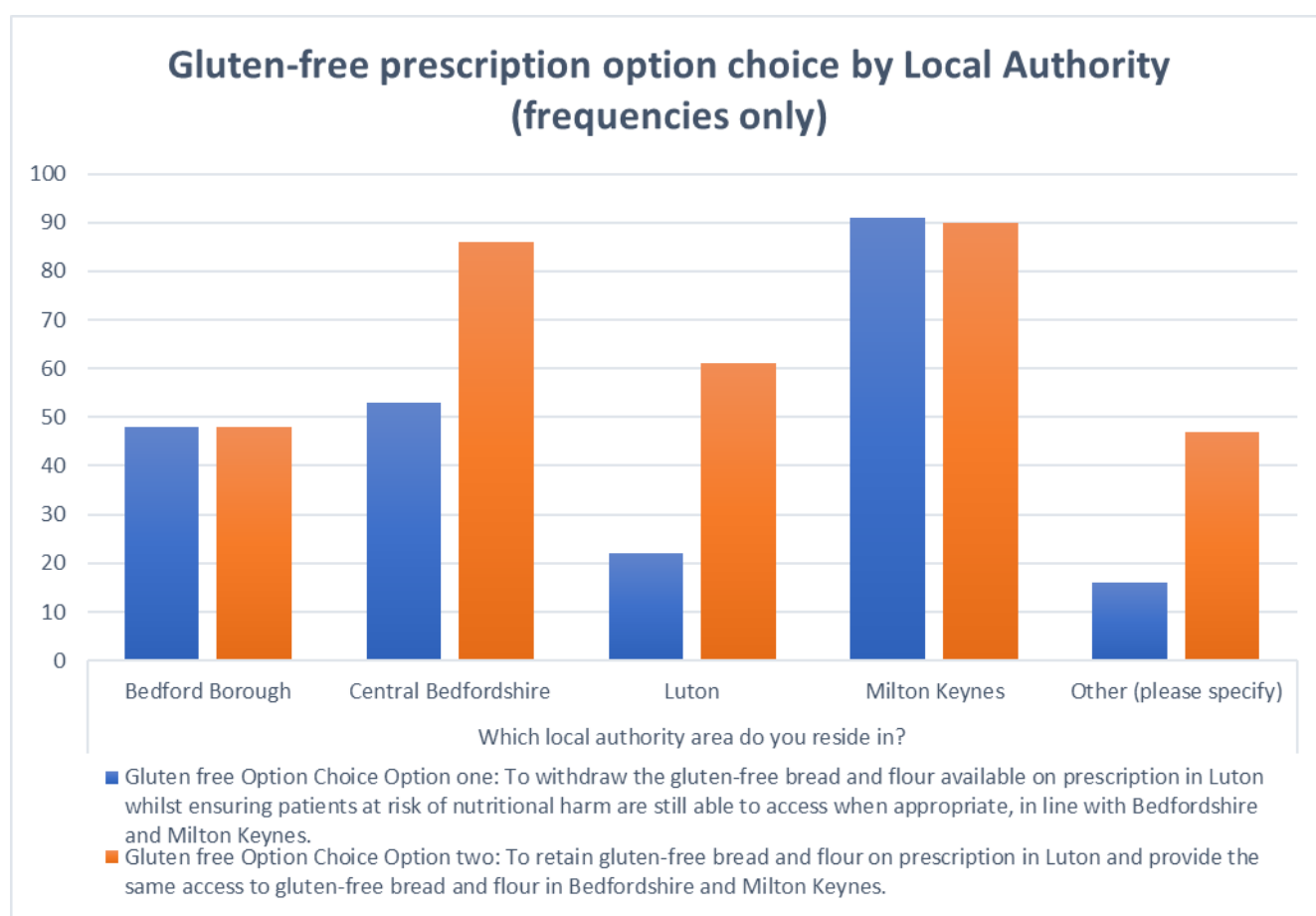


## Gluten-free food on prescription by local authority resided in

Table 18

Gluten free Option Choice * Which local authority area do you reside in? Crosstabulation								
			Which local authority area do you reside in?					Total
			Bedford Borough	Central Bedfordsh ire	Luton	Milton Keynes	Other (please specify)	
Gluten free Option Choice	Option one: To withdraw the gluten-free bread and flour available on prescription in Luton whilst ensuring patients at risk of nutritional harm are still able to access when appropriate, in line with Bedfordshire and Milton Keynes.	Count	48	53	22	91	16	230
		% within Gluten free Option Choice	20.9%	23.0%	9.6%	39.6%	7.0%	100.0%
		% within Which local authority area do you reside in?	50.0%	38.1%	26.5%	50.3%	25.4%	40.9%
		% of Total	8.5%	9.4%	3.9%	16.2%	2.8%	40.9%
		Option two: To retain gluten-free bread and flour on prescription in Luton and provide the same access to gluten-free bread and flour in Bedfordshire and Milton Keynes.	Count	48	86	61	90	47
	% within Gluten free Option Choice		14.5%	25.9%	18.4%	27.1%	14.2%	100.0%
	% within Which local authority area do you reside in?		50.0%	61.9%	73.5%	49.7%	74.6%	59.1%
	% of Total		8.5%	15.3%	10.9%	16.0%	8.4%	59.1%
	Total		Count	96	139	83	181	63
		% within Gluten free Option Choice	17.1%	24.7%	14.8%	32.2%	11.2%	100.0%
% within Which local authority area do you reside in?		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
% of Total		17.1%	24.7%	14.8%	32.2%	11.2%	100.0%	

Looking simply at frequencies and plotting these on a graph, gives the following:



As can be seen, there are no significant differences between option choices in Bedford Borough and Milton Keynes.

In the other three Local Authority areas, the situation is as follows:

Table 19

Local Authority Area	Option 1 %	Option 2 %	Significant difference?
Central Bedfordshire	38.1±8.073	61.9±8.073	Y
Luton	26.5±9.495	73.5±9.495	Y
Other	40.9±12.140	59.1±	N

## 5.2 Gluten-free food on prescription survey feedback analysis - Comments

Q9 asked respondents if there were any other comments they would like to make regarding gluten-free food on prescription this was an open response. 103 comments were received in total. They have been coded in NVivo (a software program used for analysing unstructured text), and arranged as themes. Some comments fall under multiple headings, and, where this is the case, either the

comment has been split (where this is possible), with each part being listed under a separate heading, or (if the issues are intertwined), the whole comment has been placed under each appropriate heading. Therefore, the total number of comments includes duplicates. The number of comments received by theme is in Table 20 below the full verbatim comments are included in Appendix 18.

Table 20

Theme	Number of Comments
Cost of gluten-free food	27
Dietary Education	7
Gluten-free food in shops and supermarkets	27
GP Annual Review	1
Inequality across local authority areas	7
Limits of prescriptions	23
Mention of Coeliac disease or other medical condition	12
Prescribed food for other conditions	4
Food should not be provided by healthcare	13
Subsidy	3
Other	26

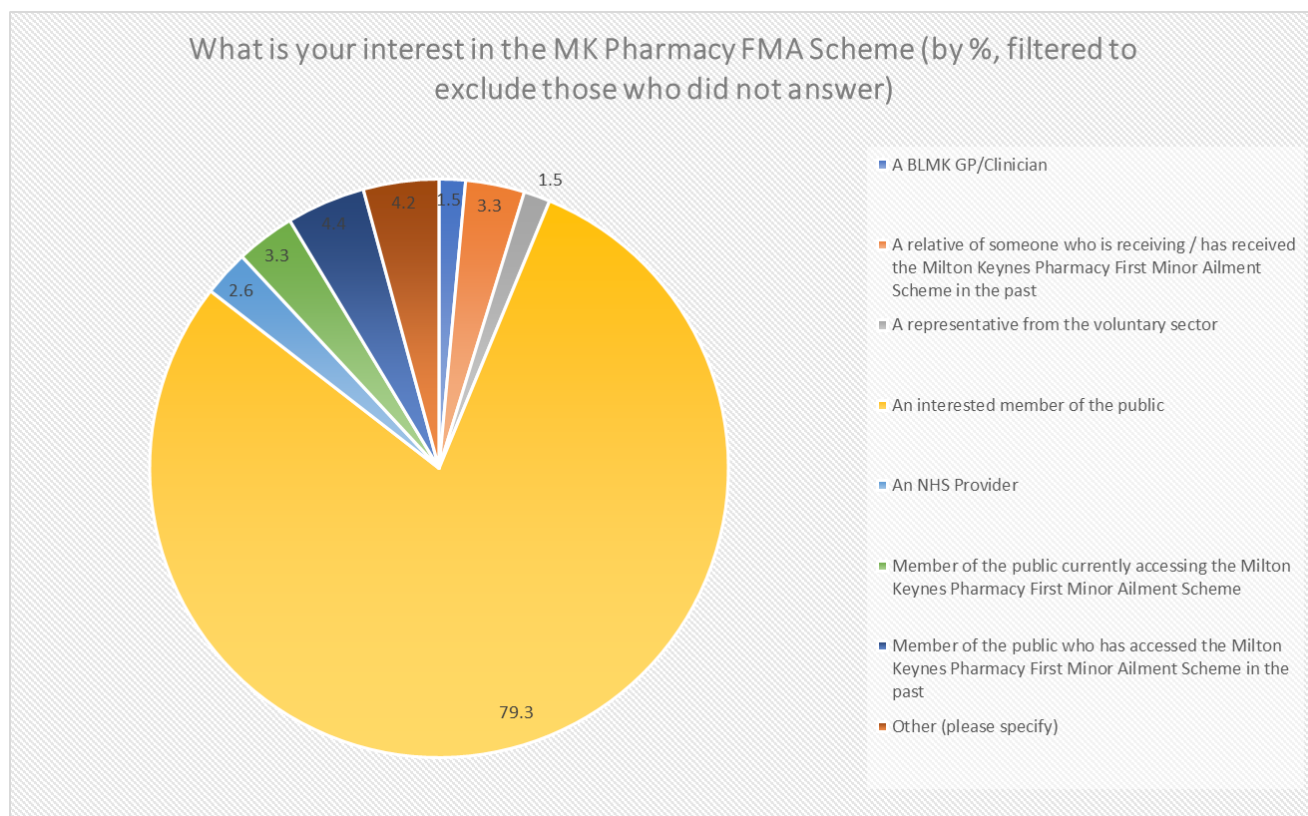
## 6.0 Milton Keynes pharmacy first minor ailment scheme survey feedback analysis

What is your interest in Milton Keynes Pharmacy First Minor Ailment Scheme?

306 respondents did not answer this question. Looking at those who *did* answer the question, Table 21 shows:

Table 21

What is your interest in the Milton Keynes Pharmacy First Minor Ailment Scheme?	Frequency	Percent
A BLMK GP/Clinician	8	1.5
A relative of someone who is receiving / has received the Milton Keynes Pharmacy First Minor Ailment Scheme in the past	18	3.3
A representative from the voluntary sector	8	1.5
An interested member of the public	432	79.3
An NHS Provider	14	2.6
Member of the public currently accessing the Milton Keynes Pharmacy First Minor Ailment Scheme	18	3.3
Member of the public who has accessed the Milton Keynes Pharmacy First Minor Ailment Scheme in the past	24	4.4
Other (please specify)	23	4.2
<b>Total</b>	<b>545</b>	<b>100.0</b>



Of the 23 who indicated 'other reason', only four gave an answer, as follows:

Table 22

Pharmacy Other	Frequency	Percent
	19	82.6
Healthcare professional	1	4.3
Specialist community public health nurse	1	4.3
Unaware of the scheme	1	4.3
Uneducated	1	4.3
<b>Total</b>	<b>23</b>	<b>100.0</b>

### Which of the following options do you think BLMK CCG should opt for when commissioning the Pharmacy First Minor Ailment Scheme (PFMAS)?

We asked respondents to select one of two options;

#### Option 1:

To withdraw the PFMAS in Milton Keynes to align this service with the current offering in Bedfordshire and Luton.

Option 1 was the preferred option for BLMK CCG

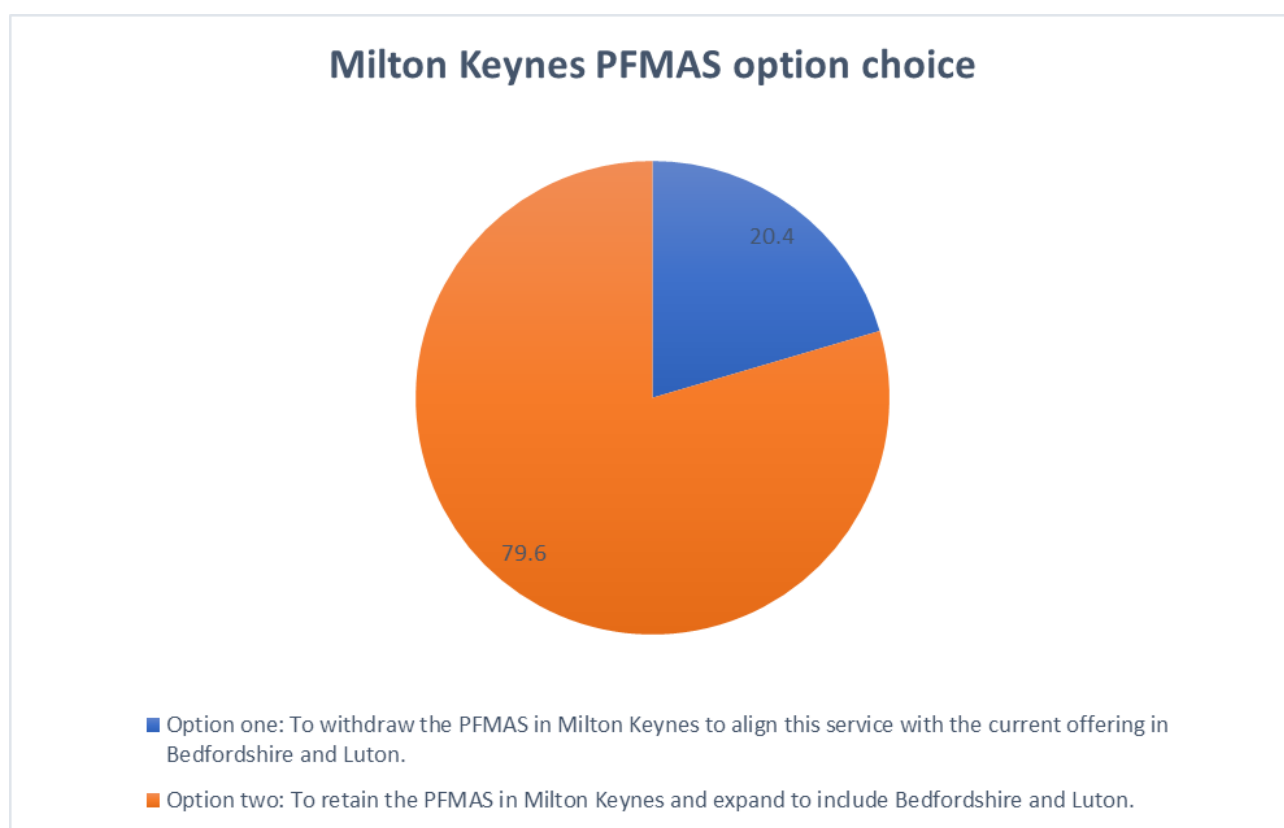
**Option 2:** To retain the PFMAS in Milton Keynes and expand to include Bedfordshire and Luton.

313 respondents did not answer this question. Looking at those who did answer the question, Table 23 shows:

Table 23

Pharmacy Options Choice		Frequency	Percent
	Option one: To withdraw the PFMAS in Milton Keynes to align this service with the current offering in Bedfordshire and Luton.	110	20.4
	Option two: To retain the PFMAS in Milton Keynes and expand to include Bedfordshire and Luton.	428	79.6
	<b>Total</b>	<b>538</b>	<b>100.0</b>

A chart of those who answered the question by percentage for each option is:



Looking at the overall percentage scores for each option;

Table 24

Option Choice	%
Option 1:	20.4
Option 2:	79.6

There is a significant difference, with Option 2 scoring higher than Option 1.

## 6.1 Milton Keynes pharmacy first minor ailment scheme survey feedback analysis – cross-tab analysis

All cross-tab analyses have been carried out using responses from those respondents who answered both of the two questions examined.

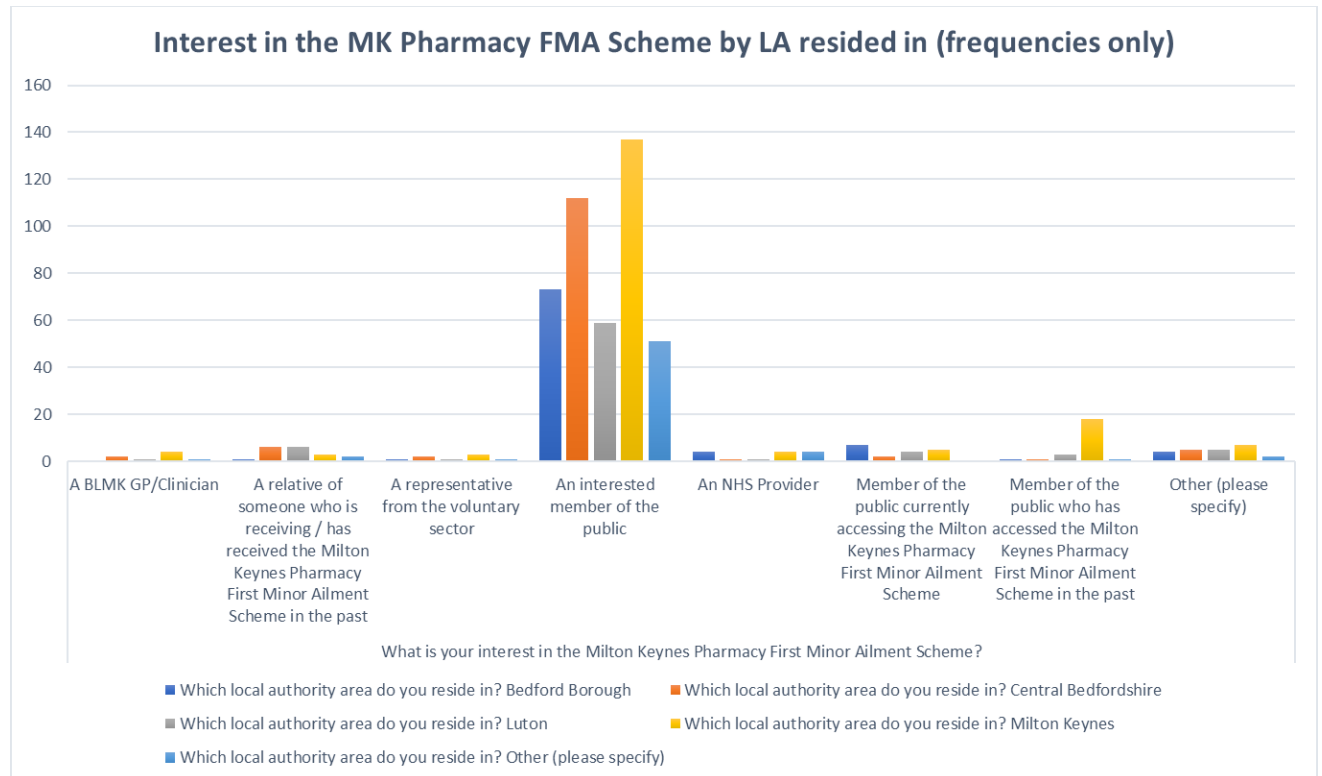
Table 25 looks at respondents interest in the Milton Keynes Pharmacy First Scheme, by which local authority area they reside in.

### Interest in Milton Keynes Pharmacy First Scheme by Local Authority area resided in

Table 25

What is your interest in the Milton Keynes Pharmacy First Minor Ailment Scheme? * Which local authority area do you reside in? Crosstabulation (frequencies only)							
Count							
		Which local authority area do you reside in?					Total
		Bedford Borough	Central Bedfordshire	Luton	Milton Keynes	Other (please specify)	
What is your interest in the Milton Keynes Pharmacy First Minor Ailment Scheme?	A BLMK GP/Clinician	0	2	1	4	1	8
	A relative of someone who is receiving / has received the Milton Keynes Pharmacy First Minor Ailment Scheme in the past	1	6	6	3	2	18
	A representative from the voluntary sector	1	2	1	3	1	8
	An interested member of the public	73	112	59	137	51	432
	An NHS Provider	4	1	1	4	4	14
	Member of the public currently accessing the Milton Keynes Pharmacy First Minor Ailment Scheme	7	2	4	5	0	18
	Member of the public who has accessed the Milton Keynes Pharmacy First Minor Ailment Scheme in the past	1	1	3	18	1	24
	Other (please specify)	4	5	5	7	2	23
<b>Total</b>		<b>91</b>	<b>131</b>	<b>80</b>	<b>181</b>	<b>62</b>	<b>545</b>

Looking simply at frequencies and plotting these on a graph, gives the following:



Outside of the category 'an interested member of the public', the response numbers are too small to draw any conclusions from in terms of comparators (although the relatively low response from those already using the scheme/used the scheme in the past/related to someone who is using the scheme is of note).

Generally speaking, those who reside in Milton Keynes itself seem to show the highest interest (although, with the low responses, this is difficult to be sure about in many of the categories).

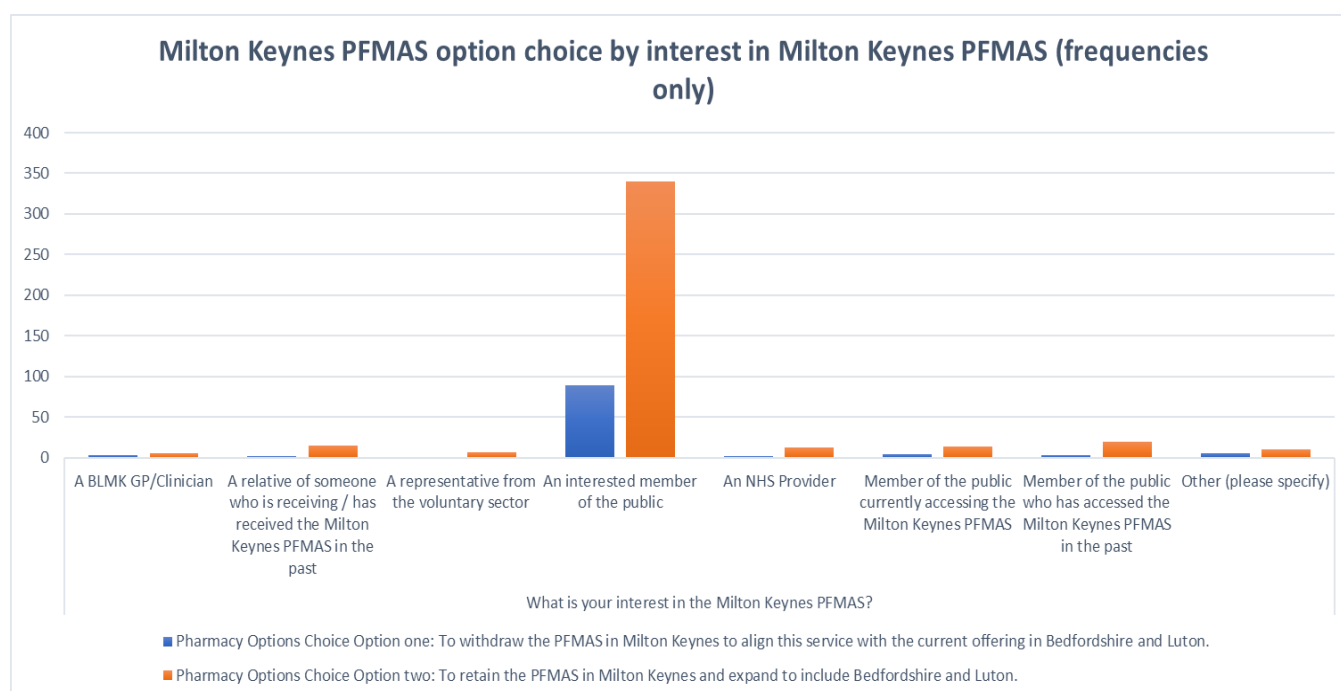
Looking at the responses for 'interested member of the public', those living in Milton Keynes would appear to have the most interest in the scheme, but conducting a significance test shows that there is no statistical significance between the MK score ( $31.7 \pm 4.389\%$ ) and its closest-scoring neighbour, Central Bedfordshire ( $25.9 \pm 4.131\%$ ).

## Milton Keynes Pharmacy First option choice by Interest

Table 26

Pharmacy Options Choice * What is your interest in the Milton Keynes PFMAS? Crosstabulation											
			What is your interest in the Milton Keynes PFMAS?								Total
			A BLMK GP/Clinician	A relative of someone who is receiving / has received the Milton Keynes PFMAS in the past	A representative from the voluntary sector	An interested member of the public	An NHS Provider	Member of the public currently accessing the Milton Keynes PFMAS	Member of the public who has accessed the Milton Keynes PFMAS in the past	Other (please specify)	
Pharmacy Options Choice	Option one: To withdraw the PFMAS in Milton Keynes to align this service with the current offering in Bedfordshire and Luton.	Count	3	2	1	89	2	4	3	5	109
		% within Pharmacy Options Choice	2.8%	1.8%	.9%	81.7%	1.8%	3.7%	2.8%	4.6%	100.0%
		% within What is your interest in the Milton Keynes PFMAS?	37.5%	11.8%	12.5%	20.7%	14.3%	22.2%	13.0%	33.3%	20.5%
		% of Total	.6%	.4%	.2%	16.7%	.4%	.8%	.6%	.9%	20.5%
	Option two: To retain the PFMAS in Milton Keynes and expand to include Bedfordshire and Luton.	Count	5	15	7	340	12	14	20	10	423
		% within Pharmacy Options Choice	1.2%	3.5%	1.7%	80.4%	2.8%	3.3%	4.7%	2.4%	100.0%
		% within What is your interest in the Milton Keynes PFMAS?	62.5%	88.2%	87.5%	79.3%	85.7%	77.8%	87.0%	66.7%	79.5%
		% of Total	.9%	2.8%	1.3%	63.9%	2.3%	2.6%	3.8%	1.9%	79.5%
	Total	Count	8	17	8	429	14	18	23	15	532
		% within Pharmacy Options Choice	1.5%	3.2%	1.5%	80.6%	2.6%	3.4%	4.3%	2.8%	100.0%
		% within What is your interest in the Milton Keynes PFMAS?	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
		% of Total	1.5%	3.2%	1.5%	80.6%	2.6%	3.4%	4.3%	2.8%	100.0%

Looking simply at frequencies and plotting these on a graph, gives the following:





In the largest response category (interested member of the public), Option 2 scores very high (no need for significance testing). The other categories are so small that significance testing would yield no useful results.

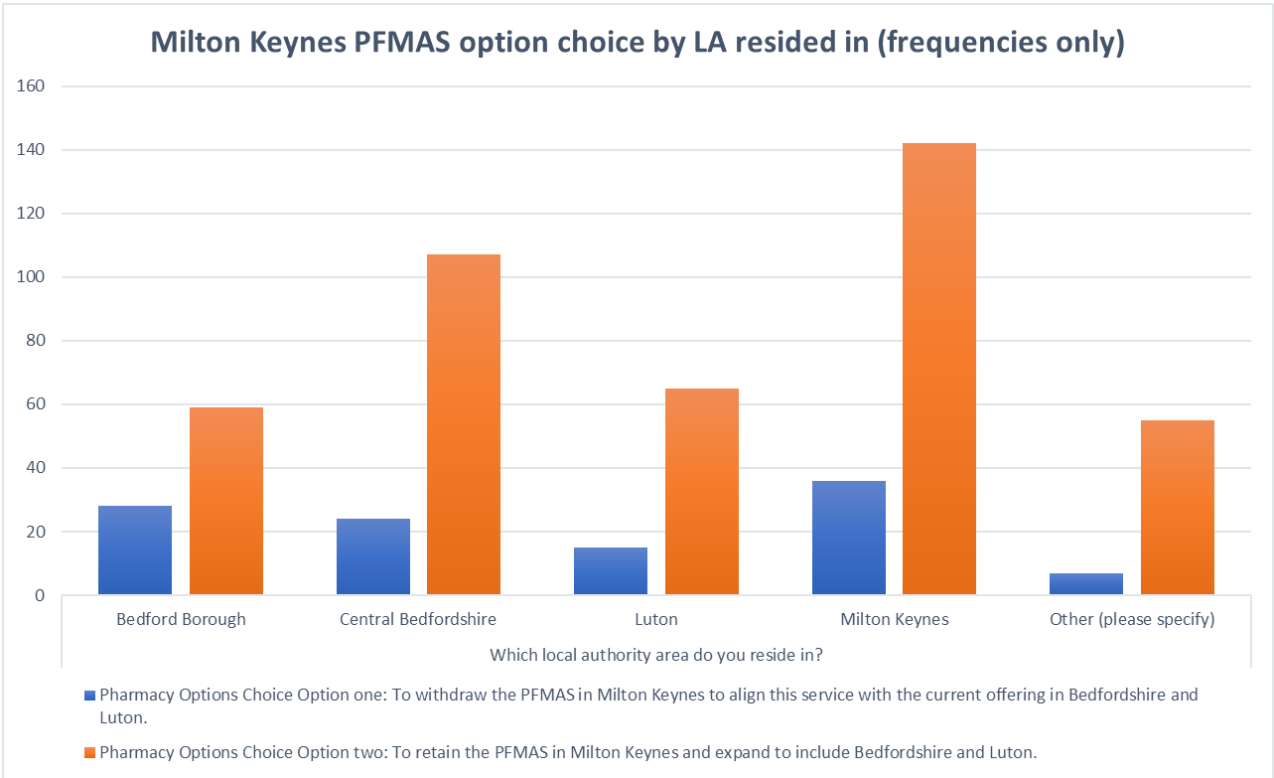
### Milton Keynes Pharmacy First option choice by Local Authority area resided in

Table 27

Table 27

Pharmacy Options Choice * Which local authority area do you reside in? Crosstabulation								
			Which local authority area do you reside in?					Total
			Bedford Borough	Central Bedfordsh ire	Luton	Milton Keynes	Other (please specify)	
Pharmacy Options Choice	Option one: To withdraw the PFMAS in Milton Keynes to align this service with the current offering in Bedfordshire and Luton.	Count	28	24	15	36	7	110
		% within Pharmacy Options Choice	25.5%	21.8%	13.6%	32.7%	6.4%	100.0%
		% within Which local authority area do you reside in?	32.2%	18.3%	18.8%	20.2%	11.3%	20.4%
		% of Total	5.2%	4.5%	2.8%	6.7%	1.3%	20.4%
	Option two: To retain the PFMAS in Milton Keynes and expand to include Bedfordshire and Luton.	Count	59	107	65	142	55	428
		% within Pharmacy Options Choice	13.8%	25.0%	15.2%	33.2%	12.9%	100.0%
		% within Which local authority area do you reside in?	67.8%	81.7%	81.3%	79.8%	88.7%	79.6%
		% of Total	11.0%	19.9%	12.1%	26.4%	10.2%	79.6%
Total		Count	87	131	80	178	62	538
		% within Pharmacy Options Choice	16.2%	24.3%	14.9%	33.1%	11.5%	100.0%
		% within Which local authority area do you reside in?	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
		% of Total	16.2%	24.3%	14.9%	33.1%	11.5%	100.0%

Looking simply at frequencies and plotting these on a graph, gives the following:



Although the proportions on the raw scores for Option 2 seem to be different for each of the areas, significance testing demonstrates that, although Option 2 scores highest overall, there are no significant differences between areas.

**6.2 Milton Keynes pharmacy first minor ailment scheme survey feedback analysis – Comments**

We asked respondents if there were any other comments they would like to make regarding the Milton Keynes Pharmacy First Scheme, this was an open response.

48 comments were received in total. They have been coded in NVivo (a software program used for analysing unstructured text), and arranged as themes. Some comments fall under multiple headings, and, where this is the case, either the comment has been split (where this is possible), with each part being listed under a separate heading, or (if the issues are intertwined), the whole comment has been placed under each appropriate heading. Therefore, the total number of comments includes duplicates. The number of comments received by theme is in the table below the full verbatim comments are included in Appendix 19.

*Table 28*

Theme	Number of Comments received
Didn't know about it / needs wider promoting	6
Generally negative comments	5
Generally positive comments	10
In favour of expansion	4
Takes pressure off A&E / Hospitals	9
Take pressure of GP's	17
Other	12

## 7.0 Other comments regarding the public consultation

### Please provide us with any other comments regarding this public consultation

We asked respondents to provide us with any other comments regarding the public consultation, 48 comments were received in total. They have been coded in NVivo (a software program used for analysing unstructured text), and arranged as themes. Some comments fall under multiple headings, and, where this is the case, either the comment has been split (where this is possible), with each part being listed under a separate heading, or (if the issues are intertwined), the whole comment has been placed under each appropriate heading. Therefore, the total number of comments includes duplicates. The number of comments received by theme is in the table below the full verbatim comments are included in Appendix 20.

In this section, some respondents took the opportunity to repeat their comments made elsewhere (on fertility services, for example), or add an extra comment. These have been grouped below under their appropriate headings.

*Table 29*

Theme	Number of Comments
Additional comments on Fertility Services	14
Additional comments on Gluten-free	1
General negative comments on consultation	1
General positive comments on consultation	6
Local authority areas and local issues	7
Insufficient advertising of consultation	4
Response options limited	5
Problems with online and email	3
Other	15

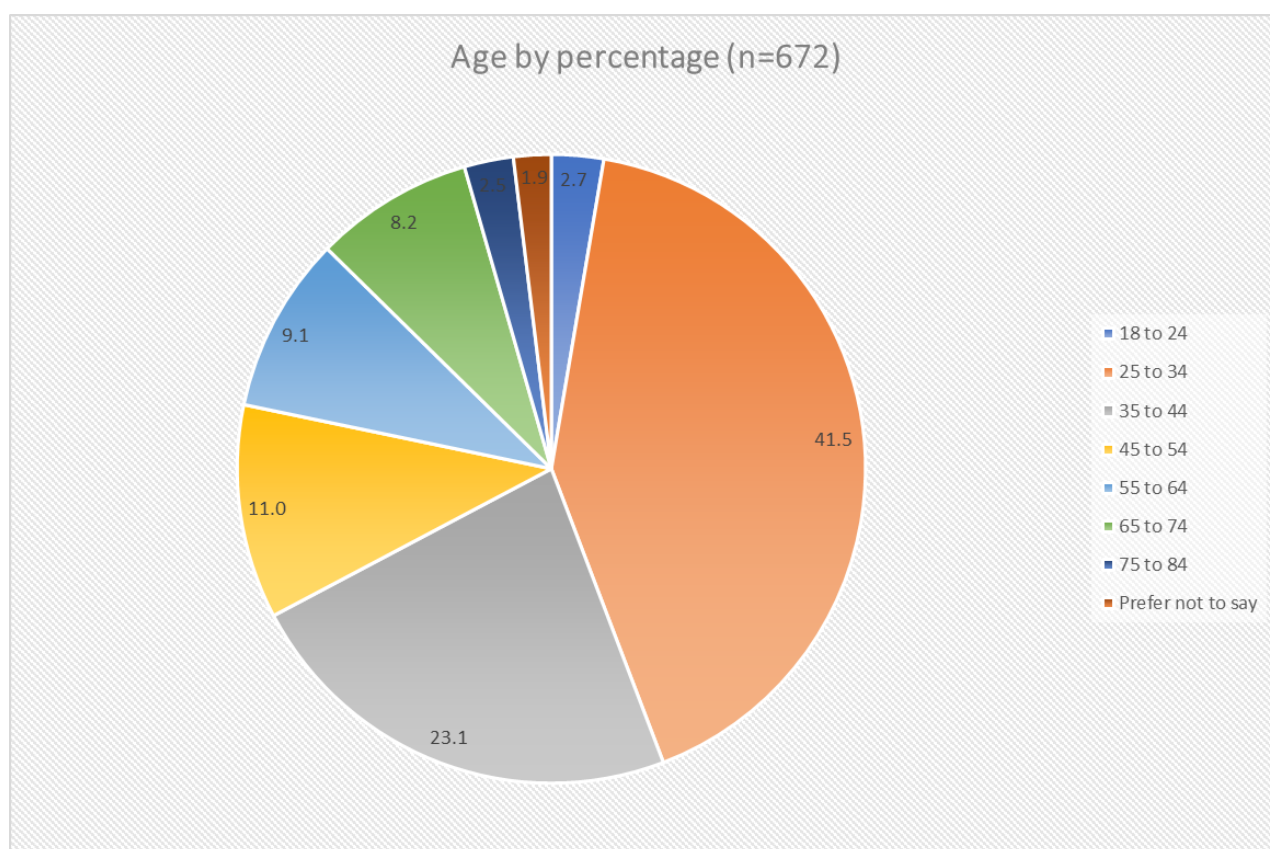
## 8.0 Demographic question analysis

Please note many of these questions were not answered by respondents. For each demographic, output tables show the results for those that have answered the question with null answers excluded. The pie charts included represent percentages of those who answered the question.

### What age group do you belong to?

Table 30

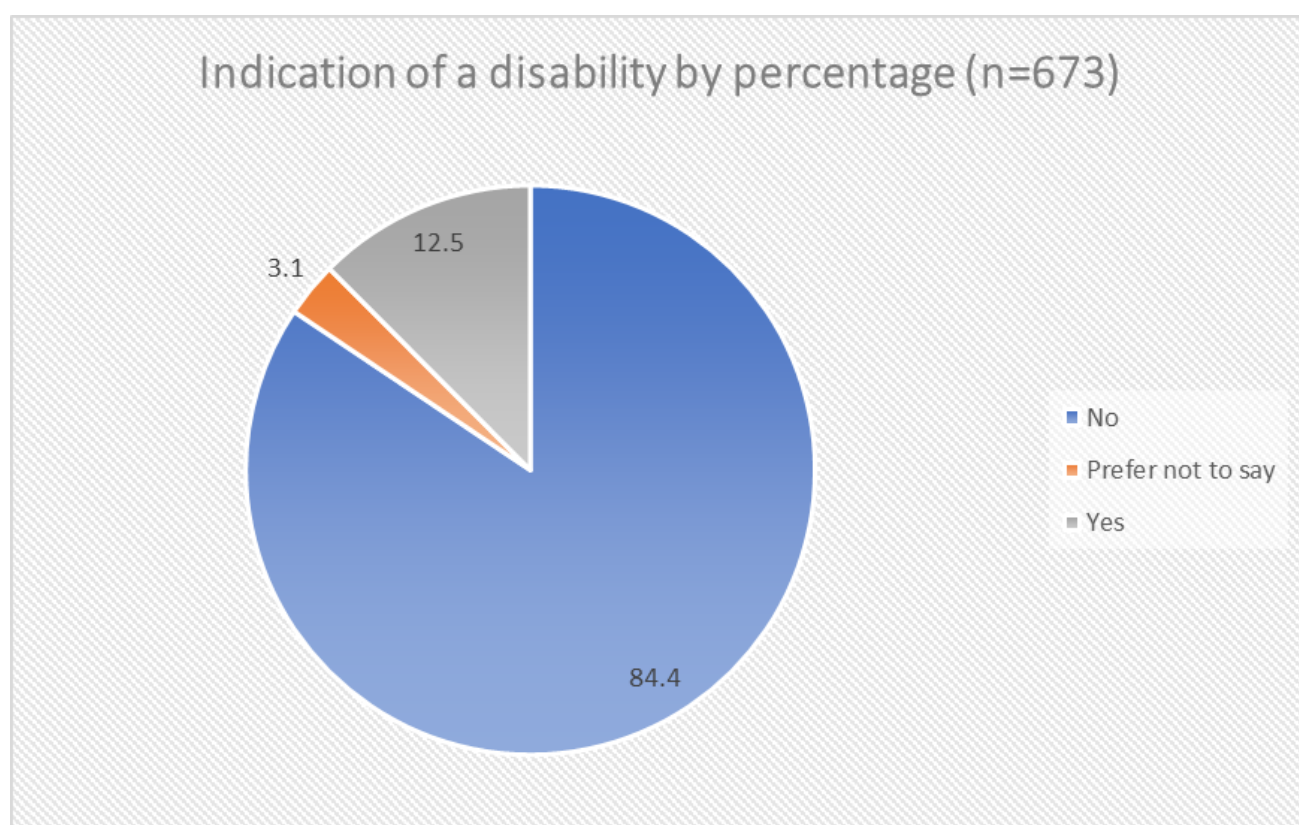
Age groups: excluding N/A (n=672)			
		Frequency	Percent
	18 to 24	18	2.7
	25 to 34	279	41.5
	35 to 44	155	23.1
	45 to 54	74	11.0
	55 to 64	61	9.1
	65 to 74	55	8.2
	75 to 84	17	2.5
	Prefer not to say	13	1.9
	Total	672	100.0



## Do you consider yourself to have a disability?

Table 31

Disability: excluding N/A (n=673)			
		Frequency	Percent
	No	568	84.4
	Prefer not to say	21	3.1
	Yes	84	12.5
	Total	673	100.0



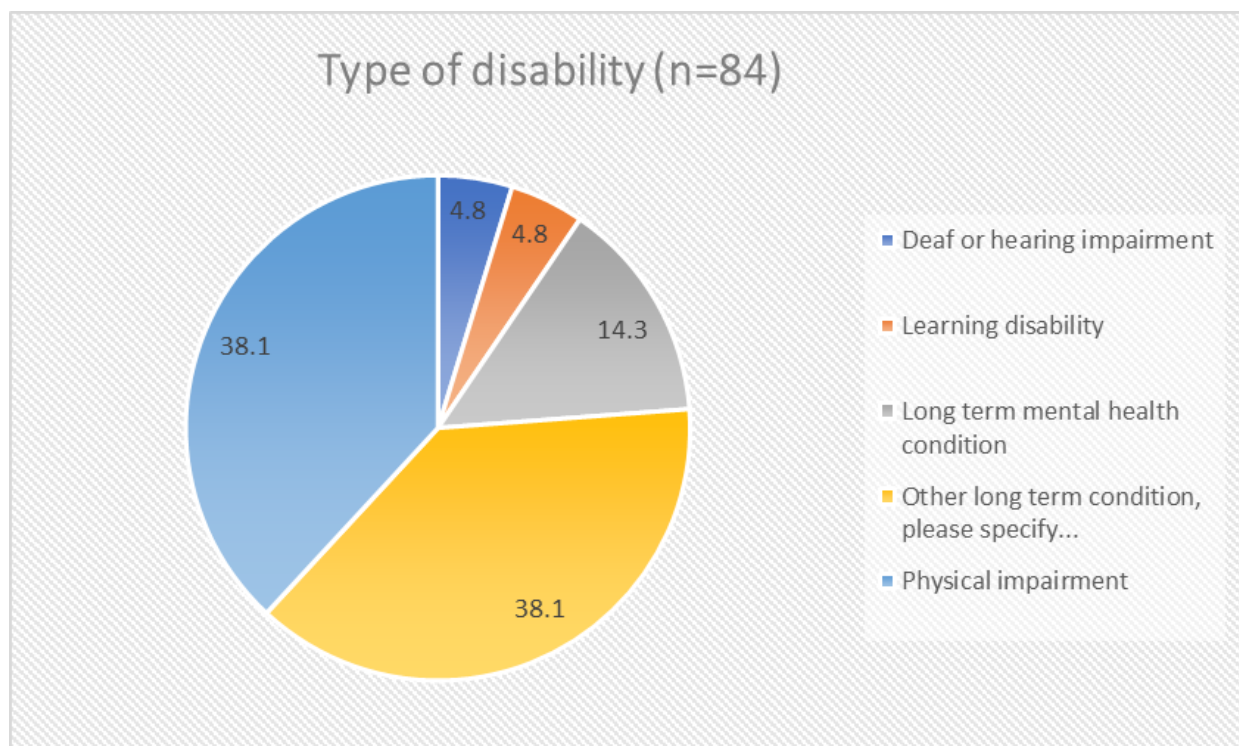
## The nature of disability

Of the 84 people who indicated they had a disability, all ticked a box in Q16 to indicate the type of disability, as follows:

Table 32

Type of disability (n=84)			
		Frequency	Percent
Valid	Deaf or hearing impairment	4	4.8

	Learning disability	4	4.8
	Long term mental health condition	12	14.3
	Other long term condition, please specify...	32	38.1
	Physical impairment	32	38.1
	Total	84	100.0



### Type of disability: other long-term condition

32 people indicated that they had another long-term condition other than those specified. The following table sets these out.

Table 33

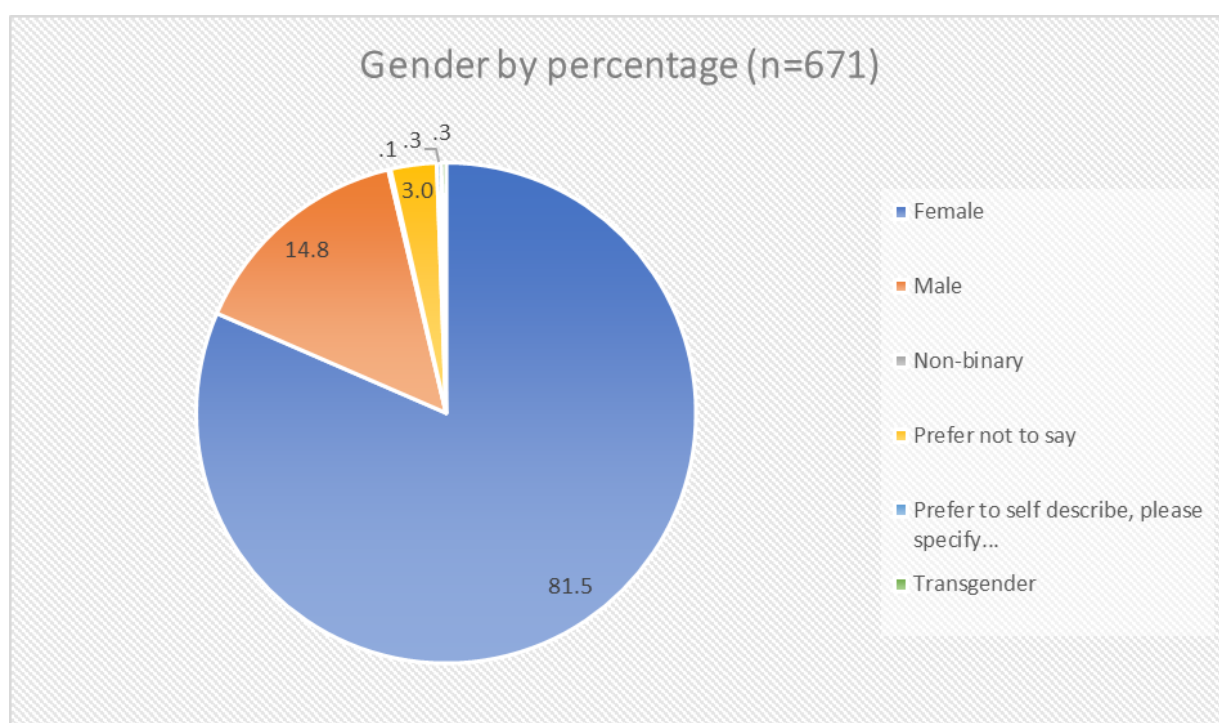
Long term condition specify		Frequency	Percent
	Addisons disease	1	3.1
	Arthritis unable to walk unaided	1	3.1
	Autism	1	3.1
	Autism and long-term physical health condition	1	3.1
	Awaiting hip replacement, have been waiting over a year, painful when walking, use 2 walking sticks	1	3.1
	Cancer	1	3.1
	CFS/ME, diabetes type 2	1	3.1

Chronic fatigue syndrome	1	3.1
coeliac disease, osteoporosis, ME	1	3.1
Coeliac disease. Awaiting spinal surgery	1	3.1
Crohn's Disease, Endometriosis	1	3.1
Crohn's Disease	1	3.1
Crohn's, Endometriosis, Adenomyosis and Arthritis	1	3.1
Diabetes Type1	1	3.1
Dyslexia and Autistic Spectrum	1	3.1
Endometriosis	1	3.1
Endometriosis, dysautonomia, long covid	1	3.1
Fibromyalgia	1	3.1
Gluten Intolerant Enteropathy and arthritis in my feet.	1	3.1
Heart	1	3.1
hEDS	1	3.1
Ileostomy	1	3.1
Mast cell activation syndrome, diabetes2, EDS 3	1	3.1
Mild cognitive impairment, dyslexia, weak back due to surgery	1	3.1
MRKH	1	3.1
MS	1	3.1
Multiple long term medical conditions	1	3.1
Multiple sclerosis	1	3.1
Multiple, this option only allows a single selection.	1	3.1
Neuro diverse	1	3.1
RA	1	3.1
Severe IBS, Dyspraxia	1	3.1
Total	32	100.0

## What is your gender?

Table 34

Gender: excluding N/A (n=671)			
		Frequency	Percent
	Female	547	81.5
	Male	99	14.8
	Non-binary	1	.1
	Prefer not to say	20	3.0
	Prefer to self describe, please specify...	2	.3
	Transgender	2	.3
	Total	671	100.0



Two people indicated that they wished to self/describe their gender; their descriptions are as follows:

Table 35

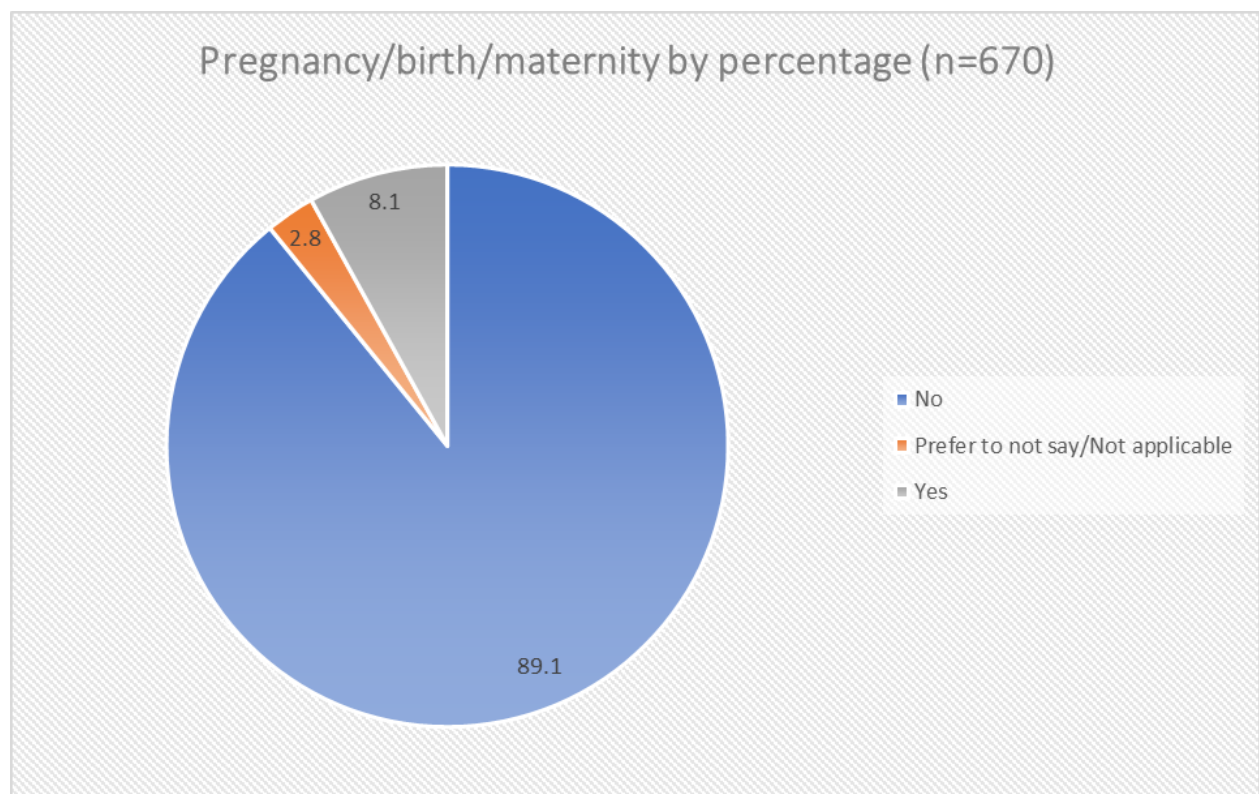
Self describe specify n=2			
		Frequency	Percent
Valid	is this really necessary	1	50.0
	Sex not gender you idiots!	1	50.0
	Total	2	100.0



**Are you pregnant, have given birth within the last two weeks, or on maternity leave?**

Table 36

Pregnant Maternity leave: n=670 (excluding N/A)			
		Frequency	Percent
	No	597	89.1
	Prefer to not say/Not applicable	19	2.8
	Yes	54	8.1
	Total	670	100.0



When removing males from the total count (keeping responses from transgender, non-binary, prefer not to say, and prefer not to self-describe). The table is as follows;

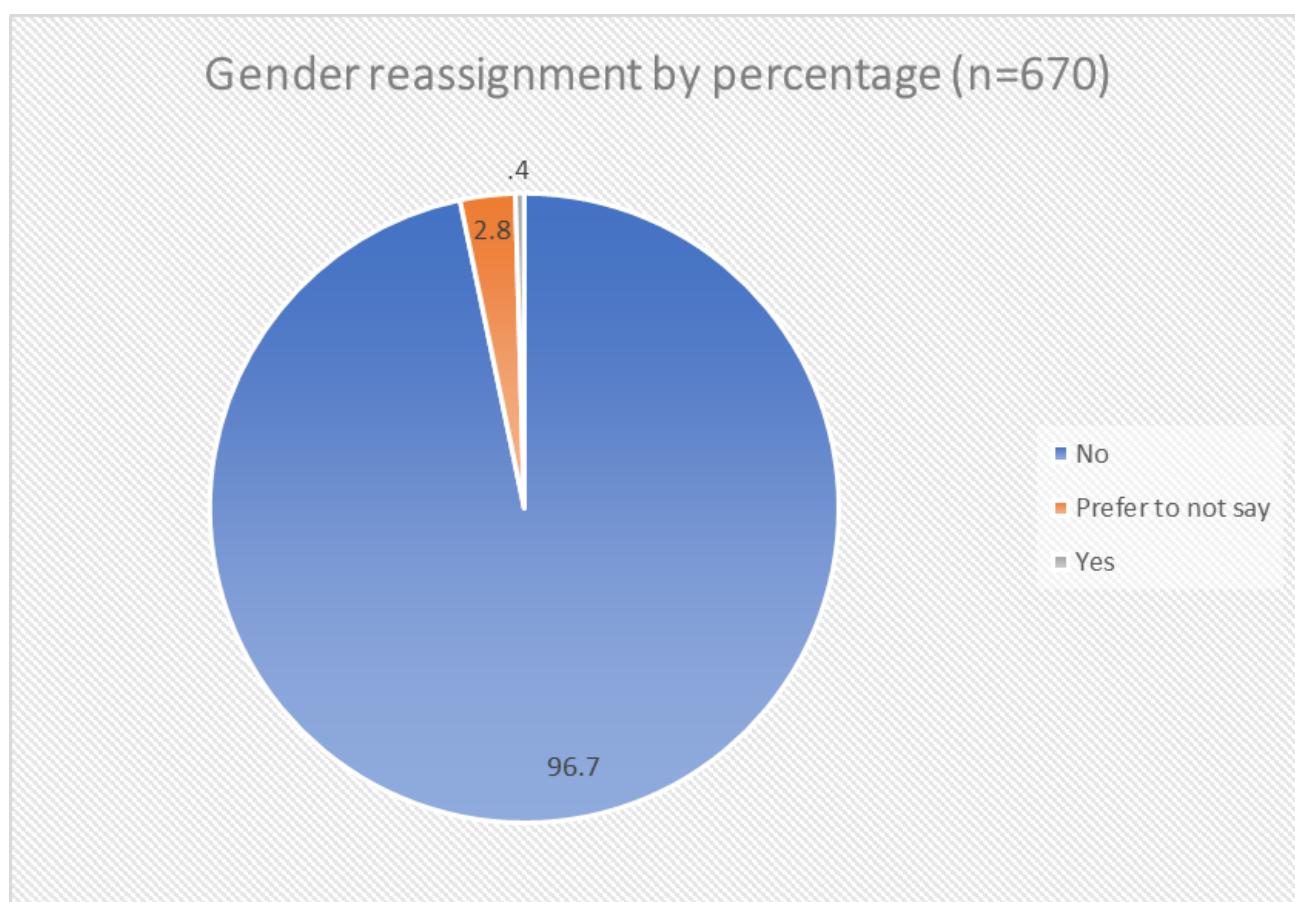
Table 37

Pregnant Maternity leave: n=572 (excluding N/A and males)			
		Frequency	Percent
	No	503	87.9
	Prefer to not say/Not applicable	15	2.6
	Yes	54	9.4
	Total	572	100.0

## Have you been through the process, or are considering, gender re-assignment?

Table 38

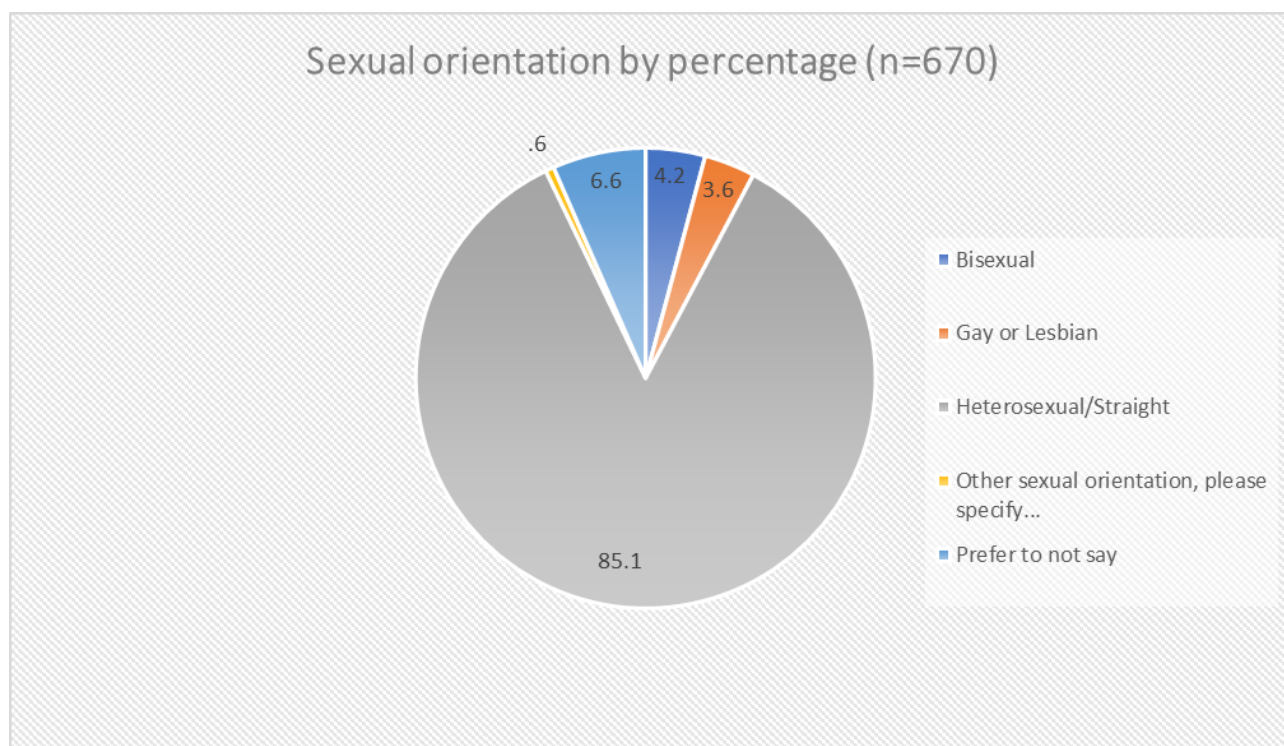
Gender reassignment: n=670			
		Frequency	Percent
	No	648	96.7
	Prefer to not say	19	2.8
	Yes	3	.4
	Total	670	100.0



## Which of the following best describes your sexual orientation?

Table 39

Sexual orientation: n=670			
		Frequency	Percent
	Bisexual	28	4.2
	Gay or Lesbian	24	3.6
	Heterosexual/Straight	570	85.1
	Other sexual orientation, please specify...	4	.6
	Prefer to not say	44	6.6
	Total	670	100.0



Four people indicated that their sexual orientation was 'other', and, when asked to specify gave the following responses:

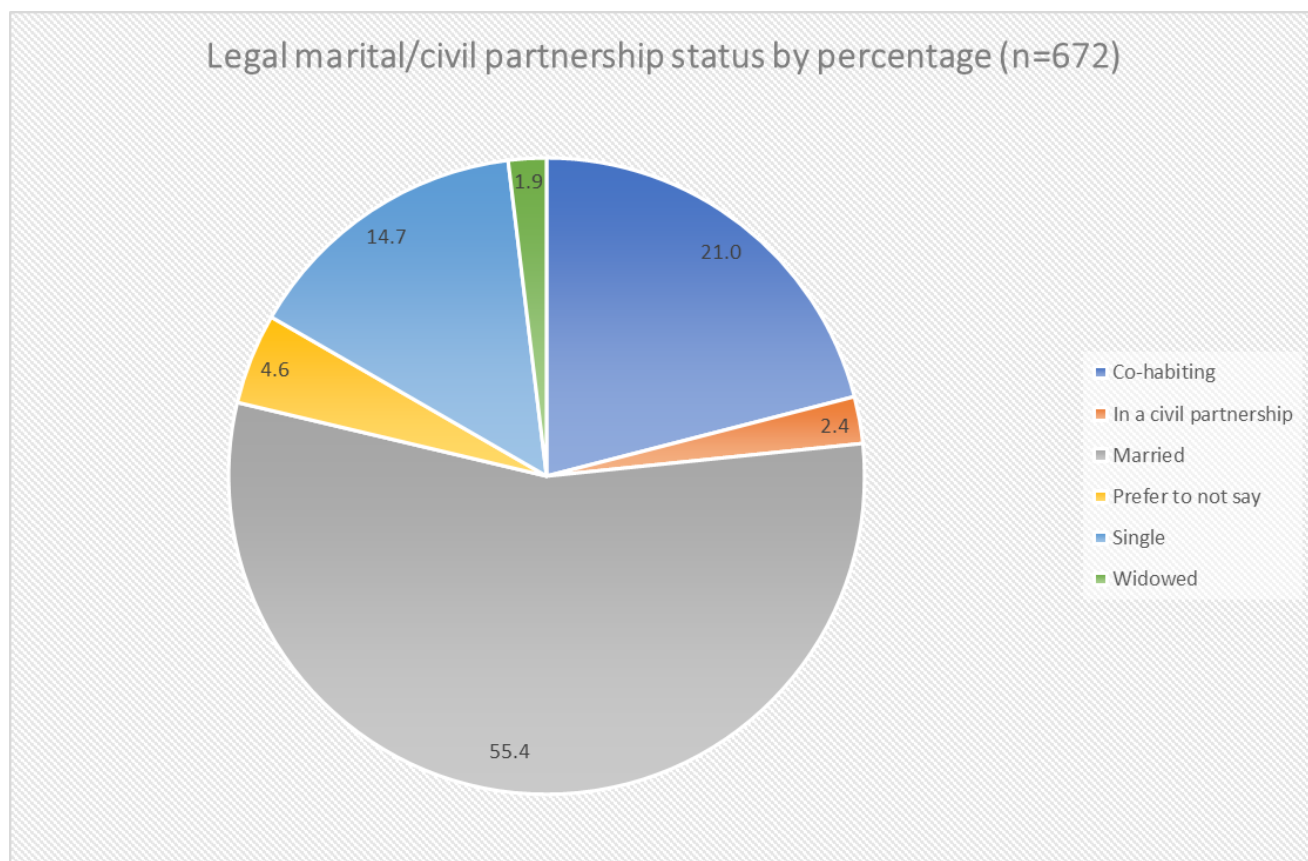
Table 40

Sexual orientation other: n=670			
		Frequency	Percent
	N/A	666	99.4
	Normal	1	.1
	Pansexual	1	.1
	Parsnip	1	.1
	What is the relevance of this question?	1	.1
	Total	670	100.0

### What is your legal marital or civil partnership status?

Table 41

Marital partnership status: n=672			
		Frequency	Percent
Valid	Co-habiting	141	21.0
	In a civil partnership	16	2.4
	Married	372	55.4
	Prefer to not say	31	4.6
	Single	99	14.7
	Widowed	13	1.9
	Total	672	100.0



## What is your ethnic group?

This question was complex, as the output produced three layers of ethnic grouping. The highest was by the subdivided categories in the question:

- A: White
- B: Mixed
- C: Asian or Asian British
- D: Black or Black British
- E: Other ethnic group
- F: Prefer not to say

Each of these groups was sub-divided to give further categories, including, for each, a 'other, please state' category, with a request for a free-text indication of chosen ethnicity.

For the purposes of this analysis, only two levels of ethnicity have been produced:

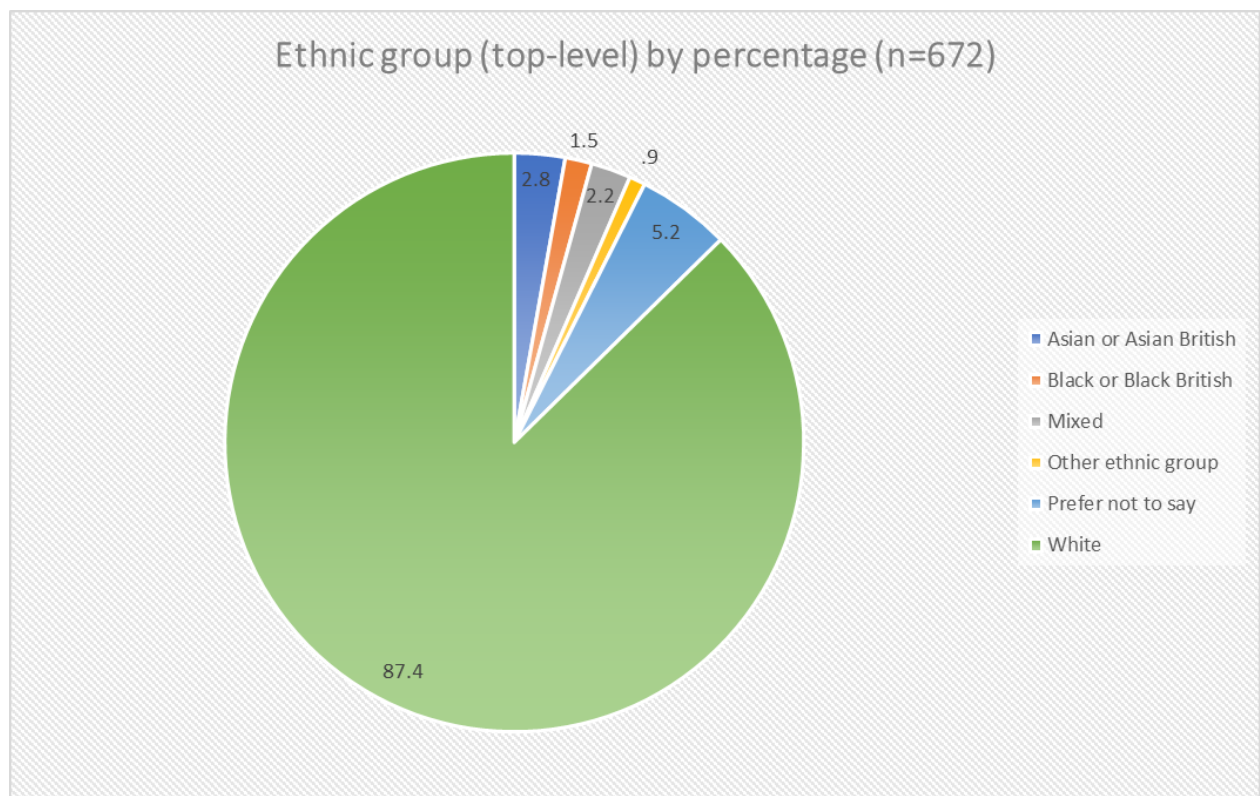
- 1) An output of the frequencies/percentages of the A-F groups
- 2) An output at the most granular level, which includes all subcategories AND self-identified open-text ethnicities

Given the low percentages of any main group other than white (and very low percentages of sub-groups within these), for the purposes of comparison of response by ethnicity in other questions, only the top-level (category 1) ethnic allocation will be used in the cross-tabulations.

## Top-level ethnicity

Table 42

Ethnic group (top level): n=672			
		Frequency	Percent
Valid	Asian or Asian British	19	2.8
	Black or Black British	10	1.5
	Mixed	15	2.2
	Other ethnic group	6	.9
	Prefer not to say	35	5.2
	White	587	87.4
	Total	672	100.0



## Most granular ethnicity (includes free-text self-identification)

Table 43

Ethnic group (most granular): n=673			
		Frequency	Percent
Valid	Asian Other East African Asian	1	.1
	Asian Other Sri Lankan Tamil	1	.1
	Asian/Asian British	1	.1
	Asian/Asian British Bangladeshi	2	.3
	Asian/Asian British Chinese	1	.1
	Asian/Asian British Indian	8	1.2
	Asian/Asian British Pakistani	5	.7
	Black/Black British African	7	1.0
	Black/Black British Caribbean	3	.4
	Irish	1	.1
	Mixed South American	1	.1
	Mixed White and Arab	1	.1
	Mixed White and black American	1	.1
	Mixed White European	1	.1
	Mixed White, Asian and Native West Indian	1	.1
	Other	2	.3
	Other Jewish	1	.1
	Other Turkish	1	.1
	Prefer not to say	35	5.2
	White (Other)	2	.3
	White (Other) Dutch and English	1	.1
	White (Other) Eastern European	1	.1
	White (Other) European	1	.1
	White (Other) Hungarian	1	.1
	White (Other) Italian	2	.3
	White (Other) Pakeha	1	.1
	White (Other) Portuguese	2	.3
	White (Other) Slovakian	1	.1
	White (Other) South African/British	1	.1
	White (Other) Spanish	1	.1
	White and Asian	5	.7
	White and Black Caribbean	6	.9
	White English, Welsh, Scottish, Northern Irish or British	564	83.8
	White Irish	10	1.5
	Total	673	100.0

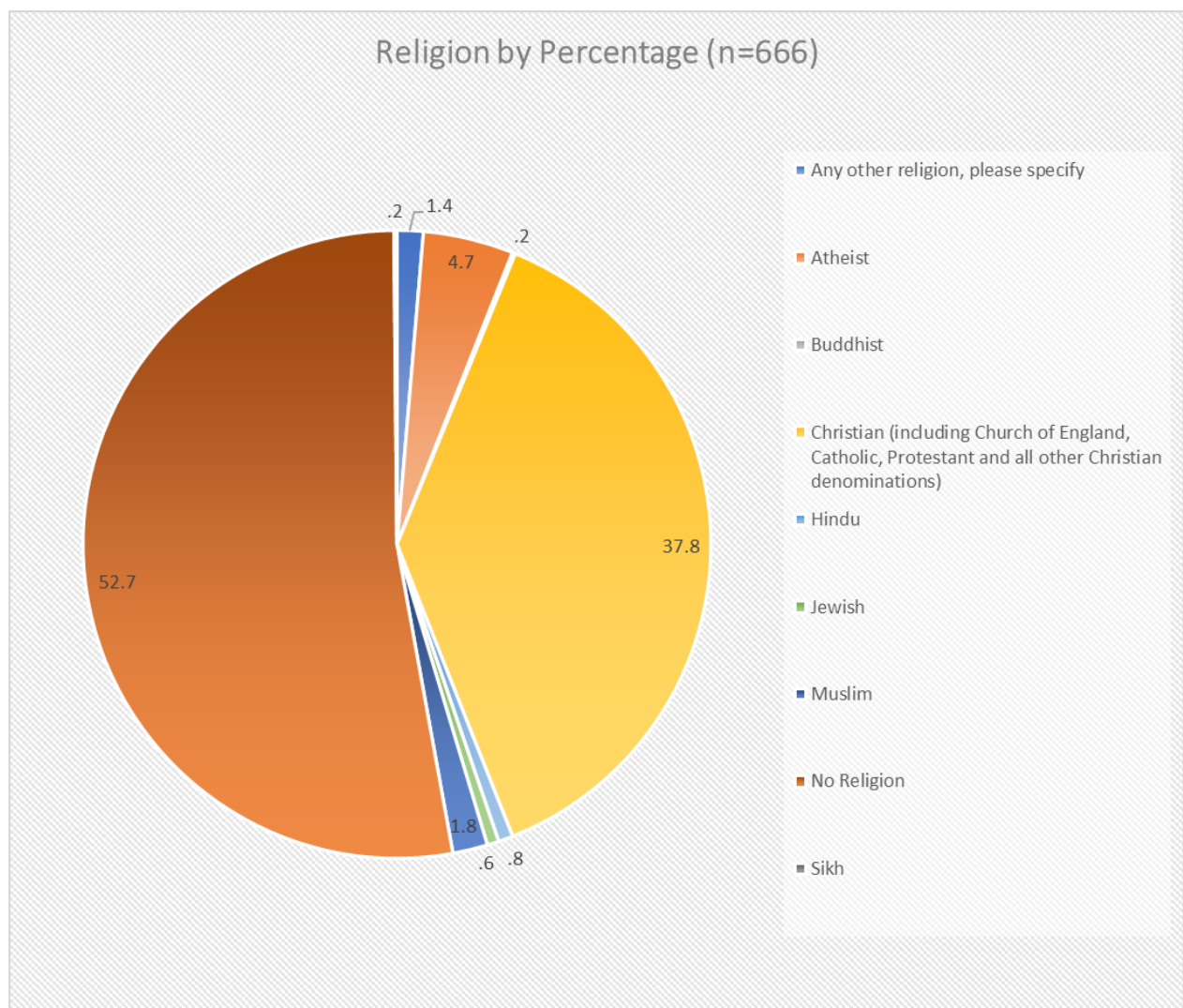


Ethnic groups (by percentage) excluding 'White English, Welsh, Scottish Northern Irish or British' (n=109)

Ethnic Group	Percentage
Asian Other East African Asian	0.9
Asian Other Sri Lankan Tamil	0.9
Asian/Asian British	1.8
Asian/Asian British Bangladeshi	0.9
Asian/Asian British Chinese	0.9
Asian/Asian British Indian	7.3
Asian/Asian British Pakistani	4.6
Black/Black British African	6.4
Black/Black British Caribbean	2.8
Irish	0.9
Mixed South American	0.9
Mixed White and Arab	0.9
Mixed White and black American	32.1
Mixed White European	1.8
Mixed White, Asian and Native West indian	0.9
Other	0.9

## Table 44

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Nine people indicated 'Any other religion' and, excluding other responses, the chart of their responses is as follows:

Table 45

Religion (other): n=9		Frequency	Percent
	Agnostic	1	11.1
	None of your business	1	11.1
	pagan	1	11.1
	prefer not to say	1	11.1
	Prefer not to say	1	11.1
	Shinto / neo pagan spiritualist	1	11.1
	Spiritual	1	11.1
	Spiritual but no specific religion	1	11.1
	What is the relevance of this question?	1	11.1
	Total	9	100.0



## 9.0 Key findings summary

### 9.1 Fertility services

Of the 632 people who responded to the question on which of the proposed Options they preferred 82.3% selected Option 2, 17.7% selected the CCG preferred Option 1.

Of those that responded to this question when viewed by interest group, 33.9% were 'interested members of the public, 56.6 % were made up of the four categories which indicate that respondents or relatives of respondents, have received are receiving or plan to use fertility services. 2.8% of respondents indicated they were BLMK GP/Clinicians or NHS Providers.

Of those that chose Option 1, 3.6% were made up of the four categories which indicate that respondents or relatives of respondents, have received are receiving or plan to use fertility services, 10.9% interested member of the public and 1.5% BLMK GP/Clinician or NHS provider.

Of those that chose Option 2 as their preferred options, 54.8% were made up of the four categories which indicate that respondents or relatives of respondents, have received are receiving or plan to use fertility services, 22.7% interested member of the public and 1.3% BLMK GP/Clinician or NHS provider.

When looking at the preferred options based on the local authority area of responders the following is shown;

Option 1	%
Bedford Borough	17.9
Central Bedfordshire	25.9
Luton	7.1
Milton Keynes	40.2
Other	8.9

Option 2	%
Bedford Borough	17.3
Central Bedfordshire	26.3
Luton	15.6
Milton Keynes	24.4
Other	16.3

#### 9.1.1 Summary of feedback from formal responses

##### Bourn Hall, provider of Fertility Services

Bourn Hall outline their view that a reduction in NHS entitlement will increase costs to the NHS as patients seek low cost treatment abroad with the potential of higher order multiple pregnancies and other complications of unregulated IVF. Data provided by Bourn Hall indicates that parenthood is optimised by the

provision of up to 3 fresh cycles of IVF, they encourage BLMK CCG to provide this level of provision across BLMK.

### **Fertility Network UK**

Fertility Network UK have questioned the rationale for putting forward the 2 options in the consultation and why 2 cycles was not put forward as an option. They state that more detail on financial projections are needed and that the sharing of data, financial and capability modelling work should be included in the process.

They urge the CCG to look carefully at NICE guidance and to establish a clear case which can be shared outlining the process and reasoning for any decisions, particularly decisions which do not follow the detailed advice of NICE on what is clinically and cost effective.

### **Healthwatch Luton**

Healthwatch Luton agree with making fertility services available to a broader group of residents including those with protected characteristics, but do not agree that altering the cycle options for Luton residents from 3 cycles to 1 cycle. They therefore do not support the policy alignment.

### **Healthwatch Bedford Borough**

Healthwatch Bedford Borough acknowledge the rationale to address unwarranted variation in access by providing equal access to the services by moving to a single policy for each service and recognise the financial constraints on the BLMK CCG health budget.

They note that these proposals are not disadvantageous to the people of Bedford Borough and welcome the extension of fertility services to some people who were previously excluded.

Healthwatch Bedford Borough do not object to the preferred options, as specified in the consultation document.

### **Healthwatch Milton Keynes**

Healthwatch Milton Keynes agree in making fertility services available to a broader group of residents including those with protected characteristics but want to stress that the law is clear that these criteria should apply equally to opposite-sex and same-sex couples and it would be unlawful for this policy not to be broadened out.

Whilst they appreciate budgetary limitations, it is the position of Healthwatch Milton Keynes that fertility treatment should be offered in line with the NICE recommendations.

### **Bedford Borough Council Overview and Scrutiny Committee (BBC OSC)**

BBC OSC stated this was an opportunity to increase health services in Bedford Borough to match those in Milton Keynes and Luton, however it was felt that the proposals had done the reverse and decreased services.

The committee noted that there would not be any detrimental effects on Bedford Borough residents as they did not have access to such services in the first place, however it was an opportunity for the CCG to upscale services that the Borough already had to match Milton Keynes and Luton.

In terms of fertility services, there was an enhancement for Bedford Borough residents, as services would be expanded beyond heterosexual relationships. Questions were raised regarding fertility treatment options and taking into account NICE guidelines in relation to three cycles of fertility treatment, the committee felt the consultation documents should have been clearer on the NICE guidelines.

Financial and demand pressures on the NHS were understood by the committee, however, this was an opportunity to increase services for residents within the Borough.

## 9.2 Gluten-free food prescribing

Of the 562 people who responded to the question on which of the proposed Options they preferred 59.1% selected Option 2, 40.9% selected the CCG preferred Option 1.

Of those that responded to this question when viewed by interest group, 70.2% were 'interested members of the public, 20.0% were made up of the three categories which indicate that respondents or relatives of respondents, have received or are receiving gluten-free food on prescription. 4.3% of respondents indicated they were BLMK GP/Clinicians or NHS Providers.

Of those that chose Option 1, 81.5% were interested members of the public, 8.8% were made up of the three categories which indicate that respondents or relatives of respondents, have received or are receiving gluten-free food on prescription, and 4.7% were in the groups BLMK GP/Clinician or NHS provider.

Of those that chose Option 2 as their preferred option, 62.3% were interested members of the public, 28.2% were made up of the three categories which indicate that respondents or relatives of respondents, have received or are receiving gluten-free food on prescription, and 3.4% were in the groups BLMK GP/Clinician or NHS provider.

When looking at the preferred options based on the local authority area of responders the following is shown

Option 1	%
Bedford Borough	20.9
Central Bedfordshire	23.0
Luton Council	9.6
Milton Keynes	39.6
Other	7.0

Option 2	%
Bedford Borough	14.5
Central Bedfordshire	25.9

Luton Council	18.4
Milton Keynes	27.1
Other	14.2

## 9.2.1 Summary of feedback from formal responses

### **Coeliac UK**

Coeliac UK believe there is a compelling case for provision of gluten free bread and flour mix on prescription for those with a diagnosis of coeliac disease or dermatitis herpetiformis (DH) in the Bedfordshire, Luton and Milton Keynes (BLMK) area and strongly recommend the adoption of Option 2.

Coeliac UK have concerns as to the impact of withdrawal of provision (Option1) on the most vulnerable communities and are not persuaded that existing processes in place in Bedfordshire or Milton Keynes adequately support vulnerable members of the coeliac community to access gluten free prescribing support.

### **British Dietetic Association (BDA)**

The BDA provided a statement in response to the consultation which states that 'Coeliac disease is a condition that warrants the continued availability of staple GF foods on prescription (such as breads, flour mixes and pasta). It is a lifelong autoimmune disease with serious complications associated with non-adherence to a GF diet. The ingestion of even small amounts of gluten causes damage to the lining of the small intestine leading to inflammation and malabsorption, and therefore subsequent nutritional deficiencies, in addition to an increased risk of osteoporosis, depression, infertility and malignancy.

People diagnosed with coeliac disease require access to staple GF foods on prescription. National prescribing guidelines recommend a monthly unit allowance that, ensures equality in treatment for all with the diagnosis of coeliac disease.'

### **Bedfordshire Local Pharmaceutical Council (LPC)**

Bedfordshire LPC state that gluten-free prescribing should be aligned across BLMK and agree that the provision of gluten-free bread and flour within the NHS, for those at risk of dietary neglect should continue, where medically appropriate.

### **Healthwatch Luton**

Healthwatch Luton do not support the policy alignment and feel the alignment will be a 'levelling down' for Luton residents. Their view is that this open consultation without targeted engagement and work focused with Coeliac UK nationally and locally, will not be a fair representation of those who will be affected by this policy.

Healthwatch Luton feel this alignment for coeliac residents in Luton will not provide an equal access – as the equity of numbers of coeliac patients linked with the higher deprivation is the placed-based reason for having prescriptions still available for Luton residents currently. They also raised concerns regarding the longer-term effect on patient's health if removing this option for Luton residents.

## **Healthwatch Bedford Borough**

Healthwatch Bedford Borough acknowledge the rationale to address unwarranted variation in access by providing equal access to the services by moving to a single policy for each service and recognise the financial constraints on the BLMK CCG health budget.

Whilst they note that these proposals are not disadvantageous to the people of Bedford Borough they do believe that any move to equalise access to services should follow the principle of levelling up and are disappointed that the preferred options will result in the withdrawal of some services from patients outside of Bedford Borough.

Healthwatch Bedford Borough do not object to the preferred options, as specified in the consultation document.

## **Healthwatch Milton Keynes**

It is the position of Healthwatch Milton Keynes that BLMK CCG should offer prescribing of Gluten Free Bread and Flour mixes and align its policy position with that recommended by NHS England and the Department of Health and Social Care. This is the optimal position to ensure health equality for people across BLMK as an Integrated Care Service and the Country.

Healthwatch Milton Keynes state that it is not clear that patients in Milton Keynes will have the same access to gluten-free prescriptions, based on their financial circumstances as those patients in Bedfordshire and Luton following the alignment of policies. If in Milton Keynes patients continue to access gluten-free food prescriptions via the Individual Funding Request (IFR) process it is important to note that the IFR does not take an individual's financial circumstances into consideration, when reviewing the request resulting in inequity for Milton Keynes patients.

## **Bedford Borough Council Overview and Scrutiny Committee (BBC OSC)**

BBC OSC stated this was an opportunity to increase health services in Bedford Borough to match those in Milton Keynes and Luton, however it was felt that the proposals had done the reverse and decreased services.

The committee noted that there would not be any detrimental effects on Bedford Borough residents as they did not have access to such services in the first place, however it was an opportunity for the CCG to upscale services that the Borough already had to match Milton Keynes and Luton.

Members had been previously reassured by BLMK CCG that people on low incomes would continue to receive gluten free food prescriptions from their GP if they were unable to access gluten free foods from supermarkets within Bedford Borough.

### 9.3 Milton Keynes pharmacy first minor ailment scheme

Of the 538 people who responded to the question on which of the proposed Options they preferred 79.6% selected Option 2, 20.4% selected the CCG preferred Option 1.

Of those that responded to this question when viewed by interest group, 79.3% were 'interested members of the public, 11.0 % were made up of the three categories which indicate that respondents or relatives of respondents, have accessed or are accessing the Milton Keynes pharmacy first scheme 4.1% of respondents indicated they were BLMK GP/Clinicians or NHS Providers.

Of the 20.4% of respondents that chose Option 1, 81.7% were interested members of the public, 8.3% were made up of the three categories which indicate that respondents or relatives of respondents, have accessed or are accessing the Milton Keynes pharmacy first scheme and 4.6% were BLMK GP/Clinicians or NHS providers.

Of the 79.6% of respondents that chose Option 2 as their preferred options, 80.4% were interested members of the public, 11.5% were made up of the three categories which indicate that respondents or relatives of respondents, have accessed or are accessing the Milton Keynes pharmacy first scheme, and 4% were BLMK GP/Clinicians or NHS providers.

When looking at the preferred options based on the local authority area of responders the following is shown

Option 1	%
Bedford Borough	25.5
Central Bedfordshire	21.8
Luton	13.6
Milton Keynes	32.7
Other	6.4

Option 2	%
Bedford Borough	13.8
Central Bedfordshire	25.0
Luton	15.2
Milton Keynes	33.2
Other	12.9

Interestingly a similar percentage of respondents from the Milton Keynes local authority area, the only area in BLMK where this service is currently provided, chose Option 1 (32.7%) and Option 2 (33.2%).

### **9.3.1 Summary of feedback from formal responses**

#### **Bedfordshire Local Pharmaceutical Council (LPC)**

Bedfordshire LPC state that an equitable scheme should be available to everyone across BLMK.

They note that patients referred to community pharmacy via the 111 CPCS service are required to pay for any over the counter medication recommended by the pharmacy. This may discourage patients from accessing CPCS and with restricted GP access could affect patient care.

Bedfordshire LPC recommends that if the MK Pharmacy First scheme is discontinued, the current spend of £25,011 is redirected into the provision of either over the counter medicines, where appropriate or prescription only medications supplied by the pharmacy under a Patient Group Direction (PGD).

#### **Healthwatch Bedford Borough**

Healthwatch Bedford Borough acknowledge the rationale to address unwarranted variation in access by providing equal access to the services by moving to a single policy for each service and recognise the financial constraints on the BLMK CCG health budget.

Whilst they note that these proposals are not disadvantageous to the people of Bedford they do believe that any move to equalise access to services should follow the principle of levelling up and are disappointed that the preferred options will result in the withdrawal of some services from patients outside of Bedford Borough.

Healthwatch Bedford Borough do not object to the preferred options, as specified in the consultation document.

#### **Healthwatch Milton Keynes**

Healthwatch Milton Keynes notes the data set out in the Case for Change document which highlights the decreased use of the Pharmacy First Minor Ailment Scheme over time but are concerned about the assumptions being made as to the reason for the decline.

They note that the Pharmacy First Scheme, launched in April 2018, and recent guidance from NHS England together with the National Community Pharmacy Consultation Scheme now places greater emphasis on the importance of self-care, but the Minor Ailments Scheme had the same aims, with the addition to recognise that people on low incomes may need more financial support to self-care.

Removing the service may mean more equal access to advice and over-the-counter medicine for all patients in BLMK it does mean that people on low incomes in Milton Keynes, Bedfordshire and Luton will continue to face barriers to receiving equitable treatment and care.

We hope that BLMK CCG fully consider the final decision on the policy alignment consultation within the context of the ambition of the Integrated Care System to address and reduce health inequalities and in that, recognise the wider determinants that negatively impact on health, such as poverty.

### **Bedford Borough Council Overview and Scrutiny Committee (BBC OSC)**

BBC OSC stated this was an opportunity to increase health services in Bedford Borough to match those in Milton Keynes and Luton, however it was felt that the proposals had done the reverse and decreased services.

The committee noted that there would not be any detrimental effects on Bedford Borough residents as they did not have access to such services in the first place, however it was an opportunity for the CCG to upscale services that the Borough already had to match Milton Keynes and Luton.

The committee stated that Pharmacy First Services could help families on a low income, especially for minor illnesses and prescriptions which would then help to ease pressures on the NHS and GP services. If the service could be provided in Bedford it would be very helpful for families and individuals who were struggling financially as it was considered to be a quick and more convenient service.

## **10.0 Next Steps**

This engagement report will be an appendix to the final report that will be submitted to BLMK CCG's Governing Body to be held on 29 March 2022.