

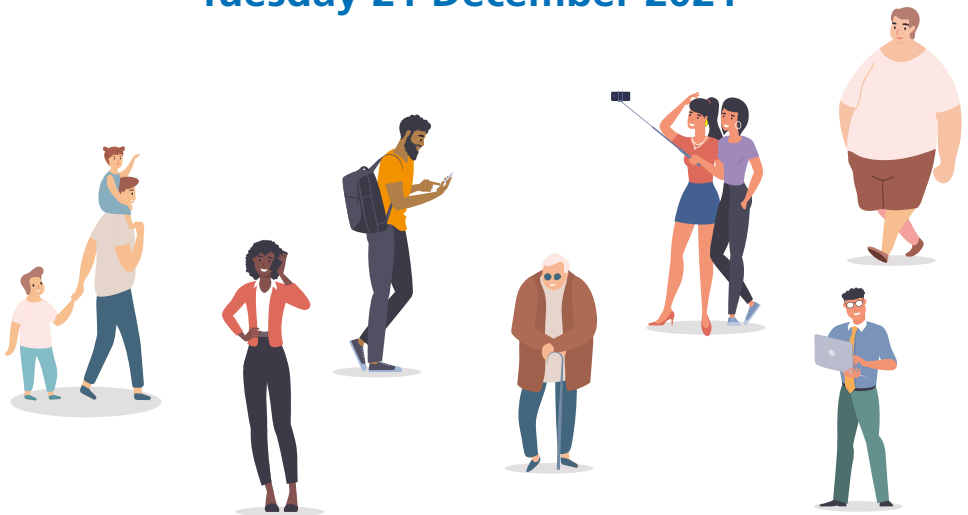
**Bedfordshire, Luton
and Milton Keynes**
Clinical Commissioning Group

Public Consultation

Aligning policies across Bedfordshire, Luton and Milton Keynes

Survey

**Consultation runs from
Tuesday 12 October 2021 to
Tuesday 21 December 2021**



Introduction

NHS Bedfordshire, Luton and Milton Keynes Clinical Commissioning Group (BLMK CCG) was formed on 1 April 2021 following the merger of Bedfordshire Clinical Commissioning Group (BCCG), Luton Clinical Commissioning Group (LCCG) and Milton Keynes Clinical Commissioning Group (MKCCG).

We are responsible for planning, organising and buying NHS-funded healthcare for the almost 1 million people living in BLMK. This includes hospital services, community health services, community pharmacies and mental health services.

Consultation Survey

What do you think about our proposal?

We would like to hear your views on our proposal to provide equal access to services across BLMK and to move to a single policy for each service. The consultation document provides information so that you can understand the differences between the policies.

Please complete the following questionnaire to share your views. The questionnaire will remain open until midnight on Tuesday 21 December 2021. Full details of the consultation can be viewed at www.blmkccg.nhs.uk/PolicyConsultation

In order to ensure full analysis of the answers, please complete all questions.

This QR code takes you to our website



Fertility Services

4. What is your interest in Fertility Services? (tick one box only)

- Member of the public currently accessing fertility services
- Member of the public who has accessed fertility services in the past
- A relative of someone who is receiving/has received fertility services in the past
- A member of the public who thinks they may need fertility services in the future
- A BLMK GP/Clinician
- An NHS Provider
- A representative from the voluntary/support sector
- An interested member of the public
- Other (please specify)

5. Which of the following options do you think BLMK CCG should opt for when commissioning Fertility Services for the future? Please see next page for options.



Please tick one option

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 non-binary people), who are currently unable to access fertility services under existing policies.

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 40-42, in line with the current Luton model and extend access to the service to same sex female couples, single females, and any person with a uterus (including trans men and non-binary people), who are currently unable to access fertility services under existing policies.

- 6. Would you like to comment on any of the other eligibility criteria for Fertility Services, as set out in Appendix A of the Case for Change document and also online at: www.blmk.nhs.uk/PolicyConsultation**

Gluten-free food prescribing

7. What is your interest in gluten-free food prescribing? (tick one box only)

- 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
- A relative of someone who is receiving/has received gluten-free food on prescription in the past
- A BLMK GP/Clinician
- An NHS Provider
- A representative from the voluntary sector
- An interested member of the public
- Other (please specify)



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

Please tick one option

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 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.

9. Are there any other comments you would like to make regarding gluten-free food on prescription?

Milton Keynes Pharmacy First Minor Ailment Scheme

10. What is your interest in Milton Keynes Pharmacy First Ailment Scheme? (tick one box only)

- Member of the public currently currently accessing the Milton Keynes Pharmacy First Minor Ailment Scheme
- Member of the public who has accessed the Milton Keynes Pharmacy First Minor Ailment Scheme
- A relative of someone who is receiving/has received the Milton Keynes Pharmacy First Minor Ailment Scheme in the past
- A BLMK GP/Clinician
- An NHS Provider
- A representative from the voluntary sector
- An interested member of the public
- Other (please specify)



11. Which of the following options do you think BLMK CCG should opt for when commissioning the Pharmacy First Minor Ailment Scheme. Please see next page for options.

Please tick one option

Option 1

To withdraw the Pharmacy First Minor Ailment Scheme in Milton Keynes to align this service with the current offering in Bedfordshire and Luton.

Option 2

To retain the Pharmacy First Minor Ailment Scheme in Milton Keynes and expand to include Bedfordshire and Luton.

12. Are there any other comments you would like to make regarding the Pharmacy First Minor Ailment Scheme?

13. Please provide us with any other comments regarding this public consultation.

About you

Bedfordshire, Luton and Milton Keynes Clinical Commissioning Group is committed to delivering excellent services, but we can only do this if we understand our patients and their needs.

We would be grateful if you could please tell us a little more about yourself to help us understand whether we have heard from a mix of people and to help us consider any consistent feelings that may be expressed by different groups.

This section is not compulsory, and your views will still be taken into account should you choose not to fill it in.

All information will be kept strictly confidential and in accordance with the Data Protection Act and GDPR guidance.

14. What age group do you belong to?

- Under 18 years
- 18 to 24
- 25 to 34
- 35 to 44
- 45 to 54
- 55 to 64
- 65 to 74
- 75 to 84
- 85 or older
- Prefer not to say



15. Do you consider yourself to have a disability?

- Yes
- No
- Prefer not to say

16. If you answered yes to question 15, please indicate the nature of your disability (if you answered no, please leave this question blank).

- Learning disability
- Long term mental health condition
- Physical impairment
- Blind/sight impairment
- D/deaf or hearing impairment
- Other long term condition, please specify



17. What is your gender?

- Male
- Transgender
- Intersex
- Prefer to self-describe, please specify
- Female
- Non-binary
- Prefer not to say

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

- Yes
- No
- Prefer not to say/not applicable

19. Have you been through the process, or are considering, gender reassignment?

- Yes
- No
- Prefer not to say

20. Which of the following best describes your sexual orientation?

- Bisexual
- Gay or Lesbian
- Heterosexual/straight
- Prefer not to say
- Other sexual orientation, please specify



21. What is your legal marital or civil partnership status?

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> Co-habiting | <input type="checkbox"/> In a civil partnership |
| <input type="checkbox"/> Married | <input type="checkbox"/> Single |
| <input type="checkbox"/> Widowed | <input type="checkbox"/> Prefer not to say |

22. What is your ethnic group?

(A) White

- English, Welsh, Scottish, Northern Irish or British
- Irish
- Gypsy or Irish Traveller
- Roma
- Any other White background, please specify



(B) Mixed

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other mixed ethnic background, please specify

(C) Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Chinese
- Any other Asian background, please specify

(D) Black or Black British

- African
- Caribbean
- Any other Black background, please specify

E) Other ethnic group

- Arab
- Any other, please specify

F) Prefer not to say

- Prefer not to say

23. What is your religion?

- No religion
- Atheist
- Buddhist
- Christian (including Church of England, Catholic, Protestant and all other Christian denominations)
- Hindu
- Jewish
- Muslim
- Sikh
- Any other religion, please specify



Thank you completing our survey

Please let us know if you would like BLMK CCG to contact you with the results of this consultation:

- Please send me the results of this consultation
- No, I do not wish to be contacted

If you wish to receive the results of this consultation, please provide your contact details;

Your name

Your email address

If you do not have an email address and would like to receive the results please call **01525 624264** and leave your contact details.