

Public Consultation

Aligning policies across Bedfordshire, Luton and Milton Keynes

We would like to hear your views on our proposal to provide equal access to the services we commission across Bedfordshire, Luton and Milton Keynes (BLMK) and to move to a single policy for each service. The [Case for Change](#) provides information so that you can understand the differences between the policies.

Full details of the consultation can be viewed at blmkccg.nhs.uk/PolicyConsultation

Please post your completed form to the address below:

Policy Consultation
BLMK CCG
Capability House
Wrest Park
Silsoe
MK45 3HR

The consultation closes at midnight on Tuesday 21 December 2021.

1. Which of the following areas do you have a specific interest in? (tick all that apply)

<input type="checkbox"/>	Gluten-free food prescribing
<input type="checkbox"/>	Milton Keynes Pharmacy First Minor Ailment Scheme
<input type="checkbox"/>	Specialist fertility services
<input type="checkbox"/>	The way in which the local health budget is spent

2. Which local authority area do you reside in? (Tick one box only)

<input type="checkbox"/>	Bedford Borough
<input type="checkbox"/>	Central Bedfordshire
<input type="checkbox"/>	Luton
<input type="checkbox"/>	Milton Keynes
<input type="checkbox"/>	Other (please specify)

3. Please provide the first part of your postcode (for example MK42 9, LU2 8, MK1 1)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Fertility Services

4. What is your interest in fertility services?

	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?

Tick one box only

Option one:

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 two:

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?

Gluten-free food prescribing

7. What is your interest in gluten-free food prescribing?

	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?

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.

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

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 the Milton Keynes Pharmacy First Minor Ailment Scheme?

	Member of the public 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 in the past
	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 for the future?

Option one:

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

Option two:

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. Would you like to make any other comments regarding this public consultation?

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?

<input type="checkbox"/>	Under 18	<input type="checkbox"/>	55 – 64
<input type="checkbox"/>	18 – 24	<input type="checkbox"/>	65 – 74
<input type="checkbox"/>	25 – 34	<input type="checkbox"/>	75 – 84
<input type="checkbox"/>	35 – 44	<input type="checkbox"/>	85 or older
<input type="checkbox"/>	45 – 54	<input type="checkbox"/>	Prefer not to say

15. Do you consider yourself to have a disability? If yes, please go to question 16

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Prefer not to say		

16. Please indicate the nature of your disability

<input type="checkbox"/>	Learning disability
<input type="checkbox"/>	Long term mental health condition
<input type="checkbox"/>	Physical impairment
<input type="checkbox"/>	Blind/sight impairment
<input type="checkbox"/>	D/deaf or hearing impairment
<input type="checkbox"/>	Other long term condition, please specify

17. What is your gender?

<input type="checkbox"/>	Male	<input type="checkbox"/>	Non-binary
<input type="checkbox"/>	Female	<input type="checkbox"/>	Intersex
<input type="checkbox"/>	Transgender	<input type="checkbox"/>	Prefer not to say
<input type="checkbox"/>	Prefer to self describe, please specify.....		

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

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Prefer not to say		

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

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Prefer not to say		

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

<input type="checkbox"/>	Bisexual	<input type="checkbox"/>	Heterosexual/Straight
<input type="checkbox"/>	Gay or Lesbian	<input type="checkbox"/>	Prefer not to say
<input type="checkbox"/>	Other sexual orientation, please specify.....		

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

<input type="checkbox"/>	Co-habiting	<input type="checkbox"/>	Single
<input type="checkbox"/>	In a civil partnership	<input type="checkbox"/>	Widowed
<input type="checkbox"/>	Married	<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 group, please specify

(f) Prefer not to say

23. What is your religion?

<input type="checkbox"/>	No Religion
<input type="checkbox"/>	Atheist
<input type="checkbox"/>	Buddhist
<input type="checkbox"/>	Christian (including Church of England, Catholic, Protestant and all other Christian denominations)
<input type="checkbox"/>	Hindu
<input type="checkbox"/>	Jewish
<input type="checkbox"/>	Muslim
<input type="checkbox"/>	Sikh
<input type="checkbox"/>	Any other religion, please specify

Thank you for taking part in our consultation.

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

<input type="checkbox"/>	Please send me the results of this consultation
<input type="checkbox"/>	No, I do not wish to be contacted

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

Name	
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.