

# **One Clinical Commissioning Group for Bedfordshire, Luton and Milton Keynes (BLMK) public engagement**

Final report

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## Introduction

This report provides the detailed findings from the public survey which was undertaken to give local people the opportunity to share their views on the proposal to bring together Bedfordshire, Luton and Milton Keynes Clinical Commissioning Groups (CCG) to form one Clinical Commissioning Group for BLMK from April 2021.

### Why did we conduct a public survey?

While there is no legal requirement for the NHS to formally consult around structural changes, we were keen to listen to local views, so we could understand what is important to residents, how they would like to shape their NHS locally and to understand any concerns they might have about the proposal, so that where possible, we could take steps to mitigate these concerns.

### Methodology: How did we approach the engagement?

With Covid-19 still prevalent in our communities, limiting the amount of time we had for engagement, we committed to undertake a six week listening exercise from 3 August to 13 September 2020.

Prioritising the safety of our residents, especially with Coronavirus outbreaks in three out of four areas, prohibited traditional face-to-face engagement, so new tactics and digital platforms including social media, video and the website were used to reach out to our one million strong population.

We engaged with our local residents by:

- Publishing a survey (accompanied by the [public engagement document](#)) to provide residents and patients with the case for change (*See appendix A and B*)
- Posting the survey regularly on our social media platforms, and boosting reach through Facebook advertising. (*See appendix C*)
- Issuing a press [release to all local media outlets as the survey went live](#), informing people about the survey and encouraging them to make their voice heard. Further press releases were published in early September following the [vote from GP Members to support the draft constitution for the new NHS Bedfordshire, Luton and Milton Keynes Clinical Commissioning Group \(BLMK CCG\)](#) and also to inform people about the [online roundtable event with local Healthwatch representatives](#)
- Emails were sent to stakeholders including Councillors, MPs and Council colleagues asking them to promote the details of the survey and explaining how the general public can provide their views;
- An '[Easy Read](#)' version of the public engagement document and survey was produced and shared online to ensure we reached our seldom heard communities (*see appendix D*)
- Our GPs recorded videos for use on Twitter and Facebook, explaining the proposal and setting out their reasons for supporting the creation of one single CCG. The video included subtitles and a British Sign Language (BSL) translation;
  - [Dr Chris Longstaff \(BSL version including subtitles\)](#)

- [Dr Nicola Smith, Clinical Chair](#)
- Several of our GPs from BLMK took part in a [roundtable discussion with our local Healthwatch representatives](#), where they took questions on the proposal and provided their clinical reasons why they believed this would improve patient outcomes. This was uploaded onto the new BLMK CCG's website, promoted via traditional and social media.
- Working with Access Bedford (a local charity who support the D/deaf community) we held a virtual meeting to talk through the public engagement document and online response form. Access Bedford supported us by producing a [BSL video promoting the event](#) and shared via their networks across BLMK and also provided BSL interpreters at the meeting.

A detailed log of our engagement activities and can be found in *appendix E*.

## Statistical data

The findings in this report outline the number of people who responded to the survey. It also includes the findings from an Easy Read survey, which was shared with members of our community to ensure we reached as many people as possible, and gave everyone the opportunity to make their voice heard.

The findings from the easy read survey were not captured through the online portal, which collected the majority of the data. Feedback was instead provided through an Easy Read booklet which had the questions included and could be sent back through email, or an online version of the easy read questions were available.

This information has been added in to the overall findings to provide a holistic picture local opinion.

Throughout the document, readers may note that there is some inconsistency in terms of numbers. This is as a result of respondents skipping some questions and only providing responses to key questions for example, where or not they support the proposal to create one CCG.

Question 1 of the survey which asked where the respondent lived was mandatory, all other questions were optional.

## Key highlights

954 people from Bedfordshire, Luton and Milton Keynes completed the survey and the Liberal Democrat Group from Bedford Borough Council submitted a response as a collective (*Appendix F*).

The report showed that:

- Across BLMK, the majority of respondents either supported or were neutral about the merger, with 514 either supportive or neutral, and 423 respondents opposed;
- Breaking down the results by local authority area, shows that people living in three out of four of the Boroughs in BLMK support the proposal. The three Boroughs where the majority of respondents supported the proposal were: Central Bedfordshire, Luton and Milton Keynes. In Bedford Borough there was a majority of respondents who did not support the proposal.
- The majority of survey respondents lived in Bedford Borough. For the first three weeks that the survey was open, the majority view of Bedford Borough's residents was supportive of the proposal. This position changed to one of a majority of residents expressing opposition to the proposal after a surge of responses made during the August Bank Holiday weekend. This coincided with some negative coverage about the proposal in the local Bedford media.
- In the feedback, residents welcomed the opportunity to share commissioning, resources and learning across the health system and deliver cost savings to reinvest into local services;
- Some residents across BLMK were keen that the new CCG should retain a local focus and were concerned that the creation of a commissioning organisation that covers a bigger geography may result in a about the loss of local influence and a loss of the understanding and value of clinical services locally;
- Feedback from BLMK residents gives the CCG the opportunity to better understand and work with residents, patients and Local Authority colleagues to find ways to address and mitigate their concerns.

Overall, respondents made comments and requested the CCGs to consider issues around the following themes:

- Accessing health services
- Appointments
- Commissioning of services – both local and BLMK wide
- Finance and workforce
- Health inequalities
- Listening, engaging and involving
- Local Need
- Role of Governing Body members and Directors
- Request to keep the three CCGs
- Partnership Working, Sharing of information and the BLMK Integrated Care System

The BLMK CCGs will continue to engage with the population of Bedfordshire, Luton and Milton Keynes, concentrating specifically on the feedback and concerns that we have heard during the public engagement. This report will form part of the final submission by Bedfordshire,

Luton and Milton Keynes Clinical Commissioning Groups to NHS England Improvement, as part of the application to become one BLMK CCG by April 2021.

## Findings

This section provides the detailed findings from the report.

### Question 1:

**So that we can identify any themes arising from each CCG area please start by telling us which area you live in or where your GP surgery is located.**

The largest number of respondents came from the Bedford Borough area followed by Milton Keynes, Central Bedfordshire and Luton.

- 435 Bedford Borough
- 188 Central Bedfordshire
- 84 Luton
- 247 Milton Keynes

### Question 2:

**Please select the option which best describes your feelings towards the plan to improve NHS services across Bedfordshire, Luton and Milton Keynes by forming a single CCG (as outlined in the Public Engagement Document).**

	Strongly support	Support with reservations	Neutral	Do not support	Strongly oppose	Totals
Bedford Borough	39	61	43	75	215	433
Central Bedfordshire	43	63	35	20	23	184
Luton	19	37	12	8	6	82
Milton Keynes	34	88	44	33	43	242
	135	249	134	136	287	941

55% of respondents who answered this question support or are neutral about the proposal

### Question 3:

**To ensure NHS services continue to deliver the healthcare needed in each area, please rate the following on how important you think they are - where 1 is not very important and 5 is very important.**

Respondents were asked to rate what services were most important to them, so that this feedback could be used to shape the future CCG.

The areas listed included:

- Having local GPs on the new CCG's governing body (this is the board that makes decisions about local healthcare services)
- For there to be no reduction in local GP practices budgets for the first 2 years
- To involve the staff who work for the organisation in the change process (to ensure their thoughts and ideas are considered)

- To involve members of the public in the change process (to ensure their thoughts and ideas are considered)
- To invest in technology that will enable services to be delivered in different ways (such as video or telephone consultation appointments)
- Working more closely with local councils and community groups

The majority of respondents indicated that all services listed were either important or very important. Technology was the only area where 10% of respondents believed it was not important or very important to invest in to enable services to be delivered in different ways.

#### Question 4:

**We believe that the proposal for a single CCG has many benefits for both patients and staff members. Some of the benefits are listed below. Please rate the following on how important you think they are - where 1 is not very important and 5 is very important**

The question listed seven statements that respondents were asked to rate.

- Working as one CCG means we can reduce health inequalities in the BLMK area (this means we can give everyone the same opportunities to lead a healthier life, no matter where they live or who they are)
- Doing things once will save money, which can be reinvested in the services that patients receive at their GP surgery, hospital or in the community
- Working with partners to develop new Integrated Care Partnerships (ICPs) we can work together to deliver NHS services that meet the needs of local people (ICPs are NHS providers who work together)
- The new approach will help us to achieve financial stability and sustainability
- The new approach will enable us to afford to buy better healthcare services which will lead to better health outcomes for local people
- Better use of clinical and other resources. Being one CCG will enable us to develop and invest in our workforce
- Greater support for investment for transformation and innovation. We will be in a stronger position to be able to bid for money for a larger population

For each of these statements, over 40% of all respondents considered them to be very important. In contrast only 9% of all respondents did not think that these were important or very important.

	1 Not at all important	2	3	4	5 Very important	Total
Working as one CCG means we can reduce health inequalities in the BLMK area (this means we can give everyone the same opportunities to lead a healthier life, no matter where they live or who they are)	7.93%	4.64%	20.39%	17.78%	49.26%	883
Doing things once will save money, which can be reinvested in the services that patients receive at their GP surgery, hospital or in the community	5.44%	3.63%	15.99%	21.77%	53.17%	882



Working with partners to develop new Integrated Care Partnerships (ICPs) we can work together to deliver NHS services that meet the needs of local people (ICPs are NHS providers who work together)	7.74%	4.89%	17.06%	25.48%	44.82%	879
The new approach will help us to achieve financial stability and sustainability	8.19%	6.48%	20.71%	22.30%	42.32%	879
The new approach will enable us to afford to buy better healthcare services which will lead to better health outcomes for local people	6.40%	4.69%	14.97%	20.69%	53.26%	875
Better use of clinical and other resources. Being one CCG will enable us to develop and invest in our workforce	7.64%	6.27%	18.24%	21.09%	46.75%	877
Greater support for investment for transformation and innovation. We will be in a stronger position to be able to bid for money for a larger population	8.99%	6.57%	16.82%	22.81%	44.82%	868
				Answered		888
				Skipped		58

A breakdown of the ratings, with each question broken down into each area, can be found on [pages 47-51 of appendix G](#)

## Question 5

**If you could make one recommendation to the BLMK Governing Body (the board that makes decisions about local healthcare services) to help shape the new BLMK CCG, what would it be?**

656 people responded to this question, and provided a number of areas that they would like the CCG to address if the proposal is accepted and one single CCG is formed in April 2021.

The responses to this question covered broad range of themes as described below. Under each heading direct quotes from people who completed the survey have been included:

### Accessing health services

Residents were concerned that patients are having issues accessing services and may be required to travel further distances, should services be taken out of area or moved out of their neighbourhood. Most residents were concerned about the costs associated with public transport.

The CCG has been asked to:

- “Take a serious long hard look at each area and see what is needed where. Remember that many patients rely on public transport to reach the services”;
- “Travelling distances to NHS services for local populations to be seriously considered. Public transport links between Bedford, Luton and Milton Keynes locations are quite poor and expensive, which disadvantages many of the people that use/need the NHS services i.e. the sick and elderly”;

- “Please keep facilities in localities available for people to get too, who may struggle otherwise”;
- “Don't put the health provided in a specialty so far away patients cannot afford or get public transportation to receive the care offered”;
- “To liaise with transport companies to make available cheap public transport to the hospitals involved for all who live in the catchment area for BLMK”.
- “Keep emergency services local to communities. Reduce long waiting list. My fear is that if everything is central it will be harder to access, there will be a reduction in service provided pushing up waiting lists”;

### **Appointments**

Waiting times and availability of appointments were a key theme with respondents commenting that they would like it to be able to get an appointment more easily and to see a reduction in waiting times for both GP and hospital appointments.

The CCG has been asked to:

- “Ensure you can see a GP in a reasonable time frame. At the moment you have to wait far too long. It is also frustrating trying to actually make contact with a surgery to get an appointment.”
- “Ensure there are enough staff, both specialised and other, to deal with all ongoing issues to reduce waiting lists.”

### **Commissioning services**

Respondents expressed concern that the proposal would see services removed from their local area.

The CCG has been asked to:

- “Ensure commissioning decisions are clinically assessed and evidence based”;
- “Have a fair spread of specialist teams available in Bedford, Luton and MK”;
- “Ensure that patients are offered treatment at their local hospital, not sent miles and endways across the region”;
- “Keep emergency services local to communities. Reduce long waiting list. A fear that if everything is central it will be harder to access, there will be a reduction in service provided pushing up waiting lists”;
- “Keep walk in centres open”;
- “Do not take away our hospital/A&E”;
- “Invest in delivering a service appropriate for the demographic. More than ever mental health needs to have much more invested at a local level”;
- “More support for mental health issues in the general population and for pregnant women. It is vital for patients to be listened and to get help when they feel they need the support to prevent a crises not only when they are in a crises”;
- “Help for specialised illness which in the past have been overlooked or once a diagnosis has been made no further checks on medication etc. are made”;

- “Don’t overcommit to the list of changes. Better to do a small number of things well than a lot of things less well. Also communicate your progress”;
- “Base your decisions on real evidence, without asserting improvements will automatically follow”;
- “Be positive but also examine the failure rate of some services in certain areas and ascertain why that happened and aim to avoid repeating the same mistakes”;
- “Ensure technology is improved. Keep some of the good practice learnt from Covid19 pandemic i.e. telephone/conference calls/appointment. Where appropriate as well as specialisms more doctors who are multi-disciplinary trained. More appointment that involve doctors meeting as a group for patients with multi morbidity condition. Doesn’t necessarily have to be face to face. Must include patient”;

### **Finance and workforce**

Some respondents were concerned that the formation of one CCG was a cost-cutting exercise and that services may not necessarily improve as a result. Respondents were keen that any savings be reinvested into front line workers and services.

The CCG has been asked to:

- “Focus on ensuring that any savings made are actively ploughed back into the medical services local people’s need”;
- “Think of people not budgets. Design and deliver the care that people need and that you as an individual would want for you and your family. Remember why you got into this in the first place. Good luck”;
- “Do not put money at the forefront when making decisions...its people that matter”;
- “Spend money wisely with no unnecessary wastage”;
- “Do not use this as an excuse to close existing clinical establishments. Make sure the financial benefits does get seen by the patients and NHS staff in way of improved services and working conditions”
- “Invest in infrastructure, consumables, public engagement/education, free car parking (and more of it) and personnel. Don’t waste money on endless policy reviews, shiny techno-trinkets web apps and virtual nonsense that doesn’t directly help medical professionals’ daily working lives, and especially not profligate management consultants to tell you that the paperwork needs changing and that that will somehow make up for the lack of staff”;
- “Stop areas being management heavy and invest in frontline workers instead”.

### **Health inequalities**

Respondents were concerned that the CCG should take steps to reduce health inequalities across the area, ensuring that commissioned services meet the needs of individuals

The CCG has been asked to:

- “Need to ensure that the contracts awarded are to organisations and individuals who are aware of the needs analysis and are prepared to develop services to meet those needs”;
- “To ensure that people are not just treated equally, but in accordance with their individual needs”;
- “Ensure that one CCG does reduce health inequalities (rather increase them due to there being fewer staff to cover the issues)”;

- “Support GP practices who have poorer outcomes for their patients to improve care/outcomes”;
- “To take into consideration learning disability population and their needs, especially as they get older”;
- “To ensure that services and information are available to D/deaf communities”;
- “Take into account there are a lot of people who require to visit and see a doctor who do not have a computer or able to deal with technology that this remains as an option in the development of care. Many people with special needs may not understand the change which can be very unsettling. I think there is a place for both to be accepted to succeed”.

### **Listening, engaging and involving**

A significant number of respondents outlined the importance of involving patients, staff and partner organisations in commissioning decisions, suggesting that services be co-designed to stave off a ‘one size fits all’ approach.

The CCG has been asked to:

- “Involve public at the start of the process, they are experts by experience”;
- “Actually listen and respond to patients, assess their needs on a local level and implement their ideas”;
- “Set up a public advisory panel, advertise and recruit via social media. Get the public involved”;
- “Use local GP's as the primary communication point with their local community on health care matters. They are well known and trusted individuals who will prioritise optimum health care over political posturing”;
- “To actually listen to the people who will be on the receiving end of this new development and really take their views seriously”;
- “Listen to the patients. A one size fits all approach does not always work. Great services can be commissioned but will not be used if not agreed with the population that need them”;
- “Evidence that suggestions have been considered with some kind of feedback as to why not appropriate at this time”;
- “Have service users involved at all levels and at all meetings. 100% co-production - expert-by-experience PPL involvement”.

### **Local needs**

Respondents were concerned that the larger CCG would mean that local populations were not considered and that localised services may be lost if the CCG was centralised.

The CCG has been asked to:

- “Be sure to keep sight of place base populations needs as these are very different across the four LAs. Health inequalities start at a local level and can be missed at a BLMK level”;
- “Remove the ‘postcode lottery’ and work towards all areas receiving the same access to services”;

- “Ensure that the buying of better healthcare services really are better for everyone. Ensure that creating a better services is not just a cost cutting and streamlining exercise, which is how this reads”;
- “There would need to be emphasis on local organisation. There would need to be a strong system put in place for local concerns to be heard and responded to quickly and with empathy”;
- “There would need to be emphasis on local organisation. There would need to be a strong system put in place for local concerns to be heard and responded to quickly and with empathy”;
- “To take into account the differences in population and therefore the different health and social care needs across the area”;
- “Do not let local requirements be side-lined where there are specific and unique needs”;
- “Do not forget the rural areas. Despite the views of the CCG, we are already the poor relation and actually in a position to provide much greater facilities given the funding”.

### **Role of Governing Body Members and Directors**

Respondents called for the Governing Body to be as diverse as the population it serves and include a mix of professionals, lay members and patients.

The CCG has been asked to:

- “Keep decision making tailored to local needs. Stop letting GP practices abdicate responsibility for providing face to face consultations. More lay people, allied health professionals and secondary care physicians at heart of decision making”;
- “Appoint a doctor as the CEO”;
- “We are people. Not numbers. Once a governing body gets too big it tends to forget that. Remember your purpose is to serve the people not to make money”;
- “Have a diverse group of folk on the board not just members of senior leadership team (SLT) to get a broader more inclusive view”;
- “Don’t have a Board full of Associate Directors, use Heads of Department as a job title as it’s much cheaper and fairer to those underneath them. Too many NHS organisations have far too many at some form of director level”;
- “More lay members”;
- “Ensuring equal inclusion of representation from service users and GPs”;
- “Involve people from religious and faith background from BAME communities on your governing body like Luton council of Faith and Luton Council of Mosque”;

### **Request to keep the three CCGs**

The free text within the survey provided opportunity for residents to share their views about more than the future shape of the organisation. Some respondents were opposed to the proposal to become one organisation and have outlined their request to retain three sovereign CCGs.

The CCG has been asked to:

- “Keep the services separate but INVEST in all services! This merger is removing services by the back door and increasing bureaucracy. It is not in the people of BMLK’s interests”;
- “I believe the three independent CCG's should remain as they are now. Increased size does not, necessarily, lead to any improvements or efficiencies”;
- “Drop this proposal. Fund the local CCGs adequately and run them more efficiently to provide better standard of local GP services and timely access to Primary care for the patients”;
- “A smaller group is preferable. I do not believe large organisations work as they cannot consider all the areas they are responsible for”;
- “Leave Bedford alone it’s working well on its own”.

### **Partnership Working, Sharing of information and the BLMK Integrated Care System**

Respondents outlined that the CCG and other health care providers and partners should strive to work as one organisation and facilitate a system approach with all organisations working together and sharing data to improve health services and outcomes for the public.

The CCG has been asked to:

- “Please all work as a team of people eager to improve the healthcare provided to our community”;
- “My recommendation is that the CCG strives to find ways of sharing patient data with other agencies more easily to achieve true partnership working. Currently organisations who are trying to support people could do much more in partnership with CCG and with shared data instead of struggling to access and support people in need thereby lowering the dependency on NHS”;
- “Don't forget the Voluntary sector”;
- “One integrated IT system to allow data sharing across the CCG and relevant hospitals”;
- “Need more services to link seamlessly so that patients only need to tell their story once to receive the health interventions (one or many) they require”;
- “Improve communication between different sections of the Health and Care Services to provide a more integrated service to the public”.

The 656 responses can be found in *pages 52-78 of appendix G*

## **Question 6**

### **Are there any other comments that you would like to make?**

A total of 432 responses were received to this question. The full 432 responses can be found in *pages 79-101 of appendix G*, where they are broken down by local authority area and whether or not the respondent supports the proposal (question 2).

The respondents who support the proposal, took the opportunity to provide their comments, and these fell broadly into the following themes:

- Budget concerns and equity of allocation
- A commitment to the retention and accessibility of local services and an understanding of local area need

- Equity for mental and physical health
- A commitment to communications and involvement (to include co-production and patient view) and for the organisation to be open and transparent

Interestingly, the respondents who neither support nor oppose the proposal, also raised very similar themes:

- Budget concerns and equity of allocation
- Whether a bigger organisation will be too remote – will bigger really be better?
- Ensuring local provision for health care
- Patient care and quality and safety should come first

The respondents who oppose the proposal, made comments which has some similarity but also raised concerns with some additional themes:

- Lack of confidence that it will realise the benefits listed
- Budget concerns
- Concern over any potential loss of local acute services
- Services to reflect local populations and local need
- Concern over the way the survey is written and the questions asked

### **Equality and diversity monitoring**

Question 7 through to 16 asked respondents to provide information regarding their gender, age and ethnicity, so that we could get a better understanding of who we are reaching in our work and understand which demographics hold the views contained within the report.

This detailed data is provided in Appendix H.

## Analysis by place

This section provides more detail, gained from the qualitative sections of the survey, to provide an analysis of views in each of our four places.

### Bedford Borough

Findings from the report show that overall, residents in Bedford Borough are not supportive of the proposal to create one single Clinical Commissioning Group.

Of those who responded to the survey:

- 39 respondents strongly support the proposal;
- 61 respondents support the proposal with some reservations;
- 43 neither support nor oppose the proposal;
- 75 respondents do not support the proposal;
- 215 respondents strongly oppose the proposal.

The survey highlighted that residents in Bedford are concerned that the proposal to create one single CCG would:

- Have a detrimental impact with Bedford Borough being 'swallowed up' in a wider area;
- Remove local decision making;
- Lead to the CCG being unresponsive to local need and would be too remote;
- Result in the loss of acute services from Bedford.

These concerns were also highlighted in the letter which came from Bedford Borough Liberal Democrats in their formal response to the survey, which outlined that:

- The proposal would not benefit patients locally;
- A single CCG would increase the risk of healthcare services becoming more detached from decision making;
- Decision makers would be more removed from the local picture and would not understand or value local services currently in place.

The liberal Democrat group in Bedford Borough requested that on the basis of this being a small survey, the process should be delayed pending full consultation.

Residents who responded positively to the survey did not provide much commentary in terms of recommendations for the CCG to consider going forward. However, those who supported the proposal with reservations, shared similar concerns about:

- The potential loss of local services, notably Putnoe Walk in Centre and Bedford Hospital A&E;
- The retention of local knowledge if the CCG is restructuring staff;
- Transportation and access, should some services be moved out of area.



## Central Bedfordshire

Overall, residents in Central Bedfordshire were supportive of the proposal to create one single CCG.

- 43 respondents strongly support the proposal;
- 63 respondents support the proposal with some reservations;
- 35 neither support nor oppose the proposal;
- 20 respondents do not support the proposal;
- 23 respondents strongly oppose the proposal.

Of the 106 residents Those who were supportive of the proposal, the majority did not provide any rationale in the free text for their views, but those who were neutral (35) recommended that members of the public should be included in the new BLMK CCG and raised some concerns over the current lack of face to face appointments with GPs.

43 residents were not supportive of the proposal and shared concerns that:

- One large CCG will not be responsive to local need;
- Access to GP and primary care services would be lost;
- Budgets would be split between four places and clarity is needed over how these would be allocated to address local need;
- Each area has a different demographic and how would that will be managed across the wider CCG.

## Luton

A small sample of residents responded to the survey and overall there was good support for the proposal, from 68% of the respondents.

- 19 respondents strongly support the proposal;
- 37 respondents support the proposal with some reservations;
- 12 neither support nor oppose the proposal;
- 8 respondents do not support the proposal;
- 6 respondents strongly oppose the proposal.

In the feedback provided, Luton residents were keen to express their desire to retain local services and particularly the Primary Care Networks. The need for important face to face appointments and consultations to take place, as well as using other technologies was highlighted as an area of focus.

The 14 people who did not support the proposal raised concerns about:

- How the CCG would respond to the local health needs in Luton;
- Potential removal of local decision making;
- The allocation of budgets, if Luton is one area in four;
- How the CCG will work with four different local authorities, given that they all work differently, and serve a different demographic population.

## **Milton Keynes**

In Milton Keynes 242 people responded to the survey with 50% supporting or strongly supporting the proposal:

- 34 respondents strongly support the proposal;
- 88 respondents support the proposal with some reservations;
- 44 neither support nor oppose the proposal;
- 33 respondents do not support the proposal;
- 43 respondents strongly oppose the proposal.

44 respondents from Milton Keynes highlighted the following:

- Concern that video and telephone consultations will become the default position.
- The public engagement document talks about the benefits, but does not mention any potential negatives
- Concerns around the budget and allocation across BLMK.

Not supportive

Of the 76 (31%) respondents from Milton Keynes who were not supportive of the proposal, key points highlighted were:

- Concern for the sustainability of general practice as more administrative burden is placed upon them.
- Concern around the different population needs for each area
- Queries around why MK has joined with Bedford and Luton, rather than Buckinghamshire/Oxford
- Loss of face-to-face appointments due to the use of alternative technology

A breakdown of the ratings and all the comments can be found in *pages 3-46 of appendix G*

## Governing Body and the interim findings

On 22 September, the interim findings from the report were presented to the Governing Body in Common for Bedfordshire, Luton and Milton Keynes Clinical Commissioning Groups. The interim report was presented to provide a mid-way point analysis for the Governing Body, while the findings for the full report were being assessed and catalogued and only included responses from the 3 August through to the 3 September. The full survey was open until the 13 September.

The Governing Body heard that:

- The CCG had undertaken a listening exercise with residents from Bedfordshire, Luton and Milton Keynes between 3 August – 13 September and while there is no legal requirement to consult formally, the CCG wanted to listen to local views and give residents the opportunity to provide feedback that would shape the new organisation, should it be approved by NHSEI in October 2020;
- 915 residents had responded to the survey;
- There was support for the proposal to create one single CCG in Central Bedfordshire, Luton and Milton Keynes, but the majority of residents who had completed the survey in Bedford Borough did not support the proposal.

The Governing Body reviewed the interim findings and listened to the views of residents and the concerns that had been raised, particularly from Bedford Borough residents.

Key areas of concern being raised through the survey in the interim report included:

- Concern that the CCG would become detached and would not value or understand local services;
- The proposal would not benefit patients - this was an administrative/cost-cutting exercise
- Creating one single CCG would remove local decision making.

Having listened to and discussed the feedback, the Governing Body considered ways in which the proposed creation of the BLMK CCG would mitigate the concerns raised by residents. These included the way in which the governance of the BLMK CCG would enable the local clinical and patient voice to be heard and influential in decision-making and the population health approach that would ensure local population needs, characteristics, contexts and services would be the focus of the way in which the new CCG would seek to improve health and wellbeing outcomes for local populations. The Governing Body also agreed some additional actions, listed below in response to the feedback from the survey. The Governing Body also listened to the views of its GP members, the clinical benefits that they had identified for their patients as a result of this proposal and their overwhelming support for the new constitution of the CCG expressed via a vote held in August.

On this basis and having taken into consideration the Equality Impact Assessment and the views of the GP members of the three existing CCGs, the Governing Bodies of the three CCGs agreed that the application for the creation of the Bedfordshire, Luton and Milton Keynes CCG should be submitted to NHSEI on 30 September 2020.

The Governing Body agreed that the following additional actions should be taken in response to the findings of this survey and asked that these be included in the application submission to NHSEI:

1. Patricia Davies, Accountable Officer for the three CCGs to meet with the Mayor of Bedford Borough and Leaders of the three other Local Authorities to discuss the survey results and agree next steps.
2. A section to be included in the Communications and Engagement Strategy, which sets out that any service changes will be approached via 'co-production' with local authorities and local people.
3. Patricia Davies and Dr Nicola Smith, our clinical Chair to attend all health and wellbeing boards to demonstrate our top level commitment to and focus on local delivery in Bedford Borough, Central Bedfordshire, Luton and Milton Keynes.
4. Our Primary Care Network Clinical Directors will attend local transformation meetings in Bedford Borough, starting from 30 September to ensure we increase clinical leadership capacity in the Borough, noting that similar actions are being taken across BLMK working with local authorities.

## **Next steps**

This report will form part of the final submission by Bedfordshire, Luton and Milton Keynes Clinical Commissioning Groups to NHS England Improvement, as part of the application to become one BLMK CCG by April 2021.

The results will be shared widely with the Governing Body Committees in Common, our stakeholders and providers, as well as those who participated in the survey and provided contact details so that they could be kept informed.

The final report will also be published on the BLMK website under the 'Get Involved' section: [www.blmkccg.nhs.uk](http://www.blmkccg.nhs.uk)

# **An NHS for the future**

## **Public Engagement Briefing**

An engagement briefing on the proposal to change current commissioning arrangements to create NHS Bedfordshire, Luton and Milton Keynes Clinical Commissioning Group by April 2021.

August 2020

## **Introduction from the Clinical Chair of Bedfordshire, Luton and Milton Keynes CCGs**

There are currently three Clinical Commissioning Groups operating across Bedfordshire, Luton and Milton Keynes (BLMK). Over the last 18 months we have been working closely together to improve the health and wellbeing of the population we serve. During the Covid-19 emergency we have experienced the real benefits that joint working can bring.

We believe that having a single CCG, instead of three separate organisations will allow us to make better use of our resources, reduce duplication and spread good practice.

This change means we are taking the right steps to help us deliver the NHS Long Term Plan, published in January 2019. This outlines that there should be one strategic commissioner (CCG) in any emerging Integrated Care System (ICS). Bedfordshire, Luton and Milton Keynes is an ICS. As a system we will work together with our partners in the NHS, local government, patient representatives, volunteers and local communities to help people live longer and healthier lives.

The role of Clinical Commissioning Groups is to buy health services for their population and make sure they are of good quality. They are member organisations, responsible for and accountable to the member GP surgeries and the populations they serve. As one of the fastest growing areas in England, we need to take steps to make sure that our local NHS is ready for the future and can meet the needs of our almost one million population within the finances allocated to us by national government.

We know from the listening we have already done that people want services to remain local. This is very important to us and we want to make sure that each place has its own representation built into the governance arrangements so that there is a strong local voice in our decision-making. We believe it makes sense to work together, whilst also allowing each local area to flourish.

This proposal will have an impact on how we operate as commissioners and we understand that you will want to know practically how this proposal will affect you and your family. This document helps to explain this as much as possible.

The Clinical Commissioning Groups (CCGs) in Bedfordshire, Luton and Milton Keynes have begun an engagement process with a view to coming together as one organisation by April 2021.

We welcome your feedback and encourage you to make your voice heard. Please take time to complete the short survey on our website. Your views will be taken into account when the Governing Bodies of the three CCGs meet on 22 September 2020.

Thank you



Dr Nicola Smith  
Chair, Bedfordshire, Luton and Milton Keynes CCGs

3 August 2020

## **What's this about?**

Currently, there are three CCGs in Bedfordshire, Luton and Milton Keynes (BLMK).

CCGs are NHS organisations made up of clinicians, General Practices and NHS Managers, who work together to buy health services for the people of Bedfordshire, Luton and Milton Keynes.

We propose to bring together the three CCGs to form one organisation, NHS Bedfordshire, Luton and Milton Keynes Clinical Commissioning Group and we want to know what you think about this.

There are national criteria which must be addressed for creating one single CCG. These are summarised in the appendix.

## **How long do I have to give feedback?**

You can respond to this proposal between 3<sup>rd</sup> August and 13<sup>th</sup> September 2020.

We have already been speaking to GP Members, stakeholders and local people over recent months and are collating the feedback we have received in order to show how your feedback has been considered. There is a summary of the key areas people have raised and our responses here at the end of this document.

## **What is not included in this document?**

This document sets out how we intend to manage the commissioning of health services in Bedfordshire, Luton and Milton Keynes. It is about commissioning arrangements only. It does not focus on any other NHS organisation (such as hospitals, mental health organisations, or primary and community care), NHS funded health services or relationship with Local Authorities.

**The proposal will not affect how you access your doctor or any NHS services, you may need.**

## **Who we are and what we do?**

Our three Clinical Commissioning Groups (CCGs) are:

- Bedfordshire Clinical Commissioning Group
- Luton Clinical Commissioning Group
- Milton Keynes Clinical Commissioning Group

All three CCGs are separate organisations that are responsible for buying health services including GP surgeries, hospitals, community health care and mental health care in Bedfordshire, Luton and Milton Keynes.

Since 2018, the three CCGs have been working more closely together. We have a single Chair (Nicola Smith), single Accountable Officer (Patricia Davies), supported by a single executive team. In April 2020 we introduced transitional 'shadow working' arrangements to align our governance and help us to work more as one organisation.

Having one executive team has already delivered greater stability in leadership arrangements – something we have struggled to achieve as three smaller organisations. Stable leadership helps us to work better with our partners in delivering improvements to services.

### **The boundaries we cover**

The boundary of our area aligns with the Bedfordshire, Luton and Milton Keynes Integrated Care System (ICS) and includes:

- Bedford Borough
- Central Bedfordshire
- Milton Keynes Borough
- Luton Borough

Our area has:

- Two acute hospital trusts\*
- 98 GP practices
- Two ambulance service trusts
- Two mental health providers
- Three community health providers



*\*On 1 April 2020, Bedford Hospital NHS Trust and the Luton and Dunstable University Hospital NHS Foundation Trust merged to form Bedfordshire Hospitals NHS Foundation Trust.*

We currently have almost one million people living within our boundaries, however BLMK is one of the fastest growing areas in the country, with our population forecast to increase by up to 90% by 2050.

BLMK is an area of diversity:

- There is a 20-year gap in life expectancy between the poorest and more affluent areas;
- We have an ageing population, high birth rate and more people are living with more than one long term health condition such as diabetes, heart failure, respiratory disease and cancer;
- Prior to Covid-19, the number of people seeking treatment at our A&E departments was rising year on year, putting more and more pressure on our hospitals and ambulance services;
- Coronary heart disease admission rates are higher than the national average
- We face workforce shortages and financial pressures and these will get worse if we continue to work in the same way without changing.

### **Our Proposal - what do we want to achieve?**

By becoming one organisation and changing the way we commission services we aim to achieve our vision of:



***Working together to improve health and wellbeing and reduce inequalities for the people of  
Bedfordshire, Luton and Milton Keynes***

We want to become a strategic commissioner, which means:

- Closer working with health, local authority, social care and voluntary sector partners to develop improved ways of delivering services
- Taking a longer-term approach to allow more time to develop new ways of working
- Introducing new ways of paying and contracting for services that make it easier to introduce improvements
- Using data and information to understand people's health needs better and to target support where it is most needed
- Working with Primary Care Networks (groups of General Practices) to make sure their services meet the needs of their communities.

We have an urgent need to reduce health inequalities and improve health outcomes for our population – this is more important than ever as a result of the Covid-19 pandemic. As three separate organisations, we have taken steps to understand and tackle health inequality, but by coming together and reducing duplication we will have greater resources to be able to do this work.

**What are the changes we propose?**

We plan to create a new, single CCG for Bedfordshire, Luton and Milton Keynes with one Governing Body. These changes are planned to come into effect on 1 April 2021.

The new organisation will be called: NHS Bedfordshire, Luton and Milton Keynes Clinical Commissioning Group.

We are already working as one team in 'shadow form' to prepare us for the new way of working and this is already delivering greater efficiency and effectiveness. Becoming one legal organisation will remove the need to do some things three times, like producing three sets of annual reports and accounts.

The Accountable Officer, Executive team and Chair of the three CCGs are clear that it is imperative that the BLMK CCG has strong:

- **local focus** – so that it can respond to and meet the needs of local communities; and
- **clinical leadership** – giving doctors, nurses and other healthcare professionals a key decision making and advisory role in the delivery of services that we provide.

**How will we keep a local focus?**

So far we have heard that there are two things that are really important to people about the change we are proposing:

- keeping our work locally focussed as well as being focussed on Bedfordshire, Luton and Milton Keynes
- making sure that local areas do not lose their NHS funding

We believe that we will have a stronger local focus as one organisation and are introducing the following actions to deliver on that commitment:

## **Local Focus**

- There will be GPs from the four local authority areas that make up BLMK on our Governing Body
- We will keep local member forums in each area
- There is a lead Executive Director for each Local Authority area in BLMK. They are responsible for working closely with local partners and the Councils to deliver local plans via Health and Wellbeing Boards and other local governance arrangements
- By joining-up some of our support functions we will free-up staff time to work with local partners to deliver improved health outcomes for local communities

## **Local funding**

- We will ring-fence funding for primary care for 2 years after 1 April 2021
- We will be able to access more national funding for local NHS improvements as a bigger organisation
- We will deliver a 20% reduction in our running costs which can be re-invested in front-line services

## **Why not keep three CCGs?**

Staying as we are would not directly align with the national policy direction for the NHS.

Creating one CCG for BLMK will support the development of the BLMK Integrated Care System by making it easier for partners to work together.

We will be able to make greater financial savings by becoming one organisation and these can be re-invested in front-line services.

Having three CCGs has meant that we have to take decisions to three separate Governing Bodies and Committees and this slows down our ability to make changes. We will make quicker decisions as one organisation.

We are committed to retaining a local focus within these arrangements and are ensuring that there is a strong local voice in our decision-making.

## **The benefits of our proposal**

There are many benefits that will be delivered by creating one CCG. These are summarised below and will benefit patients and local people, GPs and other clinicians, health and care partners and many others.

# Benefits of the BLMK CCG



## Patients

- Improved engagement with public
- Public engagement in decision-making
- Lower running costs
- Budgets allocated by population need
- Greater integration with local authorities and more integrated commissioning
- Strong, unified commissioning voice
- Improved quality & safety of care for patients
- Reinvestment in front-line workforce



## GPs

- GP membership organisation
- New constitution & appointment of local GP representatives to the GB CCG commissioning primary care - managed locally with clinical leadership
- Primary Care funding ring fenced for two years
- Wide-range of clinical roles at BLMK, place and PCN level



## Local Authorities

- Local voice determines priorities
- PCNs strengthen local accountability
- Health and Wellbeing Boards provide the strategic steer for effective local delivery
- Closer integration to achieve more within budget
- Innovation & greater freedom to work together to agreed outcomes
- Opportunities for joint appointments & shared work programmes
- Opportunities to extend joint commissioning of local services
- Executive Lead for each LA



## Staff

- Greater resilience
- Economies of scale and reduce duplication
- New opportunities for staff
- Work in a new way, making the best use of new technology
- Improving work / life balance
- Consistent leadership & direction for staff
- Greater financial stability
- Opportunities to share knowledge & learn



## Partners

- Partner in BLMK ICS
- Streamlining commissioning
- Single point of contact for partners & single vision for commissioning
- Support for existing partnerships & working relationships at place with ICPs & PCNs
- Releasing staff capacity to support the ICS, ICPs and PCNs
- Longer-term outcome-based contracts supporting integration & innovation
- Opportunity to delegate CCG functions to partners



## Financial

- Financial sustainability – contributes to achieving BLMK Control Total
- Economies of scale, stronger negotiating position
- Share financial skills across the system
- 20% savings on our management costs
- Strategically commission services via Longer term outcomes based contracts
- Commissioning consistent care improves efficiency

## How will we engage?

We have been talking to our GP Members, other NHS providers, local authorities and residents about our proposal.

We have created a short on-line survey so that you can share your views with us <https://www.surveymonkey.co.uk/r/OneBLMKpublic>

Our Governing Bodies will listen to all feedback and take it into account before our final submission in September 2020.

We want to hear from local residents and have activities planned throughout August and September to listen to local views.

We are committed to transparency and we will provide a detailed report on our website, to show the feedback that we have received. Your feedback will also be considered at a meeting in public of our Governing Body in September.

## Have your say

If you would like more information about our proposal, visit the BLMK CCGs website:

[www.blmkccg.nhs.uk](http://www.blmkccg.nhs.uk)

You can access information online:

- About our proposal,
- Find out more about the online events you can attend to listen to our local GPs and Executives and ask questions about the proposal.

You can share your views by:

- Completing our on-line survey <https://www.surveymonkey.co.uk/r/OneBLMKpublic>
- Attending our Governing Body meeting on 22 September 2020 which will be a live stream virtual meeting. Look out for the link on our website and social media closer to the date and questions can be submitted up to 7 days before the meeting via: [involvement.bedfordshireccg@nhs.net](mailto:involvement.bedfordshireccg@nhs.net)
- Speaking to your local Councillor / MP

## What happens next?

The deadline for feedback on this proposal is **13 September 2020**.

Once we have listened to all the views presented, we will provide a detailed report for discussion at our Governing Body in September 2020. Regular updates will also be provided on our website and to our Governing Body, to ensure absolute transparency in the process.

Your feedback will be considered as part of the final submission process to NHS England and NHS Improvement. The final decision will be taken in September 2020.

We will make the findings and decision public as soon as possible.

We will continue to communicate and engage with the BLMK public on the process of becoming one CCG following the submission of our application leading up to the merger in April 2021.

## Appendix

### Summary of NHSEI Criteria for CCG Mergers

- **Alignment with or within the local Integrated Care Partnership:** As one of the constituent partners of the ICS, the CCG is aligned to the ICP;
- **Engagement with local authorities:** The Bedfordshire, Luton and Milton Keynes CCGs have worked closely with Bedford Borough Council, Central Bedfordshire Council, Luton Council and Milton Keynes Council for many years, both as a CCG and as a Primary Care Trust (the predecessor to CCGs). Integration with our councils is at the centre of our approach.
- **Strategic, integrated commissioning capacity and capability:** we are committed to boosting commissioning capability and capacity in our area, as set out by our approach on page 4.
- **Clinical leadership:** we have already taken steps to strengthen clinical leadership in the Commissioning Collaborative by appointing a Medical Director and a Nursing Director. We plan to build on this by working with GP Members and clinicians to co-produce new governance arrangements to maintain clinical views in the driving seat of the organisation.
- **Financial management:** A new CCG is required to have robust financial governance and independent audit. The BLMK Commissioning Collaborative already has a strong financial team in place and details of future arrangements would be developed as this plan is further developed.
- **Joint working:** the creation of one single CCG should build on collaborative working between the existing CCGs and represent a logical next step from current arrangements.
- **Ability to engage with local communities:** safeguarding public involvement and ensuring their views are represented in decision-making and our governance processes remains paramount. As part of the development of the new CCG, a new social cohesion and involvement strategy, and a communications and engagement plan would be developed to ensure local views are listened to.
- **Cost savings:** There are financial benefits associated with the creation of the new CCG, as outlined within this document.
- **CCG Governing Body approval:** the application to create a single CCG must show evidence of approval from each existing CCG Governing Body. The three CCGs have so far agreed on the direction of travel for this proposal.
- **GP Members and local Healthwatch consultation:** this is underway and in development.

## Key themes and our response

<b>Risk of loss of local focus</b>	<ul style="list-style-type: none"> <li>• Retaining locally based CCG staff</li> <li>• Executive Lead for each Borough</li> <li>• GP from each Borough on Governing Body</li> <li>• Consolidation releases capacity to drive local transformation at ICP &amp; PCN level</li> <li>• Population health management approach – responds to local needs at PCN &amp; LA &amp; addresses wider determinants of health</li> </ul>
<b>Protect the local NHS £</b>	<ul style="list-style-type: none"> <li>• Ongoing commitment to transparency - part of BLMK system control total</li> <li>• Section 75s will continue and can be enhanced</li> <li>• Enhanced finance and contracting workstream (Population Health Management programme)</li> <li>• Primary care funding ring-fenced for 2 years</li> <li>• Reducing overheads to enable re-investment in clinical services</li> </ul>
<b>CCG too big/duplication with ICS</b>	<ul style="list-style-type: none"> <li>• Consolidation to one CCG will reduce running costs by 20%</li> <li>• CCG team supports and does not duplicate delivery of ICS functions</li> <li>• Streamlining back office functions will release capacity to local transformation &amp; front line services</li> <li>• CCG functions and staff could transition to ICPs as part of development of strategic commissioning/local developed lead provider arrangements</li> </ul>

## One BLMK CCG - Public Survey

**From 1 April 2021, Bedfordshire, Luton and Milton Keynes CCGs are planning to become one single NHS Clinical Commissioning Group (CCG) in line with NHS England's Long Term Plan.**

**This will have an impact on how we operate as commissioners, (commissioning is the process by which health and care services are planned, purchased and monitored) and how we work together in the future.**

**Over the next few months, we will be engaging with GP Members, our staff, local service providers, councils, other partners and our patients to listen to your views before we submit our final application in September 2020.**

**Please read the Public Engagement Document that accompanies this questionnaire. This explains what we are proposing, and why. The Public Engagement Document can be viewed [here](#).**

**We really value your comments, so once you have read the Public Engagement Document please let us know your views by completing the following few questions.**

**If you would like more information on the proposed changes, please email: [blmkcc.feedback@nhs.net](mailto:blmkcc.feedback@nhs.net)**

**This questionnaire will be live from Monday 3 August through until Sunday 13 September 2020.**

**\* 1. So that we can identify any themes arising from each CCG area please start by telling us which area you live in or where your GP surgery is located.**

- ☐ Bedford Borough
- ☐ Central Bedfordshire
- ☐ Luton
- ☐ Milton Keynes

2. Please select the option which best describes your feelings towards the plan to improve NHS services across Bedfordshire, Luton and Milton Keynes by forming a single CCG (as outlined in the Public Engagement Document).

- ☐ I strongly support this proposal
- ☐ I support this proposal, but with some reservations
- ☐ I neither support nor oppose this proposal
- ☐ I do not support this proposal
- ☐ I strongly oppose this proposal

3. To ensure NHS services continue to deliver the healthcare needed in each area, please rate the following on how important you think they are - where 1 is not very important and 5 is very important.

	1 Not very important	2	3	4	5 Very important
Having local GPs on the new CCG's governing body (this is the board that makes decisions about local healthcare services)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
For there to be no reduction in local GP practices budgets for the first 2 years	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To involve the staff who work for the organisation in the change process (to ensure their thoughts and ideas are considered)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To involve members of the public in the change process (to ensure their thoughts and ideas are considered)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To invest in technology that will enable services to be delivered in different ways (such as video or telephone consultation appointments)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Working more closely with local councils and community groups	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please provide any other comment you would like to make.



4. We believe that the proposal for a single CCG has many benefits for both patients and staff members. Some of the benefits are listed below. Please rate the following on how important you think they are - where 1 is not very important and 5 is very important.

	1 Not at all important	2	3	4	5 Very important
Working as one CCG means we can reduce health inequalities in the BLMK area (this means we can give everyone the same opportunities to lead a healthier life, no matter where they live or who they are)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Doing things once will save money, which can be reinvested in the services that patients receive at their GP surgery, hospital or in the community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Working with partners to develop new Integrated Care Partnerships (ICPs) we can work together to deliver NHS services that meet the needs of local people (ICPs are NHS providers who work together)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The new approach will help us to achieve financial stability and sustainability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The new approach will enable us to afford to buy better healthcare services which will lead to better health outcomes for local people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Better use of clinical and other resources. Being one CCG will enable us to develop and invest in our workforce	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Greater support for investment for transformation and innovation. We will be in a stronger position to be able to bid for money for a larger population	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. If you could make one recommendation to the BLMK Governing Body (the board that makes decisions about local healthcare services) to help shape the new BLMK CCG, what would it be?

6. Are there any other comments that you would like to make?

7. We will continue to use our website and social media platforms to keep you up to date of our journey towards one CCG and feedback. However, if you would like to join our public membership scheme in order to receive regular updates direct to your email address please provide your contact details.

<b>Name</b>	<input type="text"/>
<b>Email Address</b>	<input type="text"/>
<b>Phone Number</b>	<input type="text"/>

## One BLMK CCG - Public Survey

### About You

**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.**

8. What is your age?

9. Do you consider yourself to have a disability?

- ☐ Yes
- ☐ No
- ☐ Rather not say

10. If answered 'yes' to Question 9, please specify the nature of 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

11. What is your gender?

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

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

14. What is your sexual orientation?

15. Are you?

16. What is your ethnic group?

17. What is your religion?

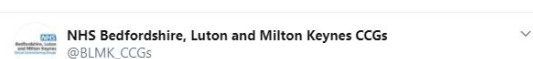
**Thank you for taking the time to complete this survey**

## Appendix C

### Social media activity log for public survey 'One BLMK CCG'

Date	Channel	Collateral	Audience	Organic or Paid for	Reach
04-Aug	Twitter	New Logo	All Ages Across BLMK	Organic	529
04-Aug	Facebook	New Logo	All Ages Across BLMK	Organic	176
04-Aug	Facebook	New Logo	All Ages Across BLMK	Organic	3,159
05-Aug	Facebook	New Logo	All Ages Across BLMK	Organic	310
05-Aug	Twitter	New Logo	All Ages Across BLMK	Organic	346
06-Aug	Facebook	New Logo	All Ages Across BLMK	Organic	270
06-Aug	Twitter	New Logo	All Ages Across BLMK	Organic	328
07-Aug	Facebook	New Logo	All Ages Across BLMK	Organic	247
07-Aug	Twitter	New Logo	All Ages Across BLMK	Organic	336
08-Aug	Facebook	New Logo	All Ages Across BLMK	Organic	475
08-Aug	Twitter	New Logo	All Ages Across BLMK	Organic	528
09-Aug	Facebook	New Logo	All Ages Across BLMK	Organic	255
09-Aug	Twitter	New Logo	All Ages Across BLMK	Organic	293
10-Aug	Twitter	New Logo	All Ages Across BLMK	Organic	2,063
10-Aug	Twitter	Dr Chris Longstaff's Video	All Ages Across BLMK	Organic	928
10-Aug	Facebook	New Logo	All Ages Across BLMK	Organic	323
10-Aug	Facebook	Dr Chris Longstaff's Video	All Ages Across BLMK	Organic	1,742
11-Aug	Twitter	Facebook cover photo and Logo	All Ages Across BLMK	Organic	339
12-Aug	Twitter	Dr Chris Longstaff's Video	All Ages Across BLMK	Organic	713
12-Aug	Facebook	Dr Chris Longstaff's Video	All Ages Across BLMK	Organic	585
18-Aug	Twitter	Dr Chris Longstaff's Video with BSL	Deaf Community	Organic	4,359
19-Aug	Facebook	Dr Chris Longstaff's Video with BSL	19/08/20 – 23/08/20 16-44 Year Olds/ Luton & Milton Keynes	Paid For	14,208
03-Sept	Twitter	Roundtable Discussion	All Ages Across BLMK	Organic	483

03-Sept	Facebook	Roundtable Discussion	All Ages Across BLMK	Organic	852
03-Sept	Facebook	Dr Chris Longstaff's Video with BSL	03/09/20 – 08/09/20 16-60 Year olds/ Luton, MK & Central Beds	Paid For	26,033
04-Sept	Facebook	New Logo	All Ages Across BLMK	Organic	852
08-Sept	Twitter	Dr Nicola Smith Video	All Ages Across BLMK	Organic	126
08-Sept	Facebook	Dr Nicola Smith Video	All Ages Across BLMK	Paid For	29,404
11-Sept	Facebook	Dr Roshan Jayalath Video	All Ages Across BLMK	Organic	3,732



From April 2021 Bedfordshire, Luton and Milton Keynes CCGs are planning to become one single CCG.

Dr Chris Longstaff explains why we are doing this and how you can have your say, now available with #BSL

Public document: [ow.ly/YhVT50AVe6u](https://ow.ly/YhVT50AVe6u)

Survey: [surveymonkey.co.uk/r/RH9SDZC](https://surveymonkey.co.uk/r/RH9SDZC)



Dr Chris Longstaff Video  
with subtitles and British Sign  
Language (BSL)



Dr Chris Longstaff Video



Dr Nicola Smith Video



• New Logo

# NHS Clinical Commissioning Groups want to work together in the future

## What do you think?



## Questionnaire



## Who we are



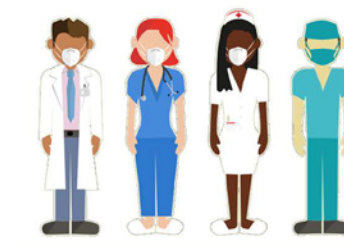
We are 3 organisations called:

- Bedfordshire Clinical Commissioning Group
- Luton Clinical Commissioning Group
- Milton Keynes Clinical Commissioning Group

## What we do



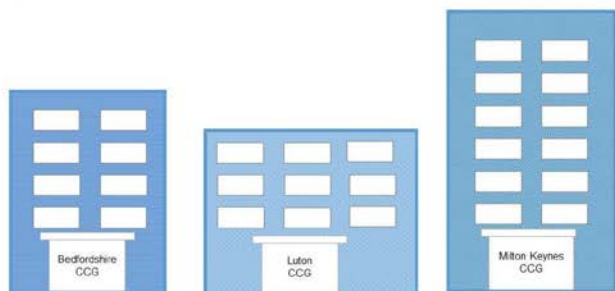
We run healthcare care services in Bedfordshire, Luton and Milton Keynes.



There are lots of Healthcare services including

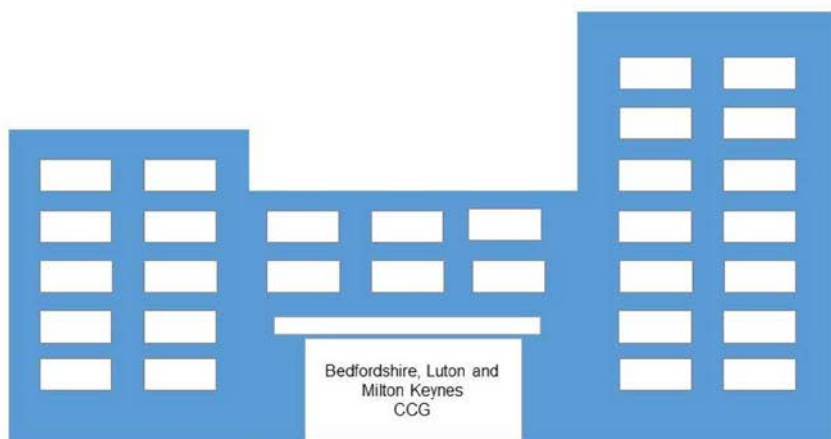
- Doctors
- Nurses
- Hospitals
- Mental health services

## Our plan



We want to join the three organisations together and become one big organisation.

The new organisation will be called Bedfordshire, Luton and Milton Keynes Clinical Commissioning Group.



## Changes in our organisations



### We want

- To provide better services for everyone
- Patients and carers to be happy with their care
- People to tell us how to do things better by giving feedback
- To have more money to spend on our services so they last for a long time
- Everyone to work together to make healthcare better
- Staff to have more time to make health services safe and better and not have to spend time at meetings
- Staff to have the right equipment to help them do their jobs well
- Staff to be happy and know how to do their jobs well



Please read pages 1 to 4 of this document



Then tell us your views by answering these questions.



We need your answers by Sunday 13 September 2020.

## Question 1

Please click on the box next to your answer to show a tick

### Where do you live?



- ☐ Bedford Borough
- ☐ Central Bedfordshire
- ☐ Luton
- ☐ Milton Keynes

## Question 2

Do you think the idea to join the three organisations together to become one big organisation is right?



- ☐ Yes
- ☐ No
- ☐ Not sure



### Question 3

**Do you understand why we want to become one big organisation?**



- ☐ Yes
- ☐ No
- ☐ Not sure

### Question 4

**What can we do to improve healthcare services?**

## About you

Please answer these questions about you. This helps us to be sure that we are getting the views of all different communities



5. How old are you?

6. What is your sex?

- ☐ Female
- ☐ Male
- ☐ Prefer not to say

7. Are you disabled?



- ☐ Yes    ☐ No    ☐ Prefer not to say

8. Are you...



- ☐ Heterosexual or straight – attracted to people of opposite sex
- ☐ Gay or lesbian – attracted to people of same sex
- ☐ Bisexual – attracted to both men and women
- ☐ Prefer not to say



9. Are you...

- ☐ Arab
- ☐ Asian/Asian British (Indian, Pakistani, Bangladeshi, Chinese)
- ☐ Black/African/Caribbean/Black British
- ☐ Mixed/multiple ethnic group
- ☐ White - (British, Irish, Gypsy or Irish traveller)
- ☐ Prefer not to say

You only need to answer the questions below if you want to take part in other surveys or get information from us in the future

Name

Email address

Please save your survey form

Send your survey form by email to

**[blmkcc.feedback@nhs.net](mailto:blmkcc.feedback@nhs.net)**

Please do this by Sunday 13 September 2020



One BLMK CCG Public Survey Activity Log	
Date	Activity
04/08/2020	Launch survey - available via website and survey monkey
04/08/2020	Media release
	Video featuring Dr Christopher Longstaff informing residents about the survey and encouraging them to participate. (Video includes subtitles and BSL interpreter)
04/08/2020	Start promoting via social media platforms <b>See Appendix C</b>
05/08/2020	Survey sent to stakeholders including: <ul style="list-style-type: none"> <li>- BLMK 4 local Healthwatches</li> <li>- BCCG's public members</li> <li>- Members of BCCG's former Patient and Public Engagement Committee</li> <li>- LCCG's Health and Social Care Engagement Group</li> <li>- MKCCG's former Public Involvement and Advancing Equality Reference Group</li> <li>- MKCCG's Patient Participation Group Network</li> <li>- Attendees of the BLMK Patient and Public Co-Production Group</li> <li>- Primary Care Team representatives to share with GP practices and PPG groups across BLMK</li> <li>- Representatives from Covid19 Vulnerable Groups work stream to share via their networks</li> </ul>
10/08/2020	Email from BLMK Accountable Officer and Chair regarding the engagement and the link to the survey sent to: <ul style="list-style-type: none"> <li>- BLMK MPs</li> <li>- BLMK Local Authority colleagues and stakeholders</li> <li>- BLMK Councillors</li> </ul>
14/08/2020	Inclusion in Voluntary Organisations for Children, Young People and Families (VOCyfp) newsletter - a network of over 130 voluntary and community organisations who work with children, young people and families in Bedfordshire.
17/08/2020	Inclusion in Community Voluntary Services (CVS) newsletter which is shared with voluntary and community sector organisations across Bedfordshire and Luton
17/08/2020	Email to Local authority (Bedford Borough, Central Bedfordshire, Luton and Milton Keynes) Communications and Consultation Team colleagues, asking for support to promote the survey by including a link on the consultations page on their websites, sharing via their networks and with their staff and citizen panels and include in any e-newsletter bulletins.
17/08/2020	Email to Local authority (Bedford Borough, Central Bedfordshire, Luton and Milton Keynes) Communications and Consultation Team colleagues, asking for support to promote the survey by including a link on the consultations page on their websites, sharing via their networks and with their staff and citizen panels and include in any e-newsletter bulletins.
18/08/2020	Engagement plan and activity to date with shared with BLMK Patient and Public Engagement Joint Committee (PPEJC)
21/08/2020	Request made to primary Care managers in BLMK to circulate to Practice Managers / PPGs
21/08/2020	Town and Parish Councils in Bedford Borough asking Parish Councils to cascade information to their communities. Email included <ul style="list-style-type: none"> <li>- link to survey and engagement document</li> <li>- link to the post on Facebook to share</li> <li>- Link to twitter post to retweet</li> <li>- Paragraph of suggested text to include in any publications / websites etc</li> </ul>
21/08/2020	Town and Parish Councils in Central Bedfordshire asking Parish Councils to cascade information to their communities. Email included <ul style="list-style-type: none"> <li>- link to survey and engagement document</li> <li>- link to the post on Facebook to share</li> <li>- Link to twitter post to retweet</li> <li>- Paragraph of suggested text to include in any publications / websites etc</li> </ul>
21/08/2020	Town and Parish Councils in Milton Keynes (Via Milton Keynes Communications Team) asking Parish Councils to cascade information to their communities. Email included <ul style="list-style-type: none"> <li>- link to survey and engagement document</li> <li>- link to the post on Facebook to share</li> <li>- Link to twitter post to retweet</li> <li>- Paragraph of suggested text to include in any publications / websites etc</li> </ul>

21/08/2020	Town and Parish Councils in Luton (Via Milton Keynes Communications Team) asking Parish Councils to cascade information to their communities. Email included - link to survey and engagement document - link to the post on Facebook to share - Link to twitter post to retweet - Paragraph of suggested text to include in any publications / websites etc
25/08/2020	Roundtable discussion between Healthwatch organisations and Clinical leads (GPs and Governing Body members), meeting facilitated by Lay member for Patient and Public Involvement. In the absence of a public event (due to covid), recorded discussion to give Healthwatch the opportunity to raise any questions / concerns of local public opinion
26/08/2020	Discussed at Bedford Borough Faith Leaders meeting followed by email included - link to survey and engagement document - link to the post on Facebook to share - Link to twitter post to retweet - Paragraph of suggested text to include in any publications / websites etc
27/08/2020	Start of publicity for British Sign Language (BSL) facilitated session hosted by Access Bedford for D/deaf people across BLMK. Access Bedford inviting patients via their networks
27/08/2020	Childrens Centres across BLMK Email to LA colleagues who send information to Childrens Centres across BLMK, with request to forward an email to the Children's centres asking them to cascade information to their communities and families. The email included - link to survey and engagement document - link to the post on Facebook to share - Link to twitter post to retweet to share - Paragraph of suggested text to include in any publications / websites etc
27/08/2020	MVPs and Parent Carer Forums in BLMK . Email included - link to survey and engagement document - link to the post on Facebook to share - Link to twitter post to retweet - Paragraph of suggested text to include in any publications / websites etc
27/08/2020	Email to Engagement leads at statutory partners across BLMK asking that they share information with Equality and Diversity groups and forum, Community groups, community networks
27/08/2020	Email to engagement leads
27/08/2020	Faith Groups via - Council of Faith groups in Bedfordshire, Luton and Milton Keynes
27/08/2020	Faith and BAME groups in Luton via LCCG's lay member for Patient and Public Involvement
002/09/20	Media release regarding GPs vote in favour of draft constitution, and inviting public to have say by completing survey
02/09/2020	Reminder emails to patient groups, reminder included Easy Read survey and information about British Sign Language Session (BSL) - BCCG's public members - Members of BCCG's former Patient and Public Engagement Committee - LCCG's Health and Social Care Engagement Group - MKCCG's former Public Involvement and Advancing Equality Reference Group - MKCCG's Patient Participation Group Network - Attendees of the BLMK Patient and Public Co-Production Group - Primary Care Team representatives to share with GP practices and PPG groups across BLMK - Representatives from Covid19 Vulnerable Groups work stream to share via their networks - Access Bedford
02/09/2020	Easy Read Survey and information about BSL session sent to L.A. with request to share with Learning Disability Partnership Boards and networks
02/09/2020	Easy Read Survey and information about BSL session sent to CCG MH and LD commissioners with request to share with MH and LD networks
02/09/2020	Healthwatch Bedford Borough, Healthwatch Central Bedfordshire, Healthwatch Luton and Healthwatch Milton Keynes Final push of survey, easy read and BSL session
03/09/2020	Recording from roundtable discussion between local Healthwatch organisations and Clinical leads (25/08/20) was published on website and shared on social media
08/09/2020	Media release - Online roundtable event, hear GP views on the proposal for a single CCG in BLMK. Media release also invited people to take part in survey
08/09/2020	Online meeting with D/deaf residents with British Sign Language (BSL) interpreters to explain proposal detailed in the public engagement document and survey response form



## One BLMK CCG Proposal

### Response from Bedford Borough Council Liberal Democrat Group

*This is a response from the Bedford Borough Liberal Democrat Council Group to the Public Engagement Process on the proposal for Bedfordshire, Luton and Milton Keynes NHS Clinical Commissioning Groups (CCGs) to become one single CCG.*

**Bedford Borough Council Liberal Democrat Group is opposed to the proposal for the merger of the Bedfordshire, Luton and Milton Keynes (BLMK) CCGs.**

Having considered the plans as set out in the One BLMK CCG Engagement Briefing and other public documents, we believe that this proposal will not benefit patients and will increase the risk of decision-making on healthcare services which is detached from, and unresponsive to the needs of the population in Bedford Borough. This will in turn create a greater risk of the provision of healthcare services which do not match the needs of communities across the borough.

A key reason given for introducing Clinical Commissioning Groups (CCGs) in place of Primary Care Trusts under the Health and Social Care Act 2012 was that GPs' local knowledge of the healthcare needs of their communities would lead to better care for patients, responsive to local needs. Indeed, [the current webpage for CCGs on the NHS England website](#) at the time of writing states that they result in care which is "designed with knowledge of local services and commissioned in response to their needs."<sup>1</sup>

However, this merger will see one CCG serve a vastly bigger area and bigger population than the three CCGs do individually, and this will inevitably entail a dilution of the local knowledge and responsiveness of decision-makers.

Moving decision-making over local healthcare services further away from the communities affected increases the risk of decision-makers failing to recognise and understand the need for, and the value of particular local services. It will therefore

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<sup>1</sup> NHS England website as at 7/9/20 – 'Clinical Commissioning Groups' page - [https://www.england.nhs.uk/commissioning/who-commissions-nhs-services/ccgs/#:~:text=Clinical%20commissioning%20groups%20\(CCGs\)%20were,for%20their%20patients%20and%20population.](https://www.england.nhs.uk/commissioning/who-commissions-nhs-services/ccgs/#:~:text=Clinical%20commissioning%20groups%20(CCGs)%20were,for%20their%20patients%20and%20population.)

increase the likelihood of harmful cuts or closures of existing services, and of failure to commission appropriate service in response to particular local needs.

In Bedford Borough, we have crucial ongoing issues over key local healthcare facilities. These include Putnoe Walk-In Centre, which is currently operated under a short-term contract, and which faces an uncertain future. A more remote CCG that covers such a vastly larger area as BLMK is less likely to recognise the local need for such highly-valued local services, putting them at greater risk.

We are also concerned that a more remote organisation covering a much wider area will be less open and transparent in its communication with local residents and their representatives. Previously a Liberal Democrat Bedford Borough Councillor and member of the Council's Executive was forced to use a formal Freedom of Information request to seek information which could and should have been provided to him by Bedfordshire CCG promptly and without reservation.

We believe that the proposed merger will only exacerbate this problem, with a more remote organisation covering a much larger area even less likely to operate in an open and accountable manner towards local residents and their elected representatives.

Finally, we would like to place on record our view that this proposal should be subject to a full public consultation. There has been an extremely limited effort at genuine engagement with patients and the public at large over this significant change in local healthcare governance.

Based on this limited effort there is no prospect that the joint governing body meeting on 22<sup>nd</sup> September can be provided with information that is representative of the views of patients and communities across Bedford Borough and the wider BLMK area who will be affected by the merger. In the absence of this, the joint meeting should not be making a decision on what would be a major change.

We thank you in anticipation of your consideration of this response to the proposal.

ENDS

## Comments made on posts promoting the survey on BLMK CCGs Facebook account

Do not allow the CCG's to come together, keep it to Bedfordshire. 1 - I wouldn't trust a GP after Covid-19. How is it easier to get a Dentist appt as opposed to a GP appt? GP's have taken the pi\*\* now and throughout COVID-19 by not seeing people. 2 - Bedfordshire has 2 good hospitals looking after Bedfordshire people, they will try and close Bedford Hospital if this merger is allowed.

3 - whilst it may reduced costs in the short run, the CCG is GP led and they will end up getting more money from the NHS. Remember GP's aren't employed directly by the NHS they contract their services to it!!

If I sound negative about GP's , it's because I am and feel they do not offer value for money, they continue to work archaic times and practices as they don't want to work evenings, weekends etc. Having seen the NHS outside of Bedfordshire, bedfordshire currently has a good "thing" compared to Hertfordshire, don't allow them to ruin it further

Like · Reply · Message · 5d



When is London road health centre going to answer the phone? See a patient? They're a disgrace and should be ashamed of themselves!

Sort out the gp services in Bedford. Trust me, people are not dying just from Corona virus. They will be dying from cancer and other diseases. Do your jobs properly and start treating your patients or retire. Sort it out.

Like · Reply · Message · 5d · Edited



↩ 14 replies

More red tape.

More departments

More funding.....

Less effective!

Couldn't organise a Pis# up in a brewery

Like · Reply · Message · 3d



██████████ Noooooooooooooooooo all the money will go to Luton ... everyone else will get limited funds.... this has already happened with the police funding ...

[Like](#) [Reply](#) [Message](#) · 1d

██████████ 🙄 They have been trying to do it for years so got there in the end then .

[Like](#) [Reply](#) [Message](#) · 5d

██████████ I really think , they think, we don't remember anything 🤔 🇬🇧

[Like](#) [Reply](#) [Message](#) · 3d

██████████ Why do appointments keep being canceled constantly its a joke..  
Can only speak to gp on the phone..  
Making it harder to get any issues sorted out..  
It's scary how bad things have got

[Like](#) [Reply](#) [Message](#) · 2d

██████████ I thought that the GPs had a duty of care. First thing that happens is the surgeries lock their doors. Good job the armed forces don't do this if there's a war on. This virus is nowhere near as bad as what the worlds press are making out. Why can I go and get drunk in a pub packed with people, schools are reopening full of kids, people are going back to their work, yet the doctors are still hiding in their surgeries? Please help us and stop hiding.

[Like](#) [Reply](#) [Message](#) · 2d · Edited

██████████ This was in the bag long before COVID 🤔

[Like](#) [Reply](#) [Message](#) · 6d

↩ 1 reply

██████████ More rebranding ,so more money down the drain !!!

[Like](#) [Reply](#) [Message](#) · 6d





— They don't even take care of the mental Now !  
That the PGs and police can tell you to  
There is no stoping the mental they need help but can't help them  
that's what I see and hear out there mouths  
Sad  
Sad  
Sad  
And what you think lock down dun to them  
Made it hell !  
As they drove there families mad !  
And the GPS and the police too  
  
If people to ran to GPs and hospital for nothing and did not show up  
at DRs or GPs got charged they would only go see DRs when they  
really had to  
Not for a cold 🤧  
And other dumb things  
Some people need DRs  
And if some of the GPS in office did there jobs it would help too  
You should not have to fight for children and autism grrrr  
I'll stop 🛑 now  
Because I do know there are a lot of good GPS and DRs with  
hearts ❤️ too in Milton Keynes  
There just ran to death  
That's a burn out !



1

— have you this. ...

Like · Reply · Message · 5d

— It's getting worse and worse. GPs are now  
almost invisible in local practises.  
Some one needs to sort out the shambles. This is not the answer.

Like · Reply · Message · 4d



2

— When are GP's going to come out of hiding?

Like · Reply · Message · 5d



7

██████████ You have to be kidding me, give GPs more money for doing nothing, it used to be impossible before COVID to see a GP at Wheatfield Surgery, now it's unheard of. Why oh why could anyone think this is a good idea, the NHS need to look at what they are paying the GPs for as it's the hospitals and emergency services that are doing all the work

[Like](#) · [Reply](#) · [Message](#) · 3d



██████████ Will never-get seen now. Hospitals even cancelling phone consultations because of COVID.

[Like](#) · [Reply](#) · [Message](#) · 6d



██████████ Very bad idea .

[Like](#) · [Reply](#) · [Message](#) · 4d

██████████ So how much more is it costing the NHS to group all this together?

[Like](#) · [Reply](#) · [Message](#) · 5d



██████████ Oh dear ! This will be a shambles

[Like](#) · [Reply](#) · [Message](#) · 5d

██████████ it's all planned

Like · Reply · Message · 6d

██████████ Notice she only says "could be beneficial" if it's only "could" why bother? Oh, it will benefit your salary, that's ok then!



Like · Reply · Message · 4d



██████████ I have shared

Like · Reply · Message · 6d

██████████ It is a huge area. I hope we will not have to travel too far in an emergency. There are no acute mental health beds in Bedford as it is.

Like · Reply · Message · 2d

██████████ My father in law has just died this week. Because they were too slow sending out the forms so he could go for a xray and blood test to find out why he couldn't breathe properly. Not covid related. His heart stopped beating

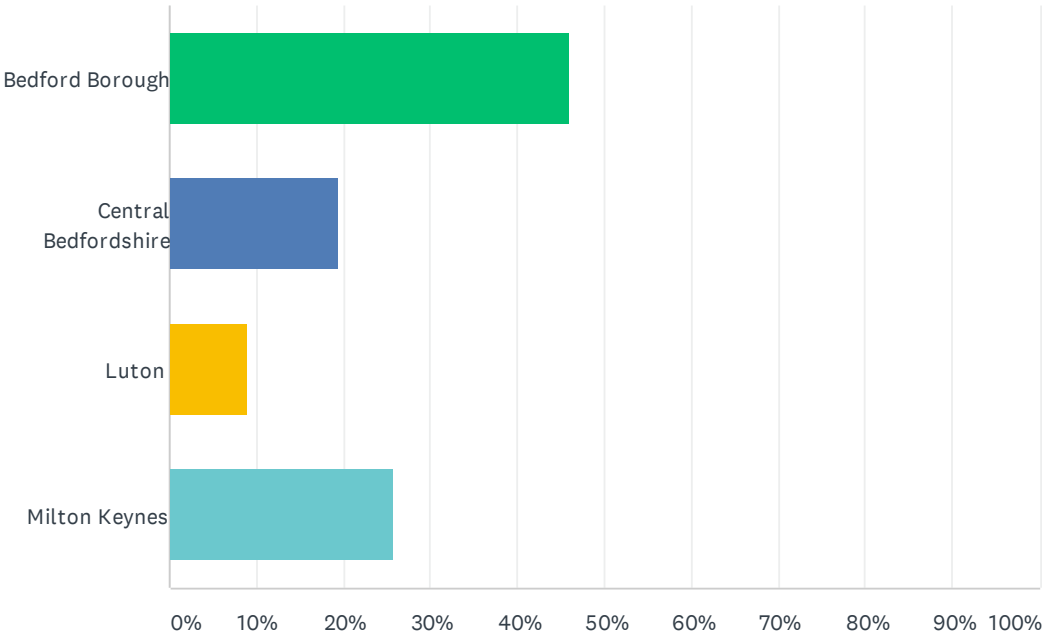
Still angry 😡 and heart broken.

Like · Reply · Message · 3d



Q1 So that we can identify any themes arising from each CCG area please start by telling us which area you live in or where your GP surgery is located.

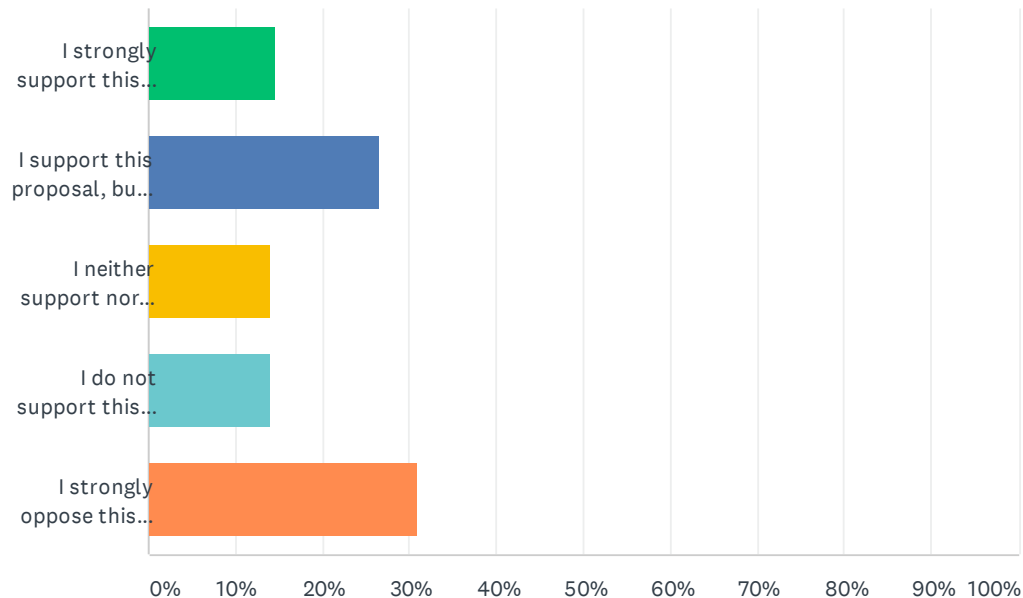
Answered: 940    Skipped: 0



ANSWER CHOICES	RESPONSES	
Bedford Borough	46.06%	433
Central Bedfordshire	19.36%	182
Luton	8.94%	84
Milton Keynes	25.64%	241
TOTAL		940

**Q2 Please select the option which best describes your feelings towards the plan to improve NHS services across Bedfordshire, Luton and Milton Keynes by forming a single CCG (as outlined in the Public Engagement Document).**

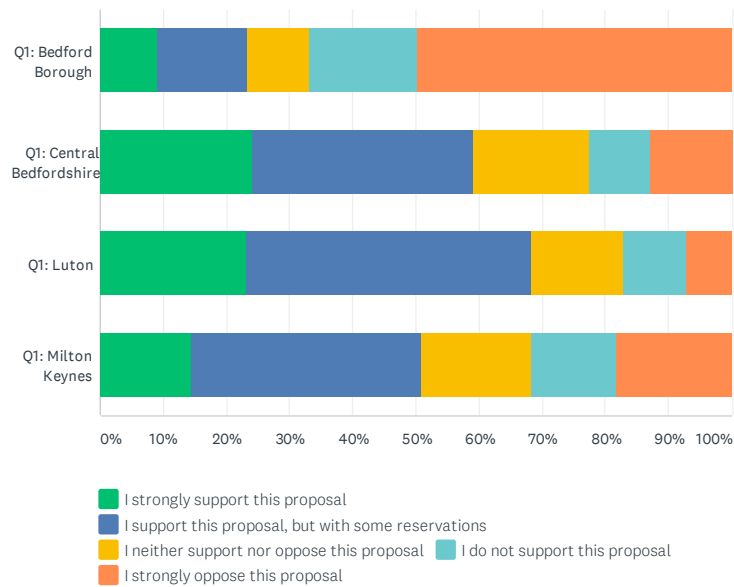
Answered: 927 Skipped: 13



ANSWER CHOICES	RESPONSES	
I strongly support this proposal	14.56%	135
I support this proposal, but with some reservations	26.54%	246
I neither support nor oppose this proposal	13.92%	129
I do not support this proposal	14.02%	130
I strongly oppose this proposal	30.96%	287
TOTAL		927

Q2 Please select the option which best describes your feelings towards the plan to improve NHS services across Bedfordshire, Luton and Milton Keynes by forming a single CCG (as outlined in the Public Engagement Document).

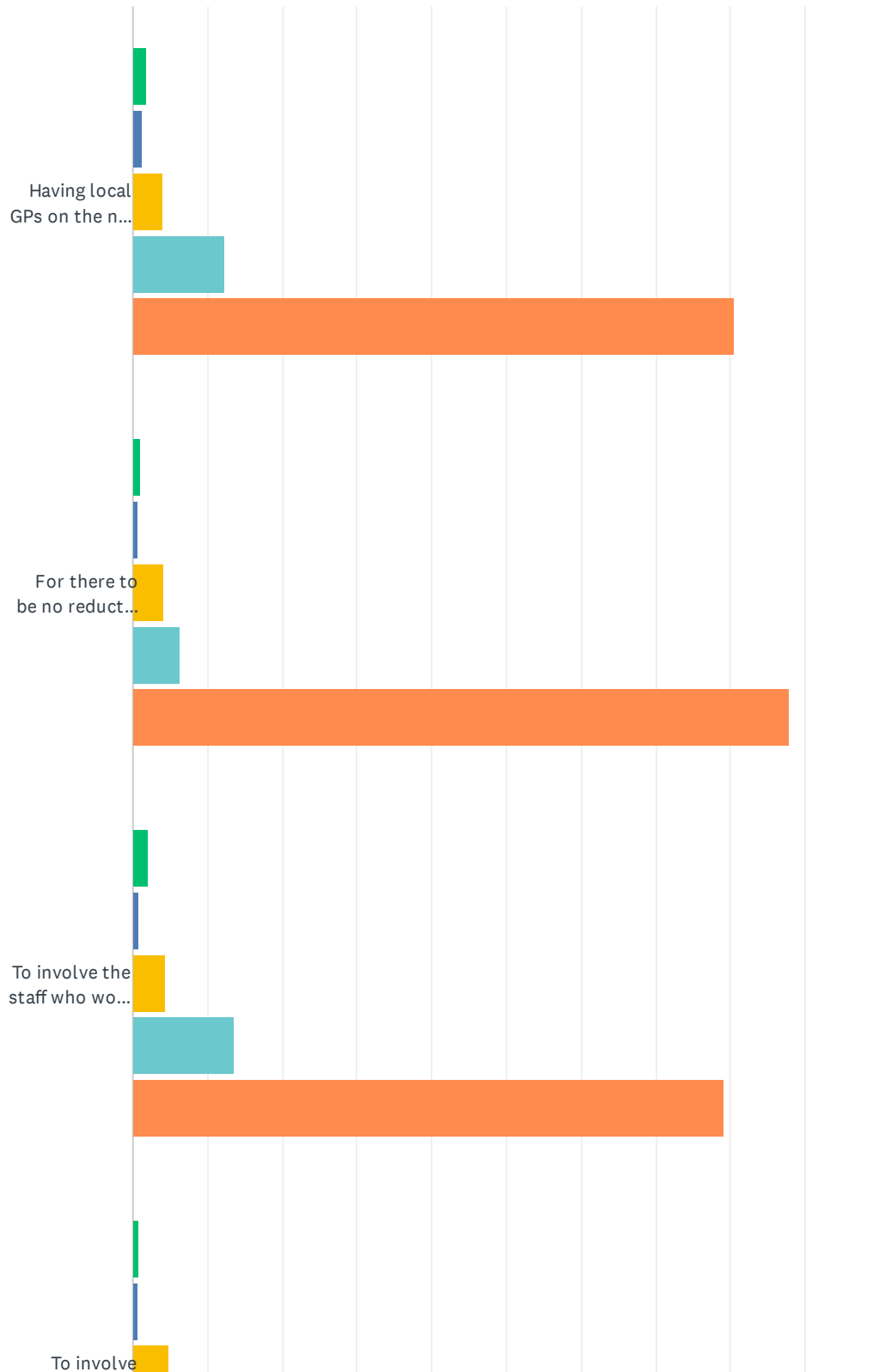
Answered: 927 Skipped: 13

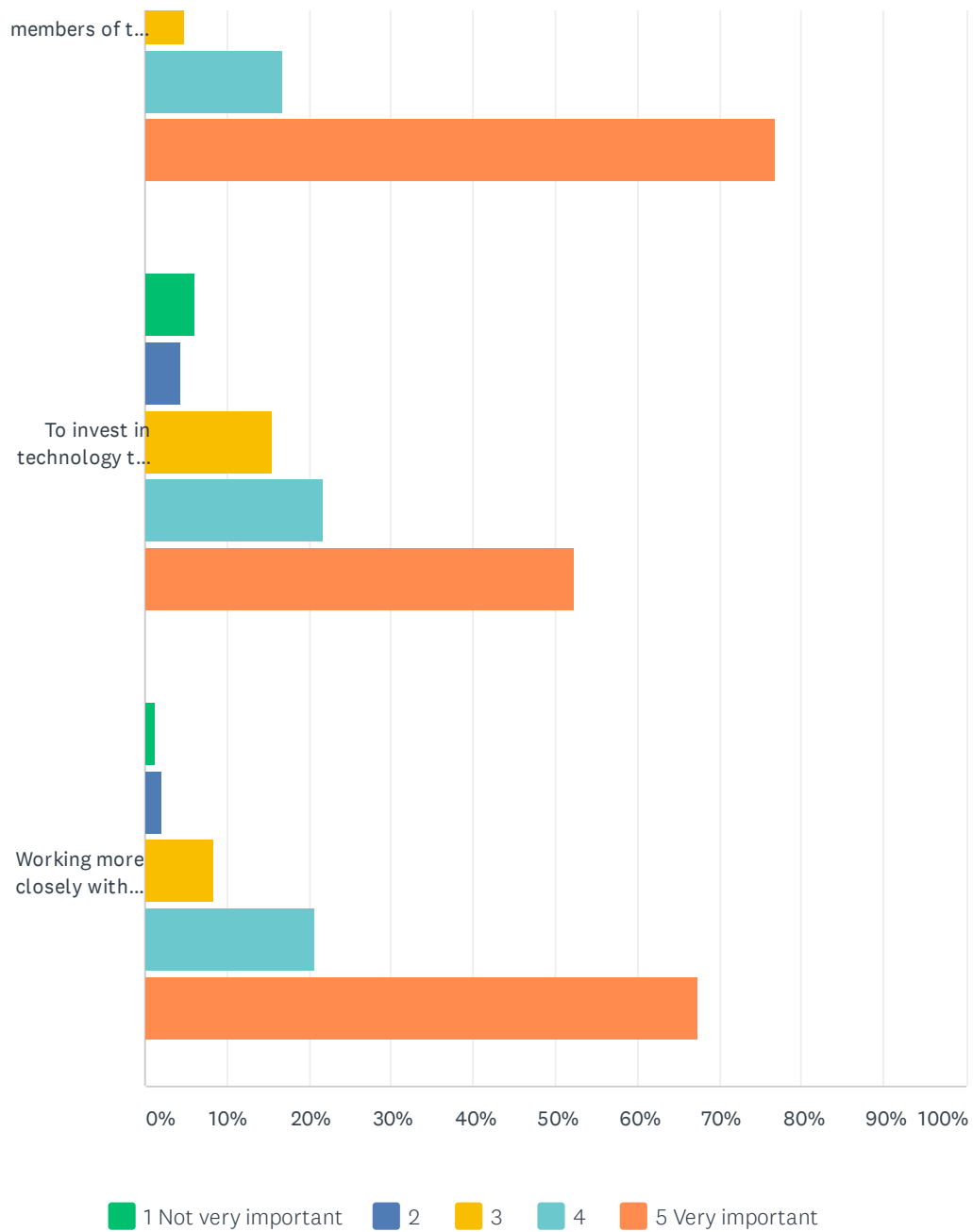


	I STRONGLY SUPPORT THIS PROPOSAL	I SUPPORT THIS PROPOSAL, BUT WITH SOME RESERVATIONS	I NEITHER SUPPORT NOR OPPOSE THIS PROPOSAL	I DO NOT SUPPORT THIS PROPOSAL	I STRONGLY OPPOSE THIS PROPOSAL	TOTAL
Q1: Bedford Borough	9.05% 39	14.15% 61	9.98% 43	16.94% 73	49.88% 215	46.49% 431
Q1: Central Bedfordshire	24.16% 43	34.83% 62	18.54% 33	9.55% 17	12.92% 23	19.20% 178
Q1: Luton	23.17% 19	45.12% 37	14.63% 12	9.76% 8	7.32% 6	8.85% 82
Q1: Milton Keynes	14.41% 34	36.44% 86	17.37% 41	13.56% 32	18.22% 43	25.46% 236
Total Respondents	135	246	129	130	287	927

Q3 To ensure NHS services continue to deliver the healthcare needed in each area, please rate the following on how important you think they are - where 1 is not very important and 5 is very important.

Answered: 926 Skipped: 14







	1 NOT VERY IMPORTANT	2	3	4	5 VERY IMPORTANT	TOTAL
Having local GPs on the new CCG's governing body (this is the board that makes decisions about local healthcare services)	1.95% 18	1.30% 12	3.91% 36	12.27% 113	80.56% 742	921
For there to be no reduction in local GP practices budgets for the first 2 years	1.08% 10	0.65% 6	4.23% 39	6.18% 57	87.85% 810	922
To involve the staff who work for the organisation in the change process (to ensure their thoughts and ideas are considered)	2.07% 19	0.87% 8	4.48% 41	13.54% 124	79.04% 724	916
To involve members of the public in the change process (to ensure their thoughts and ideas are considered)	0.87% 8	0.65% 6	4.89% 45	16.83% 155	76.76% 707	921
To invest in technology that will enable services to be delivered in different ways (such as video or telephone consultation appointments)	6.08% 56	4.45% 41	15.42% 142	21.72% 200	52.33% 482	921
Working more closely with local councils and community groups	1.31% 12	2.08% 19	8.43% 77	20.81% 190	67.36% 615	913

Q3 To ensure NHS services continue to deliver the healthcare needed in each area, please rate the following on how important you think they are - where 1 is not very important and 5 is very important.

Answered: 926 Skipped: 14

Having local GPs on the new CCG's governing body (this is the board that makes decisions about local healthcare services)						
	1 NOT VERY IMPORTANT	2	3	4	5 VERY IMPORTANT	TOTAL
Q1: Bedford Borough	2.6% 11	1.7% 7	2.8% 12	10.6% 45	82.3% 348	45.7% 423
Q1: Central Bedfordshire	1.7% 3	1.1% 2	6.2% 11	13.6% 24	77.4% 137	19.1% 177
Q1: Luton	2.4% 2	0.0% 0	2.4% 2	13.1% 11	82.1% 69	9.1% 84
Q1: Milton Keynes	0.8% 2	1.3% 3	4.6% 11	13.9% 33	79.3% 188	25.6% 237
For there to be no reduction in local GP practices budgets for the first 2 years						
	1 NOT VERY IMPORTANT	2	3	4	5 VERY IMPORTANT	TOTAL
Q1: Bedford Borough	0.7% 3	0.7% 3	1.7% 7	5.9% 25	91.0% 386	45.8% 424
Q1: Central Bedfordshire	0.6% 1	1.1% 2	8.5% 15	10.2% 18	79.7% 141	19.1% 177
Q1: Luton	1.2% 1	0.0% 0	4.8% 4	2.4% 2	91.7% 77	9.1% 84
Q1: Milton Keynes	2.1% 5	0.4% 1	5.5% 13	5.1% 12	86.9% 206	25.6% 237
To involve the staff who work for the organisation in the change process (to ensure their thoughts and ideas are considered)						
	1 NOT VERY IMPORTANT	2	3	4	5 VERY IMPORTANT	TOTAL
Q1: Bedford Borough	2.1% 9	0.5% 2	5.0% 21	11.8% 50	80.6% 341	45.7% 423
Q1: Central Bedfordshire	1.1% 2	0.6% 1	4.6% 8	20.0% 35	73.7% 129	18.9% 175
Q1: Luton	1.2% 1	0.0% 0	2.4% 2	9.6% 8	86.7% 72	9.0% 83
Q1: Milton Keynes	3.0% 7	2.1% 5	4.3% 10	13.2% 31	77.4% 182	25.4% 235
To involve members of the public in the change process (to ensure their thoughts and ideas are considered)						
	1 NOT VERY IMPORTANT	2	3	4	5 VERY IMPORTANT	TOTAL
Q1: Bedford Borough	0.5% 2	0.9% 4	2.6% 11	14.6% 62	81.4% 346	45.9% 425
Q1: Central Bedfordshire	1.1% 2	0.6% 1	6.3% 11	20.5% 36	71.6% 126	19.0% 176
Q1: Luton	0.0% 0	0.0% 0	4.8% 4	13.3% 11	81.9% 68	9.0% 83
Q1: Milton Keynes	1.7% 4	0.4% 1	8.0% 19	19.4% 46	70.5% 167	25.6% 237

To invest in technology that will enable services to be delivered in different ways (such as video or telephone consultation appointments)						
	1 NOT VERY IMPORTANT	2	3	4	5 VERY IMPORTANT	TOTAL
Q1: Bedford Borough	6.8% 29	5.2% 22	16.9% 72	23.5% 100	47.5% 202	45.9% 425
Q1: Central Bedfordshire	6.7% 12	5.6% 10	11.8% 21	18.5% 33	57.3% 102	19.2% 178
Q1: Luton	1.2% 1	1.2% 1	15.7% 13	25.3% 21	56.6% 47	9.0% 83
Q1: Milton Keynes	6.0% 14	3.4% 8	15.3% 36	19.6% 46	55.7% 131	25.4% 235
Working more closely with local councils and community groups						
	1 NOT VERY IMPORTANT	2	3	4	5 VERY IMPORTANT	TOTAL
Q1: Bedford Borough	0.9% 4	1.7% 7	5.9% 25	19.1% 81	72.4% 307	45.8% 424
Q1: Central Bedfordshire	2.3% 4	2.9% 5	10.9% 19	19.0% 33	64.9% 113	18.8% 174
Q1: Luton	0.0% 0	0.0% 0	8.5% 7	25.6% 21	65.9% 54	8.9% 82
Q1: Milton Keynes	1.7% 4	3.0% 7	11.2% 26	23.6% 55	60.5% 141	25.2% 233
	Q1: BEDFORD BOROUGH	Q1: CENTRAL BEDFORDSHIRE	Q1: LUTON	Q1: MILTON KEYNES	TOTAL	
Please provide any other comment you would like to make.	0	0	0	0	0	

**Question 3**

**Additional comments received to rating question 'To ensure NHS services continue to deliver the healthcare needed in each area, please rate the following on how important you think they are - where 1 is not very important and 5 is very important.'**

**Comments from those who responded to question 2 that they support the proposal**

**Bedford Borough**

Respondents from Bedford Borough who support proposal	
1	Online services can be dangerous. I know of 2 cases where cancer was missed. There is no substitute for face to face consultations.
2	Important to have community set up twice or third a year to makes sure all disabilities are involved and makes sure we all have right service for our needed!
3	While technology is a good way to interact with a lot of patients there are quite a few that do not have access, do not understand or just do not like dealing with technology. Technology must not get take over face to face dealing with patients.
4	I would not want our local services to disappear from Bedford, where we can access more easily. I would not want to lose my Doctor, I have a local doctor whom I trust and like and can talk to. I don't like not knowing who I will be seeing and except for very minor consultations I am completely against video consultations. Sorry I feel strongly about this, I think a doctor needs to have the patient there in the consulting room to weigh up and diagnose a problem, in some cases take the blood pressure, check the heart or other necessary personal examinations. Also there is this point that the 'is there anything else' as the patient is leaving very often brings the true reason for a consultation - that just would not happen on a video consultation and therefore many serious illnesses may be missed until far too late.
5	Its essential to invest in how technology is used as well as the technologies themselves
6	Governance for the combined CCG needs careful thought. At present there are at least two lay members on each of the three Governing Bodies. Once merged, there should be at least five lay members, not two. Otherwise you will not be truly taking the views of the public into account going forward. You also need to show good governance to the evolving ICS/ICPs/STPs which have not put good governance into place yet.
7	I hope it reduces management costs if there is only one CCG.
8	I would like to see a beefing up of the phrase "working more closely with local councils and community groups" to state that there will be a unified and seamless approach by councils when engaging with CCG around health and social care service contracts. There will be significant efficiency savings in the current provision which are not being freed up because of disjointed commissioning on a county basis.
9	I am concerned about the no reduction in GP practice budgets for only 2 years. I don't believe there should be any reduction at all, especially with the NHS wanting them to do more than ever. Local councils and community groups, whilst useful, are limited in their knowledge and therefore what they can do, and may at times be more hindrance than help. Video conferencing consultations are ok in some instances, but it depends on the issue and situation, and there is a higher risk of things being missed. My practice prides itself in knowing its patients and their families, even though it is a large practice. I'm concerned that the relationships, identities and trust with the patients will be somewhat lost through video conferencing, due to the impersonal nature of the technology and distancing.

Question 3

Respondents from Bedford Borough who support proposal	
10	How can one CCG possibly look after the needs of so many people (and growing all the time) and covering such a large area. Surely the 'care' will be more thinly spread and reduced down rather than up than up. We might all receive the same care but worse than it is now.
11	It is vitally important that local knowledge is retained. For instance, Bedfordshire CCG have excellent knowledge of local care homes and as a Carer Representative on a CCG Dementia Group I am able to feed in on a monthly basis concerns raised by carers about local residential and nursing homes. I would not want that local focus to be lost to the detriment of improving patient care for people with dementia.
12	My reservations are about the long term security of local services, particularly Bedford hospital. I feel very strongly that there should be a good local hospital with a range of services (maternity, children, cancer specialism etc) to cater for the growing population in Bedford. Over the past few years Bedford hospital has suffered from the uncertainty and rumours about closure. This has made it difficult to recruit and retain staff which is not good for the local population.
13	Why is so much emphasis being placed on GP involvement? Are Hospital Doctors not being asked for opinions as well? All local NHS staff should have the opportunity to have their voices heard. Why are GP practice budgets only being fixed for 2 years? If the area is growing these should not be reduced ever, if anything, they will need to be increased to cater for additional patient numbers.
14	Lay people, residents of Bedford also on the CCG board, we need a voice not just what councils and GP's want
15	Good communication Is essential! Looking after experienced gps and nurses who work in these organisations is paramount. What the need is in the geographical area and how neighbouring practices can help other Practices. Working together rather than separately so ultimately staff are supported and patents receive better care
16	GP practices to be able to do blood tests, perform X-rays and maybe complete minor surgery. Also to have full physio and OT services.
17	To have a wider vision of initiatives relating to prevention of illnesses
18	Before final decisions are made it would be advisable to wait until the proposals of the re-organisation of the NHS are known and in place.
19	To have a separate on the same doctors GP to let people who have a disability have a special site created towards them those who may be deaf might like an audio and those who find it hard to read the normal words to have a symbol word when I go around the words so it makes it clearer for them for people who have autism and learning disability dyslexic
20	To make sure Mental Health services are a number one priority in ALL areas and that there is access to those services for all community members.  That home visits can & will be arranged for those who need them. That GP appointments that ARE urgent, remain urgent & people can be seen. That hospital referrals remain within an urgent time frame, when it's necessary.  To keep in mind that there are still many members of the community who use NHS services but do not drive or have easy access to public transport, so remain mindful of this & set up mobile hubs in those communities.
21	Decisions need to be made locally by staff working locally as they know the area and the needs best.
22	Much more co-production with public, service users.... Service users at all meetings

### Question 3

Respondents from Bedford Borough who support proposal	
23	Being 'Old School' I have seen clinical services stretched to the limit over the past 5/10 years and am somewhat concerned that the proposal to merge the current CCG's will create another far too large organisation.
24	Problem is that one cap does not fit all. We are totally different area with different needs How would this be allowed for.
25	Not sure what working closely with local councils and community groups means according to CCG definition. These groups have a lot of experienced people and should be involved in decision making not just consulted. They also provide local accountability which will be diluted with merger.
26	I find it extremely important to get rid of a lot of the useless chiefs once there has been the merger. The money saved can be used elsewhere much better.
27	Keep local gp's easily accessible for local communities.
28	Why just GP's on the governing body? the CCGs commission more than just primary care
29	While investing in technology to save waiting time face to face care should always be an option.
30	The new organisation framework needs to include strengthened governance arrangements. There are insufficient lay CCG members on the individual CCGs at present. If the single organisation only has two lay Board members that will be very poor governance.
31	New technology needs to be essential from the start Staff training and development should be taken as granted and be continuous Local Authorities concerns should be taken seriously and not fobbed off by medical professionals as trivial GP's should be able to provide a more extensive primary care offer. As a Kempston resident I'm deeply frustrated that the ambition of the Towns GP's to join together in a single premises have been thwarted on more than one occasion There is a need to engage with residents who do not have/not confident with new technology
32	Economy of scale is important to give better value for money BUT Health care should be available in the area where the patient lives.
33	More money and support for local mental health services is needed and an impatient unit is very much needed in Bedford as since Weller Wing closed anyone needing an impatient stay has to go far away and sometimes that is out of county.

### Central Bedfordshire

Respondents from Central Bedfordshire who support proposal	
1	During covid and the low availability of face-to-face appointments healthcare has suffered. I have put struggled getting a health problem resolved through remote appointments. I have a new health problem and again I don't think this will be resolved as I won't be offered a face to face appointment so I'm putting it off as it is just too stressful trying to get one. I belong to Toddington health Centre
2	Working on a data sharing design that is possible to link with other regions ideally the same across the UK. The absolutely critical factor is being able to share patient data between departments easily within the CCG group but also outside that boundary too. The ideal scenario is for there to be one NHS and not have every county of region working differently. The issue of data protection, privacy, accessibility etc will always be a challenge. This is easier to achieve by having one system and ideally a system with a data lifecycle that is easy to manage. Lots of ideas on this matter in my head at the moment!
3	The opinions of those with extremist views in local councils and community groups must be carefully balanced to avoid the biasing or even curtailment of the global objectives of this

Question 3

Respondents from Central Bedfordshire who support proposal	
	initiative. Technology initiatives in IT and especially AI will often be irrationally resisted by extremists on the grounds of privacy of personal information.
4	Many patients would rather see a GP Face to Face or given the opportunity to be able to visit the surgery. When governing bodies get bigger often patients get less care in the bureaucracy
5	There are clear advantages in having a larger, wide ranging CCG with greater purchasing power, however this is only advantageous if it accurately represents the requirements of the smaller individual areas and demographics represented.
6	Need to consider an integrated primary care facility, such as walk-in centres that could provide Primary Care and act as a buffer to A&E. In other words, when a local doctor is unavailable, walk-in centres (or bookable walk-in centres) could cater for the majority of services that people often go to hospital A&E for.
7	Important to ensure that small departments continue to qualify for funding in the enlarged CCG. I am thinking particularly of Neurology which would affect me personally - but I am sure there are others.
8	For me, a key advantage is the proposed 20% reduction in running costs that will be spent on front-line services - doctors, nurses and medicine - not managers. I would also like a service like Babylon GP at Hand which my son in London uses. He can get a video appointment very quickly and can choose where to go for blood tests etc. As a bloke that is reluctant to bother a doctor about anything, this has transformed how he uses the NHS and I see this as a huge leap forward in preventative medicine and catching things early. There must be thousands of people who would benefit from such a service and get treatment in the early stages which in the long run is better (and cheaper) for all of us.
9	Remove the 'postcode lottery' and work towards all areas receiving the same access to services
10	Need further explanation of 'Budgets allocated by population need'. Concerned that technology will not serve the best interests of the patients. People complain that their symptoms have not been correctly diagnosed in telephone consultations.
11	I live in Leighton Buzzard. Every hospital consultation for me and my family involves a long journey. We are elderly (80+) and no longer drive, our son is disabled, a wheelchair patient. We would. Really appreciate more local services. Leighton residents are poorly served. Leighton Buzzard is growing rapidly and the need is growing too. Of course, with Covid 19, transport is even more difficult. We have no family member to drive us (being frequently told when making an appointment, to ask a family member to take me) and the trips I am currently making to Amersham are very expensive. When reorganising, please think of patients, not just overall efficiency.
12	Do, please consider each AGE GROUP. Always consider people having no online access to communication. Any information that can be given by people already in the NHS, please accept, and DO NOT employ Consultants, charging exorbitant fees which need to be used in patient care.
13	I worked in a building where a CCG group is based. I have never known an organisation to have so many meetings! Meetings to plan meetings! The NHS spends far too much money and time on bureaucracy. Any reduction in this deserves support. Get rid of bureaucratic management and spend the money on patient care
14	Would be good to hear how the new CCG will be resilient enough to respond to emergencies including future disease outbreaks.
15	This is all very important as long as the quoted aims and focus does actually happen! i.e. We are committed to retaining a local focus within these arrangements and are ensuring that there is a strong local voice in our decision-making.

### Question 3

Respondents from Central Bedfordshire who support proposal	
	<p>The benefits of our proposal</p> <p>There are many benefits that will be delivered by creating one CCG. These are summarised below and will benefit patients and local people, GPs and other clinicians, health and care partners and many others.</p>
16	<p>GPs should be involved, but they are trained to practise medicine, not to make purchasing/organisational decisions.</p> <p>GP practice budgets need protecting for longer than two years.</p>
17	<p>Some clarification for people who live on the borders of the boroughs would be helpful: i.e., I live in the Bedfordshire side of Woburn sands but my surgery is Asplands which is on the Milton Keynes side. How does the merger affect people like myself? Currently, although that is my registered surgery and I see my GP there, I can't pick up any prescriptions from there because I don't like on the MK side of the town. Will this change at all?</p>
18	<p>These proposals seem quite reasonable but in practice may not be as it depends on the people in charge of these things they should completely non-political and be working for the benefits of the larger group, centralization in theory sounds good but in reality may become too large or unwieldy</p>
19	<p>I would like to see GP's following up on patient's concerns not just blood tests ok so leave it there. We know our own bodies better than anyone else and if we are attending appointments due to concerns about our health these need to be taken through from investigation to a diagnosis not left at blood tests are ok so leave it there.</p>
20	<p>Clear communication between parties and members of public is essential</p>
21	<p>To keep all acute hospitals and ED departments open.</p>
22	<p>All views must be considered. Service user's views are essential to spot gaps, overlaps and trends in service needs. Please do not spend lots of money rebranding though as it could change again at some point</p>
23	<p>Use your Co-production groups.</p>
24	<p>I would like to see improvements in delivery of SEND across the BLMK patch and ensure all partners fund appropriately without discrimination.</p> <p>Many children with SEND and complex needs when they transition to adult services there is not the funding or provision in place and this needs to be addressed early and to manage expectation of parents and the person themselves.</p> <p>Work on Transitions is essential and ensuring a smooth transition should be a priority. It means that children's funding for healthcare and adults funding budgets should be aligned.</p>
25	<p>Consulting and involving doesn't necessarily mean listening to and acting upon.</p>
26	<p>To work with the two Ambulance Service Trusts and the Acute Hospital Trusts in reducing and redirecting service use to more appropriate means. For example Work with GPs in Luton and the L&amp;D Hospital and East of England Ambulance Service to reduce the frequent callers and better support the communities to reduce attendances at A&amp;E or inappropriate 999 calls.</p>
27	<p>Collaboration of mental health services I hope will make sure that there is a wider expertise in the merger and more money available</p>
28	<p>Clearly going to be a massive organisation which needs to be held to account when necessary, especially around performance and spend. Still don't know why MK is counted alongside with Bedfordshire hospitals...would have though MK had enough to do.</p>
29	<p>Having a local representative on the governing body is important but I do not see why we necessarily need to add to GP's work load - the practice should have the remit to have (say) the practice manager as the representative.</p> <p>In trying to rationalise services across the CCGs it should be important to take note of the current services that are the subject of patient dissatisfaction - e.g. the role of Circle MSK.</p>



### Question 3

Respondents from Central Bedfordshire who support proposal	
	Too many people have had bad experiences and my latest complaint has gone unanswered - possibly because of the pandemic but this is no excuse for no response. We need to spend less on glossy presentations and associated management meetings that promise the earth and then do not deliver, less on managers that just do not understand and more on front line staff who do!
30	Working closely with community groups who understand the accessibility needs of their members, to make sure that accessibility is not a token gesture and remembering that one size does not fit all!
31	We must all work together to ensure the success of this merger and to make sure that once again the NHS is the biggest and best service ever and to NOT let the Government secretly sell off any more of it to investors who will destroy it.
32	Working with patients to get positive engagement with new ways of working is easier said than done. The need in urban centres e.g. Luton is very different to that in the villages. Getting the change where it is needed rather than where it is wanted will be the trick
33	Stop using acronyms. It is confusing, detrimental to inclusivity, and a barrier to engaging with people. Insiders use jargon to keep folk at bay as it exposes and widens the gaps between the two groups
34	Social care is important. The virus exposed that social care is underfunded compared to the NHS and we need better links between the two
35	This is a good start. However, there needs to be further mergers of CCGs in order to drive down costs. The CCGs need to concentrate more on monitoring service delivery; it is one thing to commission a service, though this needs to be monitored and evaluated, based on service user feedback. Currently the Mental Health services are very poor within the Central Bedfordshire area; there needs to be more effective cultural competence and compassionate care monitoring of clinicians at all levels. Similarly, dentistry services are terrible; the Covid-19 pandemic has exposed just how awful the dentistry services are. There needs to be much greater involvement of the general public in the operation of the CCG, which is even more important with the proposed merger to form a super CCG. There should be a sub-group of public representatives who are invited to comment on any CCG initiatives and ongoing monitoring of the CCG.
36	There should be a seamless IT organisation across health and social care.
37	There should be a seamless IT system across the whole organisation including social care.
38	It is very important that the patients are involved in any decisions that are Made because they are going to be affected by any changes that are made
39	It is call very well for the surgeries to have good IT. But some of we patients do not. Face to Face consultations must still be available, if the PATIENT feels it is necessary!!!
40	I think investing in GP surgeries has to happen. Not just to move with technology and the times but for the areas where we are unable to get appointments hopefully this would help. It also may stop some a&e visits. Drs must have a voice they struggle so much we have to assist them and listen.

### Luton

Residents from Luton who support proposal	
1	My belief is that I will want my local GP to be able to consult with me on an ongoing basis. I value very much the relationship I have with my GP. If surgeries are too remote & doctors parachuted in to cover any reduction of service. You lose that personal knowledge, trust & relationship you have with your regular Gp.
2	If this is going to get rid of management posts get rid of inequalities, give better access and raise money, how can the public be guaranteed that thus will happen and the money raised will be used appropriately. in a more efficient and effective way

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Residents from Luton who support proposal	
3	Luton has a dense multi-cultural population a kin to many London Boroughs with high social and health needs that cut across every spectrum. It's essential the needs of Luton are not lost against those in MK and Beds. The population is very transient unlike other areas and this gives has much more in-depth negative impact on needs than is often measured by stats.
4	Listen to us the patients
5	Hoping that the new system will benefit the elderly and the vulnerable otherwise it will be pointless to have it work for a larger group of patients and not work for a distinctive group of voiceless vulnerable people. Overall, I think it will work, as long as it will not sell the NHS shares after the 2 years of Government funding. Hopefully research proved the new system to be long term than short term. Is there a trial period or its final? All the best.
6	There needs to be far more opportunities for the stakeholders/ patients at local gap practices to have their voice heard about the services they are getting.
7	Consideration needs to be given to the differing demographics of each locality, i.e. Luton is super diverse. Therefore ensuring that services are made accessible to all in accordance with their particular needs
8	There does not appear to be any comment about protecting the existing L&D Hospital. Are you proposing to centralise hospital care too? If so, where?
9	My concern is losing the local place aspect that we currently have these local CCGs were set up to overcome the previous system that we had before CCGs were set up. Other than the fact gps will still be involved are we not returning to what we had before? (PCTs) Would also like to know how you are going to engage with local community groups who currently feedback to their local CCG
10	Improvement in services but the maintenance of the 'personal touch' is vital. Technology can make the patient feel that they are only a part of the picture. Not to forget it is to improve the journey for the patient is the objective.
11	It is important that demographic of local areas are considered as well as the overall ICS area. Social care must not be forgotten and due consideration given to the difficulties that will be created where CCG's are becoming a single entity but Local Authority which has responsibility for social care still remains separate.
12	No mention of training for technology. In my opinion this is a critical area, because without initial training and on-going support usage will not be optimised. I have seen this issue from first hand as a former Chair of a PPG, with 30 years plus experience of computers and specialist systems.
13	The current CCG has been extremely weak in engaging with those communities and groups who are impacted with rising health concerns. No one knows how the budget is spent, and there has been no incentive support groups who are able to deliver at grass roots. There needs to be an open and transparent CCG, Luton with Milton Keynes will pose bigger challenges, and it would wrong to include only health professionals in the Board or decision making processes. There needs to be actual community champions and not just faith champions. Not all health professionals understand, comprehend or appreciate community dynamics, and sometimes distant to ground realities.
14	I would like to see Mental Health and learning disability give more priority. Also to carry out a small pilot before the full launch.
15	Locality must be maintained as the demographics of each town are very different. We must not lose our local experts
16	Keeping it local is very important, as is communication. Also making it easier to see a doctor without putting barriers in the way.

### Question 3

Residents from Luton who support proposal	
	Patients' needs must come first, making an appointment must be as stress free as possible. Staff training is paramount. I was once told by a girl on the phone that doctors no longer did face to face appointments, all appointments were now over the phone. I could tell she was inexperienced and had no empathy so I didn't take it further as I didn't have the energy. I haven't come across her since.
17	Always involve all staff throughout all discussions. Listen carefully to their concerns, however big or large. Communication is always important. No one likes change so if and when this happens gradually introduce this.
18	Population of Luton is very different for Bedford and Milton Keynes, local involvement is important to promote equality

### Milton Keynes

Residents from Milton Keynes who support proposal	
1	Larger areas: does not always mean stability, better equipment fewer inequalities etc. The problem will always be that the larger area moves the matters/decisions away from the grassroots. The new centre slowly becomes more remote and tends to reduce its budgets and influence in dealing with Practices- a bit like a message being transferred through half a dozen people which ends up being changed on the way. As we are aware the NHS is being starved of Funds, for many years - the proposed NHS changes will also do the same as before and then we are back to 2020 with the same improvement now suggested. The bigger the group is not a panacea/solution for additional funds just easier to control for Central Govt.
2	<p>Page 5 - What we want to achieve. Not sure how merging into a larger group will help to provide "Closer working with .... Voluntary sector partners ..." "Taking a longer-term approach to allow more time to develop new ways of working" is welcome. "Using data and information ..... To target support where it is most needed" will depend on where the data comes from – there may be too much reliance on NHS data rather than that which can be gathered from voluntary sector partners. How will we keep a local focus? "Keeping our work locally focussed ... and ... Making sure that local areas do not lose their NHS funding." How will this be managed so that it actually happens?</p> <p>Page 6- Local Focus "We will keep local member forums in each area .... And .... To deliver local plans via Health and Wellbeing Boards". There is a need for local voluntary organisations to be involved with the forums and boards otherwise their input will be by second-hand representation.</p> <p>Local funding - "We will deliver a 20% reduction in our running costs ...." This seems a high reduction, is it realistic?</p> <p>Page 7 - Benefits of the BLMK CCG "Partners" Streamlining commissioning ...and ... Longer term outcome based contracts" are welcome.</p>
3	Discussions have been going on for many years now, with several millions of pounds spent on surveys and consultations on hospital rationalisation, merging of hospitals and social

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Residents from Milton Keynes who support proposal	
	care etc. It is about time something was actually done rather than yet another rationalisation of the bureaucracy.
4	<p>I have not had any problems directly connected to the pandemic. But it has highlighted the fact that there is a need for aligned methods of recording the "preferred methods of communication" for all deaf/HoH/BSL users - and their records. I, and at least 3 others in Milton Keynes, are still unable to communicate directly with various NHS, and service providers. NHS England is well aware of this.</p> <p>By using my GP website I have access to the "Klinik" service. However, this does not offer any method of contact which I can use and I just go round in circles. Nearly a fortnight later I am still awaiting a response to a communication I sent via this service. It is wise for us to know how we can communicate with all locations/services beforehand, so we are not ploughing through lists of information in an emergency or worrying situation. If a GP or other medical staff can use Zoom/FaceTime/Skype or Chat line, why can the patient NOT use this method of contact? I need video conferencing with subtitles/captioning to be sure I am understanding questions correctly, just as a signer would need an interpreter to use Zoom or any videoconferencing programme.</p> <p>I also find that different locations of external service providers do NOT have access to my communication needs. Although I keep informing them I cannot communicate via voice phone calls, only via TEXT. I know I am NOT the only person in this position and there are many more. I now have to write a lengthy explanation to Ravenscroft Healthcare explaining that if their records were up to date and correct, they wouldn't be wasting their time by ringing my landline - I have already informed them I do NOT use it and it is turned off. If they provided me with the correct method of communication, I would have been able to make contact in time to let them know I was too ill to attend an appointment, instead of spending hours to find some way of letting them know. And now I am told they are closing my case!!!</p> <p>This is exactly the sort of thing that modern technology should be able to deal with.</p>
5	The needs of deaf and hard-of hearing people will need to be taken into account with regard to services such as video and telephone consultations, by the provision of signing, sub-titling and/or the use of intermediary services such as NGT and text/type. The fact that not all people will have the appropriate technology in the home, or the necessary skills/manual dexterity or visual acuity to use screens must not be overlooked. Provision of texting and secure email exchange may be appropriate for some purposes.
6	Re: Technology- some thought should be given in providing support for deaf and hard of hearing people. Assistive listening devices, fixed room loop systems and staff training in deaf awareness and also how these devices work. Many deaf people cannot participate in video conferencing (sub titles are poor quality on most apps). Likewise, many cannot use the phone to make appointments or have GP consultations.
7	Investment in technology - will this include Hearing Loops/assistive listening devices/staff training in deaf awareness? Awareness should be given to the fact that many deaf /hard of hearing people cannot participate in phone & video consultations. Sub titles on apps, such as Zoom are useless. For deaf people there should be other ways of booking an appointment besides using phone.
8	Telephone consultations are OK as a last resort. Ones I've experienced during Covid 19 come across as box ticking exercises and soul-less. Yes, they are convenient, but only if relevant person actually phones at arranged time & day.
9	<p>Well as a deaf person since I was 7, I rely on lip-reading, I can't hear the telephone, and I can only hear people speak face to face, also moving lips properly.</p> <p>But due to coronavirus, I do say to some people I can't hear behind the mask, I been very lucky because most cashier are very helpful, to removed their mask and speak. But otherwise I happy and deal with situation</p>
10	Technology such as video calls is no substitute for actually being with doctor in their surgery

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Residents from Milton Keynes who support proposal	
11	<p>There needs to be one common online Healthcare system to allow access to medical records / test results across all sites and Primary / Secondary Care</p> <p>A ground up approach would be useful across the sites to collate best practice from a discipline eg Dietetics Diabetes Please don't use a Consultancy Firm - the staff on the ground know what works for their client base and will tell you if you ask directly</p>
12	<p>Whilst on paper it appears to financially be a cost saving venture; but when budgeting there needs to be careful consideration that with Milton Keynes building programme, and Northampton areas, G.P. Practices need to be assured funding will reflect this. New development, e.g. Tattenhoe Rise. The building expansion stretching from Whitehouse to Stoney Stratford, will have younger families becoming higher than older population who will move from the area.</p> <p>There needs to be total commitment on finance savings with 1 instead of 3 CCG is ploughed back into the Community Health Services.</p>
13	<p>Only concerns regarding video or telephone consults this is not always going to capture those who are elderly and alone , people who have no IT, OR people who just do not want to use phone or video</p>
14	<p>Important to have representatives from community groups on board and in senior positions within the new organisation. They are best able to inform on community issues, needs and how these should be addressed.</p>
15	<p>It is also important to gather information from local charities who provide much needed services and take high levels of referrals from medical practitioners.</p>
16	<p>Video and telephone consultation appointments have proved themselves to be invaluable during Covid and are a potential catalyst for a more flexible lifestyle for Doctors and Nurse Practitioners, while offering more convenience for many of the general population. However they are not a complete replacement for a full face to face consultation where an experienced eye can pick up clues to more serious health issues. As online consultations become the norm, it is important that elderly patients who might find the process of using IT too complex and less reassuring, still receive prompt attention and care.</p> <p>It is essential that the influence of local councils and community groups is properly balanced in a single CCG. The managing board must maintain a long term strategic objective which is not changed ad hoc to reflect short term political objectives.</p>
17	<p>Support for people who do not know how to use technology.</p>
18	<p>I'd like to see us being a lot more MDT focussed as we still are very GP led and that is not sustainable nor preferable in the current and future primary care landscape.</p>
19	<p>I'm concerned about the longer term impact of funding and whether the funding will be allocated proportionately or will higher demand areas inevitably reduce the amount available to others.</p>
20	<p>Suggest you try and include individuals on the planning group who only have health and social care as their priorities. Investing in technology is not a debate, it is a means to an end. Just do it but get the specs right and don't forget the people who can't access it. Use a cultural/organisation development approach and not a 'change' fad. It focuses on people and takes account of processes not the other way around. Don't pander to GPs, their days of being 'the Gateway to the NHS' are long gone and their management practices are focused on their own earnings, not their patients.</p>
21	<p>I work for a local charity and worked in feedback to the CCG.</p> <p>I see the importance of gathering details to make sure we deliver the correct services but some streamlining within the CCG is needed. They could work better with each other and in turn have better relationships with the community.</p>
22	<p>More online appointments to free up doctors, money and resources to improve services when you do need more intensive treatment is a fabulous idea.</p> <p>The old fashioned way of doing things just wastes money.</p> <p>I want to see improvements, not reductions in treatments though.</p>

### Question 3

Residents from Milton Keynes who support proposal	
23	To achieve a reduction in health inequalities there needs to be a redistribution of health funding from wealthy areas to poorer areas, and certain services, e.g., obesity clinics, smoking clinics need to be offered in areas with highest rates of these conditions. Guaranteeing stable funding makes it impossible to redistribute to reduce inequalities.
24	Concern that there may be reduction in local practice budgets in due course. MK might suffer most.
25	I still believe that direct one to one Patient/GP consultations are in some cases essential and provision must be made for patients to have the choice. But equally technology should also be available to streamline Patient/GP contact - and user friendly when considering elderly or infirm patients.
26	Give it a six month trail first to see if it could work in all areas
27	These are three close geographical areas but which are diverse in many ways. One area may need more money spent in some areas but less in others etc. Technology is fine but needs to be very carefully thought out. You can't really diagnose many things without physically seeing the patient. I believe The Red House Surgery benefitted from having a paramedic based there. However the physios who were marvellous were removed to a group who although based locally seem to be on another planet. No follow up. I have never been to see her but they also have a nurse who can prescribe and that must be a great help to the doctors.
28	How can a problem be diagnosed over a video consultation? Receptionists who are not rude, aloof and listen to the patients would be good. Listening to patients is priority.
29	In all your headline comms you issue the key message most patients will probably want to hear is that "the proposal will not affect how you access your doctor or any NHS services, you may need."
30	The document doesn't really detail why ring fencing Primary Care budgets is supposed to feel that important to me. I think we have all learned recently what happens when GPs get a pass to use telephone and digital platforms, even less people get access to a primary care physician.
31	Centralised procurement has been used by industry for years. It's time the NHS caught up and stopped wasting money
32	Need for a consultation for those who do not have internet
33	I think to save money you will have to reduce staff. I hope this will not lead to involuntary redundancies for people currently employed.
34	Hopefully it will avoid confusion and delay where patients are referred to several different hospitals and passed around like 'pass the parcel' as hospitals dispute which should be delivering particular treatments.
35	The reservations I have are centred around the provision of care, would there be more travel for patients as services could be removed from one area as there could be duplication which would be seen as costly?
36	Please consider deaf, profoundly deaf hard of hearing and deaf blind and blind when you consider video and telephone consultations
37	What provision is there to have patient representatives on the various work streams and committees?
38	Bedford and Luton Hospitals work jointly at present, but as MK is doing well as a standalone hospital, I don't see why it needs to be within a CCG of three hospitals.
39	My main comment is to say that Local Councils have differing views on various subjects. If this is the case then who do you approach to appeal any issues that may arise with healthcare?
40	Ensure doctor and GP briefing is consistent across the area in terms of the death registration process. Ensure data is utilised to benefit of all.

### Question 3

Residents from Milton Keynes who support proposal	
41	Those involved in the process. Must listen to the doctors and staff to provide an efficient service and not just create a new big behemoth
42	If you wish people to embrace changes then a representatives from ALL. Stake holders including the public must be consulted effectively. That is given time and clarity. Any consultation documents must be in plain English, with translations available, and be devoid of NHS jargon and acronyms.
43	<p>What is the plan for GP practices budget after the two years does this mean signing into a binding contract in order to have no reductions?</p> <p>Although it is good to have technology improvements at the moment I think updated computers and medical equipment is far more important at this stage like portable x-rays, ultrasound and finger prick tests etc. as equipment is getting more portable it makes sense for a doctor or nurse to be able to give a better in depth report to a hospital preferably direct when a patient is in the room avoiding lots of initial appointments and time taken and cost and whether it is necessary for any further action to be taken to be referred to hospital anyway. Maybe also being able to talk directly to a specialist if need be at the time or son after to discuss as to whether further appointments are required.</p> <p>The different patient groups that I have been to always mention accessibility to transport understandably so if more tests are carried out at a GP practice it will be more local in reducing hospital and admin budget.</p>

**Comments from those who responded to question 2 that they neither support nor oppose the proposal**

**Bedford Borough**

Respondents from Bedford Borough who neither support nor oppose the proposal	
1	Make sure that the staff who are working in roles which are being cut, have access to new roles so that unemployment in the area does not rise.
2	Doesn't matter what we say as you'll do the opposite anyway so no point!
3	Ridiculous decisions have already been made (the closure of the surgery at Church Lane for example) without good reason and without consultation. This does not bode well for the future.
4	We need our local drop in centres to remain open. Surgeries need to be open later in each area to help those that work. This will put less pressure on A&E
5	It is vital that services aren't lost from Bedford resulting in people having to travel further for treatments and appointments.
6	I developed an inguinal hernia over 12 months ago and was told that there is no funding for an operation to correct it unless it became incarcerated! The operation is straightforward and would help me to live a more normal life without the constant discomfort that limits what I can do. Will there be funding for such procedures?
7	To ensure services remain available locally. Particularly maternity provision
8	If one of the stated goals of the merger is to reduce organisational costs and give more funding to front line services, how can you include a question about reducing GP practice budgets?
9	To ensure hospital services at Bedford Hospital are not reduced, e.g. emergency service, surgery etc. Also ensure that Moorfields at Bedford Hospital remains as is
10	I think it very important that patients are actually seen by the same GP who knows their history, and that they are able to actually get to the hospital if they are unwell. I have no idea where Luton and Dunstable hospital or MK hospital are. I am over 80 and with daughter and son in law who do not live local, and do not drive. If you are unwell, you need to be able to access facilities, and patient transport should be available to anyone who cannot get to hospital.
11	Ensure local GP services are available at all times.
12	Get rid of the 111 service it is killing the ambulance service through ineptitude and laziness, the biggest reason the 999 service misses its targets, which in themselves are wrong and patient outcome is what the service should be judged by
13	Walk in centres are crucial for communities also...
14	<i>Left blank</i>
15	Re 'involve members of the public' - the setting up of regular and frequent public and private meetings to enable the public to inform and influence best practice would be vital.
16	they are all important
17	My concern is that as Bedford Hospital is the smallest it will be at the bottom of the queue when it comes to the siting of large expensive equipment e.g. MRI Scanners.

**Central Bedfordshire**

Respondents from Central Bedfordshire who neither support nor oppose the proposal	
1	Comments go here!
2	How will you contact /communicate with members of the General Public, will they have a voice? We know what we want, nothing fancy just simple quality support services



### Question 3

Respondents from Central Bedfordshire who neither support nor oppose the proposal	
3	<p>I can see why change is needed although I think the document that was sent out was unnecessarily hard for a lay person member of a PPG like myself to understand. My main concern is that people in the Leighton Buzzard area in which I live may find themselves missing out on important services or having to travel considerable distances in order to obtain them. If you live in some areas and do not have access to a car it can take a long time to travel to obtain services.</p> <p>I remain optimistic but in Leighton Buzzard we have been promised so many services and other things that have never come to fruition that I can only say that I am prepared to trust in our local GPs to do the best on our behalf. I can only speak for the area in which I live.</p>
4	Investment is good but not to the detriment of local community needs, especially if a large organisation will not listen and act upon that local knowledge.
5	<p>I am very concerned that telephone appointments are taking the place of face-to-face appointments as an actual physical examination cannot be over the phone or online so there is a great risk of an important indicator of what is the matter with the patient being missed.</p> <p>In cases of patients with any form of mental illness it would be very unhelpful to not have a face-to-face appointment as it is not possible to see something like a patient's eye or hand movements online or over the phone.</p>
6	The question "There should be no reduction in local GP budgets for the first 2 years" implies that they will be reduced after that. Given that my local GP practice was set up for ~2500 patients and is now, due to the huge increase in housing without the corresponding increase in infrastructure (and I specifically refer to local GP practices in this case) now has to support ~ 5000 patients. Clearly there is absolutely no scope for reducing funding now or after two years and in fact the converse is true, they desperately need more funding and then perhaps "we" the consumers of the service might actually be able to get some!
7	<p>If the proposed savings are to be in management/administration as the Public Engagement Document suggests then there should be no necessity to reduce budgets for our already overstretched GP practices whether in the first two years or later.</p> <p>There is more than a hint in the document that funding in rural Central Bedfordshire will be directed elsewhere to meet perceived greater social need in Luton and possibly also Milton Keynes. There are areas of real and often unnoticed social deprivation in Central Bedfordshire too, including among the rural village population and these should not suffer detrimental reductions in service or budget to support the more populous urban areas.</p> <p>Any requirement to travel further to centralised "better clinical resources" will create difficulties for disadvantaged people in rural areas where public transport is scarce or non-existent if they do not have ready access to a car.</p>
8	To follow the Government's recommendations and allow essential Gluten free food for Coeliac on prescription
9	During lockdown the GP service has been very poor, almost bordering on neglect. Biggleswade has been particularly bad for me. Hopefully an amalgamation will improve things, because currently, it cannot get much worse!
10	Ask the public (patients ) what they want and provide, not useless services which are No value
11	<p>It is important to look at the patient as a whole. Often CCG's make financial decisions which do not benefit the patient and only seem to benefit the budget of the GP practice. This often results in poor care in the primary care environment and often GP's will then put all the responsibility onto secondary care if they are involved. My concern is that a larger CCG may worsen this situation</p>
12	Patients need face to face access to GP's. Video and telephone consultations are a very poor substitute and will miss many problems and conditions. Many patients are not good with technology. I fear the coronavirus lockdown will provide an excuse to rely on technology and deny patients access to good healthcare.

### Question 3

Respondents from Central Bedfordshire who neither support nor oppose the proposal	
13	Communication will be the key clear and concise from the Gp to the patients about the changes

### Luton

Respondents from Luton who neither support nor oppose the proposal	
1	Integrated CCG would be distant from practices and reduce their voice; A move to more remote CCGs will disadvantage bottom-up integration via PCNs; Lack of adequate support to current 5 PCNs during 18 months of CCG merger and cost-cutting plans; Too rapid top-down integration risks the successful delivery of the long-term plan; Fewer, larger CCGs will not strengthen commissioning and control secondary care costs as the integrated system will be dependent on, Acute Trusts rather than Local Authorities.
2	I'm not convinced that telephone/video consultation is effective. First of all a doctor needs to see a patient to get the whole picture of the nature of an illness and secondly, isn't it raising theorists instead of practitioners? An awful lot could be missed through technology.

### Milton Keynes

Respondents from Milton Keynes who neither support nor oppose the proposal	
1	I live in Castlethorpe and use the surgery in Hanslope. This is in a group of surgeries (Parks Medical Practice) which is part of the Northamptonshire Nene CCG. We already have confusion about access to services in MK and Northampton with residents being erroneously refused service in both Northampton and MK which we and our Borough Councillors have sought to resolve. It is essential that this re-organisation does not make this situation worse and actually that its wider scope will improve our residents' access to service. I have sent the separate notice about this merger to the Practice Managers as they may not have received it from you. Chairman, Castlethorpe Parish Council
2	I do not fully understand what the changes will mean for people like myself, in poor health, disabled, and with extremely limited ability to travel. Does this mean, for instance, that if I need a hospital referral, I may be told I have to get to, for instance, Luton?
3	You list in your public document the 'Benefits' - this is useful but optimistic. To increase accuracy and focus I would like to see a list a List of Potential Drawbacks. If I saw this I would be more likely to fully support your proposal because it would demonstrate an openness and willingness to address these issues. In tandem with my first comment I would to see MORE local focus within a more strategic CLG.
4	Problem with ccg is that they don't really involve the GPs to find out what patients want and if there are GPs on the board those GPs are part time GPs who don't really have a clue what is it like to work as a long time gp and seeing to patients needs .
5	Not too sure about the efficacy of accessing services to be delivered in different ways (such as video links ( Zoom?). Whist I have been impressed with how my GP's have been delivering services during the pandemic I'm not too sure whether such consultations should be considered on a longer term basis for all patients - maybe just as an alternative method for some GP's/patients. Could be offered by GP's to patients on a rotary basis?
6	It's great to hear there will be benefits however no one ever mentions what may not be so good; how many GP's clinics etc will close to have one big one somewhere central. Will procurement chose cheap products rather than quality with clinical evidence behind them?

### Question 3

Respondents from Milton Keynes who neither support nor oppose the proposal	
7	Not being connected to the Oxford regional health, John Radcliff etc much better range of good hospitals for us to be referred to. These two other hospitals are always full and already residents of Bedford and Luton cannot get appointments
8	Get the very best prices for supplies and medicines by bulk buying across the group Ensure there is focused mental health facilities in each area, with dedicated staff to support these patients to ensure follow up and continuity of care. People with mental health problems can't cope with seeing different doctors each time and need reminding to take meds in some cases.
9	These questions are difficult to give a definitive answer to, without knowing the precise details
10	I would not like to see GP consultations by default, become mostly by telephone or video link. It's important that the GP/Patient interacts effectively and this can only be done in my view, face-to-face.
11	Maybe before the survey you could explain costs, pros, cons, effect on local healthcare, travel involved if services moved. None of this exists or is in the public realm so how can the survey have the slightest meaning.
12	Don't make previous mistakes again make this change work
13	I have been unable to open or read your full document
14	Several years ago the Milton Keynes Council dramatically reduced their Adult Social Care Budget by £millions. That demonstrates the extent of their interest in working with the NHS. The immediate effect was that more patients were kept in MK Hospital beyond the point where they needed treatment as they could not be released to their homes as they lack home support. (Bed-blocking was costing £2.4m in Milton Keynes according to NHS data that year - I did the sums and raised it at a CCG Board meeting I attended as a patient representative.) It will be important to involve patient representatives at all levels, not as token attendees. Please remember that many (often elderly) patients do not have access to the internet, nor do they have a mobile phone. This is important - I could not organise a Covid19 test for myself without a mobile phone!!
15	Point 2 above - For there to be no reduction in local GP practices budgets for the first 2 years makes it sound like there would be going forward so why would that be? It's hard to approve something when you haven't seen it in action. A bigger CCG is just that really - same red tape with less people to manage it?
16	Lobbying for a budget commensurate with the enormous change in population being forced upon the area by central government.

## Comments from those who responded to question 2 that they oppose the proposal

### Bedford Borough

Respondents from Bedford Borough who oppose proposal	
1	The new proposal is absurd. As it is the existing Commissioning Group is too top heavy, too slow and non-responsive. I am absolutely against creating yet another bigger and more cumbersome organisation. This is yet another NONSENSE. The questions below and above have been designed to favour the new organisation so that the replies would, by necessity, be positive. It is manipulative and dishonest. Incidentally where are the questions about the DOWN side?! Every proposal has a downside. I did not reply to the politically manipulative parts of the questionnaire.
2	We should be able to access healthcare services in our own area and by having one single CCG will not be conducive to providing better health care options and choices.
3	All of this is best done in local areas not as a large group We need a Bedford CCG locally accountable
4	All the above are important and before a change process has been agreed - which clearly it has - the public should be consulted first on if the change should go ahead.
5	Our local practice is superb, and to integrate would only see the demise of a great practise as so often is seen, as far as investing in technology REMEMBER that all patients are not tech savvy and do not own all the technical devices required to communicate that way.
6	Milton Keynes is NOT even in the same county. Whilst I can see some merit in Luton and Bedford working together especially as the 2 hospitals are now combined. However, Bedford has not benefitted from the extra resources that Luton has to the detriment of the people in the north of the county. If Buckinghamshire was included, this would reduce Bedford's input.
7	This appears to be a done deal already from the wording of this questionnaire, All of the questions above are important, but they are also important in relation to the current CCG's.
8	I strongly oppose the merger. It will have detrimental effect for Bedford.
9	During the pandemic I had heart failure and because no DOCTOR was available had to go straight to A&E where they were beyond marvellous and was treated in ICCU but everyone was so overworked I was given medication and tablets etc and they said my doctor would take over and talk things through with me when I was discharged. The practice let me down badly that is all I will say at this point. My point if we cannot see a GP to discuss or consult symptoms With why are they there. The hospital Drs and Nurses have been working through this pandemic and have had to take on the GPS work in all areas and willingly and I know I am not the only one that is so disappointed in the GP practices now
10	Bedford services and decisions made about them need to remain on a strictly local Bedford basis
11	I do not accept that combining Luton, Bedford and Milton Keynes CCGs will save money or improve public health. I believe decision making should be kept as local as possible because it needs to be relevant to all sections of the community and their differing needs.
12	I am strongly opposed to the merging of Bedford, Luton, and Milton Keynes Clinical Commissioning Groups as in the past the CCG as it stands at the moment has been very insensitive to the needs and wishes of the people of Bedford. I feel strongly that any future merged CCG would appreciate even less the local situation in Bedford and would not meet the needs or wishes of the people of Bedford.
13	We want more local accountability not less. In Bedford you have already tried on several occasions to close our local facilities. Continue down this path and you will find that It won't be long before we are demonstrating outside Board members' homes!
14	This survey is bias and not fit for purpose

Question 3

Respondents from Bedford Borough who oppose proposal	
15	<p>The above questions are heavily weighted in an assumption that the merger will go ahead. I strongly believe that this is a money saving proposal that will result in a POORER service for all - and will increase the current already horrific gap between health care for the wealthy and those who are not so fortunate!</p> <p>I also disagree with the beliefs stated below so it is almost impossible to answer the questions - eg - I DO NOT believe that the merger will reduce health inequalities - I believe it will increase them!</p>
16	<p>We have already seen that the 100 million award to both Luton and Bedford hospitals has been prioritised to Luton and Dunstable hospital and highlights the need to keep things local. Local organisations understand local needs. I would hate for Bedford to become a second or third class partner with no real say in matters that concern us.</p>
17	<p>My main concern is that smaller areas, like Bedford and rural communities, needs will get swallowed up and 'lost' by Milton Keynes.</p> <p>I am very concerned by the phrase 'no reduction in local GP practises for first 2 years', means in 2 years there will be reductions which makes no sense when populations are growing and already many people struggle to get appointments.</p> <p>Remote consultations have there uses but, as in my own recent dermatology condition, have their limitations which I fear will mean failure to correctly identify medical conditions and miss others not initially presented over phone or video.</p>
18	<p>It is time that the views of the voting public taxpayers are understood and implemented - politicians need to listen to the persons that elected them.</p>
19	<p>I am opposed to Bedford (and Luton come to that) being included in one single NHS Commissioning Group and I hope that the NHS will seriously reconsider.</p> <p>Bedford Borough and the Mayor are opposed to the idea and local people I have spoken to are not in favour.</p> <p>Bedford and Milton Keynes are very different places. Bedford is a traditional town with a strong sense of identity. Combining into one NHS Group will inevitably water down the involvement of local representation. In fact Milton Keynes is not local to Bedford. It seems to me that the proposal will result in the transfer of some services to Milton Keynes (or Luton with the need for patients and families having to travel. The road between Milton Keynes is very crowded which means that communication would be difficult. Parking at the Luton &amp; Dunstable is nigh on impossible.</p> <p>Bedford has an expanding population and the projected population in 2030 is I understand 193,222. As far as I am aware Milton Keynes is reaching its planned population. I would have thought that Bedford would be large enough to sustain itself independently. The L&amp;D has in recent years gained a good reputation nationally. I imagine that there must be other NHS areas with smaller populations.</p> <p>I do not consider that there is anything to be gained by the amalgamation of three areas into one large conglomeration bearing in mind that geographically the areas are quite separate and have little in common. I am writing as a long term resident of Bedford who is keen to maintain local accountability.</p> <p>I recently made representations in respect of maintaining the Putnoe Walk-In centre and it was obvious to me at the time that not a lot of local knowledge had gone into the proposal to scrap the centre.</p> <p>I request that the NHS urgently reconsider the proposal for a single commissioning group.</p> <p>Finally I think that there will be further pressure to increase the population of the Bedford area over and above the current projected population.</p>
20	<p>This proposal makes an organisation that is large and I can see the patients will come last when it comes to spending on operations ie hips backs etc. there is already areas where patients cannot get treatment because of current decisions it seems to me NHS</p>

### Question 3

Respondents from Bedford Borough who oppose proposal	
	should be about the patient and what about the cost of creating a new group and salaries of group money that could be used to help patients
21	I believe that GP practice budgets should be protected for longer than 2 years. In such a large change project 2 years is not a long enough timescale, many of the services will still be bedding in at this point.
22	<p>I totally oppose such an expensive and unwieldy set up (judging by the current commissioning body's past efforts: £48 million in fees and nothing productive - a gravy boat! What Bedford could have done with that money!</p> <p>Also what good are remote video links for me when I have glaucoma and worsening deafness mainly because I have been unable to see the respective medical consultants due to cancellations through Covid 19.</p> <p>All I can see is a collapse of the NHS and can honestly say I fear for my children and grandchildren's health. Thank God I am 78.</p>
23	<p>Local authorities, on a smaller scale, have much better knowledge and understanding of peoples needs than a 'conglomerate' organisation operating at arm's length from the majority of those who might use or need their services.</p> <p>I had local experience of this in dealing with Bedfordshire Commissioning Group on a number of occasions in relation to both my elderly parents being resident in a Care Home, at the same time, over the years from 2007 to 2016.</p> <p>I do not believe the treatment and courtesies I received from them locally could have been equalled by a very large, impersonal organisation operating tens of miles away.</p>
24	I do not believe that such a merged CCG will be responsive to local needs.
25	Please do not reduce the facilities in Bedford especially at the hospital. We are elderly and to travel anywhere other than Bedford for medical treatment is inconvenient and stressful. making one hospital site for just one medical reason may means we are not able to access it e.g. how do we get to Milton Keynes hospital without transport.
26	Having had dealings with this group for the past few months they have been diabolical and to spread them even thinner will make the system even worse if that was possible. Healthcare in Bedford is abysmal in certain areas and needs a total overhaul not being spread out more.
27	The local voice is crucial to understand local circumstances.
28	Centralisation has frequently been found to neither provide better services nor save any money and presumably either or both of these things is the object of this exercise. I cannot answer Question 4 as I do not agree with the opinions expressed and there is no facility for me to say this.
29	There is not sufficient information on the public engagement document to give an understanding of the governance process and how any consultation process/ or process with representatives on governing bodies will work. In order to make a decision and truly consult with key stakeholders, a more detailed analysis of the governance process, voting, make up of new boards/committees etc needs to be provided.
30	Joining up would make services far more remote and access more difficult. I have no doubt that this would reduce services, and efficiency.
31	Don't want to travel further for medical expertise
32	Listen to our Mayor he speaks for us in common sense language
33	<p>There is a very real danger that Bedfordshire would become a semi-detached member of the proposed organisation. Decisions that made sense for the majority could be very bad for the minority.</p> <p>For example, a large walk-in centre in Milton Keynes might make economic sense because it was at the centre of gravity of the population - but it would be catastrophic for the residents of Bedford if it meant that local centres were closed. However, this does not preclude the possibility of close collaboration when buying equipment, for example. The</p>

### Question 3

Respondents from Bedford Borough who oppose proposal	
	following questions are biased - since the objectives do not require The existence of the proposed organisation.
34	These questions are nonsensical if you don't agree with the proposal to start with. The argument is meaningless if you have already decided. Also the argument for the merger is greater efficiency so why say budgets for local GPs will be reduced after 2 years and why specify 2 years? Why not 10 or 15? I am disgusted that a public consultation is being conducted in such a hypocritical way.
35	Local councillors deal with the general public at lot. We need an accountable local NHS service which will listen to local issues and resolve them.
36	My view is that even the current organisation makes decisions that do not reflect local opinion. An attempt was made to close Putnoe walk in centre. Thankfully this was opposed locally and we still have the facility. Our own local surgery at Great Denham is currently rated inadequate and getting services from it is very difficult. In my view it is because of a lack of investment leading to a lack of capacity. The surgery just has not kept up with the growth of Great Denham. Moving decision making even further from Bedford with be detrimental and lead to longer lead times and decisions out of touch with the local community.
37	Don't take away local A&Es or maternity services!
38	We need Bedford Hospital to stay here but to work to improve the service.
39	To centralise an operation, will remove the local importance of certain departments. Thereby reducing the treatment available for patients in certain areas.
40	Although improvements in technology is important I think face to face consultations should be retained when requested.
41	Some local GP surgeries have combined with others to form one large group but this has resulted in less efficient services for patients and no doubt more profit for the GP partners. Therefore it follows that combining several CCGs together will probably result in patients facing longer delays for treatment.
42	The lack of engagement with the community, secondary care colleagues and service users means that the proposal is bound to leave these groups feeling alienated.
43	As usual some bird brain people are trying to dilute our NHS in our local area ie Bedford, this is a stupid idea we in Bedford borough need to have appropriate care services in Bedford
44	Need to ensure each town/city has its own accident and emergency facility in the hospitals as well as maternity care
45	Bedford needs its own resources.
46	2 of the worst hospitals I have one across are Milton Keynes and Luton and Dunstable how will they keep the high standard of care delivered at Bedford hospital????
47	Views of people need to be heard, and improvements in waiting times for appointments need to be improved before considering a larger merger such as this, it takes me a month to get a doctor's appointment. It's also important for Bedford to keep its A&E service as people who can't travel will suffer as a result.
48	General public need face to face appointments with GP. Not video call 😊👩
49	I believe that Bedford and the surrounding catchment area are entitled to a full range of hospital services situated locally and controlled by local people. If the government expect us to be a healthy growing segment of the Oxford / Cambridge arc, we should be given the facilities for independent growth.
50	People will be concerned with travel to sites outside Bedford Borough if a department is not located at our hospital. The patient costs involved is of importance.
51	I feel that the incorrect decisions made by the Government at the start and during this pandemic have demonstrated the risks and weaknesses of too much centralisation and

Question 3

Respondents from Bedford Borough who oppose proposal	
	lack of knowledge on a local level. Local Government should have been involved with Environmental Health Officers at the start to do local track and tracing as in infectious disease control. Making one CCG cover such a vast and growing area will mean that such problems will arise more often in the future, despite peoples' good intentions. Bedford Borough Council is a disparate enough area on its own without adding in Luton and Milton Keynes. We have rural and urban areas, poverty and deprivation, ill health and an ageing population. Who would have ultimate oversight of the new CCG? Is there any democratic accountability by an elected body? What mechanism is proposed for due scrutiny of decisions made? Who decides ultimately on the allocation of resources and on what basis? S[he] who shouts loudest? Historically this has never been Bedford, but Luton or Milton Keynes and this will become worse under one CCG.
52	Bedford is the county town yet over the years it's been downgraded with priority given to Luton and Milton Keynes it's about time that Bedford was brought back from the scrap heap, why not have Bedford in the forefront Luton and Milton Keynes merge with Bedford especially Luton. Bedford is becoming a town that is forgotten I'm proud to be Bedfordian born bred in Bedford and served for the country putting Bedford on the map, it's about time that Bedfordians stand up and be counted.
53	<p>I believe the proposal creates an organisation that is too remote from the community it serves. It would make more sense to follow the experience of large companies where they centralise services such as procurement, HR functions, accounts but have Area Directors accountable for meeting local needs reporting to existing elected representatives (who recruit, appoint and manage these people) as part of the Local Authority Team.</p> <p>I struggle to identify how the proposal has benefit for either patients or staff. In fact it appears staff will spend more time travelling around the new area trying to understand and deliver what is necessary and at increased cost.</p>
54	The only place that seems responsive re GP appt is Putnoe Heath Centre, via 111. Recent brilliant experience on a Sunday. Services need to be kept more local, so staff have a better understanding of relevant geographical needs, best use of resources - to keep costs as low as possible and to utilise known local services
55	To provide all services in all areas
56	I seriously don't believe that this merger will benefit Bedford
57	<p>I think it is important to allow GP's and hospital medical staff to make decisions in the best interests of their patients with the minimum amount of bureaucracy. I feel that this is particularly important where GP's wish to refer patients for early diagnosis for cancer without having to count numbers all the time. Early detection is surely more cost effective and saves more lives ie better an extra investigation cost than a dead patient or thousands spent on poor outcome treatment.</p> <p>Closing local amenities means more travelling for sick people, extra stress and traffic. A local amalgamated medical practice resulted in it being almost impossible to get an appointment, and I would not wish to see waiting times at local facilities any longer. Bedford would not want to be finish up being the 'poor cousin'.</p>
58	These loaded questions assume support for the CCG. I do not support the new CCG as the remit is far too large for local specialised services. The CCG area is far too big to provide comprehensive services for Bedford citizens.
59	I believe the merger will harm BBC residents health MK are so large Bedford needs will be bypassed
60	It seems to me that the present CCG has no democratic responsibility to the people whose health policy it controls. A larger CCG is likely to be even more remote and "high handed" than the present one. As a taxpayer and user of the services controlled by the CCG, I am unaware of how the members are selected and to whom they are answerable in practical terms.



Question 3

Respondents from Bedford Borough who oppose proposal	
61	There is no acknowledgement of local community interests in this proposal which is likely to increase rather than diminish inequalities and to create a climate of competition rather than ensuring and enhancing quality of care. There will be even more layers of bureaucracy creating delays in treatment and possibly requiring people to make long journeys to attend appointments - when public transport networks and services are already inadequate. The proposal is more focused on administration than care issues
62	I believe that the larger any organisation becomes the reliability and functionality becomes. It becomes more impersonal and liable to larger errors when they do occur. Regarding video and telephone consultations, this to me is just a cop-out and the forerunner of the impersonality as I mentioned earlier.
63	Although improvements in technology is important I think face to face consultations should be retained when requested.
64	To return to providing face to face doctors' appointments
65	I am concerned that the proposed merger will lead to less local sensitivity and not reflect the needs of the local population adequately. I do not believe that the points made below will be delivered by the proposal hence I am very much opposed to it.
66	The amalgamation of local doctors surgeries has created many problems and less efficient services and this idea will do the same. Thoroughly unacceptable.
67	There should be no reduction in local GP budgets, ever. Most surgeries are vastly over-populated: unless you are able to get an emergency appointment, you wait 2 weeks to see a doctor - this does not allow patients to get immediate care for what may be cancer.
68	The more remote the service the less efficient it becomes for the patient. Bureaucracy becomes dominant and less is spent on the front line.
69	It is essential that a new CCG of this size does not lose its contact with local people and that it ensures that local doctors and anyone else who has an interest is consulted before decisions are made.
70	Please stop this proposal. It's purely on cost not service. Disgusting
71	It is not a good idea to have one vast commissioning group, as each area has vastly different demographics and needs. Indeed in the past when the NHS has created huge bodies, they have proved to be ineffectual and eventually have been disbanded, each time wasting NHS cash. Commissioning groups are very important to an area's health needs. Coronavirus has shown us how we need our GPs, we need to see them for an examination. Telephone consultations are not always accurate - I was diagnosed with a kidney problem, whereas I had shingles! Please do not lump us with Luton and Milton Keynes, the citizens of Bedford Borough are quite different, in ethnicities and therefore so are the illnesses which affect them
72	Over centralisation causes too many problems for health care services. For instance, call handling procedures mean that if there is a problem technologically a very large population can be deprived of services. I use ICASHH which has been combined and just trying to get through to the Bedford office can take many minutes to even get in the queue. There have been occasions when the call system has gone down and the Bedford staff have had no possibility to countermeasure.
73	If the Covid-19 experience has shown anything, it's that over centralised operations don't work as well as local groups. I don't think this merger will be good for the communities affected.
74	Never like big mergers - you end up with a watered down service.
75	Centralised decision making means no one local is accountable. This always results in a reduction of service quality.

### Question 3

Respondents from Bedford Borough who oppose proposal	
76	<p>I disagree with doing anything purely to save money.</p> <p>As taxpayers, we are charged more and more for less and less.</p> <p>As population increases so does the available budget, where does it all go!</p>
77	<p>This is just a first step towards reducing the number of services at Bedford hospital in the shorter term, with a longer term view to closing it altogether.</p> <p>This has been talked about over the last decade, so we know it's in the minds of people spending OUR NI contributions and taxes.</p> <p>The end result is that Bedford borough people will have to make a 20- 30 mile journey to get the same services currently within walking distance.</p> <p>Furthermore, the bullshit added below is a crafty conflation to be used later stating that (Well, a LOT of Bedford Borough people agreed to this b***s***, so we must have got it right"</p>
78	<p>I STRONGLY OPPOSE YOUR PROPOSED PLAN. THE POPULATION OF SMALL RURAL COMMUNITIES WILL BE DISADVANTAGED AS HAS HAPPENED IN THE PAST WHEN YOU ATTEMPTED TO CLOSE PUTNOE WALK-IN CENTRE. THE DECISIONS YOU MAKE HAVE A PROFOUND EFFECT ON LOCAL COMMUNITIES AND YOU DO NOT TAKE THAT INTO ACCOUNT IN YOUR DECISION MAKING, REGARDLESS OF WHAT YOU CLAIM.</p> <p>THE WAY THAT YOU HAVE COMPILED THE QUESTIONS IN THIS QUESTIONNAIRE HAVE BEEN STRUCTURED TO OBTAIN THE RESULTS THAT YOU WANT.</p>
79	<p>I do not feel that big is better. As an elderly person, I want local services and a local hospital. It is important that the hospital is easily accessible for seeking treatment and for visiting. I have experience of two patients with cancer, my brother who was treated in Birmingham in an enormous teaching hospital, a so-called centre of excellence. There were many delays in diagnosis and in treatment. There seemed to see a different doctor each time he had an appointment and was unhappy with the lack of continuity. My husband, who is terminally ill with bowel cancer was diagnosed by doctors at Bedford hospital. The Primrose Unit where he was treated is small, he saw the same consultant each time and felt that that both medical and nursing staff knew him and, although his treatment was palliative, the last years of his life have been made as comfortable as possible. He has survived much longer than my brother. I realise that this is very personal and anecdotal evidence it I do feel that local, easily accessible services are what people want.</p>
80	<p>My biggest concern is that with Bedford Hospital being the smallest is will be at the bottom of the queue for new facilities e.g. MRI machines. Also, that clinics for the less common illnesses will be cantered at either the L&amp;D or MK meaning that will Bedfordians will have to travel to Luton or MK.</p>
81	<p>Essential for these services to be at a local level, Milton Keynes is not local for Bedford citizens!!</p>
82	<p>I do not want more remoteness. Services have declined since CCGs were set up. The proposed closure of Putnoe Health Centre was a disgrace. Far too much is spent on admin and inflated salaries instead of on primary care. Those who run CCGs care more about the process and less about the well- being of patients. I know that this proposal has already been decided up so Question 4 is a nonsense as I do not see the benefits of the change.</p>
83	<p>A substantially larger CCG will be far less responsive to local needs and almost certainly less efficient and less able to effect change quickly where necessary. The demographics of the regions proposed to be merged have significant differences and it would make much more sense to retain a localized CCG that is responsive to the needs of its population. Environmental sustainability is key to all our lives, and integral to our health, and localized CCGs as we have now will be much better placed to reflect local population needs; our future should be in smaller organizations that result in more sustainable ways of working.</p>

### Question 3

Respondents from Bedford Borough who oppose proposal	
84	I am opposed to this change, over the next few years major population growth is planned in Milton Keynes, Bedford and surrounding areas creating a larger group at this time makes no sense as this is likely to need further revision in a short time scale.
85	Bedford should be for Bedford
86	It strikes as another exercise of government led efficiency savings. Local people do need access to quality face to face health services and no phone and online delivery can substitute it. Covid provided a great example where an overwhelming emphasis on triage and underdeveloped delivery online led to fewer admissions for serious illness including cancer and heart attacks. Quality of mental health provision deteriorated over the past 2 years (4 of our family members used the service). I really cannot see any patient benefits of this more distant and depersonalised commissioning approach.
87	I think we should have more walk in surgeries, and more walk in surgeries for minor surgery, which will take the pressure off the main hospitals.
88	Recent pandemic experience has highlighted the need for trust, responsiveness & flexibility which I believe is best provided by a LOCAL body. Co-operation between local bodies can enhance service provision but local level accountability & understanding of local needs is required as a first principle
89	I oppose this merger. Bedford practices should be run by Bedford people and NOT with Luton or MK. I can see that if some departments are taken over our town will suffer.
90	Our taxes help pay for such services and all we keep getting are cutbacks or merged services which get too overwhelmed. With covid 19 still rampant it would be a catastrophic idea to merge because you just would not have the capacity to deal with health queries putting even more people at risk. These people who make such decisions sit around on grossly high salaries and are supposedly educated at high levels and these are the stupid ideas they come out with. It's so dangerous playing with people's health and lives I strongly oppose a merger. Keep o the services we have and improve them is the best way to go forward.
91	I am appalled at your question 'for there to be no reduction in local GP practice budgets for the FIRST TWO YEARS' The fact there is a time limit on this is totally unacceptable. In my locality it has been a nightmare getting an appointment for some considerable time. NHS England's insistence the practice takes on more patients and yet another GP retiring who will not be replaced. They simply cannot function on less money than they are getting at this time.
92	CCGs have demonstrated that they are REMOTE and thus inefficient. The NHS over the last 6 months has shown to be poorly run and lacking in LEADERSHIP.
93	I believe the establishment of this merger of the three areas of Bedford Luton and Milton Keynes is too large and will be disadvantageous to each section, particularly Bedford, which is seen as the smaller of the Boroughs. I cannot see how inequalities can be met by having one large, remote 'body' is going to be any more efficient or fair than the current arrangement. What does it mean 'doing things once' as in the question 4b? There are no guarantees that it will be more financially efficient either.
94	You've told me a single CCG I'll be in improvement but nothing about how or why? The questionnaire is scripted in a non-neutral manner. Very unprofessional. You are better than this. Get a grip. The questions are also loaded towards the answers you want. It's a pointless exercise. Why bother asking if you're just going to do it anyway.
95	The area is too large and incorporates too many clinical facilities
96	Bedford has seen services gone from the hospital and other local services were under threat (Putnoe walk in centre). Bedford is growing and many more houses are going to be built, and therefore decision making needs to be local.
97	As always merging local service providers into a single large provider will result in service reduction and reduced quality for no considerable long term cost saving. Money will be spent on trying to make it work. It won't work and more money will be spent returning to

Question 3

Respondents from Bedford Borough who oppose proposal	
	<p>smaller local provision. In the meantime the people who use the services will be sent round 3 hospitals, never know where their appointment will be and will suffer from the reduced quality of service that will come with the increase in scale.</p> <p>Concentrate on dividing provision demographically, not geographically. Concentrate on the inevitably growing geriatric healthcare requirements being maintained without the rest of the population being left with 2 or 3 week waits to see a GP.</p>
98	I don't think this should be going ahead at all. Bedford is big enough to be independent.
99	An retrograde step. Big is not better. Accountability is more important.
100	<p>Judging by your survey it looks like a done deal, also looks like a reduction in GP budgets has already been discussed. Probably need to reduce them to pay for all the extra managers and staff the new combined unit will need...</p> <p>Whenever "mergers" happen the result is always higher costs, more senior staff needed (these groups always need higher paid bosses because they say they cover more areas). Also large groups lose touch with what is happening in local areas and always consider overall pictures without looking at individual cases. The more local and more personal the groups are the better the results for that area.</p>
101	The current Covid-19 pandemic has demonstrated that central control of medical resources is less effective And more expensive than local medical knowledge. As illustrated by the test and trace where having all the resources centrally is more expensive and far less effective than local health teams.
102	<p>Not everyone has access to a car ... plus travelling half way across the country is not a good idea for people who need medical assistance.</p> <p>If someone needs a hospital stay this needs to be local so that relatives, religious &amp; friends can visit &amp; give support.</p> <p>People need healthcare professionals who know them as an individual not lots of bits of paper / emails. The whole picture is needed.</p> <p>Recently I was diagnosed with osteoporosis and the drug that was prescribed was totally unsuitable for me and had I not consulted the Royal Osteoporosis Society the prescribed drug would be wreaking havoc on my intestines!</p> <p>I now await blood tests &amp; to be given a different drug formulation to protect my bones from further deterioration.</p>
103	<p>LISTEN TO THE LOCAL COMMUNITY, you are remote, insular, and have no understanding of people or health care. It seems self-grandiosement and satisfaction is more important to you than actually serving the local community. It's time you got real, and did some of the actual work you are overpaid for.</p> <p>The community would be much better served without you - just another self-centred, expensive and useless quango.</p>
104	<p>There is the mistaken view that big is beautiful and every organisation seems to go through the same cycle (small to large and back to small and so on). The key is local accountability. It is the local community who know the needs and these are not best met by being remote. Stop interfering with the current system. It is far from ideal but if it beefed up its local accountability more it could be made to work more effectively. Health inequalities are not the result of the CG arrangements - there are other socio-economic factors at stake and cultural issues that need to be addressed. It is not the role of CCGs to be some sort of social engineers.</p>
105	<p>The only way to offer a highly rated service is to be LOCAL and work with local people and services</p> <p>I notice in the lists below that you do not offer a column for the non-believers amongst us</p>
106	We need to get the healthcare service back up and running post covid. Too many services still not available.
107	Please realise that local is best.
108	DO NOT LIKE THE IDEA -TOO REMOTE -MAKE LOCAL

Question 3

Respondents from Bedford Borough who oppose proposal	
109	Too widespread CCG lessens local understanding and response agility
110	I do not find that the merger would provide a positive health outcome for the people of Bedford
111	I believe that subsuming Bedford into an organisation with much larger populations will leave Bedford in a much worse health provision service. The best we can expect is long and expensive journeys to Luton and Milton Keynes for the most simple of healthcare operations. We have already seen in the past the desire to close hospital facilities in Bedford and move them elsewhere. The people of Bedford must oppose this for the sake of their future healthcare.
112	I have not completed the above radio buttons as I disagree strongly with the merger so none of the above are relevant.
113	Ambulance and nursing staff should be consulted in this proposal as they will suffer if only GPs are included.
114	If there is to be no reduction in GP budgets for first 2 years, DO NOT make increased reductions in following years to compensate. The questions above do not allow for the consequences of the answers.
115	Total waste of money. Periodic reorganizations are costly and achieve little. The populations of Milton Keynes, Bedford and Luton have little in common and attempts to combine the three hospitals have resulted in vast sums paid to consultancies with zero progress. As always local politics have undue influence blocking any rationalisation. GPs should be seeing patients not wasting time as managers for which they have no expertise.
116	Standards dropped when my practice merged with others recently - unavailability of appointments, etc. Even before the pandemic. Whilst I understand the reasons for telephone or video consultations these can never replace face to face meetings with patients. I have concerns that merging into an even bigger area groups may mean that budgets are ever more stretched and some local small groups within the area will be overlooked.
117	I am concerned that this exercise is just another example of ostensibly seeking Public opinion in order to meet some Governmental aim and then promptly ignoring the results and going ahead anyway.
118	There should be no reduction in local GP practice budgets full stop. They are all running at absolute capacity and then some, there is no spare money. Our own practice is already 35% oversubscribed, and with development imminent would be 100% over subscribed or more if they had not already closed their list. Where the new residents will get medical care is anyone's guess, no provision is being made by any CCG and we are told that notwithstanding any of this we are still not a top priority. Our rural surgery covers around 10 different villages, where would they go? Our GP also tells me that if there is no investment the surgery will be handed back to the CCG. What are the plans if this happens? Rural areas always miss out, and I can only imagine that this "Super CCG" will just consolidate everything into the towns and leave the rural areas out. 2 years will go in a flash, this is really not good enough. In addition, the government is pushing for greater development all the time without tying in the need for increased medical provision. Too many people sitting on fat salaries in CCGs when that money could go where it is sorely needed.
119	I/we agree in principal with the proposals however it is important that local services are not diluted as this results in more concerns about the wider NHS and associated ability to supply appropriate services if needed in an emergency. At present the service is working, despite COVID but if it is forced through further dilution and associated "Rationalisation" then the present level of local involvement that we all value, will be lost.

Question 3

Respondents from Bedford Borough who oppose proposal	
	We appreciate our local GP's and the surgery facilities and if this is lost, so will all the local knowledge accrued over the years will be diminished. This would be a great loss.
120	Services for the people of Bedford should be provided at Bedford hospital, not forcing them to travel miles for treatment.
121	Have 111 triage system looked at and not let them send ambulances full stop ●. Educate the public on their services that they and 999 services supply. So many ambulances have been and are being wasted by the 111 service. Give the ambulance service control of 111
122	Logistically unachievable. MK is in South Central Ambulance service. Luton & D is horrendously busy now, and in an area of deprivation, why should anyone want to merge with them?!! Highest rate of covid? Why is that? Multi-generational families not obeying the rules... Don't use better health as a reason to merge, Luton is going to suck the funds dry..... The health inequality is simply down to the demographic ethnicity and typical ignorance of that population...
123	Needs to involve hospital workers including AHPs in decision making processes as GPs are often unaware of how hospital care is provided
124	I'm concerned about the loss of local voice and negative effects from a one size fits all approach. Although the right noises are being made about health inequalities being tackled, I see cost cutting being the driving factor.
125	This is just stuffed with leading or loaded questions, which is why I've only answered one of them. Asking me if I'm in favour of investment in technology for example; I might be in favour of investing in it, but not in favour of Matt Hancock's suggestion that this will be the primary method of GP's interacting with patients in future.
126	If this plan is to go ahead then it needs to have better access to all services locally not centralised which is what I fear will happen. With Luton and MK taking everything leaving Bedford with nothing
127	I think medical reviews such as prescription reviews could be done via video calling which would make things easier for me as I have no independent transport & I'm living with a long term condition which has created a lot of disabilities. Some of my appointments could be done via video. I think it is vital to have a combination of both. But you just can't get away with the fact that you need a hands on approach if there is a clinical need.
128	Point 3 I do not think there should be reduction in GP budgets beyond the first 2 years, let alone within the first 2 years. With an ever growing population you cannot be planning to reduce this.
129	I notice the question on reduction in local GP's budget: I would hope that these will only increase and never be reduced. We need more surgeries and hospitals: the growth of these services has stagnated, despite a rapidly increasing population. I do not want to be shipped to MK or Luton, for treatments: I have witnessed the mental and physical stress on individuals, when they have been put in unfamiliar surroundings, when they are at their most vulnerable. The use of private healthcare and administrators is leeching valuable funding away from providing a well resources service for all. I worry that "giving everyone the same opportunities to lead a healthier life" means a negative experience: that we will all, eventually, receive very little attention. My own doctor's surgery has constant changes of staff: you never see the same doctor twice. It is impossible to get an appointment when you are experiencing difficulty, without resorting to using valuable emergency slots. This is because the increase in home-builds far exceeds the building of services around the

### Question 3

Respondents from Bedford Borough who oppose proposal	
	population increase. I feel we are already infinitely smaller than we once were: with the proposed merger, we would become invisible and not even know who to go to if things should go wrong.
130	Need to have a close working relationship with the Council over local healthcare decisions including services such as Putnoe Walk in Centre. Consultations should be used to assist with the forming of ideas not simply to tweak ideas that are already in motion.
131	<p>Having been on this planet for more years than is decent, and having a professional background in the management of organisations and the study of their behaviour, I have to confess to a scepticism about any major shake-up that is so profound as to amount almost to cynicism.</p> <p>It is, of course, beyond possibility that one could abject to any of the aims stated for this action. They are up there with motherhood and apple pie in the pantheon of ideals. However, my confident prediction is that few, if any, will be truly accomplished and that of those that seem to be, the appearance will be all there is. The taxpayer will be landed with even higher bills to no effect. Already the merger of Bedford CCG with (or, more accurately, takeover by) The Luton equivalent has already shifted services away from Bedford, where I live, to the L&amp;D, reaching which by the easiest method involves a train to Leagrave and a 30-minute walk or a taxi-ride, the L&amp;D having more or less shut its main car-park.</p> <p>Instead of emulating the deck-crew of the Titanic in repositioning deckchairs, the energy and expense likely to be dissipated here on the doomed project of the NHS would be far better spent on devising and testing a model for healthcare delivery that the country can actually afford. Everyone who takes an intelligent interest in the NHS recognises that it is unsustainable in its present form. That knowledge is held by the people running this project. There is something to be said for trying to slow the sinking of the ship, but in the end designing an alternative to which passengers and crew can transfer and then abandoning the sinking vessel makes more sense to me.</p>
132	I have concerns on how the NHS and GPS are run currently. GP's are private companies and you are putting all the controls to individual GP Practices. As private companies their focus is on their income, their profitability, and their pensions and not on the patients, delivery of services and all the things the NHS is meant to stand for.
133	<p>I would strongly prefer that there was no CCG at all and we would save the large salary bill for the numerous faceless managers in the CCG who do not fully understand the issues. Take for example the Putnoe Walk in surgery fiasco. The CCG issued a very biased questionnaire and proposed a public meeting. However when it became apparent that there were too many difficult questions the CCG eventually cancelled the public meeting at short notice.</p> <p>Thanks to the efforts the Mayor of Bedford, GPS and hospital consultants the CCG backed down and kept the walk in surgery open, albeit on reduced hours.</p> <p>You have to question how much was money was wasted by these faceless CCG managers who proposed to shut the Walk in surgery with prior public consultation.</p> <p>Please get rid of the CCG and let the GPS and Consultants manager their own affairs as they did before the CCG were formed.</p>
134	My main concern is how will people who are too ill to travel further for hospital services, whether it be outpatients, inpatient or emergency services be catered for?
135	<p>Changes in any service or workplace can sometimes be necessary or unavoidable. These changes are fine as long as they do not become inefficient or wasteful. EG I have had 3 letters to remind me of the same issue last month. Waste of manpower? Waste of money? Inefficient?</p> <p>The use of video links can be a very useful tool as a picture (or video) says a 1000 words</p> <p>A local A&amp;E is 100% needed to serve the local community. This avoids anxiety, frustration and worry for any patient. Imagine to travel 20+ miles if you have a serious</p>

### Question 3

Respondents from Bedford Borough who oppose proposal	
	<p>problem!?!?</p> <p>Also there should be more walk in centres in all towns. If people are kept healthy, they will become less expensive in the future to run....Like a car!</p>
136	<p>Health services MUST remain local. I do NOT want to travel from Bedford to MK or Luton for hospital care.</p> <p>Surely the COVID pandemic has taught to remain close to home?</p> <p>Your proposal will increase inequalities - how can those without a car travel for treatment/visit relatives?</p> <p>By sending local people 20+ miles for treatment, you are NOT meeting their needs!</p> <p>Financial stability and sustainability will be achieved by increased funding, not by diluting local services.</p>

### Central Bedfordshire

Respondents from Central Bedfordshire who oppose proposal	
1	How can you know what to change if you don't consult the staff who work locally in NHS and the people who are receiving the service
2	<p>Who in the CCG is responsible for the results of this survey? When and where will the survey results be shared? How will these results influence the CCG actions? Question 3 is confusing and unfortunately wastes a question, is this the CCG staff or the professional staff conducting the CCG consultations with the Public?</p> <p>Given that this will now mix rural parishes, market towns and cities (in all but name), it is very worrisome that those of us in Central Beds (mostly rural, with market towns) will lose out in services due to the greater numbers of Milton Keynes and Luton. The services of the current CCG are very constrained and also very bureaucratic. To get a bunion consultation took 2 GPs and 3 interactions with a CCG intermediate. How can this be cost-effective? Hence the lukewarm 3's to involve GPs (who patients need more) or staff (who have learnt bad habits). Viewing Technology is merely an expensive replacement for yet another step to a diagnosis by GP or specialist, while removing basics like bps, physical exams, etc which are getting increasingly rare and even rarer since Covid.</p>
3	As you will be well aware it was difficult to get a GP appointment before the shut down, and even more difficult now. There are major disadvantages to reverting to video or telephone appointments rather than face-to-face, and it would be detrimental to reduce the latter in favour of the former.
4	Don't frame these questions to lead us to the answers you would prefer!
5	<p>The heart of the 2012 H&amp;C Act was the mistaken view that doctors should totally control primary care and hold the purse of hospital funding. It has been an unmitigated disaster from start to finish. Doctors are fantastic at doctoring but they are hopeless at independently organising large financially limited organisations and managing effective long-standing contracts, procurements and logistics. The changes that created CCGs mistakenly considered doctors being at the core of primary care. They are actually an extremely valuable specialist segment of resource that needs managing properly by professionals at doing that. If nothing else this attempt at a reversal of the 2012 act needs to put the professional control back in the hands of those who cannot act like children with their hands firmly in the sweet jar. At best, this proposal is the old PCG with an extra odd bit added on the side. The 20% savings quoted are no more than an acceptance that regionally centralised control and management working over and above local medical providers is likely to be more efficient and effective than what we got from the last re-organisation. The addition of Milton Keynes is odd because culturally, Bedfordshire has had little to do with Milton Keynes over the recent past. The extremely</p>



### Question 3

Respondents from Central Bedfordshire who oppose proposal	
	low number of patients from Bedfordshire treated at MKG should be a strong indicator that the population of Bedfordshire is not particularly interested in integration with MK. Why the NHS would want to be the only public organisation to want to combine the two is unfathomable unless it is just to make the new organisation bigger, not better. The worst part about the proposal is that as a resident of East Bedfordshire we are seeing our influence diminished even more than it is now. The provision of the higher levels of primary care are virtually completely missing in the East of the county already and it is very clear from the map of the proposed new CCG that it will become even more unbalanced than it is now. The centre of gravity of the new organisation would be moved significantly away from the least well provided part of the area. Maybe the number of East Beds patients that choose to use Lister rather than either of the either of the new L&D pair is not considered important, but having so many of your zonal population getting their high level health care from outside the boundary should be telling you something about how you should be organised at a local level. Maybe the considering local core infrastructure is more important than just making the organisation bigger and more unbalanced. Just one example of how that affects these relationships is to come to this side of the county when you have a day to spare and try to get from Pottton to the L&D and back by public transport it would probably need a day for that trip.
6	I would be concerned that the quality of services/budgets in rural areas will be further eroded to subsidise the needs of urban areas with increasing populations. I don't therefore think that safeguarding budgets for a period of 2 years is sufficient and that this approach will mask underfunding. I also feel that we have heard this all before and seen practice standards diminish rather than improve. I am not seeing anything new or innovative in this proposal
7	I think this proposal is wrong as CB CCG don't investigate what they should do. I have recently been failed by Beacon House after a year they admitted it, and the CCG were unhelpful in the process. Making it bigger is likely to make the budge smaller for smaller areas. It's bad enough during the pandemic that anyone will see you MH or GP or Hospital. This is just going to be more frustrating to the users of the services
8	As a member of the De Parys group I realise that the bigger the group, the more distant it becomes from the people, and communication becomes more remote and more difficult. Patients cease to know the doctors, and the doctors do not know the patients. If we merge with Milton Keynes it will get worse
9	Our service although stretched, is local and accessible, service is of the highest standard , whilst struggling with resources. Please invest in local services keep control with the people who understand and know the area. Covid has only proved this, with government giving local authorities the opportunity to deal with issues local and not by a board sat remote with no knowledge of the area. I completely support Dave Hodgson and his team.
10	I would prefer to see the current system working well and fear that a bigger organisation will cause even more problems. The current CCG has not listened or responded to the local voice and concerns of patients but has paid lip service to the need for consultation by not holding events in sensible places locally, not fully advertising them and by having minimum representation from the Patient Body at any meetings.
11	I would like to see adequate health facilities, ie doctors surgeries/health centre in the area I live in, they were promised but have not happened. I live in Wilstead and with Wixams built there should be local services but there is none.
12	The NHS is increasingly run as a business, with foundation trusts calling the tune from distant locations on local services and the senior management very rarely ever coming to local areas if at all. The problem with having health run as a business is that people are not commodities. Each geographical area has its own unique needs and one approach

### Question 3

Respondents from Central Bedfordshire who oppose proposal	
	doesn't fit all. Local is more flexible, adaptable and approachable. Big organisations are slower to act and remote from most ordinary people, the focus is on the bigger picture, a one size fits all approach. The loudest voices are usually first served so as MK has a larger population and is actually in a different county, who will have the greater say? Whose needs will be a priority in the allocation of funds? If local services are given over to a big business organisation what cuts to services will happen without consultation? Smaller areas have a smaller voice and it's easy for big organisations to not hear that smaller voice. What guarantee is there that each area will be considered on its own needs rather than some huge budget plan? Over the years we have seen increasingly centralised organisation of NHS resources and with at times, a confused, ridged application of policy that results in waste, loss of and a shortfall in local provision, that once lost is gone for good.
13	Its stops becoming a local hospital when you have to travel to MK. Leave it as it is!
14	How will you, Physically, or what method to make contact with local patients, volunteer groups, Patient PPG's to collect and consider their opinions and NEED. This needs to be a local direct contact and not channelled off and LOST under different lines of management.
15	There should be no reduction in GP ever, we cannot get an appointment now and it will be even worse when all the building work is completed, we need more GPs' not less. There should be no reduction in local services or closure of any departments including A&E and maternity. It has been proven that video and telephone conferences have not worked during close down only delayed treatment. Also get rid of MSK Circle again they just appear to be middlemen, delaying treatment and adding an extra level of bureaucracy.
16	It is concerning that GP budgets are only being protected for two years. In my experience my local GP Service has deteriorated beyond comprehension (this was before the Covid-19 crisis). Patients can no longer get blood tests at our local medical centre, but must instead travel to the nearest towns which are more than 5 miles away. These centres do not offer appointments and as such a working patient has to take at least half a day just for a blood test. Let alone the inconvenience for the elderly or those who do not have their own means of transport. My concern is that this merging of resources will inevitably impact patient resources and we will start to see more 'hubs' and fewer local services, which serves no good purpose other than to save money. The merging also takes focus away from local problems and as such dilutes the quality of care offered. If you are going to merge as commissioning groups you need to still be able to see the detail not just the bigger picture
17	Vulnerable adults with complex needs are being let down and put at risk by the current system. I do not think further centralising decisions without input from patients and their care teams (NHS and care at home) is in people's interests, or that of strengthening a system that requires improvement. The 'tick box' closed question culture of assessments is failing those most in need and frustrating the staff who are trying to implement and access appropriate care. If the points below have been unable to successfully implemented in smaller areas how can you expect it work across a much larger, non-personalised demographic. It would make sense to ensure these 'beliefs' listed below are rolled out on a county scale initially to
18	"No reduction in GP practices budgets for 2 years" implies that after that there will be a reduction. Our GPs are struggling as it is to provide the level of service that is already required. The NHS is a national service which should have the same level of service throughout the country.
19	The proposal is merely papering over the obvious faults in the system and is a waste of time and effort. Greater control and investment should be made in local GP practices

### Question 3

Respondents from Central Bedfordshire who oppose proposal	
20	I was under the impression this proposal was muted a few years ago and eventually dismissed by government. My proposal is we should have one CCG but only for BEDFORD & Luton. Leave out MK to join with someone else.
21	All changes lead to decreases in services provided consistently
22	Not sure what the foregoing questions are getting at because this should be a basic premise anyway How can people be involved at a local level if you are increasing the scale area and number of people covered and bringing in a wider more centralised system Hasn't the Covid-19 crisis taught you anything?...we need flexible focussed local management not wider central imposing leadership
23	All questions above are leading questions! And make the assumption this awful change will take place and therefore hard to answer if your view is that the authority's should remain separate... ie why would doctors / members of public / etc be involved if the change does not take place .. Why would local surgeries stay open for just two years? There is no place on any of these questions for an answer if you disagree with the whole plan so I've left all these blank. My question would be.. Do you want just one A&E in the whole area yes or no ??
24	I am against widening 'local area' to link Bedford, MK and Luton with CBC. CBC is quite different from the other areas being largely small towns and rural. If CBC is to be linked with very large towns which are in effect almost cities with all the issues and problems that such huge conurbations have then there is no point at all in any regionalisation and we may as well just consider NHS nationally and have a global budget.
25	My concern would be that a single organisation would be less responsive to local issues.
26	The special needs of the Luton area are very different to those of Bedfordshire and Milton Keynes and focus may well be lost within the larger community.
27	The CCG in Bedfordshire has a Written Statement of Action in place due to its failure of its SEND Inspection in Central Bedfordshire in Nov 2019. By merging CCGs I am concerned how effectively the new CCG will be able to meet the needs of children and young people with SEND that it has responsibility for, particularly in relation to commissioning services for EHCP needs assessments. Current commissioned services OT and SALT services are inadequate to meet needs. The neurodevelopmental pathway is a mess and is not consistent with NICE guidelines despite these being published in 2011 for Autism recognition and diagnosis. The current CCG fails in its duty of care under the CAFA 2014 and so merger is going to dilute addressing of this crucial work as managers will be required to reapply for new roles as merger inevitable brings change. Local SENF families need reassurance that their voice, which is hardly heard at all, is not going to be lost completely.

### Luton

Respondents from Luton who oppose proposal	
1	Local control of health services is vital to successful delivery of the community's needs. There must be more local democratic control for properly funded services. It is no accident that such mergers have resulted in redundancies closure of A&Es and other clinical care locally as ultimately this is driven by financial cuts in services. The proposal takes decision making further away from the communities served and therefore will result in worse services overall. Decisions will be made more on financial considerations rather than the community's clinical needs.

### Question 3

Respondents from Luton who oppose proposal	
2	What was the point of disbanding the PCTs only to do this now? It would have been better to have just have left them in place all along. What a waste of money just going full circle after all.
3	For budgets to be considered to meet the needs of the most vulnerable patients. Sadly I fear that this proposal will mean that commissioners will not have an understanding of the needs of the community
4	Having been aware of what the CCG have done over the past few years I am sorry to say I am not impressed. You say no reduction in local GP practices over the next 2 years. This only means that is you aim to reduce GP Practices in the future. I do not believe that the CCG realise how important it is for GP practices, if anything, to be able to afford one or 2 more GPs in their surgeries. Luton is a very diverse Town with many social and medical needs and I feel that Luton, if not very careful, will be propping up the other areas in BLMK set up.
5	There needs to be clear guidance to staff as each hospital world differently and this needs to be coordinated from the start
6	I oppose a larger CGC because different areas have different groups of people with different health needs so keeping the smaller groups allows better contact and experience of that contact. Bigger health groups make money the focus rather than individual needs.
7	The 4 local authorities work quite differently as do the 3 CCGs and their approach to commissioning . Luton is used to dealing with very complex situations and have good processes , links and policies in place for this where the other CCGs are not as far forward and do not listen to the lessons Luton have learnt . It feels as if Luton have lost their voice and staff feel very undervalued.
8	I am concerned that this merger will result in even more poor Gp services and lack of appointments in Luton. Why has this merger not been advertised to the community more or earlier? I wish to be part of the public forum panel / advisory group. Can you share details of this forum In social media?

### Milton Keynes

Respondents from Milton Keynes who oppose proposal	
1	To invest I social prescribing. To invest in mental health services via practitioners and support in communities. To strengthen and prioritise community LED health prevention.
2	I fear that the more administration is landed on doctors, the less they will be dealing with their patients and may well lose touch with what goes on in their communities. General practice does not seem as attractive to young doctors as it once was. If you do not attract young doctors, the service will fold.
3	It's all very well using new technology but have you thought about the fact that a lot of elderly people do not use new technology. Many that I know do not own a computer, iPad or smart phone so you would be causing more inequality in the population.
4	Ensure that the GP budget increases in line with inflation to ensure that GP surgeries have sufficient funding for the local inhabitants, especially the aged and infirm. Many of these have given their health and physical wellbeing to make their local area what they are today. Remember many of the elderly and infirm and poor can't afford the cost of travelling to even their local hospitals for appointments and treatment. Much of the NHS is short of funds because of the amount of pilfering that is taken from them, by the staff and contractor staff. In some of the local hospitals in the proposed area and possibly all of them.

### Question 3

Respondents from Milton Keynes who oppose proposal	
5	I feel that Luton and MK have very different populations and would not wish the influence of Luton politics to encroach upon MK.
6	<p>This is a fait accompli.</p> <p>This survey is loaded to give the answers you want and to allow you to tick the box that you have consulted the public.</p> <p>A total joke.</p> <p>The only advantage of combining the three CCGs is increased buying power.</p> <p>You will now start to locate specialisms in a small number of facilities. This will result in patients having to travel. UNACCEPTABLE!!</p> <p>With combined budgets any failings in one area will drain money from others that are working efficiently. There will also be the probability that 'He who shouts loudest gets the most'.</p> <p>On the face of it the combining is a good idea, but, as per usual, the DEVIL WILL BE IN THE DETAIL'.</p> <p>I oppose it.</p>
7	Nearly all services in Milton Keynes are provided quite differently from those in Bedfordshire so I think it will take a lot of complicated negotiating to make any useful improvements. It seems more likely that this is a way of imposing cuts in funding, or worse, imposing quite different ways of working which will not necessarily be better for our local population's needs.
8	Back to basics, let's not bite off more than can be chewed. No more outsourcing!! E.g. physiotherapy in MK is now mostly virtual for poorly run companies well out of area!
9	<p>These questions, and the next set which I can see in the window, seem biased towards the thesis that one giant CCG is a good thing, which goes against the principles of survey design that I know. For example I can see all the next questions are designed to sell the reader on the idea and asks them how important reducing costs will be. Of course that is important, but if it saves costs on one administrator but requires half the patients to travel huge distances that are not served well by public transport then that is not a savings.</p> <p>Saying the new approach will achieve sustainability and asking how important that is assumes that the reader accepts the thesis that the approach will achieve sustainability</p>
10	Not a good idea!
11	No option to state we want INCREASED funding to GP surgeries during the initial 2 years. Why only two years safeguarded funding?
12	<p>This is a very disappointing and over-simplistic survey, one that seems to be a tick-box of consultation just to tick a target. Just what benefits will result and what is the financial profile to accompany them? It appears to me to be a deep-seated cost-saving exercise and is probably taking place already. Where are the results of the consultation so far?</p> <p>The tasks of amalgamation are huge, easy on paper but very difficult in operational terms. IT systems - in MK - are inadequate and not sophisticated enough to cope with one geographical area, let alone three. The budgets of Beds and Luton are not healthy. What impact will that on MK? Accessing services currently is extremely difficult. This proposal will make services even more fragmented, which is worrying for patients.</p> <p>What happened to the Government's local decision-making aims?</p> <p>Health services are in turmoil already due to Covid-19, isn't this time to 'stay where we are': certainly is vital to staff and patients.</p> <p>Important services of this nature should be discussed face-to-face with stakeholders and patients, not with inadequate surveys.</p> <p>I wish I could say something positive, but I fear for staff taking on these impossible tasks, to do well and effectively. Redundancies and recruitment will cause such stress to NHS and Social Care Staff already exhausted by the current situation.</p> <p>Please think again.</p>

### Question 3

Respondents from Milton Keynes who oppose proposal	
	I am not going to answer the questions in the No. 4 as the questions are far too imbalanced and biased. Where's the opportunity to put alternatives?
13	The assertions contained in Q.4. below regarding supposed improvements are based on false premises and this survey is therefore badly biased,
14	I'm afraid I have little confidence in NHS IT applications. I'm also of the view that there far too many managers and too few clinicians. I think we need a lot less bureaucracy.
15	All the question are leading questions that favour agreeing with the merger. Every question is misleading in that it makes it impossible to oppose supporting the merger
16	I don't think MK should join Bedford and Luton. I think they are better suited to Oxford and Northampton.
17	I do think it is wrong to combine MK with Luton & Bedford. It has much more in common with Bucks and Oxford with referrals to the John Radcliffe. Whilst not objecting in principle to economies of scale, this prospective grouping has little benefits for MK although Luton and Bedford will be shored up financially.
18	GPs must be available 24/7
19	It means Practices will lose their local support and contacts which is extremely important.
20	<p>From the engagement document you have out together it is not clear which areas are currently performing and which underperforming.</p> <p>Combining will lead to normalisation between existing levels, some will benefit from more funding and resource some will see their funding and resource stretched further. The Milton Keynes CCG already has a high degree of variability and is not serving local communities well because of the diverse populations. I cannot see a larger CCG being able to act reactively to change and to truly meet the needs of local communities. I worry that my area is going to have their services stretched further, GP funding cut and our hospital forced to share resources, staff and appointments with this extended population. I already can't get a GP appointment for days sometimes weeks leading to significant reliance on drop ins and A&amp;E as health problems do escalate when not acted on early. And our wait times for hospital appointments are too long, and other measures of success too poor. Can you truly promise that the "extra funding" that you say you can extract from future governments will offset these immediate concerns. Where the evidence is that other larger CCG bodies are achieving this, what is the basis for these claims?</p> <p>I would also mention that while telemedicine has a role in serving healthcare it cannot and should not be forced on users as the only option. Some users will be unable to engage and, already our elderly cannot navigate GP systems that involve passwords and badly developed websites. How can you ensure these systems are going to meet the needs of those with disabilities such as involving sight, hearing and fine motor problems (e.g. tremor and dyskinesia)? And if you are to offer this service alongside existing services because of these issues, who is going to be responsible for educating and encouraging change? Our GPs certainly don't have time to engage users, who are human and therefore don't like change, to ensure those that can do use these systems. Finally, having a few GPs involved in the decision making is not good enough. Will these individuals be elected and how will you prevent them from being bias to the needs of the local community rather than the area they represent as a whole? How will other GPs have their voice heard, what will be the mechanism for consultation?</p>
21	All the above questions assume you are going to merge. They all apply even if you don't merge. For instance Q1, the whole point of a CCG is that its GP led, so obviously GP's should be on the board.
22	Whilst I understand the need to use technology to improve - it's important that it does not come at the cost of personal- I recently had a telephone consultation with a gp who has

Question 3

Respondents from Milton Keynes who oppose proposal	
	never met me, and refused treatment and yet had that conversation been with my usual GP I have no doubt the would be a different outcome.
23	More free exercise options less pill prescribing
24	IT IS IMPERATIVE THAT FACE TO FACE APPOINTMENTS WITH GP'S ARE MAINTAINED IN PARTICULAR FOR ELDERLY PATIENTS. I DO NOT CONSIDER VIDEO TECHNOLOGY A FEASIBLE OPTION WHATSOEVER.
25	Keeping the budget being held for two years is all very well but that's not long enough concern is that Milton Keynes will lose out after that so that Bedford and Luton take a bigger share of the money thus lowering MKs standards instead of raising Luton and Bedford big concern about this after looking at other projects
26	It is very important NOT to forget or alienate the large number of people who don't have the ability to be tech savvy or choose not to be tech savvy.
27	Most importantly do not disenfranchise the technology illiterate. Not everyone is or wants to be limited to a screen or telephone to access medical help. It is very important to look your health professional in the eye and for them to look you in the eye to re-enforce that human to human bond that is fundamental in mankind's make up.
28	Milton Keynes CCG is better aligned with Oxfordshire and Buckinghamshire reflecting the close relationships with Buckingham University and the John Radcliffe Hospital. I can see no benefit to Milton Keynes or my surgery in the proposed single CCG.
29	Please make it possible to see your GP face to face.
30	The ccgs should not be merged and remain co-terminus with hospital and council areas.
31	The reason I oppose this move is due to the reduction in local services which has been ongoing over the years. Stony Stratford used to have physio and X-ray services in its health centre which was excellent for locals. We now have to travel to MK Hospital and pay extortionate car parking for the service. I know of people who have had to travel to Oxford Luton and Bedford for specialist treatment, this is unacceptable especially for the elderly on low income who cannot afford to visit family hospitalised so far away. Care in the community doesn't work. People with serious mental illnesses roaming the streets is unacceptable and the NHS should reconsider proper secure homes for these people. Anyone who signs off a patient to be released to the community should share legal responsibility if the patient harms someone. You obviously have no consideration for those with poor eyesight as the contrast on this survey is appalling.
32	Video or telephone appointments have their uses but must not replace face to face appointments with GPs. There should be no decrease in GP numbers EVER.
33	Bigger might be cheaper but not necessarily better! I do not consider Bedford or Luton to be local. I have lived in MK since before the hospital was built and remember having to travel to Aylesbury etc for treatment and the severe inconvenience that was created.
34	In Milton Keynes all healthcare services should be MK NHS service group as locality is important to provide better service in Milton Keynes... And investment in sufficient framework together with right workforce is necessary in order to provide the local healthcare services.
35	This year, people were staying home to protect the NHS: now, when we have been without medical care since lockdown, the NHS is not protecting us. Patients are not getting any service, unless you "have symptoms". It's about time frontline services were resumed and GPs were back in surgeries to administer normal treatments. I see the pandemic as being an ideal excuse to dumb down the NHS even more.
36	I do not see any benefits listed that can't be delivered by joint working, and I see a considerable threat, ie:

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Respondents from Milton Keynes who oppose proposal	
	<ul style="list-style-type: none"> <li>- reduction in local control over local health resources</li> <li>- a strong possibility that MK's health budget will be diverted to other areas in future</li> <li>- likely reduction in local accountability and responsiveness to joint working with the other organisations locally, essential for COVID management.</li> </ul> <p>I oppose this change. We work very well together locally, and this cannot help but be diluted if everything has to go through a 3-authority management structure.</p> <p>I agree the benefits listed below are good ones. However I don't think this will deliver them for Milton Keynes.</p>
37	<p>Working with telephone and video consultation immediately puts a group of citizens at a disadvantage, i.e. older people who don't have update to date mobile phones, internet access and may have vision and hearing problems. During the pandemic my elderly relatives haven't called the doctors for these very reasons and this has really impacted their health. To the point that a possible cancer diagnosis may have been reported too late.</p>
38	<p>A move to a single CCG only means more issues, less ability to contact, fewer chance to consider geographical issues (MK residents are a totally different demographic to Luton for example).</p> <p>I have had to contact both Bedfordshire and MK CCG's in the past. I have found it extremely difficult to contact anyone. Joining the CCG's would mean even less ability to contact a person or report and issue and even less of an ability for the CCG to do anything about the issues raised.</p> <p>This will solve nothing but create even more issues and lack of protection for patients.</p>
39	<p>Given the various needs of the different member areas, with Luton as markedly different, this plan will likely produce a worse service, and possibly a specialization between hospitals in the future. The saying that what works should not be changed applies here. We want to keep our GPs who are already depleted and overworked. Do not force us to share. Your questionnaire is flawed: it does not ask whether we agree or not and forces us to agree with you.</p>
40	<p>Luton and South Bedfordshire health economy is completely different to Milton Keynes. The L&amp;D appears to be becoming the regional centre for health despite MK growing at a much faster rate.</p>
41	<p>The link to the Public Engagement document does not work.</p> <p>There appears to be one massive reorganisation after another which wastes precious resources that could be used by frontline NHS. Far too many consultations and organisational changes employing many overpaid individuals/consultants. Let the medical professionals get on with their job without the interference of these administrators.</p>
42	<p>I am opposed to this merger.</p> <p>I am not in favour of video conference style GP appointments.</p> <p>I do not believe merging will reduce inequalities. Inequalities shouldn't exist. Lack of local information about services is the problem. Information should be promoted where people gather not just in GP surgeries.</p> <p>If by delivering better services you mean supplied by private sector, like Physiotherapy, then I would be opposed. Physio and referrals to hospital specialism for muscular skeletal have deteriorated since 2010 and privatization. I would be very dissatisfied if merger went ahead and the system sent me to see a specialist out of my area when I have a hospital 5 mins away from me in MK.</p> <p>MK population is increasing. This merger shouldn't be used as an excuse to send more MK residents out of MK for medical treatment. EG. Dermatology phone system was booking Luton hospital appointments for MK resident. On questioning this and making a fuss I was booked into MK Dermatology for a series of treatments.</p> <p>Money for services should not be reduced to a bidding process. All CCG's should</p>

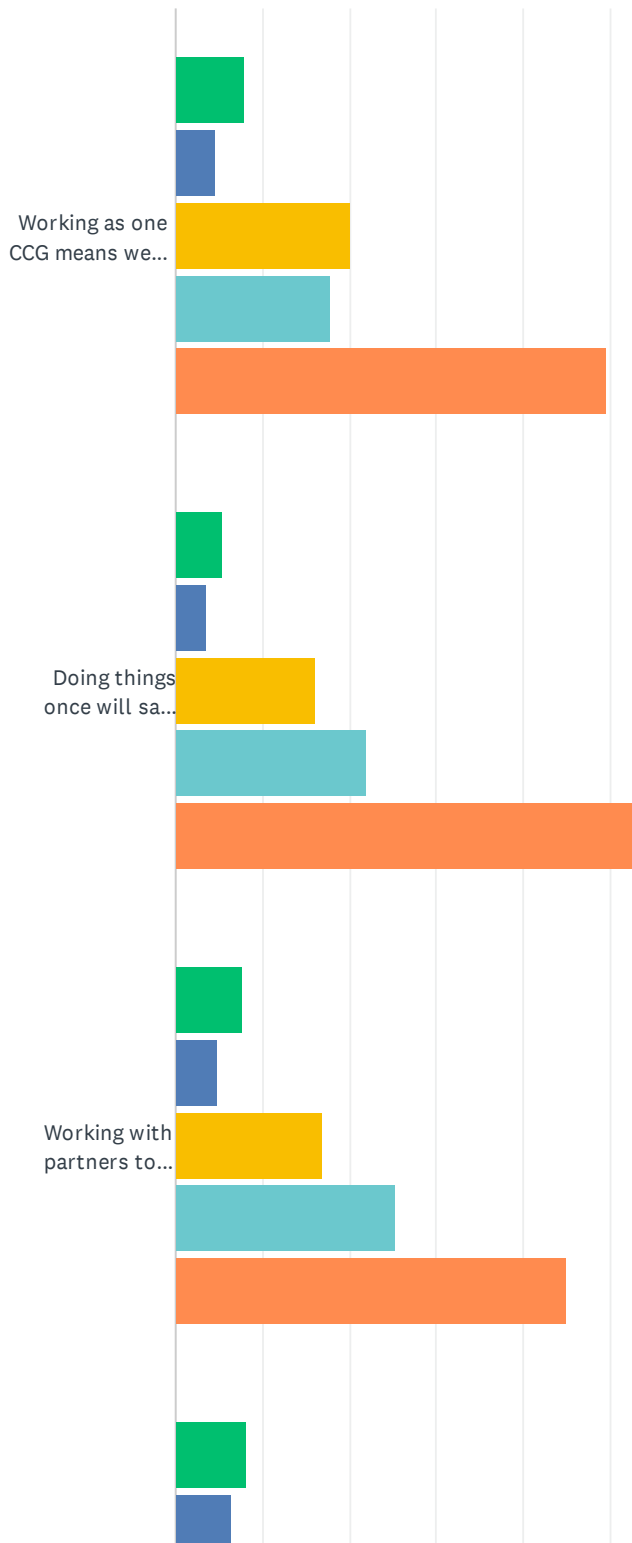


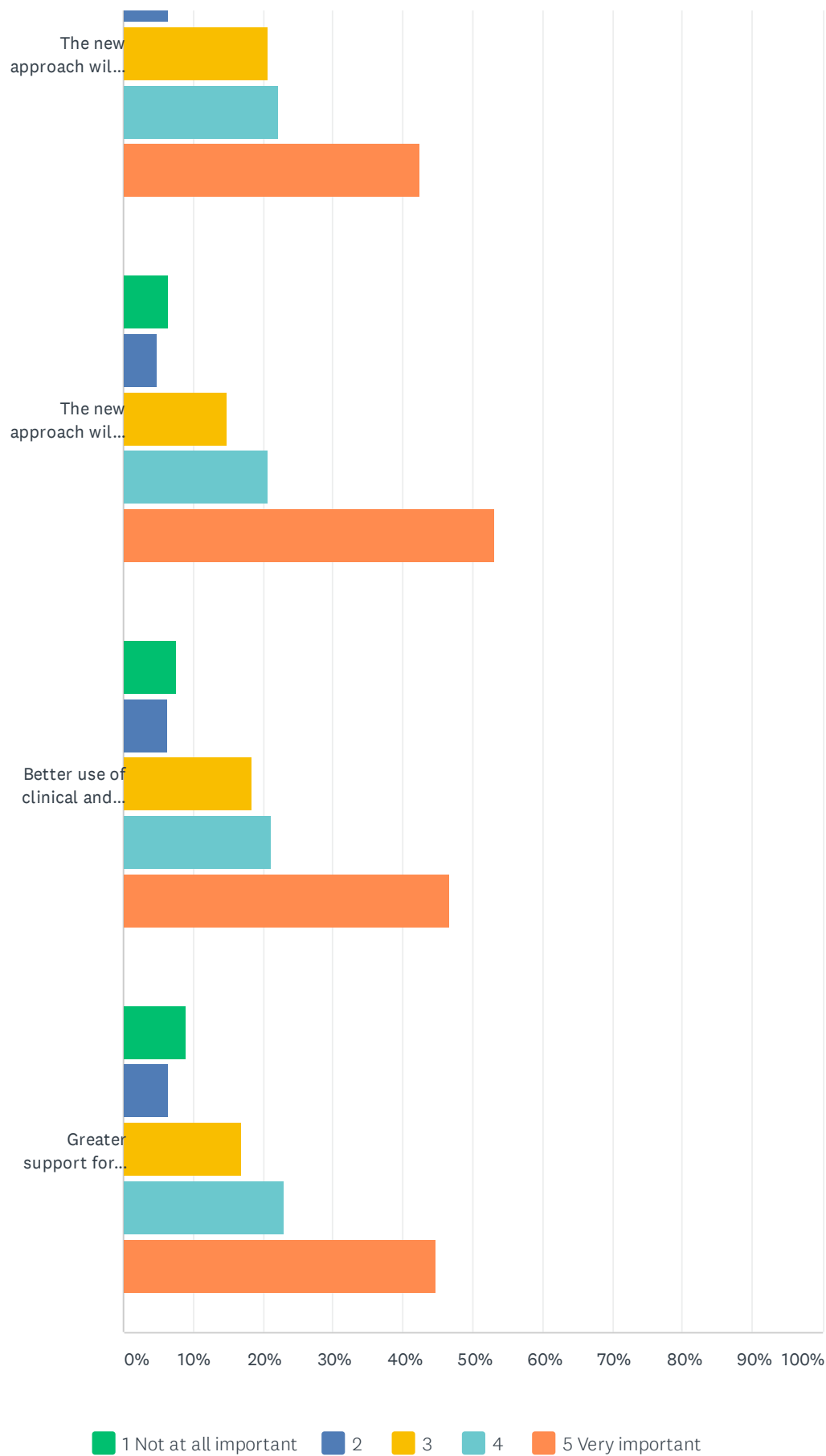
Question 3

Respondents from Milton Keynes who oppose proposal	
	<p>receive adequate funds to provide the services people need. This bidding system is causing local inequalities. Demand that is changed.</p> <p>I would like to return to days when GP's make referral for specialist muscular skeletal investigations and not fobbed off by physiotherapists who send you away with unhelpful exercises for chronic hip pain.</p> <p>Merging is no solution. I don't believe that services will be improved in local GP practices by this merger.</p>
43	Bedford Luton and MK have completely different demographics and needs. This is purely a cynical attempt to save money which like all such schemes will fail spectacularly
45	<p>As a patient, I see the CCG's role is to buy health services, drugs, and technical/therapeutic equipment for patients. This is core not IT, endless meetings and layers of managerial hierarchy.</p> <p>This commissioning needs to be done locally to best represent the population whilst collaborating with other CCGs to produce larger buying consortiums, such as East of England Consortium to drive down the cost of pharmaceuticals for local NHS partners. This is where real cost saving will happen.</p>
46	It is vital that GPS have face to face appointments. The use of video and audio maybe okay for the younger generation but certainly not for older people who will really struggle with this concept.
47	<p>Combining the three CCGs is DISASTROUS!!!!</p> <p>The demographics of each area is totally different.</p> <p>Bedford and Luton are totally different from Milton Keynes. MK is a unitary authority, the others are city and rural.</p> <p>Getting to health services are totally different, e.g. I live on the outskirts of MK, but it takes me only eight minutes to get to the Hospital. Some people in rural Bedfordshire could take over an hour.</p> <p>When this combined CCG is procuring services it MUST HAVE PATIENT REPRESENTATION from all demographics.</p> <p>In summary, one CCG covering all areas is RIDICULOUS, WILL LEAD TO WRONG DECISIONS, and WILL BE UNABLE TO ACT LOCALLY!!!</p> <p>A DAFT IDEA!!!!</p>
48	Many times changes have taken place without staff on the ground being consulted

Q4 We believe that the proposal for a single CCG has many benefits for both patients and staff members. Some of the benefits are listed below. Please rate the following on how important you think they are - where 1 is not very important and 5 is very important.

Answered: 884 Skipped: 56





	1 NOT AT ALL IMPORTANT	2	3	4	5 VERY IMPORTANT	TOTAL
Working as one CCG means we can reduce health inequalities in the BLMK area (this means we can give everyone the same opportunities to lead a healthier life, no matter where they live or who they are)	7.96% 70	4.66% 41	20.14% 177	17.75% 156	49.49% 435	879
Doing things once will save money, which can be reinvested in the services that patients receive at their GP surgery, hospital or in the community	5.47% 48	3.53% 31	16.06% 141	21.87% 192	53.08% 466	878
Working with partners to develop new Integrated Care Partnerships (ICPs) we can work together to deliver NHS services that meet the needs of local people (ICPs are NHS providers who work together)	7.66% 67	4.91% 43	17.03% 149	25.37% 222	45.03% 394	875
The new approach will help us to achieve financial stability and sustainability	8.11% 71	6.51% 57	20.69% 181	22.17% 194	42.51% 372	875
The new approach will enable us to afford to buy better healthcare services which will lead to better health outcomes for local people	6.43% 56	4.71% 41	14.93% 130	20.78% 181	53.16% 463	871
Better use of clinical and other resources. Being one CCG will enable us to develop and invest in our workforce	7.56% 66	6.19% 54	18.33% 160	21.19% 185	46.74% 408	873
Greater support for investment for transformation and innovation. We will be in a stronger position to be able to bid for money for a larger population	8.91% 77	6.48% 56	16.90% 146	22.92% 198	44.79% 387	864

**Q4 We believe that the proposal for a single CCG has many benefits for both patients and staff members. Some of the benefits are listed below. Please rate the following on how important you think they are - where 1 is not very important and 5 is very important.**

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	1 NOT AT ALL IMPORTANT	2	3	4	5 VERY IMPORTANT	TOTAL
Q1: Bedford Borough	11.2% 44	5.8% 23	25.1% 99	17.8% 70	40.1% 158	44.6% 394
Q1: Central Bedfordshire	4.6% 8	5.2% 9	11.6% 20	19.7% 34	59.0% 102	19.6% 173
Q1: Luton	2.4% 2	0.0% 0	9.6% 8	18.1% 15	69.9% 58	9.4% 83
Q1: Milton Keynes	7.0% 16	3.9% 9	21.8% 50	16.2% 37	51.1% 117	25.9% 229
Doing things once will save money, which can be reinvested in the services that patients receive at their GP surgery, hospital or in the community						
	1 NOT AT ALL IMPORTANT	2	3	4	5 VERY IMPORTANT	TOTAL
Q1: Bedford Borough	7.6% 30	5.1% 20	22.5% 89	23.7% 94	41.2% 163	44.8% 396
Q1: Central Bedfordshire	2.9% 5	2.3% 4	7.0% 12	21.1% 36	66.7% 114	19.3% 171
Q1: Luton	3.6% 3	1.2% 1	8.4% 7	24.1% 20	62.7% 52	9.4% 83
Q1: Milton Keynes	4.4% 10	2.6% 6	14.5% 33	18.4% 42	60.1% 137	25.8% 228
Working with partners to develop new Integrated Care Partnerships (ICPs) we can work together to deliver NHS services that meet the needs of local people (ICPs are NHS providers who work together)						
	1 NOT AT ALL IMPORTANT	2	3	4	5 VERY IMPORTANT	TOTAL
Q1: Bedford Borough	10.3% 40	8.0% 31	22.4% 87	24.4% 95	35.0% 136	44.0% 389
Q1: Central Bedfordshire	5.7% 10	4.6% 8	10.9% 19	22.4% 39	56.3% 98	19.7% 174
Q1: Luton	4.8% 4	0.0% 0	9.6% 8	30.1% 25	55.4% 46	9.4% 83
Q1: Milton Keynes	5.7% 13	1.7% 4	15.3% 35	27.5% 63	49.8% 114	25.9% 229
The new approach will help us to achieve financial stability and sustainability						
	1 NOT AT ALL IMPORTANT	2	3	4	5 VERY IMPORTANT	TOTAL
Q1: Bedford Borough	11.5% 45	9.9% 39	25.4% 100	21.9% 86	31.3% 123	44.5% 393
Q1: Central Bedfordshire	4.0% 7	2.9% 5	16.2% 28	24.9% 43	52.0% 90	19.6% 173
Q1: Luton	4.8% 4	3.6% 3	10.8% 9	24.1% 20	56.6% 47	9.4% 83
Q1: Milton Keynes	6.6% 15	4.4% 10	19.5% 44	19.9% 45	49.6% 112	25.6% 226

The new approach will enable us to afford to buy better healthcare services which will lead to better health outcomes for local people						
	1 NOT AT ALL IMPORTANT	2	3	4	5 VERY IMPORTANT	TOTAL
Q1: Bedford Borough	9.5% 37	7.4% 29	17.4% 68	23.0% 90	42.7% 167	44.2% 391
Q1: Central Bedfordshire	2.9% 5	2.3% 4	10.5% 18	20.3% 35	64.0% 110	19.5% 172
Q1: Luton	3.7% 3	0.0% 0	11.0% 9	20.7% 17	64.6% 53	9.3% 82
Q1: Milton Keynes	4.9% 11	3.5% 8	15.5% 35	17.3% 39	58.8% 133	25.6% 226
Better use of clinical and other resources. Being one CCG will enable us to develop and invest in our workforce						
	1 NOT AT ALL IMPORTANT	2	3	4	5 VERY IMPORTANT	TOTAL
Q1: Bedford Borough	11.0% 43	10.2% 40	20.5% 80	23.8% 93	34.5% 135	44.2% 391
Q1: Central Bedfordshire	4.1% 7	3.5% 6	12.8% 22	22.1% 38	57.6% 99	19.5% 172
Q1: Luton	2.4% 2	0.0% 0	15.9% 13	18.3% 15	63.4% 52	9.3% 82
Q1: Milton Keynes	6.1% 14	3.5% 8	19.7% 45	17.1% 39	53.5% 122	25.8% 228
Greater support for investment for transformation and innovation. We will be in a stronger position to be able to bid for money for a larger population						
	1 NOT AT ALL IMPORTANT	2	3	4	5 VERY IMPORTANT	TOTAL
Q1: Bedford Borough	13.2% 51	11.4% 44	20.2% 78	22.0% 85	33.3% 129	43.8% 387
Q1: Central Bedfordshire	3.5% 6	3.5% 6	11.8% 20	25.9% 44	55.3% 94	19.2% 170
Q1: Luton	4.9% 4	0.0% 0	12.2% 10	17.1% 14	65.9% 54	9.3% 82
Q1: Milton Keynes	7.1% 16	2.7% 6	16.9% 38	24.4% 55	48.9% 110	25.5% 225

**Question 5**

**If you could make one recommendation to the BLMK Governing Body (the board that makes decisions about local healthcare services) to help shape the new BLMK CCG, what would it be?**

**Comments from those who responded to question 2 that they support the proposal**

**Bedford Borough**

Respondents from Bedford Borough who support the proposal	
1	Working together to support community health projects. Health before wealth.
2	Inclusion on disability
3	Think of the patient at the end - not just saving money or meeting targets
4	keep as many services local as possible, especially routine things for example ENT and other clinics that people need to regularly attend on a more or less permanent basis, traveling to Luton or MK for these would have a disastrous effect on some peoples lives.
5	To maintain full emergency services at each place
6	Have at least five lay members on the Governing Body to demonstrate genuine intentions to consider public views.
7	Don't be bullied by local politics - listen to GPs and patients - do what they tell you is best for your patient population.
8	G.P services are spread across the area so they are accessible for all. Why is Church Lane Bedford closed? A modern building that serves a poorer community.
9	My recommendation is that the CCG strives to find ways of sharing patient data with other agencies more easily to achieve true partnership working. Currently organisations who are trying to support people could do much more in partnership with CCG and with shared data instead of struggling to access and support people in need thereby lowering the dependency on NHS
10	Ensure that the buying of better healthcare services really are better for everyone. Ensure that creating a better services is not just a cost cutting and streamlining exercise, which is how this reads.
11	More doctors for Gps
12	More local GP healthcare availability.
13	Work tirelessly to join up health and social care for people with dementia.
14	Do not use this as an excuse to close existing clinical establishments. Make sure the financial benefits does get seen by the patients and NHS staff in way of improved services and working conditions.
15	Listen to your residents and patients
16	Have joined up thinking in all these areas and take note of the Feedback from the patients in hospital or from local doctors practices as they know from personal experience how these organizations can influence people's lives by giving good or bad service to their patients.
17	Ensure that surgeries that have specialist nurses for Diabetes, COPD etc; retain them and encourage surgeries that don't to start them up.
18	Keep all GP surgeries open in local areas.
19	Make sure you have nurse practitioners or practice nurses on this board too. Let everyone have an opportunity to speak.
20	Have full in-patient psychiatric service in each of Bedford, MK and Luton and Dunstable; the latter servicing Central Beds.
21	Avoid becoming top heavy with management and admin

Question 5

Respondents from Bedford Borough who support the proposal	
22	To not lose sight of localised population needs relating to differing age & gender groups in pursuing equality
23	To ensure that all the above points from 1 - 5 happen and are not just wishes rather than becoming reality. They all sound wonderful and are written in such a way as to get positive answers.
24	Do not have too many layers of management, this would alleviate procrastination when making key decisions. Decisions need to be made quicker in order to have a more dynamic health service.
25	To have more doctors and nurses understand people who have a disability take him longer to process information of what they're saying to us and what we are saying to them because I have autism and learning disability so it takes me longer to process information are saying into my mind and then me explaining it to them but to have a repeat it slowly so people can understand
26	It is most important to be aware that one shires demographic can be entirely different to another shire eg. ageing population. Older people should not miss out of local services if they have problems with travel and having to rely on others for travel. Especially if they do not qualify for hospital transport. One shire should not benefit with more services than another causing worry for patients and their families.
27	I THINK THE CONVERGENCE INTO ONE UNIT WILL CREATE MASSIVE CHALLENGES IN THE AREA OF HUMAN RESOURCE. I THINK THE CONVERGENCE IS FOCUSING MORE ON BETTER MANAGEMENT OF FINANCIAL THAN THE WHOLE SPECTRUM OF THE HEALTH AND SAFETY OF THE INDUSTRY. AS REGARDS MY ASSERTIONS, ONLY TIME WILL TELL AS I FORESEE A RETURN BACK TO WHERE WE ARE IN THE FUTURE
28	GP to more available to see their patients
29	increased nursing staff, especially when approaching winter
30	A fair spread of specialist teams available in Bedford, Luton and MK
31	Not to lose the 'local' focus
32	Do not take away our hospital/A&E
33	To put a lot of focus & consideration into mental health services & local local community NHS services
34	Do not treat all the areas the same - they are all very different with differing needs. Please listen to the clinicians and by that NOT just the GPs and Drs but the other healthcare professionals
35	Closely follow GiRFT principles to get best outcome for patients and economies of cost across the board
36	To take into consideration learning disability population and their needs, especially as they get older.
37	Ensure that practice nursing is fully recognised and included in enhancing and developing local commissioning services
38	Have service users involved at all levels and at all meetings. 100% co-production... Expert-by-experience PPL involvement
39	If the proposals are carried out then fine BUT things don't usually turn out as proposed. The talked about savings are usually spent on paying more people to run the show.
40	Don't put the heath provided in a speciality so far away patients cannot afford or get public transportation to receive the care offered
41	Ensuring equal inclusion of representation from service users and GPs
42	Luke warm about Q4 as the trade-off is CCG predictions/proposals opposed to loss of local democracy.
43	Would like to know how many jobs will be lost? How budget will be worked out?



## Question 5

Respondents from Bedford Borough who support the proposal	
44	Stop outsourcing of care to the private sector.
45	Fewer useless meetings which in turn will cut expenses.
46	How do patients benefit if there is choice and not compelling evidence between hospital trusts for the best care
47	That this doesn't come at the expense of the workforce and that no one is made redundant.
48	Local needs may still vary i.e Luton is a very different place to MK and that needs to be factored in to change.
49	Digital transformation will remove cultural inefficiencies
50	Equality in resource allocation to ensure all patients have access to high quality health services
51	Please invest in health promotion including education about nutrition and how to cook, healthy eating does not have to be expensive. This could result in much less expenditure on dealing with weight related medical issues and leave people generally healthier and quite possibly improve mental health. It is an investment for the future.
52	Keep listening to the local people
53	Remember that patients are people not numbers
54	To consider the needs of patients, local clinicians and include social care in the ICP.
55	Work towards the commissioned providers co-operating and entering into joint ventures, not competing for tenders.
56	Make access to all sites available for all residents
57	Listen to all local people fully to ensure everyone can feel invested in any change going forward.
58	Keep access to healthcare local. Continuity of healthcare builds trust between patient & clinician.
59	Invest more in mental health as that always seems to be the poorer sister to physical health
60	This should be a Bedfordshire CCG reflecting the management of the hospitals. Milton Keynes has no other link to Bedfordshire administration.

## Central Bedfordshire

Respondents from Central Bedfordshire who support the proposal	
1	Do not support remote appointments please
2	Think outside the group, we don't want to be efficient ourselves but impossible to work with other parts of the UK.
3	A mechanism must be in place which makes board members 100% accountable to a wider healthcare service community for the outcome of poor decisions with no authority to autocratically suppress constructive criticism.
4	A mechanism must be in place which makes board members 100% accountable to a wider healthcare service community for the outcome of poor decisions with no authority to autocratically suppress constructive criticism.
5	Equity of services across BLMK
6	Be open and Honest and do what you promise at all times
7	Don't be driven entirely by money
8	Involve, and work with Voluntary Community and Social Enterprises in making things work, especially in Social Prescribing

Question 5

Respondents from Central Bedfordshire who support the proposal	
9	Stop sending patients for unnecessary treatments delaying a place on the waiting list for surgery.
10	Balance the costs of re-organisation against any potential cost savings. each local area needs must be represented within a larger CCG
11	Don't remove local GP surgeries
12	Think about promoting and supporting a middle tier of health provision, between doctor and hospital
13	Travel distances and public transport within the enlarged area need to be considered for all patients and especially those disabled and older.
14	To have relevant test results, prescription and medical history information to download on iPhone, iPad or personal computer.
15	Improve access to services in central beds
16	Make use of technological advances
17	Remove the 'postcode lottery' and work towards all areas receiving the same access to services.
18	make clear decisions without any vagueness
19	Involve public at the start of the process, they are experts by experience
20	Ensure GPS are fully involved in the design process.
21	One integrated IT system to allow data sharing across the CCG and relevant hospitals
22	Focus on outcomes rather than on systems
23	Put patients' needs first.
24	Better communication from local surgery. e.g. updating
25	Improve the working relationship with local authorities
26	Use money wisely, Beware of duplication, of work & costs.
27	Get rid of the dead wood
28	To continue to make quick decisions and rule out committee bureaucracy - as during the Coronavirus epidemic.
29	Change rules around patient prescription to be more than one month issue. Totally pointless for long term prescriptions and feels like nothing more than a cash cow. Very inconvenient for people who find it hard to get to go surgery every few weeks and even more so when surgeries might be under additional strain with covid and flu.
30	Make sure your focus is actual as suggested and does not get lost in "administration" issues and "status".
31	Social care and health must work better together to ensure seamless patient pathways.
32	Use your national influence to secure better long-term investment in the NHS.
33	Keep the locals engaged.
34	Have most services within easy travelling distance of where people live especially for those without their own transport.
35	Help for specialised illness which in the past have been overlooked or once a diagnosis has been made no further checks on medication etc., are made
36	Listen to the patient
37	Do not over centralise. This is often appealing as it should streamline the organisation but in practice it can lead to people being given responsibility beyond their competence.
38	Keep focus on clinical excellence at a basic level rather than chasing new untested technologies/innovations
39	Involve public and specialist community groups to ensure your equity vision is reached
40	Keep all acute hospitals and ED departments open.

Question 5

Respondents from Central Bedfordshire who support the proposal	
41	Invest in technology and support to enable the whole health and social care system to share records effectively. Ensure appropriate investment in community services.
42	Think of people not budgets. Design and deliver the care that people need and that you as an individual would want for you and your family. Remember why you got into this in the first place. Good luck
43	Joined up, GP able to read hospital notes and vice versa.
44	Involve people ( adults and young people) who use services and carers from the start on the design of new services
45	To listen to the patients and public voice about what is important to them.
46	Do not privatise services!! Keep the NHS! Value your staff and praise them.
47	Listen to what the population ask for. A one size fits all approach does not always work. Great services can be commissioned but will not be used if not agreed with the population that need them. Appreciate all suggestions cannot be taken on board but need to be able to evidence that they have been considered with some kind of feedback as to why not appropriate at this time
48	Look after the people in Central Bedfordshire, what happens in Luton and Milton Keynes does not affect me.
49	Don't lose local focus
50	Provide free public education on matters of health. Such as teaching basic first aid skills to members of the public.
51	Please still keep facilities in localities available for people to get too who may struggle otherwise.
52	Make sure the Chief Officer Team earn their very good salaries
53	Listen learn and act. Stop being defensive when issues are raised and trying and deflect the blame somewhere else. Finally give the staff at Bedford hospital some decent IT equipment - not the slow PC's I last used running antiquated, unsupported, MS Windows 7 and keyboards where the letters have been worn off!
54	Leave no stone unturned in as quickly as possible creating true system working.
55	Support GP practices who have poorer outcomes for their patients to improve care/outcomes
56	Please all work as a team of people eager to improve the healthcare provided to our community.
57	More lay members
58	Try and reduce waiting times
59	Ensure, somehow, that you have staff engagement from the ground floor up. Staff have change fatigue and without realising it their negativity can/will cause this change to fail. As has happened so often in the NHS
60	Improve communication between different sections of the Health and Care Services to provide a more integrated service to the public.
61	Practice innovation when commissioning services
62	Never take your eye off the finances or believe all is well at month 11.....
63	Stop using acronyms. It is confusing, detrimental to inclusivity, and a barrier to engaging with people. Insiders use jargon to keep folk at bay as it exposes and widens the gaps between the two groups
64	Funding must not be taken away from the areas.
65	Don't take on contracts from limited companies to provide services. Don't privatise the NHS services needed for the areas concerned.
66	Transparency of commissioning process; need to ensure that all activities of the CCG are published and available to the general public (this could also be facilitated by including public members on the CCG board.
67	Hospital discharge to be well organised with primary health and social care

## Question 5

Respondents from Central Bedfordshire who support the proposal	
68	Identify one provider for joint replacement of ankle, shoulder and elbow
69	Ensure services are still local and patients don't have to travel miles and miles for hospital appointments
70	That the patients are fully involved in any decisions made on their behalf
71	Keep face to face consultations as the major source of doctor patient communication.
72	Stop wasting money on unnecessary management infrastructure and spend it on integrated care services including social and healthcare
73	Invest in areas where surgeries are struggling with the amount of patients. This will stop people going to A&E.
74	Identify one hospital/clinic for joint replacement - the current use of ankle and elbow replacements is not good and contrary to Prof Briggs' (Get it right first time) (GIRFT)) guidance.

## Luton

Respondents from who Luton support the proposal	
1	Listen and take note of what our GP's say.
2	openness & transparency
3	Make sure local community groups That you intend to consult with stay local
4	Be inclusive
5	The wider public needs to properly consulted and involved. Public meetings via zoom needs to take place.
6	Put patients first
7	To not make the decisions alone and think you know best. Listen to the patients and carers and voluntary sector and act on what you hear. Do not make everything based on technology especially for mental ill health patients and those with learning disabilities. They still need human care.
8	Encourage diversity of healthcare workers that reflect the local population
9	Ensure that commissioning is based on value for money not the cheapest.
10	I think that training more District Nurses who are able to visit more patients in their own homes would be a step in the right direction. With an ageing population this would be - I believe - be socially desirable and financially practical.
11	Communication between services made more simple
12	Just try not promise or say stuff on these surveys that will not meet the remarkable goal of the financial stability & sustainability, particularly with the current COVID19 expenditures that are well above the estimated expenditure rate.
13	Learn from the experience of lockdown and what impact it has had on services both in a positive and negative way.
14	Ongoing care following hospitalization should be carefully considered
15	Please be sure to keep sight of place base populations needs as these are very different across the four LA. Health inequalities start at a local level and can be missed at a BLMK level
16	To ensure that people are not just treated equally, but in accordance with their individual needs
17	That small local GP will not close
18	Ensure that the new structure doesn't become bloated with extra positions and unnecessary large salaries

Question 5

Respondents from who Luton support the proposal	
19	Make it easier to get a GP appointment, either in person or by video link.
20	Don't forget the voice of the people (patients)
21	Involved people from religious and faith background from BAME communities on your governing body like Luton council of Faith and Luton Council of Mosque
22	co-production wherever possible
23	Ensure technology is improved. Keep some of the good practice learnt from Covid pandemic ie telephone/conference calls/appointment where appropriate as well as specialisms more doctors who are multi-disciplinary trained. More appointment that involve doctors meeting as a group for patients with multi morbidity condition. Doesn't necessarily have to be face to face. Must include patient.
24	Aim to make the bigger CCG as effective as the best of the smaller CCGs that went before aim for the best don't dilute it
25	Listen to patients and staff
26	Need more services to link seamlessly so that patients only need to tell their story once to receive the health interventions (one or many) they require.
27	To take into account the differences in population and therefore the different health and social care needs across the area
28	To keep the public informed of changes to involve them in decision making
29	Ensure patients are always kept well informed
30	Do not let local requirements be side-lined where there are specific and unique needs
31	Don't have a Board full of Associate Directors, use Heads of Department as a job title as it's much cheaper and fairer to those underneath them.  Too many NHS orgs have far too many at some form of director level.
32	Not allowing one section of society to dominate future allocation of services and funding.
33	Be truly open and transparent and engage with community partners at grass roots and not only local authorities who do not engage despite their glossy consultations and strategies.
34	To guarantee no closure of hospitals and local GP practices.
35	Local representation which represents the local demographic!!!
36	Make sure that there is equality across of funds this larger population recognising that each of the three CCG do have differences in things such as ethnic mix, areas of poverty etc.
37	Listen to the patients.
38	Strong and highly competent leadership that delivers health equalities for all, also parity of esteem to be on the forefront.
39	Keep it free and easy to access
40	Simplify all online type communications. You must retain the opportunity for telephone and/or face to face interactions particularly with the very elderly, deprived households who do not have internet and those with conditions that make finger dexterity difficult in mind.
41	Local meetings to discuss Luton's health needs to be fed into new BLMK CCG

## Milton Keynes

Respondents from Milton Keynes who support the proposal	
1	That standard systems be improved for booking Appointments.
2	To ensure the involvement of LOCAL charities and other voluntary organisations in the decision making and funding for preventative measures to reduce the burden on health and social services.
3	More pound for the patient and less on bad contracts that don't offer value for money
4	Invest in overcrowded GPS three weeks to get a basic appointment is shocking.
5	Always consider the opinions of staff
6	To make sure that local community voice and needs aren't diluted when we move to having to consider 3 areas rather than just 1.
7	All public facing staff should be trained to use relevant programmes for communication with all Deaf/Hard of Hearing/British Sign Language (BSL) users and the deafblind.
8	Remove the differing, non-compatible IT systems and ensure they are replaced across the BLMK footprint and become one system for access.
9	Listen and involve patients more than has been the practice
10	Work at reducing the number of administrators in the BLMK
11	To ensure that those of us who currently have excellent care do not lose those facilities in the future.
12	Be mindful that everybody has different needs
13	Better arrangements for hospital aftercare
14	Keep those on the front line and those in the community in communication
15	Use money for front line services, not employing performance management staff, compiling endless reports & surveys, and public consultations on things that have been decided anyway.
16	Use budgets for front line services: not performance management staff, report, endless surveys, and public consultations on things that have usually already been decided.
17	NHS care is about people. Don't lose the personal contact.
18	Is to employ more doctors in the surgery, so the doctors can spend more time with their patients, and give the doctors a more streets free work load.
19	Consult staff on the ground directly ( not through a Consultancy Firm)
20	It is hard to comment at this stage.
21	To have a consistent mechanism to share information with the public rather than different versions through different routes so that everyone knows the correct information.
22	How you will educate the public of the changes and keep people informed
23	Need to endure that the contracts awarded are to organisations and individuals who are aware of the needs analysis and are prepared to develop services to meet those needs.
24	Don't forget the Voluntary sector
25	Use local GP's as the primary communication point with their local community on health care matters. They are well known and trusted individuals who will prioritise optimum health care over political posturing.
26	Streamline bureaucracy.
27	To make Zoom appointments more accessible.
28	Access to a doctor via telephone or other media would be an advantage
29	Build on relationships with local authority
30	Don't make people travel huge distances and produce sensible numbers for choices. Include dementia care.
31	Look at the success of local groups. See how the community are working together to help each other. Model this success in new areas. Witness what impact these trusting local community relationships have on an individual's mental health.

Question 5

Respondents from Milton Keynes who support the proposal	
32	More online appointments to free up doctors, money and resources to improve services when you do need more intensive treatment is a fabulous idea. The old fashioned way of doing things just wastes money. I want to see improvements, not reductions in treatments though.
33	If you reduce the number of GP Surgeries, then you will face a huge backlash. COVID-19 has, of necessity, brought about video & 'phone consultations, but people still want to see their named GP face to face. As a parish priest I receive a significant number of comments praising the nurses at local surgeries for still seeing people, but also expressions of disappointment at the inability to see their GP, as well as delays to vital treatment.
34	Please encourage patient engagement and involvement at Governor level and reinforce the role of Local and Networking PPG's
35	Make it fair in all areas make sure that people understand
36	Surgeries should be more empowered to make decisions for their local people!
37	Not to take for granted everyone uses computers. This idea is ridiculous
38	I would hope that there is an inbuilt control on decision making to ensure that any decisions are made with agreement from all three sectors/former CCG areas. Voting should show a balanced input and avoid domination by any area without support of other areas.
39	In all your headline communications you issue the key message most patients will probably want to hear is that "the proposal will not affect how you access your doctor or any NHS services, you may need."
40	Involve our local Healthwatch as proper members of your Governing body, not as powerless in the public section as we, the public
41	Keep the NHS run by clinicians
42	The slogan: the NHS cares is just an excuse to avoid doing things professionally and efficiently across the board. This initiative will move us in this direction and free up resources for greater innovation
43	Ensure that patients have seats on the board and are supported to consult with the wider public
44	I hope that they will improve the use of modern IT for record keeping throughout the area.
45	Spend money wisely with no unnecessary wastage
46	Employ board members who live in and have a good understanding of the needs within their own borough
47	Stop wasting money by buying from private health companies. Money for shareholders and owners rather than patients.
48	Avoid patient care suffering by being caught up in 'political' disputes between teams in different hospitals.
49	Never forget the people who need the NHS
50	That MK health services to keep the services it offers and for patients to be able to access these in a timely manner reducing waiting times
51	That MK health services to keep the services it offers and for patients to be able to access these in a timely manner reducing waiting times
52	Patient care has to come before cost savings, care includes ease of access to treatment without excessive travel requirements.
53	To make sure no different area suffers
54	Not to sell off the health care to outsiders.
55	For funding to be fair and equal
56	Keep travel requirements to the minimum possible, not everyone drives and public transportation can be a nightmare, plus COVID has restricted numbers allowed per bus

Question 5

Respondents from Milton Keynes who support the proposal	
57	Please consult with MK HARD OF HEARING SUPPORT GROUP CHARITY NO 1179826 for video and telephone consultations
58	Involve expert patients on various committees.
59	To act according to local needs and not an average across three areas
60	So long as the above is adhered to then everything should be ok!! However if this service becomes too large an unmanageable I can see problems arising.
61	That it truly represents each of the local constituent areas.
62	More autonomy at local level
63	Consistent communication and clear channels to disseminate information from birth to death
64	Have a diverse group of folk on the board not just members of senior leadership team (SLT) to get a broader more inclusive view.
65	Don't be as wasteful as the current bureaucratic time wasting CCG machines, allow those under the umbrella greater flexibility. Work with rather than try to bully local partners including councils.
66	Employ competent people to carry out these services. The NHS management does not have a great reputation for being efficient. No more money must be wasted
67	Reduce health inequality.
68	To make more money available for 'ground route' services at GP Surgeries and Chemists making it easier for people to access health care which in turn will take some strain off the hospitals.
69	Make sure ALL hospitals have Multiparametric MRI scanners that meet the NICE standards.
70	Involve the public, voluntary sector and Healthwatch MK and listen and act on the information that they receive from their clients who use the services that are commissioned.
71	Take into account there are a lot of people who require to visit and see a doctor who do not have a computer or able to deal with technology that this remains as an option in the development of care. Many people with special needs may not understand the change which can be very unsettling I think there is a place for both to be accepted to succeed.
72	I would be concerned if the outcome is that much-used services become available at once centre only, giving rise to additional travel.
73	I'm sure you will but to continue to take the time and engage with local community groups and patients.
74	Build another hospital in MK and restart face to face doctor appointments again
75	Talk /communicate with each other. Use the same framework



**Comments from those who responded to question 2 that they neither support nor oppose the proposal**

**Bedford Borough**

Respondents from Bedford Borough who neither support nor oppose the proposal	
1	Have a policy in place whereby executive pay is no more than a certain percentage of the lowest pay rate. My biggest concern with the merger is that all the promises of the funding going to better services is that it will instead go to the pockets of the few at the top of the pyramid.
2	As Bedford is roughly midway between Luton and MK, any HQ Bedford should be centred in Bedford.
3	We need our local drop in centres to remain open
4	Prioritise local GP services.
5	Couldn't we, for once, see Health align itself to partner boundaries, so a Bedfordshire CCG?
6	To not cut services such as Walk in centres or services such as the day ward at Bedford Hospital.
7	Keep essential services in Bedford ie A&E
8	People need easy access to health care. If you move things to different towns then you need to provide transportation to those in greatest need
9	I need to see more explanation of how the decisions are still going to be relevant to my local area. I can see this as an exercise in centralising power and decision making, then concentrating the services in the biggest population i.e. Milton Keynes and Luton.
10	If you consolidate so much that patients have to travel more than 5-7 miles for medical help then it's not going to work for the patient's benefit which is the whole point of your existence
11	I hope that they will take environmental and access concerns seriously as part of their decision making process. Both issues are huge particularly in the light of Covid and I feel like they have been ignored in my local area.
12	see the same GP every time if possible
13	Listen to what people want
14	Keep the GP service in Bromham, the alternative under discussion is not acceptable to the people of Bromham.
15	Get rid of 111
16	Don't privatise it. At all. In anyway.
17	Keep walk in centres open.
18	Ensure you can see a GP in a reasonable time frame. At the moment you have to wait far too long. It is also frustrating trying to actually make contact with a surgery to get an appointment. This is the last thing you need when you are not well or trying to get an appointment for a family member.
19	Ensure feedback from patients informs improved services and practice.
20	Concentrate on GPs.
21	more coordination between healthcare and social care
22	Any decision that adversely affects one particular area must be fully agreed by the local board members and local councillors.
23	Stop making decisions and pretending to care what the public think.

## Central Bedfordshire

Respondents from Central Bedfordshire who neither support nor oppose the proposal	
1	Recommendations go here!
2	Keep the patient service as local as possible.
3	Lobby for the NHS to be depoliticised. Ring-fence GP money for 4 years not 2
4	Take a serious long hard look at each area and see what is needed where. Remember that many patients rely on public transport to reach the services. Be positive but also examine the failure rate of some services in certain areas and ascertain why that happened and aim to avoid repeating the same mistakes.
5	Do not jeopardise the existing 'local' attributes and knowledge of those within an area or undermine their good efforts and deliver to that area.
6	To stop using private companies in running parts of the NHS - it is the health of the people in this area that is all important and companies, including overseas companies, should not be making money from NHS work.
7	Actually take a look at the REAL experiences of those that receive the services and those that deliver them on the front line and take heed rather than just taking a high level view driven by the financial perspective.
8	Focus on ensuring that any savings made are actively ploughed back into the medical services local people need
9	Deliver locally.
10	Keep location for local rural doctors' surgery in place. I.e. Lower Stondon surgery
11	When something, such as on line repeat prescriptions etc has proved to be a success then leave it alone, don't fix it, if something is not broken then leave it alone. We use to have a perfectly good on line system until about 12mknths ago when the site got revamped, now it's complicated and an absolute disaster and must have cost the NHS an absolute fortune. Why spend this money when it was satisfactory as it was. That money could have been better spent in other areas.
12	Give more attention to co-ordination between hospitals and GP surgeries and community services (ie district nurses).
13	To ensure there is access for all people to all services. Bedfordshire has many rural areas and even in some of the more built up areas public transport is poor.
14	Listen to the people at grass roots level, not the fat cat bosses!
15	Improvement of local surgeries delivery
16	Keep the service simple, local to users.
17	To liaise with transport companies to make available cheap public transport to the hospitals involved for all who live in the catchment area for BLMK
18	Any change must properly fund Milton Keynes unique and growing Healthcare service's needs, commensurate with it being the fastest growing city in the UK. Don't let this be a bureaucratic fudge.
19	Ensure 'tests/scans/etc' are carried out near to home, not Addenbrooks and JR.
20	Better use of allied health professions
21	Protect core services for physical health. Don't divert most of the budget into social care/mental health.
22	Constant feedback and monitoring to ensure targets are met
23	To ensure patients are listened to
24	Remove the internal market from our NHS, stop contracting/commissioning private companies with shareholders from making profits off the back of NHS; address systemic racism.

## Luton

Respondents from Luton who neither support nor oppose the proposal	
1	To carry out a Pan- Bedfordshire Market position statement to understand what Luton pressures are from both Local Authority and PCN point of view.
2	Medication is not always the answer, find alternatives, like a gym membership, therapies, counselling, massage, reiki, reflexology, and a dietician can all help people instead prescribing pills/medications.
3	to keep in mind that local areas have different needs in their use of services and funding
4	I would recommend that the views of the personnel across all the CCGs is given serious consideration on shaping the new body and ensure that any current good practice is not lost.
5	We need more local GP services & clinics rather than large centres which can be difficult to get to for many people
6	upgrade technology and make systems accessible to all so sharing of patient information easier

## Milton Keynes

Respondents from Milton Keynes who neither support nor oppose the proposal	
1	Ask the residents, GPs, young people to be involved
2	More gps able to take appointments. Recently tried for 6 weeks before I could get a routine appointment for an ongoing condition was told it wasn't urgent so no availability and refused when I indicated to receptionist I would prefer not to go in to detail.
3	Make sure that the clinicians involved are not side tracked and taken from what they should be doing with patients.
4	Invest in local GP practices and NOT polyclinics. Reduce population per GP.
5	Every patient to have the same healthcare facilities and treatment my own experiences is my care is very poor and follow up treatment does not always happen
6	DON'T HAVE SO MANY MANAGERS AND TIERS OF MANAGERS AND INVEST IN FRONT LINE STAFF RATHER THAN PEN PUSHERS
7	As above, don't forget those of us in MK but not part of the MK CCG.
8	Ensure that patients are offered treatment at their LOCAL hospital, not send miles and endways across the region.
9	Don't overcommit to the list of changes. Better to do a small number of things well than a lot of things less well. Also communicate your progress.
10	Listen to the patients. In my experience, too many staff at health centres, be they medical or ancillary, view patients as the enemies to be resisted at all costs.
11	To not make care a postcode lottery
12	Please produce a public List of Potential Drawbacks and how you would approach them.
13	To involve members of public in decisions made regarding patients like Patient Participation Groups (PPGs)
14	Only just accessed and read your document - can't possibly make just one recommendation
15	Do go cheap on products; look after the clinicians and invest in them and the services
16	Think about mental health, there is a crisis and it will only get worse without innovation, and early intervention
17	Don't strip MK services to bolster the others :(

Question 5

Respondents from Milton Keynes who neither support nor oppose the proposal	
18	An open chance for Public comment on the decisions taken BEFORE they are set in stone
19	To make things simple
20	Important not to lose the local voice and needs of local communities rather than a homogenous approach.
21	Make service delivery for patients happen near to their home
22	Stop paying very high wages to consultants
23	More money into wheelchair services as my family member using them and we have seen delay
24	Make it work unlike previous changes from pigs and the rest. Because we need to change once again proves keep changing costs a great deal of money
25	Make sure that the elderly and disabled can access the services that they need e.g. don't reduce services so much so that they have to turn to private podiatry, OT etc.
26	Needs vary from one area to another within quite short distance
27	Ensure that the patient voice is heard, that patients are involved substantially in design , delivery and monitoring and that this principle is embedded meaningfully into policy and implementation
28	Provide services from healthcare providers within BLMK and close surrounding areas to maximise best value for money.
29	<p>I have been involved with PPGs and a CCG for about 5 years since retiring from full-time work in the public sector. I recognise that change is a constant but the NHS makes significant changes more frequently than most organisations, often without a thorough examination of the process or the system they are replacing.</p> <p>There is too much generalised comment in your Public Engagement Document and too little evidence to allow anyone to make a sensible, balanced judgement about your proposals. For example, you claim that you will make 20% cost savings. Is that making one in five members of staff redundant?</p> <p>Are you planning to sell off two of your current office premises or are you planning on a new build somewhere?</p> <p>The population balances in the three main towns are very different - do they have identical medical needs?</p> <p>In Q. 4 you comment about saving money - what evidence is there that there will be savings and that that money will go to patient care?</p> <p>Your last point of Q.4 is questionable, when analysed.</p>
30	<p>Stop wasting time with various 'Pilot Schemes' that come to nothing!</p> <p>All of the above should have been happening anyway and there should never be a post code lottery for health.</p>
31	Remove the internal market from our NHS, stop contracting/commissioning private companies with shareholders from making profits off the back of NHS; address systemic racism.

## Comments from those who responded to question 2 that they oppose the proposal

### Bedford Borough

Respondents from Bedford Borough who oppose the proposal	
1	Be honest - list benefits AND disbenefits. Learn from mistakes of the current body. Most importantly ditch the idea and improve what you have got and it does need improvement.
2	Please do not have a single CCG.
3	Stay local do not do this
4	Consult the public before agreeing to a merger and see if the public want you to merge
5	To take notice of the patients who have to use the system.
6	Don't do it
7	Not to go ahead with the merger. It will reduce local accountability with in Bedford.
8	Keep everything as local as possible
9	Bedford borough has a directly elected mayor that opposes this merger, why aren't local concerns being adhered to?
10	Bedford should get good share of budget
11	Keep Bedford hospital open with full range of services WITHOUT HAVING TO TRAVEL TO ANY OTHER HOSPITAL OUT OF BEDFORD FOR TREATMENT OR TESTS OR OUT PATIENT APPOINTMENTS
12	Let us have access to the Doctors that have served their time and let them refer their opinions if any to the appropriate Parties
13	It is not local if you include Milton Keynes
14	The stated goals above are correct but there is no evidence that it will lead to a reduction in health care spending. I have been a Consultant in the NHS for 40 years and I have seen this re-organisation many times, it does not necessarily lead to any improvements.
15	Make sure they are included in all decision making.
16	Keep it local.
17	Don't send out questionnaires designed to only produce the answers you want
18	Leave alone
19	It would be to keep the services separate but INVEST in all services! This merger is removing services by the back door and increasing bureaucracy. It is not in the people of BMLK's interests.
20	Don't do it.
21	Not to do it.
22	Remove all current CCG management and appoint new professionals
23	Ensure there are enough staff both specialised and other to deal with all ongoing issues to reduce waiting lists
24	There would need to be emphasis on local organisation. There would need to be a strong system put in place for local concerns to be heard and responded to quickly and with empathy.
25	that it cares and provides health care to patients
26	Travelling distances to NHS services for local populations to be seriously considered. Public transport links between Bedford, Luton and Milton Keynes locations are quite poor and expensive, which disadvantages many of the people that use/need the NHS services ie the sick and elderly
27	Don't bother.
28	I believe the three independent CCG's should remain as they are now, for the reasons given above. Increased size does not, necessarily, lead to any improvements or efficiencies.

Question 5

Respondents from Bedford Borough who oppose the proposal	
29	Do not proceed with this planned merger
30	Do not put money at the fore front when making decisions...its people that matter...not people on the boards wages or pensions
31	Keeping local healthcare providers such as doctors in the decision making process
32	Keep local, local to support everyone. If it's all centralised in one or two pieces it doesn't help local people at all.
33	These groups do nothing but have meetings and have no teeth so I will not answer the questions above. Put our own house in order before even thinking of this new Idea. It is not working now so God help us if this goes ahead.
34	Saving money should not be at the cost of providing convenient local health services for the community.
35	This assumes the changes are a 'done deal'
36	This would be a disaster, and not what the people of Bedford want. This would be a large central body which would lose sight of personal care.
37	Keep emergency services local to communities. Reduce long waiting list. My fear is that if everything is central it will be harder to access, there will be a reduction in service provided pushing up waiting lists
38	We do not want to travel to Milton Keynes local is good
39	Close it down!
40	These questions also make no sense, saving money to reinvest in GP services at the same time as strongly hitting you will cut the same budgets in 2 years' time!
41	Any service needs to be accountable to those that use it (and pay for it). Large organisations nearly away avoid responding to the small picture and what to them is small issues, but to individuals they have major impact. For example no A&E in Bedford would have a serious impact on local residents
42	Encourage doctors at our surgery's to work a full week and rule out part time working and eliminate to use of "telesales" contact with patients!!!!
43	Don't do it
44	I would only support this if the HQ was in Bedford anything else would significantly degrade local services
45	Greatly improve mental health services and support.
46	Don't take away local A&Es or maternity services!
47	Be more efficient and challenge practices which allow some staff to rest on their laurels
48	More investment in local areas instead of more centralisation.
49	Not applicable as I oppose the merger.
50	Drop this proposal. Fund the local CCGs adequately and run them more efficiently to provide better standard of local GP services and timely access to Primary care for the patients.
51	Keep decision making tailored to local needs. Stop letting GP practices abdicate responsibility for providing face to face consultations. More lay people, allied health professionals and secondary care physicians at heart of decision making.
52	Do not do it
53	No reduction or loss of services in any of the towns/cities
54	Do not overlook the needs of individuals
55	Keep things as they are at present
56	Bedford and the surrounding area is continuing to be eroded and someone is determined to force us to go out of our county for medical care
57	Not central everything
58	A smaller group is preferable. I do not believe large organisations work as they cannot consider all the areas they are responsible for.

Question 5

Respondents from Bedford Borough who oppose the proposal	
59	These are not the same communities with the same requirements. Homogenising them will lead to poorer outcomes for everybody. The quality of services at the point of delivery never improves when it is massively scaled and distanced. Yes, all these issues do need fixing but they need a better solution than this.
60	Don't use so many AAA BBB amendments cos it's hard to understand when I say BEDFORD HOSPITAL should be in Bedford controlled by Bedford people.
61	We. Need to work as individual areas. Being too large is too impersonal
62	To actually listen to the people who will be on the receiving end of this new development and really take their views seriously.
63	Make sure there is a BLMK representative located at each hospital and not a single location.
64	Don't do it. Keep local services local
65	Integrate social care with the NHS to make seamless working.
66	Listen to the people on the ground. Ensure responsibility is clear and that they are held to account.
67	Yes listen to the community and not make decisions that you may think is good for everyone.
68	That the finance is shared equally. Bedford is likely to be the poor cousin in the deal - already is as far as stroke care is concerned. Not everyone can travel to L&D to see seriously ill relatives.
69	The Board needs to include as a major element, senior members of the local authorities
70	Listen to local people
71	Listen to what local people are asking for - we're fed up with all the time, money that is spent on these ever revolving roundabouts - trust is zero
72	Listen before action can you justify your actions to the local community?
73	Retain all services in all go services
74	tailor the services to the particular needs of each area (Luton is very different from Bedford)
75	Put patients first and not those at the top with higher wages.
76	Stop ignoring Bedford Borough Council
77	Keep local control in local areas - not everyone can drive or afford a taxi.
78	It is hard to disagree with any of the statements made above. However, the statements assume support for the CCG. I do not support the creation of a CCG. This form is not a consultation document but an egregious pretence of consultation to elicit tacit support for the proposed CCG.
79	Don't do it Bedford needs to be an area on its own
80	Concentrate on us smaller community's and not the bulk of investment going to Luton and Milton Keynes
81	That you listen to what patients actually want and make appropriate provisions.
82	This last set of questions is just designed to get approval for the merger.
83	Abandon this inappropriate proposal
84	Not applicable as I oppose the merger.
85	Leave Bedford out of your daft scheme
86	Keep local hospitals with full services
87	Do not carry out what you are proposing
88	No strategic leadership roles are duplicated. Those roles that are duplicated are got rid of and the money put into front line services. That front line services are ALWAYS considered first. That there is a clear and transparent complaints process for staff and patients. . The NHS is the worst of any organisation for this.

Question 5

Respondents from Bedford Borough who oppose the proposal	
89	Leave matters as they are to increase local accountability and focus
90	I have not answered the last few questions according to the importance, but to protest that the questions are phrased with bias and do not allow for true opinion.
91	It is not always about money
92	Stay in touch with local people. Do not make decisions without the appropriate research having been undertaken.
93	Stop this crazy idea
94	The main recommendation is to make more face-to-face GP appointments available not less, by reducing the number of surgeries
95	The questions above are related to aspirations and don't necessarily follow from the merger. All of the aims are laudable, but will not necessarily be met by creating a single CCG. Much better if the current CCGs acted in concert.
96	Give local units more authority and autonomy. I've experienced failings with large collective systems that are not adaptable.
97	Invest in delivering a service appropriate for the demographic. More than ever mental health needs to have much more invested at a local level
98	Reduce the management levels in the system. The more manager levels in the system the less responsibility each has, hence nobody is prepared to accept any responsibility!!
99	Keep the local A&E departments so patients can reach the care/assessment they need fast especially when dealing with older people
100	I would like to recommend that when you have an operation you get at least one call back appointment from hospital where operation took place to make sure everything is OK and no other problems arise from the procedure. I did not receive any appointment and have had problems ever since. But nobody seems to care.
101	Make it local.
102	Local care is key - distances to travel for care leads to health inequality
103	Ensure that there is appropriate representation for BAME residents
104	Don't merge the CCG's, this has nothing to do with what is best for patients, it is a cynical cost saving exercise by people who are paid far too much to destroy our services.
105	Commit suicide and let more able people take the role you obviously incapable of filling for the people you do NOT represent
106	Experience has shown that local provision is most effective and cheapest option. I have lost faith in any proposal for mergers. Too often they disguise privatisation and cronyism.
107	DO NOT PROCEED WITH YOUR PROPOSAL.
108	Ensure that members of the CCG are drawn from all areas covered, not centred in one of the major areas.
109	Don't do it.
110	I don't believe combining these individual CCGs into a bigger one will never serve the communities as well. I believe that this will lead to less resources for each community. I don't believe our concerns will be listened to either.
111	More face to face contact with gps
112	n/a
113	Remember the word LOCAL. Bedford is already the poor relation in its links with Luton and Dunstable.
114	Need local to Bedford services
115	Stop focusing on budgets and media hype and start asking yourselves what the population wants
116	Have representatives from the different areas.
117	Not in favour of the plan. Bedford has an excellent record of charitable donations and bequests to its local hospitals. I fear that these will significantly reduce if the plans go ahead



Question 5

Respondents from Bedford Borough who oppose the proposal	
118	MAKE SURE THERE IS EQUAL INVOLVEMENT AND INVESTMENT.
119	Environmental sustainability should be the main driver for any change. Healthcare is the fifth largest contributor to CO2 emissions globally and pollution and climate degradation will have massive effects on global health.
120	Don't do it.
121	Listen after local opinion wiped the floor with you last time eg Putnoe!
122	Support local GPs with funding.
123	Leave Bedford alone You may save money but at the expense of currant staff there is bound to be staff cuts
124	Retail local representation, be led and informed by health practitioners NOT economics and finance managers, prioritise needs of people not money.
125	Get it sorted!!!!!!!!!!!! Too much money and time is spent "Navel Gazing" by those in so called "Authority".....I am thoroughly fed up with it!!!!
126	I think this is not a good idea to clump these services together, and there is always an ulterior motive to change like this, and not always for the good. It is always down to money, and not about the health of the local people.
127	Get it sorted!!!!!!!!!!!!
128	Don't construct surveys with questions as under 4 above where the restructuring is a given, outcomes are presented in an obviously biased positive way & then ask people to rate them
129	Keep things as they are. Change is not always a good thing.
130	Improve current services
131	Ensure local GP representation
132	do away with CIRCLE & be able to get to see a consultant quicker
133	To accept that there are HUGE differences within the populations covered and this MUST be considered when looking at services. One size does NOT fit all. You have currently shown that you are incapable of looking at local needs (eg attempt to close Putnoe Walk in Centre; Church Lane Surgery closed without proper risk assessment)
134	Para 4 - if current CCGs did their job properly then all the above could/would be achievable
135	Ensure local needs and views are considered.
136	My main concern is services need to be available at a local level and such a big governing body would be too large and too remote especially in rural areas.
137	If this is already set in stone, then it is important to ensure fairness across the region.
138	You still haven't articulated why you are doing this or the benefits. This is government cuts that you are trying to white wash as an improvement.
139	Treat EVERYBODY equally, nobody is more important than anyone else
140	Don't merge, just improve cooperation between the local bodies.
141	Make relevant surveys: The section above (Q.4) is not a survey - it is a series of closed statements with no option to disagree about anything other than your "intended outcome" no evidence provided.
142	Leave Bedford alone it's working well on its own
143	Keep us individual. Bedford manages all decisions themselves.
144	Improve the system already in place. Bring services out of the private sector.
145	Reduce the number of managers, reduce the amount of waste in NHS.
146	Don't make Bedford the poor relation that's forgotten because we are the smallest
147	Don't do it we need more localised decision makers
148	Keep delivery of healthcare to people WHERE THEY LIVE
149	Get rid of you altogether and replace with an efficient, qualified, body.

Question 5

Respondents from Bedford Borough who oppose the proposal	
150	Listen to local people
151	Listen and react to the views of the local communities.
152	Please let local agencies manage local health and social care
153	Listen to the views of medical; experts
154	DO NOT LIKE IT -YOU JUSTIFY COSTS SAVINGS AT THE EXPENSE OF LOCAL SAVINGS SO DISAGREE NO EVIDENCE ITS PIE IN THE SKY WHAT IS PROMISED IS NEVER DELIVERED JUST COST CUTTING AND CLEVER WORDS!!!!!!!
155	Do not merge, keep it local
156	Resign en bloc.
157	Rephrase the later questions, as importance is not the most significant term. The questions force an answer which does not reflect the issues. Everything is important, but not necessarily to be improved by a bigger and more remote CCG
158	Please do not proceed with this plan
159	Stop the merger for the good health of Bedford
160	Keep Bedford on its own
161	Don't do it.
162	Until you stop the abuse of the NHS, there is no point in reforming it
163	Improved GP care. More local care. Bring back home visits. The GPs should know their patients in the community.
164	Don't do it! Waste of time
165	Ensure that NO hospital will be closed and all services remain available in each local area
166	Perhaps it would be a good idea to have some proper business persons on board, after all would you want a corporate head doing your hip surgery?
167	DO NOT FORGET THE RURAL AREAS. Despite the views of the CCG, we are already the poor relation and actually in a position to provide much greater facilities given the funding.
168	As we consider the proposal we feel that more layers of bureaucracy could reduce efficiency due to the larger area and associated levels of staff requirements.
169	Leave all services for the people of Bedford at Bedford hospital. Stop the integration.
170	Don't do it. The ambulances will be put under more stress and more staff will leave.
171	DON'T BOTHER!!!!!! Give Luton what they want as usual.... JUST ANOTHER QUANGO.... See you at the next renaming/failure/next nail in the coffin of the NHS
172	Stop areas being management heavy and invest in frontline workers instead
173	Don't merge CCGs. A big mistake making services less personal to the tax payers that fund it.
174	Write a survey which collects the views on whether people agree with merging the CCGs or not rather than listing the importance of items which would be important merger of not
175	Ask the people that will be affected FIRST, BEFORE you make the decision as has clearly happened here already!!
176	Invest more in local GPs so there is stability and continuity of care for local residents/patients with GP Practices
177	People want local services - by asking people to travel you are introducing inequality. Mental health, maternity, A&E especially must stay local.
178	Bedford & Luton in particular REALLY need sufficient voices in terms of GPs, as deprivation higher there.
179	You need to include ALL health not bits of it, otherwise it will not work.

Question 5

Respondents from Bedford Borough who oppose the proposal	
180	Invest in infrastructure, consumables, public engagement/education, free car parking (and more of it) and personnel. Don't waste money on endless policy reviews, shiny techno trinkets web apps and virtual nonsense that doesn't directly help medical professionals' daily working lives, and especially not profligate management consultants to tell you that the paperwork needs changing and that that will somehow make up for the lack of staff.
181	Listen to local communities
182	All of the quangos associated with the NHS should be scrapped as they take too much resources and staff from the front line with no or little benefit. Decisions are slow and bureaucratic. Return to the structure at 2010
183	Keep local services local instead of trying to make them the same as other areas. Also stop paying lip service. The NHS belongs to the people
184	Give meaningful opportunity for those of us that work in the real front lines a way to communicate our fears and what's really happening in a way that protects us from punishment from management. If you did that maybe you'd understand what's really happening in your healthcare area.
185	I want a full rehab service for Hypermobility spectrum disorder. I have been referred twice to the Royal Orthopaedic Hospital but once I get back to Bedford I am refused the referral I have now been waiting over ten years to gain access to this service. It's just not good enough.
186	I do not support this proposal at all. I have grave concerns about the distribution of services in the future. Improving services in one area at the cost to another is not an improvement
187	Don't merge. We have a growing population, therefore more money should be entering the system. Let every borough lead their own and try to reduce use of private healthcare.
188	To ensure that centralisation does not work against the availability of a full range of services and accessibility locally, and the ability to respond effectively to local needs.
189	To retain local CCG contact points by ensure that to some extent the local expertise remain. The big risk to this change is that the handling of any issues becomes generalised rather than specific local solutions being implemented quickly.
190	That it puts out a survey questionnaire that doesn't already assume that the proposed change is inevitable and desirable and doesn't ask mostly a series of questions that present it as a fait accompli!
191	This survey is very biased. One CCG for BLMK will result in cuts to local services. I am strongly opposed
192	Fix the failings that exist now rather than bury them in a new body
193	Shorted waiting time for outpatient appointments
194	Abolish yourselves; deal instead with the real challenge facing the NHS, namely devising a sustainable future for our national healthcare system. You know better than most that the present system simply cannot carry on.
195	Get rid of all CCGs and the BLMK. Let's have a public meeting to you can hear the public's concerns with the CCGs
196	That the amalgamation leads to a significant number of management redundancies as these roles under BLMK will be duplicated. They are not front line and cause more issues, both internally and externally, than they are worth.
197	Consider how I'll people are going to access the services they need and ensure they are not expected to travel further than present.
198	Resign
199	Keep our own CCG
200	Keep and increase walk in centres to serve the community.
201	Do not reattempt to close the A&E and maternity ward for Bedford

## Question 5

Respondents from Bedford Borough who oppose the proposal	
202	HANDS-OFF OUR LOCAL HEALTH SERVICES
203	A commitment to preventative health care
204	You are too remote already
205	Stop trying to impress the general public with your amalgamation which must be costing a fortune. Meanwhile Children's Services are being closed due to lack of funding.

## Central Bedfordshire

Respondents from Central Bedfordshire who oppose the proposal	
1	Remember that there are variations in community which must be considered.
2	Stop the use of Interim appointments working within the CCG organisations. Constant change and such ridiculous expenditure is not beneficial for the Local health Services. These interims make changes and then are followed in by yet another interim who then changes everything back. Why is the high level management predominantly interim within the CCGs? These interims move about for a reason and its seems to encourage one in all in as they bring in more and more interims they know without the processes being followed and positions not being advertised. Using public funds to pay increased interim wages.
3	There is no mention as to who makes up the Governing Body so who are from the existing CCGs and who are medical vs non-medical? Assuming that this question will be taken serious then: Stop the wasted resources by getting those in the CCG offices out into the frontline, into the surgeries and clinics deemed the 'best' and help alter those deemed the 'worse'.
4	Put the patient first
5	For there to be no reduction whatsoever in the provision of GP and primary care services, especially in the Central Bedfordshire area - it's already woefully poor.
6	Make GP surgeries more face-to-face!
7	Disband yourself and continue as three separate CCGs with a proper local focus.
8	Ignore most of the answers to Q4 because they are not true. By all means get bigger, but do not pretend that the mostly imaginary benefits of this organisational change will make any difference. Dropping the head count will save a lot of money that has been wasted since 2012, maybe even 20%. Just do and say that and I just might be in favour of it. As a recommendation to the new management, I would say, remember and plan for any private contractors you may wish to award contracts to, to walk away from you when the going gets tough and leave you with a big task to recreate internal resource.
9	Undertake a survey that is honest. Yes all the elements of section 4 are very important but the question should be will this proposal in your view deliver these benefits. In this instance I don't think you have provided any evidence to suggest it will
10	Help the service user, do not be obstructive
11	Keep communication and care as near the patients as possible. All the benefits sound good but I fear too many bosses and too few workers will be the result.
12	All questions above are subjective and DO NOT Look at local issues, as a collective you are segregated into the middle ,average ,mean , not as an individual which you are treated and considered as within a local community.
13	Actually listen and respond to patients, assess their needs on a local level and implement their ideas.
14	I don't believe one body will improve services, it will only serve to reduce local services further
15	To ensure health care is top priority for all who need it wherever they live.

Question 5

Respondents from Central Bedfordshire who oppose the proposal	
16	Insure equality of access to services and equality in care provision, regardless of where someone lives in the BLMK area.
17	Stay away and let the doctors do their job as they did very well before you interfered and gave us patients a crap service.
18	Keep the L&D Hospital a separate entity from MK Hospital
19	Just consider and collect the first thoughts of patients in the Rural areas of Bedfordshire, and in particular the outlying towns like Leighton Buzzard, MK and Bedford Hospitals are a Huge Distance for someone, maybe disabled or on restricted income . Remember an aging population do NOT all have the facility of the internet etc. Thus they live in partial ignorance and don't know or attend for medial help.
20	Enable for there to be a real choice in which GP surgery you use and to have a say in how it is run and its performance.
21	These questions are all very well but they make an assumption on behalf of the participant that all of these statements are true. Where is the evidence to back these statements up? My recommendation is to invest in local services and not try and merge these as well. For instance if you start to make Hospitals specialist areas so people have to travel further for treatment, because for instance the L&D becomes a specialist in mental health so it is no longer offered at Bedford Hospital, would be totally detrimental to those patients that need these services, unless my post code lottery they happen to live in the right place. We need to learn lessons from the past.
22	Don't do it.
23	Stop trying to reinvent the NHS and wasting money doing it. Improve what we already have!
24	Bedford, Luton & MK are not a natural fit with Central Beds. Resources will be swallowed up by the conurbations.
25	Find a different group for MK to join
26	Invest more in mental health services particularly autism/adhd assessment for adults and children.
27	Don't do it and reduce number of managers
28	Support local people and NHS providers properly financially to allow them to serve their local communities
29	I do not agree with the proposal. What is the cost of the proposal? As part of the proposal how many more services will be privatised? I honestly can't see any true or realistic benefits.
30	Stop making stupid changes and get on with running the existing hospitals , you could always have central buying and staff pools , but hospitals should remain local , after all we pay for the NHS from our taxes , you should be more accountable
31	I oppose the centralisation of NHS services, therefore the proposal above. I don't believe the people will benefit, neither the staff.
32	Do not forget the elderly when arranging video or telephone consultations. What about the blind and the deaf people.
33	Don't do it - for reasons specified in my answer given to Q3 above - i.e. I am against widening 'local area' to link Bedford, MK and Luton with CBC. CBC is quite different from the other areas being largely small towns and rural. If CBC is to be linked with very large towns which are in effect almost cities with all the issues and problems that such huge conurbations have then there is no point at all in any regionalisation and we may as well just consider NHS nationally and have a global budget.
34	address the mental health issues (i.e. access to services) throughout the CBC rural area
35	Leave Luton with its special circumstances as an independent CCG
36	To keep services local

## Question 5

Respondents from Central Bedfordshire who oppose the proposal	
37	Look at your SEND demographic and commission and invest in appropriate services that meet need ie a decent ND pathway, SALT and OT including SIOT that meets needs of the area.
38	Amalgamation of the groups will make the situation unwieldy. Staff may not be spending as much time in meetings but communication and decision making is unlikely to be any quicker than it is at present.
39	Keep as many services local and accessible.
40	Provide people with the medication they need and allow them to have named products whether generic or originator. Also, make sure people are given annual complete check-ups.

## Luton

Respondents from Luton who oppose the proposal	
1	The statements of benefits are not true nor evidenced so recommend the merger does not go ahead and each CCG funded properly rather than funds cut.
2	The bidding for local healthcare services does not mean that the Towns that need it most will actually get more funding
3	Be honest, no fake promises.
4	The proposals may work well for the running and administration of the CCG but there is too great a risk that the local links and context will be lost. Bigger isn't always better.
5	Keep it separate
6	Ensure that each CCG has an equal voice
7	Set up a public advisory panel, advertise and recruit via social media. Get the public involved.

## Milton Keynes

Respondents from Milton Keynes who oppose the proposal	
1	Don't do this. Do not merge into one.
2	Make sure people can get an appointment with their doctor instead of a phone consultation or not getting to speak to them at all. This is terrible now and cannot all be blamed on Covid!
3	Your assertions above will prove untrue, and many of you probably know this.
4	Do not form the joint CCG
5	Stop the use of online triage system
6	You can never bring Bedford or Luton up to the standard of MK because of the housing standards. But you can drag MK down to the level of the others.
7	Better access for the disabled to medical facilities and better laid out buildings.
8	Don't do it.
9	There is too much focus on finance and business, especially on the current Luton board. Do not let bean-counting trump good medicine.
10	Be very careful to ensure FAIRNESS ACROSS ALL REGIONS. No failing regions can be supported by the efficient areas.
11	Don't have a patient from MK go to Luton. Keep patients local to their hospitals
12	Involve more people in MK in proposals for our area.

# Question 5

Respondents from Milton Keynes who oppose the proposal	
13	It isn't going to work. Luton and Bedford have nothing to offer MK!
14	Make sure that a health economist evaluates the TOTAL cost, for example centralising elective procedures in one hospital, which a large central CCG could decide, would push costs and risks on to the patients while apparently showing a lower cost because you need only have one site for a certain kind of surgery.
15	North MK has always looked to Northampton hospital not Bedford or Luton, why merge us with an "alien" area?
16	The wrong areas to be linked with
17	Forget profit making partnerships and bring ALL services into an NHS which emphasises the National aspect.
18	Stay as you are for the time being - 3 CCGs - and revisit when Covid-19 is under control. Get the basic services properly running before you make major changes.
19	Base your decisions on real evidence, without asserting improvements will automatically follow.
20	Appointment a doctor as the CEO
21	Don't do it! I am not convinced that there is a medical rationale for this proposal. I don't believe it would deliver better health outcomes, and I anticipate that the creation of larger CCG would result in a more remote organisation, less likely to listen to local views. I am convinced that what Bedford Borough needs is more localised provision and oversight of health services, including primary care. That local organisation could nonetheless collaborate with other organisations. In my view, a Bedfordshire and Milton Keynes CCG would not provide this.
22	Oppose the merger. A merger waters down local CCG involvement. I am not opposed to CCGs meeting where there is a common issue.
23	Leave MK out of it
24	Have local residents on the board.
25	I have answered 1 to reflect that I foresee funding and investment to Luton & Bedford at the expense of MK
26	It's difficult to see a GP now so things rarely improve with these initiatives
27	Make access to health care easier
28	Don't assume all will be able to engage with telehealth. You will need significant user involvement in development of these systems and much resource to encourage their use.
29	Don't merge.
30	As I've already said we run the risk of creating a service which treats everyone the same but not as individuals leading to vast inequalities as no two people react to things the same.
31	Free gym and physio services
32	MK is clearly the lead body here - just look at the Covid-19 numbers.
33	FORGET VIDEO TECHNOLOGY FOR GP CONSULTATIONS.
34	That the great service at the moment continues in MK and that Bedford and Luton's are improved
35	Don't do it! Local focus using local demographic. Provide a service tailored to the one entity. Luton is not Milton Keynes or Bedford. Each is a separate entity. One size does not fit all
36	Bigger organisations lead to increased levels of unnecessary bureaucracy. Unaccountable and overpaid. Decreases in accountability and increased opportunities for bad management and buck passing. Small is beautiful and able to be held to account.
37	Not to include Milton Keynes to shore up and subsidise the other failing CCGs

Question 5

Respondents from Milton Keynes who oppose the proposal	
38	Keep it local Luton doesn't have the same needs as Bedford or MK
39	Retain our fantastic G.P. Surgery as it is.
40	You must keep services so that older people are able to access them locally, avoiding unnecessary travel, especially for visiting spouses.
41	To have representatives from across society.
42	Anyone completing the survey will obviously answer the questions to improve their healthcare, this does not mean they endorse the proposal.
43	Fund our GP practices properly
44	Firstly listen to the needs of the patients!
45	We are people. Not numbers. Once a governing body gets too big it tends to forget that. Remember your purpose is to serve the people not to make money
46	These things are important, but these changes will not improve the waste and inefficiency in the NHS. The same people will head up the new body, at inflated salaries and continue wasting resources and presiding over usual incompetence.
47	Drop this and make working together work where appropriate.
48	It has to be fair access to all facilities for all parts of the community, it can't deny access due to technology requirements
49	Don't assume that people can travel across the CCG easily if all the money is invested in one or two hospitals.
50	One CCG will NOT reduce health inequalities but rather increase them as there will be fewer staff to cover the issues. This is incredibly naive.
51	Keep CCG local to the communities that they are delivering service within rather than being absorbed by larger working concepts which regularly fail to meet the basic expectations of its core users
52	Do not implement this plan.
53	Let the medical profession get on with their jobs and stop making organisational plans!
54	To demand to central government to end the bidding system that creates local service inequalities. Everyone should have same level of services, to the same quality and close to where they live. Creating large merged CCG is not the way forward.
55	Don't do it
56	Remain as three CCGs
57	CCG needs to get better deals with large pharmaceuticals.
58	Ensure that face to face GP appointments, particularly for older people will always be available no matter what happens with the amalgamation! I can't emphasise how important this issue is to the older generation!
59	Scrap it! Too big to manage effectively
60	Be mindful of the TOTALLY DIFFERENT DEMOGRAPHICS IN EACH PART OF BLMK. No one size fits all!!!!
61	Doing things once will save money, which can be reinvested in the services that patients receive at their GP surgery, hospital or in the community - this never happens in the NHS!!
62	Remove all unnecessary bureaucracy and concentrate on providing first class health care



## Comments by respondents who skipped question 2

Bedford Borough	Keep people in the closest hospital to where they live as far as is possible, otherwise visiting often becomes impossible for many.
Bedford Borough	I would like to see more support for mental health issues in the general population and for pregnant women. It is vital for patients to be listened and to get help when they feel they need the support to prevent a crises not only when they are in a crises.
Central Bedfordshire	Some CCGs have consistently underfunded areas e.g. mental health or neuro conditions. I'd be concerned about a merger leading to look at the lowest common denominator as adequate service provision. The CCG should be driven to provide gold standard services, not the bronze or worse that are currently commissioned. Also where the focus is so strongly on new ways to pay for services it leads to piecemeal services where my (patient) needs fall through the gaps (ping pong) between services? I also think more needs to be done by gps to provide dignity and meaningful interactions with their patients even when the need is not a 2 week wait emergency.
Central Bedfordshire	Ensure that the number of people employed is controlled so that each knows what their job involves, their responsibilities and the importance of each feeding back concerns and successes. (I have sometimes asked an employee what her job actually was and have received a very unsure/limited response- despite the posh title.)
Central Bedfordshire	Do more to make sure Doctors give a good service to their patients at ALL times. Need to make booking of consultations common across practices
Luton	Deaf patients' rights?
Milton Keynes	Listen to patients who will be at the end of this process
Milton Keynes	MK hospital is good at present, a nice balance between expertise and local care. I suggest starting another hospital as the population increases rather than expanding the present 3

**Question 6**

**Are there any other comments that you would like to make?**

**Comments from those who responded to question 2 that they support the proposal**

**Bedford Borough**

Respondents from Bedford Borough who support the proposal	
1	Chronic under investment in the NHS must be addressed. I am not against this idea provided it is not a cost cutting exercise.
2	Please please improve BSL interrupter service 24hrs at hospital A&E Mobile text iPad for Sign Live All communication and visual in hospital This is our hospital for our future and work with disability community service, centre and charity
3	I can see that merging the funding so long as it is fairly distributed is a good thing and equally good would be that less executives (expensive) would be needed to run things
4	Ensure that services are developed in collaboration with partners, service users, community groups and providers.
5	More modern buildings are commissioned so services are not provided in old Victorian houses.
6	This survey is deeply flawed in its construction. There is not a single statement that any sane person could oppose. It leads the reader to agree with everything. This is not public consultation it is an exercise to secure affirmation of already made decisions being right.
7	Ensure all services are fully accessible to all. If necessary perhaps out of locality services should consider coming to the patient, rather than the patient facing difficulties getting to the service. No reduction in A&E services locally. No closing of any hospitals or services.
8	No
9	I worry that healthcare will be reduced in order to cover a wider area and how are we to access care at other hospitals if we don't have transport? You have said that you aim to reduce the bill by 20%, is this saved just through reducing CCGs from 3 to 1 or do you plan to cut services too some of which are overstretched now?
10	Healthcare availability not based within ever growing new residential housing.
11	I hope that the DISS in Bedfordshire will be rolled out to other areas - it's making a huge difference
12	I would love to see something done to address staff retention issues and morale. This helps maintain a committed workforce which helps maintain good staffing levels which leads to better patient care Too often staff are overworked and not able to deliver the level of care which patients need and deserve and which most staff really want to be able to give.
13	GP's to start seeing patients
14	No
15	Don't let technology be the be all and end all, face to face appointments with nurses and doctors in surgeries are still important. Also ensure that patients who now travel to their local hospital for services don't have to travel elsewhere, i.e.; some who usually goes to Bedford Hospital doesn't have to travel to Milton Keynes or Luton for a blood test.

## Question 6

Respondents from Bedford Borough who support the proposal	
16	If people like myself have not got any form of transport how are people going to get to the various sites. Also if public transport has to be used this can be expensive
17	Exciting times, good luck!!
18	A separate dementia service and IP service in each of the four centres
19	Not to lose local input
20	see above
21	In the proposed change no doubt there will be duplication of departments, these should also be amalgamated with investment in new technology to provide a more streamlined approach.
22	No
23	Do not close or reduce medical, A and E, or maternity facilities in or around Bedford.
24	More health investments, improvements & services returning and made at Bedford for their population rather than moving things out of the area all the time.
25	IMPROVING AND SHARPENING THE PRESENT OPERATING MODEL SHOULD SUFFICE.
26	My husband health has been affected because he hasn't been able to SEE a Rheumatologist. He is now unable to drive or work far.
27	Please don't waste money on board meetings, on huge plans & proposals, but put the PEOPLE first.
28	As I understand it MK and Beds computer systems for patient records are not linked, presumably this will be rectified ASAP
29	Put mental health services and physical health services both equally important and funded
30	My wife and I attend and receive excellent care at Putnoe Surgery which is very well organised and run. Not the same story that I hear from other Surgeries in the locality I am afraid.
31	Think of accessibility to health care Consideration of the disabled, deaf, mentally impaired in obtaining their health/ care needs. Not to assume that one form of treatment fits all just because it's the cheaper option but not necessarily the right treatment. Don't excluded patients treatment on cost only. Have a means of patients wanting to object /complain without hitting brick walls.
32	I have ticked all of the high importance boxes as the ability to meet people's health needs is paramount. My concern with this survey is that it sounds a bit like a series of mission statements, a manifesto with nothing to indicate how the aims and objectives might be achieved.
33	The current financial situation is bound to impact these proposals and you may wish to extend consultation period to take account of possible financial changes.
34	Headquarters where will it be? Will there be local offices?
35	Return MSK services to NHS management.
36	CCG workforce needs investment - there aren't enough people to do the volume of work.
37	Communicating with the community is vital
38	No.
39	Co-production needs to become real.
40	I'm cautious about yet another reorganisation in the NHS, promises made often lead to ponderous decision making with more bureaucracy and fewer medical professionals. NHS England is a prime example of crass inefficiency.
41	If this increases and improves access to services in a timely way for those with mental ill health this will be a great step forward.

## Central Bedfordshire

Respondents from Central Bedfordshire who support the proposal	
1	Employ IT architects like myself who can think outside the immediate remit, to work alongside NHS management familiar with the business and avoid political barriers between regions within the NHS.
2	Ensure rural areas get the same service as urban centres; keep communicating clearly with residents and make sure that local GP's do so as well
3	I trust that patients will not be sent for treatment all around the shires as happens elsewhere.
4	Get it right this time so that further costly management reviews and re-structures are not required.
5	Publish the targets you set for funds rationalisation - where there are cuts and where there are re-invested funds
6	Who will audit the new CCG to ensure promised savings and re-allocation of savings actually happen?
7	Some functions are outsourced to Northampton, Oxford, Stoke Mandeville, Moorfields et al - it is not obvious how the proposed arrangement would improve the patient experience.
8	More appointments with your GP & LESS telephone calls.
9	<p>This decision seems to be a foregone conclusion, and I don't really understand why you are 'engaging' at what is clearly a very late stage in the planning of this re-structuring. This isn't proper engagement. And the questions above are massively loaded in the style of 'We're aiming to improve people's lives - are you in favour or not?' All a bit silly. Finally, it isn't clear why, under the previous arrangement any each 'CCG had to take decisions to 3 governing bodies', rather than just their own.</p> <p>I can see, however, that economies of scale, and using common back/office and support systems seems advantageous. 'Local control' of NHS spending has, as is well known, become a postcode lottery. I support anything that will eliminate that.</p>
10	Bedfordshire, Luton and MK are very different in character, and therefore their needs are somewhat different as well. I do have concerns that merging two highly urban CCGs (MK and Luton) with Beds which has a lot of rural communities will result in a service bias towards the urban. Rural communities need local health service provision, and I fear that the money - and new resources (GPs, surgeries etc.) will be focused on the towns. With an aging population it's vital that village-based health care is available.
11	<p>Keep patients informed about their local services via email, social media or newspapers for those without the internet.</p> <p>I heard through the "grapevine" that my local surgery had been rated as "requiring improvement" although I have generally been satisfied with the services that they provide. But it would have been good to have been told and the steps which they were taking to improve.</p>
12	Too many committees delaying decisions, we need people who are decisive and get things moving
13	Please provide a transparent process to patients during the change
14	Will addressing health inequalities mean that resources will be redistributed according to need across the 3 CCGs?
15	How are you engaging with people who may have difficulties in communication? Learning Disabilities, sight/hearing impaired? etc.
16	Don't rob peter and give to Paul. Make sure you financial support the area in relation to its size.
17	i work in Luton and see the effects of inequality every day. The population needs investment in every way in order to eradicate poverty in every aspect of their lives
18	As above - why MK are linked to Bedfordshire hospitals.

## Question 6

Respondents from Central Bedfordshire who support the proposal	
19	I think I've said enough! Already receive e-mails hence have not filled in all the info below
20	Involve all of us in all that is going on and the progress being made.
21	amalgamate appointments where possible
22	Until the NHS is removed from Politics change will always be tenuous.
23	Work with voluntary sector to achieve a better integration of physical, mental, emotional and community health support.
24	I'm a retired health professional, this sounds like all the iterations I've heard over 30 years and primary care is still struggling as Cinderella while the ugly sisters get all the attention and resource so I have no hope for the service I will receive as I age- technically better but holistically weaker by far
25	You could demonstrate how concerned you are by acknowledging this in a reply. That shows that you have read it.
26	Better access to care is needed. If your making changes then make sure the care improves. Waiting lists will be a problem now it
27	I believe firmly that the CCG should not be limiting the NHS service which our country supports and that where the budget is insufficient to meet the demands of the service, that this is made public. I feel that the CCG should set the budget each year that it reasonably needs in order to deliver the service to the community, so that the level of NHS service is consistently high throughout the UK so that there is one standard of excellent service for people in any location. I am concerned that the CCG is being used as a force to institute a limited budget from the government, which is unacceptable.
28	Yes, contract for one hospital to do joint replacements of shoulder, ankle and elbow only.
29	Have a common discharge from hospital that is fully supported by primary care and social care
30	Now Bedford and Luton and Dunstable hospitals have merged it could make travel without a car very difficult from Biggleswade to L&D. Please make things easy for patients with local services
31	There needs to be more support given to the doctors and their staff who are doing a good job under very difficult circumstances and more doctors nurses auxiliary staff need to be recruited and trained
32	Keep Cranfield surgery open.
33	I've moved from Milton Keynes to Central Bedfordshire (Cranfield) and the difference in the surgeries is terrible. I cried because I had to change doctors and that added more stress to my poor health. I dread having to try and get doctors. appointments now. It adds more stress to people and will stop some people getting the help they need.

## Luton

Respondents from who Luton support the proposal	
1	Don't rush it through and take people's views into account, both users and practitioners.
2	All approaches must have the patents to the for front at all times
3	Other than GPs being on decision making board are we not returning to pct which were deemed too big and made smaller so they could address local requirements for each area as they had different needs I worry there will be conflicting interests on a larger CCG.
4	How can you ensure that patients and the public, not just a chosen few can see the difference this will make in the short term and in the longer term
5	Make sure mental Health is given high priority
6	The questions above are bias and do not allow any disagreement on the decision already made or allow for an alternative approach or view point.

## Question 6

Respondents from who Luton support the proposal	
7	Able to get appointments at both GP and hospital. Communication again
8	Hope it works for both patients and CCG.
9	No thanks.
10	Not at the moment
11	Keep local groups who loses with current CCGs may need to add another layer/group that these report to which then reports to new CCG
12	As a Luton resident I have concerns that the specific and very different needs of Luton's population may get lost or over-ridden by decisions made for Bedfordshire and/or Milton Keynes
13	It often gets forgotten that not everyone is online. Sometimes those that need to be kept informed of changes they slip between edges!
14	I worry about the involvement or lack of social care. Within the ICS there are different political parties at Local Authority level that have very different views.
15	I wish this venture all the very best and hope it succeeds.
16	There are so many comments and observations but not sure if this new BLMK CCG will be a listening organisation or just another institution.
17	What about the Ambulance services? More regular updates on the changes.
18	please do not see this as just a money saving exercise or have people on the board who have no interest in the local area
19	A little concerned that local need may be lost and that MK and Bedfordshire Hospitals use different service e.g. ambulance and specialist centres.
20	There must be a balance between the new way of doing things and the knowledge and experience of the long term staff. Please also listen to the admin and office staff who know the patients especially the long term staff.
21	Make sure there are no job losses. Utilise your staff in other roles, either behind the scenes or front of house. When it comes in have people on the floor explaining all the changes.
22	No
23	It seems that the process of combining the three areas is already underway and unstoppable. It is difficult to comment on the statements in Question 4 e.g. How can a single CCG reduce health inequalities better than three local CCGs? How will the new approach get better healthcare services and keep services local? How will it help to achieve financial stability and sustainability It comes across mainly as a cost-cutting exercise and I believe there is a danger of becoming too big an organisation which could be to the detriment of some local services?
24	Using websites and social media is great however not inclusive, many older people, people with learning difficulties and those on low income may not be able to access these Or have knowledge and skills to use

## Milton Keynes

Respondents from Milton Keynes who support the proposal	
1	Whilst interesting the questionnaire made few direct reference to the document itself and presupposes outcomes are already determined.
2	Above are all mother and apple pie statements. Is something really going to happen this time?
3	It would be good to ensure mental health support features as high up on the priority list as physical health support. The service just isn't there for the number of people who need access, especially under current circumstances

## Question 6

Respondents from Milton Keynes who support the proposal	
4	Patient records provided to external service providers need to be kept up to date with the patient's communication needs. Oh, for it all to be kept "in house" so this complication does NOT occur!
5	Rumours abound that patients will be required to travel to a specialist area not in immediate locality. This is a troubling development if it is true.
6	Being deaf, in doctors surgery and hospital, it would a good idea has well has calling the patients name, is to have a system where they have the patient name and room to go to I always on tender hooks in case I miss my appointment if my name been called
7	Ask more patients whose first language is not English how you can make a difference to their health and wellbeing ( using independent translators not family members as translators )
8	not at this stage
9	Concerns regarding GPs consultations for those who want to see the Doctor, how will you manage those people, instead of IT Means.
10	People need help and education to take responsibility for their own health. In this context there are some excellent Pro -active GP practices and they should create the blueprint for others to improve.
11	Text messages regarding COVID to go out regularly.
12	Monitor where the money is spent and on what. Sustainability and bidding for money are important but should be the result of excellent, equal, dignified care focused on the needs of patients and happy, fulfilled staff, not a driver.
13	More online appointments to free up doctors, money and resources to improve services when you do need more intensive treatment is a fabulous idea. The old fashioned way of doing things just wastes money. I want to see improvements, not reductions in treatments though.
14	The list of improvements above are self-evidently good. I have no way of knowing how the new arrangements will deliver these improvements. The document says almost nothing about acute care. Will certain specialities be concentrated in one of the three hospitals to improve efficiency by reduce for some local access? This is not a consultation; it is a sales pitch.
15	Give some reassurance regarding the ring fencing of finances for the next two years (as indicated in the document). With importance given to ensuring growth expectations are accounted for along with inflationary pressures. I would not like to think ring fencing becomes a method to cap costs! I am also a firm believer that the professionals know what is needed, therefore I would follow the recommendations and advice put forward by GP's and that of the existing workforce including Practice Managers.
16	Make it so people understand it
17	I question whether joining together will actually help any of the financial questions posed in question 4. All of this question is in itself questionable even if important.
18	Better trained receptionists on how to deal with people. Not to diagnose over the phone. Please let us see a Doctor when we need one.
19	Milton Keynes has been under invested for years- propping up Luton and Bedford should not be at the expense of Milton Keynes services
20	ICP's presumably means outsourcing services - will these new partners all be subject to rigorous due diligence to ensure they are fit for purpose?
21	Working as one CCG doesn't necessarily mean being able to reduce health inequalities. That is really down to how well you work. Spread too thin, not dedicating time and resource to areas where there is poor knowledge on the CCGs part will make or break success.
22	Thank you

## Question 6

Respondents from Milton Keynes who support the proposal	
23	Sorry, it is difficult for the lay-person to make judgements in these areas, and therefore to comment. But I see the proposal as a positive step, though concerned there may be some loss of priority for MK patients
24	I do not necessarily believe that the declared intention to make the service more egalitarian is the prime reason for this change. I think it is probably mainly financial
25	Get privatisation out of the NHS
26	Working together should not mean that services that people rely on are not made difficult to access and get to
27	Doctors are meant to treat patients, they are not business orientated and should stick to caring and leaving the business side to people trained to do the job.
28	No I support the proposals with the above reservations
29	See above
30	No
31	Please continue the fantastic work you already do. Please encourage people to take responsibility for their own health, to lose weight & enjoy their health whilst they can.
32	I'm totally sceptical
33	No
34	Noting that Milton Keynes is one of the fastest growing areas in the UK (and will therefore have an increasing resource demand), the current quality MUST be supported appropriately. Further, having lived in Bedford and more in Milton Keynes, my personal experience has been that Bedford could use some more help (admittedly that was back in the 1980s!) but that Milton Keynes has always been fantastic.
35	Make sure there is enough capacity in services such as podiatry, to meet the needs of the increasing ageing population.
36	These discussions in various forms having been going on for many years. There have been several changes of plans and at one time almost endless public meetings, consultations and conferences. I have no idea of the cost of all these delays both financial and uncertainty for staff. It is time that decisions were made and implemented.
37	On page 7 of the Public Engagement briefing. Where you have longer term outcome-based contracts who will monitor this or would this be something delegated to a partner? With some meetings that I have been to there is a constant change over of staff for our CCG and also local council how can we be assured that continuity will be maintained in an even bigger coverage of area and costs?



## Question 6

### Comments from those who responded to question 2 that they neither support nor oppose the proposal

#### Bedford Borough

Respondents from Bedford Borough who neither support nor oppose the proposal	
1	No
2	Hospital and other services need to remain local. e.g. Living on the edge of Bedford Borough, I live closer to services in Cambridgeshire than in Dunstable. Patients should not be expected to travel long distances to access care.
3	When moving to Bedford I had little/no choice of GP as all local surgeries were full.
4	Saving money should not be the top priority but efficient working practices and ease of availability to those who are poorest
5	Looks like just another reorganisation, shuffling the management structures yet again. First it's break it down into smaller 'more responsive, more accountable' groups, then have to draw the parts back together in the name of efficiency. Almost as if the previous reorganisations were rather misguided.
6	A lot of the questions on here are very leading - section 4 isn't even questions it is just statements that of course are going to be universally agreed with. Yes I do want everything to be better funded - who would answer otherwise? Why are these questions even being asked?
7	In my experience in business, larger business (and the NHS is a business these days) does not necessarily work better. Especially on a personal level
8	Communication will be key
9	Do not shut the Bromham surgeries, to expect older members of the community, or young children to attend the alternative being put on offer is not providing an acceptable device!!!
10	The rank stupidity of having a reorganisation that fragmented the purchasing of services into a myriad of tiny organisations that are now having to go through public consultations in order to merge into viable organisations is awe inspiring. The inequalities in health between MK, Bedford and Luton are such that throwing the three bodies together and hoping it works is not a sensible strategy.
11	Get rid of 111
12	None. Seems to me you have already made your minds up. This survey is ticking boxes to confirm that the public was asked. This is taxpayers' money and some of us should be involved more. How relevant is gender reassignment? What about people with cancer, kidney issues, hip replacements? Who came up with this question? How much of the population does it involve? I doubt if this question will be answered, will it?
13	The new amalgamated service will be bigger, which must not result in any loss of quality or performance. Services important to local needs e.g. A and E must be retained close to the population it serves. In particular, transportation to hospital should occur well within the 'Golden Hour' known to be vital for effective treatment and life preservation. My life was saved in 2005 by treatment within the Golden Hour.
14	I wonder what the accounts of the three CCGs are like at present i.e. what deficits each has and how that will be managed.

#### Central Bedfordshire

Respondents from Central Bedfordshire who neither support nor oppose the proposal	
1	Comment here

## Question 6

Respondents from Central Bedfordshire who neither support nor oppose the proposal	
2	I think services will be centralised for economic reasons, thus many patients might not be able to attend. taxi costs, no busses etc.
3	Ensure that achievements are reported. These promises have been made many times without subsequent success.
4	Those of us who live in Leighton Buzzard have had many promises made to us about services and funding but have usually seen the service provision go elsewhere.
5	Bigger is not better for the sake of it and local knowledge is a key to delivering what is needed.
6	I live in Cranfield which has a rapidly expanding population and a postgraduate university with many international students and their families but it seems highly likely that our local surgery will close and that all patients to see a GP or nurse will have to go to the Marston Surgery which those without their own transport, particularly the elderly, disabled and many of the students and their families will find very difficult due to inadequate public transport between the two villages. The car parking at the Marston Surgery is also totally inadequate.
7	I have scored the last 4, very poorly phrased, questions neutrally. Why rank the stated outcomes? It is self-evident that they should all be 5, therefore questions are merely trying to justify your approach, not to provoke questions that challenge the approach.
8	Without seeing the detailed papers and financial information underpinning this proposal it is difficult to form a balanced judgement on whether it will actually provide the alleged benefits or savings. This makes it difficult to accept that any of the supposed benefits will actually feed back to the local communities or, as is too often the case with such centralisation proposals, any savings that do accrue will simply be fed back into the centre, while local representation and the public voice will have been muted.
9	big is not necessarily better
10	Support rural areas and not put all resources in towns.
11	Patients need to come first, which they are definitely not currently.
12	To ensure we have all services and there is not a reduction.
13	No, just see above.
14	Many Leighton Buzzard patients use Stoke Mandeville and Bucks Health Auth, if you change, it's expensive and long way to Bedford...No public transport or NHS Hospital transport.
15	I feel very strongly about the lack of transport available to go for appointments, as I know people will avoid going to Bedford hospital as there is no public transport from Leighton Buzzard to Bedford, and possibly a lot of villages in Central Beds.
16	Must tackle 'head on' the problem with the NHS/Mental Health - Local Authority/Social Care interface which causes massive inefficiencies and unnecessary cost on the NHS (i.e. 'bed blocking') due to local authority incompetence/petty politics/underfunding.
17	Using AHP's and their services as first port of call and not asking patients to use the internet in order to save money.
18	We need patient access to healthcare restored. Not yet more changes to various bodies/committees running service.
19	No

## Luton

Respondents from Luton who neither support nor oppose the proposal	
1	If the amalgamation in to a single CCG will bring in the improvements outlined, it will be hard to see anyone who will oppose it. However, my suspicion and this will be shared by many others, that this is yet another means to reduce spending.

## Question 6

### Milton Keynes

Respondents from Milton Keynes who neither support nor oppose the proposal	
1	Is there any chance that this could assist with continuity of care
2	I have seen these large STP,s elsewhere create a hierarchy Headed by NON clinical decision makers and clinical decision makers opinion becomes worthless leading to poor quality resources due to consideration of price per peace rather than considering the whole picture.
3	Don't keep changing systems and wasting money. Keep local support local as there is worry of being micromanaged from afar by people who don't know the area and its challenges.
4	These ideas would be wonderful if they were to come to fruition. I fear that, at the age of 76, I am a cynical soul.
5	For the questions I have ticked '3' for the critical factor is how these are actually carried out. You do not want to be in a position where you have to beg Peter to salvage Paul. This may sustain Peter but it would leave the local Paul worse-off.
6	No
7	Will there still be opportunities for patients who need specialised care able to be moved to a better hospital Addenbrookes etc.
8	You need more hospital consultants to help move folk on from repeat GP visits
9	Past experience tells me that the decisions will be made, without the Public being given the chance to first make their comment known
10	I would not like to see patients being required to travel long distances to receive hospital treatment at say Luton and Dunstable unless there is no alternative.
11	No
12	More input in to women health clinics
13	I would like to be able to read your full document
14	Some parts of Q4 make a number of assumptions and statements for which the evidence base is not clear (at least not in the engagement document). The goals listed are all welcome, but there is no evidence that these would necessarily (or only) be achieved through a single CCG mechanism. There is no provision for nuance or questioning. The inference seems to be that a decision has already been taken, and public endorsement is required.
15	I have experience of developing surveys. It is easy to pose questions which give you the answers you want rather than giving people facts and allowing them to make informed choices. Few people will thoroughly examine the question reading between the lines. This survey will largely give you answers you want to support you and your proposed course of action. One simple question I could ask is, "How do you think this will really change the health of those diagnosed with Cancer/Parkinson's/Heart problems/Diabetes/COPD?"
16	This has not been a choice of local people or local practices, it is the choice of government and NHSE in a bid to save money
17	I think if the NHS as a whole could stop spending money on reorganisation it would have much more to spend on doing the job at the coal-face.

## Question 6

### Comments from those who responded to question 2 that they oppose the proposal

#### Bedford Borough

Respondents from Bedford Borough who oppose the proposal	
1	Drop the idea - read comments from the Mayor of Bedford. Listen to the people and not politicians.
2	We are happy with the current set up
3	I do not support this
4	The questions in 4 are biased to the merger going ahead therefore they are all important issues however centralisation of services which is what this merger is does not necessarily produce better outcomes for every area because the outcomes are not targeted at a local or demographic level
5	All the so-called benefits listed in no.4 will not happen. I have no confidence that a new combined BCCG will be of benefit to Bedford. Rather to its detriment.
6	This questionnaire is not a consultation, it is not ask for people's views it is try to justifying something that from the questions has already been decided.
7	Local input is best.
8	I am totally against the merger. Larger organisation is ineffective.
9	I am against this journey to amalgamate with other areas because the tax payers money or government money will be used like the overseas package it will not be shared in the right places and local people will suffer Why not charge £5 or £10 every time anyone needs to see a Dr unless there are certain circumstances after all most people have to pay dentists even if you are an NHS patient
10	We should be striving to improve healthcare for all sections of society rather than trying to save money. Ours is one of the richest nations in the world. We can and should afford to do better.
11	The questions at No. 4 are a sneaky trap to get me to say what you want me to say.
12	We need to start holding individual board members to account. Start listening to the views of Bedford MP and Mayor
13	If the government had put in the correct funding our NHS would still be world class
14	Please re-consider. We will lose lives and livelihoods with this proposal.
15	I am concerned that people making decisions in MK for people in Bedford will not have the insight or knowledge about Bedford to make the best decisions for those of us who live here.
16	Although I can see good things about bringing everyone together I would prefer to see Bedford Borough to stay as one unit and not combined with MK etc.
17	I disagree with the proposal as large governing body cannot possibly meet diverse community's needs. This has been proved by ELFTs inability to meet the mental health needs of Bedfordshire.
18	I think the new body would be too large and too remote. One example of such actions concerns Putnoe Walk In Centre.
19	Ensure non UK residents are vetted before treatment to reduce the misuse of funds. Verified passport or some form of I.D
20	Our surgery finds it difficult to recruit Doctors and has closed its doors to further patients. It would have thought this is the type of problem that the NHS should tackle in respect of local health provision.
21	I foresee local concerns being swept over because one central organisation can't possibly consider and know about all the local areas in such a massive area covered. Milton Keynes is in a different county to Bedford and Luton. So this CCG would cover two counties. Also MK would be subject to Buckingham decisions as well. It seems to me that

## Question 6

Respondents from Bedford Borough who oppose the proposal	
	there would be a lot of time and money used up in organising this which could be used for people rather than meetings and admin.
22	yes the current group would not fund a back operation to fuse spine which has left me on permanent crutches and disabled which will cost health service more as I could end up unable to walk .restricting the money to pay for my op and others creates more problems in future .I also would like to see costings of setting up and wages of board members if it is supposed to help patients rather than create another layer of management of NHS funds
23	Bedford has a growing population so feel keeping it separate would benefit the Bedford population
24	What a waste of money and time all this is.
25	I DO NOT WANT THIS MERGER TO GO AHEAD.
26	I am profoundly unconvinced by the arguments put forward for this merger.
27	When people can't drive or have no transport...it's a huge worry. I recently had to travel to Addenbrookes due to heart problems...I was declined patient transport.it was a huge worry. I love and trust Bedford hospital and I feel this is possibly one of the hammer blows to one of the final coffin nails to Bedford hospital
28	We are very concerned that as elderly people we will be left out. we chose Bedford to move to as it had a local hospital and we have been very grateful for its services which we use
29	My family and others have been totally let down by the mental health teams and have put lives at risk
30	This survey shows extreme bias and I suspect many people will not even bother to complete it
31	The survey questions are biased in the way they are being asked. For example, there is an assumption that a single CCG will deliver the benefits that are most important to me. The questions needs rephrasing i.e. Do you think a single CCG will be able to deliver the following benefits? This question should be separate to what is most important to me. While all the statements are important to me, I am not convinced that a single CCG can deliver them based on the information provided in the engagement document. For example, there is no impact assessment of how a single CCG will work and no details of costings. In these grounds, I have not responded to question 4 since responded to this question will give you the answer that you want to hear.
32	No
33	Do not use private companies stop agency staff buy in bulk
34	Forget the idea!
35	This is a complete joke. It is not what local people or those who represent them want. Just a tick box exercise.
36	Keep Bedford as it is
37	Big organisations are difficult to manage and control. Keeping things small and local meets the public's needs
38	Why do this, why not listen to the local population who want a strong local service. This appears to degrade local service, not support it.
39	My experience of healthcare in Bedford Borough in the last 8 years is one of steady decline. I fear now if I were to get ill that there would actually be any services left to support me. Mental health support has declined and we now find ourselves pretty much on our own supporting our daughter.
40	Don't take away local A&Es or maternity services!
41	No
42	No

## Question 6

Respondents from Bedford Borough who oppose the proposal	
43	Too much time is wasted by delaying access to Consultants and specialist clinics. GPs are beginning to put their budgets before patient care.
44	Loss of local leadership will make an already poor situation worse.
45	This is a big mistake
46	Make sure that decisions made are for the good of customers
47	There's a hidden agenda to this and I believe the NHS has its sights on selling off the Bedford South Wing site for financial gain at the expense of those of us who will need these services to remain local.
48	Without any explanation as to how the above benefits will be achieved i am sceptical- nice buzz words but where is the substance. If in any way this change results in people having to travel further for services if local services close and become centralised it increases inequality due to travel costs
49	Keep it simple stu---
50	Don't do it. Keep local services local
51	I haven't answered 4. As I believe questions are biased.
52	No
53	Very much doubt if this will work successfully to be honest. Don't agree that this should happen at all
54	It looks expensive and I have strong doubts that it will fulfil the local requirements not sustainable improvements
55	Bigger is not always better ,it can lead to being more remote
56	Question 4 is biased and shows you are not prepared to listen but have already decide what you want to do.
57	I can't believe this is still being discussed - find what works and develop those services
58	Retain all serves in the relevant hospitals.
59	Stop ignoring Bedford Borough Council
60	Please keep Bedford a functioning hospital for A&E - emergency means urgent - that is difficult when it is nearly an hour drive away. Emergency maternity saves mothers and babies lives.
61	This is once again big people pushing the small person down
62	Please listen to local opposition to this unjustified and extremely worrying proposal.
63	Maintain in full Bedford A & E services
64	The above benefits/proposals sound wonderful, but past experience suggests that nothing positive for patients will be forthcoming. Previous mergers and changes have all lead to a worse service. E.g. outsourcing many services which were previously provided by local Hospitals to Circle Group who simply act as gatekeepers and introduce delay after delay. I SPEAK FROM PERSONAL EXPERIENCE!!
65	I've said it all
66	I have stated I do not agree and when people say by making things larger they will save money it's just a lie.
67	No
68	Centralisation inevitable leads to more remote access by local people so leave things alone
69	Not everyone has access to transport, so cannot travel other than by bus.
70	Don't approve this change it will not achieve the desired outcomes and there are arrangements that would provide better patient care and satisfaction
71	I think that this is just a money saving exercise and that no thought has gone to the consideration of patient care.

## Question 6

Respondents from Bedford Borough who oppose the proposal	
72	The area proposed is too large to give quality patient care. While you wait for MK or Luton (40min to 1 hr you could well be dead.)
73	I have concerns that a CCG this size will be too remote from grass roots level.
74	It is all lies
75	A huge CCG will become most unwieldy, disadvantaging patients and resulting in delays -for referrals for example
76	This would be utter nonsense in the current circumstances if something like a local lockdown is required. Centralising will make it harder to respond to a local problem not easier.
77	Much like the government, the stated aims are good and can't be argued with. However much like the current administration performance doesn't match the goals.
78	As a patient I feel very remote from the hospital, currently I have had an appointment cancelled & changed to a telephone appointment, no problem except I will be on holiday. I telephoned immediately I received the letter to make them aware of the problem, I have called 3 times since during the last week, each time leaving my name, hospital number, & phone number & no calls back!!
79	I don't think this merger will bring all of the benefits listed above. Centralised system will most likely result in cutting general costs, rigid/generic response and lack of the adequate solution to issues raised locally. Will it lead to closing walk-in centres or GP surgeries? Will it result in smaller funding in each area? It is not a good idea to create one single NHS Clinical Commissioning Group (CCG). It is a bad idea.
80	If you can only get to places by public transport then visiting someone in hospital in another town becomes almost impossible, especially for the older population
81	Section 4 begs the question that the enlarged CCG will actually provide improvement in the areas cited. History suggests otherwise.
82	I would just like to same I appreciate that there are problems regarding covid 19 but everybody else who are suffering from other complaints have been forgotten. I have been waiting since last March for an appointment for Addenbrookes hospital and getting nowhere.
83	This looks like a worthy set of ideals, but in my 40 years of running businesses, worthy ideals seldom translate to reality. Local accountability makes the difference.
84	Whilst I recognise that there would be some benefits from merger, several are over-stated: NHS funding is based on capitation; having a larger combined population would not add to aggregate resources for care. I don't understand how merger would improve addressing health inequalities- effective action on inequalities is placed-based, e.g. Bedford, Luton etc.
85	All of the benefits in question 4 can be achieved without merging CCG's.
86	I have benefitted from regular appointments with Bedford hospital. The service is world-class - professional and caring. We need to support this at a local level at all costs.
87	Obviously the advantages listed above are important but I am not convinced that they are achievable by the creation of a single CCG
88	Obviously all a 5 if it worked perfectly! But I don't believe such diverse areas have the same needs. Can't imagine it will improve, for example, waiting times for treatments.
89	I am not convinced that your 7 items at question 4 will make things better.
90	Bedford and MK area needs are different
91	n/a
92	The needs of the patients will be lost in this merger. Transport to access services is a great problem for people who do not drive. There should be shuttle buses and free parking at hospitals.

## Question 6

Respondents from Bedford Borough who oppose the proposal	
93	From figures I see I think Bedfordshire has about 650K people of which Luton are 250k and Bedford 160k. MK in Bucks has about 250k. All are growing. Some of your initial statements seem to contradict - it is said the CCG does not focus on for e.g. Hospitals, primary care etc. but later under what we do it says it buys for e.g. Hospitals, GP surgeries, Health care. So how can it not focus on the things it buys? In this scenario decisions may be totally financially based and not locally advantageous. I think there is a great danger in centralizing away from local services, although you say there will be focus on local views. 2 years after 2021 (ring fenced existing spend) what happens - one can predict reduction in breadth of services across the entire geography, and centralization which in my work life experience is not necessarily always a good thing? I appreciate the need for efficiencies but can this be achieved in another way?
94	Section 4 lists benefits. There are also opposite views which the questionnaire does not provide a chance to comment on.
95	I DOUBT THAT ANY MONEY SAVED WILL BENEFIT LOCAL HEALTHCARE. I AM VERY OPPOSED TO PRIVATISATION OF THE NHS
96	This seems like putting a lot of effort into unnecessary change rather than focusing resources where they are actually needed. Question 4 was unfairly worded as clearly all of these things are important, but agreeing with this does not imply support for the changes to the CCGs.
97	Whilst section 4 indicates the areas where the proposal may achieve important benefits I do not believe this will be the case.
98	Leave well alone
99	Bedford needs money for NHS not another reshuffle which as history shows will happen again and again
100	Questions in this consultation were rhetorical. One cannot dispute that more efficient procurement makes sense - however it can be achieved in the current arrangements by working in partnership with neighbouring counties. Further investment in staff is clearly essential but there are no guarantees that this is where the money would go. Looking at trends, one would expect further efficiency imposed by central government shaving off any savings with no gain to local people. The consultation also indicates that the decision has been made already and we may, at best, feel that we have an opportunity to voice personal views without any influence. I hope there can be a real consultation with service users, who happen to also be the tax payers contributing to the service....
101	Not happy with GPs involvement during Covid...on big salaries but unwilling to visit care homes opting to send nurses...on much lower salaries out to take the risks...shameful!!!!!!
102	Small and personal is the way to go.
103	Not happy with GPs involvement during Covid...on big salaries but unwilling to visit care homes opting to send nurses...on much lower salaries out to take the risks...shameful!!!!!!
104	I have tremendous confidence in local Bedford officials and none in those who live/operate in other areas where the outcome of their decisions may not be personally experienced.
105	improve face to face consultations
106	The size of this proposed merger may make some financial sense but people's needs are defined by more than spreadsheet numbers. As detailed in question 5 you have shown that local needs get ignored even within one CCG -so I have no faith that mine and the health needs of my locality will be met when swallowed up into a huge - and by your own admission -ever growing proposed CCG.
107	Apply common sense and you will achieve a decent performance.
108	Please don't degrade the already lacking services in Bedford just to save money.
109	no



## Question 6

Respondents from Bedford Borough who oppose the proposal	
110	I would imagine this could mean people having to travel further for treatment. The cost would be to the patient and that could be detrimental to many
111	Your Question 4 is not appropriate and ensures answers fit the move to a single group and on that basis I have not answered it. you need to undertake a fair and accurate survey
112	Question 4 is designed to manipulate the questionnaire. Of course everybody will support those aims, but merging the governing bodies is only one option to deliver those benefits.
113	Doing this, especially during the SARS-CoV2 pandemic seems misguided at best.
114	Weasel words butter no parsnips!
115	Don't go ahead with this
116	Sounds like it has already been formed, what is the point of this question.
117	I do not agree that have a single large CCG would achieve any of the above
118	Don't allow this to happen
119	Healthcare of the individual - both mental, physical & social should be a priority - deliver locally to minimise stress on the patients
120	Yet more "reorganisation" does not do anyone any good. It costs money which you always plead you are short of and lasts but a couple of years and then a new CEO comes in and wants to change everything again. Back off and leave the professionals to get on with what it is all about - caring for the local community.
121	Listen to local people
122	no
123	This feels to me to be a money saving exercise that will be to the expense of the local community. Moving decision making further away from the patient.
124	NO DIS AGREE WITH IT AREA TOO BID DEMO GRAPHICS TOO BIG LOCAL IS KING -CENTRALISED IS INCORRECT
125	A threesome never works. Two can out vote a third party to suit the services in their own area/region. Also, the CCG will be too remote from the front line. It's a stupid proposal and will definitely lead to a poorer service for patients and another layer of protection when things go wrong.
126	I believe (as a frontline worker) that this is purely a money saving exercise and will make my job more difficult.
127	'Globalisation' is never the answer. Local care is better and more personal.
128	As retired NHS consultant I have experienced at least 5 reorganizations that achieved nothing apart from consultancy fees an expensive new logos
129	Bigger does not always mean better
130	I'm not convinced this isn't just a money saving exercise & nothing to do with better services/healthcare for residents
131	Having seen some of the recent shambles arising from the Covid-19 pandemic. The NHS needs proper commercial management apart from the obvious medical expertise.
132	The survey is skewed in favour of amalgamating the CCGs. This is always going to be a bad idea, you will of course ignore these comments against the proposals, because you are just paying lip service. However this is crucial for so many of us.
133	Patient travel considerations, have these been considered?
134	Stop the integration
135	You have not taken into account of the ambulance staff. It's hard enough without a bigger area to cover.
136	READ THE ABOVE... I've worked in the NHS for 29 years, I have seen, to my dismay, this nonsense many times only to revert back as unachievable...no-one to blame after £Ms spent away from patient care for absolutely no benefit...carry on, do it, I will sleep at night knowing you know best....

## Question 6

Respondents from Bedford Borough who oppose the proposal	
137	Need to minimise bureaucracy as far as is feasible, don't get bound down in red tape and fancy letterheads, provide a real service for real people and value your frontline workforce
138	I am a CCG staff and a local resident. I am seeing a big push to ensure BLMK are all doing the same thing and no focus on ensuring services are tailored to local communities.
139	Complete whitewash not fair clear or transparent.
140	GP practices are too large and impersonal.
141	I'm not convinced that the benefits outlined in 4. Will come about.
142	The proposal document does NOT give enough across the board information to enable a proper and informed decision to be made. A detailed consultation should take place - not this WHITEWASH!
143	Asking me how important "The new approach will help us to achieve financial stability and sustainability" is completely illogical - you've asked me to answer a "yes or no" question by asking me how important the question is??
144	Use local colleges to support training and development. But all of them not just Bedford and MK
145	I don't agree with one large CCG. We have seen it elsewhere in the NHS where organisations have joined up and are now worse than they ever were. Be honest with the public. Services have reduced and difficult to access.
146	The provision in Bedfordshire for long term conditions is appalling. I don't expect it to get any better with or without this proposal.
147	"It [the NHS] will last as long as there are folk left with the faith to fight for it." Do not privatise through the back door
148	I marked low in section 4, not because I do not think that these things are important but because a single CCG is not the way to deliver the targets.
149	I struggled to find a document that effectively explained to me what the proposal is and why it is being done. The questions in the survey present benefits that no one would argue against and I am concerned it will be used to support a proposal that none of the respondents fully understands. I have said I don't support the proposal because I don't know what it is. It may be great, but I can't support it if I don't understand it, and unfortunately it all feels a bit like furthering a political agenda. I would like to think otherwise.
150	The move to create a single CCG for such a big and diverse area risks the subtle local issues being ignored. Decisions could be made by looking at services at a regional level rather than ensuring the adequate provision of services in each local area. There's also a risk of the more populated areas dominating in terms of influence over service decisions.
151	You know perfectly well that every question on here needs to be answered with 'very important'. It is a blatant front for further back door contracting out of NHS services to the profit making private sector, despite copious instances nationally of ways in which services are worse and more expensive when provided in this way. The failures in provision of PPE during the pandemic crisis being merely the latest sickening examples.
152	Do some proper consultation on this proposal. Or better still drop the proposal and concentrate on improving patient care
153	Be prepared for Covid spike in winter
154	Plenty. But to do so would risk taking the bread from the mouths of the strategic consultants to whom you need to listen.
155	Being a bigger entity, you can/will make bigger mistakes and there will be less accountability.
156	The survey is biased towards getting the answers you require with giving the public and the Mayor the opportunity to come up with their better and cheaper proposals. I reiterate please organise a public meeting if you dare!

## Question 6

Respondents from Bedford Borough who oppose the proposal	
157	I think this will be a "race to the bottom". If the other hospitals follow Luton & Dunstable's lead then all well and good. I would NOT feel safe at Milton Keynes hospital.
158	Everything above is better continued at a local level. With this plan we will see healthcare focus on the main hospitals in Milton Keynes and Luton, further depriving Bedford Borough of a comprehensive service. This survey presupposes support for this appalling plan that will simply plant the seed and nurture the sapling into a tree of an Accountable Care Organisation ready for cutting down and selling to the saw mill of private healthcare companies.
159	Judging by the title BLMK, you have already made your minds up? Why isn't it called Bedford, Luton and Milton Keynes?

## Central Bedfordshire

Respondents from Central Bedfordshire who oppose the proposal	
1	It is much harder getting decisions when you are amalgamating so many areas. Be flexible allow local diversity if appropriate
2	I've left the second set of statements empty as not very helpful. I feel very sceptical that the intentions stated will be realised or even whether each will be assessed in a transparent way and publicly shared as met (or not). Now that would be helpful and would be my second recommendation to the Board if that was permitted. Therefore the range of responses should be 'likely to less likely' delivery not 'important to less important'. The latter choices merely forces the responder to agree that these are all very valid important and nice and the result purely is one of self-validations. Whoever wrote this survey set did not vet with very representative focus group (if vetted at all?)
3	Unfortunately Item 4 is full of "management speak" rather than down to earth proposals which will genuinely benefit the "clients"
4	Tell us the REAL reasons for this proposal!
5	The things you listed in Question 4 (not that it was actually a question) are all important to some extent but I don't see that a bigger CCG will achieve them. Local health inequalities could be obscured in a bigger system when a smaller local CCG would see them. "Doing things once" won't always work - something that suits urban Luton with a hospital on its doorstep may not suit in semi-rural Bedfordshire with poor transport links and a more dispersed population, and vice versa. ICPs and before them STPS have been in existence for a few years now and I am not aware of them producing anything locally apart from more meetings for NHS managers to attend.
6	I put a great deal into the NHS and I hate to see it constantly ignoring the benefits of history and getting into trouble doing things that failed to work this time for the same reason they failed last time. Long consultant studies and loads of unfathomable abbreviations are no substitute for good old common sense and delaying advances with long frequently repeated words never saved anything. "Copy and paste" has a lot to answer for and the NHS wastes a great deal of money buying it.
7	As above
8	I will never trust Beacon House Mental health Trust, and it was the CCG who gave ELFT the contract!!! They never helped me
9	I feel people need to feel they know who they are dealing with all the way up and down the group, and the group should be as near the patient as possible.
10	Money put down a big drain!!!! With no real control
11	With increased housing it has been impossible locally to get any information at all from the CCG on how it proposes to work effectively and efficiently. The voluntary surgery PPG's and local Network of PPGs is a willing body that is sadly underused and undervalued by the CCG. Their representative(s) sit on the Network and updates

## Question 6

Respondents from Central Bedfordshire who oppose the proposal	
	volunteers on latest developments and potholders in the CCG but does not listen to their concerns and ideas and embrace them in designing a better provision - total bureaucracy.
12	Don't do it, I can't see how Bedford and Luton merger of hospitals have benefited Bedford, just made Luton richer.
13	The NHS needs to meet the needs of local populations, although geographical places may seem close and similar, often they are not and services need to reflect that.
14	We have a fantastic hospital the L&D that has worked very hard to achieve the high standards they now hold. To now go & take on other hospitals doesn't sound like a fair deal for the people of Luton & Dunstable
15	Basically, PCN's have NO direct contact with patients or well established PPG's, so how will the NEW CCG communicate with PPG or patients wishes and concerns. Like...Old folks will want to continue to use the LOCAL Toe nail cutting service, it helps to reduce other serious foot problems....will YOU consider this small important request...
16	This sounds like a cost and service cutting exercise that will result increase travel time and expense.
17	I am all for the commissioning groups merging as long as that is not to the detriment of the health services on offer to residents. Don't make healthcare a postcode lottery and think about the need for continued investment in local services. I embrace change if it means opportunities, but too many times change is not thoroughly thought through, my local Medical Centre is a case in point, farming out blood tests to other practices and creating more and more barriers between patients and doctors - it just isn't working and I know many others in my community that feel the same. Don't let that be a common issue if this merger comes off.
18	I am shocked and horrified at what has been done to our health services via the back door through a global pandemic by the government.
19	The NHS nationally and regional hospitals can't even operate the same I.T systems and transfer patients medical records promptly and effectively, what makes this any different. L&D, Bedford & Lister hospitals certainly have this difficulty. I live on the Beds/Herts border and will always be taken out of Bedfordshire to Lister hospital by ambulance as it's the nearest hospital and will always try to use this hospital as it is simply the closest and most convenient.
20	Get rid of managers all together
21	This is an awfully biased survey leading the respondents to say what you want to hear. I am fearful that the proposed merger will centre on L&D and Milton Keynes forgetting more rural areas making it impossible to access healthcare support especially if you cannot drive
22	Your survey leads the writer into agreeing with your decision by the way it is worded, each question gives what in your opinion would be a positive result of the change and if it's felt to be important, There is nowhere to say the writer does not agree that would be the outcome of the change .i.e. I do not feel this change would bring fairness to minority's in the community in particular the elderly. I believe it would be expensive, costing the public millions, hospitals would become inaccessible and too far from home. I believe you should consult the public properly. I have never heard anyone agree with this plan.
23	The questions are biased and don't apply for those who oppose the views and proposal, not giving the real picture and evidence of implications of management.
24	Option 4 only outlines the desired outcomes which it's hard to disagree with. What are the potential downsides of this merger
25	Bigger is not better. Local is more responsive to community needs.
26	Will the failings of the current CCG in Bedfordshire in relation to SEND now be swept under the carpet because we have a "new" organisation? How much time and money will be spent on restructuring at the top rather than meeting the health needs of the local population including children and families with SEND.

## Question 6

### Luton

Respondents from Luton who oppose the proposal	
1	The whole proposal is more about cutting funding and privatising the NHS rather than improving services. Not one benefit declared is based on experience or reality. Properly funded local services with decision making based on democratic processes locally with more control given to staff and patients should be proposed instead.
2	If there was no CCG and GP surgeries were allowed to bid for the budgets they know they would need for a financial year without the CCG draining the NHS life would be simpler
3	I don't see how moving to one CCG is going to stop health inequalities.
4	Needs to be clear coordination from staff to make care consistent across the region's, as this is not always the case currently
5	I believe that you must stop using private outside bodies to provide healthcare & do them in house for better care and lower costs.
6	I do not believe working as one CCG across Bedford Luton and Milton Keynes is the right direction and would yield the benefits which are suggested.
7	I feel this merger will result in poorer care and even worse GP services in Luton.

### Milton Keynes

Respondents from Milton Keynes who oppose the proposal	
1	Don't do this.
2	As previously made. The system a joke at the moment and will probably get worse when this is done.
3	Shame on you. Milton Keynes does not fit with Bedford or Luton. Our police and education are not orientated to Bedford or Luton, nor are GP referral pathways. You are signing us up to making things worse.
4	I don't believe in any above "positive" impact of that move.
5	MK CCG is fine as it is.
6	These are noble objectives (Q.4) but you are not going to achieve them. It will just drag down the better areas to the level of the worse. Everything regresses to a mean, remember?
7	It strikes me that the merging of these three groups has already been decided and that this survey is just an attempt to make us believe that we are being consulted. I know that most PPG s in the area have not been consulted and that the board of MK hospital has not debated the subject.
8	This is an in appropriate move given the geographic area and the poor public transport provision. It is likely to lead to single centres which will be out of reach and will mean that resource cannot be accurately targeted. Too many competing calls for a diminishing pot of money. I would like to see the birth rate reduced and maternity services degraded to discourage child birth. In other words give the planet a break. The main threat to the planet comes from the human uterus.
9	Leave our NHS as people not money focussed
10	This is a total fix and whitewash. The decision has already been made. This is a pathetic 'RUBBER STAMPING RUSE'. It is shameful that every single question is worded so that we must support your decision.

## Question 6

Respondents from Milton Keynes who oppose the proposal	
11	If a patient can't wear a mask because of anxiety or another condition don't refuse treatment.
12	Low level of interest from MK GPs compared to Bedfordshire. Not surprising.
13	All sounds good in theory however in practice I think it will just make things worse in MK the CCG have already done a poor job, they haven't taken patients into consideration and I see this happening even less in the future now. Less local accountability.
14	As noted, this survey is poorly constructed which will affect the validity.
15	North MK has always looked to Northampton hospital not Bedford or Luton, why merge us with an "alien" area?
16	Vote against it.
17	The second part of the survey gives a total impression that a decision has already been taken and this is simply a wasted exercise.
18	Same answer to no. 6 Stay as you are for the time being - 3 CCGs - and revisit when Covid-19 is under control. Get the basic services properly running before you make major changes.
19	This survey is badly flawed by the biased wording of Q. 4. I think it should be rerun with the biases removed.
20	I do NOT think that the proposal for a single CCG for BLMK would have benefits for both patients and staff, and that this survey is biased in the way that it asks question 4 with the opposite assumption and making no allowance for any opinion to the contrary.
21	Like many other consultations in the past the merger may have already been decided on regardless of the survey.
22	I believe this has been discussed before and rejected, MK has always been seen as somewhat of an independent. It has had its challenges to face and done well to meet financial challenges, build good and effective partnerships with Bucks and Oxford health provision. Its success is now in peril by this proposed merger, the demographic in Bedford and Luton is very different to MK and a much needier and therefore costly population. It is not, in my view about sharing resources it is about re-allocating resources to two less efficient CCGs and I see no winners in MK with this proposal.
23	As a patient that all current services are maintained or improved.
24	Having worked in NHS for over 50 years it will mean huge redundancy payments and then these people will be re-employed as they will be needed to cover the services. MK will lose their voice. All the NHS does is go round and round in circles.
25	From the engagement document you have out together it is not clear which areas are currently performing and which underperforming. Combining will lead to normalisation between existing levels, some will benefit from more funding and resource some will see their funding and resource stretched further. The Milton Keynes CCG already has a high degree of variability and is not serving local communities well because of the diverse populations. I cannot see a larger CCG being able to act reactively to change and to truly meet the needs of local communities. I worry that my area is going to have their services stretched further, GP funding cut and our hospital forced to share resources, staff and appointments with this extended population. I already can't get a GP appointment for days sometimes weeks leading to significant reliance on drop ins and A&E as health problems do escalate when not acted on early. And our wait times for hospital appointments are too long, and other measures of success too poor. Can you truly promise that the "extra funding" that you say you can extract from future governments will offset these immediate concerns. Where the evidence is that

## Question 6

Respondents from Milton Keynes who oppose the proposal	
	<p>other larger CCG bodies are achieving this, what is the basis for these claims?</p> <p>I would also mention that while telemedicine has a role in serving healthcare it cannot and should not be forced on users as the only option. Some users will be unable to engage and, already our elderly cannot navigate GP systems that involve passwords and badly developed websites. How can you ensure these systems are going to meet the needs of those with disabilities such as involving sight, hearing and fine motor problems (e.g. tremor and dyskinesia)? And if you are to offer this service alongside existing services because of these issues, who is going to be responsible for educating and encouraging change? Our GPs certainly don't have time to engage users, who are human and therefore don't like change, to ensure those that can do use these systems.</p> <p>Finally, having a few GPs involved in the decision making is not good enough. Will these individuals be elected and how will you prevent them from being bias to the needs of the local community rather than the area they represent as a whole? How will other GPs have their voice heard, what will be the mechanism for consultation?</p>
26	MK should NOT merge with new body. We are a growing City and need to control our own destiny.
27	This survey is weighted towards the positive outcomes and is bias as it does not highlight the negative impacts or ask for opinions on these therefore it is not a fair representation of opinion.
28	No private medicine
29	SEE ABOVE.
30	MK is destined to continue impressive growth numbers, we don't need/want to be tied in with Luton.
31	The above survey is very biased and the things listed everyone would want but have doubts that is going to happen without some services going down rose coloured specs
32	Bigger promoted as facilitating greater savings and efficiency, etc. ends up being untrue. The creation of more layers of unnecessary bureaucracy in my lifetimes experience and observations, leads to a bad deal. Runaway cost overruns down to bad management and unaccountability. Everyone gains except those coerced into accepting the "wonderful new proposal" i.e. The recipients.
33	<p>One size doesn't fit all.</p> <p>Remain an independent Milton Keynes to cater for local needs and demography must remain the paramount focus. Milton Keynes is not Luton.</p> <p>Present a human face not a job description.</p>
34	A waste of public money
35	The bigger the elephant the bigger the pile of mess behind it.
36	<p>Again, GP's face to face. In some cases a phone call suffices but in many cases it's necessary to see the GP.</p> <p>It seems like a decision is already made.to merge services.</p>
37	<p>I do not believe that joining these services should do anything differently other than to possibly reduce back office costs and maybe improve purchasing power.</p> <p>To be honest I would prefer a centralised national purchasing department who negotiate pricing with suppliers which are then called off and paid for by consumers as required.</p> <p>Same goes for centralised management and control. I would cut out the levels of bureaucracy and sack the highly paid managers who contribute nothing to our healthcare.</p>

## Question 6

Respondents from Milton Keynes who oppose the proposal	
38	I find this proposal quite upsetting, but as usual this survey will make no difference to the ultimate decision.
39	Local healthcare service is considered to be more reliable and efficient with adequate investment in the infrastructure and healthcare personnel.
40	See above comment.
41	MK has enough problem arguing for and defending its hard pressed budget for GP and hospital services as we grow as it is, without having to defend it against its neighbours too.
42	I fear this could lead to bigger gaps in treatment possibilities (postcode lottery) as money is invested more in one area (whoever shouts loudest) and leaving other areas forgotten.
43	It is a disaster in the making and will only expose patients to more harm, have fewer options and mean underachieving medical care will be much, much harder to rectify. The CCG's don't do enough as it is. It is an unforgivable mistake to think otherwise.
44	How many similar exercises have been carried out in the last 20 years? Too many!
45	NHS GP services have been deteriorating for decades. Concentrate on opposing government privatisations. CCG system has not improved our services.
46	If it costs the NHS more to purchase a piece of medical equipment compare to me as a single private purchaser - then there is something.
47	As always with the NHS it is another excuse to waste money in management speak and not front line
48	Not without using bad language! One CCG is a totally daft idea!!
49	How will debts from each area be managed when merging?

## Not responded to question 2

Bedford Borough	Keep people in the closest hospital to where they live as far as is possible, otherwise visiting often becomes impossible for many.
Central Bedfordshire	I'd be concerned about more merging e.g. Bedford and Luton hospital have already merged, you stop providing choice with that much merging
Central Bedfordshire	Surely the size/populations being discussed should always be taken into account anyway.
Luton	I want to see improvement for deaf patients to able to book BSL interpreter.
Milton Keynes	No



Q7 We will continue to use our website and social media platforms to keep you up to date of our journey towards one CCG and feedback. However, if you would like to join our public membership scheme in order to receive regular updates direct to your email address please provide your contact details.

Answered: 500 Skipped: 440

	NAME	COMPANY	ADDRESS	ADDRESS 2	CITY/TOWN	STATE/PROVINCE	ZIP/POSTAL CODE	COUNTRY	EMAIL ADDRESS	PHONE NUMBER	TOTAL
Q1: Bedford Borough	100.00% 239	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	99.58% 238	80.33% 192	133.80% 669
Q1: Central Bedfordshire	96.94% 95	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	96.94% 95	70.41% 69	51.80% 259
Q1: Luton	98.00% 49	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	96.00% 48	90.00% 45	28.40% 142
Q1: Milton Keynes	100.00% 113	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	98.23% 111	72.57% 82	61.20% 306
Total Respondents	496	0	0	0	0	0	0	0	492	388	500

Q8 What is your age?

Answered: 854    Skipped: 86  
Easy read version Answered: 11    Skipped 3

	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	TOTAL
Q1: Bedford Borough	0.00% 0	1.00% 4	2.00% 8	10.00% 40	16.25% 65	18.75% 75	30.50% 122	17.75% 71	1.25% 5	2.50% 10	46.84% 400
Q1: Central Bedfordshire	0.00% 0	0.00% 0	4.97% 8	11.18% 18	21.12% 34	24.84% 40	24.22% 39	10.56% 17	2.48% 4	0.62% 1	18.85% 161
Q1: Luton	0.00% 0	1.30% 1	3.90% 3	12.99% 10	16.88% 13	33.77% 26	22.08% 17	6.49% 5	0.00% 0	2.60% 2	9.02% 77
Q1: Milton Keynes	0.46% 1	3.24% 7	4.63% 10	6.48% 14	18.52% 40	18.06% 39	26.85% 58	17.59% 38	1.85% 4	2.31% 5	25.29% 216
Total Respondents	1	12	29	82	152	180	236	131	13	18	854

Responses to easy read version

2    2    3    3    1    11

Q9 Do you consider yourself to have a disability?

Answered: 864    Skipped: 76  
Easy read version Answered: 13    Skipped 1

	YES	NO	RATHER NOT SAY	TOTAL
Q1: Bedford Borough	22.19% 89	72.07% 289	5.74% 23	46.41% 401
Q1: Central Bedfordshire	23.03% 38	73.33% 121	3.64% 6	19.10% 165
Q1: Luton	29.49% 23	66.67% 52	3.85% 3	9.03% 78
Q1: Milton Keynes	20.00% 44	75.00% 165	5.00% 11	25.46% 220
Total Respondents	194	627	43	864

Responses to easy read version

3    9    1    13

Q10 If answered 'yes' to Question 9, please specify the nature of disability (if you answered no, please leave this question blank).

Answered: 207    Skipped: 733

	LEARNING DISABILITY	LONG TERM MENTAL HEALTH CONDITION	PHYSICAL IMPAIRMENT	BLIND/SIGHT IMPAIRMENT	D/DEAF OR HEARING IMPAIRMENT	OTHER LONG TERM CONDITION, PLEASE SPECIFY	TOTAL
Q1: Bedford Borough	3.16% 3	18.95% 18	42.11% 40	6.32% 6	15.79% 15	50.53% 48	62.80% 130
Q1: Central Bedfordshire	4.88% 2	17.07% 7	31.71% 13	4.88% 2	12.20% 5	63.41% 26	26.57% 55
Q1: Luton	4.17% 1	12.50% 3	45.83% 11	0.00% 0	12.50% 3	50.00% 12	14.49% 30
Q1: Milton Keynes	4.26% 2	21.28% 10	40.43% 19	4.26% 2	19.15% 9	57.45% 27	33.33% 69
Total Respondents	8	38	83	10	32	113	207

Q11 What is your gender?

Answered: 851    Skipped: 89  
Easy read version Answered: 13    Skipped 1

	FEMALE	MALE	RATHER NOT SAY	OTHER (PLEASE SPECIFY)	TOTAL
Q1: Bedford Borough	54.52% 217	40.95% 163	4.52% 18	0.00% 0	46.77% 398
Q1: Central Bedfordshire	61.01% 97	34.59% 55	4.40% 7	0.00% 0	18.68% 159
Q1: Luton	68.83% 53	29.87% 23	1.30% 1	0.00% 0	9.05% 77
Q1: Milton Keynes	58.99% 128	35.94% 78	4.61% 10	0.46% 1	25.50% 217
Total Respondents	495	319	36	1	851

Responses to easy read version

9    3    1    13

## Question 10 - Other long term condition

#	OTHER LONG TERM CONDITION, PLEASE SPECIFY	DATE
1	Acquired Brain Injury	9/13/2020 3:35 PM
2	CFS	9/13/2020 12:46 AM
3	Just the ailments due to the passing of time	9/12/2020 11:44 AM
4	Long term medical conditions	9/12/2020 9:37 AM
5	Rheumatoid Arthritis	9/10/2020 1:24 PM
6	Osteoporosis of the spine	9/9/2020 9:59 PM
7	Type 2 diabetes	9/9/2020 4:18 PM
8	Copd stage 4 ,vascular,heart and pain managment	9/8/2020 9:13 PM
9	I have deafness and wear hearing aids but it is the natural aging process - I have a continuous build up of earwax and need regular microsuction to remove this	9/7/2020 5:49 PM
10	Arthritis Haemachromatosis	9/7/2020 4:06 PM
11	SLE	9/6/2020 10:05 PM
12	Neurological failure	9/6/2020 8:59 PM
13	T2 and untreated anaemia, heart issues, and hip and knee problems.	9/6/2020 11:54 AM
14	MSK with deterioration to current condition that affects mobility.	9/5/2020 10:06 AM
15	Mild heart attack, bronchitis, under active thyroid	9/4/2020 8:23 AM
16	I suffer from a genetic disease that causes other problems such as IBS, weakening of the muscles and other symptoms.	9/3/2020 4:47 PM
17	Spinal injury	9/3/2020 4:24 PM
18	No	9/3/2020 12:44 PM
19	Cervical Dystonia	9/3/2020 12:11 PM
20	COPD And asthma	9/3/2020 11:42 AM
21	Asthma, Diabetes	9/3/2020 8:42 AM
22	Body falling to bits with age - no cure for that though.	9/2/2020 6:30 PM
23	Rather not say	9/2/2020 4:38 PM
24	Chronic pain and fatigue.	9/2/2020 2:55 PM
25	COPD	9/2/2020 2:46 PM
26	Angina hypertention O/A LVH	9/2/2020 1:45 PM
27	Long term conditions, but no disability.	9/1/2020 4:38 PM
28	HIV+	8/31/2020 8:22 PM
29	Asthma (since birth) and migraines	8/31/2020 10:25 AM
30	Leg injury.	8/31/2020 9:31 AM
31	Arthritis	8/30/2020 6:42 PM
32	Coronary disease cOPD	8/30/2020 2:26 PM
33	Prostate cancer (17 years)	8/30/2020 12:09 PM
34	Ankylosis Spondylitis, hypertension and high cholesterol.	8/29/2020 9:01 PM
35	Asthma and heart problems.	8/29/2020 8:20 PM
36	Diabetes	8/29/2020 8:03 PM

## One BLMK CCG - Public Survey

## SurveyMonkey

37	Asthma	8/29/2020 7:11 PM
38	Hypothyroid	8/29/2020 5:12 PM
39	Parkinson's Disease	8/29/2020 10:58 AM
40	M.E.	8/29/2020 10:02 AM
41	Severe spinal problems, ongoing prostate problems, ongoing anemic issues.	8/28/2020 9:25 PM
42	PPMS	8/28/2020 6:41 PM
43	Arthritis	8/28/2020 6:20 PM
44	E P P	8/28/2020 4:48 PM
45	Crohn's Disease	8/28/2020 3:57 PM
46	Awaiting new hip ?	8/28/2020 3:21 PM
47	Long term cancer patient and asthmatic	8/28/2020 2:17 PM
48	Hernia.	8/28/2020 2:11 PM
49	Arthritis	8/28/2020 1:53 PM
50	Osteoarthritis, metal hips, now 24 years old and need replacing causing extreme pain and unable to walk. But nobody wants to know.	8/28/2020 12:26 PM
51	Fibromyalgia	8/28/2020 12:17 PM
52	Sarcoidosis	8/28/2020 11:46 AM
53	cancer	8/28/2020 11:39 AM
54	Atrial fibrillation. Osteoarthritis. Diverticulitis	8/28/2020 11:32 AM
55	Fibromyalgia	8/28/2020 11:14 AM
56	Heart failure	8/28/2020 11:12 AM
57	Cardiac condition and spinsal compression Hearing impairment	8/28/2020 11:06 AM
58	double amputee	8/28/2020 11:05 AM
59	Osteoarthritis.	8/28/2020 10:59 AM
60	arthritic shoulder	8/28/2020 10:59 AM
61	Multipile Sclerosis - affecting several areas of wellbeing; Osteoarthritis	8/28/2020 10:58 AM
62	Type 1 diabetes	8/28/2020 7:01 AM
63	Chronic pain Fibromyalgia Endometriosis	8/27/2020 5:15 PM
64	I suffer from M.E	8/27/2020 7:13 AM
65	Cardiac problems	8/26/2020 5:33 PM
66	63 Years type 1 diabetic	8/26/2020 5:28 PM
67	I have limited mobility and diabetes, both caused by cancer treatment.	8/25/2020 4:07 PM
68	bronchiectasis, osteoporosis, osteoarthritis	8/25/2020 12:38 PM
69	Foot deformity from a Birth. Stenosis of lower spine. Thickening of left side of heart and narrowing of aorta.	8/25/2020 12:08 PM
70	Physical and Brian injury through MSK issues	8/25/2020 12:01 PM
71	Asthmatic	8/25/2020 11:05 AM
72	scoliosis	8/24/2020 5:31 PM
73	Spinal conditions, arthritis, DDD & TLIF.	8/24/2020 5:05 PM

## One BLMK CCG - Public Survey

SurveyMonkey

74	asthma and stent in heart	8/24/2020 3:32 PM
75	Crohns disease	8/24/2020 12:57 PM
76	Bladder cancer	8/24/2020 12:08 PM
77	Ulcerative colitis	8/24/2020 11:49 AM
78	Fibromyalgia	8/23/2020 10:35 PM
79	Autism	8/22/2020 6:28 PM
80	Lymphoma, diabetes, severe arthritis etc.	8/21/2020 9:26 PM
81	Autisam and I do have a slight vision problem in my left eye which is my lazy Eye	8/21/2020 9:21 PM
82	Ceoliac Disease Arthritis	8/21/2020 5:03 PM
83	Diabetes	8/21/2020 3:45 PM
84	Fibromyalgia	8/19/2020 8:53 AM
85	Rather not say - as unimportant	8/17/2020 4:46 PM
86	diabetes, hearing and sight impariments.	8/17/2020 11:06 AM
87	Diabetes	8/16/2020 1:31 PM
88	MS	8/14/2020 1:46 PM
89	JHS	8/14/2020 1:44 PM
90	Spine injury	8/13/2020 12:58 PM
91	I have continual hip pain In bith hips	8/12/2020 6:50 PM
92	Chronic condition	8/12/2020 4:07 PM
93	Multiple Sclerosis	8/12/2020 3:33 PM
94	Dyslexia	8/12/2020 12:44 PM
95	Osteoporosis of the lower spine and something wrong in the the pelvic area as well .	8/11/2020 8:47 PM
96	ME/CFS	8/11/2020 7:54 PM
97	Myelodysplastic Syndrome - bone marrow failure.	8/10/2020 4:59 PM
98	M.E	8/10/2020 4:18 PM
99	Hypermobility spectrum disorder	8/7/2020 12:34 PM
100	Bronchiactasis	8/6/2020 10:40 PM
101	T1D	8/5/2020 8:41 PM
102	Sinusitis still awaiting treatment from ENT.	8/5/2020 7:03 PM
103	Copd	8/5/2020 5:54 PM
104	MS	8/5/2020 4:34 PM
105	Crohns disease	8/5/2020 3:35 PM
106	Diabetes type 2	8/5/2020 3:08 PM
107	Chronic Arthritis heart condition high BP	8/5/2020 1:59 PM
108	repetitive strain injury	8/5/2020 1:56 PM
109	Sarcoidosis	8/5/2020 11:10 AM
110	Asthma	8/4/2020 8:01 PM
111	Heart disease f	8/4/2020 7:19 PM
112	MS	
113	Anxiety	

## Q12 Are you currently pregnant, have given birth within the last two weeks, or on maternity leave?

Answered: 791 Skipped: 149

	YES	NO	RATHER NOT SAY / NOT APPLICABLE	TOTAL
Q1: Bedford Borough	0.80% 3	85.87% 322	13.33% 50	47.41% 375
Q1: Central Bedfordshire	0.00% 0	91.10% 133	8.90% 13	18.46% 146
Q1: Luton	1.45% 1	85.51% 59	13.04% 9	8.72% 69
Q1: Milton Keynes	1.00% 2	86.07% 173	12.94% 26	25.41% 201
Total Respondents	6	687	98	791

## Q13 Have you been through the process, or are considering, gender reassignment?

Answered: 788 Skipped: 152

	YES	NO	RATHER NOT SAY	TOTAL
Q1: Bedford Borough	0.26% 1	94.74% 360	5.00% 19	48.22% 380
Q1: Central Bedfordshire	0.00% 0	97.24% 141	2.76% 4	18.40% 145
Q1: Luton	0.00% 0	95.45% 63	4.55% 3	8.38% 66
Q1: Milton Keynes	0.00% 0	95.94% 189	4.06% 8	25.00% 197
Total Respondents	1	753	34	788

## Q14 What is your sexual orientation?

Answered: 806 Skipped: 134

Easy read version Answered: 13 Skipped: 1

	BISEXUAL	GAY WOMAN	GAY MAN	HETEROSEXUAL/STRAIGHT	RATHER NOT SAY	OTHER (PLEASE SPECIFY)	TOTAL
Q1: Bedford Borough	2.36% 9	1.31% 5	1.57% 6	80.58% 307	12.60% 48	1.57% 6	47.27% 381
Q1: Central Bedfordshire	1.97% 3	0.66% 1	0.66% 1	84.87% 129	10.53% 16	1.32% 2	18.86% 152
Q1: Luton	1.37% 1	1.37% 1	2.74% 2	80.82% 59	13.70% 10	0.00% 0	9.06% 73
Q1: Milton Keynes	2.00% 4	1.00% 2	1.50% 3	79.00% 158	14.50% 29	2.00% 4	24.81% 200
Total Respondents	17	9	12	653	103	12	806

Responses to easy read version

11

2

13

## Q15 Are you?

Answered: 833 Skipped: 107

	CO-HABITING	IN A CIVIL PARTNERSHIP	MARRIED	SINGLE	WIDOWED	RATHER NOT SAY/NOT APPLICABLE	TOTAL
Q1: Bedford Borough	8.21% 32	1.03% 4	62.56% 244	11.03% 43	6.92% 27	10.26% 40	46.82% 390
Q1: Central Bedfordshire	10.26% 16	2.56% 4	62.18% 97	10.26% 16	6.41% 10	8.33% 13	18.73% 156
Q1: Luton	6.58% 5	1.32% 1	56.58% 43	22.37% 17	5.26% 4	7.89% 6	9.12% 76
Q1: Milton Keynes	6.16% 13	0.95% 2	57.35% 121	15.64% 33	9.48% 20	10.43% 22	25.33% 211
Total Respondents	66	11	505	109	61	81	833

16. What is your ethnic group?

	White - English/Welsh/Scottish/Northern Irish/British		White - Irish		White - Gypsy or Irish Traveller		White - Any other White background		Mixed/multiple ethnic groups - White and Black Caribbean		Mixed/multiple ethnic groups - White and Black African		Mixed/multiple ethnic groups - White and Asian		Mixed/multiple ethnic groups - Any other Mixed/multiple ethnic background	
Q1: Bedford Borough	87.70%	335	1.31%	5	0.00%	0	3.93%	15	0.26%	1	0.00%	0	0.00%	0	0.26%	1
Q1: Central Bedfordshire	87.58%	134	2.61%	4	0.00%	0	6.54%	10	0.65%	1	0.00%	0	0.00%	0	0.65%	1
Q1: Luton	60.00%	45	8.00%	6	0.00%	0	1.33%	1	0.00%	0	0.00%	0	0.00%	0	0.00%	0
Q1: Milton Keynes	85.85%	176	0.49%	1	0.00%	0	5.37%	11	0.98%	2	0.00%	0	1.46%	3	0.00%	0
Total	84.66%	690	1.96%	16	0.00%	0	4.54%	37	0.49%	4	0.00%	0	0.37%	3	0.25%	2

Responses to easy read version 11

	Asian/Asian British - Indian		Asian/Asian British - Pakistani		Asian/Asian British - Bangladeshi		Asian/Asian British - Chinese		Asian/Asian British - Any other Asian background		Black /African/Caribbean/Black British - African		Black /African/Caribbean/Black British - Caribbean		Black /African/Caribbean/Black British - Any other Black/African/Caribbean background	
Q1: Bedford Borough	2.88%	11	0.52%	2	0.00%	0	0.00%	0	0.26%	1	0.52%	2	0.79%	3	0.00%	0
Q1: Central Bedfordshire	0.65%	1	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.65%	1	0.00%	0
Q1: Luton	4.00%	3	6.67%	5	0.00%	0	0.00%	0	0.00%	0	8.00%	6	9.33%	7	1.33%	1
Q1: Milton Keynes	0.49%	1	0.00%	0	0.49%	1	0.00%	0	0.00%	0	1.46%	3	0.98%	2	0.00%	0
Total	1.96%	16	0.86%	7	0.12%	1	0.00%	0	0.12%	1	1.35%	11	1.60%	13	0.12%	1

Responses to easy read version 1

	Arab		Other ethnic group		Total	
Q1: Bedford Borough	0.26%	1	1.31%	5	46.87%	382
Q1: Central Bedfordshire	0.00%	0	0.65%	1	18.77%	153
Q1: Luton	0.00%	0	1.33%	1	9.20%	75
Q1: Milton Keynes	0.00%	0	2.44%	5	25.15%	205
Total	0.12%	1	1.47%	12	100.00%	815
Answered					815	
Skipped					125	

17. What is your religion?

	No religion		Christian (including Church of England, Catholic, Protestant and all other Christian denominations)		Buddhist		Hindu		Jewish		Muslim		Sikh		Any other religion, please specify		Total	
Q1: Bedford Borough	32.28%	122	59.26%	224	0.79%	3	0.79%	3	0.26%	1	1.59%	6	0.53%	2	4.50%	17	47.19%	378
Q1: Central Bedfordshire	36.24%	54	58.39%	87	0.00%	0	0.67%	1	1.34%	2	0.00%	0	0.00%	0	3.36%	5	18.60%	149
Q1: Luton	27.03%	20	56.76%	42	0.00%	0	1.35%	1	4.05%	3	6.76%	5	1.35%	1	2.70%	2	9.24%	74
Q1: Milton Keynes	39.00%	78	52.50%	105	0.50%	1	1.00%	2	1.50%	3	0.50%	1	0.00%	0	5.00%	10	24.97%	200
Total	34.21%	274	57.18%	458	0.50%	4	0.87%	7	1.12%	9	1.50%	12	0.37%	3	4.24%	34	100.00%	801
Answered																	801	
Skipped																	139	