

The future of the Herefordshire and Worcestershire CCGs



Thank you for your interest in our CCG merger consultation.

We are currently seeking views on a proposal to form one NHS Clinical Commissioning Group (CCG) for Herefordshire and Worcestershire to replace the four current CCGs (NHS Herefordshire CCG, NHS Redditch and Bromsgrove CCG, NHS South Worcestershire CCG and NHS Wyre Forest CCG).

This consultation is specifically about the future of NHS commissioning arrangements in Herefordshire and Worcestershire. It is not a consultation regarding any other NHS organisation, or NHS funded health services, and does not affect hospital or primary care (GP) services.

These proposals are set out in the consultation document that can be found on each of the four CCGs' websites. If you wish to request a hard copy of the consultation document please write to:

Freepost Plus RTCU-KZKZ-EJZZ,
NHS South Worcestershire CCG,
The Coach House,
John Comyn Drive,
Worcester,
WR3 7NS

Produced on behalf of:

NHS Herefordshire Clinical Commissioning Group
NHS Redditch and Bromsgrove Clinical Commissioning Group
NHS South Worcestershire Clinical Commissioning Group
NHS Wyre Forest Clinical Commissioning Group

Option One: Creation of a single CCG for Herefordshire and Worcestershire by April 2020

(This is our preferred option.)

1) Please tell us how much you would, or would not, support option one:

- | | |
|--|---|
| <input type="checkbox"/> I would strongly support it | <input type="checkbox"/> I would not support it |
| <input type="checkbox"/> I would support it, but with reservations | <input type="checkbox"/> I would strongly oppose it |
| <input type="checkbox"/> I would neither support nor oppose it | |

2) Please provide any comments about Option 1 below:

Option Two: Creation of a single CCG for Herefordshire and Worcestershire by April 2021

3) Please tell us how much you would, or would not, support option two:

- | | |
|--|---|
| <input type="checkbox"/> I would strongly support it | <input type="checkbox"/> I would not support it |
| <input type="checkbox"/> I would support it, but with reservations | <input type="checkbox"/> I would strongly oppose it |
| <input type="checkbox"/> I would neither support nor oppose it | |

4) Please provide any comments about Option Two below:

5) A key issue for a newly merged CCG would be to find the right balance between being able to respond to the needs of our local communities (e.g. towns and districts) while also commissioning on a much larger geographical footprint (i.e. across two counties).

Do you have any ideas or suggestions on how this could work most effectively?

Any other comments:

6) Please use this space to share with us any other views that you have about this consultation, or anything else that you believe should be considered as part of the future merger process.

About you:

Please tell us about yourself. We are asking for this information to help ensure we are seeking representative views of our local population.

7/8) Are you:

- ☐ Responding as a member of the public
- ☐ Responding as a CCG staff member
- ☐ Responding as a GP
- ☐ Responding as any other health professional
- ☐ Responding as a Political figure, either as an elected representative or a member of a political group.
If so, please state:
- ☐ Responding on behalf of an organisation or group.
If so, please state:
- ☐ None of the above

9) Please tell us the first part of your postcode: (e.g. WR3)

10) Please tell us your age (in years)

11) Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?

- ☐ Yes, limited a lot
- ☐ Yes, limited a little
- ☐ No

12) Do you consider yourself to have a disability? (The Equality Act 2010 states a person has a disability if they have a physical or mental impairment which has a long term (12 month period or longer) or substantial adverse effects on their ability to carry out day to day activities).

- ☐ Physical disability
- ☐ Sensory disability eg Deaf, hard of hearing, Blind, visually impaired
- ☐ Mental health need
- ☐ Learning disability or difficulty
- ☐ Long term illness
- ☐ Other, please describe
- ☐ Prefer not to say

13) What is your relationship status?

- | | |
|---|--|
| <input type="checkbox"/> Married | <input type="checkbox"/> Separated |
| <input type="checkbox"/> Civil Partnership | <input type="checkbox"/> Widowed |
| <input type="checkbox"/> Single | <input type="checkbox"/> Other |
| <input type="checkbox"/> Divorced | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Lives with Partner | |

14) Are you pregnant at this time?

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

15) Have you recently given birth? (within the last 26 week period)

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

16) What is your ethnic group?

Choose one option that best describes your ethnic group or background

White

- ☐ English/Welsh/Scottish/Northern Irish/British
- ☐ Irish
- ☐ Gypsy or Irish Traveller
- Any other White background, please describe:

Mixed/Multiple ethnic groups

- ☐ White and Black Caribbean
- ☐ White and Black African
- ☐ White and Asian
- Any other Mixed/Multiple ethnic background, please describe:

Asian/Asian British

- ☐ Indian
- ☐ Pakistani

- ☐ Bangladeshi

- ☐ Chinese

Any other Asian background, please describe

Black/ African/Caribbean/Black British

- ☐ African
- ☐ Caribbean
- ☐ Any other Black/African/Caribbean background, please describe

Other ethnic group

- ☐ Arab
- Any other ethnic group, please describe

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 describe:

18) Do you identify as:

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

19) What is your sexual orientation?

- ☐ Heterosexual (people of the opposite sex)
- ☐ Lesbian (both female)
- ☐ Gay (both men)
- ☐ Bisexual (people of any sex)
- ☐ Other
- ☐ Prefer not to say

20) Do you care for someone? (Tick as many as appropriate)

- ☐ Yes - Care for young person(s) aged younger than 24 years of age
- ☐ Yes - Care for adult(s) aged 25 to 49 years of age
- ☐ Yes - Care for older person(s) aged over 50 years of age
- ☐ No
- ☐ Prefer not to say

21) Have you ever served in the armed services?

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

Please return your completed survey to:

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