



Feedback questionnaire

We've prepared this questionnaire to gather your feedback on the ideas presented in the October submission for the Bedfordshire, Luton and Milton Keynes Sustainability and Transformation Plan (BLMK STP).

The STP process is an exciting opportunity to develop health and social care services for our local communities and, as users of the services we deliver, we want you to help us get it right.

And that's why we're seeking your feedback. We want to find out what you think of our ideas, whether we're on the right lines and if there's anything else we need to be considering. Your input will help to shape the STP's development and the transformation of our local health and social care services.

You don't need to complete the whole questionnaire – just let us have your feedback on the areas that interest you. We would be grateful though if you could please answer the questions in the 'About you' section on pages 9 and 10, as this will help us to establish whether there are any particular concerns specific to people's personal circumstances (e.g. age, gender, ethnic origin, where you live).

You can download the public summary of the October BLMK STP submission at www.blmkstp.co.uk/publications

Please return your completed questionnaire to:

Bedfordshire, Luton and Milton Keynes STP
Milton Keynes University Hospital
H8 Standing Way
Eaglestone
Milton Keynes
MK6 5LD

Prefer to send us your comments online?

You can complete this questionnaire online at www.blmkstp.co.uk

Deadline for responses: Tuesday 31 January 2017



1. Do you think the ideas we have presented in the October BLMK submission are on the right lines?

Yes

No

Partially

2. If you have answered 'No' or 'Partially' to question 1, what else do you think we need to be thinking about?

3. Do you think we have identified the right priorities for transforming health and social care in BLMK?

Yes

No

Partially

4. If you have answered 'No' or 'Partially' to question 3, which priorities do you think we need to be focusing on?



Priority 1 – Prevention

For more information on this priority, see section 4.2 (page 11) and section 4.3 (page 12) of the BLMK STP public summary document.



5. What do you think of the ideas we have presented for prevention?

6. Do you have any comments or suggestions about these ideas?

7. Is there anything else you feel we should be considering in relation to prevention?



Priority 2 – Primary, community and social care



For more information on this priority, see section 4.2 (page 11) and section 4.3 (page 13) of the BLMK STP public summary document.

8. What do you think of the ideas we have presented for primary, community and social care?

9. Do you have any comments or suggestions about these ideas?

10. Is there anything else you feel we should be considering in relation to primary, community and social care?



Priority 3 – Sustainable secondary care



For more information on this priority, see section 4.2 (page 11) and section 4.3 (page 15) of the BLMK STP public summary document.

11. What do you think of the ideas we have presented for sustainable secondary care?

12. Do you have any comments or suggestions about these ideas?

13. Is there anything else you feel we should be considering in relation to sustainable secondary care?



Priority 4 – Technology



For more information on this priority, see section 4.2 (page 11) and section 4.3 (page 16) of the BLMK STP public summary document.

14. What do you think of the ideas we have presented for improved technology?

15. Do you have any comments or suggestions about these ideas?

16. Is there anything else you feel we should be considering in relation to technology?



Priority 5 – System redesign

For more information on this priority, see section 4.2 (page 11) and section 4.3 (page 16) of the BLMK STP public summary document.

17. What do you think of the ideas we have presented for system redesign?

18. Do you have any comments or suggestions about these ideas?

19. Is there anything else you feel we should be considering in relation to system redesign?

Any other comments?

20. If you would like to provide any other feedback on the October BLMK STP submission, or on the content of the public summary document, please feel free to comment below.

About you

21. In what capacity have you completed this questionnaire (please tick all that apply)?

Someone who uses, or may use, local healthcare services

A carer

A representative of a local organisation (please enter details in the box below)

A clinician or an NHS employee (please tell us your role and the organisation you work for in the box below)

Other (please provide details in the box below)

Details box

22. Please let us know where you live

Bedford Borough

Central Bedfordshire

Luton

Milton Keynes

Other (please specify)

23. And the first part of your postcode (e.g. MK42, SG1, LU2)

24. If you would like to be kept up to date on the BLMK STP, please provide your contact details below

Your name

Your email

Your phone number

If you have any special areas of interest (e.g. long term conditions, maternity, emergency care), please tell us here

We'd really appreciate it if you could take a few moments to complete this equality monitoring data. It will help us to see whether the opinions we receive represent the different community groups in BLMK. It will also help us to establish whether there are any particular concerns specific to people's personal circumstances (e.g. age, gender, ethnic origin). This information will be kept anonymous.

25. Are you

- Male
- Female
- Rather not say

26. Your age group

- | | | |
|-----------------------------------|--------------------------------|---|
| <input type="checkbox"/> Under 18 | <input type="checkbox"/> 31–39 | <input type="checkbox"/> 60–69 |
| <input type="checkbox"/> 19–25 | <input type="checkbox"/> 40–49 | <input type="checkbox"/> 70+ |
| <input type="checkbox"/> 26–30 | <input type="checkbox"/> 50–59 | <input type="checkbox"/> Rather not say |

27. Do you consider yourself to have a disability?

- Yes
- No
- Rather not say

28. If yes, what is the nature of your disability?

- Learning disability
- Long term mental health condition
- Physical impairment (mobility)
- Sensory impairment (sight / hearing)

Other long term health condition (e.g. diabetes, heart condition), or more than one disability – please give details here

29. Your ethnic origin

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> English/Welsh/Scottish/Northern Irish/British | <input type="checkbox"/> White and black Caribbean | <input type="checkbox"/> Indian | <input type="checkbox"/> Caribbean |
| <input type="checkbox"/> Irish | <input type="checkbox"/> White and black Asian | <input type="checkbox"/> Pakistani | <input type="checkbox"/> African |
| <input type="checkbox"/> Gypsy or Irish traveller | <input type="checkbox"/> White and Asian | <input type="checkbox"/> Bangladeshi | <input type="checkbox"/> Other Black/Caribbean/African background |
| <input type="checkbox"/> Eastern European | <input type="checkbox"/> Other mixed/multiple ethnic background | <input type="checkbox"/> Chinese | <input type="checkbox"/> Arab |
| <input type="checkbox"/> Other white background | | <input type="checkbox"/> Other Asian background | |

Any other ethnic background (please specify here)

30. What is your religion/belief

- | | | |
|--------------------------------------|-----------------------------------|---|
| <input type="checkbox"/> No religion | <input type="checkbox"/> Hinduism | <input type="checkbox"/> Sikhism |
| <input type="checkbox"/> Buddhism | <input type="checkbox"/> Islam | <input type="text" value="Other (please state)"/> |
| <input type="checkbox"/> Chistianity | <input type="checkbox"/> Judaism | |

28. What is your sexual orientation?

- | | |
|------------------------------------|---|
| <input type="checkbox"/> Bisexual | <input type="checkbox"/> Heterosexual |
| <input type="checkbox"/> Gay woman | <input type="checkbox"/> Transgender |
| <input type="checkbox"/> Gay man | <input type="checkbox"/> Rather not say |

Please continue on this sheet if necessary, clearly showing which question number your comments relate to.

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