

## **Proposed draft policy for the commissioning of photorefractive (laser eye) surgery for the correction of refractive error – survey**

Your local NHS Clinical Commissioning Group (CCG) has worked with the other Clinical Commissioning Groups in Lancashire and South Cumbria to update and revise the policy which identifies the CCG(s) funding position in relation to the commissioning of photorefractive (laser eye) surgery for the correction of refractive error (common sight problems). The policy explains why the CCG will not routinely fund these procedures. We need and welcome your feedback as part of the development of this policy. Please help us by completing this survey.

*Please read this data protection statement which explains how we will use the information we are collecting from you.*

Only demographic detail is requested in order to monitor responses in accordance with the protected characteristics. No personal data is requested and the survey is anonymous and confidential. The information shared with client CCGs relates to themes and trends in responses and points of view on the proposed policy document.

Survey results and data will be securely held. Paper copies will be held in a locked room.

Survey material will be kept for a 5-year period.

Please tick here to confirm you have read and agree with the data protection statement above

### **Q1. Which CCG area do you live in?**

NHS Morecambe Bay Clinical Commissioning Group	
NHS East Lancashire Clinical Commissioning Group	
NHS Fylde and Wyre Clinical Commissioning Group	
NHS Greater Preston Clinical Commissioning Group	
NHS Chorley and South Ribble Clinical Commissioning Group	
NHS West Lancashire Clinical Commissioning Group	
NHS Blackburn with Darwen Clinical Commissioning Group	
NHS Blackpool Clinical Commissioning Group	
Other	

**If other, please specify**

----------

**Q2. Have you received any of these treatments/procedures?**

Yes, in the last 12 months

Yes, but over 12 months ago

No, but I care/look after someone who has

No, but I know someone who has

No

**Q3. Have you read the updated draft policy for the commissioning of photorefractive (laser eye) surgery for the correction of refractive error?**

Yes

No

**Q4. There has been no change to the policy in general but please tell us how much you agree or disagree that the CCG will continue not to routinely fund this procedure (Section 1 of the policy)?**

I strongly agree

I tend to agree

I tend to disagree

I strongly disagree

I neither agree nor disagree

**If you disagree, please tell us why?**

---

---

---

---

---

**Q5. Please say how much you agree or disagree overall with the updated draft policy?**

I strongly agree

I tend to agree

I tend to disagree

I strongly disagree

I neither agree nor disagree

**Q6. Please provide us with any further comments you would like to make about this policy or to explain your answers further.**

<hr/> <hr/> <hr/> <hr/> <hr/>
-------------------------------

**Q7. Your age**

<input type="checkbox"/> 16 or under	<input type="checkbox"/> 17 - 24	<input type="checkbox"/> 25 - 34	<input type="checkbox"/> 35 - 44	<input type="checkbox"/> 45 - 54
<input type="checkbox"/> 55 - 64	<input type="checkbox"/> 65 - 74	<input type="checkbox"/> 75 - 84	<input type="checkbox"/> 85 or over	<input type="checkbox"/> Prefer not to say

**Q8. How would you describe your gender?**

Male     Female     Other

Prefer not to say

**Q9. Is this the same gender you were given at birth?**

Yes     No     Prefer not to say

**Q10. What best describes your marital situation?**

Married     Civil partnership     Single     Prefer not to say

**Q11. Please choose the category that best describes your level of disability**

<input type="checkbox"/> No disability	<input type="checkbox"/> Learning disability
<input type="checkbox"/> Wheelchair user	<input type="checkbox"/> Visual impairment
<input type="checkbox"/> Hearing impairment	<input type="checkbox"/> Physical impairment
<input type="checkbox"/> Mental health	<input type="checkbox"/> Multiple impairments
<input type="checkbox"/> Prefer not to say	

**Q12. What is your sexual orientation?** Heterosexual/straight (attracted to the opposite sex) Gay/lesbian (attracted to the same sex) Bisexual (attracted to both sexes) Prefer not to say**Q.13. Your ethnic group** White British White Irish East European Gypsy/Roma/Traveller White other Mixed White/Black African Mixed White/Black Caribbean Mixed White/Asian Mixed other Asian or Asian British – Indian Asian or Asian British – Pakistani Asian or Asian British – Bangladeshi Asian or Asian British – other Black or Black British – Caribbean Black or Black British – African Black or Black British – other Chinese Any other ethnic group Prefer not to say**Q14. What is your religion/belief?** Christian Jewish Hindu Muslim Sikh Buddhist No religion/belief Prefer not to say Other (please specify)

**Please return completed questionnaires to the Communication and Engagement Team, Midlands and Lancashire Commissioning Support Unit, Jubilee House, Centurion Way, Leyland, Lancashire PR26 6TR**

**Thank you for taking the time to fill in this questionnaire.**