

Updated draft policy for the management of Otitis Media with Effusion (OME) using grommets - survey

Your local NHS Clinical Commissioning Group (CCG) has worked with the other Clinical Commissioning Groups in Lancashire and South Cumbria to review and update the policy which identifies when the CCG(s) will fund the management of Otitis Media with Effusion (OME) using grommets. The policy explains the criteria which must be met before the CCG will fund this treatment. 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 should not be provided as 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

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Q2. Have you, or if you are a parent or carer, someone you care for, received this treatment/procedure?

Yes, in the last 12 months

Yes, but over 12 months ago

No, but I know someone who has

No

Q3. Please indicate below how you tend to view the CCGs funding or not funding the treatment of otitis media with effusion using grommets for those who meet the criteria?

Yes, always fund them, regardless of criteria

Yes, fund them but only for those who meet the criteria

No, fund them only in exceptional circumstances

No, do not fund these procedures; the NHS has other priorities

Q4. Have you read the updated draft policy on the management of otitis media with effusion using grommets?

Yes

No

Q5. Please say how much you agree or disagree with the criteria for the management of otitis media with effusion using grommets (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?

Q6. Please say how much you agree or disagree overall with the updated draft policy?

<input type="checkbox"/> I strongly agree	<input type="checkbox"/> I tend to agree
<input type="checkbox"/> I tend to disagree	<input type="checkbox"/> I strongly disagree
<input type="checkbox"/> I neither agree nor disagree	

Q7. Please provide us with any further comments you would like to make about this policy or to explain your answers further.

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About you

Q8. 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

Q9. How would you describe your gender?

<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other
<input type="checkbox"/> Prefer not to say		

Q10. Is this the same gender you were given at birth?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Prefer not to say
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Q11. What best describes your marital situation?

<input type="checkbox"/> Married	<input type="checkbox"/> Civil partnership	<input type="checkbox"/> Single	<input type="checkbox"/> Prefer not to say
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Q12. What is your sexual orientation?

<input type="checkbox"/> Heterosexual/straight (attracted to the opposite sex)	<input type="checkbox"/> Gay/lesbian (attracted to the same sex)
<input type="checkbox"/> Bisexual (attracted to both sexes)	<input type="checkbox"/> Prefer not to say

Q13. Please choose the category that best describes your level of disability No disability Learning disability Wheelchair user Visual impairment Hearing impairment Physical impairment Mental health Multiple impairments 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)**Q.15. 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

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.