

Updated draft policy for Tonsillectomy/Adeno-tonsillectomy - survey

Your local NHS Clinical Commissioning Group (CCG) has worked with the other Clinical Commissioning Groups in Lancashire to update and revise the policy which identifies when the CCG(s) will fund tonsillectomy/adeno-tonsillectomy procedures. The policy explains the criteria which must be met before the CCG will fund these procedures. We need and welcome your feedback as part of the development of this policy. Please help us by completing this survey.

The information that you provide is completely confidential and anonymous

Q1. Which CCG area do you live in?

NHS Lancashire North 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	

Q2. Have you received this treatment/procedure?

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. Please indicate below how you tend to view the CCGs funding or not funding this procedure for people who meet the criteria?

<input type="checkbox"/> Yes, always fund it, regardless of criteria	<input type="checkbox"/> Yes, fund it but only for those who meet the criteria
<input type="checkbox"/> No, fund it only in exceptional circumstances	<input type="checkbox"/> No, do not fund these procedures; the NHS has other priorities

Q4. Have you read the updated draft policy on tonsillectomy/adeno-tonsillectomy?

Yes

No

Q5. Please tell us how much you agree or disagree with the criteria that people must satisfy in order to receive this procedure (Section 7 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?

I strongly agree

I tend to agree

I tend to disagree

I strongly disagree

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.

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"/> Prefer not to say
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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. 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?	
<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. What is your religion/belief?			
<input type="checkbox"/> Christian	<input type="checkbox"/> Jewish	<input type="checkbox"/> Hindu	<input type="checkbox"/> Muslim
<input type="checkbox"/> Sikh	<input type="checkbox"/> Buddhist	<input type="checkbox"/> No religion/belief	<input type="checkbox"/> Prefer not to say
<input type="checkbox"/> Other (please specify)			

Q.14. Your ethnic group	
<input type="checkbox"/> White British	<input type="checkbox"/> White Irish
<input type="checkbox"/> East European	<input type="checkbox"/> Gypsy/Roma/Traveller
<input type="checkbox"/> White other	<input type="checkbox"/> Mixed White/Black African
<input type="checkbox"/> Mixed White/Black Caribbean	<input type="checkbox"/> Mixed White/Asian
<input type="checkbox"/> Mixed other	<input type="checkbox"/> Asian or Asian British – Indian
<input type="checkbox"/> Asian or Asian British – Pakistani	<input type="checkbox"/> Asian or Asian British – Bangladeshi
<input type="checkbox"/> Asian or Asian British – other	<input type="checkbox"/> Black or Black British – Caribbean
<input type="checkbox"/> Black or Black British – African	<input type="checkbox"/> Black or Black British – other
<input type="checkbox"/> Chinese	<input type="checkbox"/> Any other ethnic group
<input type="checkbox"/> 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.