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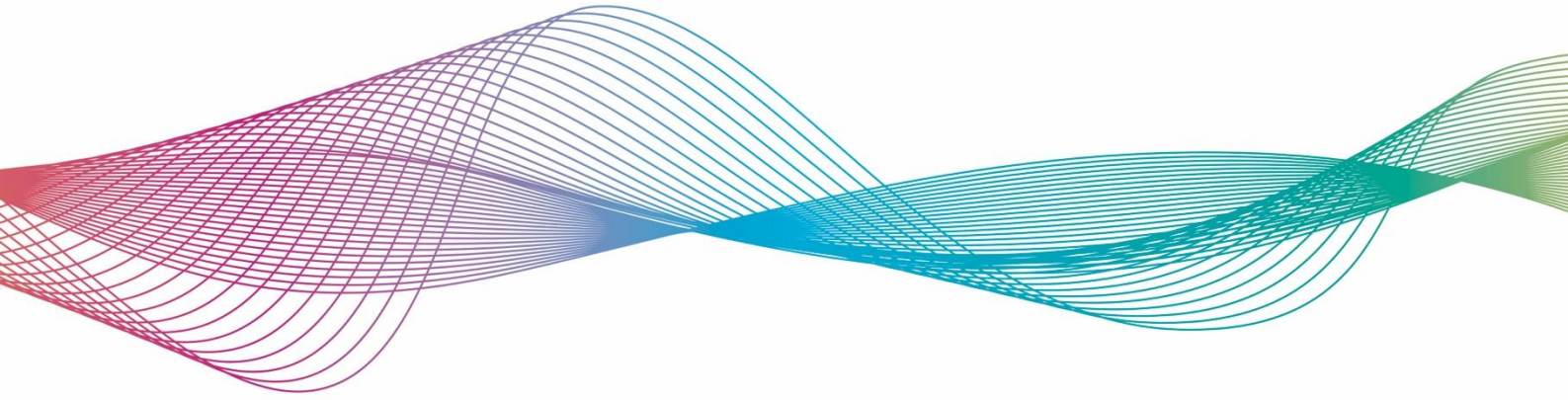
NHS
Midlands and Lancashire
Commissioning Support Unit

Difficult decisions engagement: Staffordshire and Stoke-on-Trent CCGs

Report of findings

Wednesday, 13 July 2022



The Consultation Institute
Corporate Member

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1 Executive summary

This report summarises the feedback from the 'Difficult Decisions' engagement led by the six Clinical Commissioning Groups (CCGs) in Staffordshire and Stoke-on-Trent between 6 January 2020 and 1 March 2020.

1.1 Introduction

The six CCGs across Staffordshire and Stoke-on-Trent have a combined budget of £1.7 billion to deliver services for 1.1 million people during 2019/20. However, increasing demand on services meant the CCGs began the year with an underlying deficit of £129.3 million, due to pressures such as an ageing population and people living with more complex long-term conditions.

The CCGs cannot legally continue to spend more money than they are allocated, and so now face the challenge of reducing costs and the deficit. Increasing efficiencies and a new approach to how the CCGs buy services from healthcare providers will go some way to reducing the deficit, but it is unavoidable that difficult decisions will have to be made about how to use the money available and it is important that the public are involved in these decisions.

The CCGs requested the views of patients and the public on some of the services that are currently available to NHS patients, specifically:

- Assisted conception
- Hearing aids for non-complex hearing loss
- Removal of excess skin following significant weight loss
- Breast augmentation and reconstruction
- Male and female sterilisation.

1.2 Communications and engagement

Feedback was gathered via online and paper **surveys**, and at **seven deliberative events.** The deliberative events were structured as 'be a commissioner' workshops, to allow the CCGs to understand how participants felt services should be prioritised. Two **additional events** were held on request from two organisations representing people who suffer with hearing loss. Additionally, respondents provided feedback, guidelines and research through the submission of **correspondence.**

A range of collateral was used to inform stakeholders of the engagement and encourage feedback, including an **information paper** and an **easy read document**.

A mix of communications channels were used to raise awareness of the engagement. This included:

- **Media:** Four press releases were issued
- **Social media:** The engagement was promoted on Facebook, Twitter and Instagram with a total of 35,893 post impressions (views)
- **Website:** The engagement was promoted on each of the CCGs' websites
- **Direct communications:** A number of organisations and networks who had an interest in the engagement work received direct communication to share among their contacts.

1.3 Numbers of respondents and participants

The engagement received the following responses:

- **Survey:** 569 responses
- **Deliberative events:** Seven events held with a total attendance of 56
- **Additional events:** Two additional events held with Deafvibe and Action on Hearing Loss
- **Correspondence:** Eight pieces received, five of which were from clinical respondents and three were from non-clinical respondents.

1.4 Findings

1.4.1 Feedback on assisted conception

- Service users highlighted the good standard of care and service from staff and raised concerns over the lack of access to treatment and the cost of self-funding.
- The negative impact of infertility on patients' mental health, wellbeing and relationships was highlighted. Service users commented that successful treatment had a positive impact on their lives through becoming parents, however, unsuccessful treatment had resulted in adverse impacts on respondents' wellbeing and mental health.
- The key themes raised tended to be in support for funding this service, but it was also commented that there should be restrictions on the number of cycles and who is eligible; for example, funding two or three rounds of IVF and prioritising those without children.
- The Royal British Legion highlighted that Armed Forces couples are entitled to three rounds of IVF and this should not be diminished in any way.

1.4.2 Feedback on hearing loss in adults

- Service users highlighted the importance of accessing hearing aids as it improves hearing, patient social life, wellbeing and quality of life. Concerns over the lack of access were also raised.
- The key themes raised tended to be in support of funding the service for all patients.
- Action on Hearing Loss, British Society of Audiology and the British Academy of Audiology commented that hearing aids should be available in line with NICE guidance. They also highlighted the impact of hearing loss on quality of life and the potential of untreated hearing loss resulting in adverse patient outcomes.
- The Royal British Legion made it clear that veterans with hearing problems caused by military service should have access to advanced hearing aids and equipment under the Armed Forces Covenant principle of special consideration. The Legion suggested veterans with any level of hearing loss should be able to access hearing aids.
- At the Action on Hearing Loss and Deafvibe events, participants highlighted the positive impact of hearing aids on daily life and raised concerns over the cost of private hearing aids. The need to improve follow-up care, such as access to batteries and checking patients are using their aids, was also highlighted.

1.4.3 Feedback on the removal of excess skin following significant weight loss

- There were contrasting views on whether this procedure should be funded.
- The impact of excess skin on patient health and wellbeing was highlighted, such as sores, itching and adverse mental health.
- Key themes raised in support of funding this service were that the procedure should be funded to support patients who have made significant lifestyle changes and restricting access to the treatment may discourage patients from losing weight. This, along with adverse impacts on patients from not funding the treatment, may cost the NHS more in the long-term.

1.4.4 Feedback on breast augmentation and reconstruction

- Service users highlighted the impact of the procedure on reducing discomfort and improving quality of life.
- Key themes raised were that reconstructive surgery should be available for breast cancer or breast surgery patients. However, respondents were clear that the procedure should not be funded for cosmetic reasons.
- The impact of this procedure on patient wellbeing, quality of life and relationships was also highlighted.

1.4.5 Feedback on male and female sterilisation

- Service users highlighted the success of the procedure and all aspects of the treatment going well.
- Key themes raised included funding the procedure to reduce unplanned pregnancies and considering the cost of pregnancies to the NHS.
- When considering who should be eligible, key themes raised were that the procedure should be funded if patients wish to be sterilised or if patients or their partners would be at risk of adverse impacts from becoming pregnant.

1.4.6 Considerations when making decisions about services

- A large proportion of respondents (458 / 89%) felt that providing services which are proven to have a clinical benefit for patients is the key consideration. The key reason was that patient health and public and patient needs are more important than finances.
- The need to consider the impact of changing services on patients and their families (e.g. mental health, quality of life) and the long-term cost savings in providing services were highlighted.
- At the deliberative events, key considerations were around self-care and prevention, such as considering whether treatments are for a disease or a life choice. Other key considerations were around the cost and value for money of treatments, including considering whether reducing access to the treatment would cost more in the long-term, patient outcomes and quality of life.
- The Royal British Legion highlighted that the needs of the Armed Forces community need to be considered.

2 Introduction

This report summarises the feedback from the 'Difficult Decisions' engagement which was held across the region covered by the Staffordshire and Stoke-on-Trent CCGs between 6 January 2020 and 1 March 2020.

2.1 Background

The following background information is taken from the information paper.

The six Clinical Commissioning Groups (CCGs) across Staffordshire and Stoke-on-Trent have a combined budget of £1.7 billion to deliver services for 1.1 million people during 2019/20. However, increasing demand on services means that the CCGs began the year with an underlying deficit of £129.3 million, due to pressures such as an ageing population and people living with more complex long-term conditions.

The CCGs cannot legally continue to spend more money than they are allocated and so now face the challenge of reducing costs and the deficit. Increasing efficiencies and a new approach to how the CCGs buy services from healthcare providers will go some way to reducing the deficit, but it is unavoidable that they will also face difficult decisions about how to use the money available and it is important that they make those decisions through involvement with the public.

The CCGs currently commission more than 800 different healthcare services and treatments, and it is important to understand which should be given the highest priority to meet patient needs within existing resources. It is also important that there is equity of service provision so that people can access the same level of service regardless of where they live.

There will be consensus about where many of these priorities should lie such as effective treatment for life threatening conditions such as cancer and there is also broad agreement that early interventions to tackle both physical and mental conditions before they become more serious are increasingly important.

Any kind of prioritisation process however will inevitably mean that some treatments need to be restricted, meaning that treatment may be available if certain access criteria are met or excluded and therefore not routinely available.

2.2 Overview of the engagement

The CCGs were seeking patient and public feedback on some of the services that are currently available, specifically:

- Assisted conception
- Hearing aids for non-complex hearing loss
- Removal of excess skin following significant weight loss
- Breast augmentation and reconstruction
- Male and female sterilisation.

The CCGs will use the feedback from this engagement process to develop their consultation options. These would then be scored through a recognised options appraisal process and discussed with the public through a formal consultation.

The engagement ran from 6 January 2020 to 1 March 2020.

2.3 Service areas

Table 1 explains the rationale for the service areas being reviewed. For further information, see the information paper.

Table 1. Service areas under review

Service	Rationale for review
Assisted conception	• People living in different areas of Staffordshire and Stoke-on-Trent currently have different access to treatment • The CCGs' review found that there was not enough evidence of benefit to patients to meet the minimum score for investment • Although the number of people affected by a potential change in policy is relatively small, infertility can be deeply distressing to those affected.
Hearing loss in adults	• Patients in North Staffordshire currently have different access to treatment • In the most recent review, the evidence of benefit to patients with moderate hearing loss was stronger than the benefit to patients with mild hearing loss • People have different communication needs and hearing loss may not affect them in the same way as it affects someone else • The NICE guidance is clear that communication difficulties should not be judged by only measuring hearing thresholds • The number of adults with hearing loss is expected to grow with the increase in the number of older people, meaning demand for hearing aids will rise.
Removal of excess skin following significant weight loss	• People living in different areas of Staffordshire and Stoke-on-Trent currently have different access to treatment • The CCGs' review found that there was not enough evidence of benefit to patients to meet the minimum score for investment • Figures show that obesity rates are rising in both adults and children, meaning that demand for treatments like this are expected to rise.
Breast augmentation and reconstruction	• People living in different areas of Staffordshire and Stoke-on-Trent currently have different access to treatment • Although the number of people affected by a potential change in policy is relatively small, this is an area of considerable concern to those affected.
Male and female sterilisation	• The CCGs' review found that there was not enough evidence of benefit to patients to meet the minimum score for investment

2.4 Report authors

The six Staffordshire and Stoke-on-Trent CCGs commissioned NHS Midlands and Lancashire Commissioning Support Unit's (MLCSU) Communications and Engagement Service to coordinate the independent analysis of the feedback from the engagement and produce this report.

2.5 Report structure

This report is structured into the following sections:

- **Section 1:** Executive summary
- **Section 2:** Introduction
- **Section 3:** Communications and engagement methodology
- **Section 4:** Respondent profiling
- **Section 5:** Findings
- **Section 6:** Summary and conclusion
- **Appendices.**

3 Communications and engagement

This section summarises the communications and engagement activity that was undertaken.

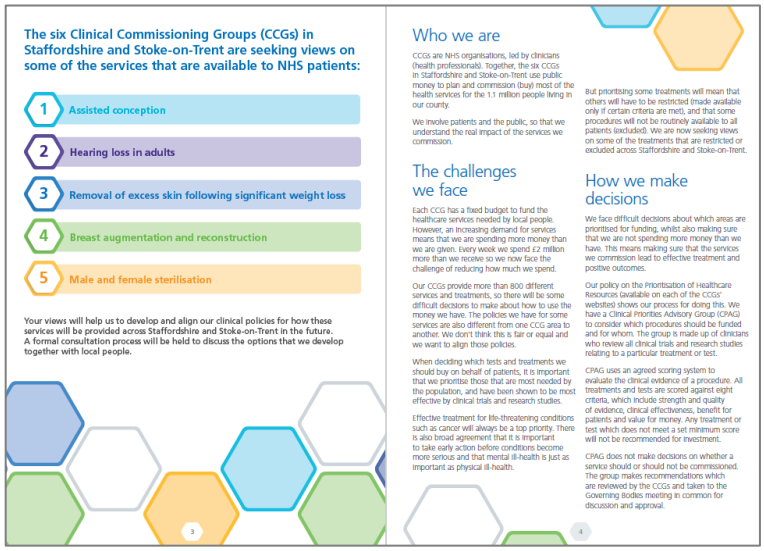
3.1 Engagement collateral

This section explains the engagement collateral that was produced to promote the engagement and inform stakeholders.

3.1.1 Information paper

An information paper (Figure 1) was produced to explain the engagement and the service areas under review.

Figure 1. Information paper



3.1.2 Easy read document

An easy read version of the information paper (Figure 2) was also produced to explain the engagement in a visual and accessible way.

Figure 2. Easy read document

3.1.3 Event materials

A range of collateral was produced to support the facilitation of the engagement events. This included:

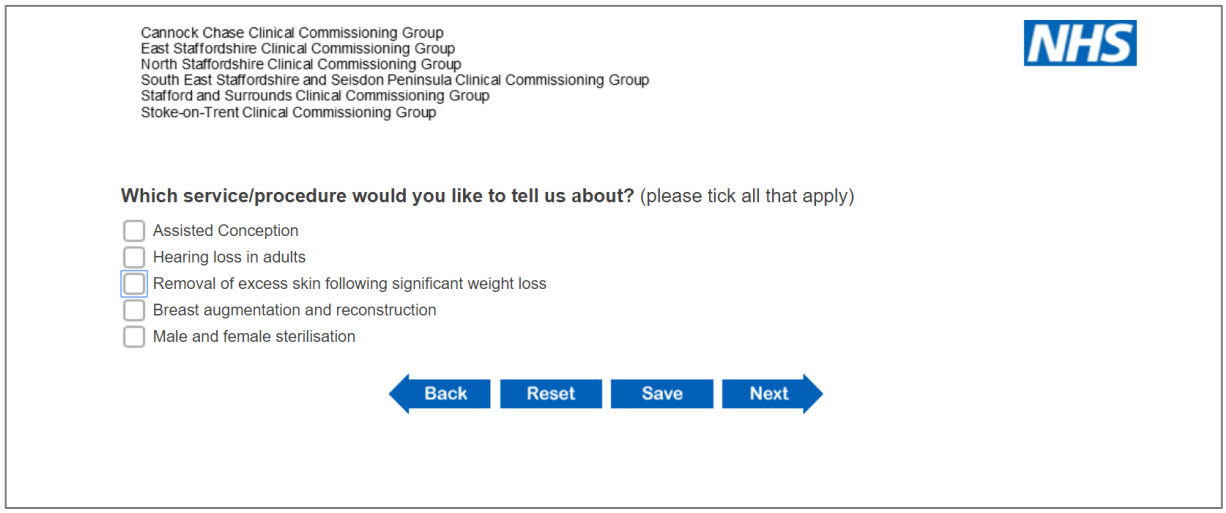
- **presentation slides**
- **facilitator booklet** for facilitators to note down the feedback received from participants
- **fact sheets** to offer information on three example services to aid the users during the 'be a commissioner' workshops (see Appendix 1)

A. **demographic profiling questionnaire** for event participants to complete.

3.1.4 Surveys

A survey was produced to gather feedback. This was available in online (Figure 3) and paper formats. See section 3.2.1.1 for more detail on the structure of the survey.

Figure 3. Online survey



3.1.5 Collateral distribution

The information paper and paper surveys were distributed together as a pack.

Table 2 shows where the collateral was distributed.

Table 2. Collateral distribution

Distribution	Quantities
Events to cover booked attendees	100
Additional events	125
Members of the public via CCG district groups and on request	100
Voluntary / support organisations (on request)	150

3.2 Communications channels

A range of communications channels were used to encourage feedback and provide information about the engagement.

3.2.1 Feedback channels

This section details the methodology for gathering feedback.

3.2.1.1 Surveys

Feedback was gathered via the online and paper survey. The survey was split into three main sections:

A. **Feedback on the service areas.** Respondents were asked which of the service areas they wished to feedback on. For each of the service areas, respondents were asked their respondent type; for instance, whether they were a service user, interested party or organisation, or healthcare professional. Respondents could select multiple respondent types.

   Service users were asked:

   - The location of treatment
   - Whether treatment was NHS-funded or privately-funded
   - What went well in their treatment and any concerns they had
   - The impact of the treatment on their lives.

   Those who were interested parties or organisations, healthcare professionals or other respondents (and were not also service users) were asked for their views on the service area, thinking about who the service should be available to and whether it should be funded by the NHS.

B. **Considerations when making decisions about services.** Respondents were asked to rank in order of importance the factors the CCGs must consider when making decisions about the future provision of services.
C. **Demographic profiling.** Respondents were asked for their postcode and information aligned to the nine protected characteristics.

3.2.1.2 Deliberative events

A series of interactive ‘be a commissioner’ events were held across Staffordshire and Stoke-on-Trent. These were designed to give participants an opportunity to experience the task commissioners face when making these difficult commissioning decisions that benefit patients and are consistent with national and local priorities, while keeping services affordable. The events used example services (smoking cessation, full knee replacement and flash glucose monitoring) to allow participants to discuss how they would prioritise them.

The events featured a lead facilitator and a clinician who presented and introduced the discussions. The clinician offering support to the workshop activity was familiar with the CCGs’ Clinical Priorities Advisory Group (CPAG) and the process for evaluating the clinical evidence of treatments or procedures. Participants were split into groups which were led by a facilitator who moderated the discussions during the activity, and captured feedback in their facilitator feedback booklets.

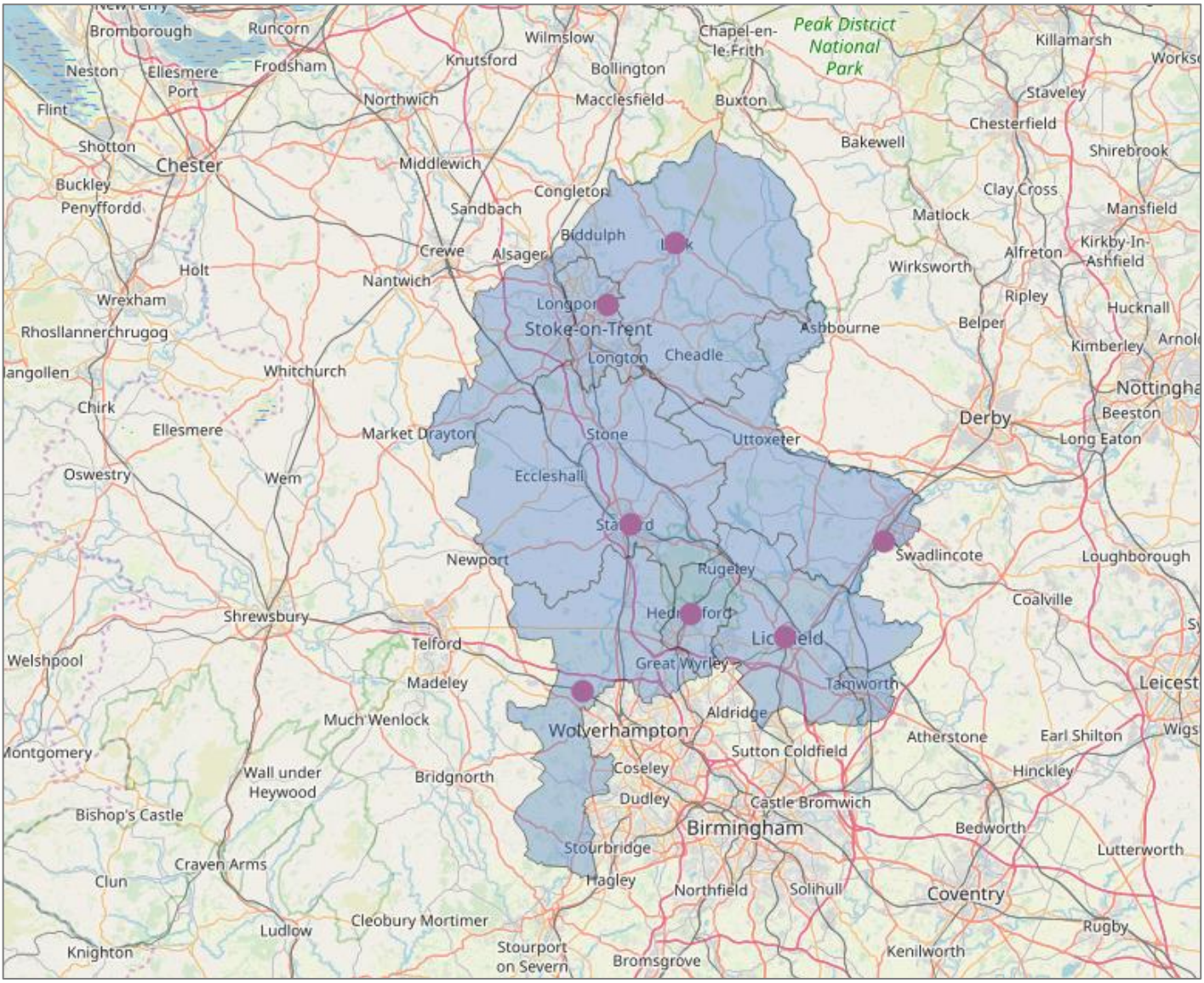
Firstly, participants were given fact sheets about the services and asked as a table to prioritise the services by splitting 50 tokens across the three services. Then participants had to re-prioritise the services, but this time they only had 40 tokens to allocate across the services. Appendix 1 shows the fact sheets that were used in the events.

Table 3 and figure 4 detail where the deliberative events were held and the number of participants in attendance.

Table 3. Engagement events

Date	Time	Location	Attendance
29 January 2020	6.15pm to 8.15pm	Foxlow Arts Centre, Stockwell Street, Leek ST13 6AD	10
3 February 2020	6pm to 8pm	Aquarius Ballroom, Victoria Shopping Park, Victoria Street, Hednesford, Cannock WS12 1BT	4
6 February 2020	6pm to 8pm	Branston Golf Club, Burton Road, Burton-on-Trent DE14 3DP	11
11 February 2020	6pm to 8pm	Entrust, The Riverway Centre, Riverway, Stafford ST16 3TH	6
12 February 2020	1.30pm to 3.30pm	South Staffordshire District Council, Wolverhampton Road, Codsall, Wolverhampton WV8 1PX	5
24 February 2020	6pm to 8pm	George Hotel, 12-14 Bird Street, Lichfield WS13 6PR	11
26 February 2020	6pm to 8pm	Bridge Centre, Birches Head Road, Stoke-on-Trent ST2 8DD	9
		Total	**56**

Figure 4. Map of the events across Staffordshire and Stoke-on-Trent



3.2.1.3 Additional events

Deafvibe requested a specific session for their people who were deaf, hard of hearing, deafened or deafblind so they could offer their feedback on services using the survey as a structure. Deafvibe held a monthly event and on 8 February 2020, a facilitator and note taker attended to present the engagement and survey.

At the event, a number of communication methods were set up to support participants to get involved and share their experiences. This included two British Sign Language interpreters, electronic note taker with

special screen for those who are deafblind, as well as presenting the information at the front of the room with a microphone connected to a hearing loop system. The event took place at 10.30am at Bradwell Lodge Community Centre, Bradwell Lane, Porthill, Newcastle ST5 8PS.

The Action on Hearing Loss group were also interested in holding a session for participants to share their feedback using the structure as a survey. This event included an electronic note taker and facilitator from the CCG presenting the survey using a microphone connected to the hearing loop system. A note taker from the CCG was also present to record the discussions. This took place on Wednesday 26 February 2020 at Trinity Methodist Church, Derby Street, Leek ST13 5JF.

The Alrewas Patient Participation Group (PPG), which includes members of the public from the Alrewas General Practice, collectively shared their feedback from the survey as a group. This was handed in to a member of the CCG during the Lichfield 'be a commissioner' event on 24 February 2020.

3.2.1.4 Correspondence

Table 4 shows the correspondence that was received. In total, eight pieces of correspondence were received from organisations and members of the public.

Table 4. Correspondence received

Date	Total	Organisations submitting correspondence
Clinical correspondence	5	Action on Hearing Loss (x2) British Academy of Audiology British Society of Audiology
General correspondence	3	The Royal British Legion
Total	**8**	

3.2.2 Media

The engagement received coverage in national and local press. The following sub-sections detail the press releases that were issued, coverage and enquires received.

3.2.2.1 Press releases

Table 5 shows the press releases that were issued.

Table 5. Press releases

Date	Headline	Coverage
6 January 2020	*NHS leaders look to end the Staffordshire and Stoke-on-Trent postcode lottery and need patient views on a range of treatments*	A little bit of Stone Stoke-on-Trent Sentinel
15 January 2020	*Patients given chance to be an NHS clinical commissioner and have a say in their difficult decisions*	Birmingham Live A little bit of Stone
31 January 2020	*Be a commissioner for the day and share what you think is most important when reviewing services*	None
7 February 2020	*It's not too late to have input into the future of local health services*	None

3.2.2.2 Press coverage

Table 6 shows the press coverage that was received.

Table 6. Press coverage

Publication date	Name of publication	Headline
6 January 2020	A little bit of Stone	*Local NHS commissioners look to improve postcode lottery for services*
8 January 2020	Stoke-on-Trent Sentinel	*Are you affected? NHS orders funding review into boob jobs, hearing aids, vasectomies and IVF after postcode lottery hits patients*
13 January 2020	Birmingham Live	*Health chiefs need your help to find ways to make cuts of £2m per week*

24 January 2020	A little bit of Stone	*Patients given chance to be an NHS clinical commissioner and have a say in their difficult decisions*
12 February 2020	Stoke-on-Trent Sentinel	*'I was having a heart attack and my husband couldn't hear me...' - Patients demand end to NHS postcode lottery over hearing aid cuts*
22 February 2020	The Telegraph	*Mild hearing loss sufferers could miss out on free hearing aids, charity warns*
25 February 2020	Stoke-on-Trent Sentinel	*'There is now a lot more evidence on the benefits' – Charity fears end of free NHS hearing aids across Staffordshire*

3.2.2.3 Press enquires

Table 7 shows the press enquires that were received.

Table 7. Press enquiries

Date	Subject	Organisation / Publication	Proactive or reactive
6 January 2020	Difficult Decisions engagement	Signal 1	Reactive
10 February 2020	Difficult Decisions and Deafvibe	Stoke-on-Trent Sentinel	Reactive
18 February 2020	Hearing aids and difficult decisions	Stoke-on-Trent Sentinel	Reactive
21 February 2020	Difficult Decisions and hearing aids	The Daily Telegraph	Reactive

3.2.3 Online engagement

This section details how the engagement was promoted online.

3.2.3.1 Website

The engagement was promoted on the six CCG websites:

- Cannock Chase CCG
- East Staffordshire CCG
- North Staffordshire CCG
- South East Staffordshire and Seisdon Peninsula CCG
- Stafford and Surrounds CCG
- Stoke-on-Trent CCG

The websites explained the engagement and included details of how to get involved, with links to the online survey, details of the events and a link to the event registration form and downloadable versions of the issues paper and easy read document.

Figure 5. Difficult decisions on North Staffordshire CCG's website (screenshot taken in February 2020)

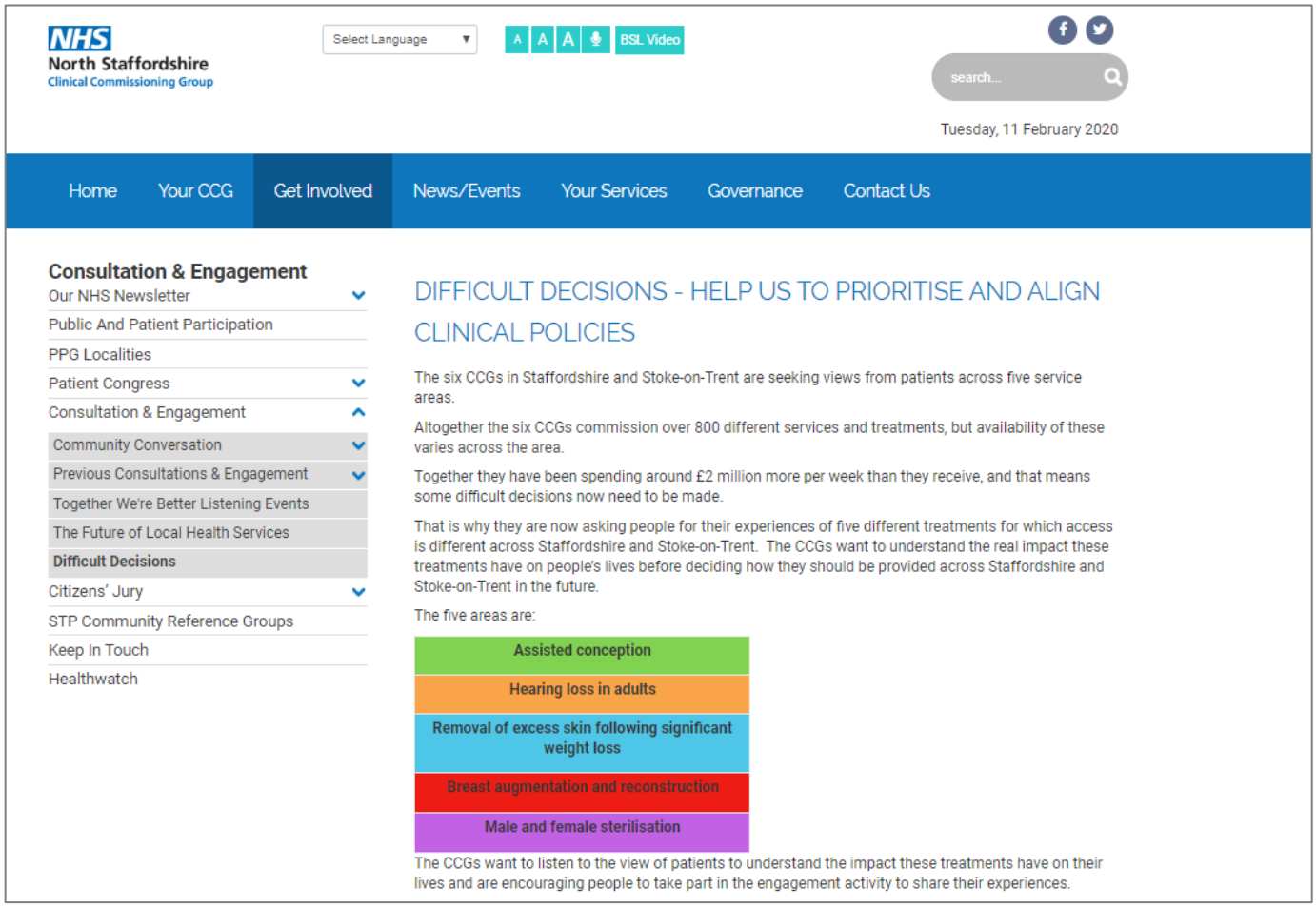


Table 8 shows the page views of the news articles relating to the engagement on each of the CCG websites.

Table 8. Website page views

Article	Cannock Chase	East Staffordshire	North Staffordshire	South East Staffordshire and Seisdon Peninsula	Stafford and Surrounds	Stoke-on-Trent
NHS leaders look to end the Staffordshire and Stoke-on-Trent postcode lottery and need patient views on a range of treatments	102	229	262	337	91	757
Patients given chance to be an NHS clinical commissioner and have a say in their difficult decisions	292	515	230	294	144	298
Be a commissioner for the day and share what you think is most important when reviewing services	85	193	152	165	0	318
It's not too late to have input into the future of local health services	47	248	255	51	80	296

3.2.3.2 Bit.ly links

Two bit.ly links were created to help capture the reach of the engagement, and make the links easy for members of the public to follow:

- ***bit.ly/Difficult_Decisions*** was a link to the online survey, which included the embedded information paper and received **1,140 total clicks**
- ***bit.ly/BeACommissioner*** was a link to the events registration and received **383 total clicks**.

3.2.3.3 Social media

The engagement was also promoted on the CCGs' social media channels. The hashtag **#StaffsDifficultDecisions** was used to boost engagement across social media. Table 9 shows the social media analytics by platform.

Table 9. Social media analytics

Social platform	Impressions	Engagement
Facebook	9,757	953
Twitter	25,772	1,011
Instagram	364	0
Total	**35,893**	**1,964**

See Appendix 2 for a detailed breakdown of social media posts.

3.3 Stakeholder engagement

Several key stakeholders were identified in the communications and engagement plan to share updates regarding the engagement period. These updates were in the form of a press release issued as a *'stakeholder briefing'*, as detailed in 3.2.2.1. There were:

- Patients (service users), carers and families
- General Public – including strategic patient forums, district patient groups and Patient Participation Groups
- Local Equalities Advisory Forum (LEAF)
- Third Sector – including condition support groups
- Campaign Groups – local and national
- Overview and Scrutiny Committees – Staffordshire and Stoke-on-Trent
- Local/MPs Councillors
- Healthwatch – Staffordshire and Stoke-on-Trent
- Health and Wellbeing Boards – Staffordshire and Stoke-on-Trent
- GB Membership – Membership Boards, GP Steering Group, Membership Engagement Groups
- Governing Bodies
- NHS England – Regional and National.

Several patient/condition related stakeholders (local groups and networks) were also identified related to each service. These stakeholders covered each service and were as follows:

- **Assisted conception:** Staffordshire Fertility Group, Fertility Network UK
- **Hearing loss in adults:** Action on Hearing Loss, Deaflinks Staffordshire, Deafvibe (Stoke), DefinitEquality (Newcastle), Hearing impairment Team (Stafford), Hearing, Visual and Deafblind (Midlands Partnership NHS Foundation Trust Sensory Team in Newcastle), Specsavers Hearing Centre (Burton), National Community Hearing Association
- **Removal of excess skin following significant weight loss:** bariatric specialist nurses (University Hospitals of North Midlands NHS Trust), Everyone Health Management Service Group, various gyms across the region
- **Breast augmentation and reconstruction (including post cancer):** Staffs Cancer LGBT Support Group, breast care nurses at University Hospitals of North Midlands NHS Trust (UHNM), Staffordshire Cancer Support Programme, Breast Cancer Now, Burton Breast Cancer Support

group, The Local Breast Surgery and Mastectomy Support Group (Fenton), The Optimists (Leek), Pinfold Pink (Penkridge), Terrible Titties

- **Male and female sterilisation:** Asha North Staffordshire, Asylum Seeker and Refugee Team, Beth Johnson Foundation, black and minority ethnic (BME) community, Burton Caribbean Association, Citizens Advice (Newcastle, Stoke, Cheadle, Leek and South West Staffordshire), Expert Citizens CIC, Healthwatch (North Staffordshire, Staffordshire and Stoke-on-Trent), Stoke-on-Trent Council Disability and Sensory Team, Stoke-on-Trent Muslim Welfare Association, Support Staffordshire (Cannock, East, Lichfield and District, Newcastle, South, Stafford, Staffordshire Moorlands, Stoke-on-Trent, Tamworth) and Voices of Stoke.

The stakeholders for hearing loss for adults were contacted prior to the launch of the engagement. This was to seek advice on the best practice engagement such as the most appropriate methods and venues, to suit the needs of individuals who had loss of hearing.

4 Respondent profiling

This section presents a profile of those participating in the engagement.

4.1 Overview of respondents and participants

Table 10 presents a summary of the responses received from each engagement channel.

Table 10. Number of respondents and participants

Engagement channel	No. of responses
Survey	569 responses
Deliberative events	7 events held with a total attendance of 56
Additional events	2 additional events held with hearing loss organisations
Correspondence	8 pieces received: 5 clinical and 3 general correspondence

4.2 Respondent and participant types

Tables 11 and 12 present the respondent types from the survey and deliberative events, respectively.

Table 11. Respondent types from the survey

	Assisted conception		Hearing loss in adults		Removal of excess skin		Breast augmentation and reconstruction		Male and female sterilisation	
	No.	%	No.	%	No.	%	No.	%	No.	%
Current service user	9	9%	129	38%	1	2%	-	-	10	5%
Service user in the last three years	11	11%	115	34%	-	-	4	6%	128	63%
Likely to be a service user in the future	18	18%	97	29%	9	16%	7	11%	7	3%
Healthcare professional	16	16%	42	12%	12	21%	11	17%	12	6%
Interested party or organisation	15	15%	43	13%	11	19%	17	27%	15	7%
Other	40	41%	43	13%	29	50%	31	48%	35	17%
Base	*98*		*338*		*58*					

Table 12. Participant types from deliberative events

	No.	%
A member of the public	18	36%
On behalf of a patient representative organisation	14	28%
On behalf of a voluntary organisation	9	18%
On behalf of an NHS organisation	6	12%
On behalf of another organisation	6	6%
On behalf of another public sector organisation	-	-
Base	*50*	

Two additional events were held with **Action on Hearing loss** and **Deafvibe** to engage with service users. Table 13 presents the participant types at these events.

Table 13. Participant types

	Action on Hearing Loss event	Deafvibe event
Current users of the service	16	22
Have used the service in the last three years	13	6
Likely to use the service in the future	27	7
Healthcare professional (e.g. audiologist)	3	5
Interested party or organisation	7	16

4.3 Demographic profiling

Table 14 shows the combined demographic profile of survey respondents and deliberative event participants.

Table 14. Demographic profiling: survey and event participants

Ethnicity			Sexual orientation		
White: British	574	95%	Heterosexual	539	93%
White: Irish	8	1%	Lesbian	5	1%
White: Gypsy or traveller	1	0.2%	Gay	1	0.2%
White: Other	9	2%	Bisexual	9	2%
Mixed: White and Black Caribbean	1	0.2%	Other	-	-
Mixed: White and Black African	-	-	Prefer not to say	28	5%
Mixed: White and Asian	-	-	*Base*	*582*	
Mixed: Other	3	1%	**Relationship status**		
Asian/Asian British: Indian	3	1%	Married	422	70%
Asian/Asian British: Pakistani	1	0.2%	Civil partnership	8	1%
Asian/Asian British: Bangladeshi	-	-	Single	41	7%
Asian/Asian British: Chinese	-	-	Divorced	29	5%
Asian/Asian British: Other	-	-	Lives with partner	50	8%
Black/Black British: African	1	0.2%	Separated	3	0.5%
Black/Black British: Caribbean	-	-	Widowed	29	5%
Black/Black British: Other	-	-	Other	2	0.3%
Other ethnic group: Arab	-	-	Prefer not to say	19	3%
Any other ethnic group	1	0.2%	*Base*	*603*	
Base	*602*		**Pregnant currently**		
Age category			Yes	4	1%
16 – 19	3	0.5%	No	546	97%
20 – 24	5	1%	Prefer not to say	14	2%
25 – 29	22	4%	*Base*	*564*	
30 – 34	51	8%	**Recently given birth**		
35 – 39	83	14%	Yes	3	0.5%
40 – 44	64	11%	No	547	97%
45 – 49	47	8%	Prefer not to say	12	2%
50 – 54	46	8%	*Base*	*562*	
55 – 59	47	8%	**Health problem or disability**		
60 – 64	47	8%	Yes, limited a lot	83	14%
65 – 69	50	8%	Yes, limited a little	131	23%
70 – 74	60	10%	No	350	61%
75 – 79	39	6%	Prefer not to say	10	2%
80 and over	40	7%	*Base*	*574*	
Prefer not to say	7	1%	**Disability**		
Base	*611*		Physical disability	80	25%
Religion			Sensory disability	181	58%
No religion	240	40%	Mental health need	36	11%
Christian	322	53%	Learning disability or difficulty	12	4%
Buddhist	1	0.2%	Long-term illness	70	22%
Hindu	-	-	Other	33	11%
Jewish	-	-	Prefer not to say	38	12%
Muslim	5	1%	*Base*	*314*	
Sikh	2	0.3%	**Carer**		
Any other religion	5	1%	Yes - young person(s) aged under 24	67	11%
Prefer not to say	30	5%	Yes - adult(s) aged 25 to 49	17	3%
Base	*605*		Yes - person(s) aged over 50 years	75	13%
Sex			No	417	71%
Male	260	43%	Prefer not to say	21	4%
Female	333	55%	*Base*	*585*	
Intersex	-	-	**Gender identity**		
Prefer not to say	13	2%	Yes*	1	0.2%
Other	1	0.2%	No	511	95%
Base	*607*		Prefer not to say	27	5%
Armed Forces			*Base*	*539*	
Yes	55	9%	*Have you gone through any part of a process or do you intend to (including thoughts and actions) to bring your physical sex appearance and/or your gender role more in line with your gender identity? (This could include changing your name, your appearance and the way you dress, taking hormones or having gender confirming surgery)		
No	534	89%			
Prefer not to say	10	2%			
Base	*599*				

For a separate breakdown of the demographic profile of survey respondents and event participant, see Appendix 3.

4.4 Geographical profiling

4.4.1 Geography of survey respondents

Survey respondents were asked to provide their postcode. This was used to undertake analysis of the feedback by CCG area.

Postcodes were cross referenced against CCG areas using the NHS Postcode Directory: http://geoportal.statistics.gov.uk/datasets/nhs-postcode-directory-uk-extract-august-2018

Postcodes were cross-referenced against the Index of Multiple Deprivation (IMD) using this online tool: http://imd-by-postcode.opendatacommunities.org

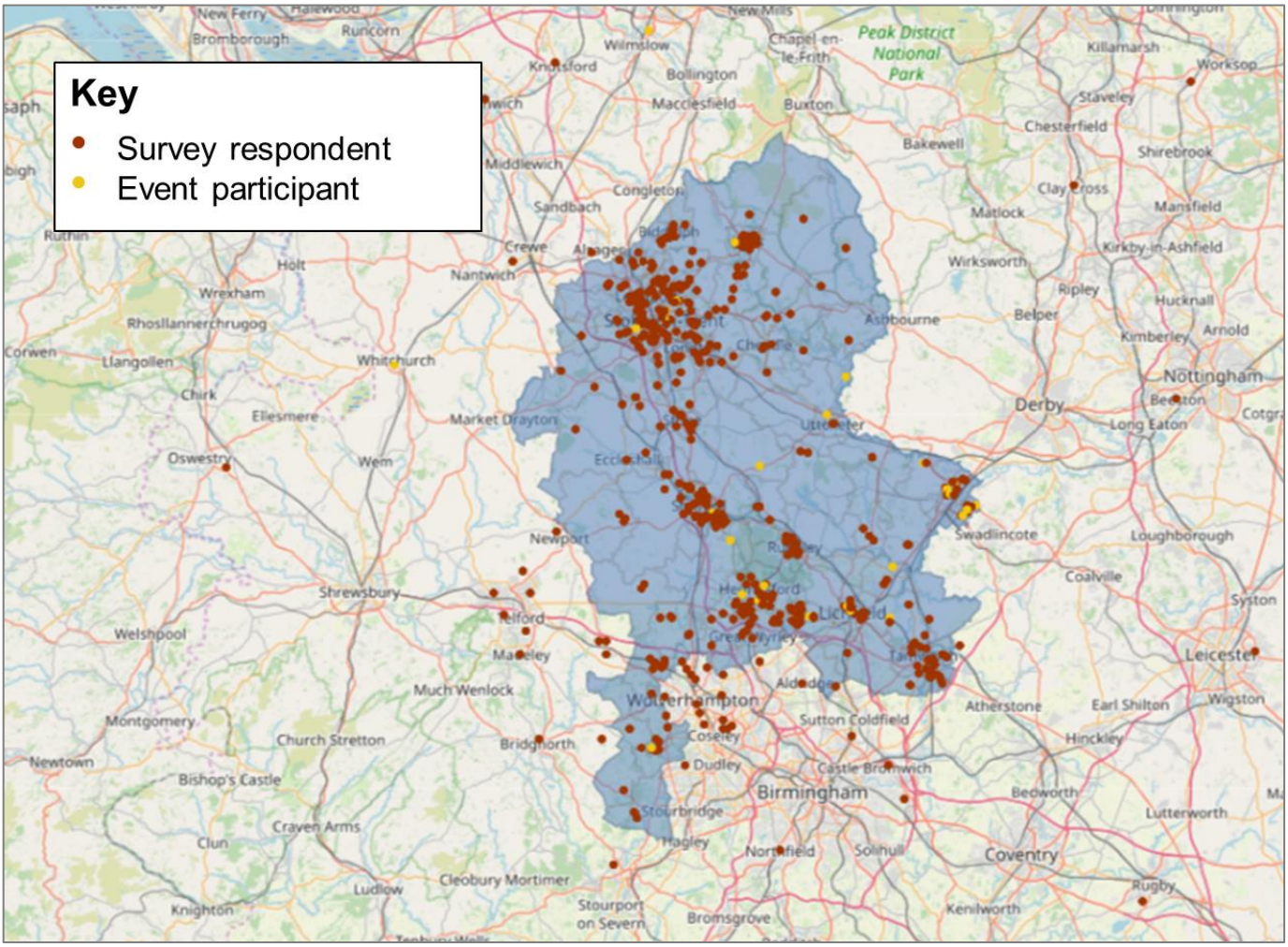
The IMD is the official measure of relative deprivation for small areas in England. Every small area (Lower Super Output Area) for England is ranked from one (most deprived area) to 32,844 (least deprived area). From this the IMD 'deciles' are calculated. Deciles are created by dividing the 32,844 small areas into 10 equal groups. The most deprived 10% of small areas nationally are categorised as 'decile 1' or '1' whilst the least deprived 10% of small areas are described as 'decile 10' or '10'.

Some postcodes were unable to be profiled by the IMD as they were incomplete, not recognised or not in the database (e.g. the postcode of new builds).

4.4.2 Mapping respondents and participants

Figure 5 shows a map of where survey respondents and event participants were from.

Figure 6. Map of respondents and participants



4.4.3 Index of Multiple Deprivation (IMD)

Table 15 shows the breakdown of the responses by their Indices of Deprivation (IMD).

Table 15. Index of Multiple Deprivation (IMD)

Decile	Total	Survey	Events
1 (most deprived)	3%	3%	4%
2	6%	5%	12%
3	6%	6%	2%
4	7%	7%	4%
5	5%	5%	8%
6	13%	14%	6%
7	11%	11%	6%
8	11%	12%	10%
9	10%	10%	12%
10 (least deprived)	9%	8%	14%
Out of area	13%	14%	6%
Postcode unable to be profiled or no postcode provided	6%	5%	16%
Base	*619*	*569*	*50*

5 Findings

This section presents the feedback from the survey, deliberative events and other engagement channels for each of the service areas.

5.1 Reporting and analysis notes

The findings section is split into the following subsections:

- Feedback on assisted conception
- Feedback on hearing loss in adults
- Feedback on the removal of excess skin following significant weight loss
- Feedback on breast augmentation and reconstruction
- Feedback on male and female sterilisation
- Considerations when making decisions about services.

Each of the above sections is split into the following subsections detailed in Table 16. Where no responses have been received via a channel, the subsection has not been included.

Table 16. Subsections in the findings section

Sub-section	Feedback included in this section
Feedback from the survey	Feedback from the online and paper survey
Feedback from the deliberative events	Feedback from the seven deliberative events, detailed in section 3.2.1.2
Feedback from the additional events	Feedback from the Action on Hearing Loss and Deafvibe events
Feedback from other channels	Feedback from social media, correspondence and any other feedback received.

5.1.1 Analysis of findings

The survey used a combination of ‘open text’ questions, for respondents to make written comments and ‘closed’ questions where respondents ‘ticked’ their response from a set of pre-set responses

5.1.1.1 Open questions

All the open responses received have been read and coded into themes. This is a subjective process. Initially, a random sample of responses from each open question was read and the key themes (codes) mentioned by respondents were identified. As more open responses were read, any new themes that emerged were added to the list and used to code the responses. This was undertaken for every open question, meaning every comment has been read and coded and included in this analysis.

Responses to open questions are presented by their coded themes.

5.1.2 Event feedback

Both the Deafvibe and Action on Hearing Loss events were structured around the survey. A facilitator from the CCGs talked the attendees through the information paper, and copies were distributed for ease. Using the specific communication equipment, each question was asked to the group and attendees raised their hand and shared their feedback. This was captured by a note taker at the CCG, as well as being recorded back to the group with an electronic note taker.

As both groups had a specific interest in the ‘hearing loss in adults’ services, this question took place first. This feedback, along with the other services – is presented under each service heading as ‘event feedback’.

5.2 Feedback on assisted conception

This section presents the feedback received around assisted conception.

5.2.1 Feedback from the survey

98 respondents provided feedback on assisted conception. Table 17 shows the breakdown by respondent type.

Table 17. Assisted conception: Respondent type

	No.	%
Current service user i.e. going through treatment now	9	9%
Service user in the last three years	11	11%
Likely to be a service user in the future	18	18%
Healthcare professional	16	16%
Interested party or organisation	15	15%
Other	40	41%
Base	*98*	

5.2.1.1 Feedback from current and previous service users

Table 18 shows where users accessed this service. For a full breakdown by CCG area and respondent type, see Table 56 in Appendix 4.

Table 18. Where did you have this service/procedure?

	No.	%
Nurture fertility (inc. Nurture Burton)	6	27%
Royal Stoke University Hospital (inc. University Hospital)	3	14%
Nottingham (inc. Nottingham Nurture)	2	9%
Burton Clinic (inc. Burton)	2	9%
Midland Fertility	1	5%
Care Fertility	1	5%
New Cross	1	5%
Tamworth	1	5%
Create Birmingham	1	5%
Care Manchester	1	5%
Manchester Fertility	1	5%
Queen's Hospital, Burton	1	5%
Other (inc. 'vasectomy')	2	9%
Base	*22*	

Table 19 shows whether the service was NHS-funded or privately-funded. For a full breakdown by CCG area and respondent type, see Table 57 in Appendix 4.

Table 19. Was this funded by the NHS or privately?

	No.	%
NHS-funded	19	90%
Privately-funded	2	10%
Base	*21*	

Table 20 shows what service users felt worked well. The top themes were a '***good standard of care and service from staff'*** and a ***'quick and easy referral process'***.

Table 20. What went well?

	No.	%
Good standard of care and service from staff	8	40%
Quick and easy referral process	6	30%
Successful pregnancy and birth	3	15%
High quality treatment received	2	10%
Successful egg fertilisation and/or embryo transfer	2	10%
Received funding for treatment	2	10%
Convenient clinic locations	2	10%
Good initial appointment	1	5%
Negative comment: Treatment was unsuccessful	1	5%
Negative comment: Concern over self-funding future treatment	1	5%
Base	*20*	

Key themes by respondent type:

- **Current service user:** '*Successful pregnancy and birth'* and '*good standard of care and service from staff'*
- **Service user in the last three years:** *'Good standard of care and service from staff'.*

Key themes by CCG area:

- **Cannock Chase:** No comments raised
- **East Staffordshire:** No comments raised
- **North Staffordshire:** '*Good standard of care and service from staff'*
- **South East Staffordshire and Seisdon Peninsula:** No comments raised
- **Stafford and Surrounds:** *'Quick and easy referral process'*
- **Stoke-on-Trent:** *'Good standard of care and service from staff'.*

For a full breakdown by respondent type and CCG area, see Table 58 in Appendix 4.

Table 21 shows the concerns raised by service users. The top themes were: ***'concern over lack of access to treatment (e.g. limitation on cycles)'***; ***'concern over cost of self-funding'*** and ***'no concerns raised (e.g. nothing, no)'***.

Table 21. What concerns, if any, did you have?

	No.	%
Concern over lack of access to treatment (e.g. limitation on cycles)	4	22%
Concern over cost of self-funding	4	22%
No concerns raised (e.g. nothing, no)	4	22%
Access to treatment is not consistent across different areas (e.g. postcode lottery)	3	17%
Consider the negative impact of infertility on patients' mental health and wellbeing	3	17%
Concern over the referral process	3	17%
IVF should be funded for 3 rounds	1	6%
Tests and examinations were unnecessary	1	6%
Concern over appointment availability	1	6%
Concern over understanding the process	1	6%
Lack of follow-up support after unsuccessful treatment	1	6%
Lack of access to progesterone level tests	1	6%
Concern over waiting times between procedures	1	6%
Base	*18*	

Key themes by respondent type:

- **Current service user:** *'Concern over lack of access to treatment (e.g. limitation on cycles)' and 'concern over cost of self-funding'*
- **Service user in the last three years: '***No concerns raised (e.g. nothing, no)'.*

Key themes by CCG area:

- **Cannock Chase:** No comments raised
- **East Staffordshire:** No comments raised

- **North Staffordshire: '***Concern over lack of access to treatment (e.g. limitation on cycles)'*
- **South East Staffordshire and Seisdon Peninsula:** No comments raised
- **Stafford and Surrounds:** Limited comments raised
- **Stoke-on-Trent:** Limited comments raised.

For a further breakdown by respondent type and CCG area, see Table 59 in Appendix 4.

Table 22 shows how the service impacted the lives of service users. The top themes were: ***'consider the negative impact of infertility on patients'; 'mental health, wellbeing and relationships'***; ***'positive impact on life through becoming a parent'*** and ***'unsuccessful treatment resulted in adverse impacts on wellbeing and mental health'***.

Table 22. After you received this service/procedure, how has this impacted on your life?

		No.	%
Positive	Positive impact on life through becoming a parent (inc. pregnancy)	7	35%
	Treatment provided hope that pregnancy would be possible	4	20%
Neutral	No impact	1	5%
Negative	Unsuccessful treatment resulted in adverse impacts on wellbeing and mental health	7	35%
	Negative: Treatment was unsuccessful	5	25%
Considerations	Consider the negative impact of infertility on patients' mental health, wellbeing and relationships (e.g. social isolation)	11	55%
	Concern over a lack of access to the service	4	20%
	Self-funding is too expensive	3	15%
	Assisted conception should be funded for those with infertility	1	5%
Base		*20*	

Key themes by respondent type:

- **Current service user:** *'Consider the negative impact of infertility on patients' mental health, wellbeing and relationships (e.g. social isolation)'*
- **Service user in the last three years:** *'Consider the negative impact of infertility on patients' mental health, wellbeing and relationships (e.g. social isolation)'.*

Key themes by CCG area:

- **Cannock Chase:** No comments raised
- **East Staffordshire:** No comments raised
- **North Staffordshire: '***Consider the negative impact of infertility on patients' mental health, wellbeing and relationships (e.g. social isolation)'*
- **South East Staffordshire and Seisdon Peninsula:** No comments raised
- **Stafford and Surrounds: '***Consider the negative impact of infertility on patients' mental health, wellbeing and relationships (e.g. social isolation)'*
- **Stoke-on-Trent:** *'Consider the negative impact of infertility on patients' mental health, wellbeing and relationships (e.g. social isolation)'* and *'self-funding is too expensive'.*

For further breakdown by respondent type and CCG area, see Table 60 in Appendix 4.

5.2.1.2 Feedback from other respondents

Table 23 presents the views of future service users, healthcare professionals, interested parties or organisations and other respondents around this service. The top themes were: ***'general comment in agreement with funding this service (e.g. IVF should be available)'***; ***'assisted conception should be available to those without children'*** and ***'assisted conception should be funded for those with infertility'***.

Table 23. What are your views on this service/procedure?

		No.	%
Themes in **agreement** with the NHS funding the service	General comment in agreement with funding this service (e.g. IVF should be available)	12	17%
	IVF should be funded for up to 2 or 3 rounds	8	11%
	Consider the negative impact of infertility on patients' mental health and wellbeing	7	10%
	Assisted conception should be available in-line with NICE guidance	7	10%
	All couples should have access to 1 round of IVF	5	7%
	Self-funding is too expensive	4	6%
	IVF / ICSI should be available if IUI is unsuccessful	1	1%
Themes in **disagreement** with the NHS funding the service	Only clinically essential services and procedures should be NHS-funded	6	8%
	Patients should self-fund this service	6	8%
	General comment in disagreement with funding this service (e.g. don't fund)	4	6%
	NHS resources need to be prioritised	3	4%
Themes covering **who** the service should be available for	Assisted conception should be available to those without children	11	15%
	Assisted conception should be funded for those with infertility	11	15%
	Consider the need for greater restriction on who is eligible	10	14%
	Assisted conception should be funded for patients who have undergone treatment impacting on fertility (e.g. cancer treatment, chemotherapy)	7	10%
	Consider the need for an age limit on access to the service (e.g. young couples)	4	6%
	Single women should have access to assisted conception	2	6%
	Assisted conception should be available to those with child(ren) from previous relationships	2	6%
	Assisted conception should only be funded for those with medical issues (e.g. not same-sex couples or single women)	2	3%
	Assisted conception should be restricted to couples	1	1%
	The upper age limit to access the service should be increased	1	1%
Other **considerations**	Funding for services should be consistent across different areas (e.g. no postcode lottery)	8	11%
	Consider financial support for patients to afford the service (e.g. percentage towards costs)	7	10%
	Consider support available in primary care	2	3%
Other	Other (e.g. comment not relating to service)	1	1%
Base		*72*	

Key themes by respondent type:

- **Likely to be a service user in the future: '***Assisted conception should be funded for those with infertility'*
- **Healthcare professional: '***Assisted conception should be available in-line with NICE guidance*
- **Interested party or organisation: '***General comment in agreement with funding this service (e.g. IVF should be available)'*
- **Other:** '*Assisted conception should be funded for those with infertility'* and '*funding for services should be consistent across different areas (e.g. no postcode lottery)'.*

Key themes by CCG area:

- **Cannock Chase:** Limited comments raised
- **East Staffordshire:** Limited comments raised
- **North Staffordshire: '***Consider the negative impact of infertility on patients' mental health and wellbeing'*
- **South East Staffordshire and Seisdon Peninsula:** Limited comments raised
- **Stafford and Surrounds: '***Assisted conception should be available to those without children'*
- **Stoke-on-Trent: '***Consider the need for greater restriction on who is eligible'.*

For a further breakdown by respondent type and CCG area, see Table 61 in Appendix 4.

Respondents also raised themes about assisted conception when asked if there were any other factors that should be considered when making decisions about health services. See Table 80 for details.

5.2.2 Feedback from other channels

5.2.2.1 Feedback from the Alrewas PPG

Alrewas Patient Participation Group (PPG) independently held their own event, capturing members' views which was then shared with the CCGs. This feedback has been included in this report.

Alrewas PPG commented that the service should be continued for patients under 40, with two cycles per couple. They highlighted the impact infertility can have on couples with the expense of self-funding meaning some couples re-mortgage their homes. They further commented that for women over 40, IVF may be less successful and health budgets need to be prioritised for treatments more likely to be successful.

5.2.2.2 Feedback from correspondence

5.2.2.2.1 General correspondence

Feedback from The Royal British Legion

The Royal British Legion highlighted that NHS England's Assisted Conception policy for CCGs states that all Armed Forces couples in England with fertility problems should be offered three cycles of IVF, regardless of where they live or are assigned. This policy ensures that these couples have the same access to IVF wherever they live, as they may face extremely varied entitlement upon relocating around the country due to service reasons. They also highlighted that applications by Armed Forces couples should generally be made through NHS England Armed Forces services where either partner is serving, rather than through the local CCG via civilian GP referrals.

However, some Armed Forces couples and NHS services may be unaware of this, and thus the Staffordshire and Stoke-on-Trent CCGs should be explicitly aware of the three cycles of IVF that all Armed Forces couples are entitled to and the entitlement should not be diminished in any way.

Another consideration highlighted by The Royal British Legion is that Service mobility may affect the ability to plan for a family, meaning this is delayed until leaving Service at which time they may have exceeded the eligible age for entitlement to assisted conception treatment. The Legion commented that in these circumstances, IVF treatment should be considered under the principle of 'special consideration' outlined in the Armed Forces Covenant.

5.2.3 Summary of feedback on assisted conception

- Service users highlighted the good standard of care and service from staff and raised concerns over the lack of access to treatment and the cost of self-funding.
- The negative impact of infertility on patients' mental health, wellbeing and relationships was highlighted. Service users commented that successful treatment had a positive impact on their lives through becoming parents, however, unsuccessful treatment had resulted in adverse impacts on respondents' wellbeing and mental health.
- The key themes raised tended to be in support for funding this service, but it was also commented that there should be restrictions on the number of cycles and who is eligible; for example, funding two or three rounds of IVF and prioritising those without children.
- The Royal British Legion highlighted that Armed Forces couples are entitled to three rounds of IVF and this should not be diminished in any way.

5.3 Feedback on hearing loss in adults

5.3.1 Feedback from the survey

338 respondents provided feedback on hearing loss in adults. Table 24 shows the breakdown by respondent type.

Table 24. Hearing loss in adults: Respondent type

	No.	%
Current service user i.e. going through treatment now	129	38%
Service user in the last three years	115	34%
Likely to be a service user in the future	97	29%
Healthcare professional	42	12%
Interested party or organisation	43	13%
Other	43	13%
Base	*338*	

5.3.1.1 Feedback from current and previous service users

Table 25 shows the top 15 responses for where users accessed this service. For a full breakdown by CCG area and respondent type, see Table 62 in Appendix 5.

Table 25. Where did you have this service/procedure? Top responses

	No.	%
Specsavers	48	25%
Royal Stoke University Hospital (inc. North Staffs Hospital)	23	12%
County Hospital (inc. Stafford, Stafford Hospital)	21	11%
Queen's Hospital Burton (inc. Burton)	17	9%
Cannock Chase Hospital (e.g. Cannock)	15	8%
Other location outside of Stoke-on-Trent or Staffordshire	15	8%
Samuel Johnson Community Hospital (inc. Lichfield)	8	4%
Sir Robert Peel Community Hospital (inc. Tamworth)	8	4%
Wolverhampton Road Surgery	7	4%
Birmingham (inc. Heartlands, QE)	6	3%
Bradwell Hospital	6	3%
Leek Moorlands Hospital (inc. Leek)	6	3%
Other response unrelated to location	6	3%
Unspecified location with Stoke-on-Trent or Staffordshire (e.g. 'local clinic')	5	3%
Leek Coach House (Moorlands Medical Centre)	4	2%
Scrivens	4	2%
Through GP surgery	4	2%
Base	*191*	

Table 26 shows whether the service was NHS-funded or privately-funded. For a full breakdown by CCG area and respondent type, see Table 63 in Appendix 5.

Table 26. Was this funded by the NHS or privately?

	No.	%
NHS-funded	183	96%
Privately-funded	8	4%
Base	*191*	

Table 27 shows what respondents felt worked well. The top themes were: ***'ability to access hearing aids'*** and *'**diagnosis and hearing tests were effective**'*.

Table 27. What went well? Top 10 themes

	No.	%
Ability to access hearing aids	74	39%
General comment on what went well (e.g. audiology, it was good)	52	28%
Diagnosis and hearing tests were effective	40	21%
Professional and caring staff	25	13%
Treatment improved quality of life (e.g. ability to work)	18	10%
Short waiting time following referral	14	7%
Quality of hearing aids is good	14	7%
Hearing improved following treatment	12	6%
Access to hearing aid repairs and check-ups (e.g. batteries)	8	4%
Negative comment: General negative comment (e.g. nothing)	8	4%
Base	*188*	

Key themes by respondent type:

- **Current service user:** '*Ability to access hearing aids'*
- **Service user in the last three years:** '*Ability to access hearing aids'.*

Key themes by CCG area:

- **Cannock Chase: '***General comment on what went well (e.g. audiology, it was good)'*
- **East Staffordshire:** *'Ability to access hearing aids'*
- **North Staffordshire:** *'Ability to access hearing aids'*
- **South East Staffordshire and Seisdon Peninsula:** *'Ability to access hearing aids'* and *'general comment on what went well (e.g. audiology, it was good)'*
- **Stafford and Surrounds:** *'Ability to access hearing aids'*
- **Stoke-on-Trent:** *'Ability to access hearing aids'.*

For a further breakdown by respondent type and CCG area, see Table 64 in Appendix 5.

Table 28 shows the concerns raised by respondents. The top themes were: '***none / no concerns'*** and ***'concern over lack of access to hearing aids'****.*

Table 28. What concerns, if any, did you have? Top 10 themes

	No.	%
None / no concerns	62	35%
Concern over lack of access to hearing aids	20	11%
Concern over the cost of hearing aids	15	9%
Concern over the use of external providers	14	8%
Concern over ability to hear	13	7%
Concern over reduced access to services	13	7%
Concern over need to replace or repair hearing aids (e.g. new batteries)	12	7%
Lack of access to follow-up support and care	11	6%
Unsure whether hearing aids would be suitable or effective	11	6%
Poor communication and interaction with staff	11	6%
Concern over quality of hearing aids	11	6%
Base	*175*	

Key themes by respondent type:

- **Current service user: '***None / no concerns'*
- **Service user in the last three years: '***None / no concerns'.*

Key themes by CCG area:

- **Cannock Chase:** *None / no concerns'*
- **East Staffordshire:** *None / no concerns'*
- **North Staffordshire: '***None / no concerns'*
- **South East Staffordshire and Seisdon Peninsula: '***None / no concerns'*
- **Stafford and Surrounds: '***None / no concerns'*

- **Stoke-on-Trent: '***Concern over the use of external providers'* and *'concern over lack of access to hearing aids'.*

For a further breakdown by respondent type and CCG area, see Table 65 in Appendix 5.

Table 29 shows how the service impacted on the lives of service users. The top themes were: ***'improved impact on social life, relationships and communication (e.g. not isolated)'*** and ***'improved ability to hear'***.

Table 29. After you received this service/procedure, how has this impacted on your life?

		No.	%
Positive	Improved impact on social life, relationships and communication (e.g. not isolated)	109	58%
	Improved ability to hear	86	46%
	Positive impact on mood, wellbeing and mental health	51	27%
	Able to continue education or employment	29	15%
	Reduced tinnitus	6	3%
	Support services are accessible (e.g. repair clinic)	1	1%
Neutral	No impact	3	2%
Negative	Hearing aids are not effective (e.g. amplify background noise)	7	4%
	Hearing loss has worsened resulting in adverse impacts on wellbeing and quality of life	4	2%
	Communication and information requires improvement	3	2%
	Adverse impact on hearing due to poor care	2	1%
Considerations	Consider the impact of hearing loss on patient wellbeing and quality of life (e.g. mental health, isolation)	54	29%
	People should have access to hearing aids	20	11%
	Consider the need for greater access to support services (e.g. counselling)	7	4%
	Concern over the cost of hearing aids	5	3%
	Consider that deafness is a disability	3	2%
	Consider the adverse impact of hearing loss on other conditions (e.g. dementia)	3	2%
	Access is required to a range of hearing devices (e.g. speaker pillows, Bluetooth aids)	2	1%
	Consider the need for follow-up support and care	2	1%
	Hearing aids should be provided in line with NICE guidelines	1	1%
	Adverse patient outcomes from lack of access to hearing aids could cost the NHS more in the long run	1	1%
Other (e.g. 'not completed')		2	1%
Base		*188*	

Key themes by respondent type:

- **Current service user: '***Improved impact on social life, relationships and communication (e.g. not isolated)'*
- **Service user in the last three years: '***Improved impact on social life, relationships and communication (e.g. not isolated)'.*

Key themes by CCG area:

- **Cannock Chase: '***Improved ability to hear'*
- **East Staffordshire: '***Improved ability to hear'*
- **North Staffordshire: '***Improved impact on social life, relationships and communication (e.g. not isolated)'*
- **South East Staffordshire and Seisdon Peninsula: '***Improved impact on social life, relationships and communication (e.g. not isolated)'*
- **Stafford and Surrounds: '***Improved impact on social life, relationships and communication (e.g. not isolated)'*
- **Stoke-on-Trent: '***Improved impact on social life, relationships and communication (e.g. not isolated)'.*

For a further breakdown by respondent type and CCG area, see Table 66 in Appendix 5.

5.3.1.2 Feedback from other respondents

Table 30 shows the views of future service users, healthcare professionals, interested parties or organisation and other respondents. The top themes were: '***consider the impact of hearing loss on patient wellbeing and quality of life (e.g. mental health, isolation)'; 'general comment in agreement with NHS funding the service (e.g. hearing aids are needed)'*** and '***all patients with hearing loss should have the service funded'.***

Table 30. What are your views on this service/procedure?

		No.	%
Themes in **agreement** with the NHS funding the service	Consider the impact of hearing loss on patient wellbeing and quality of life (e.g. mental health, isolation)	72	37%
	General comment in agreement with NHS funding the service (e.g. hearing aids are needed)	62	32%
	Consider the needs of vulnerable groups	22	11%
	Private providers of hearing aids are too expensive	21	11%
	Lack of access to hearing aids could result in adverse patient outcomes (e.g. falls, road accidents)	21	11%
	Consider the impact of hearing loss in working-age adults' ability to work	15	8%
	Adverse patient outcomes from lack of access to hearing aids could cost the NHS or social services more in the long run	14	7%
	Consider the adverse impact of hearing loss on other conditions (e.g. dementia)	13	7%
	Consider that deafness is a disability and the NHS has a public duty to provide care	8	4%
	Concern over the use of private providers	7	4%
	Consider that hearing loss is not caused by patient lifestyles	5	3%
	Patients should receive treatment as they have financially contributed via taxes	3	2%
	Decibel thresholds should not be the only factor used to define hearing loss (e.g. consider frequency)	2	1%
	Hearing aids should be provided in line with NICE guidelines	2	1%
Themes in **disagreement** with the NHS funding the service	Hearing aids can be purchased if required	3	2%
Themes covering **who** the service should be available for	All patients with hearing loss should have the service funded	54	28%
	The criteria to access services should be less restrictive	6	3%
	Funding should be means tested (e.g. restricted to those on benefits)	4	2%
	Hearing aids should be available if doctors prescribe them	4	2%
	Children should have access to hearing aids	1	1%
	Patients should receive the service funded if hearing loss is due to accident or trauma	1	1%
Other **considerations**	Funding for services should be consistent across different areas (e.g. no postcode lottery)	17	9%
	Consider patients' financial contribution	9	5%
	Consider the quality of hearing aids provided by the NHS (e.g. too loud, not discrete)	6	3%
	Greater access to support is required (e.g. follow-up care)	6	3%
	Consider difficulties accessing syringing and ear wax removal	3	2%
	Consider patient education around the effective use of hearing aids	3	2%
	Consider increasing the efficiency of services	3	2%
	Consider the needs of individual patients	2	1%
	Diagnosis should be free of charge	2	1%
	Consider support for those with sight loss	1	1%
	The criteria used in North Staffordshire should be used county-wide	1	1%
Other comments	Examples of current care (e.g. 'currently receiving care')	7	4%
	Positive examples of good care	5	3%
Base		*194*	

Key themes by respondent type:

- **Likely to be a service user in the future: '***General comment in agreement with NHS funding the service (e.g. hearing aids are needed)'*
- **Healthcare professional: '***Consider the impact of hearing loss on patient wellbeing and quality of life (e.g. mental health, isolation)'*

- **interested party or organisation: '***Consider the impact of hearing loss on patient wellbeing and quality of life (e.g. mental health, isolation)'*
- **Other: '***Consider the impact of hearing loss on patient wellbeing and quality of life (e.g. mental health, isolation)'.*

Key themes by CCG area:

- **Cannock Chase: '***General comment in agreement with NHS funding the service (e.g. hearing aids are needed)'*
- **East Staffordshire: '***Consider the impact of hearing loss on patient wellbeing and quality of life (e.g. mental health, isolation)'*
- **North Staffordshire: '***Consider the impact of hearing loss on patient wellbeing and quality of life (e.g. mental health, isolation)'*
- **South East Staffordshire and Seisdon Peninsula: '***Consider the impact of hearing loss on patient wellbeing and quality of life (e.g. mental health, isolation)'*
- **Stafford and Surrounds: '***General comment in agreement with NHS funding the service (e.g. hearing aids are needed)'*
- **Stoke-on-Trent: '***General comment in agreement with NHS funding the service (e.g. hearing aids are needed)'.*

For further breakdown by respondent type and CCG area, see

Table 67 in Appendix 5.

Respondents also raised themes about hearing loss when asked if there were any other factors that should be considered when making decisions about health services. See Table 80 for details.

5.3.2 Feedback from the additional events

5.3.2.1 Feedback from the Action on Hearing Loss event

Location of services: Participants mentioned Specsavers, Royal Stoke University Hospital, Leighton Hospital and Samuel Johnson Community Hospital.

Funding: 18 participants' treatment was NHS-funded and two were privately-funded.

What went well: Participants highlighted the high quality of services, supportive and caring staff (e.g.GP, audiologists), quick referral process and continued support, such as battery and drop-in services.

Concerns: Patients highlighted difficulties in accessing follow-up care to monitor the use of hearing aids, check hearing and provide batteries. The need for access to drop-in services for consumables at Leek Moorlands Hospital and Specsavers was highlighted, as well as the need for more regular re-tests at Specsavers. Other concerns were the cost of hearing aids, access to medical notes, use of commercial organisations to provide care, experiences with staff and the criteria to access hearing aids.

Impacts of service: Participants highlighted the impact on their quality of life; for example, a hearing aid making it possible to be able to continue social activities, such as being part of a choir; reducing isolation and improving relationships and making it possible to remain in employment. Concerns over the cost of private hearing aids were also highlighted.

Views on service: It was commented that there should be consistency across the CCGs, but North Staffordshire CCG should increase their provision, rather than the other five CCGs levelling down their provision.

5.3.2.2 Feedback from the Deafvibe event

Location of services: Participants mentioned University Hospitals of North Midlands (UHNM), Specsavers and Burton. It was noted that participants mainly had their treatment at UHNM, then Specsavers.

Funding: 17 participants' treatment were NHS-funded and five were privately-funded.

What went well: Participants highlighted the good care received, commenting that staff understand implications of hearing loss and gave patients more confidence. It was also highlighted that technology in Endon is very good compared to Specsavers

Concerns: Participants commented that the technology at Specsavers requires improvement. Participants also shared concerns over the use of private providers, including the cost of private hearing aids. It was also commented that the referral pathway is not clear, support networks and follow-up care are not in place and there needs to be support in place to ensure patients are using their hearing aids. The need to consider the impact of hearing loss on mood, isolation and dementia was also highlighted.

Impacts of service: Participants highlighted that hearing aids helped to build confidence and support daily activities. The use of additional equipment to improve daily life was also highlighted, such as hearing loops and vibrating alarms.

Views on service: Participants shared that North Staffordshire CCG should consider evidence that hearing loss affects all aspects of an individual's life, such as social activities, education and employment. It was highlighted that hearing aids benefit both patients with mild and moderate hearing loss. The need for more joined-up working was highlighted, such as Specsavers linking with social care and rehabilitative services. In addition, it was suggested that someone with hearing loss should be included in the governing body to fully understand the impact of deafness on people. Hospital parking was highlighted as an area for improvement.

5.3.3 Feedback from other channels

5.3.3.1 Feedback from the Alrewas PPG

Alrewas Patient Participation Group (PPG) independently held their own event, capturing members' views which was then shared with the CCGs. This feedback has been included in this this report.

Alrewas PPG commented that only providing hearing aids for moderate to severe hearing loss is reasonable, as mild hearing loss can be tolerated. They further commented that follow-up checks are required to ensure patients are using their aids correctly and suggested a recycling scheme for unused aids.

5.3.3.2 Feedback from correspondence

5.3.3.2.1 Clinical correspondence

Feedback from Action on Hearing Loss

Action on Hearing Loss highlighted that around 90% of hearing loss is sensorineural, meaning hearing aids are the only viable treatment option. They commented that rather than just amplifying sounds, digital hearing aids react to certain sounds differently, including making speech clearer and compressing sudden and loud sounds.

Action on Hearing Loss also commented that the use of a functional impact score in the North Staffordshire CCG area to assess eligibility for hearing aids is inappropriate, as the questionnaire is designed to screen hearing loss, not indicate whether someone would benefit from a hearing aid. It was highlighted that across the other five Staffordshire and Stoke-on-Trent CCG areas, the decisions on eligibility for hearing aids are based on clinical judgements and patient experiences, in line with NICE guidance, rather than giving hearing aids to all patients with any level of hearing loss, as stated in the Difficult Decisions document. It was also highlighted that NICE guidance states there should be no restriction on the provision of hearing aids and that the decision to fit should be based on need, rather than on hearing thresholds. Action on Hearing Loss referred to the Cochrane Review, which found evidence that hearing aids are effective in improving quality of life and listening ability in adults with mild to moderate hearing loss. The importance of considering the links between untreated hearing loss and mental ill health, social isolation and dementia was also highlighted.

Action on Hearing Loss highlighted that hearing loss, including 'mild' hearing loss, is a disability and that the restrictive policy in the North Staffordshire CCG area disproportionately affects older people. In addition, it was commented that hearing aids are recommended by NICE as highly cost-effective treatment for hearing loss. Action on Hearing Loss shared examples of improving efficiency in audiology services without negatively impacting on patient care.

Additional feedback from Action on Hearing Loss

Action on Hearing Loss provided a list of references to various documents and guidelines, which they advise should be considered in the decision-making process. The following documents were cited:

- The Action Plan on Hearing Loss (2015)
- Commissioning Framework for adult hearing loss services (2016)
- NICE guidelines for hearing loss (2018).

Action on Hearing Loss also collected evidence from academic research regarding:

- Hearing loss and global burden of disease
- Benefits of hearing aids
- Hearing loss, mental health, dementia and benefits of hearing aids
- Hearing loss and access to health.

Feedback from an audiologist at Queen's Hospital, Burton

An audiologist highlighted the positive impact hearing aids have on patients with mild to moderate hearing loss, such as improving communication and overall wellbeing, commenting that hearing loss can be linked to depression and dementia. The audiologist also commented that it is vital to provide hearing aids based on

need rather than hearing thresholds, as thresholds do not consider social impacts, lifestyle influences, speech discrimination ability and cognitive function. They highlighted that NICE guidelines are clear that descriptors such as 'mild' 'moderate' and 'severe' should not be used solely for the provision of hearing aids as they do not reflect the impact on an individual's daily life. They also commented that restricting access to hearing aids could cost the NHS more in the long-term.

Feedback from British Society of Audiology

British Society of Audiology (BSA) commented that Adult Hearing Services should be funded by the NHS and any adult presenting with hearing difficulties should have an audiological assessment as stated in NICE Quality Standard, and NICE guidance. It was highlighted that early intervention can minimise the effect of hearing loss on social interaction, work, family relationships, quality of life and the risk of falls or developing dementia. It was commented that hearing loss also indirectly impacts those who communicate with the service user leading to poor communication and relationship satisfaction.

The BSA highlighted that hearing aids are a cost-effective intervention for managing both severe and mild hearing losses. The BSA also referenced the Cochrane Review, highlighting that for mild to moderate hearing loss, hearing aids improved listening ability and quality of life. It was highlighted that recommendations from Commissioning Services for People with Hearing Loss: A Framework for Clinical Commissioning should be considered. BSA also highlighted the need to consider hearing needs and use a standard based approach providing access to hearing aids.

Feedback from British Academy of Audiology

The British Academy of Audiology (BAA) commented that restricting access to hearing aids could lead to the financial burden of care in other areas due to untreated hearing loss. It was commented that the cost of providing hearing aids is relatively low compared to the cost of other areas of healthcare. BAA highlighted the importance of early intervention and the links between hearing loss and social isolation, depression and cognitive decline.

BAA highlighted that hearing aids are not a simple 'amplifier'; they provide noise suppression, directionality bias to those in a conversation, shaping to match to an individual's audiogram and the ability to connect via Bluetooth to phones and TV to improve communication, independence and wellbeing.

It also was highlighted that the audiograms alone cannot identify whether intervention is required. BAA highlighted that, according to NICE guidelines, there should be no restriction on the provision of hearing aids. It was also pointed out that the Hearing Handicap Inventory for Elderly-Screening (HHIE-S) questionnaire is designed to reveal hearing loss but not whether someone would benefit from a hearing aid.

BAA cited the Cochrane Review which found that hearing aids are effective at improving hearing-specific health-related quality of life, general health-related quality of life and listening ability in adults with mild to moderate hearing loss. BAA also highlight that hearing loss is ranked as a leading cause of years lived with disability, commenting that The Centre for Health Ageing and Public Health England are working to make England 'the best country in the world to grow old' and are now focusing on sensory health. BAA commented that equal access for adults and degree of hearing loss is fundamental to achieve this. They also commented that the Commissioning Framework for Hearing Loss should be considered to make efficiencies in the audiology pathway without impacting negatively on patient care.

5.3.3.2.2 General correspondence

Feedback from The Royal British Legion

The Royal British Legion highlighted there is strong evidence that hearing loss affects members of the Armed Forces community differently to the general population, and that hearing loss is far more prevalent in this community. The Legion also highlighted that hearing loss can have a detrimental impact on communication and relationships and increase social isolation and loneliness.

The Legion believes that veterans with hearing problems caused by military service should be able to access advanced hearing aids and hearing equipment under the Armed Forces Covenant principle of special consideration for those injured due to Service.

Following a campaign by The Royal British Legion, the Veterans Medical Funds programme was set up in 2015 to provide support for veterans with hearing loss or serious physical injury resulting from their Service. The funding for the Veterans Hearing Fund will end in 2020, and The Legion has called on the Government to guarantee that this support will not be removed from veterans. If funding is not continued, The Legion highlighted the need for the NHS to provide specialist hearing support for those who experience hearing loss due to Service.

Due to the detrimental impact that hearing loss can have for members of the Armed Forces community, The Legion feels that veterans with any level of hearing loss should be able to access hearing aids and that veterans with mild hearing loss should have access to funded hearing support.

Feedback from a member of the public

A member of the public submitted two pieces of correspondence and shared their experiences of not being eligible for free hearing aid support. They stated that they received a free hearing aid in 2014 and were provided with free batteries by the NHS until 2017, when this service was sub-contracted to Specsavers. When they were retested in March 2019, they were told that they were no longer eligible for a free hearing aid, even though their hearing had deteriorated. They requested their existing hearing aid be reprogrammed, but this was not possible, as the software used by the NHS is not available to Specsavers. They expressed concern over a commercial organisation providing audiology services and highlighted that scrapping of hearing aids in working condition due to a lack of access to the programming software is wasteful.

The member of the public also expressed concern over North Staffordshire CCG not adhering to NICE guidance on fitting hearing aids, commenting that this disadvantages the elderly. They commented that hearing aids should be provided in line with NICE guidelines, which consider the impact of hearing loss on day-to day life. They highlighted that individual circumstances and the impact of hearing loss on quality of life should be considered when making decisions about eligibility to hearing aids.

5.3.3.3 Feedback from social media

Comments were received on the CCGs' social media posts. The feedback includes:

- Hearing aids are not a luxury; they are important communication tools
- The impact of hearing loss on patients' mental health and quality of life needs to be considered, such as isolation, depression and dementia. The impact on family members should also be considered
- Decision makers should consider NICE guidelines and evidence
- Patients need to be treated individually, as everyone is affected by hearing loss differently
- The impact of hearing loss on patients' everyday lives should be considered more than thresholds
- Hearing aids allow patients to remain in employment
- The cost of hearing aids is low compared to the benefits and impact on the NHS and social services through not treating
- The aim of decision makers is to save money by privatising the hearing aids market
- Restricted access to hearing aids disproportionately impacts old people.

5.3.4 Summary of feedback on hearing loss in adults

- Service users highlighted that accessing hearing aids is important as it improves hearing, patient social life, wellbeing, and quality of life. Concerns over the lack of access were also raised.
- The key themes raised tended to be in support of funding the service for all patients.
- Action on Hearing Loss, British Society of Audiology and the British Academy of Audiology commented hearing aids should be available in line with NICE guidance. They also highlighted the

impact of hearing loss on quality of life and the potential of untreated hearing loss resulting in adverse patient outcomes.

- The Royal British Legion highlighted veterans with hearing problems caused by military service should have access to advanced hearing aids and equipment under the Armed Forces Covenant principle of special consideration. The Legion suggested veterans with any level of hearing loss should be able to access hearing aids.
- At the Action on Hearing Loss and Deafvibe events, participants highlighted the positive impact of hearing aids on daily life and raised concerns over the cost of private hearing aids. The need to improve follow-up care, such as access to batteries and checking patients are using their aids, was also highlighted.

5.4 Feedback on removal of excess skin following significant weight loss

This section presents feedback on removal of excess skin following significant weight loss.

5.4.1 Feedback from the survey

58 respondents provided feedback on the removal of excess skin following significant weight loss. Table 31 shows the breakdown by respondent type.

Table 31. Excess skin: Respondent type

	No.	%
Current service user i.e. going through treatment now	1	2%
Service user in the last three years	-	-
Likely to be a service user in the future	9	16%
Healthcare professional	12	21%
Interested party or organisation	11	19%
Other	29	50%
Base	*58*	

5.4.1.1 Feedback from current and previous service users

One respondent indicated they were a current service user. A summary of their response is provided below:

- **Treatment location**: Royal Stoke University Hospital (UHNM)
- **Funding:** Procedure was NHS-funded
- **What went well:** Respondent highlighted the importance of the procedure, commenting that removal of excess tissue will reduce osteoarthritis. They commented that the current criteria is well-established; existing patients should be spoken to and the Stoke-on-Trent criteria should be used county-wide.
- **Concerns:** No concerns raised
- **Impact of procedure:** Respondent commented that their procedure had not yet taken place, but it would alleviate chronic back pain, reduce load on osteoarthritic knees and improve overall mental health and wellbeing.

5.4.1.2 Feedback from other respondents

Table 32 shows the views of future service users, healthcare professionals, interested parties or organisations and other respondents. The key themes were: ***'consider the adverse impact of excess skin on patient health and wellbeing (e.g. mental health, sores, itching)'*** and ***'procedures should be funded to support patients who have made significant lifestyle changes'***.

Table 32. What are your views on this service/procedure?

		No.	%
Themes in **agreement** with the NHS funding the procedure	Consider the adverse impact of excess skin on patient health and wellbeing (e.g. mental health, sores, itching)	18	33%
	Procedures should be funded to support patients who have made significant lifestyle changes	13	24%
	Restricting access to treatments discourages patients from losing weight	8	15%
	General comment in agreement with funding this procedure (e.g. should be funded)	6	11%
	Consider the additional cost to the NHS if service is not provided (e.g. obesity if patients discouraged from losing weight)	6	11%
	Privately funding the procedure is too expensive	1	2%
Themes in **disagreement** with the NHS funding procedure	General comment in disagreement with funding this procedure (e.g. don't fund)	8	15%
	Procedures should not be funded as this is a cosmetic procedure	5	9%
	Patients have a responsibility to look after their own health	3	5%
	Patients should self-fund this procedure if required	1	2%
Themes covering **who** the procedure should be available for	Procedures should only be funded if clinically necessary and beneficial to health	5	9%
	Procedures should only be funded after significant weight loss that has been maintained	5	9%
	Procedures should only be funded in severe cases	4	7%
	Procedures should be available for those who have undergone bariatric surgery (e.g. gastric band)	2	4%
	Consider the needs of individual patients	2	4%
	Consider means testing to determine who is eligible for funding	1	2%
Other **considerations**	Consider financial help for patients if the procedures are no longer funded	3	5%
	Consider the need for patients to manage their weight through healthy diets and exercise	2	4%
	Funding for services should be consistent across different areas (e.g. no postcode lottery)	2	4%
	Consider the risks if patients access the treatment via the private sector (e.g. lack of regulation, surgery abroad)	1	2%
	Consider support available in primary care	1	2%
Base		*55*	

Key themes by respondent type:

- **Likely to be a service user in the future: '***Consider the adverse impact of excess skin on patient health and wellbeing (e.g. mental health, sores, itching)'*
- **Healthcare professional: '***Consider the adverse impact of excess skin on patient health and wellbeing (e.g. mental health, sores, itching)'* and *'procedures should only be funded after significant weight loss that has been maintained'*
- **Interested party or organisation: '***General comment in disagreement with funding this procedure (e.g. don't fund)'*
- **Other: '***Consider the adverse impact of excess skin on patient health and wellbeing (e.g. mental health, sores, itching)'.*

Key themes by CCG area:

- **Cannock Chase: '***Consider the adverse impact of excess skin on patient health and wellbeing (e.g. mental health, sores, itching)'*
- **East Staffordshire: '***Consider the adverse impact of excess skin on patient health and wellbeing (e.g. mental health, sores, itching)'*
- **North Staffordshire:** Limited comments raised
- **South East Staffordshire and Seisdon Peninsula: '***Consider the adverse impact of excess skin on patient health and wellbeing (e.g. mental health, sores, itching)'*
- **Stafford and Surrounds: '***Consider the adverse impact of excess skin on patient health and wellbeing (e.g. mental health, sores, itching)'*
- **Stoke-on-Trent:** Limited comments raised.

For a further breakdown by respondent type and CCG area, see Table 68 in Appendix 6.

Respondents also raised themes about the removal of excess skin when asked if there were any other factors that should be considered when making decisions about health services. See Table 80 for details.

5.4.2 Feedback from the deliberative events

At the Burton event, a participant commented that it was important to be able to access support with excess skin, to aid further weight loss. They highlighted the mental health impact of excess skin and adverse physical impacts, such as sweating, rashes and smell, as well as not being able to exercise. They queried whether skin donation would be possible.

5.4.3 Feedback from the additional events

5.4.3.1 Feedback from the Action on Hearing Loss event

It was commented that the procedure should be NHS-funded to support patients so they can be involved in society. The cost of obesity to the NHS was also highlighted.

5.4.3.1 Feedback from the Deafvibe event

The impact of excess skin on mental health and self-esteem was highlighted. It was commented that the procedure should be funded if it helps people in the long-term, as it may make them fitter.

5.4.4 Feedback from other channels

5.4.4.1 Feedback from the Alrewas PPG

Alrewas Patient Participation Group (PPG) independently held their own event, capturing members' views which was then shared with the CCGs. This feedback has been included in this this report.

Alrewas PPG commented that this service should not be NHS-funded unless a patient has significant psychological distress caused by excess skin. They further commented that although it is positive when a severely obese person loses weight and the procedure could be seen as a reward for doing so, NHS budgets are limited, and this procedure should be privately-funded.

5.4.4.2 Feedback from social media

Comments were received on the CCGs' social media posts. The feedback includes:

- The service should be NHS-funded
- The surgery is not expensive compared to other surgeries that are funded by the NHS
- The negative impact of excess skin on physical health and patients' functioning should be considered, such as skin inflammation, arthritis and back pain
- Abdominoplasty has positive impact on patients' quality of life and family relationships. The impact of excess skin on mental health and wellbeing, such as self-esteem and confidence, should be considered
- Decision makers should consider patients contributing towards the cost of surgery.

5.4.5 Summary of feedback on the removal of excess skin following significant weight loss

- There were contrasting views on whether this procedure should be funded.
- The impact of excess skin on patient health and wellbeing was highlighted, such as sores, itching and adverse mental health.
- Key themes raised in support of funding this service were that the procedure should be funded to support patients who have made significant lifestyle changes and restricting access to the treatment may discourage patients from losing weight. This, along with adverse impacts on patients from not funding the treatment, may cost the NHS more in the long-term.

5.5 Feedback on breast augmentation and reconstruction

5.5.1 Feedback from the survey

64 respondents provided feedback on breast augmentation and reconstruction. Table 33 shows the breakdown by respondent type.

Table 33. Breast Augmentation: Respondent type

	No.	%
Current service user i.e. going through treatment now	-	-
Service user in the last three years	4	6%
Likely to be a service user in the future	7	11%
Healthcare professional	11	17%
Interested party or organisation	17	27%
Other	31	48%
Base	*64*	

5.5.1.1 Feedback from current and previous service users

Four respondents indicated that they were service users in the last three years. A summary of their responses are provided below:

- **Treatment location**: Respondents had received treatment at New Cross Hospital, Wolverhampton; Queen's Hospital, Burton, Macclesfield Hospital and Wythenshawe Hospitals. One respondent commented that their treatment was suggested by a spinal consultant.
- **Funding:** All four respondents indicated that their treatment was funded by the NHS.
- **What went well:** Respondents were positive about their procedures, highlighting that the surgeries went well, aftercare was good, and treatment had a positive impact on their daily life, such as a reduction in spinal pain.
- **Concerns:** One respondent had no concerns, while another had concerns about the procedure itself and whether it would be successful. One respondent highlighted that they completed an Individual Funding Request application, which was unnecessary, because their GP was unaware of the process. Another respondent commented that they developed lymphedema following the removal of their lymph nodes and they suffered psychologically. They also commented that suitable clothing is expensive.
- **Impact of procedure:** Respondents highlighted the positive impact of procedures that reduce pain and discomfort, improve confidence and quality of life. One respondent highlighted the negative impact of lymphedema on social life and activities.

5.5.1.2 Feedback from other respondents

Table 34 shows the views of future service users, healthcare professionals, interested parties or organisations and other respondents. The top themes were: '***reconstructive surgery should be available for breast cancer or breast surgery patients'*** and the ***'procedure should not be funded for cosmetic reasons'***.

Table 34. What are your views on this service/procedure?

		No.	%
Themes in **agreement** with the NHS funding the procedure	Consider the impact on patient wellbeing, quality of life and relationships (e.g. visible asymmetry)	13	22%
	Procedures may be effective in reducing pain and discomfort (e.g. breast reduction resolving shoulder or back problems)	5	8%
	General comment in agreement with funding this procedure (e.g. should be available)	4	7%
	Procedures may save the NHS money by reducing the need for medication	2	3%
	Procedures are not a large cost to the NHS	1	2%
Themes in **disagreement** with the NHS funding the procedure	Procedure should not be funded for cosmetic reasons	24	41%
	Patients should self-fund this procedure if required	6	10%
	General comment in disagreement with funding this service (e.g. do not fund)	3	5%
Themes covering **who** the procedure should be available for	Reconstructive surgery should be available for breast cancer or breast surgery patients	42	71%
	Procedures should only be funded if clinically necessary and beneficial to health (e.g. life-saving treatment)	11	19%
	Procedures should be available for those with abnormalities (e.g. Pectus Excavatum)	3	5%
	Procedures should be available for burns or trauma patients	3	5%
	Breast reduction should be funded if the size or weight of breasts adversely impacts on patient's day-to-day life	3	5%
	Consider access to treatment on a case-by-case basis	2	3%
	Procedures should not be funded to rectify issues caused through private cosmetic surgery	1	2%
	Consider means testing to determine who is eligible for funding	1	2%
Other **considerations**	Funding for services should be consistent across different areas (e.g. no postcode lottery)	3	5%
	Consider that the removal of this treatment would disproportionately affect women	1	2%
Other comment	Other comment unrelated to service	1	2%
Base		*59*	

Key themes by respondent type:

- **Likely to be a service user in the future:** *Reconstructive surgery should be available for breast cancer or breast surgery patients'*
- **Healthcare professional:** *Reconstructive surgery should be available for breast cancer or breast surgery patients'*
- **Interested party or organisation:** *Reconstructive surgery should be available for breast cancer or breast surgery patients'*
- **Other:** *'Reconstructive surgery should be available for breast cancer or breast surgery patients'.*

Key themes by CCG area:

- **Cannock Chase: '***Reconstructive surgery should be available for breast cancer or breast surgery patients'*
- **East Staffordshire:** Limited comments raised
- **North Staffordshire: '***Reconstructive surgery should be available for breast cancer or breast surgery patients'*
- **South East Staffordshire and Seisdon Peninsula:** *'Procedure should not be funded for cosmetic reasons'* and *'reconstructive surgery should be available for breast cancer or breast surgery patients'*
- **Stafford and Surrounds:** *'Procedure should not be funded for cosmetic reasons'* and *'reconstructive surgery should be available for breast cancer or breast surgery patients'*
- **Stoke-on-Trent: '***Reconstructive surgery should be available for breast cancer or breast surgery patients'.*

For a further breakdown by respondent type and CCG area, see Table 69 in Appendix 7.

5.5.2 Feedback from the additional events

5.5.2.1 Feedback from the Action on Hearing Loss event

The importance of funding reconstruction following cancer was highlighted.

5.5.2.2 Feedback from the Deafvibe event

It was commented that the procedure should be available to support wellbeing and self-esteem, especially for trauma or burn patients.

5.5.3 Feedback from other channels

5.5.3.1 Feedback from the Alrewas PPG

Alrewas Patient Participation Group (PPG) independently held their own event, capturing members' views which was then shared with the CCGs. This feedback has been included in this report.

Alrewas PPG commented that the procedure must continue to be funded following breast cancer surgery. They also commented that breast reduction should be funded if the size of breasts causes backache, posture difficulties, difficulty exercising or psychological harm. They also commented that procedures should also be funded where breasts are very asymmetrical. However, they commented that breast augmentation purely for cosmetic reasons should not be funded.

5.5.1 Summary of feedback on breast augmentation and reconstruction

- Service users highlighted the impact of the procedure on reducing discomfort and improving quality of life.
- Key themes raised were that reconstructive surgery should be available for breast cancer or breast surgery patients. However, respondents were clear that the procedure should not be funded for cosmetic reasons.
- The impact of this procedure on patient wellbeing, quality of life and relationships was also highlighted.

5.6 Feedback on male and female sterilisation

5.6.1 Feedback from the survey

203 respondents provided feedback on male and female sterilisation. Table 34 shows the breakdown by respondent type.

Table 35. Male and female sterilisation: Respondent type

	No.	%
Current service user i.e. going through treatment now	10	5%
Service user in the last three years	128	63%
Likely to be a service user in the future	7	3%
Healthcare professional	12	6%
Interested party or organisation	15	7%
Other	35	17%
Base	*203*	

5.6.1.1 Feedback from current and previous service users

Table 36 shows where users accessed this procedure. For a full breakdown by CCG area and respondent type, see Table 70 in Appendix 8.

Table 36. Where did you have this service/procedure? Top responses

	No.	%
Brewood Surgery (inc. Brewood, Brewood Medical Centre)	52	38%
Cobridge Community Health Centre (inc. Cobridge, Cobridge Clinic)	20	15%
Stafford	18	13%
Aldergate Medical Practice	8	6%
Tamworth	7	5%
Bentilee Health Centre	6	4%
Beaconside health centre	4	3%
Lichfield	4	3%
GP surgery (name not specified)	3	2%
Cannock Hospital	2	1%
At hospital (name not specified)	2	1%
Royal Stoke University Hospital	2	1%
Cannock Chase CCG	1	1%
Can't remember	1	1%
Carmountside	1	1%
Foregate Street Clinic	1	1%
Macclesfield	1	1%
Robert Peel Hospital	1	1%
Stafford Surgery	1	1%
New Cross Hospital	1	1%
Vasectomy	1	1%
Base	*137*	

Table 37 shows whether the service was NHS-funded or privately-funded. For a full breakdown by CCG area and respondent type, see Table 71 in Appendix 7.

Table 37. Was this funded by the NHS or privately?

		Total
NHS-funded	140	100%
Privately-funded	-	-
Base	*140*	

Table 38 shows what respondents felt worked well. The top themes were: ***'all aspects of the procedure and treatment went well (e.g. all, everything)'*** and the ***'procedure or operation was successful (e.g. operation, procedure)'***.

Table 38. What went well?

	No.	%
All aspects of the procedure and treatment went well (e.g. all, everything)	65	48%
Procedure or operation was successful (e.g. operation, procedure)	32	24%
Good standard of care and service from staff	20	15%
Quick and easy procedure	20	15%
Efficient booking and referral process	14	10%
Good communication and information	10	7%
Minimal pain	6	4%
Good aftercare and follow-up appointments	5	4%
High quality treatment received	3	2%
Good facilities at treatment location (e.g. building, parking)	3	2%
Unsure	3	2%
Given choice in accessing care (e.g. dates)	1	1%
Negative comment: Nothing	1	1%
Base	*136*	

Key themes by respondent type:

- **Current service user:** *'All aspects of the procedure and treatment went well (e.g. all, everything)'*
- **Service user in the last three years:** *'All aspects of the procedure and treatment went well (e.g. all, everything)'.*

Key themes by CCG area:

- **Cannock Chase: '***All aspects of the procedure and treatment went well (e.g. all, everything)'*
- **East Staffordshire:** Limited comments raised
- **North Staffordshire:** *'All aspects of the procedure and treatment went well (e.g. all, everything)'* and *'procedure or operation was successful (e.g. operation, procedure)'*
- **South East Staffordshire and Seisdon Peninsula: '***Procedure or operation was successful (e.g. operation, procedure)'*
- **Stafford and Surrounds: '***All aspects of the procedure and treatment went well (e.g. all, everything)'*
- **Stoke-on-Trent: '***All aspects of the procedure and treatment went well (e.g. all, everything)'.*

For a further breakdown by respondent type and CCG area, see Table 72 in Appendix 8.

Table 39 shows the concerns respondents had. Although the majority of respondents did not have any concerns (82 / 63%), concerns raised included **'concern over potential complications or side effects'** and ***'concern that the procedure would be painful'***.

Table 39. What concerns, if any, did you have?

	No.	%
None / no concerns	82	63%
Concern over potential complications or side effects	19	15%
Concern that the procedure would be painful	15	12%
Concern that the procedure would not work	6	5%
Nerves and anxiety prior to the procedure	6	5%
Issues over sampling and testing processes	4	3%
Embarrassment over the procedure	3	2%
Access to aftercare support	2	2%
Concerns were put at ease by staff	2	2%
Concern over lack of access to sterilisation and impact on unplanned pregnancies	1	1%
Facilities at hospital (e.g. parking, wayfinding)	1	1%
Base	*130*	

Key themes by respondent type:

- **Current service user:** *'None / no concerns'*

- **Service user in the last three years:** *'None / no concerns'* and *'concern over potential complications or side effects'.*

Key themes by CCG area:

- **Cannock Chase: '***None / no concerns'*
- **East Staffordshire:** Limited comments raised
- **North Staffordshire: '***None / no concerns'*
- **South East Staffordshire and Seisdon Peninsula: '***None / no concerns'*
- **Stoke-on-Trent: '***None / no concerns'.*

For a further breakdown by respondent type and CCG area, see Table 73 in Appendix 8

Table 40 shows how the service impacted on the lives of service users. The top themes were: ***'No negative impact / no change'***, **'reduced worry of unplanned pregnancies'** and ***'improved lifestyle, relationships and quality of life'***.

Table 40. After you received this service/procedure, how has this impacted on your life?

		No.	%
Positive	Reduced worry of unplanned pregnancies	20	16%
	Improved lifestyle, relationships and quality of life	15	12%
	No longer need to take contraceptive pill (e.g. no side effects of pill)	14	11%
	Procedure was successful in preventing pregnancy	11	9%
Neutral	No negative impact / no change	70	54%
Negative	Negative side effects or complications (e.g. lumps, chronic pain)	10	8%
	Short-term pain following treatment	7	5%
	Had to have time off work	4	3%
	Had to stop exercise for a period after treatment	4	3%
	Procedure was unsuccessful (e.g. pregnancy afterwards)	1	1%
Consideration	Need to be sure procedure is the right choice	2	2%
Other	Other comment (e.g. 'vasectomy')	1	1%
Base		*129*	

Key themes by respondent type:

- **Current service user:** *'No negative impact / no change'*
- **Service user in the last three years:** *'No negative impact / no change'* and *'reduced worry of unplanned pregnancies'.*

Key themes by CCG area:

- **Cannock Chase:** *'No negative impact / no change'*
- **East Staffordshire:** Limited comments raised
- **North Staffordshire:** Limited comments raised
- **South East Staffordshire and Seisdon Peninsula:** *'No negative impact / no change'* and *'reduced worry of unplanned pregnancies'*
- **Stafford and Surrounds: '***No negative impact / no change***'** and *'reduced worry of unplanned pregnancies'*
- **Stoke-on-Trent: '***No negative impact / no change*'.

For a further breakdown by respondent type and CCG area, see Table 74 in Appendix 8.

5.6.1.2 Feedback from other respondents

Table 41 shows the views of future service users, healthcare professionals, interested parties or organisations and other respondents. The key themes were: the ***'procedure should be funded to reduce unplanned pregnancies (e.g. impact on children)***' and ***'consider the cost of pregnancies to the NHS (e.g. maternity care, abortions)'.***

Table 41. What are your views on this service/procedure?

		No.	%
Themes in **agreement** with the NHS funding the procedure	Procedure should be funded to reduce unplanned pregnancies (e.g. impact on children)	19	31%
	Consider the cost of pregnancies to the NHS (e.g. maternity care, abortions)	17	27%
	General comment in agreement with funding this procedure (e.g. should be available, should be free)	13	21%
	Procedure should be funded if patients wish to be sterilised	10	16%
	Procedure should be funded if patients or their partners would be at risk of adverse impacts by becoming pregnant	9	15%
	Procedure benefits patients' quality of life (e.g. reduces worry of unplanned pregnancy)	7	11%
	Procedures are not a large cost to the NHS (e.g. one-off cost)	6	10%
	Consider the impact of an increase in the birth rate (e.g. environmental impacts)	4	6%
	Consider the negative impact of alternative forms of contraception on women (e.g. side effects, taking pill everyday)	3	5%
Themes in **disagreement** with the NHS funding the procedure	Alternative forms of contraception are available	7	11%
	General comment in disagreement with funding this procedure (e.g. don't fund, should not be funded)	6	10%
	Reversal should not be funded by the NHS	5	8%
	Patients should self-fund this procedure if required	5	8%
	Procedures should not be funded as this is a personal choice	2	3%
	Procedure should not be funded as not clinically necessary	1	2%
Themes covering **who** the procedure should be available for	Procedure should be available for women	4	6%
	Consider means testing to determine who is eligible for funding	3	5%
	Procedure should be funded if patients cannot use alternatives	2	3%
	Procedure should be available for men	2	3%
	Consider low incomes groups who cannot afford to self-fund	2	3%
	Consider the age of patients	1	2%
	Consider the needs of individual patients	1	2%
Other **considerations**	Consider patient contribution towards the cost of procedures	4	3%
	Consider male and female procedures differently	2	3%
	Funding for services should be consistent across different areas (e.g. no postcode lottery)	1	2%
Other comments	Other comment unrelated to service	2	3%
Base		*62*	

Key themes by respondent type:

- **Likely to be a service user in the future:** *'Consider the cost of pregnancies to the NHS (e.g. maternity care, abortions)'*
- **Healthcare professional: '***Consider the cost of pregnancies to the NHS (e.g. maternity care, abortions)'*
- **Interested party or organisation: '***Consider the cost of pregnancies to the NHS (e.g. maternity care, abortions)'*
- **Other:** '*Procedure should be funded to reduce unplanned pregnancies (e.g. impact on children)'.*

Key themes by CCG area:

- **Cannock Chase:** Limited comments raised
- **East Staffordshire: '***General comment in agreement with funding this procedure (e.g. should be available, should be free)'*
- **North Staffordshire: '***Procedure should be funded to reduce unplanned pregnancies (e.g. impact on children)'* and *'alternative forms of contraception are available'*
- **South East Staffordshire and Seisdon Peninsula:** Limited comments raised
- **Stafford and Surrounds: '***Consider the cost of pregnancies to the NHS (e.g. maternity care, abortions)'*
- **Stoke-on-Trent:** Limited comments raised.

For a further breakdown by respondent type and CCG area, see Table 75 in Appendix 8.

Respondents also highlighted that sterilisation is cost-effective when asked if there were any other factors that should be considered when making decisions about health services. See Table 80 for details.

5.6.2 Feedback from the additional events

5.6.2.1 Feedback from the Deafvibe event

It was commented that people should take responsibility to avoid unwanted pregnancies, but also that removing access to the procedures would lead to an increase in pregnancies with not enough housing to support.

5.6.3 Feedback from other channels

5.6.3.1 Feedback from the Alrewas PPG

Alrewas Patient Participation Group (PPG) independently held their own event, capturing members' views which was then shared with the CCGs. This feedback has been included in this this report.

Alrewas PPG commented that sterilisation should be funded for couples who have decided their family is complete; however, reversal of sterilisation should only be funded on a case-by-case basis.

5.6.4 Summary of feedback on male and female sterilisation

- Service users highlighted the success of the procedure and all aspects of the treatment going well.
- Key themes raised included funding the procedure to reduce unplanned pregnancies and considering the cost of pregnancies to the NHS.
- When considering who should be eligible, key themes raised were that the procedure should be funded if patients wish to be sterilised or if patients or their partners would be at risk of adverse impacts from becoming pregnant.

5.7 Considerations when making decisions about services

5.7.1 Feedback from the survey

Respondents were asked to rank the factors the CCGs must consider when making decisions about the future provision of services. Table 42 shows how respondents ranked the three factors in order of importance. A greater proportion (458 / 89%) ranked **providing services which are proven to have a clinical benefit for patients** as most important.

Table 42. When making decisions about the future provision of services, the CCGs must consider the following factors. Please order these considerations in order of importance to you, where 1 is the highest and 3 is the lowest.

Providing services…	1 = highest	2	3 = lowest	*Base*
...which are proven to have a clinical benefit for patients	89%	9%	3%	*517*
…that are consistent with national and local priorities	14%	48%	38%	*514*
…that provide value for money	9%	39%	52%	*530*

In the online survey, this question had a rating check to ensure that respondents rated the considerations individually (e.g. giving one consideration a rating of 1, another a rating of 2, etc). Respondents were also asked to do this in the paper survey; however, some respondents chose to give a rating of 1 to multiple considerations. Some respondents did not rate all criteria. For these reasons, column percentages do not add up to 100%.

When comparing by CCG area, **providing services which are proven to have a clinical benefit for patients** was the highest ranked consideration across all CCG areas.

For a further breakdown by CCG area, see Table 76 in Appendix 9.

Tables 43-45 show the reasons respondents gave for rating the considerations in the order given.

For respondents who rated **providing services which are proven to have a clinical benefit for patients** as the most important consideration, the key reasons were: ***'providing services which are proven to have a clinical benefit for patients is of key importance'*** and ***'patient health and needs are more important than finances'***.

For respondents who rated **providing services that are consistent with national and local priorities** as the most important consideration, the key reasons were: ***'services should be consistent across all areas (e.g. no postcode lottery)'*** and ***'patient health and needs are more important than finances'***.

For respondents who rated **providing services that provide value for money** as the most important consideration, the key reasons were: ***'consider the impact of hearing loss on patient wellbeing and quality of life (e.g. mental health, isolation)'*** and ***'value for money is an important consideration'***.

For the full tables broken down by the highest consideration and CCG area, see Tables 77-79.

Table 43. Please tell us why you rated these considerations in that order? Providing services which are proven to have a clinical benefit for patients as the highest importance

	No.	%
Providing services which are proven to have a clinical benefit for patients is of key importance	159	41%
Patient health and needs are more important than finances	116	30%
Hearing loss: Consider the impact of hearing loss on patient wellbeing and quality of life (e.g. mental health, isolation)	40	10%
Consider the needs of individual patients	39	10%
Clinical benefit should also consider social benefits and impact on quality of life	33	9%
Hearing loss: Hearing aids should be provided	32	8%
Value for money is an important consideration	27	7%
Services should be consistent across all areas (e.g. no postcode lottery)	24	6%
General comments about question (e.g. my opinion, strange question)	22	6%
Value for money should be assessed by considering cost implications of not providing the service (e.g. long-term costs)	18	5%
Base	*385*	

Table 44. Please tell us why you rated these considerations in that order? Providing services that are consistent with national and local priorities as the highest importance

	No.	%
Services should be consistent across all areas (e.g. no postcode lottery)	26	43%
Patient health and needs are more important than finances	12	20%
General comments about question (e.g. my opinion, strange question)	8	13%
Clinical benefit should also consider social benefits and impact on quality of life	7	12%
Hearing loss: Consider the impact of hearing loss on patient wellbeing and quality of life (e.g. mental health, isolation)	7	12%
Providing services which are proven to have a clinical benefit for patients is of key importance	6	10%
Hearing loss: Hearing aids should be provided	6	10%
Consider the need to avoid discrimination	5	8%
Value for money is an important consideration	5	8%
Patients should receive treatment as they have financially contributed via taxes	4	7%
Base	*60*	

Table 45. Please tell us why you rated these considerations in that order? Providing services that provide value for money as the highest importance

	No.	%
Hearing loss: Consider the impact of hearing loss on patient wellbeing and quality of life (e.g. mental health, isolation)	6	20%
Value for money is an important consideration	6	20%
General comments about question (e.g. my opinion, strange question)	6	20%
Providing services which are proven to have a clinical benefit for patients is of key importance	4	13%
All criteria are important	4	13%
Hearing loss: Hearing aids should be provided	4	13%
Patient health and needs are more important than finances	3	10%
Services should be consistent across all areas (e.g. no postcode lottery)	2	7%
Clinical benefit should also consider social benefits and impact on quality of life	2	7%
National and local priorities are an important consideration	2	7%
Base	*30*	

For a further breakdown by CCG area, see Table 77 in Appendix 9.

Table 46 shows other general factors respondents felt should be considered when making decisions about the future provision of services. The top themes were: ***'consider the impact of changing services on patients and their families (e.g. mental health, quality of life)'*** and ***'consider long-term cost savings in providing services'.***

Table 46. Is there anything else you think we should consider when making decisions about the future provision of services? Please list and explain them here. Top 20 general themes.

	No.	%
Consider the impact of changing services on patients and their families (e.g. mental health, quality of life)	39	17%
No considerations raised (e.g. no)	29	12%
Consider long-term cost savings in providing services	28	9%
Decisions on providing services should be patient-centred (e.g. treat cases individually, talk to patients)	25	8%
Consider prevention and self-care	21	7%
Consider the accessibility of services (e.g. close to home)	19	7%
Ensure that treatments meet the needs of the local population	18	7%
Consider improving efficiency in services rather than cutting services (e.g. more joined up working)	11	6%
Treatments that have the greatest clinical benefit should be prioritised	10	6%
Consider the need for effective diagnosis and monitoring	10	5%
Resources should be focused on clinical care not administration costs (e.g. cut bureaucracy)	8	4%
Access to services should not be restricted	7	3%
Consider provider service provision	7	3%
Consider whether treatments are for a medical need or lifestyle choice	7	3%
Consider the need for greater NHS funding	7	3%
Consider the need for improved access to GPs and primary care	6	2%
Consider the need for consistency of provision (e.g. no postcode lottery)	6	2%
Decisions should not be based on financial savings	6	2%
Consider the affordability of self-funding treatments (e.g. for low income groups)	6	2%
Other (e.g. 'as above')	9	3%
Base	*338*	

Respondents also raised themes that were specifically about the service areas. For a breakdown of these themes, see Table 80 in Appendix 9. For a breakdown by CCG area, see Table 81 in Appendix 9.

5.7.2 Feedback from the deliberative events

The deliberative events were designed to understand what participants felt was important when prioritising services. The following example services were used during the exercise: smoking cessation, knee replacement and flash glucose monitoring.

Firstly, participants were given fact sheets about the services and asked as a table to prioritise the services by splitting 50 tokens across the three services, giving more tokens to services they felt were of higher prioritise. Then participants were then given more information about the services, and asked to re-prioritise the services, but this time with only 40 tokens. The fact sheets are shown in Appendix 1.

Table 47 shows the order in which participants ranked the services and the average number of tokens given to each of them.

Table 47. Event feedback: How services were prioritised - Ranking

	1 (highest priority)	2	3 (lowest priority)	Average number of tokens	*Base (no. of tables)*
Smoking cessation	13%	6%	81%	11.25	*16*
Knee replacement	50%	50%	-	21.6	*16*
Flash glucose monitoring	44%	44%	13%	17.2	*16*

NB: Some tables gave two services the same ranking

Table 48 shows the rationale behind how the services were prioritised by participants.

Table 48. Event feedback: How and why did you prioritise the services?

		No.	%
Self-care and prevention	Smoking is a life choice, not a disease	8	50%
	Patients should take responsibility for their health (e.g. healthy diet)	6	38%
	Consider the need for greater patient education and preventative services	5	31%
	Diabetes is not a life choice	4	25%
	Early intervention could prevent knee replacement (e.g. lose weight, do exercise)	2	13%
	Smoking cessation support is available online	1	6%
Cost and value for money	Adverse effects on patients through lack of access to knee replacements could cost the NHS more (e.g. care cost)	6	38%
	Adverse effects of smoking on patients could cost the NHS more in the long run	4	25%
	Patients should self-fund smoking cessation (e.g. inexpensive)	4	25%
	Adverse effects on patients through poor diabetes management could cost the NHS more	2	13%
	Money used for flash glucose should be used for prevention of diabetes	2	13%
	Smoking cessation is not an effective use of NHS resources	2	13%
	Consider that those who stop smoking may start smoking again	1	6%
	Self-funding flash glucose is not expensive	1	6%
Patient outcomes	Consider long-term benefits if smokers have smoking cessation support	8	50%
	Flash glucose supports patients in managing their disease	5	31%
	Consider the adverse impact on patients' health if they cannot access knee replacements (e.g. cardiovascular disease)	4	25%
	Consider the adverse impact on patients if they do not have access to smoking cessation support	2	13%
	Consider the impact of smoking on the health of non-smokers	1	6%
	Consider the impact on people giving up smoking without smoking cessation support (e.g. eating wrong food, risk of diabetes)	1	6%
	Consider the adverse impact on patients' health if their diabetes is not monitored effectively	1	6%
Criteria for access	Flash glucose should be funded for patients with type 1 diabetes, not type 2	6	38%
	Consider tightening criteria for knee replacements (e.g. BMI criteria)	2	13%
	Knee replacements should be provided for everyone who requires the procedure	1	6%
	Smoking cessation should only be available to those who have unsuccessfully attempted to quit smoking	1	6%
Quality of life	Consider the impact of knee issues on patient quality of life (e.g. housebound, mobility)	6	38%
	Consider the impact of diabetes on patients' quality of life	2	13%
	Knee replacement restores independence	1	6%
	Priority of services should be based on improving quality of life	1	6%
Alternative options	Consider alternative less radical ways to manage knee pain (e.g. physio)	3	19%
	Consider alternative options for flash glucose to monitor sugar levels	3	19%
	Consider other ways to discourage smoking (e.g. price of cigarettes)	2	13%
Vulnerable groups	Consider how vulnerable adults will benefit from each service	3	19%
	Consider providing flash glucose for vulnerable groups (e.g. mental health etc.)	3	19%
	Consider the need to provide smoking cessation support only for those who need it most	1	6%
National and local guidelines	Consider clinical guidelines (e.g. NICE guidance)	2	13%
Evidence and research	Consider the need for evidence and research into the effectiveness of treatments	1	6%
Existing service provision	Consider existing cuts to smoking cessation services	1	6%
Patient choice	Consider patient choice	1	6%
Quality of care	Patients who need knee replacement require specialist support	1	6%
Base		*16*	

Table 49 shows the order in which participants re-prioritised the services after being shown additional information. Participants were asked to rank the services in priority order and allocating 40 tokens across the three services, giving more tokens to services they felt were of higher priority.

Table 49. Event feedback: How services were re-prioritised

	1 (highest priority	2	3 (lowest priority)	**Average number of tokens**	*Base (no. of tables)*
Smoking cessation	19%	19%	63%	9	*16*
Full knee replacement	50%	44%	6%	18	*16*
Flash glucose monitoring	38%	44%	19%	13	*16*

Table 50 shows the rationale behind how event participants re-prioritised the services.

Table 50. Event feedback: How and why did you re-prioritise the services?

		No.	**%**
Self-care and prevention	Diabetes is not a life choice	5	31%
	Patients should take responsibility for their health (e.g. healthy diet)	4	25%
	Smoking is a life choice, not a disease	3	19%
	Early intervention could prevent knee replacement	3	19%
	Consider the need for greater patient education and preventative services	2	13%
Cost and value for money	Adverse effects of smoking on patients could cost the NHS more in the long run	3	19%
	Smoking cessation is not an effective use of NHS resources	2	13%
	Self-funding flash glucose is not expensive	2	13%
	Patients should self-fund smoking cessation (e.g. inexpensive)	1	6%
	Patients should self-fund knee replacement	1	6%
	Prioritising helps to allocate money effectively to services in the NHS	1	6%
	Consider the need for greater NHS funding	1	6%
Patient outcomes	Flash glucose supports patients in managing their disease	4	25%
	Consider the adverse impact on patients if they do not have access to smoking cessation support	2	13%
	Consider long-term benefits if smokers have smoking cessation support	2	13%
	Consider the impact of smoking on the health of non-smokers	1	6%
Quality of life	Consider the impact of knee issues on patient quality of life (e.g. housebound, mobility)	4	25%
	Consider the impact of diabetes on patients' quality of life	1	6%
Quality of care	Smoking is an addiction and should be treated accordingly	1	6%
	Patients who need knee replacement require specialist support	1	6%
Criteria to access services	Consider tightening criteria for knee replacements (e.g. BMI criteria)	1	6%
	Flash glucose should be funded for patients with type 1 diabetes not type 2	1	6%
	Knee replacements should be provided for everyone who requires the procedure	1	6%
Evidence and research	Consider the need for evidence and research into the effectiveness of treatments	3	19%
Alternative options	Consider other ways to discourage smoking (e.g. price of cigarettes)	2	13%
Patient choice	Consider patient choice	1	6%
Vulnerable groups	Consider the need to provide smoking cessation support only for those who need it most	1	6%
Base		*16*	

Table 51 shows the things participants felt should be taken away from the event.

Table 51. Event feedback: What three things should we take away from this event?

		No.	%
Commissioning factors	Consider the need for effective and transparent consultation and engagement	5	33%
	The need to consider best practice and national guidelines	2	13%
	Priority of services should be based on improving quality of life	2	13%
	The need to consider the impact of cuts to services on patients' health and wellbeing (e.g. mental health)	2	13%
	Consider local needs and the need for decisions to be made locally	2	13%
	Consider the need for greater patient education and preventative services	2	13%
	People should take responsibility for their own health	1	7%
	Consider the need to save money by improving CCG efficiency (e.g. single CCG)	1	7%
	Consider vulnerable groups	1	7%
	Decisions should be informed by data	1	7%
Prioritising exercise	Event helped to understand how funds are allocated (e.g. difficulties of prioritising services)	6	40%
	More information is required	3	20%
	The need to consider that everyone's priorities are different	2	13%
	Event helped to look at this problem from different viewpoints	2	13%
	Consider the need for communication on prioritisation decisions	2	13%
	The need to consider alternative ways of prioritising services (e.g. looking outside of the box)	1	7%
Event and venue	The need to consider more engagement events and greater promotion (e.g. holding local events, attract more people to the discussion)	4	25%
	General comments about place and venue of the event	3	20%
Base		*15*	

5.7.3 Feedback from other channels

5.7.3.1 Feedback from correspondence

5.7.3.1.1 General correspondence

Feedback from The Royal British Legion

The Royal British Legion highlighted that the needs of the Armed Forces community need to be carefully considered with any changes to funding made by the Staffordshire and Stoke-on-Trent CCGs. The Legion commented that no members of the Armed Forces community should be disadvantaged in their access to NHS health services due to their service and that all statutory bodies and those delivering statutory services should ask all individuals whether they or a member of their family have served in the UK Armed Forces.

5.7.4 Summary of feedback on considerations when making decisions about services

- A large proportion of respondents (458 / 89%) felt that providing services which are proven to have a clinical benefit for patients is the key consideration. The key reason was that patient health and public and patient needs are more important than finances.
- The need to consider the impact of changing services on patients and their families (e.g. mental health, quality of life) and the long-term cost savings in providing services were highlighted.
- At the deliberative events, key considerations were around self-care and prevention, such as considering whether treatments are for a disease or a life choice. Other key considerations were around the cost and value for money of treatments, including considering whether reducing access to the treatment would cost more in the long-term, patient outcomes and quality of life.
- The Royal British Legion highlighted that the needs of the Armed Forces community need to be considered.

5.8 Other comments

5.8.1 Feedback on health services

5.8.1.1 Feedback from the survey

An additional survey response was received which only referenced Alzheimer's and dementia. The comments were:

- The NHS is a service funded through taxation
- Concerns over the lack of treatment for dementia
- More NHS funding is required to treat dementia
- Alzheimer's patients require access to a local service to share experiences with fellow patients.

5.8.1.2 Feedback from social media

Comments were received on the CCGs' social media posts. The feedback covered:

- The need to increase funding to support unpaid carers
- Improvements are required in children's mental health services (e.g. increased funding) and services for autistic children.

5.8.2 Feedback on the engagement

5.8.2.1 Feedback from the Action on Hearing Loss event

It was commented that the survey URL was difficult to copy and paste.

5.8.2.2 Feedback from social media

Comments were received on the CCGs' social media posts. The feedback included:

- A request for a mobile-compatible version of the survey
- Comments about the location and time of events, such as the need for events in Tamworth and the north of Stoke-on-Trent.

5.8.2.3 Feedback via email

A clinician commented that it was difficult to tell which service the questions related to in the survey.

6 Summary and conclusion

A key theme across all service areas was the need to consider the impact of treatments on patient quality of life. When rating considerations, a large proportion of respondents (458/ 89%) felt that providing services which are proven to have a clinical benefit for patients was the most important, with the key reason being that patient health and needs are more important than finances.

It was also highlighted that long-term savings need to be considered, since restricting access to a service to reduce costs now, could result in an increase in costs to the NHS in the long-term due to adverse impacts on patients.

A recurring theme across all the service areas was the need for consistency across different the CCG areas and the need to avoid a 'postcode lottery' when accessing treatment.

Assisted conception: The negative impact of infertility on patients' mental health, wellbeing and relationships was highlighted. Key themes raised tended to be in support for funding this service, but it was also commented that there should be restrictions on the service and who is eligible; for example, funding two or three rounds of IVF and prioritising those without children.

Hearing loss in adults: The impact of hearing loss on patients' quality of life was highlighted and concern was raised over restricting access to hearing aids. Action on Hearing Loss, British Society of Audiology, British Academy of Audiology commented that hearing aids should be available in line with NICE guidance and Royal British Legion highlighted that veterans should have access to hearing aids. At the additional hearing loss events, participants highlighted the positive impact of hearing aids on daily life and raised concerns over the cost of private hearing aids and accessing follow-up care.

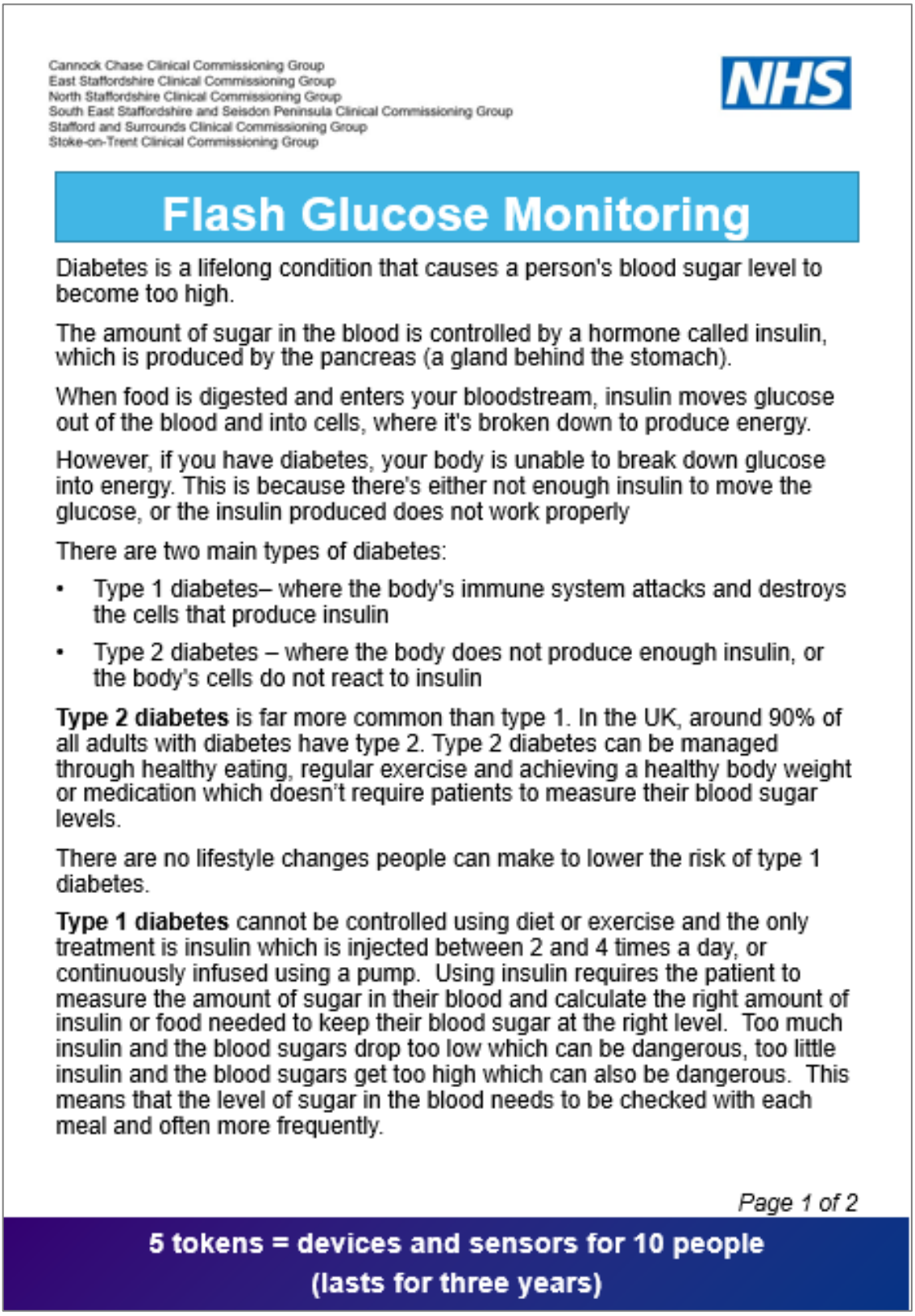
Removal of excess skin following significant weight loss: There were also contrasting views over whether this procedure this should be funded. The impact of excess skin on patient health and wellbeing was highlighted. Key themes raised were that procedures should be funded to support patients who have made significant lifestyle changes and restricting access to the treatment may discourage patients from losing weight, which may result in adverse impacts on patients and cost the NHS more in the long-term.

Breast augmentation and reconstruction: Service users highlighted the impact of this procedure reducing discomfort and improving quality of life. Key themes raised were that reconstructive surgery should be available for breast cancer or breast surgery patients. However, respondents were clear that the procedure should not be funded for cosmetic reasons. The impact of the procedure on patient wellbeing, quality of life and relationships was also highlighted.

Male and female sterilisation: Key themes were that the procedure should be funded to reduce unplanned pregnancies and the cost of pregnancies to the NHS should be considered. When considering who should be eligible, key themes raised were that the procedure should be funded if patients wish to be sterilised or if patients or their partners would be at risk of adverse impacts from pregnancy.

7 Appendix 1: Event fact sheets

7.1 Flash glucose monitoring



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NHS

Flash Glucose Monitoring

Diabetes is a lifelong condition that causes a person's blood sugar level to become too high.

The amount of sugar in the blood is controlled by a hormone called insulin, which is produced by the pancreas (a gland behind the stomach).

When food is digested and enters your bloodstream, insulin moves glucose out of the blood and into cells, where it's broken down to produce energy.

However, if you have diabetes, your body is unable to break down glucose into energy. This is because there's either not enough insulin to move the glucose, or the insulin produced does not work properly

There are two main types of diabetes:

- Type 1 diabetes– where the body's immune system attacks and destroys the cells that produce insulin
- Type 2 diabetes – where the body does not produce enough insulin, or the body's cells do not react to insulin

Type 2 diabetes is far more common than type 1. In the UK, around 90% of all adults with diabetes have type 2. Type 2 diabetes can be managed through healthy eating, regular exercise and achieving a healthy body weight or medication which doesn't require patients to measure their blood sugar levels.

There are no lifestyle changes people can make to lower the risk of type 1 diabetes.

Type 1 diabetes cannot be controlled using diet or exercise and the only treatment is insulin which is injected between 2 and 4 times a day, or continuously infused using a pump. Using insulin requires the patient to measure the amount of sugar in their blood and calculate the right amount of insulin or food needed to keep their blood sugar at the right level. Too much insulin and the blood sugars drop too low which can be dangerous, too little insulin and the blood sugars get too high which can also be dangerous. This means that the level of sugar in the blood needs to be checked with each meal and often more frequently.

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5 tokens = devices and sensors for 10 people (lasts for three years)

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Flash Glucose Monitoring

Making sure blood sugar levels don't get too high is important, not only in the short term because it can make the patient very unwell, but also in the long term. We know from scientific research that diabetics who's blood sugars are regularly even slightly too high are more at risk of developing eye, heart, kidney problems and leg problems, which can be severe.

The usual way of checking blood sugar is using a finger-prick test – a small needle is used to prick the finger and produce a small drop of blood. The blood is placed on a test strip and inserted in a blood testing meter. The device will then show a reading of the level of sugar in the blood.

Flash glucose monitoring is a way of measuring blood sugar levels without the need for the finger prick test. The clinical evidence suggests flash glucose monitoring is as effective at controlling blood sugar when compared with finger prick testing alone. For patients who manage their diabetes with insulin, the evidence says flash monitoring is better at maintaining stable glucose levels than finger prick testing alone.

A flash glucose monitor is a small sensor worn just under the skin. It records glucose (sugar) levels continuously throughout the day and night. Patients have a reader that is swiped over the sensor to give a reading of their sugar levels.

The sensor measures the amount of sugar in the fluid that surrounds the body's cells – called interstitial fluid. Therefore there is a small time delay when checking this fluid so patients will still need to do the finger-prick test from time to time.

The sensors last for 14 days, after this it needs replacing with a new sensor.

People in the UK may be offered flash glucose monitoring if they have Type 1 diabetes and need to test their blood sugar levels several times throughout the day to manage their condition and ensure they don't become unwell.

Sources:

Diabetes UK: *https://www.diabetes.org.uk/guide-to-diabetes/managing-your-diabetes/testing/flash-glucose-monitoring*

NHS Website: *https://www.nhs.uk/conditions/diabetes/*

5 tokens = devices and sensors for 10 people (lasts for three years)

7.2 Smoking cessation

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NHS

Smoking Cessation

In the UK, 14.7% of people aged 18 years and above smoked cigarettes in 2018, which is around 7.2 million people in the population.

Smoking is the primary cause of preventable illness and premature death, accounting for approximately 77,900 deaths a year in England.

Smoking harms nearly every organ of the body and dramatically reduces both quality of life and life expectancy. Smoking causes lung cancer, respiratory disease and heart disease as well as cancers in other organs including the lip, mouth, throat, bladder, kidney, stomach, liver and cervix.

It is estimated that the global yearly death toll as a result of tobacco use is currently 7 million (including exposure to second-hand smoke). For every death caused by smoking, around 20 smokers are suffering from a smoking related disease.

In England it is estimated that in 2015-16, among adults aged 35 and over, around 474,300 NHS hospital admissions were attributable to smoking, accounting for 4% of all hospital admissions in this age group.

The cost of smoking to the National Health Service in England is estimated to be £2.5 billion a year.

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5 tokens = 50 smoking cessation courses

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Smoking Cessation

There are many benefits of quitting for all smokers. This includes a lowered risk of lung cancer and many other types of cancer and a reduced risk of heart disease and stroke. Quitting also reduces the risk of developing lung diseases such as chronic obstructive pulmonary disease (COPD).

In Great Britain, 58.4% of people aged 16 years and above who currently smoked said they wanted to quit and 61.3% of those who have ever smoked said they had quit, based on estimates from the action on smoking and health Opinions and Lifestyle Survey.

Smoking cessation services are designed to support people who want to quit smoking. These services are staffed by expert advisers who provide a range of proven methods to help people quit smoking. A course may last for 12 weeks and could include professional one-to-one support as well as the opportunity to join group sessions. Patients could also be offered stop smoking treatments on prescription such as champix (a medicine to reduce the craving to smoke) or nicotine replacement therapy such as nicotine patches or gum. These products are available to purchase from the Chemist without a prescription.

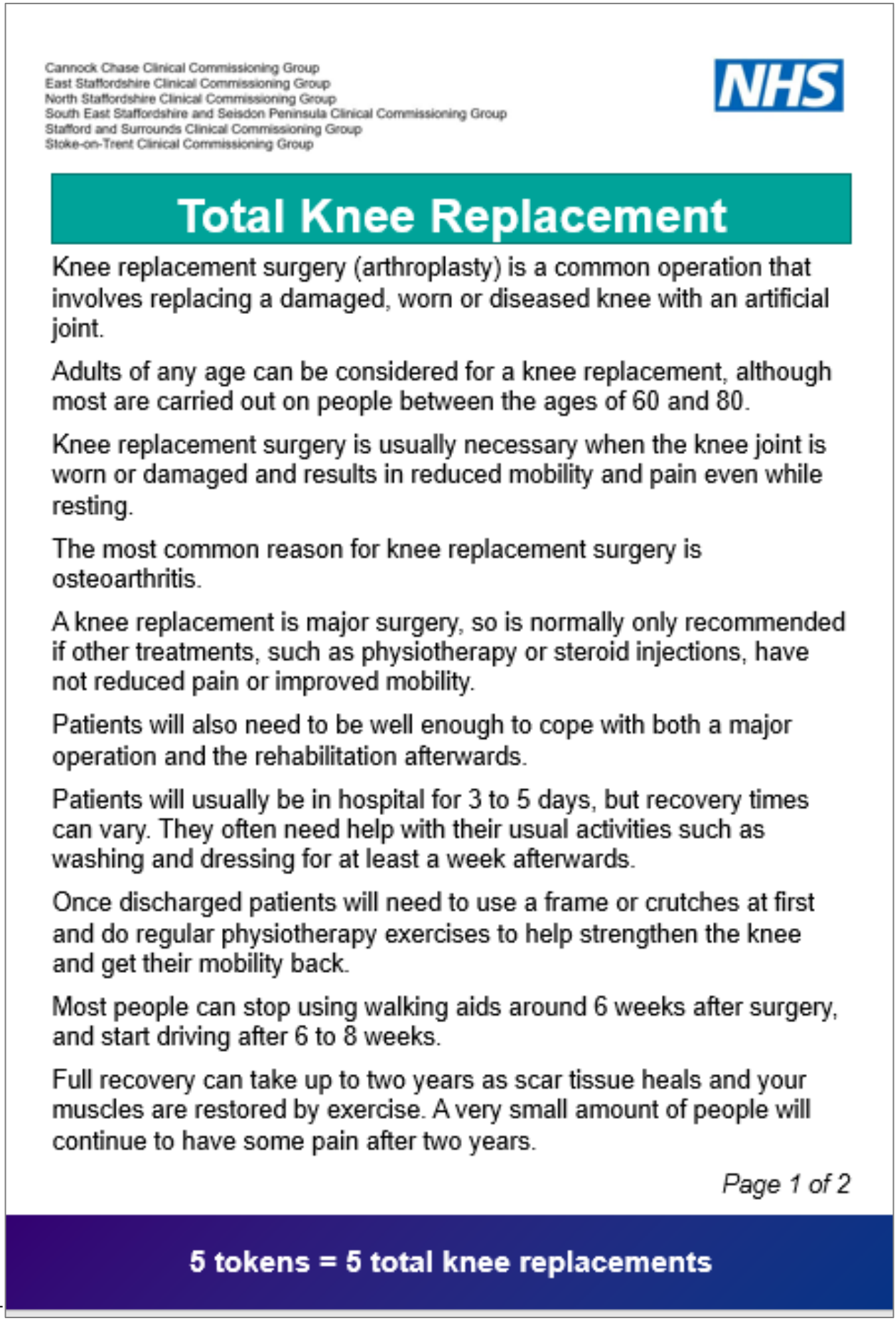
Sources:

Office for national statistics
https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/bulletins/adultsmokinghabitsingreatbritain/2018

World Health Organisation
https://www.who.int/tobacco/quitting/benefits/en/

5 tokens = 50 smoking cessation courses

7.3 Knee replacement



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NHS

Total Knee Replacement

Knee replacement surgery (arthroplasty) is a common operation that involves replacing a damaged, worn or diseased knee with an artificial joint.

Adults of any age can be considered for a knee replacement, although most are carried out on people between the ages of 60 and 80.

Knee replacement surgery is usually necessary when the knee joint is worn or damaged and results in reduced mobility and pain even while resting.

The most common reason for knee replacement surgery is osteoarthritis.

A knee replacement is major surgery, so is normally only recommended if other treatments, such as physiotherapy or steroid injections, have not reduced pain or improved mobility.

Patients will also need to be well enough to cope with both a major operation and the rehabilitation afterwards.

Patients will usually be in hospital for 3 to 5 days, but recovery times can vary. They often need help with their usual activities such as washing and dressing for at least a week afterwards.

Once discharged patients will need to use a frame or crutches at first and do regular physiotherapy exercises to help strengthen the knee and get their mobility back.

Most people can stop using walking aids around 6 weeks after surgery, and start driving after 6 to 8 weeks.

Full recovery can take up to two years as scar tissue heals and your muscles are restored by exercise. A very small amount of people will continue to have some pain after two years.

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5 tokens = 5 total knee replacements

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Total Knee Replacement

Knee replacement surgery is a common operation and most people do not have complications. However, as with any operation, there are risks as well as benefits.

Complications are rare but can include:

- stiffness of the knee
- infection of the wound
- infection of the joint replacement, needing further surgery
- unexpected bleeding into the knee joint
- ligament, artery or nerve damage in the area around the knee joint
- deep vein thrombosis (DVT)
- persistent pain in the knee
- a break in the bone around the knee replacement during or after the operation

Complications are more common in patients who smoke, are overweight or have other existing conditions such as heart disease or uncontrolled diabetes.

Wear and tear through everyday use means a replacement knee might not last forever. Some people will need further surgery. According to the National Joint Registry (NJR), around 1 in 20 patients who have a knee replacement will need further surgery after 12 years. However this depends on the type of replacement. Individual factors such as age, weight and physical activity levels can also influence how long a knee replacement will last.

Sources:

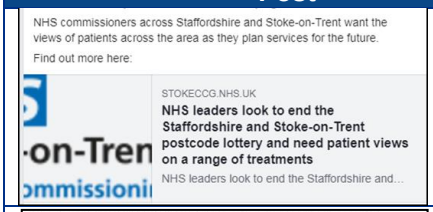
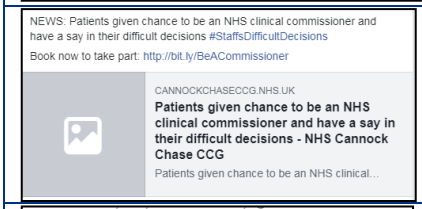
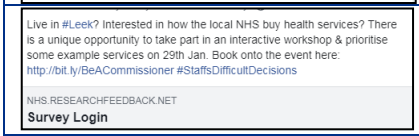
NHS Website *https://www.nhs.uk/conditions/knee-replacement/*

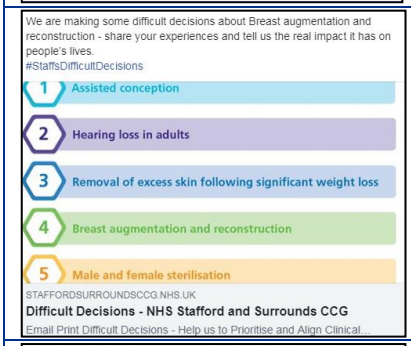
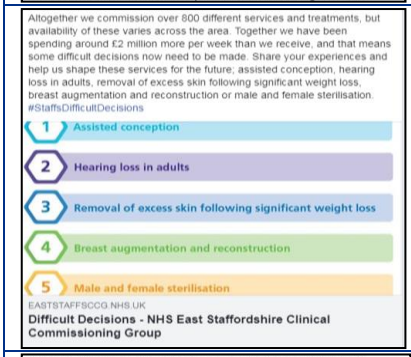
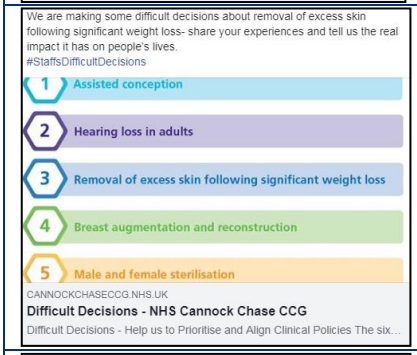
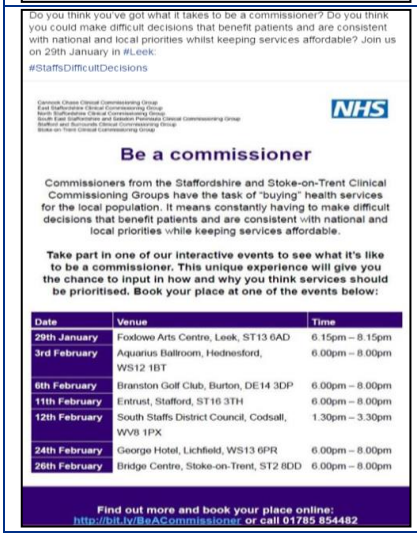
National Joint Registry *http://www.njrcentre.org.uk/njrcentre/Reports-Publications-and-Minutes/Public-and-Patient-Guide*

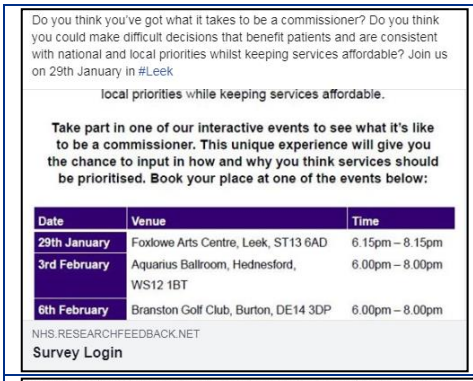
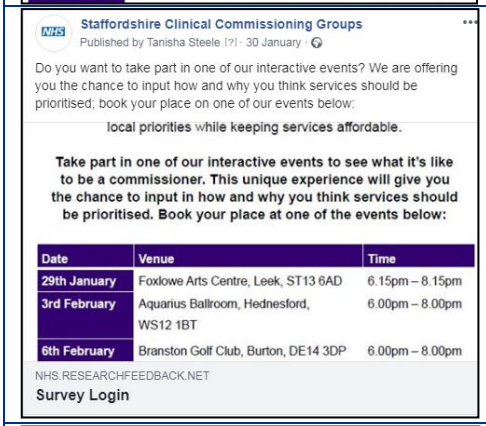
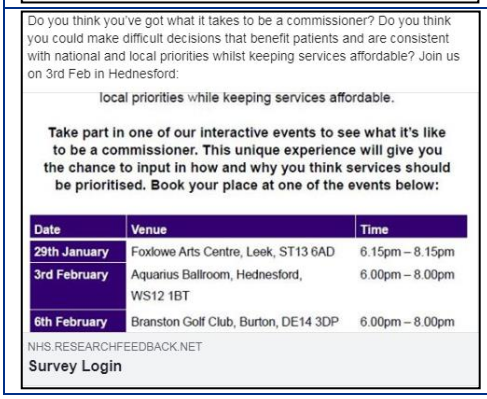
5 tokens = 5 total knee replacements

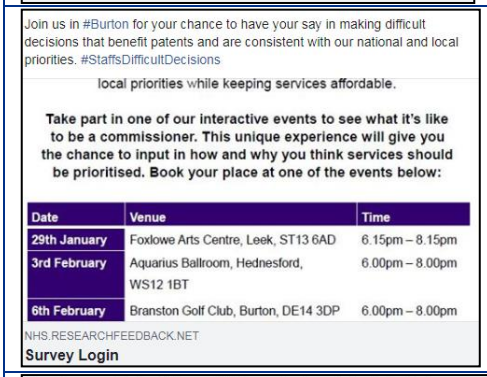
8 Appendix 2: Social media

Table 52. Facebook posts

Post	Post date	Reach	Engagements
	6 January 2020	172	53
	10 January 2020	154	11
	13 January 2020	171	10
	16 January 2020	175	37
	16 January 2020	173	39
	17 January 2020	141	5
	18 January 2020	414	39

		20 January 2020	203	22
		22 January 2020	212	5
		23 January 2020	123	4
		26 January 2020	205	34
		27 January 2020	1646	119

	28 January 2020	144	3
	29 January 2020	142	7
	30 January 2020	368	7
	31 January 2020	69	3

	1 February 2020	140	5
	2 February 2020	95	7
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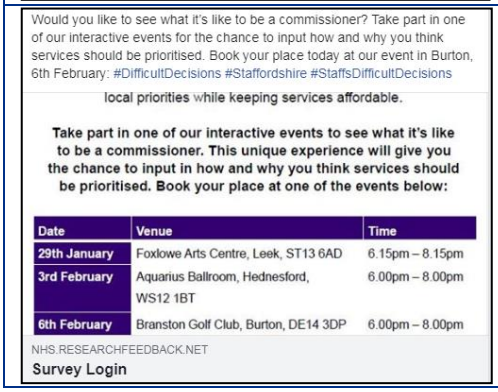
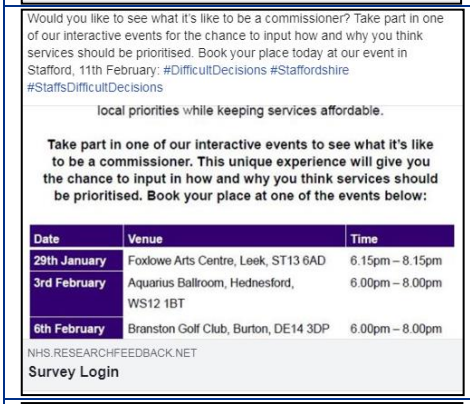
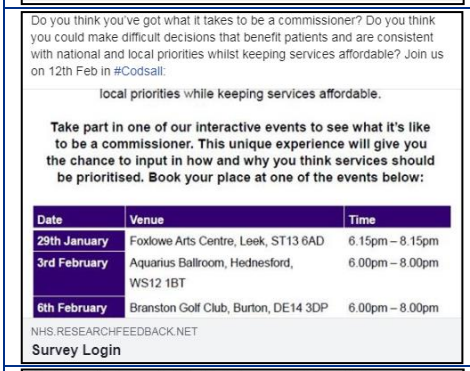
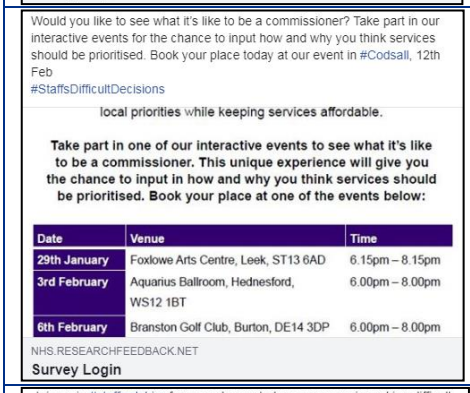
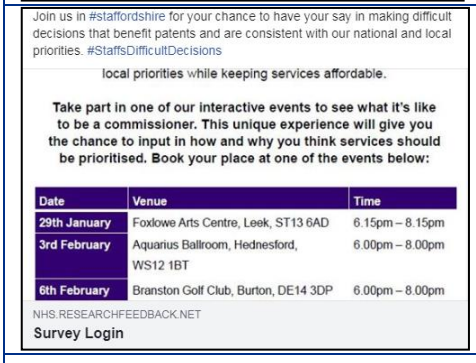
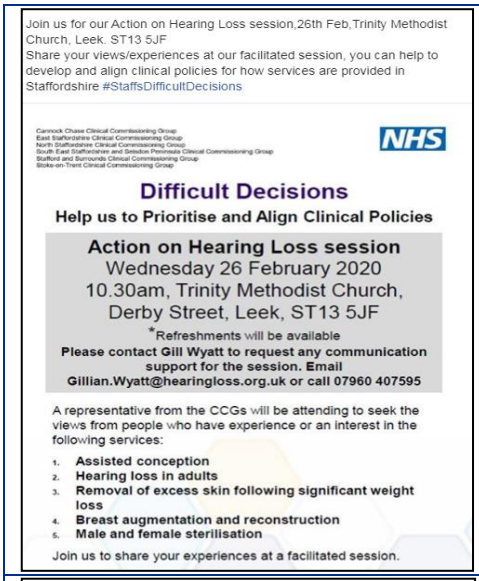
	3 February 2020	76	14

	4 February 2020	58	
	6 February 2020	87	3
	10 February 2020	150	7
	11 February 2020	38	
	12 February 2020	66	2

		13 February 2020	270	11
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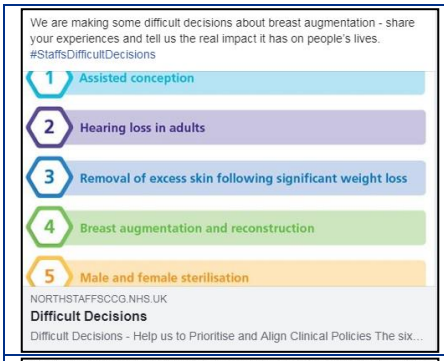
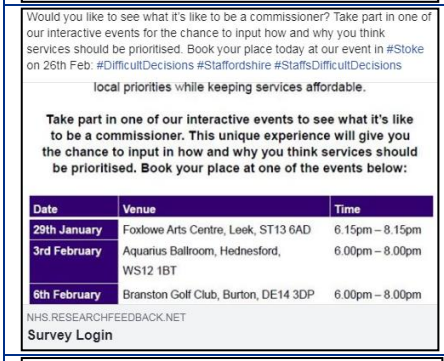
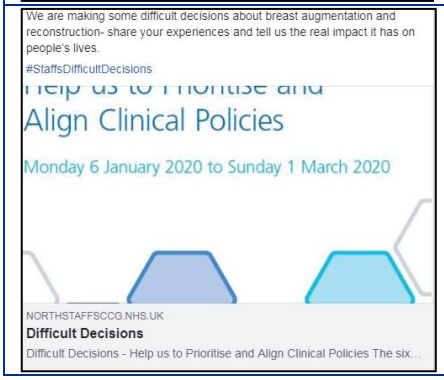
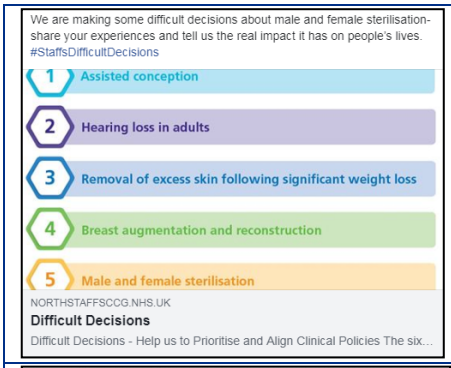
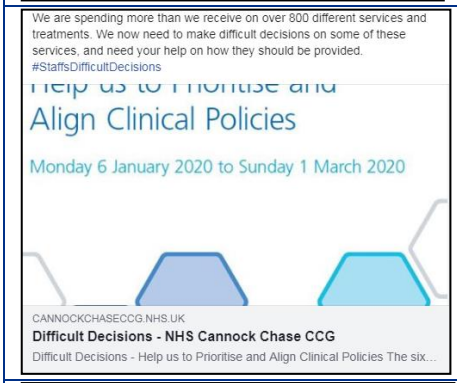
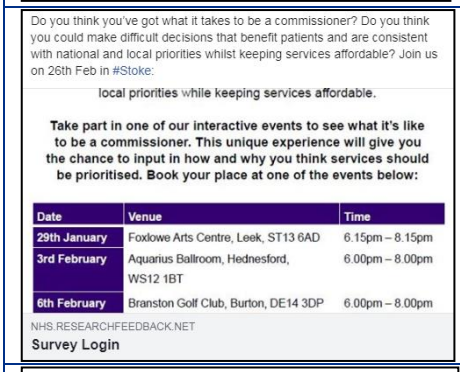
		15 February 2020	83	
		15 February 2020	55	1

	15 February 2020	69	2
	16 February 2020	89	
	18 February 2020	70	4
	19 February 2020	174	23
	20 February 2020	56	

	21 February 2020	62	2
	22 February 2020	132	2
	24 February 2020	225	21
	25 February 2020	19	
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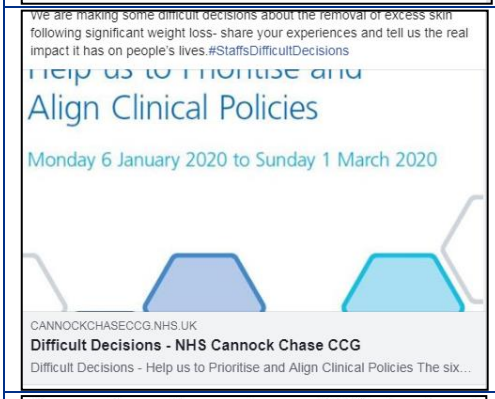
	26 February 2020	44	1
	28 February 2020	87	
	29 February 2020	78	

Table 53. Facebook event posts

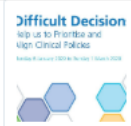
Post	Post date	Reach	Engagements
We're in #Leek for the first 'Be a commissioner' event - people will have the chance to take part in an activity and prioritise services telling us what they think is most important #StaffsDifficultDecisions	29 January 2020	228	34
Each table is now allocating their tokens against each example service and explaining why. We're using this feedback to help us prioritise services in the future. Want to take part in our next event? Contact us #StaffsDifficultDecisions	29 January 2020	203	40
We're in Hednesford this evening for our 'Be a commissioner' event. People are understanding the process of making difficult decisions in the CCGs and taking part in an activity to feedback their views are what is important. #StaffsDifficultDecisions	3 February 2020	158	20
Useful feedback being shared at our 'Be a commissioner' event - what's important to you if you had to review services and why would you prioritise one service or treatment over another?	3 February 2020	361	75
We attended the DeafVibe Café on Saturday in #Newcastle to hear views on the five services we are reviewing as part of the #StaffsDifficultDecision engagement exercise. We used a variety of methods to ensure people who are deaf or hard of hearing could have the opportunity to share their views on the services. Thanks DEAFvibe for inviting us. Read more:	10 February 2020	220	17
Last week, we were in #Burton and this evening we are in #Stafford holding our 'Be a commissioner' event as part of our Difficult Decisions engagement #StaffsDifficultDecisions We commission more than 800 services but spend £2million more each week than we receive. As a result, there will be some difficult decisions to make about how we spend our money. Why do you think we should focus on some services over others? People here this evening will take part in an activity to share their views on three example services.	11 February 2020	190	23
We want to understand more about how you would choose certain services over others; why would you make those choices? Quality of life is a common theme in our discussions in #Stafford. Tell us your thoughts #StaffsDifficultDecisions	11 February 2020	391	66
We're in #Codsall this afternoon for our latest 'Be a commissioner' event. People are sharing their views on why some services should be prioritised over others. What's important to you? #StaffsDifficultDecisions	12 February 2020	117	5
People who have attended one of our 'Be a commissioner' events have described it as thought provoking, interesting and difficult to prioritise services. Our #Codsall group today feel prevention is a key value to take forward in the decision making process and think the deciding board need to have better understanding of the impact of services being reviewed. Do you agree and if so, why? #StaffsDifficultDecisions	12 February 2020	303	26

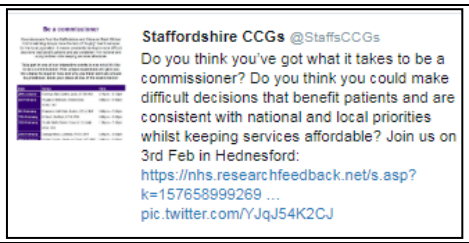
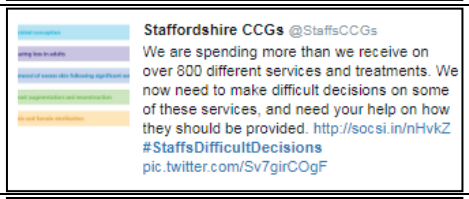
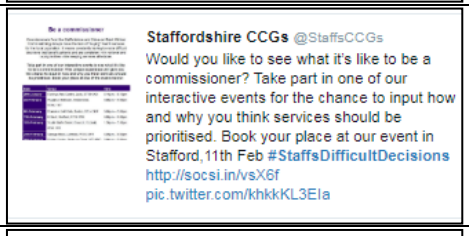
Table 54. Twitter event posts

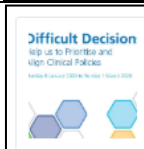
Post	Reach	Engagements
Staffordshire CCGs @StaffsCCGs We're in #Leek for our first 'Be a commissioner' event. People will be taking part in an activity about how they would prioritise services. #StaffsDifficultDecisions pic.twitter.com/PrHVXVf9bX	268	5
Staffordshire CCGs @StaffsCCGs Each table is now allocating their tokens against each example service and explaining why. We're using this feedback to help us prioritise services in the future. Want to take part in our next event? Contact us #StaffsDifficultDecisions pic.twitter.com/NyhwSwxX6S	336	13
Staffordshire CCGs @StaffsCCGs We're in #Hednesford this evening for our 'Be a commissioner' event. People are understanding the process of making difficult decisions in the CCGs and taking part in an activity to feedback their views on what they think is most important. #StaffsDifficultDecisions pic.twitter.com/Ox1rE6wHG2	395	28
Staffordshire CCGs @StaffsCCGs Useful feedback being shared at our 'Be a commissioner' event - what's important to you if you had to review services and why would you prioritise one service or treatment over another? pic.twitter.com/3KCZTeGj7d	401	18
Staffordshire CCGs @StaffsCCGs We attended the @DEAFvibe Café in #Newcastle to hear views on the 5 services we are reviewing as part of #StaffsDifficultDecision. To ensure people who are deaf/hard of hearing could have the opportunity to share their views. Thanks DeafVibe. Read more: https://bit.ly/39INZwR pic.twitter.com/4HpYKa3iTt	230	7
Staffordshire CCGs @StaffsCCGs Last week, we were in #Burton and this evening we are in #Stafford holding our 'Be a commissioner' event as part of our Difficult Decisions engagement #StaffsDifficultDecisions pic.twitter.com/f8c63tKn6D	293	15
Staffordshire CCGs @StaffsCCGs We buy 800+ services but spend £2m more each week than we receive. As a result, there will be some difficult decisions about how we spend our money. People this evening are taking part in an activity to share their views on three example services. #StaffsDifficultDecisions pic.twitter.com/EJbJKTAdCR	948	45

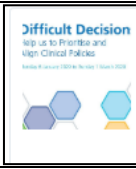
	Staffordshire CCGs @StaffsCCGs Why do you think we should focus on some services over others? We want to understand more about how you would do it; why would you make those choices? Quality of life is a common theme in our discussions in #Stafford. Tell us your thoughts #StaffsDifficultDecisions pic.twitter.com/AYLKZYssYG		589	32
	Staffordshire CCGs @StaffsCCGs We're in #Codsall this afternoon for our latest 'Be a commissioner' event. People are sharing their views on why some services should be prioritised over others. What's important to you? #StaffsDifficultDecisions pic.twitter.com/EG4hpq16HE		306	10
	Staffordshire CCGs @StaffsCCGs People who have attended one of our 'Be a commissioner' events have described it as thought provoking, interesting and difficult to prioritise services. Our #Codsall group today feel prevention is a key value to take forward. Do you agree? #StaffsDifficultDecisions pic.twitter.com/NOiUUFyTwC		374	13
	Staffordshire CCGs @StaffsCCGs We're in #Lichfield today for our latest 'Be a commissioner' event. We're asking people to look at three example services and take part in an activity to prioritise them #StaffsDifficultDecisions pic.twitter.com/vxVRrE7gHH		468	26
	Staffordshire CCGs @StaffsCCGs People are discussing which services they believe are a priority and what factors are most important. This will aid the CCGs to make future decisions on #StaffsDifficultDecisions What do you think is most important and why? pic.twitter.com/zzgqjzYjxM		967	79
	Staffordshire CCGs @StaffsCCGs We're in #Stoke this evening for our last 'Be a commissioner' event. People are taking part in an interactive activity to share what they think is important when prioritising services. #StaffsDifficultDecisions pic.twitter.com/563UZzJ00H		758	34
	Staffordshire CCGs @StaffsCCGs Why would you prioritise one service over another? What's most important to you? People here tonight think prevention of health conditions, choice of lifestyle & quality of life are factors in their decision making. Do you agree? #StaffsDifficultDecisions pic.twitter.com/toK8xyXRtr		759	36

Table 55. Twitter posts

Post	Reach	Engagements
Staffordshire CCGs @StaffsCCGs NHS commissioners across Staffordshire and Stoke-on-Trent want the views of patients across the area as they plan services for the future. Find out more here: https://www.stokeccg.nhs.uk/news-and-events/1218-nhs-leaders-look-to-end-the-staffordshire-and-stoke-on-trent-postcode-lottery-and-need-patient-views-on-a-range-of-treatments …	750	40
 **Staffordshire CCGs** @StaffsCCGs We are making some difficult decisions about removal of excess skin following significant weight loss- share your experiences and tell us the real impact it has on people's lives. https://sesandspccg.nhs.uk/get-involved/consultation-and-engagement/difficult-decisions … **#StaffsDifficultDecisions** pic.twitter.com/nByroJuzaL	493	24
 **Staffordshire CCGs** @StaffsCCGs We are making some difficult decisions about hearing loss in adults - share your experiences and tell us the real impact it has on people's lives. http://socsi.in/0dABR **#StaffsDifficultDecisions** pic.twitter.com/Wz8Xu9Z0Ly	2171	192
 **Staffordshire CCGs** @StaffsCCGs We are spending more than we receive on over 800 different services and treatments. We now need to make difficult decisions on some of these services, and need your help on how they should be provided. http://socsi.in/HtKcU **#StaffsDifficultDecisions** pic.twitter.com/c16jSYjOU3	2297	42
Staffordshire CCGs @StaffsCCGs NEWS: Patients given chance to be an NHS clinical commissioner and have a say in their difficult decisions **#StaffsDifficultDecisions** https://cannockchaseccg.nhs.uk/news-events/720-patients-given-chance-to-be-an-nhs-clinical-commissioner-and-have-a-say-in-their-difficult-decisions … Book now to take part!	382	9
Staffordshire CCGs @StaffsCCGs Live in **#Leek**? Interested in how the local NHS buy health services? There is a unique opportunity to take part in an interactive workshop & prioritise some example services on 29th Jan. Book onto the event here: http://bit.ly/BeACommissioner **#StaffsDifficultDecisions #Staffordshire**	680	18
 **Staffordshire CCGs** @StaffsCCGs We are making some difficult decisions about assisted conception - share your experiences and tell us the real impact it has on people's lives. http://socsi.in/0RcLa **#StaffsDifficultDecisions** pic.twitter.com/itYL9R7UJ3	394	6
 **Staffordshire CCGs** @StaffsCCGs We are making some difficult decisions about Breast augmentation and reconstruction - share your experiences and tell us the real impact it has on people's lives. https://www.staffordsurroundsccg.nhs.uk/get-involved/consultation-and-engagement/difficult-decisions … **#StaffsDifficultDecisions** pic.twitter.com/dZGRNglr3H	370	6
 **Staffordshire CCGs** @StaffsCCGs Would you like to see what it's like to be a commissioner? Take part in one of our interactive events for the chance to input how and why you think services should be prioritised. Book your place today at our event in Hednesford, 3rd February: **#StaffsDifficultDecisions** pic.twitter.com/HcpU8X59SS	1004	43
 **Staffordshire CCGs** @StaffsCCGs Do you want to take part in one of our interactive events? We are offering you the chance to input how and why you think services should be prioritised; book your place on one of our events below: https://nhs.researchfeedback.net/s.asp?k=157658999269 … pic.twitter.com/JJyuGS0eBM	330	5

	 **Staffordshire CCGs** @StaffsCCGs Do you think you've got what it takes to be a commissioner? Do you think you could make difficult decisions that benefit patients and are consistent with national and local priorities whilst keeping services affordable? Join us on 3rd Feb in Hednesford: https://nhs.researchfeedback.net/s.asp?k=157658999269 … pic.twitter.com/YJqJ54K2CJ	259	5
	 **Staffordshire CCGs** @StaffsCCGs We are spending more than we receive on over 800 different services and treatments. We now need to make difficult decisions on some of these services, and need your help on how they should be provided. http://socsi.in/nHvkZ **#StaffsDifficultDecisions** pic.twitter.com/Sv7girCOgF	284	16
	 **Staffordshire CCGs** @StaffsCCGs Join us in **#Burton** for your chance to have your say in making difficult decisions that benefit patents and are consistent with our national and local priorities. **#StaffsDifficultDecisions** http://socsi.in/sLUla pic.twitter.com/Dw0l0odMOG	261	
	 **Staffordshire CCGs** @StaffsCCGs People across Staffordshire and Stoke-on-Trent are being invited to learn more about how local health decisions are made and sharing their opinions on how they should be prioritised. Find out more: https://www.cannockchaseccg.nhs.uk/news-events/726-be-a-commissioner-for-the-day-and-share-what-you-think-is-most-important-when-reviewing-services … pic.twitter.com/VV0JawWJ9A	290	8
	 **Staffordshire CCGs** @StaffsCCGs Would you like to see what it's like to be a commissioner? Take part in one of our interactive events for the chance to input how and why you think services should be prioritised. Book your place at our event in Burton, 6th Feb: **#StaffsDifficultDecisions** http://socsi.in/wRjXX pic.twitter.com/wqLQJVtz2Y	362	13
	 **Staffordshire CCGs** @StaffsCCGs Would you like to see what it's like to be a commissioner? Take part in one of our interactive events for the chance to input how and why you think services should be prioritised. Book your place at our event in Burton, 6th Feb: **#StaffsDifficultDecisions** https://nhs.researchfeedback.net/s.asp?k=157658999269 … pic.twitter.com/r508Mr6rJX	301	5
	 **Staffordshire CCGs** @StaffsCCGs Would you like to see what it's like to be a commissioner? Take part in one of our interactive events for the chance to input how and why you think services should be prioritised. Book your place at our event in Stafford, 11th Feb **#StaffsDifficultDecisions** http://socsi.in/vsX6f pic.twitter.com/khkkKL3EIa	252	6
	 **Staffordshire CCGs** @StaffsCCGs Join us for our Action on Hearing Loss session,26th Feb,Trinity Methodist Church, Leek. ST13 5JF Share your views/experiences at our facilitated session, you can help to develop and align clinical policies for how services are provided in Staffordshire **#StaffsDifficultDecisions** pic.twitter.com/rNb1vf9l36	341	2

	 **Staffordshire CCGs** @StaffsCCGs Do you think you've got what it takes to be a commissioner? Do you think you could make difficult decisions that benefit patients and are consistent with national and local priorities whilst keeping services affordable? Join us on 12th Feb in #Codsall: http://socsi.in/88meH pic.twitter.com/lEGZhrmOES		271	20
	 **Staffordshire CCGs** @StaffsCCGs Would you like to see what it's like to be a commissioner? Take part in our interactive events for the chance to input how and why you think services should be prioritised. Book your place today at our event in #Codsall, 12th Feb:#StaffsDifficultDecisions https://nhs.researchfeedback.net/s.asp?k=157658999269 … pic.twitter.com/UDONJdH353		395	14
	 **Staffordshire CCGs** @StaffsCCGs Join us in #staffordshire for your chance to have your say in making difficult decisions that benefit patents and are consistent with our national and local priorities. #StaffsDifficultDecisions https://nhs.researchfeedback.net/s.asp?k=157658999269 … pic.twitter.com/1AxLrGH1WQ		347	12
	Staffordshire CCGs @StaffsCCGs We still have two more events coming up, in #lichfield and #stoke Be sure to book your place on one of our 'Be a commissioner' events for your chance to have your say in making difficult decisions #StaffsDifficultDecisions https://nhs.researchfeedback.net/s.asp?k=157658999269 … https://twitter.com/StaffsCCGs/status/1227615391763107840 …		377	3
	 **Staffordshire CCGs** @StaffsCCGs Join us for our Action on Hearing Loss session,26th Feb,Trinity Methodist Church, Leek. ST13 5JF Share your views/experiences at our facilitated session, you can help to develop and align clinical policies for how services are provided in Staffordshire #StaffsDifficultDecisions pic.twitter.com/mbWKYp3OqP		543	13
	 **Staffordshire CCGs** @StaffsCCGs We are making some difficult decisions about male and female sterilisation - share your experiences and tell us the real impact it has on people's lives. http://socsi.in/eTMFT #StaffsDifficultDecisions pic.twitter.com/XUv9qDliVO		183	3
	 **Staffordshire CCGs** @StaffsCCGs Do you think you've got what it takes to be a commissioner? Do you think you could make difficult decisions that benefit patients and are consistent with national and local priorities whilst keeping services affordable? Join us on 24th Feb in #Lichfield: http://socsi.in/q5BySpic.twitter.com/j2usR3BugO		285	6
	 **Staffordshire CCGs** @StaffsCCGs We are making some difficult decisions about the removal of excess skin following significant weight loss - share your experiences and tell us the real impact it has on people's lives. http://socsi.in/Sxn7K #StaffsDifficultDecisions pic.twitter.com/HC3jaVaw2X		255	7
	 **Staffordshire CCGs** @StaffsCCGs We are making some difficult decisions about breast augmentation - share your experiences and tell us the real impact it has on people's lives. http://socsi.in/WWu4J #StaffsDifficultDecisions pic.twitter.com/v0LK4dSV3s		271	2

	 **Staffordshire CCGs** @StaffsCCGs Would you like to see what it's like to be a commissioner? Take part in an interactive event for the chance to input how and why you think services should be prioritised. Book your place today at our event in #Stoke on 26th Feb: #StaffsDifficultDecisions http://socsi.in/2lpA8 pic.twitter.com/I8QtXKYCqJ		442	14
	 **Staffordshire CCGs** @StaffsCCGs We are making some difficult decisions about the removal of excess skin following significant weight loss - share your experiences and tell us the real impact it has on people's lives. https://www.northstaffsccg.nhs.uk/get-involved/consultation-engagement/difficult-decisions ... #StaffsDifficultDecisions pic.twitter.com/DEBI3L0c2g		821	51
	 **Staffordshire CCGs** @StaffsCCGs We are spending more than we receive on over 800 different services and treatments. We now need to make difficult decisions on some of these services, and need your help on how they should be provided. https://www.stokeccg.nhs.uk/get-involved/consultation-engagement/difficult-decisions ... #StaffsDifficultDecisions pic.twitter.com/wwwsrzmp6D		550	13
	 **Staffordshire CCGs** @StaffsCCGs We are making some difficult decisions about male and female sterilisation- share your experiences and tell us the real impact it has on people's lives. http://orlo.uk/vqwaQ #StaffsDifficultDecisions pic.twitter.com/AKHGo8k0gI		818	11
	 **Staffordshire CCGs** @StaffsCCGs We are spending more than we receive on over 800 different services and treatments. We now need to make difficult decisions on some of these services, and need your help on how they should be provided. http://orlo.uk/oxyKG #StaffsDifficultDecisions pic.twitter.com/J2dBYNJuva		270	10
	 **Staffordshire CCGs** @StaffsCCGs Do you think you've got what it takes to be a commissioner? Do you think you could make difficult decisions that benefit patients and are consistent with national and local priorities whilst keeping services affordable? Join us on 26th Feb in #Stoke: https://nhs.researchfeedback.net/s.asp?k=157658999269 ... pic.twitter.com/3GjfFYgKak		291	10
	 **Staffordshire CCGs** @StaffsCCGs We are making some difficult decisions about breast augmentation and reconstruction- share your experiences and tell us the real impact it has on people's lives. http://orlo.uk/1SeiF #StaffsDifficultDecisions pic.twitter.com/xDE1xzdfHn		195	2
	 **Staffordshire CCGs** @StaffsCCGs Join us in #Stoke tomorrow for your chance to have your say in making difficult decisions that benefit patents and are consistent with our national and local priorities. #StaffsDifficultDecisions http://orlo.uk/vxYQV pic.twitter.com/ovph5tM0SB		235	3
	 **Staffordshire CCGs** @StaffsCCGs We are making some difficult decisions about the removal of excess skin following significant weight loss- share your experiences and tell us the real impact it has on people's lives. http://orlo.uk/7qInu #StaffsDifficultDecisions pic.twitter.com/K7uLEHpng1		574	12

	 Staffordshire CCGs @StaffsCCGs We are spending more than we receive on over 800 different services and treatments. We now need to make difficult decisions on some of these services, and need your help on how they should be provided. http://orlo.uk/wrKVl #StaffsDifficultDecisions pic.twitter.com/l29p7OZSVh		366	15

9 Appendix 3: Demographic profiling

9.1 Survey respondents

Ethnicity		
White: British	529	96%
White: Irish	7	1%
White: Gypsy or traveller	1	0.2%
White: Other	6	1%
Mixed: White and Black Caribbean	1	0.2%
Mixed: White and Black African	-	-
Mixed: White and Asian	-	-
Mixed: Other	3	1%
Asian/Asian British: Indian	3	1%
Asian/Asian British: Pakistani	1	0.2%
Asian/Asian British: Bangladeshi	-	-
Asian/Asian British: Chinese	-	-
Asian/Asian British: Other	-	-
Black/Black British: African	1	0.2%
Black/Black British: Caribbean	-	-
Black/Black British: Other	-	-
Other ethnic group: Arab	-	-
Any other ethnic group	-	-
Base	***552***	
Age category		
16 - 19	3	1%
20 - 24	4	1%
25 - 29	21	4%
30 - 34	50	9%
35 - 39	81	14%
40 - 44	63	11%
45 - 49	45	8%
50 - 54	38	7%
55 - 59	40	7%
60 - 64	42	7%
65 - 69	45	8%
70 - 74	51	9%
75 - 79	32	6%
80 and over	39	7%
Prefer not to say	7	1%
Base	**561**	
Religion		
No religion	225	41%
Christian	293	53%
Buddhist	1	0.2%
Hindu	-	-
Jewish	-	-
Muslim	3	1%
Sikh	2	0.4%
Any other religion	4	1%
Prefer not to say	27	5%
Base	**555**	
Sex		
Male	243	44%
Female	300	54%
Intersex	-	-
Prefer not to say	13	2%
Other	1	0.2%
Base	**557**	
Armed Forces		
Yes	52	9%
No	488	89%
Prefer not to say	10	2%
Base	**550**	

Sexual orientation		
Heterosexual	494	92%
Lesbian	5	1%
Gay	-	-
Bisexual	9	2%
Other	-	-
Prefer not to say	27	5%
Base	***535***	
Relationship status		
Married	386	70%
Civil partnership	8	1%
Single	36	6%
Divorced	26	5%
Lives with partner	47	8%
Separated	3	1%
Widowed	28	5%
Other	2	0.4%
Prefer not to say	18	3%
Base	***554***	
Pregnant currently		
Yes	4	1%
No	502	97%
Prefer not to say	14	3%
Base	***520***	
Recently given birth		
Yes	3	1%
No	503	97%
Prefer not to say	12	2%
Base	***518***	
Health problem or disability		
Yes, limited a lot	80	15%
Yes, limited a little	120	23%
No	318	60%
Prefer not to say	10	2%
Base	***528***	
Disability		
Physical disability	72	24%
Sensory disability	174	59%
Mental health need	34	12%
Learning disability or difficulty	11	4%
Long-term illness	61	21%
Other	29	10%
Prefer not to say	37	13%
Base	***295***	
Carer		
Yes - young person(s) aged under 24	64	12%
Yes - adult(s) aged 25 to 49	16	3%
Yes - person(s) aged over 50 years	62	11%
No	389	72%
Prefer not to say	21	4%
Base	***540***	
Gender identity		
Yes*	-	-
No	474	95%
Prefer not to say	24	5%
Base	***498***	

*Have you gone through any part of a process or do you intend to (including thoughts and actions) to bring your physical sex appearance and/or your gender role more in line with your gender identity? (This could include changing your name, your appearance and the way you dress, taking hormones or having gender confirming surgery)

9.2 Event participants

Ethnicity		
White: British	45	90%
White: Irish	1	2%
White: Gypsy or traveller	-	-
White: Other	3	6%
Mixed: White and Black Caribbean	-	-
Mixed: White and Black African	-	-
Mixed: White and Asian	-	-
Mixed: Other	-	-
Asian/Asian British: Indian	-	-
Asian/Asian British: Pakistani	-	-
Asian/Asian British: Bangladeshi	-	-
Asian/Asian British: Chinese	-	-
Asian/Asian British: Other	-	-
Black/Black British: African	-	-
Black/Black British: Caribbean	-	-
Black/Black British: Other	-	-
Other ethnic group: Arab	-	-
Any other ethnic group	1	2%
Base	***50***	
Age category		
16 - 19	-	-
20 - 24	1	2%
25 - 29	1	2%
30 - 34	1	2%
35 - 39	2	4%
40 - 44	1	2%
45 - 49	2	4%
50 - 54	8	16%
55 - 59	7	14%
60 - 64	5	10%
65 - 69	5	10%
70 - 74	9	18%
75 - 79	7	14%
80 and over	1	2%
Prefer not to say	-	-
Base	***50***	
Religion		
No religion	15	30%
Christian	29	58%
Buddhist	-	-
Hindu	-	-
Jewish	-	-
Muslim	2	4%
Sikh	-	-
Any other religion	1	2%
Prefer not to say	3	6%
Base	***50***	
Sex		
Male	17	34%
Female	33	66%
Intersex	-	-
Prefer not to say	-	-
Other	-	-
Base	***50***	
Armed Forces		
Yes	3	6%
No	46	94%
Prefer not to say	-	-
Base	***49***	

Sexual orientation		
Heterosexual	45	96%
Lesbian	-	-
Gay	1	2%
Bisexual	-	-
Other	-	-
Prefer not to say	1	2%
Base	***47***	
Relationship status		
Married	36	73%
Civil partnership	-	-
Single	5	10%
Divorced	3	6%
Lives with partner	3	6%
Separated	-	-
Widowed	1	2%
Other	-	-
Prefer not to say	1	2%
Base	***49***	
Pregnant currently		
Yes	-	-
No	44	100%
Prefer not to say	-	-
Base	***44***	
Recently given birth		
Yes	-	-
No	44	100%
Prefer not to say	-	-
Base	***44***	
Health problem or disability		
Yes, limited a lot	3	7%
Yes, limited a little	11	24%
No	32	70%
Prefer not to say	-	-
Base	***46***	
Disability		
Physical disability	8	42%
Sensory disability	7	37%
Mental health need	2	11%
Learning disability or difficulty	1	5%
Long-term illness	9	47%
Other	4	21%
Prefer not to say	1	5%
Base	***19***	
Carer		
Yes - young person(s) aged under 24	3	7%
Yes - adult(s) aged 25 to 49	1	2%
Yes - person(s) aged over 50 years	13	29%
No	28	62%
Prefer not to say	-	-
Base	***45***	
Gender identity		
Yes*	1	2%
No	37	90%
Prefer not to say	3	7%
Base	***41***	

*Have you gone through any part of a process or do you intend to (including thoughts and actions) to bring your physical sex appearance and/or your gender role more in line with your gender identity? (This could include changing your name, your appearance and the way you dress, taking hormones or having gender confirming surgery)

10 Appendix 4: Assisted conception

Table 56. Where did you have this service/procedure?

	Total		CCG area								Respondent type					
	No.	%	Cannock Chase	East Staffordshire	North Staffordshire	SE Staffordshire and Seisdon Peninsula	Stafford and Surrounds	Stoke-on-Trent	Out of area	Unknown	Current service user	Service user in the last three years	Likely be user in the future	Healthcare professional	Interested party or organisation	Other
Nurture fertility (inc. Nurture Burton)	**6**	**27%**	-	-	2	-	4	-	-	-	3	3	-	-	-	-
Royal Stoke University Hospital (inc. University Hospital)	**3**	**14%**	-	-	3	-	-	-	-	-	1	1	-	-	-	1
Nottingham (inc. Nottingham Nurture)	**2**	**9%**	-	-	2	-	-	-	-	-	2	-	-	-	-	-
Burton Clinic (inc. Burton)	**2**	**9%**	-	-	-	-	-	1	1	-	2	-	1	-	-	-
Midland Fertility	**1**	**5%**	-	-	-	-	-	1	-	-	-	1	1	-	-	-
Care Fertility	**1**	**5%**	-	-	-	-	-	-	1	-	-	1	-	-	-	-
New Cross	**1**	**5%**	-	-	-	-	-	-	1	-	1	-	1	-	-	-
Tamworth	**1**	**5%**	-	-	-	-	1	-	-	-	-	1	1	-	-	-
Create Birmingham	**1**	**5%**	-	-	1	-	-	-	-	-	-	1	-	-	-	-
Care Manchester	**1**	**5%**	-	-	1	-	-	-	-	-	-	1	-	-	-	-
Manchester Fertility	**1**	**5%**	-	-	-	-	-	1	-	-	1	-	1	-	-	-
Queen's Hospital, Burton	**1**	**5%**	-	1	-	-	-	-	-	-	-	-	-	-	-	1
Other (inc. 'vasectomy')	**2**	**9%**	-	-	-	-	1	-	1	-	-	1	-	1	-	1
Base	***22***		*-*	*1*	*9*	*-*	*6*	*3*	*3*	*-*	*9*	*10*	*4*	*1*	*-*	*3*

Table 57. Was this funded by the NHS or privately?

	Total		CCG area								Respondent type					
	No.	%	Cannock Chase	East Staffordshire	North Staffordshire	SE Staffordshire and Seisdon Peninsula	Stafford and Surrounds	Stoke-on-Trent	Out of area	Unknown	Current service user	Service user in the last three years	Likely be user in the future	Healthcare professional	Interested party or organisation	Other
NHS-funded	**19**	**90%**	-	100%	89%	-	100%	67%	100%	-	89%	90%	75%	-	-	100 %
Privately-funded	**2**	**10%**	-	-	11%	-	-	33%	-	-	11%	10%	25%	-	-	-
Base	***21***		*-*	*1*	*9*	*-*	*5*	*3*	*3*	*-*	*9*	*10*	*4*	*-*	*-*	*2*

Table 58. What went well?

	Total		CCG area								Respondent type					
	No.	%	Cannock Chase	East Staffordshire	North Staffordshire	SE Staffordshire and Seisdon Peninsula	Stafford and Surrounds	Stoke-on-Trent	Out of area	Unknown	Current service user	Service user in the last three years	Likely be user in the future	Healthcare professional	Interested party or organisation	Other
Good standard of care and service from staff	**8**	**40%**	-	-	4	-	1	2	1	-	4	3	3	-	-	1
Quick and easy referral process	**6**	**30%**	-	-	3	-	2	-	1	-	4	2	1	-	-	-
Successful pregnancy and birth	**3**	**15%**	-	-	1	-	1	-	1	-	-	3	-	-	-	-
High quality treatment received	**2**	**10%**	-	-	-	-	1	-	1	-	-	2	1	-	-	-
Successful egg fertilisation and/or embryo transfer	**2**	**10%**	-	-	1	-	-	1	-	-	1	-	-	-	-	1
Received funding for treatment	**2**	**10%**	-	-	2	-	-	-	-	-	2	-	-	-	-	-
Convenient clinic locations	**2**	**10%**	-	-	2	-	-	-	-	-	1	1	-	-	-	-
Good initial appointment	**1**	**5%**	-	-	-	-	1	-	-	-	-	1	1	-	-	-
Negative comment: Treatment was unsuccessful	**1**	**5%**	-	-	1	-	-	-	-	-	-	1	-	-	-	-
Negative comment: Concern over self-funding future treatment	**1**	**5%**	-	-	-	-	1	-	-	-	1	-	-	-	-	-
Base	***20***		-	-	*9*	-	*5*	*3*	*3*	-	*9*	*10*	*4*	-	-	*1*

Example quotes

"After only 1 round of IVF (ICSI) we were lucky enough to have a little boy, the referral process was straightforward after all of our testing. We had a really supportive gynaecologist who was really proactive in her advice and putting us forward for our treatment."

(NHS North Staffordshire CCG, Female, 25-29)

"The service and expertise offered by the doctor during such a difficult time was second to none. We felt completely informed and reassured and are gutted that because we live in Stafford that any further treatment that we have will have to be privately funded as we only are entitled to one cycle. The reassurance and professional service offered took away some of the anxiety associated with a traumatic procedure."

(NHS Stafford and Surrounds CCG, Female, 30-34)

"Funding was confirmed quite quickly by the CCG. Ability to use private clinics provided a good range of clinic options. Medical care received from clinic is excellent."

(NHS North Staffordshire CCG, Male, 25-29)

"Approachable GP. Referring openly and honestly after thresholds met."

(Out of area, Male, 25-29)

Table 59. What concerns, if any, did you have?

	Total		CCG area								Respondent type					
	No.	**%**	Cannock Chase	East Staffordshire	North Staffordshire	SE Staffordshire and Seisdon Peninsula	Stafford and Surrounds	Stoke-on-Trent	Out of area	Unknown	Current service user	Service user in the last three years	Likely be user in the future	Healthcare professional	Interested party or organisation	Other
Concern over lack of access to treatment (e.g. limitation on cycles)	**4**	**22%**	-	-	4	-	-	-	-	-	3	1	-	-	-	-
Concern over cost of self-funding	**4**	**22%**	-	-	2	-	1	1	-	-	3	1	1	-	-	-
Nothing / No / No concerns	**4**	**22%**	-	-	2	-	1	-	1	-	1	3	-	-	-	-
Access to treatment is not consistent across different areas (e.g. postcode lottery)	**3**	**17%**	-	-	2	-	1	-	-	-	2	1	-	-	-	-
Consider the negative impact of infertility on patients' mental health and wellbeing	**3**	**17%**	-	-	1	-	1	-	1	-	2	1	-	-	-	-
Concern over the referral process	**3**	**17%**	-	-	1	-	-	1	1	-	2	1	2	-	-	-
IVF should be funded for 3 rounds	**1**	**6%**	-	-	1	-	-	-	-	-	1	-	-	-	-	-
Tests and examinations were unnecessary	**1**	**6%**	-	-	-	-	-	1	-	-	-	1	1	-	-	-
Concern over appointment availability	**1**	**6%**	-	-	-	-	-	-	1	-	1	-	1	-	-	-
Concern over understanding the process	**1**	**6%**	-	-	1	-	-	-	-	-	1	-	-	-	-	-
Lack of follow-up support after unsuccessful treatment	**1**	**6%**	-	-	-	-	1	-	-	-	-	1	1	-	-	-
Lack of access to progesterone level tests	**1**	**6%**	-	-	-	-	1	-	-	-	-	1	-	-	-	-
Concern over waiting times between procedures	**1**	**6%**	-	-	1	-	-	-	-	-	-	-	-	-	-	1
Base	***18***		-	-	*9*	-	*4*	*2*	*3*	-	*8*	*9*	*4*	-	-	*1*

Example quotes

"We only have one NHS funded cycle due to our postcode. Infertility is not a choice, it is a difficult battle that couple have to overcome. The emotional turmoil alongside the rigorous hormonal treatment is life changing. Couples in such a time of distress do not need anymore worries associated with the financial burden. The opportunity to become a parent is taken away from some people due to cancer and they should not be punished a second time, especially not when they contribute to The NHS through national insurance contributions.."

(NHS Stafford and Surrounds CCG, Female, 30-34)

"Extremely anxiety provoking knowing that we may only get one round of IVF."

(NHS North Staffordshire CCG, Female, 25-29)

"Time taken for referral from hospital. I was put through unnecessary tests prior to referral due to such stringent guidelines, all tests given to myself were irrelevant to our specific case as my husband had no sperm. To check my Fallopian tubes aren't blocked is completely irrelevant as they aren't used in ivf treatment which was our only way to conceive. Procedure was painful for myself and exposed me to unnecessary radiation."

(NHS Stoke-on-Trent CCG, Female, 25-29)

Table 60. After you received this service/procedure, how has this impacted on your life?

	Total		CCG area								Respondent type					
	No.	%	Cannock Chase	East Staffordshire	North Staffordshire	SE Staffordshire and Seisdon Peninsula	Stafford and Surrounds	Stoke-on-Trent	Out of area	Unknown	Current service user	Service user in the last three years	Likely be user in the future	Healthcare professional	Interested party or organisation	Other
Consider the negative impact of infertility on patients' mental health, wellbeing and relationships (e.g. social isolation)	**11**	**55%**	-	-	4	-	3	2	2	-	5	6	3	-	-	-
Positive: Positive impact on life through becoming a parent (inc. pregnancy)	**7**	**35%**	-	1	3	-	1	1	1	-	-	5	1	-	-	2
Negative: Unsuccessful treatment resulted in adverse impacts on wellbeing and mental health	**7**	**35%**	-	-	3	-	2	1	1	-	3	4	2	-	-	-
Negative: Treatment was unsuccessful	**5**	**25%**	-	-	2	-	2	1	-	-	3	2	1	-	-	-
Positive: Treatment provided hope that pregnancy would be possible	**4**	**20%**	-	-	3	-	1	-	-	-	4	-	-	-	-	-
Concern over a lack of access to the service	**4**	**20%**	-	-	1	-	1	1	1	-	2	2	2	-	-	-
Self-funding is too expensive	**3**	**15%**	-	-	-	-	1	2	-	-	2	1	2	-	-	-
Assisted conception should be funded for those with infertility	**1**	**5%**	-	-	1	-	-	-	-	-	-	1	-	-	-	-
No impact	**1**	**5%**	-	-	-	-	-	-	1	-	-	1	-	-	-	-
Base	***20***		-	*1*	*9*	-	*5*	*2*	*3*	-	*8*	*10*	*4*	-	-	*2*

Example quotes

"It has obviously changed our whole lives, I was depressed and unhappy prior to our treatment which was a huge strain on my marriage. Without the treatment funded by the NHS I would have needed psychological help for the rest of my life. Not being able to have children is not a choice and should not be treated any differently to any other condition or illness. The outcome we received fulfilled our dreams and the moment I held my son for the first time changed my whole life for the better. Everyone should get the same chance."

(NHS North Staffordshire CCG, Female, 25-29)

"Unfortunately, my treatment resulted in a miscarriage, I am currently waiting to see a recurrent miscarriage specialist about this. As we will now need to self-funded this has caused immense emotional distress as after 2 miscarriages, we are unsure whether to pursue further treatment which could result in further miscarriages."

(NHS Stafford and Surrounds CCG, Female, 30-34)

"Life changing. It's changed our lives forever, as after struggling with infertility for years we are now expecting a child. Our lives would have been very empty without. Infertility has a massive effect om mental health, seeing everyone around us be able to have children easily whilst life for us felt like it was on hold."

(NHS Stafford and Surrounds CCG, Female, 35-39)

Table 61. What are your views on this service/procedure?

	Total		CCG area								Respondent type					
	No.	%	Cannock Chase	East Staffordshire	North Staffordshire	SE Staffordshire and Seisdon Peninsula	Stafford and Surrounds	Stoke-on-Trent	Out of area	Unknown	Current service user	Service user in the last three years	Likely be user in the future	Healthcare professional	Interested party or organisation	Other
General comment in agreement with funding this service (e.g. IVF should be available)	12	17%	2	-	4	1	2	2	-	1	-	-	2	1	5	4
Assisted conception should be available to those without children	11	15%	1	2	4	-	3	1	-	-	-	-	4	1	1	5
Assisted conception should be funded for those with infertility	11	15%	1	-	3	2	2	2	1	-	-	-	5	1	-	6
Consider the need for greater restriction on who is eligible	10	14%	-	2	2	2	1	3	-	-	-	-	-	2	4	5
IVF should be funded for up to 2 or 3 rounds	8	11%	1	-	4	-	1	1	1	-	-	-	1	1	1	5
Funding for services should be consistent across different areas (e.g. no postcode lottery)	8	11%	-	-	2	2	2	1	1	-	-	-	2	1	-	6
Consider the negative impact of infertility on patients' mental health and wellbeing	7	10%	-	-	5	-	-	1	1	-	-	-	3	-	-	4
Assisted conception should be available in-line with NICE guidance	7	10%	-	-	1	-	-	1	3	2	-	-	1	5	2	1
Assisted conception should be funded for patients who have undergone treatment impacting on fertility (e.g. cancer treatment, chemotherapy)	7	10%	1	1	1	1	1	-	2	-	-	-	2	2	2	3
Consider financial support for patients to afford the service (e.g. percentage towards costs)	7	10%	2	1	2	-	-	1	1	-	-	-	2	-	1	4
Only clinically essential services and procedures should be NHS-funded	6	8%	1	1	1	2	1	-	-	-	-	-	-	2	-	4
Patients should self-fund this service	6	8%	-	-	2	2	1	1	-	-	-	-	-	1	1	4
All couples should have access to 1 round of IVF	5	7%	-	-	1	-	2	1	1	-	-	-	-	1	-	5
Self-funding is too expensive	4	6%	1	-	2	-	1	-	-	-	-	-	1	-	-	3
General comment in disagreement with funding this service (e.g. don't fund)	4	6%	1	-	1	1	1	-	-	-	-	-	-	-	-	4
Consider the need for an age limit on access to the service (e.g. young couples)	4	6%	1	1	-	-	1	1	-	-	-	-	1	1	1	1
NHS resources need to be prioritised	3	4%	-	2	-	-	1	-	-	-	-	-	-	1	-	2
Single women should have access to assisted conception	2	3%	-	-	-	-	-	1	1	-	-	-	1	-	-	1
Assisted conception should be available to those with child(ren) from previous relationships	2	3%	-	-	-	1	-	-	1	-	-	-	1	-	-	1
Assisted conception should only be funded for those with medical issues (e.g. not same-sex couples or single women)	2	3%	-	1	1	-	-	-	-	-	-	-	-	-	-	2
Consider support available in primary care	2	3%	-	-	-	1	-	1	-	-	-	-	-	-	-	2
IVF / ICSI should be available if IUI is unsuccessful	1	1%	-	-	1	-	-	-	-	-	-	-	-	-	-	1
Assisted conception should be restricted to couples	1	1%	1	-	-	-	-	-	-	-	-	-	-	-	1	-
The upper age limit to access the service should be increased	1	1%	-	-	-	-	-	-	1	-	-	-	-	-	-	1
Other (e.g. comment not relating to service)	1	1%	-	-	-	-	-	-	1	-	-	-	-	-	-	1
Base	*72*		*6*	*6*	*19*	*7*	*11*	*13*	*7*	*3*	*-*	*-*	*12*	*14*	*13*	*38*

Example quotes
"Given the overwhelming desire of many couples to bear children and the impact on their emotional well-being, I believe that couples should receive assistance to support this desire. A maximum of 2 or 3 cycles should be agreed across the whole CCG area. Where the individuals have compromised fertility due to medical problems such as cancer, they too should have treatment provided." **(NHS North Staffordshire CCG, Female, 60-64)**
"I feel it should be available but feel there should be a limit on the number of times this procedure is made available to the couple. I also feel that a financial contribution from the couple would be a good idea if their income is above a certain amount. Due to limited funds, I feel that anyone who has children should have to pay." **(NHS North Staffordshire CCG, Female, 65-69)**
"It should be made available. We were planned to be allowed one cycle, but luckily, we naturally got pregnant beforehand. Anybody who through clinical evidence cannot get pregnant should be offered this service. Age shouldn't be a barrier, unless of such an age where the procedure wouldn't be successful." **(NHS Stoke-on-Trent CCG, Male, 40-44)**
"Yes, it should be funded by the NHS. Fertility problems can also significantly affect a couple's mental health which in the long run could cost the NHS more of even have devastating consequence. Service should be available for those couples where both people do not have any children." **(NHS Stoke-on-Trent CCG, Female, 35-39)**
"This service is vitally important for people unable to conceive. One round of IVF / IUI should be funded by the NHS. It is an traumatic and heart-breaking time to discover infertility, and additional financial pressures add to the stressful situation. Clear guidelines on the health of an individual should be put in place, prior to treatment starting." **(NHS North Staffordshire CCG, Female, 35-39)**
"This funding needs to be in place for service users to ensure they are assisted in trying to create a family. The negative impact that infertility has on both men and women (physically and emotionally) is huge and the uncertainty surrounding funding and significant financial costs are contributing to their negative health." **(NHS North Staffordshire CCG, Female, 30-34)**

11 Appendix 5: Hearing loss in adults

Table 62. Where did you have this service/procedure?

	Total		CCG area								Respondent type					
	No.	%	Cannock Chase	East Staffordshire	North Staffordshire	SE Staffordshire and Seisdon Peninsula	Stafford and Surrounds	Stoke-on-Trent	Out of area	Unknown	Current service user	Service user in the last three years	Likely be user in the future	Healthcare professional	Interested party or organisation	Other
Specsavers	**48**	**25%**	10	2	21	-	4	10	-	1	26	28	11	-	1	1
Royal Stoke University Hospital (inc. North Staffs Hospital)	**23**	**12%**	2	-	13	-	1	7	-	-	11	18	10	1	2	-
County Hospital (Inc. Stafford, Stafford Hospital)	**21**	**11%**	6	-	-	-	15	-	-	-	14	14	8	2	-	-
Queen's Hospital Burton (inc. Burton)	**17**	**9%**	-	8	-	8	1	-	-	-	13	8	4	-	-	-
Cannock Chase Hospital (e.g. Cannock)	**15**	**8%**	14	-	-	1	-	-	-	-	9	13	5	-	-	-
Other location outside of Stoke-on-Trent or Staffordshire	**15**	**8%**	-	-	3	-	-	-	11	1	13	9	4	1	1	-
Samuel Johnson Community Hospital (Inc. Lichfield)	**8**	**4%**	-	-	-	7	-	-	-	1	6	5	5	1	-	-
Sir Robert Peel Community Hospital (Inc. Tamworth)	**8**	**4%**	-	-	-	7	-	-	1	-	6	6	4	-	-	-
Wolverhampton Road Surgery	**7**	**4%**	-	-	-	-	7	-	-	-	5	2	-	2	1	-
Birmingham (inc. Heartlands, QE)	**6**	**3%**	1	-	-	1	-	-	4	-	6	3	3	-	-	-
Bradwell Hospital	**6**	**3%**	-	-	2	-	-	4	-	-	4	3	2	-	-	-
Leek Moorlands Hospital (inc. Leek)	**6**	**3%**	-	-	4	-	-	2	-	-	6	1	1	-	1	-
Other response unrelated to location	**6**	**3%**	-	1	1	-	1	2	-	1	4	3	3	2	1	1
Unspecified location with Stoke-on-Trent or Staffordshire (e.g. 'local clinic')	**5**	**3%**	-	-	3	-	-	1	1	-	3	4	2	-	-	-
Leek Coach House (Moorlands Medical Centre)	**4**	**2%**	-	-	4	-	-	-	-	-	2	3	2	-	1	-
Scrivens	**4**	**2%**	1	-	-	-	2	-	1	-	1	2	-	-	-	1
Through GP surgery	**4**	**2%**	-	-	1	-	3	-	-	-	2	2	-	-	-	1
Bloom Hearing Specialists (Endon Hearing)	**3**	**2%**	-	-	3	-	-	-	-	-	1	3	1	-	-	-
Cobridge Community Health Centre	**3**	**2%**	-	-	2	-	-	1	-	-	3	1	2	-	1	-
Leighton Hospital (inc. Crewe)	**3**	**2%**	-	-	2	-	1	-	-	-	1	2	-	-	-	-
Walsall Manor Hospital	**3**	**2%**	-	-	-	2	-	-	1	-	2	2	-	-	-	-
Various unspecified locations (e.g. many places)	**3**	**2%**	-	-	1	-	-	1	1	-	3	1	2	-	1	-
Boots	**2**	**1%**	1	-	-	-	-	1	-	-	1	1	-	-	-	-
Cannock Chase Medical Practice	**2**	**1%**	2	-	-	-	-	-	-	-	2	-	-	-	-	-
Cavendish Hospital Derbyshire	**2**	**1%**	-	-	2	-	-	-	-	-	2	-	-	-	-	-
Leek Health Centre	**2**	**1%**	-	-	2	-	-	-	-	-	2	1	1	-	-	-
Macclesfield District Hospital (inc. Macclesfield)	**2**	**1%**	-	-	2	-	-	-	-	-	2	-	-	-	-	-
Unspecified hospital (e.g. 'hospital')	**2**	**1%**	-	-	1	-	-	-	1	-	1	2	1	-	-	-
Bentilee Neighbourhood Centre	**1**	**1%**	-	-	1	-	-	-	-	-	1	-	-	-	-	-
Currently accessing treatment	**1**	**1%**	-	-	-	1	-	-	-	-	1	-	-	-	-	-
Healthwatch	**1**	**1%**	-	-	1	-	-	-	-	-	1	-	-	-	1	-
Longton Cottage Hospital	**1**	**1%**	-	-	-	-	-	1	-	-	-	1	1	-	-	-
Lyme Valley Medical Practice	**1**	**1%**	-	-	1	-	-	-	-	-	-	1	-	-	-	-
Moss Lane Surgery (Baldwins Gate)	**1**	**1%**	-	-	1	-	-	-	-	-	1	1	-	-	-	-
New Cross Hospital (inc. Wolverhampton)	**1**	**1%**	-	-	-	1	-	-	-	-	1	-	-	-	1	-
Private treatment	**1**	**1%**	-	-	1	-	-	-	-	-	-	1	-	-	-	-
Uttoxeter	**1**	**1%**	-	1	-	-	-	-	-	-	1	-	-	-	-	-
Tunstall Community Health Centre	**1**	**1%**	-	-	-	-	1	-	-	-	-	1	-	-	-	-
Well Street Medical Centre	**1**	**1%**	-	-	1	-	-	-	-	-	-	1	1	-	-	-
Westgate Practice Lichfield	**1**	**1%**	-	-	-	-	-	-	-	1	1	1	1	-	-	-
Base	***191***		*28*	*11*	*52*	*21*	*32*	*23*	*20*	*4*	*122*	*111*	*48*	*8*	*10*	*3*

Table 63. Was this funded by the NHS or privately?

		CCG area								Respondent type					
	Total	Cannock Chase	East Staffordshire	North Staffordshire	SE Staffordshire and Seisdon Peninsula	Stafford and Surrounds	Stoke-on-Trent	Out of area	Unknown	Current service user	Service user in the last three years	Likely be user in the future	Healthcare professional	Interested party or organisation	Other
NHS-funded	96%	89%	100%	94%	100%	100%	91%	100%	100%	94%	98%	98%	100%	100%	100%
Privately-funded	4%	11%	-	6%	-	-	9%	-	-	6%	2%	2%	-	-	-
Base	*191*	*27*	*11*	*49*	*22*	*32*	*23*	*20*	*7*	*125*	*110*	*47*	*8*	*8*	*3*

Table 64. What went well?

	Total		CCG area								Respondent type					
	No.	%	Cannock Chase	East Staffordshire	North Staffordshire	SE Staffordshire and Seisdon Peninsula	Stafford and Surrounds	Stoke-on-Trent	Out of area	Unknown	Current service user	Service user in the last three years	Likely be user in the future	Healthcare professional	Interested party or organisation	Other
Ability to access hearing aids	**74**	**39%**	6	5	21	9	13	12	7	1	54	41	20	2	2	-
General comment on what went well (e.g. audiology, it was good)	**52**	**28%**	11	3	14	9	5	4	5	1	35	25	10	1	2	-
Diagnosis and hearing tests were effective	**40**	**21%**	5	4	10	4	10	4	2	1	22	22	10	-	1	1
Professional and caring staff	**25**	**13%**	3	3	3	5	5	2	1	3	18	14	6	-	1	-
Treatment improved quality of life (e.g. ability to work)	**18**	**10%**	1	1	4	3	4	3	2	-	10	13	4	3	1	-
Short waiting time following referral	**14**	**7%**	1	2	3	1	2	3	1	1	7	11	2	-	-	-
Quality of hearing aids is good	**14**	**7%**	1	1	5	1	2	1	3	-	11	10	6	-	1	-
Hearing improved following treatment	**12**	**6%**	1	2	2	2	3	2	-	-	7	7	4	1	-	-
Access to hearing aid repairs and check-ups (e.g. batteries)	**8**	**4%**	1	1	2	1	2	1	-	-	6	5	3	-	1	-
Negative comment: General negative comment (e.g. nothing)	**8**	**4%**	-	-	6	1	-	-	1	-	6	3	-	-	1	-
Efficient and easy access to appointments (e.g. walk-in service)	**7**	**4%**	1	-	1	1	2	2	-	-	3	5	3	1	2	-
Treatment reduced symptoms (e.g. infections, tinnitus, ear wax)	**4**	**2%**	-	-	1	-	1	1	1	-	3	2	1	-	-	-
Negative comment: Quality of hearing aids is poor	**4**	**2%**	-	-	3	-	1	-	-	-	3	2	2	-	-	-
Negative comment: Referral process to access care was too complicated	**3**	**2%**	-	-	3	-	-	-	-	-	1	1	-	-	1	-
Negative comment: Greater support required	**3**	**2%**	-	-	1	1	-	1	-	-	2	2	2	-	1	-
Access to services close to home	**2**	**1%**	-	-	1	-	-	1	-	-	-	2	1	-	-	-
Negative comment: Staff were not helpful	**2**	**1%**	-	-	-	-	1	-	1	-	1	1	-	1	-	-
Negative comment: Appointments are too short	**1**	**1%**	-	-	1	-	-	-	-	-	-	-	-	-	1	-
Negative comment: Hearing worsened	**1**	**1%**	-	-	-	-	-	-	1	-	1	-	-	-	-	-
Negative comment: Adverse symptoms following treatment	**1**	**1%**	-	-	-	-	1	-	-	-	-	1	-	-	-	-
Other comment unrelated to service	**1**	**1%**	-	-	-	-	-	1	-	-	1	1	1	-	-	1
Base	***188***		*26*	*11*	*50*	*22*	*32*	*22*	*19*	*6*	*121*	*107*	*46*	*7*	*8*	*2*

Example quotes
"Whole procedure was excellent, was put at ease straight away. Everything was explained in detail before test started. Could not fault service." **(NHS South East Staffordshire and Seisdon Peninsula CCG, Female, 75-79)**
"The hearing test was very straightforward, and the hearing aid was programmed appropriately. The control functions were fully explained, and I was booked for a future appointment to report my experience and/or concerns." **(NHS Stafford and Surrounds CCG, Male, 80+)**
"Everything is good. My hearing is tested every 2 years there, and every 3 to 6 months my aids, tubing etc. is checked. I can make an appointment whenever I feel the need." **(NHS North Staffordshire CCG, Female, 75-79)**
"Most people I have encountered have been lovely and helpful but did need more support in understanding my condition and how to deal with it." **(NHS South East Staffordshire and Seisdon Peninsula CCG, Female, 40-44)**
"Vestibular balance rehabilitation was excellent. Tinnitus therapy very good. CROS hearing aids fitted excellent." **(NHS Stoke-on-Trent CCG, Female, 55-59)**
"The care that I've received from staff at the hospital. They couldn't do enough to support me through a very traumatic & difficult time & fitted me in very quickly." **(Out of area, Female, 60-64)**

Table 65. What concerns, if any, did you have?

	Total		CCG area								Respondent type					
	No.	%	Cannock Chase	East Staffordshire	North Staffordshire	SE Staffordshire and Seisdon Peninsula	Stafford and Surrounds	Stoke-on-Trent	Out of area	Unknown	Current service user	Service user in the last three years	Likely be user in the future	Healthcare professional	Interested party or organisation	Other
None / no concerns	**62**	**35%**	17	3	13	6	13	4	4	2	39	33	14	1	1	1
Concern over lack of access to hearing aids	**20**	**11%**	1	-	6	2	2	5	4	-	9	14	8	2	3	-
Concern over the cost of hearing aids	**15**	**9%**	2	-	7	1	1	2	1	1	11	9	5	-	1	-
Concern over the use of external providers	**14**	**8%**	-	-	9	-	-	5	-	-	8	9	7	-	4	-
Concern over ability to hear	**13**	**7%**	1	1	4	3	1	1	2	-	8	8	3	-	1	-
Concern over reduced access to services	**13**	**7%**	1	-	3	-	4	3	1	1	6	12	4	2	2	-
Concern over need to replace or repair hearing aids (e.g. new batteries)	**12**	**7%**	2	-	3	1	4	1	-	1	7	8	4	1	1	-
Lack of access to follow-up support and care	**11**	**6%**	2	-	4	-	2	3	-	-	7	9	5	1	2	1
Unsure whether hearing aids would be suitable or effective	**11**	**6%**	1	1	4	2	3	-	-	-	7	7	2	1	-	-
Poor communication and interaction with staff	**11**	**6%**	-	1	3	-	3	2	2	-	7	7	3	1	1	1
Concern over quality of hearing aids	**11**	**6%**	1	1	4	-	2	3	-	-	6	6	2	-	1	-
Concern over impact on life (e.g. ability to work)	**9**	**5%**	-	-	2	-	1	2	3	1	6	6	4	2	2	-
Concern over criteria to access services (e.g. whether would qualify)	**7**	**4%**	-	1	2	-	1	3	-	-	3	4	2	-	2	-
Wait to access service is too long	**7**	**4%**	1	1	3	-	-	2	-	-	4	4	2	-	1	-
Consider impact of hearing loss on patients	**4**	**2%**	-	-	1	-	1	2	-	-	1	2	2	1	2	-
Concern over the cause of hearing loss	**3**	**2%**	-	-	1	1	1	-	-	-	2	1	-	-	-	-
Communication between departments could be improved	**3**	**2%**	-	1	-	-	1	1	-	-	1	2	-	1	1	-
Staff need greater awareness and understand of deafness	**3**	**2%**	-	-	-	2	-	1	-	-	2	3	2	-	-	-
Concern over quality of care	**3**	**2%**	-	-	1	-	-	2	-	-	2	1	1	-	1	1
Positive comment: Good quality of care	**3**	**2%**	-	1	1	1	-	-	-	-	3	1	1	-	-	-
Concern over services moving	**2**	**1%**	-	-	1	-	-	-	1	-	1	1	-	-	-	-
Positive comment: Concerns were put at ease	**2**	**1%**	-	-	1	1	-	-	-	-	1	1	-	-	-	-
Concern over equipment used	**2**	**1%**	-	-	-	-	-	2	-	-	2	-	-	-	-	-
Concern over distance of travel to service	**1**	**1%**	-	-	-	1	-	-	-	-	1	1	1	-	-	-
Parking at hospital needs improvement	**1**	**1%**	1	-	-	-	-	-	-	-	1	-	-	-	-	-
Base	***175***		*26*	*10*	*49*	*19*	*29*	*22*	*15*	*5*	*111*	*104*	*46*	*7*	*10*	*2*

Example quotes
"Lack of deaf awareness, constantly being asked to make phone calls for nearly everything including appointments." **(NHS South East Staffordshire and Seisdon Peninsula CCG, Female, 45-49)**
"The follow-up after getting my hearing aids was a bit 'hit and miss'. I had to ask for an appointment to get the hearing aids adjusted and have questions answered. When I hear that people do not use their hearing aids, I suspect much of this is because they do not receive the follow-up support needed. It was not long after I got my first hearing aids that I heard of the plans to restrict provision in North Staffs. This impacted on me physically and mentally. I became anxious, depressed and terrified of the future knowing that with a mild/moderate hearing loss, I would not qualify for Hearing Aids in the future. My tinnitus became much worse and affected my sleeping. Ironically, this saved me because it meant I became a complex case and was once more eligible to receive hearing aids." **(NHS North Staffordshire CCG, Female, 70-74)**
"The only concern I had was when I had to go for a second hearing test the communication between the doctor and the Audiology Department was less than satisfactory. Although my GP had checked that my ears were clear of wax the department did another checked at what I thought would be a hearing test and I had to get another appointment through my GP." **(NHS East Staffordshire CCG, Male, 70-74)**
"That the most up to date tech is not being used. Ultimately in the long term, this would give better outcomes and save money (e.g. Bluetooth aids." **(NHS Stoke-on-Trent CCG, Female, 55-59)**
"The cost of hearing aids and then of course needing ALDs to get the most out of them. All my equipment is self-funded apart from fire alarm from Social Services. It's very expensive but I need it for self-employment as well as social." **(Out of area, Female, 55-59)**
"Now that my hearing appears to be worsening, I would find it a great burden if I had to go private and probably would not be able to afford it at all." **(NHS Cannock Chase CCG, Male, 70-74)**

Table 66. After you received this service/procedure, how has this impacted on your life?

	Total		CCG area								Respondent type					
	No.	%	Cannock Chase	East Staffordshire	North Staffordshire	SE Staffordshire and Seisdon Peninsula	Stafford and Surrounds	Stoke-on-Trent	Out of area	Unknown	Current service user	Service user in the last three years	Likely be user in the future	Healthcare professional	Interested party or organisation	Other
Positive: Improved impact on social life, relationships and communication (e.g. not isolated)	109	58%	9	7	27	14	23	14	14	1	76	61	27	5	5	2
Positive: Improved ability to hear	86	46%	17	8	17	9	18	9	7	1	57	49	17	4	4	1
Consider the impact of hearing loss on patient wellbeing and quality of life (e.g. mental health, isolation)	54	29%	1	4	17	7	7	6	10	2	37	31	18	4	3	1
Positive: Positive impact on mood, wellbeing and mental health	51	27%	9	1	15	5	7	6	8	-	39	26	10	1	2	1
Positive: Able to continue education or employment	29	15%	1	3	5	2	7	2	8	1	25	16	8	3	2	1
People should have access to hearing aids	20	11%	2	1	8	1	-	4	4	-	13	11	4	2	2	-
Negative: Hearing aids are not effective (e.g. amplify background noise)	7	4%	1	1	-	1	2	2	-	-	5	3	2	-	-	-
Consider the need for greater access to support services (e.g. counselling)	7	4%	-	-	2	2	1	2	-	-	4	3	2	-	2	-
Positive: Reduced tinnitus	6	3%	-	-	-	1	3	2	-	-	5	3	1	1	-	-
Concern over the cost of hearing aids	5	3%	-	-	3	2	-	-	-	-	1	4	3	-	-	-
Negative: Hearing loss has worsened resulting in adverse impacts on wellbeing and quality of life	4	2%	-	-	1	1	-	1	1	-	3	4	2	1	-	1
Negative: Communication and information requires improvement	3	2%	-	-	-	1	-	1	1	-	2	3	2	-	-	1
No impact	3	2%	-	-	1	1	-	1	-	-	1	2	1	-	1	-
Consider that deafness is a disability	3	2%	-	-	1	1	-	1	-	-	1	3	2	1	1	-
Consider the adverse impact of hearing loss on other conditions (e.g. dementia)	3	2%	-	-	-	1	-	2	-	-	1	1	-	-	2	-
Negative: Adverse impact on hearing due to poor care	2	1%	-	-	1	-	-	1	-	-	2	1	1	-	1	1
Access is required to a range of hearing devices (e.g. speaker pillows, Bluetooth aids)	2	1%	-	-	-	1	-	1	-	-	2	1	1	-	-	-
Consider the need for follow-up support and care	2	1%	-	-	-	-	1	1	-	-	-	2	-	-	1	-
Positive: Support services are accessible (e.g. repair clinic)	1	1%	-	-	-	-	-	-	1	-	1	-	-	-	-	-
Hearing aids should be provided in line with NICE guidelines	1	1%	-	-	-	-	-	1	-	-	-	1	-	-	1	-
Adverse patient outcomes from lack of access to hearing aids could cost the NHS more in the long run	1	1%	-	-	-	-	-	1	-	-	-	1	-	-	1	-
Other (e.g. 'not completed')	2	1%	2	-	-	-	-	-	-	-	1	1	1	-	-	-
Base	*188*		*25*	*11*	*50*	*22*	*33*	*22*	*20*	*5*	*119*	*110*	*46*	*8*	*10*	*3*

Example quotes
“Being able to hear properly is a matter of safety, it also means that I can be fully included in conversations etc, all key to maintaining a healthy lifestyle. I would be very isolated without them which would impact on my emotional and mental health.” **(NHS Stafford and Surrounds CCG, Female, 65-69)**
“Having hearing aids impacts my entire life in every possible way. If I don’t wear my aids I can hear very little, I can’t listen to the radio, I can only watch some TV dependent upon availability of subtitles, I can’t hold conversations with my family and I would be unable to do my job. I wasn’t born deaf so I can’t use sign language or know any other deaf people. My life would be impossible, I would be completely isolated to the point that I dint think I could carry on.” **(Out of area, Female, 50-54)**
“Not enough space for comments! New hearing aids are an improvement on last (5 years on). To be able to hear more clearly/enhance hearing impacts on social inclusion and activities. People made aware of difficulties, extremely important - reduced tinnitus!! Use all 3 services on my hearing aid - the one which reduces background noise when speaking to someone/listening is very important and helps enormously. Without hearing aids, I used wouldn't be able to understand/communicate very well.” **(NHS Stoke-on-Trent CCG, Female, 60-64)**
“Fear of crossing roads, isolation. I prefer to spend Christmas alone, being with family all chatting and laughing I feel completely left out. If I am in the house alone, I don't feel so isolated. I cannot go to lectures e.g. NADFAS local National Trust Association, Historical Society. I play bridge (bidding cards) but feel excluded from any banter or chit chat. Social exclusion is a better description. Cannot pursue 'intellectual' meetings such as lectures.” **(NHS North Staffordshire CCG, Female, 80+)**
“My hearing aids have dramatically impacted my life - I no longer experience listening fatigue, making me less tired and able to enjoy life. I can build better relationships with my family and friends.” **(NHS North Staffordshire CCG, Female, 16-19)**
“I had some difficulty adjusting to the "new" experience of sound through hearing aids but found them useful as my job involved many verbal interactions during the working day. I did feel a sense of slight inadequacy regarding one of my senses had deteriorated and needed to be supported. Far more so, than the need to wear glasses, which is much more accepted that the wearing of hearing aids.” **(NHS North Staffordshire CCG, Male, 70-74)**

Table 67. What are your views on this service/procedure?

	Total		CCG area								Respondent type					
	No.	%	Cannock Chase	East Staffordshire	North Staffordshire	SE Staffordshire and Seisdon Peninsula	Stafford and Surrounds	Stoke-on-Trent	Out of area	Unknown	Current service user	Service user in the last three years	Likely to be a service user in the future	Healthcare professional	Interested party or organisation	Other
Consider the impact of hearing loss on patient wellbeing and quality of life (e.g. mental health, isolation)	72	37%	3	7	16	13	9	10	10	4	12	9	24	16	18	14
General comment in agreement with NHS funding the service (e.g. hearing aids are needed)	62	32%	6	3	14	8	12	11	6	2	15	14	29	4	12	11
All patients with hearing loss should have the service funded	54	28%	5	5	11	6	8	9	7	3	9	11	13	12	7	11
Consider the needs of vulnerable groups	22	11%	1	2	4	7	3	2	3	-	4	3	6	4	4	6
Private providers of hearing aids are too expensive	21	11%	-	1	5	3	3	7	2	-	5	3	6	1	6	5
Lack of access to hearing aids could result in adverse patient outcomes (e.g. falls, road accidents)	21	11%	-	1	6	5	2	3	3	1	3	1	11	5	4	3
Funding for services should be consistent across different areas (e.g. no postcode lottery)	17	9%	1	-	10	1	1	2	1	1	3	1	7	3	5	3
Consider the impact of hearing loss in working-age adults' ability to work	15	8%	2	1	3	5	-	1	2	1	2	1	4	1	5	5
Adverse patient outcomes from lack of access to hearing aids could cost the NHS or social services more in the long run	14	7%	-	2	4	2	-	2	4	-	3	2	5	5	-	2
Consider the adverse impact of hearing loss on other conditions (e.g. dementia)	13	7%	1	1	3	-	1	1	5	1	2	1	4	6	1	2
Consider patients' financial contribution	9	5%	-	-	3	1	3	2	-	-	-	2	5	1	-	3
Consider that deafness is a disability and the NHS has a public duty to provide care	8	4%	-	2	-	2	-	1	1	2	3	2	2	2	2	1
Concern over the use of private providers	7	4%	-	-	4	1	-	2	-	-	4	3	3	-	2	-
Examples of current care (e.g. 'currently receiving care')	7	4%	2	-	2	-	-	2	1	-	1	3	1	1	-	-
Consider the quality of hearing aids provided by the NHS (e.g. too loud, not discrete)	6	3%	1	-	1	-	1	2	1	-	-	1	1	-	1	3
Greater access to support is required (e.g. follow-up care)	6	3%	1	-	1	1	1	1	-	1	1	3	3	1	2	1
The criteria to access services should be less restrictive	6	3%	-	-	2	-	1	2	1	-	-	1	3	2	-	1
Consider that hearing loss is not caused by patient lifestyles	5	3%	-	-	-	-	3	2	-	-	1	1	3	-	1	3
Positive examples of good care	5	3%	4	1	-	-	-	-	-	-	4	1	-	-	-	-
Funding should be means tested (e.g. restricted to those on benefits)	4	2%	1	1	1	1	-	-	-	-	-	-	3	-	1	1
Hearing aids should be available if doctors prescribe them	4	2%	-	-	1	2	-	1	-	-	1	1	2	-	-	1
Hearing aids can be purchased if required	3	2%	-	1	1	-	-	1	-	-	-	1	2	1	-	1
Consider difficulties accessing syringing and ear wax removal	3	2%	1	1	1	-	-	-	-	-	-	1	2	-	1	1
Consider patient education around the effective use of hearing aids	3	2%	-	1	1	1	-	-	-	-	1	1	2	-	-	1
Patients should receive treatment as they have financially contributed via taxes	3	2%	-	-	-	-	2	1	-	-	-	-	2	-	2	-
Consider increasing the efficiency of services	3	2%	-	-	-	-	1	-	1	1	-	-	-	1	2	1
Decibel thresholds should not be the only factor used to define hearing loss (e.g. consider frequency)	2	1%	-	-	-	-	1	-	1	-	-	-	-	-	2	1
Consider the needs of individual patients	2	1%	-	-	1	-	-	-	1	-	-	-	-	-	1	1
Diagnosis should be free of charge	2	1%	1	1	-	-	-	-	-	-	1	1	2	-	-	1
Hearing aids should be provided in line with NICE guidelines	2	1%	-	-	1	-	-	-	1	-	-	-	-	1	1	-
Children should have access to hearing aids	1	1%	-	-	1	-	-	-	-	-	-	-	-	1	-	-
Patients should receive the service funded if hearing loss is due to accident or trauma	1	1%	-	-	1	-	-	-	-	-	-	-	-	1	-	-
Consider support for those with sight loss	1	1%	-	1	-	-	-	-	-	-	-	-	1	-	-	-
The criteria used in North Staffordshire should be used county-wide	1	1%	-	-	1	-	-	-	-	-	-	-	-	-	-	1
Base	*194*		*22*	*15*	*44*	*24*	*26*	*31*	*23*	*9*	*38*	*37*	*68*	*32*	*34*	*37*

Example quotes
"Hearing loss is such an isolating experience. In effect, not supplying free hearing services to people means that only those who can afford it will get help, potentially leaving others, some of whom will be vulnerable, to continued isolation and mental health issues that can result from such experiences. Not caring for the most vulnerable, and something that impacts on many people, particularly, though not exclusively, an ageing population, is at odds with a civilised society that should support its most vulnerable." **(Out of area, Female, 50-54)**
"The ability to hear is crucial and support should be available. People can continue to live independently, engage more socially and therefore struggle less with mental health problems if they can hear properly." **(NHS North Staffordshire CCG, Female, 35-39)**
"Should be funded. The impact on the patient and others could be significant - e.g. preventing accidents because people can hear will save costs in the longer term." **(NHS South East Staffordshire and Seisdon Peninsula CCG, Female, 45-49)**
"I strongly believe people with mild hearing losses should be eligible to obtain an NHS hearing aid. As an audiologist, I have met many patients with mild hearing losses that had great impact on their day-to-day life. I don't agree that a hearing loss should be judge solely on its severity, but also on the impact it has on quality of life, and mild hearing losses can have huge impacts on quality of life. Furthermore, these patients reveal benefit from using their hearing aids, measured by the completion of questionnaires (GHABP/GHADP)." **(Out of area, Male, 30-34)**
"Hearing loss is significant at the time and contributes to longer term health conditions – e.g. there is evidence that hearing loss can worsen dementia. Provision of hearing aids is relatively cheap compared with the long term implications of not addressing it and much cheaper than many of the other difficult decisions being discussed." **(NHS East Staffordshire CCG, Female, 45-49)**
"North Staffordshire should adopt the same commissioning policy on hearing aids as the other 5 CCGs. That is because the NICE guidelines recognise the importance of the provision of hearing aids to mental and physical health and their contribution towards guarding against: increased numbers of falls, deteriorating mental health, social isolation and dementia." **(NHS North Staffordshire CCG, Female, 65-69)**

12 Appendix 6: Removal of excess skin following significant weight loss

Table 68. What are your views on this service/procedure?

	Total		CCG area								Respondent type			
	No.	%	Cannock Chase	East Staffordshire	North Staffordshire	SE Staffordshire and Seisdon Peninsula	Stafford and Surrounds	Stoke-on-Trent	Out of area	Unknown	Likely to be a service user in the future	Healthcare professional	Interested party or organisation	Other
Consider the adverse impact of excess skin on patient health and wellbeing (e.g. mental health, sores, itching)	**18**	**33%**	3	4	-	3	5	3	-	-	6	3	-	10
Procedures should be funded to support patients who have made significant lifestyle changes	**13**	**24%**	-	3	2	2	3	3	-	-	4	1	2	8
Restricting access to treatments discourages patients from losing weight	**8**	**15%**	1	1	2	-	2	2	-	-	2	1	-	6
General comment in disagreement with funding this procedure (e.g. don't fund)	**8**	**15%**	-	-	1	1	3	3	-	-	-	2	3	4
General comment in agreement with funding this procedure (e.g. should be funded)	**6**	**11%**	2	1	-	1	-	1	-	1	-	1	2	3
Consider the additional cost to the NHS if service is not provided (e.g. obesity if patients discouraged from losing weight)	**6**	**11%**	2	-	2	-	-	2	-	-	2	1	-	4
Procedures should not be funded as this is a cosmetic procedure	**5**	**9%**	1	-	1	-	-	3	-	-	1	1	1	2
Procedures should only be funded if clinically necessary and beneficial to health	**5**	**9%**	-	-	2	1	2	-	-	-	-	-	1	4
Procedures should only be funded after significant weight loss that has been maintained	**5**	**9%**	-	1	2	-	-	1	-	1	2	3	-	1
Procedures should only be funded in severe cases	**4**	**7%**	-	1	1	-	1	-	1	-	-	-	2	2
Patients have a responsibility to look after their own health	**3**	**5%**	-	-	1	1	1	-	-	-	-	2	1	-
Consider financial help for patients if the procedures are no longer funded	**3**	**5%**	1	-	1	1	-	-	-	-	1	-	-	2
Consider the needs of individual patients	**2**	**4%**	-	1	-	1	-	-	-	-	-	-	1	1
Procedures should be available for those who have undergone bariatric surgery (e.g. gastric band)	**2**	**4%**	-	1	-	1	-	-	-	-	1	-	1	-
Consider the need for patients to manage their weight through healthy diets and exercise	**2**	**4%**	-	-	1	1	-	-	-	-	-	-	1	1
Funding for services should be consistent across different areas (e.g. no postcode lottery)	**2**	**4%**	-	-	1	-	1	-	-	-	-	-	1	2
Privately funding the procedure is too expensive	**1**	**2%**	1	-	-	-	-	-	-	-	1	-	-	-
Patients should self-fund this procedure if required	**1**	**2%**	-	-	1	-	-	-	-	-	-	1	-	-
Consider the risks if patients access the treatment via the private sector (e.g. lack of regulation, surgery abroad)	**1**	**2%**	-	-	-	1	-	-	-	-	-	-	-	1
Consider support available in primary care	**1**	**2%**	-	-	-	1	-	-	-	-	-	-	-	1
Consider means testing to determine who is eligible for funding	**1**	**2%**	-	-	-	1	-	-	-	-	-	-	-	1
Base	***55***		*5*	*6*	*11*	*8*	*11*	*11*	*1*	*2*	*9*	*11*	*11*	*28*

Example quotes
“It can significantly alter a way of life and confidence especially after huge weight loss I myself have lost a significant amount of weight put the excess skin is really depressing I can have sores and itchiness due to sagging and irritation it does affect my mental health it will be impossible to fund private procedures due to financial circumstances and even would be great if it could be partly funded by the NHS health and wellbeing is an important factor in losing weight and obesity costs the NHS millions in future treatments.” **(NHS Cannock Chase CCG, Female, 40-44)**
“If a person has worked hard to lose significant weight and maintain that then excess skin removal should be provided. It may discourage extreme weight loss which may mean they are more reliant on the nhs through obesity linked conditions. I feel that a restriction should be that it is only available after weight maintenance for 1-2 years.” **(NHS North Staffordshire CCG, Female, 35-39)**
“I don't think this service should be supported by the NHS as each individual is responsible for their weight and therefore this procedure is a luxury not a necessity.” **(NHS North Staffordshire CCG, Female, 40-44)**
“Perhaps it would be better to reach overweight people before they get to the point where skin removal surgery is required. Having said that it can be beneficial for those to have the operation should they need it but it is not a lifesaving necessity.” **(NHS North Staffordshire CCG, Female, 70-74)**

13 Appendix 7: Breast augmentation

Table 69. What are your views on this service/procedure?

	Total		CCG area								Respondent type					
	No.	%	Cannock Chase	East Staffordshire	North Staffordshire	SE Staffordshire and Seisdon Peninsula	Stafford and Surrounds	Stoke-on-Trent	Out of area	Unknown	Current service user	Service user in the last three years	Likely to be a service user in the future	Healthcare professional	Interested party or organisation	Other
Reconstructive surgery should be available for breast cancer or breast surgery patients	**42**	**71%**	5	3	12	4	5	10	1	2	-	-	4	8	11	23
Procedure should not be funded for cosmetic reasons	**24**	**41%**	2	3	8	4	5	2	-	-	-	-	-	2	9	14
Consider the impact on patient wellbeing, quality of life and relationships (e.g. visible asymmetry)	**13**	**22%**	3	-	3	2	1	3	-	1	-	1	1	3	3	6
Procedures should only be funded if clinically necessary and beneficial to health (e.g. life-saving treatment)	**11**	**19%**	-	3	1	3	4	-	-	-	-	1	1	2	4	5
Patients should self-fund this procedure if required	**6**	**10%**	-	-	2	1	2	1	-	-	-	-	1	-	3	3
Procedures may be effective in reducing pain and discomfort (e.g. breast reduction resolving shoulder or back problems)	**5**	**8%**	-	2	-	1	-	2	-	-	-	1	-	2	1	2
General comment in agreement with funding this procedure (e.g. should be available)	**4**	**7%**	1	-	-	-	1	1	-	1	-	-	1	1	1	1
General comment in disagreement with funding this service (e.g. do not fund)	**3**	**5%**	1	-	-	1	-	1	-	-	-	-	1	-	1	2
Procedures should be available for those with abnormalities (e.g. Pectus Excavatum)	**3**	**5%**	-	-	2	-	1	-	-	-	-	-	-	1	-	2
Procedures should be available for burns or trauma patients	**3**	**5%**	-	-	1	1	1	-	-	-	-	-	1	2	-	1
Breast reduction should be funded if the size or weight of breasts adversely impacts on patient's day-to-day life	**3**	**5%**	-	-	-	1	1	-	1	-	-	-	1	-	1	1
Funding for services should be consistent across different areas (e.g. no postcode lottery)	**3**	**5%**	-	-	-	1	2	-	-	-	-	-	-	-	1	3
Procedures may save the NHS money by reducing the need for medication	**2**	**3%**	-	-	-	-	-	1	-	1	-	-	-	1	-	1
Consider access to treatment on a case-by-case basis	**2**	**3%**	-	1	-	-	1	-	-	-	-	-	-	-	-	2
Procedures are not a large cost to the NHS	**1**	**2%**	-	-	-	-	1	-	-	-	-	-	-	-	-	1
Procedures should not be funded to rectify issues caused through private cosmetic surgery	**1**	**2%**	-	-	-	-	1	-	-	-	-	-	-	1	-	-
Consider that the removal of this treatment would disproportionately affect women	**1**	**2%**	-	-	-	1	-	-	-	-	-	-	-	-	-	1
Consider means testing to determine who is eligible for funding	**1**	**2%**	1	-	-	-	-	-	-	-	-	-	-	-	1	-
Other comment unrelated to service	**1**	**2%**	-	-	1	-	-	-	-	-	-	-	-	-	1	-
Base	*59*		*6*	*4*	*15*	*8*	*10*	*12*	*1*	*3*	*-*	*1*	*6*	*11*	*17*	*29*

Example quotes
“For breast cancer, yes. I can see the bigger picture here with regards to body image, confidence etc. Others, with different size breasts or very large breasts, again, they could find a way if it bothers them that much to fund themselves or seek help to accept the inconvenience or issue. The NHS should be for life saving treatment and not life enhancing.” **(NHS North Staffordshire CCG, Female, 50-54)**
“I do not think that breast augmentation should routinely be funded by the NHS. In some circumstances, however, I think that breast reduction should be: i.e. if the size and/or the weight of the breasts interferes with basic functioning on a regular basis. After breast surgery due, for example to cancer treatment, I think that the NHS should fund any treatment for asymmetry of the breasts. Noticeable asymmetry would be likely to cause such distress and could result in the patient feeling unable to enter into a sexual relationship. I believe that it could also cause social anxiety, with resultant increased social isolation.” **(NHS South East Staffordshire and Seisdon Peninsula CCG, Female, 70-74)**
“Medical need only. All consideration for cosmetic reasons and mental health reasons need to be fully withdrawn, it is too easily abused because of the lack of contact and investigation into WHY it is needed. If a person needs this surgery for their health needs, I don't see that as an issue. If they just want "bigger boobs" to "feel better about themself", no, pay for it yourself.” **(NHS South East Staffordshire and Seisdon Peninsula CCG, Male, 40-44)**
“This is a critical service to people who like me may have significant breast size issues (asymmetry) and or people who have had cancer or serious issues. This can affect people's self-esteem and confidence and should be available and funded by the NHS.” **(NHS Stoke-on-Trent CCG, Female, 40-44)**
“This should be available on the NHS if it was essential to remove the breast due to cancer. It should not be carried out if there is a natural reason for the breasts to be as they are e.g. born uneven. Whatever is available should be the same everywhere.” **(NHS Stafford and Surrounds CCG, Female, 55-59)**
“This should be available following required surgery and as a result of accident or birth defect, but not to rectify botched private surgery.” **(NHS Stafford and Surrounds CCG, Female, 60-64)**

14 Appendix 8: Male and female sterilisation

Table 70. Where did you have this service/procedure?

	Total		CCG area								Respondent type					
	No.	%	Cannock Chase	East Staffordshire	North Staffordshire	SE Staffordshire and Seisdon Peninsula	Stafford and Surrounds	Stoke-on-Trent	Out of area	Unknown	Current service user	Service user in the last three years	Likely to be a service user in the future	Healthcare professional	Interested party or organisation	Other
Brewood Surgery (inc. Brewood, Brewood Medical Centre)	**52**	**38%**	4	-	-	15	9	-	24	-	-	52	-	-	-	-
Cobridge Community Health Centre (inc. Cobridge, Cobridge Clinic)	**20**	**15%**	-	-	3	-	1	16	-	-	2	18	-	-	-	-
Stafford	**18**	**13%**	3	1	-	2	11	-	-	1	2	16	-	-	-	-
Aldergate Medical Practice	**8**	**6%**	-	-	-	8	-	-	-	-	-	8	-	-	-	-
Tamworth	**7**	**5%**	-	-	-	7	-	-	-	-	1	6	-	-	-	-
Bentilee Health Centre	**6**	**4%**	-	-	-	-	-	6	-	-	3	3	-	-	1	-
Beaconside health centre	**4**	**3%**	-	-	-	-	4	-	-	-	-	4	-	-	-	-
Lichfield	**4**	**3%**	-	-	-	4	-	-	-	-	-	4	-	-	-	-
GP surgery (name not specified)	**3**	**2%**	-	-	-	1	-	1	1	-	-	3	-	-	-	-
Cannock Hospital	**2**	**1%**	2	-	-	-	-	-	-	-	-	2	-	-	-	-
At hospital (name not specified)	**2**	**1%**	1	-	1	-	-	-	-	-	1	1	-	-	-	-
Royal Stoke University Hospital	**2**	**1%**	-	-	1	-	-	1	-	-	-	1	-	-	-	1
Cannock Chase CCG	**1**	**1%**	1	-	-	-	-	-	-	-	-	1	-	-	-	-
Can't remember	**1**	**1%**	-	-	-	-	-	-	1	-	-	1	-	-	-	-
Carmountside	**1**	**1%**	-	-	-	-	-	1	-	-	-	1	-	-	-	-
Foregate Street Clinic	**1**	**1%**	-	-	-	-	1	-	-	-	-	1	-	-	-	-
Macclesfield	**1**	**1%**	-	-	-	-	-	1	-	-	-	1	-	-	-	-
Robert Peel Hospital	**1**	**1%**	-	-	-	1	-	-	-	-	1	-	-	-	-	-
Stafford Surgery	**1**	**1%**	1	-	-	-	-	-	-	-	-	1	-	-	-	-
New Cross Hospital	**1**	**1%**	-	-	-	1	-	-	-	-	-	-	-	-	1	-
Vasectomy	**1**	**1%**	-	-	-	-	1	-	-	-	-	1	-	-	-	-
Base	***137***		*12*	*1*	*5*	*39*	*27*	*26*	*26*	*1*	*10*	*125*	-	-	*2*	*1*

Table 71. Was this funded by the NHS or privately?

		CCG area								Respondent type					
	Total	Cannock Chase	East Staffordshire	North Staffordshire	SE Staffordshire and Seisdon Peninsula	Stafford and Surrounds	Stoke-on-Trent	Out of area	Unknown	Current service user	Service user in the last three years	Likely to be a service user in the future	Healthcare professional	Interested party or organisation	Other
NHS-funded	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	-	-	100%	100%
Privately-funded	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Base	*140*	*13*	*2*	*5*	*40*	*27*	*26*	*26*	*1*	*10*	*128*	-	-	*2*	*1*

Table 72. What went well?

	Total		CCG area								Respondent type					
	No.	**%**	Cannock Chase	East Staffordshire	North Staffordshire	SE Staffordshire and Seisdon Peninsula	Stafford and Surrounds	Stoke-on-Trent	Out of area	Unknown	Current service user	Service user in the last three years	Likely to be a service user in the future	Healthcare professional	Interested party or organisation	Other
All aspects of the procedure and treatment went well (e.g. all, everything)	**65**	**48%**	10	-	2	12	13	16	12	-	6	59	-	-	1	-
Procedure or operation was successful (e.g. operation, procedure)	**32**	**24%**	2	-	2	14	5	5	4	-	2	28	-	-	1	1
Good standard of care and service from staff	**20**	**15%**	2	-	-	8	3	2	5	-	1	19	-	-	-	-
Quick and easy procedure	**20**	**15%**	1	-	1	8	8	-	2	-	1	19	-	-	-	-
Efficient booking and referral process	**14**	**10%**	-	-	1	4	4	2	3	-	1	12	-	-	-	1
Good communication and information	**10**	**7%**	1	-	-	3	1	1	4	-	-	10	-	-	-	-
Minimal pain	**6**	**4%**	-	-	-	1	2	2	1	-	2	4	-	-	-	-
Good aftercare and follow-up appointments	**5**	**4%**	-	-	-	1	1	1	2	-	-	5	-	-	-	-
High quality treatment received	**3**	**2%**	-	-	-	1	-	-	2	-	-	3	-	-	-	-
Good facilities at treatment location (e.g. building, parking)	**3**	**2%**	-	1	-	1	-	-	1	-	-	3	-	-	-	-
Unsure	**3**	**2%**	-	-	-	1	-	2	-	-	-	3	-	-	-	-
Given choice in accessing care (e.g. dates)	**1**	**1%**	-	-	-	-	-	1	-	-	1	-	-	-	-	-
Nothing	**1**	**1%**	-	1	-	-	-	-	-	-	-	1	-	-	-	-
Base	*136*		*13*	*2*	*5*	*39*	*26*	*26*	*25*	*-*	*10*	*124*	*-*	*-*	*2*	*1*

Example quotes

"Everything. It was very efficient, professional and great example of the NHS working well."

(NHS South East Staffordshire and Seisdon Peninsula CCG, Male, 40-44)

"The procedure and recovery were fine. The service was very good, and even though my first vasectomy was ultimately unsuccessful, they were very helpful through the process of getting the second one."

(NHS Stoke-on-Trent CCG, Male, 45-49)

"The procedure went well, and I was kept comfortable mentally and physically throughout."

(NHS South East Staffordshire and Seisdon Peninsula CCG, Male, 35-39)

"Procedure was quick, left very little signs of the operation, relatively pain free and well communicated regarding what was going on during the procedure."

(Out of area, Male, 35-39)

"I was booked in quickly and given choices in dates."

(NHS Stoke-on-Trent CCG, Male, 40-44)

"Quick process from referral to procedure. No complications."

(NHS Stafford and Surrounds CCG, Male, 35-39)

Table 73. What concerns, if any, did you have?

	Total		CCG area								Respondent type					
	No.	%	Cannock Chase	East Staffordshire	North Staffordshire	SE Staffordshire and Seisdon Peninsula	Stafford and Surrounds	Stoke-on-Trent	Out of area	Unknown	Current service user	Service user in the last three years	Likely to be a service user in the future	Healthcare professional	Interested party or organisation	Other
None / no concerns	82	63%	8	-	4	26	16	15	13	-	6	75	-	-	1	1
Concern over potential complications or side effects	19	15%	1	1	1	3	3	4	6	-	1	18	-	-	-	-
Concern that the procedure would be painful	15	12%	2	-	-	3	2	2	6	-	2	13	-	-	-	-
Concern that the procedure would not work	6	5%	-	-	-	1	1	3	1	-	-	5	-	-	1	-
Nerves and anxiety prior to the procedure	6	5%	1	-	-	3	-	1	1	-	1	5	-	-	-	-
Issues over sampling and testing processes	4	3%	-	-	-	1	-	-	3	-	-	4	-	-	-	-
Embarrassment over the procedure	3	2%	1	-	-	1	1	-	-	-	1	2	-	-	-	-
Access to aftercare support	2	2%	1	-	-	1	-	-	-	-	-	2	-	-	-	-
Concerns were put at ease by staff	2	2%	-	-	-	1	-	1	-	-	1	1	-	-	-	-
Concern over lack of access to sterilisation and impact on unplanned pregnancies	1	1%	-	-	-	1	-	-	-	-	-	1	-	-	-	-
Facilities at hospital (e.g. parking, wayfinding)	1	1%	-	-	-	-	-	-	1	-	-	1	-	-	-	-
Base	*130*		*13*	*1*	*5*	*38*	*23*	*24*	*26*	*-*	*10*	*118*	*-*	*-*	*2*	*1*

Example quotes

"I was concerned about 3-6 months later that something may have been wrong but the aftercare at Stafford hospital with return scans Clarified everything was ok and symptoms had passed after first return."

(NHS Stafford and Surrounds CCG, Male, 35-39)

"That the procedure was more intrusive and painful and also be very embarrassing."

(NHS Cannock Chase CCG, Male, 35-39)

"How long recovery would take and that I might have complications afterwards."

(NHS Stoke-on-Trent CCG, Male, 40-44)

"As it's a delicate area concerns were pain, loss of use, complications."

(Out of area, Male, 40-44)

"I was worried about pain and movement after the procedure."

(NHS Stoke-on-Trent CCG, Male, 40-44)

"It took 2 vasectomies to finish the job, but I guess that's just unfortunate!"

(NHS Stoke-on-Trent CCG, Male, 45-49)

Table 74. After you received this service/procedure, how has this impacted on your life?

	Total		CCG area								Respondent type					
	No.	%	Cannock Chase	East Staffordshire	North Staffordshire	SE Staffordshire and Seisdon Peninsula	Stafford and Surrounds	Stoke-on-Trent	Out of area	Unknown	Current service user	Service user in the last three years	Likely to be a service user in the future	Healthcare professional	Interested party or organisation	Other
No negative impact / no change	**70**	**54%**	7	-	2	19	14	12	15	1	7	62	-	-	1	-
Reduced worry of unplanned pregnancies	**20**	**16%**	2	-	2	7	4	2	3	-	-	19	-	-	-	1
Improved lifestyle, relationships and quality of life	**15**	**12%**	2	-	1	4	3	4	1	-	-	14	-	-	1	1
No longer need to take contraceptive pill (e.g. no side effects of pill)	**14**	**11%**	-	-	-	6	3	-	5	-	-	14	-	-	-	-
Procedure was successful in preventing pregnancy	**11**	**9%**	2	1	-	4	3	1	-	-	1	10	-	-	-	-
Negative side effects or complications (e.g. lumps, chronic pain)	**10**	**8%**	-	-	-	4	3	3	-	-	1	9	-	-	-	-
Short-term pain following treatment	**7**	**5%**	1	1	-	1	1	-	3	-	-	7	-	-	-	-
Had to have time off work	**4**	**3%**	-	-	-	-	1	2	1	-	-	4	-	-	-	-
Had to stop exercise for a period after treatment	**4**	**3%**	-	-	1	1	-	1	1	-	1	3	-	-	-	-
Need to be sure procedure is the right choice	**2**	**2%**	-	-	-	-	1	-	1	-	-	2	-	-	-	-
Procedure was unsuccessful (e.g. pregnancy afterwards)	**1**	**1%**	-	-	-	-	-	1	-	-	-	1	-	-	-	-
Other comment (e.g. 'vasectomy')	**1**	**1%**	-	-	-	-	-	-	1	-	-	1	-	-	-	-
Base	***129***		*12*	*2*	*5*	*39*	*26*	*22*	*22*	*1*	*9*	*118*	-	-	*2*	*1*

Example quotes

"This has impacted positively on our lives as a family. We are happy in our choice not to extend our family and did not wish to pursue hormonal contraception or use condoms."

(NHS Stafford and Surrounds CCG, prefer not to say, 35-39)

"For a while it was a little tender as expected but overall, it has positively affected my life as I no longer have to worry about unplanned pregnancies."

(NHS Cannock Chase CCG, Male, 30-34)

"Improved family life practically allowed my wife to change from oral contraception lowering her risk of associated health risks. For religious reasons condoms were not appropriate and other forms of contraception were impractical or had added health risks."

(NHS South East Staffordshire and Seisdon Peninsula CCG, Male, 40-44

"I had infection & blood clot which took about 3months to clear."

(NHS South East Staffordshire and Seisdon Peninsula CCG, Male, 40-44)

"It has given freedom, taken away worry and increased the fun."

(NHS Stoke-on-Trent CCG, Male, 40-44)

"Prior to procedure, had miscarried, then developed pneumonia and shortly afterwards had lumpectomy, so very stressed and knew I did not wish to have another child in my situation. Procedure gave me peace of mind and increased wellbeing all round."

(NHS North Staffordshire CCG, Female, 70-74)

Table 75. What are your views on this service/procedure?

	Total		CCG area								Respondent type					
	No.	%	Cannock Chase	East Staffordshire	North Staffordshire	SE Staffordshire and Seisdon Peninsula	Stafford and Surrounds	Stoke-on-Trent	Out of area	Unknown	Current service user	Service user in the last three years	Likely to be a service user in the future	Healthcare professional	Interested party or organisation	Other
Procedure should be funded to reduce unplanned pregnancies (e.g. impact on children)	**19**	**31%**	-	3	5	-	5	3	1	2	-	-	2	5	3	9
Consider the cost of pregnancies to the NHS (e.g. maternity care, abortions)	**17**	**27%**	-	2	3	-	6	3	1	2	-	-	4	6	4	5
General comment in agreement with funding this procedure (e.g. should be available, should be free)	**13**	**21%**	1	4	1	2	1	3	-	1	-	-	1	2	2	8
Procedure should be funded if patients wish to be sterilised	**10**	**16%**	-	3	2	1	3	1	-	-	-	-	1	2	4	4
Procedure should be funded if patients or their partners would be at risk of adverse impacts by becoming pregnant	**9**	**15%**	1	1	1	2	2	2	-	-	-	-	1	1	1	6
Procedure benefits patients' quality of life (e.g. reduces worry of unplanned pregnancy)	**7**	**11%**	-	2	1	-	3	-	-	1	-	-	-	-	3	4
Alternative forms of contraception are available	**7**	**11%**	-	-	5	-	1	-	1	-	-	-	1	1	1	4
Procedures are not a large cost to the NHS (e.g. one-off cost)	**6**	**10%**	-	1	1	1	2	-	-	1	-	-	-	-	2	5
General comment in disagreement with funding this procedure (e.g. don't fund, should not be funded)	**6**	**10%**	-	-	4	1	1	-	-	-	-	-	1	-	1	4
Reversal should not be funded by the NHS	**5**	**8%**	-	2	1	1	-	-	-	1	-	-	1	2	-	2
Patients should self-fund this procedure if required	**5**	**8%**	-	-	2	1	-	1	1	-	-	-	-	1	-	4
Consider the impact of an increase in the birth rate (e.g. environmental impacts)	**4**	**6%**	-	-	2	1	1	-	-	-	-	-	-	-	2	2
Procedure should be available for women	**4**	**6%**	-	1	-	-	2	1	-	-	-	-	1	1	-	2
Consider patient contribution towards the cost of procedures	**4**	**6%**	1	1	1	1	-	-	-	-	-	-	-	-	1	3
Consider means testing to determine who is eligible for funding	**3**	**5%**	-	1	-	-	2	-	-	-	-	-	-	1	2	1
Consider the negative impact of alternative forms of contraception on women (e.g. side effects, taking pill everyday)	**3**	**5%**	-	-	1	1	1	-	-	-	-	-	-	-	-	3
Procedure should be funded if patients cannot use alternatives	**2**	**3%**	-	-	-	1	1	-	-	-	-	-	-	-	1	1
Procedures should not be funded as this is a personal choice	**2**	**3%**	1	-	1	-	-	-	-	-	-	-	-	1	-	1
Procedure should be available for men	**2**	**3%**	-	-	1	-	1	-	-	-	-	-	-	-	1	1
Consider male and female procedures differently	**2**	**3%**	-	-	1	-	1	-	-	-	-	-	-	-	1	1
Consider low incomes groups who cannot afford to self-fund	**2**	**3%**	-	1	-	-	1	-	-	-	-	-	-	1	1	-
Other comment unrelated to service	**2**	**3%**	-	-	1	-	-	1	-	-	-	-	1	-	1	1
Procedure should not be funded as not clinically necessary	**1**	**2%**	1	-	-	-	-	-	-	-	-	-	-	-	-	1
Consider the age of patients	**1**	**2%**	-	-	-	-	-	1	-	-	-	-	-	-	-	1
Funding for services should be consistent across different areas (e.g. no postcode lottery)	**1**	**2%**	-	-	-	1	-	-	-	-	-	-	-	-	-	1
Consider the needs of individual patients	**1**	**2%**	-	-	1	-	-	-	-	-	-	-	-	-	-	1
Base	***62***		*3*	*9*	*17*	*6*	*13*	*9*	*2*	*3*	*-*	*-*	*7*	*10*	*14*	*34*

Example quotes
"For those women whose health will categorically be damaged by child-bearing, this service should be provided free of charge. For men & women who simply wish to have a more permanent form of contraception, there should be a reasonable charge. (And this is from someone whose partner was - some years ago - given the procedure on the NHS.) Given the current financial situation for the NHS, this is perfectly reasonable as it will often be saving the patients money on other forms of contraception, long-term." **(NHS Cannock Chase CCG, Female, 70-74)**
"Sterilisation is cost effective compared to ongoing contraception or ante natal costs when someone considers their family complete." **(NHS North Staffordshire CCG, Female, 55-59)**
"People should practice alternative methods of contraception and self-fund if they want surgery. There are options for this, unlike fertility treatment which is something that cannot be helped." **(NHS North Staffordshire CCG, Female, 35-39)**
"Sterilization success figures should be considered (where there is different methods able to be used), reversal rates also need to factor into decision making ensuring that this is not happening (unless there are clinically justifiable reasons). Social responsibility also should be considered - any restrictions and potential impacts of unwanted pregnancies within the system and the costs/impacts associated." **(Unknown, Female, 35-39)**

15 Appendix 9: Considerations when making decisions about services

Table 76. When making decisions about the future provision of services, the CCGs must consider the following factors. Please order these considerations in order of importance to you, where 1 is the highest and 3 is the lowest.

		CCG area								
		Total	Cannock Chase	East Staffordshire	North Staffordshire	SE Staffordshire and Seisdon Peninsula	Stafford and Surrounds	Stoke-on-Trent	Out of area	Unknown
1= highest	Providing services which are proven to have a clinical benefit for patients	89%	91%	97%	85%	93%	82%	90%	92%	80%
	Providing services that are consistent with national and local priorities	14%	16%	7%	20%	9%	17%	12%	7%	23%
	Providing services that provide value for money	9%	15%	3%	7%	5%	9%	12%	11%	7%
2	Providing services which are proven to have a clinical benefit for patients	9%	9%	3%	10%	6%	15%	9%	8%	-
	Providing services that are consistent with national and local priorities	48%	49%	33%	46%	51%	47%	50%	51%	69%
	Providing services that provide value for money	39%	36%	60%	41%	43%	38%	36%	35%	29%
3= lowest	Providing services which are proven to have a clinical benefit for patients	3%	-	-	5%	1%	3%	1%	-	20%
	Providing services that are consistent with national and local priorities	38%	36%	60%	34%	41%	36%	38%	42%	8%
	Providing services that provide value for money	52%	49%	37%	52%	52%	53%	52%	55%	64%
Base		*513-530*	*45-47*	*30-31*	*103-107*	*79-83*	*88-90*	*80-84*	*71-75*	*13-15*

Table 77. Please tell us why you rated these considerations in that order? By response (1 of 3)

	Total		CCG area							
Providing services which are proven to have a clinical benefit for patients as the highest importance	No.	%	Cannock Chase	East Staffs	North Staffs	SES & Seisdon	Stafford & Surrounds	Stoke-on-Trent	Out of area	Unknown
Providing services which are proven to have a clinical benefit for patients is of key importance	159	41%	10	9	36	27	27	25	25	-
Patient health and needs are more important than finances	116	30%	13	11	19	18	18	20	16	1
Hearing loss: Consider the impact of hearing loss on patient wellbeing and quality of life (e.g. mental health, isolation)	40	10%	2	1	6	7	7	6	9	2
Consider the needs of individual patients	39	10%	3	3	5	5	8	7	8	-
Clinical benefit should also consider social benefits and impact on quality of life	33	9%	4	3	9	6	3	4	2	2
Hearing loss: Hearing aids should be provided	32	8%	4	2	5	4	7	5	5	-
Value for money is an important consideration	27	7%	4	1	3	5	7	4	3	-
Services should be consistent across all areas (e.g. no postcode lottery)	24	6%	4	3	7	2	1	3	3	1
General comments about question (e.g. my opinion, strange question)	22	6%	1	-	5	4	5	4	2	1
Value for money should be assessed by considering cost implications of not providing the service (e.g. long-term costs)	18	5%	-	2	6	1	2	5	2	-
Services should provide the best use of public money (e.g. value for taxpayers)	14	4%	-	6	4	1	2	-	1	-
Consider the need to evidence the clinical benefits of treatments	13	3%	1	1	3	-	1	2	5	-
Consider the needs of local areas (e.g. rather than national priorities)	13	3%	3	-	5	2	1	-	2	-
Patients and members of the public cannot assess whether a service is value for money	11	3%	-	6	2	-	2	-	1	-
All criteria are important	10	3%	-	1	5	2	1	1	-	-
Consider how the criteria are assessed or measured	9	2%	-	2	1	1	3	1	1	-
Consider the efficiency of services	9	2%	1	-	5	-	-	1	2	-
Lack of awareness of what national and local priorities are	7	2%	-	5	-	-	-	2	-	-
Hearing loss: Adverse patient outcomes from lack of access to hearing aids could cost the NHS or social services more in the long run	7	2%	-	-	4	-	1	2	-	-
National and local priorities are an important consideration	7	2%	-	1	3	-	1	2	-	-
National and local priorities may not be the best use of resources	6	2%	-	-	1	-	3	-	2	-
National and local priorities may change	6	2%	-	2	2	1	-	-	1	-
Assisted conception: Access to assisted conception is required	6	2%	-	-	2	1	-	1	2	-
Consider the need to avoid discrimination	4	1%	-	-	1	-	-	1	1	1
Consider clinical outcomes when assessing value for money	4	1%	-	-	-	-	1	-	2	1
National and local priorities should consider clinical guidance (e.g. NICE)	4	1%	1	1	1	-	-	-	1	-
Hearing loss: Hearing aids should be provided in line with NICE guidelines	4	1%	-	-	-	1	-	1	2	-
Assisted conception: Consider the negative impact of infertility on patients' mental health and wellbeing	4	1%	-	-	1	1	-	1	1	-
Patients should receive treatment as they have financially contributed via taxes	3	1%	-	-	2	1	-	-	-	-
Consider the benefits of services by engaging with patients	2	1%	-	-	-	-	-	1	1	-
The NHS needs more funding to meet the needs of the population (e.g. aging population)	2	1%	-	-	1	-	-	-	1	-
Consider the importance of the NHS	2	1%	-	-	-	-	1	-	1	-
Hearing loss: Concern over private providers of care	2	1%	1	-	1	-	-	-	-	-
Hearing loss: Consider that deafness is a disability	2	1%	-	-	-	1	-	1	-	-
Hearing loss: Self-funding hearing aids is too expensive	2	1%	-	-	1	-	-	1	-	-
Sterilisation: Procedure should be funded to reduce unplanned pregnancies	2	1%	-	1	-	1	-	-	-	-
Consider the impact of Brexit on finances	1	0%	-	-	-	-	-	-	1	-
Consider the need for self-care and prevention	1	0%	-	-	1	-	-	-	-	-
Assisted conception: Assisted conception should be available in-line with NICE guidance	1	0%	-	-	1	-	-	-	-	-
Assisted conception: Assisted conception should be available to those with child(ren) from previous relationships	1	0%	-	-	-	1	-	-	-	-
Breast augmentation: Consider the impact on patient wellbeing, quality of life and relationships	1	0%	-	-	-	1	-	-	-	-
Sterilisation: Procedure should be available for those with clinical needs	1	0%	1	-	-	-	-	-	-	-
Base	*385*		*33*	*29*	*79*	*61*	*60*	*61*	*54*	*8*

Table 78. Please tell us why you rated these considerations in that order? By response (2 of 3)

	Total		CCG area							
Providing services that provide value for money as the highest importance	No.	%	Cannock Chase	East Staffordshire	North Staffordshire	SE Staffordshire and Seisdon Peninsula	Stafford and Surrounds	Stoke-on-Trent	Out of area	Unknown
Services should be consistent across all areas (e.g. no postcode lottery)	26	43%	2	2	10	3	5	2	1	1
Patient health and needs are more important than finances	12	20%	-	2	3	2	3	2	-	-
General comments about question (e.g. my opinion, strange question)	8	13%	2	-	1	-	3	-	-	2
Clinical benefit should also consider social benefits and impact on quality of life	7	12%	-	1	2	1	2	1	-	-
Hearing loss: Consider the impact of hearing loss on patient wellbeing and quality of life (e.g. mental health, isolation)	7	12%	1	-	2	1	1	1	1	-
Providing services which are proven to have a clinical benefit for patients is of key importance	6	10%	-	2	2	-	1	1	-	-
Hearing loss: Hearing aids should be provided	6	10%	1	1	1	1	1	-	1	-
Consider the need to avoid discrimination	5	8%	1	-	3	-	-	1	-	-
Value for money is an important consideration	5	8%	1	-	1	-	1	-	1	1
Patients should receive treatment as they have financially contributed via taxes	4	7%	1	-	1	-	2	-	-	-
National and local priorities are an important consideration	3	5%	-	1	-	-	2	-	-	-
Value for money should be assessed by considering cost implications of not providing the service (e.g. long-term costs)	2	3%	-	-	-	-	1	1	-	-
All criteria are important	2	3%	-	-	1	-	-	1	-	-
Consider clinical outcomes when assessing value for money	2	3%	-	-	-	1	1	-	-	-
Consider the needs of local areas (e.g. rather than national priorities)	2	3%	-	-	-	1	-	1	-	-
Assisted conception: Assisted conception should be available in-line with NICE guidance	2	3%	-	-	-	-	2	-	-	-
Consider the need to evidence the clinical benefits of treatments	1	2%	-	-	-	-	1	-	-	-
Consider the needs of individual patients	1	2%	-	-	-	-	-	1	-	-
Patients and members of the public cannot assess whether a service is value for money	1	2%	-	-	-	-	-	1	-	-
Services should provide the best use of public money (e.g. value for taxpayers)	1	2%	-	-	1	-	-	-	-	-
Consider the efficiency of services	1	2%	-	-	-	-	1	-	-	-
National and local priorities should consider clinical guidance (e.g. NICE)	1	2%	-	-	-	-	-	1	-	-
Consider the importance of the NHS	1	2%	-	-	-	-	1	-	-	-
Hearing loss: Hearing aids should be provided in line with NICE guidelines	1	2%	-	-	-	1	-	-	-	-
Assisted conception: Access to assisted conception is required	1	2%	1	-	-	-	-	-	-	-
Breast augmentation: Consider the impact on patient wellbeing, quality of life and relationships	1	2%	-	-	-	-	-	1	-	-
Consider patient financial contribution toward care	1	2%	-	1	-	-	-	-	-	-
Base	*60*		*5*	*2*	*17*	*7*	*15*	*9*	*2*	*3*

Table 79. Please tell us why you rated these considerations in that order? By response (3 of 3)

	Total		CCG area							
Providing services that are consistent with national and local priorities as the highest importance	No.	%	Cannock Chase	East Staffordshire	North Staffordshire	SE Staffordshire and Seisdon Peninsula	Stafford and Surrounds	Stoke-on-Trent	Out of area	Unknown
Hearing loss: Consider the impact of hearing loss on patient wellbeing and quality of life (e.g. mental health, isolation)	6	20%	1	-	-	1	-	1	3	-
Value for money is an important consideration	6	20%	1	-	2	-	1	-	2	-
General comments about question (e.g. my opinion, strange question)	6	20%	1	-	2	1	-	1	1	-
Providing services which are proven to have a clinical benefit for patients is of key importance	4	13%	1	1	-	-	1	-	1	-
All criteria are important	4	13%	-	-	-	-	1	2	1	-
Hearing loss: Hearing aids should be provided	4	13%	1	1	-	-	1	1	-	-
Patient health and needs are more important than finances	3	10%	-	1	1	-	-	1	-	-
Services should be consistent across all areas (e.g. no postcode lottery)	2	7%	1	1	-	-	-	-	-	-
Clinical benefit should also consider social benefits and impact on quality of life	2	7%	-	1	-	-	1	-	-	-
National and local priorities are an important consideration	2	7%	-	1	-	-	1	-	-	-
Value for money should be assessed by considering cost implications of not providing the service (e.g. long-term costs)	1	3%	-	-	-	-	-	-	1	-
Services should provide the best use of public money (e.g. value for taxpayers)	1	3%	-	-	-	-	1	-	-	-
Consider how the criteria are assessed or measured	1	3%	-	-	1	-	-	-	-	-
Consider clinical outcomes when assessing value for money	1	3%	-	-	-	-	1	-	-	-
The NHS needs more funding to meet the needs of the population (e.g. aging population)	1	3%	-	-	1	-	-	-	-	-
Consider the importance of the NHS	1	3%	-	-	-	-	1	-	-	-
Hearing loss: Hearing aids should be provided in line with NICE guidelines	1	3%	-	-	-	1	-	-	-	-
Hearing loss: Adverse patient outcomes from lack of access to hearing aids could cost the NHS or social services more in the long run	1	3%	-	-	-	-	-	-	1	-
Consider patient financial contribution toward care	1	3%	-	-	-	-	1	-	-	-
Base	*30*		*4*	*1*	*5*	*2*	*7*	*6*	*5*	-

Example quotes (all responses)

"The most important consideration is to help patients. The provision of IVF benefits patients by giving them the possibility of having children when they couldn't otherwise have them. Value for money should not be the highest consideration as this is not putting the patients interests first. Services should be consistent in order to avoid a postcode lottery and inequality across counties."

(NHS North Staffordshire CCG, Male, 25-29)

"The patient should always be first and interventions should only be done when it is known to be a clinical benefit. Consistently should also be important rather than it be a post code lottery where someone on the next street, registered to a different GP, could get a worse/better service."

(NHS South East Staffordshire and Seisdon Peninsula, Female, 30-34)

"The NHS exists to provide the maximum health benefit to people, that benefit should be proven through quantitative and qualitative research to benefit people, there is no point in providing sub optimal services. 'Value for money' is such a value loaded and political expression that is it meaningless."

(NHS East Staffordshire CCG, Male, 60-64)

"The patient should always come first. Value for money should not mean the cheapest option but the best possible result for the amount of funding spent. National and local priorities should come after individual patient needs unless a breakout or unusual temporary conditions occur." **(Out of area, Male, 35-39)**
"People should matter more than any area or money, the effects on mental health caused by these issues in the long run would cost more than the short term treatment benefit, where someone lives or how much it costs should not be above the care of an individual.." **(NHS North Staffordshire CCG, Female, 25-29)**
"I believe that funds should be targeted in areas in which most value can be added. Clearly, proven clinical benefit is a major consideration, but value for money must also be taken into account where funds are tight. Whilst I accept the need for national and local strategies, the needs of the individual should always come first." **(NHS Stafford and Surrounds CCG, Male, 60-64)**

Table 80. Is there anything else you think we should consider when making decisions about the future provision of services? Please list and explain them here. By theme.

	Total
General themes	
Consider the impact of changing services on patients and their families (e.g. mental health, quality of life)	39
No considerations raised (e.g. no)	29
Consider long-term cost savings in providing services	28
Decisions on providing services should be patient-centred (e.g. treat cases individually, talk to patients)	25
Consider prevention and self-care	21
Consider the accessibility of services (e.g. close to home)	19
Ensure that treatments meet the needs of the local population	18
Consider improving efficiency in services rather than cutting services (e.g. more joined up working)	11
Treatments that have the greatest clinical benefit should be prioritised	10
Consider the need for effective diagnosis and monitoring	10
Resources should be focused on clinical care not administration costs (e.g. cut bureaucracy)	8
Access to services should not be restricted	7
Consider provider service provision	7
Consider whether treatments are for a medical need or lifestyle choice	7
Consider the need for greater NHS funding	7
Consider the need for improved access to GPs and primary care	6
Consider the need for consistency of provision (e.g. no postcode lottery)	6
Decisions should not be based on financial savings	6
Consider the affordability of self-funding treatments (e.g. for low income groups)	6
Consider the need for effective staff (e.g. caring staff)	5
Consider the effectiveness or efficacy of treatments or procedures	5
Patients should receive treatment as they have financially contributed via taxes	5
Consider charging for NHS services (e.g. private medical insurance)	5
Consider the importance of mental health (e.g. better provision)	5
Positive comment about health services experiences (e.g., 'doctor was great')	5
Consider reducing demand rather than reducing services (e.g. manage demand for services)	3
Consider engagement with the voluntary sector and patient groups when making decisions about service provision	3
Consider the need to improve staffing levels (e.g. more staff)	3
Services should not be means tested	2
Consider equipment and hospital facilities	2
Consider patient financial contribution toward care	2
Consider introducing an upper limit on treatment value (e.g. maximum cost)	1
Consider the quantity of treatment required	1
Consider the negative political impact and media coverage of cuts to services	1
Changes are required at a national level	1
Consider reviewing other services	1
Consider the importance of the NHS	1
Other (e.g. 'as above')	9
Themes about assisted conception	
Consider the negative impact of infertility on patients' mental health and wellbeing	8
Funding for services should be consistent across different areas (e.g. no postcode lottery)	5
Access to assisted conception should be increased	5
Assisted conception should be available in-line with NICE guidance	3
Consider affordability of self-funding assisted conception (e.g. patients getting into debt)	3
Consider adoption as an alternative	3
Same sex couples should have access to assisted conception	2
Consider part-funding procedures	2
Consider the need for greater restriction on who is eligible	2
Consider that adoption should not be seen as an alternative	1
Ensure representation from those with fertility issues when making decisions about this service	1
All couples should have access to 1 round of IVF	1
Patients can self-fund if required	1
Themes about hearing loss	
Consider the impact of hearing loss on patient wellbeing and quality of life (e.g. mental health, isolation)	59
Consider the adverse impacts of untreated hearing loss on the NHS (e.g. missed appointments, misdiagnosis)	24
Access to audiology should be continued	23
Consider the adverse impacts of reduced provision on patients (e.g. dementia)	15
A lack of access to the service would disproportionality affect the elderly	10
Consider affordability of private hearing aids	10
Consider that patients need to be using their hearing aids effectively (e.g. needing education and monitoring)	7
Consider NHS England / NICE recommendations on treating hearing loss	5
Consider that deafness is a disability	5
Consider lowering the threshold to access care	4
Consider improving access to hearing tests (e.g. greater promotion)	4
Concern over the quality of external providers	4
Consider part-funding hearing aids	3
Consider access to replacement aids and repairs 9e.g. batteries)	2
Services are not a large cost to the NHS	2
Access to hearing aid provision should be consistent across different areas (e.g. no postcode lottery)	2
Consider further research to evaluate the impacts of a lack of access to hearing loss	1
Consider improving deaf awareness	1
Themes about removal of excess skin	
Consider the adverse impact of excess skin on patient health and wellbeing (e.g. mental health, sores, itching)	5
Restricting access to treatments discourages patients from losing weight	4
Patients should self-fund this procedure if required	2
Themes about sterilisation	
Procedures are cost-effective (e.g. reduce future NHS cost)	2
Base	*338*

Table 81. Is there anything else you think we should consider when making decisions about the future provision of services? Please list and explain them here. By CCG area

		CCG area							
	Total	Cannock Chase	East Staffs	North Staffs	SE Staffs and Seisdon	Stafford and Surrounds	Stoke-on-Trent	Out of area	Unknown
Hearing loss: Consider the impact of hearing loss on patient wellbeing and quality of life (e.g. mental health, isolation)	**59**	4	2	13	8	9	4	16	3
Consider the impact of changing services on patients and their families (e.g. mental health, quality of life)	**39**	1	1	10	4	7	11	3	2
No considerations raised (e.g. no)	**29**	1	-	1	9	11	3	4	-
Consider long-term cost savings in providing services	**28**	1	8	4	3	3	4	5	-
Decisions on providing services should be patient-centred (e.g. treat cases individually, talk to patients)	**25**	2	3	5	4	3	2	6	-
Hearing loss: Consider the adverse impacts of untreated hearing loss on the NHS (e.g. missed appointments, misdiagnosis)	**24**	1	-	6	3	3	5	5	1
Hearing loss: Access to audiology should be continued	**23**	2	-	3	5	2	5	5	1
Consider prevention and self-care	**21**	-	4	5	5	3	3	1	-
Consider the accessibility of services (e.g. close to home)	**19**	6	-	5	5	1	1	1	-
Ensure that treatments meet the needs of the local population	**18**	2	1	4	3	4	2	2	-
Hearing loss: Consider the adverse impacts of reduced provision on patients (e.g. dementia)	**15**	1	-	5	1	2	-	5	1
Consider improving efficiency in services rather than cutting services (e.g. more joined up working)	**11**	-	1	1	2	4	1	1	1
Treatments that have the greatest clinical benefit should be prioritised	**10**	-	1	3	1	4	-	1	-
Consider the need for effective diagnosis and monitoring	**10**	-	2	2	2	2	2	-	-
Hearing loss: A lack of access to the service would disproportionality affect the elderly	**10**	-	-	6	2	1	-	1	-
Hearing loss: Consider affordability of private hearing aids	**10**	-	-	2	1	3	2	2	-
Resources should be focused on clinical care not administration costs (e.g. cut bureaucracy)	**8**	1	-	3	-	3	-	1	-
Assisted conception: Consider the negative impact of infertility on patients' mental health and wellbeing	**8**	-	1	4	-	2	-	1	-
Access to services should not be restricted	**7**	-	-	-	-	4	2	-	1
Consider provider service provision	**7**	-	-	6	1	-	-	-	-
Consider whether treatments are for a medical need or lifestyle choice	**7**	-	-	1	1	3	1	-	1
Consider the need for greater NHS funding	**7**	1	1	-	-	4	1	-	-
Hearing loss: Consider that patients need to be using their hearing aids effectively (e.g. needing education and monitoring)	**7**	1	1	1	1	1	1	-	1
Consider the need for improved access to GPs and primary care	**6**	-	-	1	3	2	-	-	-
Consider the need for consistency of provision (e.g. no postcode lottery)	**6**	-	-	4	-	-	-	2	-
Decisions should not be based on financial savings	**6**	-	-	3	2	-	1	-	-
Consider the affordability of self-funding treatments (e.g. for low income groups)	**6**	2	-	1	-	1	2	-	-
Consider the need for effective staff (e.g. caring staff)	**5**	-	-	2	1	1	1	-	-
Consider the effectiveness or efficacy of treatments or procedures	**5**	1	1	1	-	1	-	1	-
Patients should receive treatment as they have financially contributed via taxes	**5**	-	-	2	-	2	1	-	-
Consider charging for NHS services (e.g. private medical insurance)	**5**	-	-	2	2	-	1	-	-
Assisted conception: Funding for services should be consistent across different areas (e.g. no postcode lottery)	**5**	-	-	2	-	2	-	1	-
Assisted conception: Access to assisted conception should be increased	**5**	1	-	2	-	2	-	-	-
Hearing loss: Consider NHS England / NICE recommendations on treating hearing loss	**5**	-	-	2	1	-	-	1	1
Hearing loss: Consider that deafness is a disability	**5**	-	-	-	1	-	3	-	1
Consider the importance of mental health (e.g. better provision)	**5**	-	1	-	1	1	2	-	-
Excess skin: Consider the adverse impact of excess skin on patient health and wellbeing (e.g. mental health, sores, itching)	**5**	-	4	-	1	-	-	-	-
Positive comment about health services experiences (e.g., 'doctor was great')	**5**	-	-	-	1	2	-	2	-
Hearing loss: Consider lowering the threshold to access care	**4**	-	-	-	1	1	1	1	-
Hearing loss: Consider improving access to hearing tests (e.g. greater promotion)	**4**	1	-	-	1	-	1	1	-
Hearing loss: Concern over the quality of external providers	**4**	-	-	3	-	-	1	-	-
Excess skin: Restricting access to treatments discourages patients from losing weight	**4**	-	4	-	-	-	-	-	-
Consider reducing demand rather than reducing services (e.g. manage demand for services)	**3**	-	-	-	1	1	1	-	-
Consider engagement with the voluntary sector and patient groups when making decisions about service provision	**3**	-	-	-	1	-	1	1	-
Consider the need to improve staffing levels (e.g. more staff)	**3**	1	-	-	-	2	-	-	-
Assisted conception: Assisted conception should be available in-line with NICE guidance	**3**	-	-	1	-	1	-	1	-
Assisted conception: Consider affordability of self-funding assisted conception (e.g. patients getting into debt)	**3**	1	-	2	-	-	-	-	-
Assisted conception: Consider adoption as an alternative	**3**	1	1	-	1	-	-	-	-
Hearing loss: Consider part-funding hearing aids	**3**	-	1	1	-	1	-	-	-
Services should not be means tested	**2**	1	-	1	-	-	-	-	-
Consider equipment and hospital facilities	**2**	-	-	1	-	1	-	-	-
Assisted conception: Same sex couples should have access to assisted conception	**2**	-	-	-	-	-	1	1	-
Assisted conception: Consider part-funding procedures	**2**	1	-	-	1	-	-	-	-
Hearing loss: Consider access to replacement aids and repairs 9e.g. batteries)	**2**	1	-	-	1	-	-	-	-
Hearing loss: Services are not a large cost to the NHS	**2**	-	-	2	-	-	-	-	-
Hearing loss: Access to hearing aid provision should be consistent across different areas (e.g. no postcode lottery)	**2**	-	-	1	-	-	1	-	-
Consider patient financial contribution toward care	**2**	-	-	-	1	1	-	-	-
Excess skin: Patients should self-fund this procedure if required	**2**	1	-	-	-	1	-	-	-
Assisted conception: Consider the need for greater restriction on who is eligible	**2**	1	-	1	-	-	-	-	-
Sterilisation: Procedures are cost-effective (e.g. reduce future NHS cost)	**2**	-	1	-	-	1	-	-	-
Consider introducing an upper limit on treatment value (e.g. maximum cost)	**1**	-	-	-	-	-	1	-	-
Consider the quantity of treatment required	**1**	-	-	1	-	-	-	-	-
Consider the negative political impact and media coverage of cuts to services	**1**	-	-	-	-	-	1	-	-
Changes are required at a national level	**1**	-	-	-	-	-	1	-	-
Consider reviewing other services	**1**	-	-	1	-	-	-	-	-
Consider the importance of the NHS	**1**	-	-	-	-	-	-	1	-
Assisted conception: Consider that adoption should not be seen as an alternative	**1**	-	-	-	-	-	-	1	-
Assisted conception: Ensure representation from those with fertility issues when making decisions about this service	**1**	-	-	-	-	1	-	-	-
Assisted conception: All couples should have access to 1 round of IVF	**1**	-	-	-	-	1	-	-	-
Assisted conception: Patients can self-fund if required	**1**	-	-	1	-	-	-	-	-
Hearing loss: Consider further research to evaluate the impacts of a lack of access to hearing loss	**1**	-	1	-	-	-	-	-	-
Hearing loss: Consider improving deaf awareness	**1**	-	-	-	1	-	-	-	-
Other (e.g. 'as above')	**9**	-	1	1	1	3	-	1	2
Base	***338***	*24*	*22*	*70*	*55*	*62*	*47*	*47*	*11*

Example quotes
"The focus must not be on short term savings. For example, making sure people can hear could prevent future, more expensive treatment if they are hit by a car they didn't hear. The NHS must work in partnership with other public and private sector organisations to make sure people have the opportunity and support needed to live fit and healthy lives." **(NHS South East Staffordshire and Seisdon Peninsula CCG, Female, 45-49)**
"Preventative action - services or practices which cost now but prevent a further drain on NHS funding or healthcare services in the future, including local authority expenses on social care." **(NHS East Staffordshire CCG, Female, 60-64)**
"All services should be reviewed regularly, either annually or every 2 years, to keep up with innovations, best practice and improvements in services. Ensure that all services meet the needs of all the population across all ages and that no one section of the population is left out." **(NHS East Staffordshire CCG, Female, 65-69)**
"Recruitment and training of qualified staff. Then, keeping those staff. Unhappy, over-worked people will leave and where will their replacements come from?" **(NHS Stafford and Surrounds CCG, Female, 70-74)**
"Please take in to account the quality of life of the patient. At the moment we seem to have a major decline in the mental health of individuals, and some of these services has the potential of going someway of improving the quality of life and subsequent mental health of the patient. Health isn't only the physical, it's emotional. If able to address personal concerns will go someway in reinforcing good mental health." **(NHS Stoke-on-Trent CCG, Male, 40-44)**
"Speed of the process, cutting out the bureaucracy. These may well save money too." **(Out of area, Male, 45-49)**
"I think you should seriously consider accessibility and ease of communication. I work with retired people. They say they find all the abbreviated health networks confusing. They find that travelling out of their local community is a barrier to them in accessing services." **(NHS Cannock Chase CCG, Female, 50-54)**
"The long-term cost and sustainability of services to be provided is critical in making today's decisions. The impact on the quality of life of the patient is also critical, and hearing aids can create a significant contribution. The availability of private sector provision must also be a consideration, but in this case private sector provision can be very expensive which would mean that many people are priced out. The NHS should continue at least its current level of provision and continue to meet basic needs, leaving individuals free to choose private sector options where they want something different for cosmetic reasons or to obtain advanced features, and where their pocket would allow it." **(NHS Stafford and Surrounds CCG, Male, 60-64)**
"The area where these services are provided, looking at the local demographic and the people that live there to whether these services are beneficial to the people that live there and how easy the surgeries are to access for these people." **(NHS South East Staffordshire and Seisdon Peninsula CCG, Male, 35-39)**

16 Appendix 10: Event feedback

Table 82. Event feedback: How services were prioritised

		Average for each event						
	Overall average number of tokens	Leek	Cannock	Burton	Stafford	Codsall	Lichfield	Stoke-on-Trent
Smoking cessation	11.25	18	7.5	8	7.5	20	10	5
Knee replacement	21.6	22	30	22	20	15	20	22.5
Flash glucose	17.2	10	12.5	20	22.5	15	20	22.5
Base (no. of tables)	*16*	*3*	*2*	*3*	*2*	*2*	*2*	*2*

Table 83. Event feedback: How and why did you prioritise the services?

	Event							
	Total	Leek	Cannock	Burton	Stafford	Codsall	Lichfield	Stoke-on-Trent
Patient outcomes: Consider long-term benefits if smokers have smoking cessation support	8	2	-	2	-	2	1	1
Self-care and prevention: Smoking is a life choice, not a disease	8	1	1	2	1	1	1	1
Criteria to access services: Flash glucose should be funded for patients with type 1 diabetes not type 2	6	2	1	1	1	-	1	-
Quality of life: Consider the impact of knee issues on patient quality of life (e.g. housebound, mobility)	6	2	1	1	1	1	-	-
Self-care and prevention: Patients should take responsibility for their health (e.g. healthy diet)	6	1	-	2	2	1	-	-
Cost and value for money: Adverse effects on patients through lack of access to knee replacements could cost the NHS more (e.g. care cost)	6	1	2	1	1	1	-	-
Patient outcomes: Flash glucose supports patients in managing their disease	5	-	-	1	-	-	2	2
Self-care and prevention: Consider the need for greater patient education and preventative services	5	1	1	1	-	1	-	1
Patient outcomes: Consider the adverse impact on patients' health if they cannot access knee replacements (e.g. cardiovascular disease)	4	1	2	-	1	-	-	-
Self-care and prevention: Diabetes is not a life choice	4	1	-	1	1	1	-	-
Cost and value for money: Adverse effects of smoking on patients could cost the NHS more in the long run	4	2	-	1	-	-	1	-
Cost and value for money: Patients should self-fund smoking cessation (e.g. inexpensive)	4	-	2	1	-	-	1	-
Alternative options: Consider alternative options for flash glucose to monitor sugar levels	3	-	1	-	-	1	-	1
Alternative options: Consider alternative less radical ways to manage knee pain (e.g. physio)	3	1	-	-	1	1	-	-
Vulnerable groups: Consider how vulnerable adults will benefit from each service	3	-	-	2	-	1	-	-
Vulnerable groups: Consider providing flash glucose for vulnerable groups (e. g. mental health etc.)	3	-	1	-	-	1	-	1
Alternative options: Consider other ways to discourage smoking (e.g. price of cigarettes)	2	1	1	-	-	-	-	-
Criteria to access services: Consider tightening criteria for knee replacements (e.g. BMI criteria)	2	-	-	-	-	1	1	-
National and local guidelines: Consider clinical guidelines (e.g. NICE guidance)	2	-	-	1	-	-	1	-
Patient outcomes: Consider the adverse impact on patients if they do not have access to smoking cessation support	2	-	-	-	-	2	-	-
Quality of life: Consider the impact of diabetes on patients' quality of life	2	1	-	1	-	-	-	-
Self-care and prevention: Early intervention could prevent knee replacement (e.g. lose weight, do exercise)	2	-	-	-	1	1	-	-
Cost and value for money: Smoking cessation is not an effective use of NHS resources	2	-	-	1	-	-	-	1
Cost and value for money: Money used for flash glucose should be used for prevention of diabetes	2	-	1	1	-	-	-	-
Cost and value for money: Adverse effects on patients through poor diabetes management could cost the NHS more	2	-	-	2	-	-	-	-
Criteria to access services: Smoking cessation should only be available to those who have unsuccessfully attempted to quit smoking	1	-	-	1	-	-	-	-
Criteria to access services: Knee replacements should be provided for everyone who requires the procedure	1	-	1	-	-	-	-	-
Evidence and research: Consider the need for evidence and research into the effectiveness of treatments	1	-	-	-	-	-	-	1
Existing service provision: Consider existing cuts to smoking cessation services	1	-	-	1	-	-	-	-
Patient choice: Consider patient choice	1	-	-	1	-	-	-	-
Patient outcomes: Consider the impact of smoking on the health of non-smokers	1	-	-	-	-	1	-	-
Patient outcomes: Consider the impact on people giving up smoking without smoking cessation support (e.g. eating wrong food, risk of diabetes)	1	1	-	-	-	-	-	-
Patient outcomes: Consider the adverse impact on patients' health if their diabetes is not monitored effectively	1	-	-	1	-	-	-	-
Quality of care: Patients who need knee replacement require specialist support	1	-	-	-	-	-	-	1
Quality of life: Knee replacement restores independence	1	-	1	-	-	-	-	-
Quality of life: Priority of services should be based on improving quality of life	1	1	-	-	-	-	-	-
Self-care and prevention: Smoking cessation support is available online	1	1	-	-	-	-	-	-
Cost and value for money: Consider that those who stop smoking may start smoking again	1	-	-	1	-	-	-	-
Cost and value for money: Self-funding flash glucose is not expensive	1	-	-	1	-	-	-	-
Vulnerable groups: Consider the need to provide smoking cessation support only for those who need it most	1	-	-	-	-	-	1	-
Base	*16*	*3*	*2*	*3*	*2*	*2*	*2*	*2*

Table 84. Event feedback: How services were re-prioritised

	Average for each event							
	Overall average number of tokens	Leek	Cannock	Burton	Stafford	Codsall	Lichfield	Stoke-on-Trent
Smoking cessation	9	13	7.5	7	7.5	17.5	7.5	5
Knee replacement	18	18	22.5	18	15	15	15	17.5
Flash glucose	13	8	10	15	17.5	7.5	17.5	17.5
Base (no. of tables)	*16*	*3*	*2*	*3*	*2*	*2*	*2*	*2*

Table 85. Event feedback: How and why did you re-prioritise the services?

	Event							
	Total	Leek	Cannock	Burton	Stafford	Codsall	Lichfield	Stoke
Self-care and prevention: Diabetes is not a life choice	5	1	-	-	1	-	1	2
Patient outcomes: Flash glucose supports patients in managing their disease	4	-	1	-	1	-	2	-
Quality of life: Consider the impact of knee issues on patient quality of life (e.g. housebound, mobility)	4	-	1	2	-	-	1	-
Self-care and prevention: Patients should take responsibility for their health (e.g. healthy diet)	4	1	1	-	-	-	2	-
Evidence and research: Consider the need for evidence and research into the effectiveness of treatments	3	-	-	1	-	-	-	2
Self-care and prevention: Smoking is a life choice, not a disease	3	-	-	-	1	1	-	1
Self-care and prevention: Early intervention could prevent knee replacement	3	1	-	-	-	-	2	-
Cost and value for money: Adverse effects of smoking on patients could cost the NHS more in the long run	3	1	-	1	-	1	-	-
Alternative options: Consider other ways to discourage smoking (e.g. price of cigarettes)	2	1	-	1	-	-	-	-
Patient outcomes: Consider the adverse impact on patients if they do not have access to smoking cessation support	2	1	-	1	-	-	-	-
Patient outcomes: Consider long-term benefits if smokers have smoking cessation support	2	-	-	1	-	-	1	-
Self-care and prevention: Consider the need for greater patient education and preventative services	2	1	-	-	-	1	-	-
Cost and value for money: Smoking cessation is not an effective use of NHS resources	2	-	-	-	1	-	-	1
Cost and value for money: Self-funding flash glucose is not expensive	2	-	-	2	-	-	-	-
Criteria to access services: Consider tightening criteria for knee replacements (e.g. BMI criteria)	1	-	1	-	-	-	-	-
Criteria to access services: Flash glucose should be funded for patients with type 1 diabetes not type 2	1	-	-	1	-	-	-	-
Criteria to access services: Knee replacements should be provided for everyone who requires the procedure	1	-	-	-	-	-	-	1
Patient choice: Consider patient choice	1	1	-	-	-	-	-	-
Patient outcomes: Consider the impact of smoking on the health of non-smokers	1	1	-	-	-	-	-	-
Quality of care: Smoking is an addiction and should be treated accordingly	1	-	1	-	-	-	-	-
Quality of care: Patients who need knee replacement require specialist support	1	-	-	1	-	-	-	-
Quality of life: Consider the impact of diabetes on patients' quality of life	1	-	-	1	-	-	-	-
Cost and value for money: Patients should self-fund smoking cessation (e.g. inexpensive)	1	1	-	-	-	-	-	-
Cost and value for money: Patients should self-fund knee replacement	1	-	-	-	1	-	-	-
Cost and value for money: Prioritising helps to allocate money effectively to services in the NHS	1	1	-	-	-	-	-	-
Cost and value for money: Consider the need for greater NHS funding	1	-	-	1	-	-	-	-
Vulnerable groups: Consider the need to provide smoking cessation support only for those who need it most	1	-	-	1	-	-	-	-
Base	*16*	*3*	*2*	*3*	*2*	*2*	*2*	*2*

Table 86. Event feedback: What three things should we take away from this event?

	Event							
	Total	Leek	Cannock	Burton	Stafford	Codsall	Lichfield	Stoke
Commissioning factors: Consider the need for effective and transparent consultation and engagement	5	1	1	-	-	1	1	1
Commissioning factors: The need to consider best practice and national guidelines	2	1	1	-	-	-	-	-
Commissioning factors: Priority of services should be based on improving quality of life	2	1	-	-	-	-	-	1
Commissioning factors: The need to consider the impact of cuts to services on patients' health and wellbeing (e.g. mental health)	2	-	-	1	1	-	-	-
Commissioning factors: Consider local needs and the need for decisions to be made locally	2	-	-	2	-	-	-	-
Commissioning factors: Consider the need for greater patient education and preventative services	2	-	-	1	-	1	-	-
Commissioning factors: People should take responsibility for their own health	1	1	-	-	-	-	-	-
Commissioning factors: Consider the need to save money by improving CCG efficiency (e.g. single CCG)	1	-	-	-	-	1	-	-
Commissioning factors: Consider vulnerable groups	1	-	-	-	-	-	-	1
Commissioning factors: Decisions should be informed by data	1	-	-	-	-	-	-	1
Event / venue: The need to consider more engagement events and greater promotion (e.g. holding local events, attract more people to the discussion)	4	1	-	3	-	-	-	-
Event / venue: General comments about place and venue of the event	3	-	1	1	1	-	-	-
Prioritising exercise: Event helped to understand how funds are allocated (e.g. difficulties of prioritising services)	6	1	1	1	2	-	1	-
Prioritising exercise: More information is required	3	-	-	-	-	1	1	1
Prioritising exercise: The need to consider that everyone's priorities are different	2	1	-	-	-	1	-	-
Prioritising exercise: Event helped to look at this problem from different viewpoints	2	1	-	-	1	-	-	-
Prioritising exercise: Consider the need for communication on prioritisation decisions	2	-	-	1	-	-	-	1
Prioritising exercise: The need to consider alternative ways of prioritising services (e.g. looking outside of the box)	1	1	-	-	-	-	-	-
Base	*15*	*3*	*2*	*3*	*2*	*2*	*1*	*2*