

We, NHS Heywood, Middleton and Rochdale Clinical Commissioning Group (NHS HMR CCG) are seeking views from patients registered with a GP practice in the borough of Rochdale, HMR health care professionals and other local interested parties on proposals to review our current policy in relation to commissioning In Vitro Fertilisation (IVF) services.

To capture your views and feedback before any decision is made, a period of public consultation will run for 6 weeks from 3/12/2018.

If you would like this document in another format, please contact us on 01706 652151 or e mail phil.burton@nhs.net.

1. Have you read the supporting information provided by NHS Heywood, Middleton and Rochdale CCG about the proposal for IVF provision and the other options considered?

Yes

No

2. Are you currently receiving or have received IVF treatment funded by NHS?

I am currently receiving this service

I have received this service in the past

I have never received this service

I don't know

3. In Rochdale we are proposing to reduce provision to one funded cycle of IVF. The reasons for this proposal and the other options considered are described in the supporting document. Bearing in mind the information in that document do you agree with our proposal?

Yes

No

I am not sure

4. If you would like to tell us the reason behind your answer to question 3 please use the box below.

If you would like to share your experiences of IVF with us, please email the HMR CCG Engagement Lead at phil.burton@nhs.net

Consultation on a proposal to review the way IVF provision in the borough of Rochdale

About You

The following questions allow us to examine if different groups have different or similar views on the issues. They will not effect the confidentiality of your responses.

5. Are you registered with an HMR CCG GP practice?

Yes

No

6. Please give us the first part of your post code, e.g. M24, OL10

7. Please use the box below to tell us the ethnic background you identify with, e.g., Black African, Pakistani, White British, etc.

8. What is your age? Please tick the age band that matches your own.

16 years to 20 years old

51 to 60

21 to 30

61 to 70

31 to 40

Over 70 years old

41 to 50

9. What gender do you identify with?

- Male Transitioning
- Female I would rather not say
- I am not sure

10. Which of the following options best describes how you think of yourself?

- Heterosexual / Straight Bisexual
- Homosexual / Gay man I am not sure
- Lesbian / Gay woman I would rather not say

11. Do you have a long term physical or mental health condition that affects your daily life? Please tick any box that applies.

- Yes - Physical
- Yes - Mental
- No
- I would rather not say

12. Do you consider yourself to be disabled?

- Yes
- No
- I would rather not say

13. Do you act as carer for a family member with a physical or mental health condition either formally or informally?

- Yes
- No
- I would rather not say.