

# A Healthier Future Let's Talk

6 July – 14 September 2017

#NHSLetsTalk

[www.healthierfuture.org.uk/NHSLetsTalk](http://www.healthierfuture.org.uk/NHSLetsTalk)

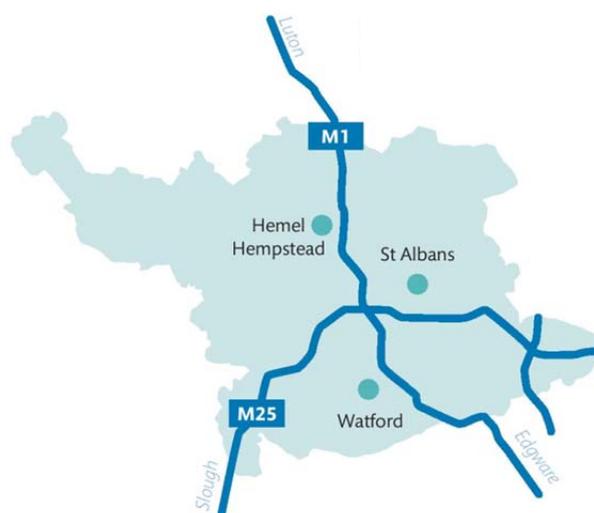


# A Healthier Future – Let's Talk

## Who are we?

NHS East and North Hertfordshire and NHS Herts Valleys Clinical Commissioning Groups (CCGs) are the organisations responsible for planning and paying for local health care and making sure that our residents receive good care. Like all CCGs, our organisations are led by local doctors representing the needs of their patients and the views of their GP colleagues, as well as lay members of the local community.

### Herts Valleys CCG



### East and North Hertfordshire CCG



Please note that Royston is part of Cambridgeshire and Peterborough CCG

## The challenges we face

Our CCGs face a difficult problem. We have a limited budget and care is expensive. The number of people who need health services is increasing and many people are living longer, often with complex conditions. National and local shortages of NHS staff mean that we have to make sure that doctors', nurses' and other specialists' time is used wisely.

We need to make the best use of the money available so that we can help as many people as possible to live healthier, longer lives, avoiding preventable illnesses.

**We simply don't have the money to do everything and continue as we are, so we want to hear your views about some difficult decisions on how we spend the money available to the local NHS.**



Our organisations had a combined budget of £1.4 billion last year. That's around £1,200 a year for each person registered with a GP in Hertfordshire. This money has to pay for most of the NHS health services that people rely on - everything from A&E to medicines, operations and support for people with long-term health conditions. Some patients need essential care and treatment day and night, which costs an average of £940 a week but can cost as much as £9,800 a week.

There is a widening gap in our area between the money coming in to pay for NHS and social care and the amount we need to spend. To address this issue, the CCGs across Hertfordshire and west Essex have started to work more closely together as part of a 'Sustainability and Transformation Partnership' (STP) to improve patient care and to deliver more effective, joined-up and affordable services. The health and care funding gap for Hertfordshire and west Essex is forecast to reach £550 million by 2021 if we don't take action to improve the health of our population, deliver services differently and work more efficiently.

We also want to start to offer the same NHS services regardless of where in our STP area patients live.

Wherever we can, we are making changes in ways which won't affect services. We're cutting our own administration costs and working to get the best value for money from the organisations we pay to deliver health and care services. We also plan to make better use of technology and our buildings, in order to save money. You can

read more about these wider plans for the Hertfordshire and west Essex area online at: [www.healthierfuture.org.uk](http://www.healthierfuture.org.uk)

## Seeking your views

Earlier this year, both Hertfordshire CCGs carried out a [survey](#) to ask their residents their views on how we should prioritise spending. The results showed that people think it's important to prioritise treatments that are scientifically proven to be effective, deliver lasting health benefits, improve patients' quality of life and make the best use of NHS resources. We also asked for savings suggestions and we received a wide range of ideas.

Using local people's ideas, together with suggestions that have come to us from others – including national consultations and local GPs - we have drawn up some proposals for changes that we would like to ask you about. Our GP board members have also carefully considered these proposals.

This document outlines some proposals which would have an impact on your local health services if they are put in place.

### Our proposals are about:

- Requiring people who smoke or whose weight is classified as 'obese' to improve their health before non-urgent surgery
- Limiting the routine prescription of food supplements, as well as medicines and products that can be bought without prescription for short-term conditions and minor ailments

- Restricting the prescribing of gluten-free foods
- Stopping NHS funding for female sterilisation procedures
- Stopping the routine funding of vasectomies (this proposal would **only** affect patients in the Herts Valleys CCG area)

We are also consulting on the availability of IVF (in vitro fertilisation) and specialist fertility services alongside West Essex CCG. You can read the separate consultation

paper on this topic and give your views here: [www.healthierfuture.org.uk/IVF](http://www.healthierfuture.org.uk/IVF)  
Please read the information that follows and answer as many questions as you can.

The information you supply in response to this consultation will be securely collected and analysed by an independent research organisation.

Your responses will be kept completely confidential and in accordance with the Data Protection Act 1998. Our aim is not to be intrusive and we won't ask irrelevant or unnecessary questions.

**Thank you for taking the time to give your views on these important issues.**

## Being fit for non-urgent surgery

Being healthy and fit before surgery can reduce the risk of serious complications during or after surgery, shorten stays in hospital and help patients recover better. For this reason, we already have criteria and support in place for people in Hertfordshire who smoke or are severely overweight, to encourage them to get in better shape before they have non-urgent surgery.

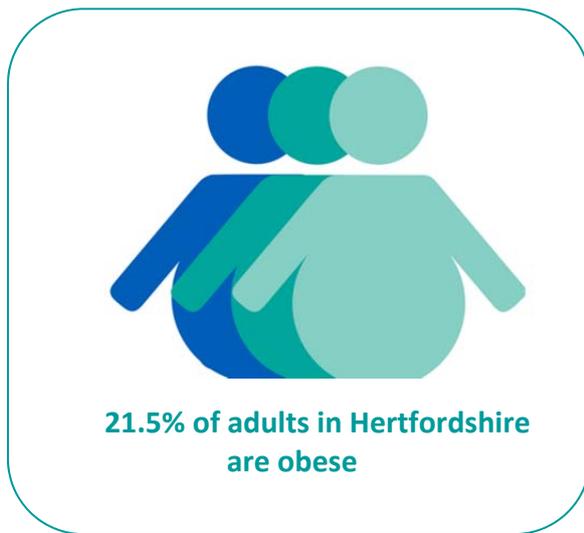


We want to make the current system more effective so we are proposing to strengthen the rules so that people go into non-urgent surgery with a healthier weight and having quit smoking completely.

These proposals apply to adults and would not apply when people need urgent surgery.

### Getting fit for life

We know that lifestyle choices can affect our health. The most important are smoking, an unhealthy diet and lack of exercise, which all contribute to diseases such as cancer, heart disease and diabetes and shorten lives.



Getting to a healthier weight or stopping smoking isn't just about being fitter for surgery – it's about being fit for life with all the benefits this brings for the person concerned, their family and for society as a whole - including the NHS.

### **Losing weight and stopping smoking before surgery**

There is always a risk when patients are given an anaesthetic but there is strong clinical evidence that proves that this risk is significantly higher when they are overweight and if they smoke. These patients are much more likely to suffer serious breathing problems, get infections and have heart, kidney and lung complications. It also takes them longer to recover and they have a higher risk of dying under anaesthetic. If people are in better physical shape before routine surgery, it reduces their risks during the operation and improves their recovery afterwards.

### **What is BMI?**

Your BMI is calculated using a formula which takes into account your weight and height and generates a number called a Body Mass Index which places your weight within a range. A BMI of over 30 is classed as 'obese' and a BMI of over 40 is defined as 'morbidly obese'. You can find out more about BMI and how to work out yours [here](#).



### **Stopping smoking before surgery**

Both the long and short-term benefits of stopping smoking are huge. Evidence shows that stopping smoking before surgery can:

- Reduce lung and heart complications
- Speed up wound healing time
- Reduce the time a patient needs to stay in hospital after an operation
- In the long-term reduce the risk of heart disease, cancer and premature death.



### **What is the position today?**

We already have a policy that is designed to help people get in better physical shape before they have non-urgent surgery, in order to improve the safety of that surgery and their recovery afterwards.

This policy applies to people with a high BMI (40 for certain situations and over 30 in others) and to people who smoke.

Patients with a very high BMI currently have to lose at least 10% of their weight over six to nine months before they can be offered surgery. GPs can give their patients advice and refer them to free weight-loss support services to help them to do this.

For smokers there is already a 'stop before the op' policy in place across Hertfordshire. The policy requires smokers to be advised about the risks of smoking and offered support to quit before any planned admission to hospital for procedures which require an anaesthetic or epidural. Currently, around 15% of Hertfordshire's adults are smokers.

### **Our proposals**

We are proposing a revised set of criteria to support patients whose health is at risk from smoking or being very overweight, by asking them to make bigger improvements to their health and wellbeing before they have non-urgent surgery.

These proposed changes will improve the health of more people before they have surgery and could have lasting health benefits. We know that some people would find it difficult to make the changes we are proposing and this could mean that some people wait longer for non-urgent surgery.

The proposals are more in line with current evidence around the risks of smoking and the amount of weight that needs to be lost before a patient's health and their readiness for surgery improves. The alternative option to this proposal is to maintain the current policy.

### For patients with a high BMI

- 'Morbidly obese' patients with a BMI of over 40 will not be referred for routine surgery until they reduce their weight by at least 15% over 9 months or reduce their BMI to less than 40 (whichever is the greater weight loss).
- 'Obese' patients starting out with a BMI of over 30 will not be referred for routine surgery until they reduce their weight by 10% over 9 months or reduce their BMI to less than 30 (whichever is the greater weight loss).



### For patients who smoke

We are proposing that smokers are not referred for non-urgent surgery unless they have stopped smoking for eight weeks or more before surgery. All patients who are being considered for surgery will have a breath test to detect the levels of carbon monoxide in their blood. Carbon monoxide is a poisonous gas found in tobacco smoke which robs the blood of oxygen and makes an operation more risky for the patient.

Someone using electronic cigarettes will have normal carbon monoxide levels and will not be affected by this proposal. All patients will be offered help, support and advice to quit smoking from the Hertfordshire stop smoking service before surgery.

#### Proposed exceptions

As with the current system, in exceptional circumstances, clinicians will allow surgery to go ahead even if the smoking and weight-loss criteria are not met.

Exceptions would be made when waiting for surgery would be more harmful for the patient.

## Please tell us your views:

### Weight loss before non-urgent surgery

1. Do you agree that we should adjust our policy in line with medical evidence, so that morbidly obese patients with a **BMI over 40** have to reduce their weight by at least 15% over 9 months or reduce their BMI to less than 40 (whichever is greater) before getting non-urgent surgery? Exceptions would be made when waiting for surgery would be more harmful for the patient.

- I strongly agree with this proposal
- I tend to agree with this proposal
- I tend to disagree with this proposal
- I strongly disagree with this proposal

2. Do you agree with our proposal that anyone with a **BMI over 30** will not get non-urgent surgery until they reduce their weight by 10% over 9 months or reduce their BMI to less than 30 (whichever is the greater)?

- I strongly agree with this proposal
- I tend to agree with this proposal
- I tend to disagree with this proposal
- I strongly disagree with this proposal

3. Do you agree with our proposal to require smokers to quit smoking before being referred for non-urgent surgery, unless waiting for surgery would be more harmful for them?

- I strongly agree with this proposal
- I tend to agree with this proposal
- I tend to disagree with this proposal
- I strongly disagree with this proposal

4. Do you consider that you, or somebody close to you, could be affected by this proposal?

- Yes
- No



# Gluten-free food on prescription

## Background

Coeliac disease is a long-term condition that is believed to affect approximately 1 in every 100 people in the UK. It is a lifelong, serious disease caused by the immune system reacting to gluten in food. This damages the surface of the small bowel (intestines) disrupting the body's ability to absorb nutrients from food.

There is no cure for coeliac disease and the only treatment for the condition is a strict gluten-free diet for life.

Gluten is a type of protein that is found in three types of cereals: wheat, barley and rye. Gluten-free foods are a good alternative for people who have been formally diagnosed with coeliac disease or dermatitis herpetiformis (a skin condition linked to coeliac disease) and who want to continue to eat similar foods to the ones that contain these cereals.

Certain gluten-free foods are currently available on NHS prescription for people with coeliac disease. The items available on prescription for people living in west Hertfordshire were restricted last year by Herts Valleys CCG. In the East and North Hertfordshire CCG area, gluten-free foods such as bread, pasta and pizza bases are still available on prescription.

The NHS nationally has been carrying out a public consultation on this issue, which closed on 22 June. In future, this could have an impact on policies across the country. In the meantime, we are asking these questions to find out what people in Hertfordshire think about this issue.



**The NHS in Hertfordshire spends around £500,000 a year on prescriptions for gluten-free products**



**A wide range of foods are naturally gluten-free**

## **Our proposal**

We are proposing that the NHS across Hertfordshire no longer provides gluten-free food on prescription. In future, people would have to buy their gluten-free food in supermarkets and local shops.

We would hope to save at least £200,000 across Hertfordshire if this proposal was implemented.

Exceptions would be made for people with learning disabilities, who could otherwise find it difficult to choose food products which are suitable for their illness.

The alternative option to this proposal is to maintain the current policy, unless a decision is made as a result of the national consultation which we would be required to put in place.

## **Why are we proposing a change to gluten-free prescribing?**

We need to use our limited funds to improve the health of our population and focus on the treatments that keep people healthy. Using this budget to provide everyday food at a cost to the NHS is increasingly thought not to represent a good use of resources.

The NHS does not generally provide food on prescription for other groups of patients whose health can be managed by eating a diet naturally free from the ingredients that affect them.

There are also a number of naturally gluten-free carbohydrates which are widely available. These include rice, potatoes and flour alternatives such as millet and cornflour.

People who need to follow a gluten-free diet can now readily buy gluten-free products in a supermarket and changes to the law means food labelling has improved, making it easy to see which foods contain gluten.

It is significantly more expensive for the NHS to supply gluten-free foods on prescription to patients than it is for people to buy them themselves from supermarkets and shops. A gluten-free loaf of bread purchased from a supermarket typically costs between £2 and £3.

The NHS in Hertfordshire currently spends around half a million pounds on gluten-free food on prescription.

## **Who would be affected by this proposal?**

If we implemented this proposal, patients with coeliac disease would no longer be able to get food items on prescription, with the exception of people with learning disabilities.

People on a low income who have coeliac disease would be more affected by this proposal as gluten free products still tend to be more expensive.

## Tell us your views:

1. Do you agree with the proposal that gluten-free foods should not be available on prescription, with the exception of people with learning disabilities?

- I strongly agree with this proposal
- I tend to agree with this proposal
- I tend to disagree with this proposal
- I strongly disagree with this proposal

2. Have you, or somebody close to you, been diagnosed with coeliac disease?

- Yes
- No

3. Please tell us why you have reached your decision and add any other comments you have on this proposal, such as your views on its potential impact on the public. If there are any specific gluten-free foods that you feel should remain on prescription because they are not easy to buy in shops, please list them here:

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# NHS prescriptions for medicines, treatments, food items and other items available to buy without prescription

Over-the-counter medicines, products and foods are items that can be bought directly without a prescription from a high-street pharmacy, a registered online pharmacy, supermarket or other shop.

We are seeking your views on a proposal to limit the prescribing of these items. A separate national consultation on the prescribing of a small number of other 'over-the-counter' products is planned to take place this summer.

## What are over-the-counter medicines, treatments and products?

These include:

- Oral painkillers and pain rubs for short-term use e.g. paracetamol, ibuprofen, Calpol<sup>®</sup>
- Antihistamines, nasal sprays and eye drops to treat allergies e.g. hay fever
- Indigestion treatments e.g. antacids, Gaviscon<sup>®</sup>, Peptac<sup>®</sup>, ranitidine, omeprazole
- Laxatives for short-term use (less than 72 hours)
- Medication and rehydration sachets for short-term diarrhoea (less than 72 hours)
- Probiotics – used to improve gut flora
- Colic treatments for infants, e.g. Infacol<sup>®</sup>, gripe water
- Medicines for travel
- Haemorrhoid treatments

- Bath oils and shower gels, moisturising creams, gels and ointments for dry skin conditions with no diagnosis
- Barrier creams, e.g. for nappy rash
- Sun screens
- Antifungal treatments for athlete's foot and nail infections
- Antifungal treatments for thrush
- Head lice treatments
- Cold sore treatments
- Wart and verruca treatments
- Threadworm tablets
- All cough, cold and sore throat treatments
- Eye drops and eye ointments available over the counter for dry eyes and conjunctivitis, e.g. hypromellose, chloramphenicol, Lacrilube<sup>®</sup>
- Dental products e.g. toothpastes, mouthwashes, gargles and teething gel
- Vitamins and supplements, e.g. vitamin C, vitamin D, multivitamins, body building supplements
- Prescribing of foods outside of agreed guidelines, e.g. some formula milks for children aged over 2 years old
- Antiperspirants
- Earwax removers and softeners
- Shampoos - e.g. for dandruff
- Acne treatments



### What is the position today?

Last year the NHS in Hertfordshire spent over £4 million on providing items, like those listed on the previous page, that are also available to buy without prescription. It is estimated that 20% of a GP's time and 40% of their total consultations are used for minor illnesses and common conditions at a cost on average to the NHS across the country of £2 billion per year.

It costs the NHS much more money to provide these types of items on prescription than it would cost to buy them from a shop or pharmacy. This is because the NHS pays for the over-the-counter medication plus the cost of a GP consultation and the additional cost of dispensing the medicine. For example, a packet of 16 paracetamol tablets costs less than 25p in a pharmacy or supermarket but paracetamol tablets on prescription cost at least five times more to the NHS.

**It can cost the NHS 5 times more to prescribe painkillers than if you buy them directly from your local pharmacy**



### Our proposal

We are proposing to limit the prescribing of medicines, products and food items that are available without a prescription from a high-street pharmacy, registered online pharmacy, supermarket or shop.



These items can be bought at a retail price which is often lower than the NHS prescription charge (currently £8.60 per item).

We are not proposing changes to the prescribing of medicines to treat long-term conditions - such as regular pain relief for osteoarthritis.

This policy would ONLY apply to items you can buy without a prescription, so it wouldn't include medicines that are only available on prescription such as antibiotics, statins and blood pressure and diabetes treatments.

The alternative option to this proposal is to maintain the current policy.

### Why are we proposing this change?

The NHS spends valuable doctors' time and money prescribing medicines, treatments, products and food items that are available to buy without a prescription. We would expect to save around £1million across Hertfordshire if this proposal was implemented.

We want to encourage people to take more responsibility for their own health and wellbeing. This means looking after your health, treating minor illnesses at

home and seeking help when needed. We also want to free up more clinicians' time for patients with complex needs. Highly trained pharmacists are able to offer expert advice.

**Who would be affected?**

People who currently go to their GP and receive prescriptions for these kinds of products will need to buy them from pharmacies or other shops.

A doctor will continue to be able to prescribe medicines where a treatment is needed for a long-term condition or a patient needs quantities that are not legally able to be bought over-the-counter. People on a low income would be more affected by this proposal.

**Important note:** if a GP or prescribing nurse is concerned for the welfare of a patient, a prescription would be issued.

**Please tell us your views**

1. Do you agree with our proposal to review the prescribing of over-the-counter medicines, treatments and products, as outlined above?

- I strongly agree with this proposal
- I tend to agree with this proposal
- I tend to disagree with this proposal
- I strongly disagree with this proposal

2. Do you think that the proposal outlined above would directly affect you or someone close to you?

- Yes
- No

3. Please tell us why you have reached your decision and add any other comments you have on this proposal, such as your views on its potential impact on the public.

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# Female sterilisation

Herts Valleys CCG and East and North Hertfordshire CCG currently pay for female sterilisation on the NHS. We are now seeking views on a proposal only to fund female sterilisation in exceptional circumstances.

## What is female sterilisation?

Female sterilisation is usually carried out under general anaesthetic, but can be carried out under local anaesthetic, depending on the method used. It is a long-term method of contraception. The surgery involves blocking or sealing the fallopian tubes, which link the ovaries to the womb (uterus). This prevents the woman's eggs from reaching sperm and becoming fertilised. Eggs are still released from the ovaries as normal, but are absorbed back into the woman's body.

## What is the position today?

In 2016/17, the CCGs in Hertfordshire funded 102 female sterilisation procedures at a cost of around £115,600.

There are many other alternative forms of contraception available including long acting options for patients and their partners which prevent pregnancy for several years and are available free from GPs or Hertfordshire sexual health services.

## Our proposal

We are proposing that the NHS in Hertfordshire will no longer fund female sterilisation except in exceptional circumstances, which would be assessed on a case-by-case basis if alternative forms of long-acting contraception are unsuitable.

The alternative option to this proposal is to maintain the current policy.

## Who would be affected by these proposals?

Women who are looking for long-term contraception would no longer be considered eligible for sterilisations funded by the NHS under the proposals, except in exceptional circumstances.

This would reduce the range of NHS funded contraception available for most women. Women would need to consider alternative methods of contraception or, if they can afford to do so, pay for a sterilisation procedure privately if they still want to go ahead.



# Please tell us your views:

1. Do you agree with our proposal to stop funding female sterilisation except in exceptional cases? Alternative methods of long-acting contraception would be offered instead.

- I strongly agree with this proposal
- I tend to agree with this proposal
- I tend to disagree with this proposal
- I strongly disagree with this proposal

2. Would this proposal affect you, or somebody close to you?

- Yes
- No

3. Please tell us why you have reached your decision and also if you have any other comments on this proposal to stop funding female sterilisation and its potential impact on the public:

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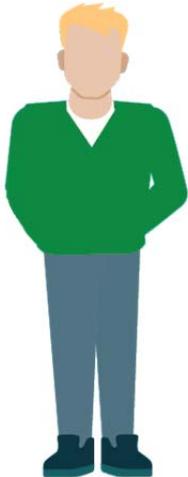
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# Vasectomy

**This policy only applies to Herts Valleys CCG.**

**Please only complete this section if you live in west Hertfordshire.**



Herts Valleys CCG has recently adopted an [interim policy](#) which has stopped routine funding for male sterilisation (vasectomy) but allows funding in the exceptional circumstances listed below.

Vasectomy is usually carried out under local anaesthetic in a procedure which takes around 15 minutes. The procedure can be reversed, but reversal is not always successful.

## **What is the position today?**

In February 2017 the CCG carried out a public engagement exercise to seek views from a range of people about a proposal to stop funding vasectomy other than in exceptional circumstances. As a result an interim policy was agreed to only fund vasectomy when:

- there are safeguarding concerns
- there are mental health issues to be taken into account
- the patient is unable to use other forms of contraception due to the harm they would cause and the only other clinical option is female sterilisation.

Applications for funding in these circumstances will be considered through a process called an Individual Funding Request.

We are now seeking your views on a proposal to permanently adopt our interim vasectomy policy.

## **What is vasectomy?**

During a minor operation, the tubes that carry sperm from a man's testicles to the penis are cut, blocked or sealed. Removing sperm from the semen means a woman's eggs can't be fertilised during sexual intercourse.

## **Our proposal**

We are proposing that this interim policy will be permanently adopted so that the NHS in west Hertfordshire will no longer routinely pay for vasectomy treatment except in exceptional circumstances. By implementing these proposals we estimate that around £150,000 could be saved each year.

## **Who would be affected by these proposals?**

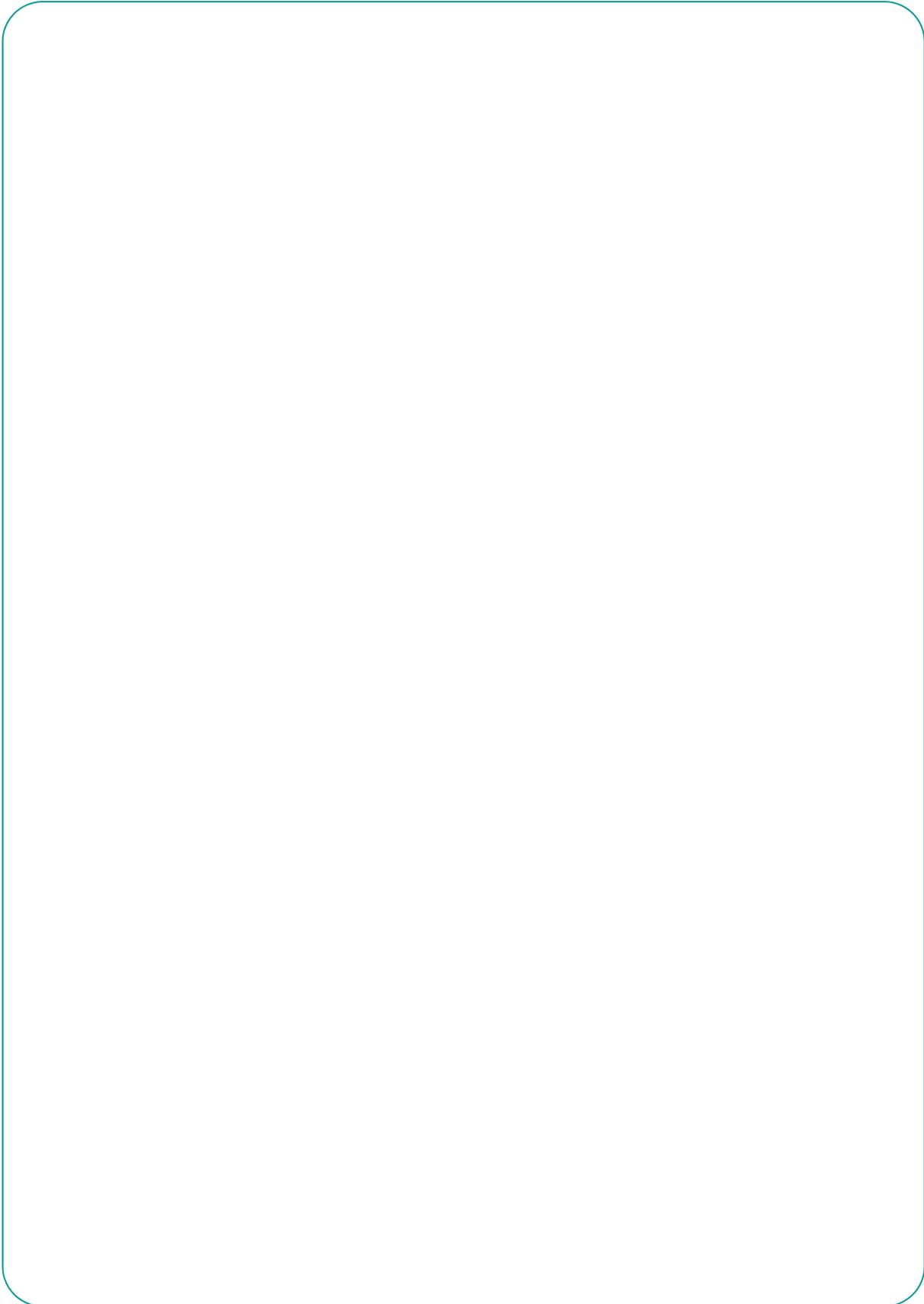
Around 586 vasectomies were performed in the Herts Valleys area in 2016/17.

If Herts Valleys CCG stopped the routine funding of vasectomies, this would reduce the range of NHS funded contraception available for most men.

Men could consider alternative methods of contraception for themselves and their partners (including 'long acting' options) which are available from GPs or Hertfordshire sexual health services. Alternatively, if they could afford to do so, men could pay to have the procedure performed privately.



If you have **general** comments about the proposals in this document, please include them here:

A large, empty rounded rectangular box with a teal border, intended for general comments.

You can give us your views anytime between 6 July and 11 September 2017.

We will work with Healthwatch, patient participation groups and local community and voluntary organisations to make sure this consultation reaches as many local people as possible.

We will hold meetings and drop-in sessions so that you can find out more and have your say. Details will appear on this website – [www.healthierfuture.org.uk](http://www.healthierfuture.org.uk)

You can also give us your views by completing our online questionnaire:  
[www.healthierfuture.org.uk/NHSletstalk](http://www.healthierfuture.org.uk/NHSletstalk)

If you are unable to do this,

- Email: [info@actionpointms.co.uk](mailto:info@actionpointms.co.uk)
- If you're responding on behalf of an organisation and wish to send us a letter, please write to the following address, where we will be co-ordinating responses from across Hertfordshire.

ActionPoint Marketing Solutions Ltd  
Yew Tree Offices  
Anstey  
Buntingford  
Hertfordshire  
SG9 0DA

- Phone us on: 01707 685397

## What will happen with your views?

Your views will help inform our decisions about these proposals. If you are responding as an individual, your response (without your name) will be shared with the governing bodies/boards of both CCGs and made available for others to see on their websites. If you are responding on behalf of an organisation or special interest group we will include that organisation's name in the final report on feedback, which will be presented to the boards of both CCGs.

We will publish details of the decision-making timetable over the summer.

**It's particularly important that you fill in this section of the document which tells us more about you.** This is so that we can make sure that we have listened to the views of a broad cross-section of people in Hertfordshire. You don't need to give your name.



## About you

Please tell us the first part of your postcode (e.g. AL8)

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Which GP surgery are you registered with?

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Are you responding as:

- an individual?
- on behalf of an organisation?

Please specify \_\_\_\_\_

**Are you:**

- Someone who works in the NHS?
- Someone who works in social care?
- A member of a patient group?
- None of the above

**What gender do you identify yourself as?**

- Female
- Male
- Other
- Prefer not to say

**How old are you?**

- Under 16
- 16-25
- 26-40
- 41-65
- 66-74
- 75 or over
- Prefer not to say

**Do you live with a disability or long term condition?**

- Yes
- No
- Prefer not to say

**Which of the following best describes your sexual orientation? Only answer this question if you are aged 16 years or over.**

- Heterosexual
- Gay man
- Gay woman / Lesbian
- Bisexual
- Prefer not to say
- Other (please specify)

**How would you describe your ethnic origin?**

- White British (English, Scottish, Welsh, Northern Irish); White other
- Asian / British Asian (Indian, Pakistani, Bangladeshi, Chinese); Asian other
- Black / Black British (Black African, Black Caribbean); other Black background
- Mixed background / Dual heritage
- Roma / Traveller
- Other ethnic group (please specify)

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**What is your religion or belief?**

- Buddhist
  - Christian
  - Hindu
  - Jewish
  - Muslim
  - Sikh
  - No religion or belief
  - Prefer not to say
  - Other (please specify)
- 

**Do you have caring responsibilities? (If yes, please tick all that apply)**

- None
- Primary carer of a child/children (under 18)
- Primary carer of a disabled child (under 18)
- Primary carer of a disabled adult (over 18)
- Primary carer of an older person
- Secondary carer (another person carries out the main caring role)

We would like to keep you informed on local NHS developments. Please add your contact details below (email is preferred):

Thank you for taking part in this important decision-making process.

If you would like to receive this information in large print, easy read, audio or braille; or want it to be translated into a different language, please call 01707 685397 or email [\*\*communications@enhertscg.nhs.uk\*\*](mailto:communications@enhertscg.nhs.uk)