

YOUR FUTURE CARE

Your Response

As part of the Your Future Care consultation, we want to make sure that everyone in Northern Eastern and Western Devon has the chance to give their views and comments. We are asking as many people as possible to give us their views by reading the consultation document and completing this response form. You may add extra sheets if you need to. Alternatively, you can complete the same form online at www.newdevonccg.nhs.uk/about-us/your-future-care/102019

We are keen to hear your views, which will help us to make a final decision. Please bear in mind this is a consultation not a 'vote'. We will take all responses into account along with a wide range of other information.

Please read the consultation document all the way through, then give us your answers to the questions in this form. Our full consultation document is available on our website or pick up a copy from our community hospitals, GP practices, libraries and other public buildings.

As part of this consultation, we will be hosting a number of consultation events across NEW Devon, where you can learn more, speak to the programme's clinical leaders and let us know what you think. To find out more about events near you please visit our website, local press or contact us using the details at the end of this form.

Please send your completed response form by **Friday 6 January 2017** to **Freepost YOUR FUTURE CARE**. This must be written exactly as it is shown, including capital letters where indicated, and you will not need a stamp.

This document is also available in other languages, in large print and in audio format. Please do not hesitate to call us on **01392 267 680** or email **d-ccg.YourFutureCare@nhs.net** if you would like to receive it in one of these formats.

We look forward to hearing from you and thank you for your help



To submit a response to this consultation, please record your views on this form and return to us via the details below. Whilst optional, It would help us to ensure we run a representative and full consultation if you include your town of residence and the first part of your postcode below.

1. Of the four options, which is your preferred option

- Option A Beds at Tiverton (32), Seaton (24) and Exmouth (16)
- Option B Beds at Tiverton (32), Sidmouth (24) and Exmouth (16)
- Option C Beds at Tiverton (32), Seaton (24) and Exeter (16)
- Option D Beds at Tiverton (32), Sidmouth (24) and Exeter (16)
- Other Option (please detail and specify in the space provided under section 2 below)

The CCG's preferred option is Option A.

2. Please state the reasons for your choice below.

3. How well do you think we have explored the options in this consultation?

- Completely Very well Quite well Not well at all

Please give reasons for your assessment.

4. If you selected 'Other Option' in Question 1 above, please indicate how your option meets the six strategic priorities (page 18 of the Consultation Document) and how it meets the decision-making criteria (page 39 of the Consultation Document).

5. What is your least preferred option and why?

6. Do you understand how this model intends to improve the care we offer people across Devon?
If not, what questions do you still have?

7. When resources are limited, the NHS should prioritise the use of staff and funding to:

	Strongly Agree	Agree	Disagree	Strongly Disagree
Help keep people well for longer				
Treat people with the most complicated health conditions				
Care for people in their own homes or close to where they live				
Keep open all community hospitals				

8. Is there anything else you would like to tell us?

Are you a:

- Member of the public NHS employed staff
 NHS contractor (eg. a professional such as a GP, pharmacist, optometrist or dentist – specify below)

Town name / first part of your postcode (eg. EX1)
(required to ensure geographically-representative consultation)

To help put this information in context and ensure we are successfully reaching all parts of Devon, we would like to ask a little bit about your personal situation. Any personal information that you supply in this form will be kept confidential unless disclosure is required by law.

Age

- Under 16 16-24 25-34 35-44 45-64 65-74 75-84 85+

Gender

- Male Female Prefer not to say

Gender identity (if appropriate)

If you identify as transsexual, transgender (in that you have effected a permanent change of gender identity) or as intersex, which group do you identify with?

- Transsexual Transgender Intersex

Work pattern

- Full time Part time Unemployed Retired In education Other

Sexual orientation

- Bisexual Gay Man/Homosexual Lesbian Hetrosexual/Straight
 Prefer not to say

Ethnic origin

Asian or Asian British

- Bangladeshi Indian Pakistani Other

Black or Black British

- African Caribbean Other

Chinese or other ethnic group

- Chinese Other

Mixed

- Black/white Caribbean Black/white African Asian/White Other

White

- British English Irish Scottish Welsh Other Prefer not to say

How did you hear about this consultation?

- Information received in the post at my home
 Through a local event or meeting (please describe what this was)
 Through an article in my local newspaper
 On social media
 From my GP practice (please state which one)
 At my local library (please state which one)
 From a family member, friend or neighbour
 Other (please describe)

Contact us

Telephone: 01392 267 642 **E-Mail:** d-ccg.YourFutureCare@nhs.net

Write: Freepost YOUR FUTURE CARE (no stamp required)

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