

Making It Better, Making It Real

for Children, Young People, Parents and Babies

RESPONSE FORM

Your views on the proposals in this Consultation Document are very important. This is the formal consultation stage of our work and your views are vital to help us decide the future shape of services for children, young people and families in the Review Area.

Please fill out this form and send it to us at:

FREEPOST, Making It Better.

or

Fill it out on-line at **www.bestforhealth.nhs.uk**

If you want help, contact us on freephone **0800 587 2901**

Please use this form to record your thoughts on the points raised in this Document. We have suggested questions which refer to the key sections for decision, but please raise other points if you wish to – there is space for that on the form. You can add more comments on other sheets if you wish.

If you decide not to use this form but will be replying in some other way, it would be helpful if you could respond to the questions listed in the form. It will help us to analyse the responses we receive.

Please respond by **Thursday 13 April 2006.**

About you (Please tick the appropriate box).

I am responding to this Consultation Document as: an individual ☐ on behalf of a group ☐

If you are responding as an individual it would be helpful if you could let us know where you live (e.g., Salford, Bolton etc.)

Are you: Male? ☐ Female? ☐

Please give us your age, if you wish. Are you:

18 or under ☐ 19-40 ☐ 41-60 ☐ 61-80 ☐ 81 or over ☐

How would you describe your ethnic group?

White ☐ Mixed ☐ Asian or Asian British ☐

Black or Black British ☐ Chinese ☐ Other ethnic group ☐

Are you responding as a (Please tick the appropriate box)

Patient ☐ MP or MEP ☐ Carer or parent ☐ PPI Forum ☐
Member of the public ☐ Staff Group – NHS ☐ Elected Member ☐ Local Authority ☐

Professional involved in ☐
children, young
people's & maternity
services (please specify)

NHS Trust ☐ (please specify)

Voluntary sector organisation ☐
(please specify)

Trade Union ☐ (please specify)

Other professional ☐ (please specify)

Professional Advisory Committee ☐
or Body (please specify)

PCT ☐ (please specify)

Royal College Staff Group – Other ☐
(please specify)

Community Group or Body ☐
(please specify)

Other ☐ (please specify)

Name and address:

Your postcode

Please tick this box if you wish your comments to be treated in confidence ☐

If you are responding on behalf of a group it would be helpful to know where you are based

Section 1.2 – The Need for Change

Q1. Do you agree that services need to change? Yes ☐ No ☐

If not, why not?

Section 1.3 – The Vision for Services in the Future

Q2. Do you agree with our proposals for the way services will be provided in the future?

Yes ☐ No ☐

If not, why not?

Section 3.2 – The Criteria for Selecting Options

Q3. Do you agree with our criteria for selecting options? Yes ☐ No ☐

If not, why not – and what other criteria would you suggest?

Section 3.4 – Options for Change

If you agree that option A is the best option please tick here ☐

Please give reasons why.

If you agree that option B is the best option please tick here ☐
Please give reasons why

If you agree that option C is the best option please tick here ☐
Please give reasons why

If you agree that option D is the best option please tick here ☐
Please give reasons why

If you agree that option E is the best option please tick here ☐
Please give reasons why

If you want to suggest another option please tick here ☐
Please explain why this would be a better option for the whole population of the Review Area.

If the hospital in-patient service for children and young people which you currently use, were no longer available, which hospital would you use in the future?

If the hospital in-patient maternity service which you currently use, were no longer available, which hospital or other facility would you use in the future?

Any other comments?

Thank you for your time and for letting us have your views. Please return this form by 13 April 2006 to **FREEPOST, Making It Better.**