**Diabetes support in Barnsley Survey**

# Overview and Survey Questions

NHS Barnsley Clinical Commissioning Group (CCG) is a GP led organisation that has the responsibility for planning and buying local healthcare services for the people of Barnsley.

During 2017, we were awarded with some national funding to help to develop the services which support people across Barnsley to manage their diabetes.

The aims of the funding were:

1. To improve access to structured education for people with Type 1 or Type 2 diabetes in Barnsley
2. To help people achieve their target HbA1c, blood pressure and cholesterol range.
3. To improve people's experience of the advice and support they receive from the local NHS for their diabetes.

We now want to evaluate how this funding has been spent and if the above aims were met from a patient perspective.

We would also like to find out what you think local diabetes advice, support and services should look like in the future.

The closing date for completing the survey is **Sunday 26th May 2019**

If you have any queries in relation to any of this information, or you would like the survey in another format please contact Louise Exley via telephone on 01226 433779 or email louise.exley1@nhs.net

Thank you for your valuable assistance with this, it is much appreciated.

# Louise Exley

**NHS Barnsley Clinical Commissioning Group (CCG) Question 1**

Please help us understand more about you and your responses to this survey.

# Which of these best describes you? I am ...

*(please select one answer)*

*Living with Type 1 diabetes* ............................................................................................................... 

*Living with Type 2 diabetes* ............................................................................................................... 

*Living with another type of diabetes* .................................................................................................. 

*Someone who has been diagnosed as being at risk of developing Type 2 diabetes* ....................... 

*Unsure what type of diabetes I have* ................................................................................................. 

*A family member / friend or carer of person living with diabetes* ...................................................... 

Diabetes is a condition which can impact other areas of your health. It is important that whenever you have a health related appointment, whether it's about your diabetes or not, the healthcare team use it as an opportunity to check how you are doing. They can then see if there is any advice or support they can offer you in relation to your diabetes care.

The funding we received was used to provide more training to staff in general practice, so they can offer the right support for you. We'd like to understand where you are receiving advice and support from in relation to your diabetes.

# During the past two years, where have you received advice and support in relation to your diabetes? (Please choose all that apply from the options below)

*(please select all that apply)*

*A GP or practice nurse has offered general advice and support* ...................................................... *A GP or practice nurse has offered advice and support about my diabetes medication* .................. *A diabetes specialist nurse has offered advice and support about my diabetes* ..............................

*A specialist diabetes doctor has offered advice and support about my diabetes* .............................

*None of the above* .............................................................................................................................

*Other* .................................................................................................................................................

# If you answered other, please provide details

**Question 3**

**Some of the funding has also gone towards providing self-management education courses. (DAFNE is aimed at people with Type 1 diabetes and X-PERT is aimed at people with Type 2 diabetes.)**

*(please select one answer for each question)*

# DAFNE X-PERT

I have heard of this course but haven't been offered it





I have been offered this course but haven't attended





I have attended this course





Not applicable to me



# From your experience over the past two years, how useful did you find the advice and support you received from the following services to help manage your diabetes?

*(please select one answer for each question)*

Extremely

Not useful at

# Diabetes doctors at the hospital

**Your GP**

**Your practice nurse**

**Diabetes specialist nurses**

**Dietitian**

**DAFNE structured education**

**X-PERT structure education**

**Question 5**

useful









Very useful









Slightly useful









all









Haven't used









# Given your experience of accessing diabetes services in Barnsley, are there any aspects that could be improved your opinion?

*(please select one answer)*

*Yes* ................................................................... 

# Please tell us the reasons why?

*No* .................................................................... 

# Question 6

**Our job as a commissioner of health services is to plan ahead, so we can meet the health and wellbeing needs of the local population.**

**We would like to know what you think the three priorities are in relation to diabetes care, advice and support in Barnsley over the next year and beyond.**

**Here are some examples, but you can choose anything you think is important. It might be young people moving from children’s services to adult's services; or people being given support to look after their diabetes themselves; or possibly ensuring everybody involved in a person’s care knows about their diabetes; or you may have something different you'd like to recommend. Please list three things.**

**Question 7**

**Is there anything else you would like to feedback?**

**Equality Monitoring Form (Strictly Confidential)**

So that we can try to ensure that our survey is representative of our patients, please help us by completing the short section below. The information provided will only be used for the purpose it has been collected for and will not be passed on to any third parties. You do not have to answer all of these questions, but we would be very grateful if you would.

# Data Protection Statement

All information will be kept strictly confidential and in accordance with the Data Protection Act 1998 and associated protocols.

# What is your age?

*(please select one answer)*

*Under 18* ........................................................................................................................................... 

*18 - 24* ............................................................................................................................................... 

*25 - 34* ............................................................................................................................................... 

*35 - 44* ............................................................................................................................................... 

*45 - 54* ............................................................................................................................................... 

*55 - 64* ............................................................................................................................................... 

*65 - 74* ............................................................................................................................................... 

*75 +* ................................................................................................................................................... 

*Prefer not to say* ................................................................................................................................ 

# Please tell us the first part of your postcode in the box provided below (e.g. S75)

**What is your gender?**

*(please select one answer)*

*Female* ................................ 

*Male* .................................. 

*Prefer not to say* ......................... 

# Do you live and work permanently in a gender other than the one you were born into?

*(please select one answer)*

*No* ....................................... 

*Yes* ...................................... 

*Prefer not to say* ........................ 

# How would you describe your ethnicity?

*(please select one answer)*

*White - UK* ......................................................................................................................................... 

*White - Irish* ....................................................................................................................................... 

*White - Gypsy or Traveller* ................................................................................................................ 

*Other White Background* ................................................................................................................... 

*Prefer not to say* ................................................................................................................................ 

*Arab* .................................................................................................................................................. 

*White and Black African* .................................................................................................................... 

*White and Black Caribbean* .............................................................................................................. 

*White and Asian* ................................................................................................................................ 

*Other Mixed/ Multiple Ethnic Background* ......................................................................................... 

*Other Black Background* ................................................................................................................... 

*Black Caribbean* ................................................................................................................................ 

*Black African* ..................................................................................................................................... 

*Indian* ................................................................................................................................................ 

*Pakistani* ........................................................................................................................................... 

*Bangladeshi* ...................................................................................................................................... 

*Chinese* ............................................................................................................................................. 

*Other Asian Background* ................................................................................................................... 

# Other (please state)

**How would you describe your sexual orientation?**

*(please select one answer)*

*Heterosexual* ..................................................................................................................................... 

*Bisexual* ............................................................................................................................................ 

*Lesbian* ............................................................................................................................................. 

*Gay* ................................................................................................................................................... 

*Prefer not to say* ................................................................................................................................ 

# How would you describe your religion?

*(please select one answer)*

*No religion* ......................................................................................................................................... 

*Buddhist* ............................................................................................................................................ 

*Christian* ............................................................................................................................................ 

*Hindu* ................................................................................................................................................. 

*Sikh* ................................................................................................................................................... 

*Jewish* ............................................................................................................................................... 

*Muslim* ............................................................................................................................................... 

*Agnostic* ............................................................................................................................................ 

*Prefer not to say* ................................................................................................................................ 

*Other* ................................................................................................................................................. 

# Other (please state)

**Do you have any of the following disabilities? (Please tick all that apply)**

*(please select all that apply)*

*I do not have a disability* ...................................................................................................................

*Mental Health Condition* ....................................................................................................................

*Physical Impairment* ..........................................................................................................................

*Cognitive Impairment* ........................................................................................................................

*Long Standing Illness* ........................................................................................................................

*Speech Impairment* ...........................................................................................................................

*Sensory Impairment* ..........................................................................................................................

*Learning Disability* .............................................................................................................................

*Learning Difficulty* .............................................................................................................................

*Prefer not to say* ................................................................................................................................

# Other (please state)

**Do you provide unpaid care for someone (friend/family member) ?**

*(please select one answer)*

*Yes* ...................................... 

*No* ....................................... 

*Prefer not to say* ......................... 

# Almost done

**This is the final section**

**Did we provide enough information for you to be able to comment on the questions we asked?**

*(please select one answer)*

*Yes* .................................................................................................................................................... 

*No* ...................................................................................................................................................... 

*Unsure* .............................................................................................................................................. 

# Where did you find out about this survey?

**Receiving feedback**

**Would you like to receive regular updates from the CCG about this and similar surveys you can get involved in? Please provide your name and email or postal address. You can unsubscribe at any time by emailing** **barnccg.comms@nhs.net**

**Thank you for completing this survey.**

If you are completing this survey on a paper copy, you can return it using the Freepost address below. Please post your completed survey to us by 26 May 2019.

Diabetes survey C/O Louise Exley

FREEPOST RTCH-GAZH-TZJH,

NHS Barnsley CCG, Hillder House,

49/51 Gawber Road, BARNSLEY, S75 2PY

Alternatively you can complete the survey online via the following link- [www.barnsleyccg.nhs.uk/haveyoursay](http://www.barnsleyccg.nhs.uk/haveyoursay)