

**Cumbria
Diabetes
Service
Report.**

September 2016

your
voice
counts

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Introduction

Healthwatch Cumbria (HWC) was contacted by the Cumbria Diabetes Service User Group (CDSUG) who asked if we could support them in learning more from individuals who have a diagnosis of diabetes about their experiences of care and support that they have received.

Methodology

The HWC survey was made up of 30 questions that had been agreed by the CDSUG and HWC based on research from previous surveys undertaken both by the CDSU group, other Healthwatch's and the Health and Social Care Information Centre.

- HWC created and printed 200 Postcards with a brief explanation of the purpose of the survey and a link to the online survey. These were given to the CDSUG for distribution
- The survey was promoted on the People First and HWC websites and in the HWC newsletter
- A link to the survey was available on the HWC website
- HWC circulated the survey to all their contacts, asking people to complete it and also forward it on to any other relevant organizations/individuals
- Members of the CDSUG distributed paper surveys to local pharmacies, and GP surgeries in the Carlisle, Allerdale and Copeland districts
- The CDSUG made surveys available at the Workington Community Hospital.

Key Issues Identified from Patient Survey

The survey was completed by 86 patients and the full set of results and comments is attached as an appendix. Where percentages are expressed the percentage figure relates to the total number of people who responded to that particular question. The following highlights some areas that appear significant.

Information Given on Initial Diagnosis

Q7. How useful did you find the following information (if you were provided with these):

Answer options	Not at all useful	Slightly useful	Moderately useful	Very useful	Extremely useful	N/A	Rating average	Response count
Verbal explanation	5	9	14	21	16	5	3.52	70
Leaflet	4	7	8	18	4	16	3.27	57
Offer of an education course	4	3	5	2	2	27	2.69	43
Information about Diabetes UK	0	4	5	8	8	21	3.80	46
Information about local support networks	0	0	4	5	2	28	3.82	39
Answered questions								73
Skipped questions								13

Where a preference was made (excluding the N/A responses) those who found the information they received either very useful or extremely useful can be expressed by the following percentages.

Verbal - 57%, Leaflet - 54%, Education - 25%, Diabetes UK - 64%, Support - 64%

Q8. How easy to understand was the following information (if you were provided with it)

Answer options	Not able to understand at all	Not very easy to understand	Moderately easy to understand	Very easy to understand	N/A	Rating average	Response count
Verbal explanation	1	11	22	32	4	3.29	70
Leaflet	1	4	11	23	14	3.44	53
Offer of an education course	1	2	4	9	22	3.31	38
Information about Diabetes UK	0	0	5	19	19	3.79	43
Information about local support networks	0	1	4	6	26	3.45	37
Answered questions							73
Skipped questions							13

Where a preference was made (excluding the N/A responses) the level of ease of understanding information that was ranked moderately easy or very easy can be represented by the following percentages.

Verbal - 82%, Leaflet 87%, Education - 81%, Diabetes UK - 100%, Support - 91%

Information appears to be disseminated most effectively through 3rd sector groups and local community networks: the information from Diabetes UK being the most useful and easy to understand.

Checks and Care Plans

Q10. In the past year have you had:

Answer options	Yes	No	Response count
HbA1c blood test carried out, to measure your overall blood glucose control?	70	4	74
Blood pressure measured?	68	5	73
Blood fats (cholesterol) measured?	65	8	73
Eyes screened for retinopathy?	67	7	74
Feet checked?	62	9	71
Urine or blood test to monitor your kidney function?	64	7	71
Weight checked and your waist measured?	57	15	72
Answered questions			74
Skipped questions			12

The majority of respondents have received all the listed checks apart from the weight and waist measurement checks. A possible explanation could be that this check encompasses two different measurements and people may have been weighed but not had their waist measured.

Q14. Did you discuss your ideas and goals about the best way to manage your diabetes with GP/clinic staff?

Answer options	Response percent	Response count
Yes, completely	47.1%	33
Yes, to some extent but not enough	24.3%	17
No, but I would have liked to	17.1%	12
No, but I did not want to	7.1%	5
Can't remember/not sure	4.3%	3
Answered questions		70
Skipped questions		16

47% were completely happy with the discussion they had with clinical staff, whilst another 41% wanted a discussion or more discussion about their management of diabetes.

Q15. Did you discuss the food that you eat and any changes you could make to your diet?

Answer options	Response percent	Response count
Yes, definitely	37.1%	26
Yes, I was given some advice but I wanted more	17.1%	12
No, but I would have liked help/advice	15.7%	11
No, but I did not need any help/advice	22.9%	16
Can't remember/not sure	7.1%	5
	Answered questions	70
	Skipped questions	16

37% were completely happy in this area but 33% wanted either some, or more advice about diet. 23% did not feel they needed advice about diet.

Q16. Did you discuss your levels of physical activity and any changes that you could make?

Answer options	Response percent	Response count
Yes, definitely	42.0%	29
Yes, I was given some advice but I wanted more	8.7%	6
No, but I would have liked help/advice	18.8%	13
No, but I did not need any help/advice	24.6%	17
Can't remember/not sure	5.8%	4
	Answered questions	69
	Skipped questions	17

25% of responders felt they did not need any advice with regard to physical activity.



Q18. Were you offered a written, printed or electronic copy of your care plan?

Answer options	Response percent	Response count
Yes	22.1%	15
No, but I would have liked one	48.5%	33
No, but I did not want one	20.6%	14
N/A	8.8%	6
	Answered questions	68
	Skipped questions	18

22% were offered a copy of their care plan and 49% would have liked to have being provided with one.

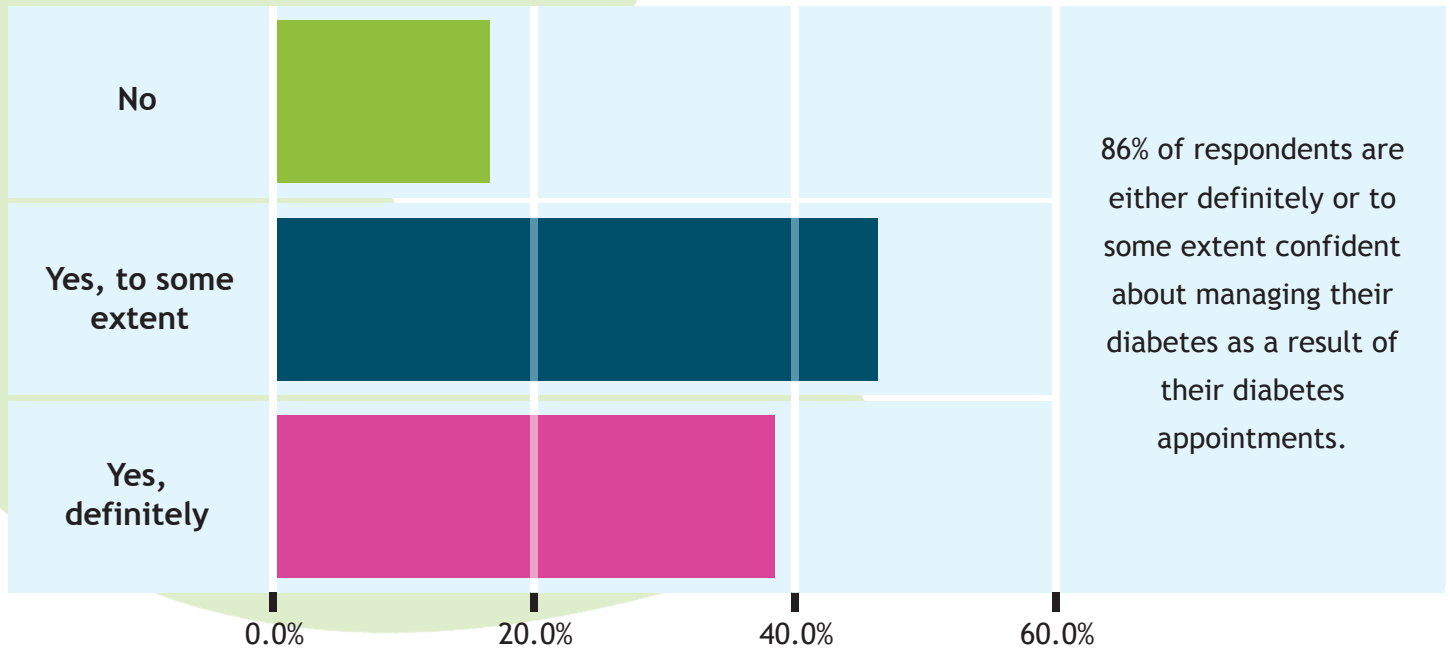
It is recognised by NICE as a quality standard that a patient is required to have a copy of their care plan. It states that:

“Service providers ensure people with diabetes participate in annual care planning with documented goals and an action plan” and that,

“People with diabetes are involved in annual planning for their own care, which includes agreeing the best way to manage their diabetes and setting personal goals”

Diabetes Management

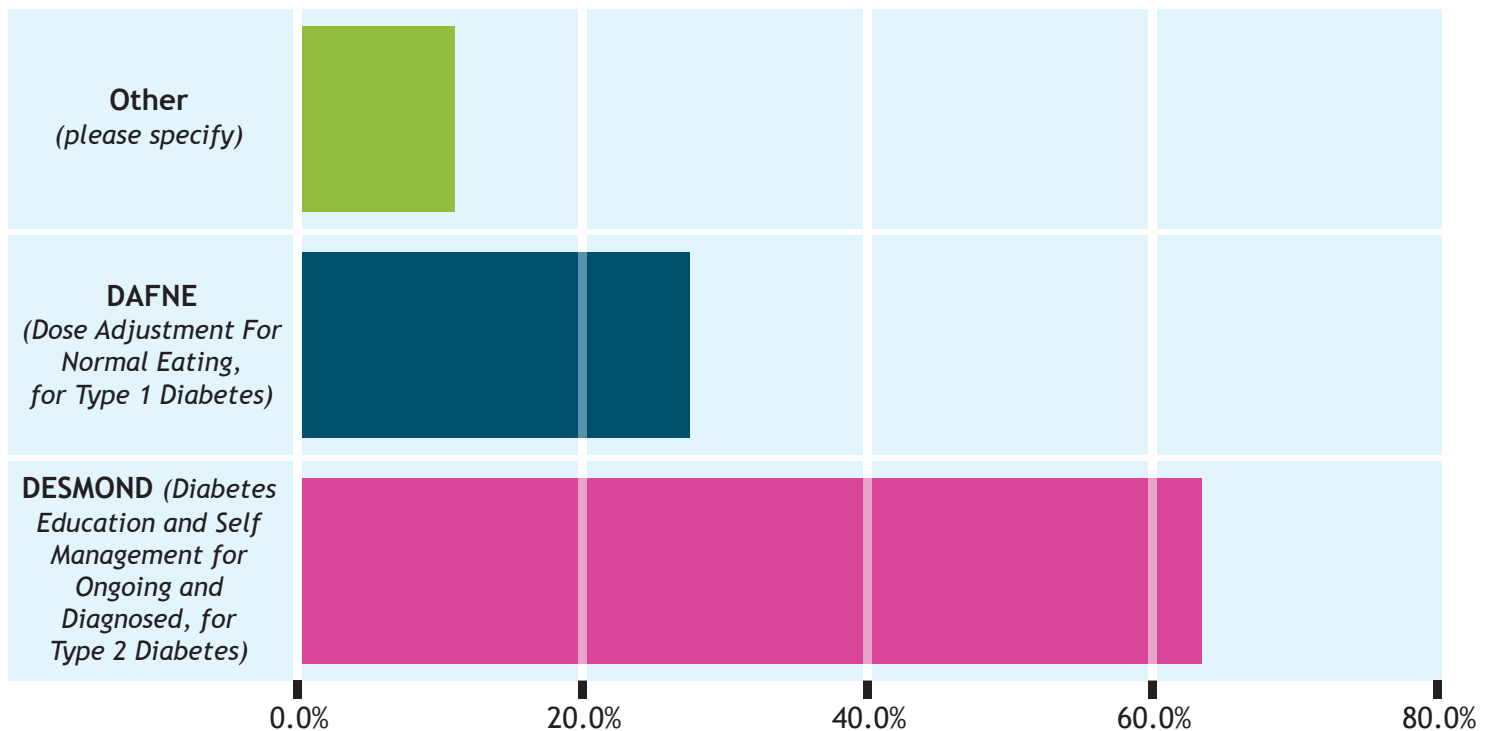
Q21. As a result of your diabetes appointments in the last 12 months, do you feel confident about managing your diabetes?



Q24 - Most of those who responded said that they have not attended an education programme.

Diabetes Education Programme Courses

Q25. If you did attend a formal diabetes education programme, which programmes have you attended?



Q26 How useful did you find the following education programmes (if you attended one)

Answer options	Not at all useful	Slightly useful	Moderately useful	Very useful	Extremely useful	N/A	Rating average	Response count
DESMOND	2	2	7	7	4	22	3.41	44
DAFNE	0	1	0	0	9	18	4.70	28
Other (please specify)	-	-	-	-	-	-	-	4
Answered questions								50
Skipped questions								36

Of those who attended an education programme 62% of responders have attended a DESMOND course and 27% a DAFNE course.

Of those attending the DAFNE course 90% found it “extremely useful”. 18% found the new DESMOND course “extremely useful”, 91% found it to some degree useful. 6% of the responders found the course “not at all useful”

Q27. How easy to understand were the following education programmes (if you attended one)

Answer options	Not able to understand at all	Not very easy to understand	Moderately easy to understand	Very easy to understand	N/A	Rating average	Response count
DESMOND	1	1	13	8	21	3.22	44
DAFNE	0	1	2	7	16	3.60	26
Other (please specify)	-	-	-	-	-	-	2
Answered questions							49
Skipped questions							37

Both courses would appear to be at the correct level, with 91% finding the DESMOND course “moderate” to “very easy” to understand, and 90% finding the DAFNE course “moderate” to “very easy” to understand. This correlates with the previous question pertaining to the usefulness of the courses.

Q29. Overall, How satisfied are you with the care you have received for your diabetes?

Answer options	Not at all satisfied	Slightly satisfied	Somewhat satisfied	Very satisfied	Completely satisfied	Rating average	Response count
-	7	8	19	26	13	3.41	73
Answered questions							73
Skipped questions							13

53% of the respondents were either completely satisfied or very satisfied with the care they had received, 10% were not at all satisfied.

Summary of Findings

- The majority of information given at diagnosis was useful, with 3rd sector groups providing the most useful information.
- The majority of responders have received all the listed checks.
- 86% of responders have gained confidence about managing their diabetes through diabetes appointments in the last year.
- Most responders have attended either a DAFNE or DESMOND course and have found them at the right level and useful.
- More discussion about individual goals and diabetes management was desired by 41% of respondents.
- 22% received a copy of a care plan, a further 49% would have liked to have been provided with one.

Considerations for CDSUG

- The group could help create and make available an information pack for patients on diagnosis for distribution through clinical staff or through diabetes surgeries. The packs' contents could include leaflets about the condition, relevant 3rd sector contacts and any helpful internet based sites and forums
- The group could encourage the promotion of the DAFNE and DESMOND courses through clinical staff who could explain the function, benefits and availability of these courses and advise people to take them up
- The group could help clinical staff provide more concise understandable verbal information - perhaps providing an on call expert patient available to contact at time of diagnosis or help script verbal information
- The group could work closely with 3rd sector diabetes groups and encourage them to increase their presence at diabetes surgeries in hospitals and to create a greater connection with diabetes communities
- The group could encourage clinical staff and patients to engage in discussion during care planning around individual goals not just diet and physical activity, and try to ensure a hard copy of the care plan is made available to the patient
- The group may wish to further research why 10% are not at all satisfied with the care they have received and consider producing a model of what good diabetes care looks like with the aim of lowering this figure.





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Cumbria

**Cumbria Diabetes
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