

# Diabetes care and support – Appendix B, Survey Questions

A report into people's experiences of diabetes care and support in Shropshire.

Engagement period April – July 2023  
Report published xxxxx 2023

# Appendix B

## Survey Questions and full responses

Do you have:		
Answer Choice	Response Percent	Response Total
1 Diabetes Type 1	17.1%	36
2 Diabetes Type 2	66.4%	140
3 A diagnosis of being at risk of diabetes, of being pre-diabetic	16.6%	35
<b>answered</b>		<b>211</b>
<b>skipped</b>		<b>0</b>

When did you first find out?		
Answer Choice	Response Percent	Response Total
1 Within the last month	2.4%	5
2 2 – 6 months ago	7.6%	16
3 7 – 12 months ago	8.5%	18
4 1 – 2 years ago	11.4%	24
5 3 – 5 years ago	15.6%	33
6 Over 5 years ago	54.5%	115
<b>answered</b>		<b>211</b>

<b>skipped</b>	<b>0</b>
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**Please tell us which GP practice you are registered with:**

<b>Answer Choice</b>		<b>Response Percent</b>	<b>Response Total</b>
1	Albrighton Medical Practice	0.0%	0
2	Alveley Medical Practice	0.5%	1
3	The Beeches Medical Practice	0.5%	1
4	Belvidere Medical Practice	26.3%	55
5	Bishop's Castle Medical Practice	0.5%	1
6	Bridgnorth Medical Practice	0.0%	0
7	Broseley Medical Centre	1.4%	3
8	Brown Clee Medical Practice	0.0%	0
9	Cambrian Medical Centre	1.0%	2
10	The Caxton Surgery	1.9%	4
11	Churchmere Medical Group	1.0%	2
12	Church Stretton Medical Practice	0.5%	1
13	Claremont Bank Surgery	0.5%	1
14	Cleobury Mortimer Medical Centre	0.5%	1
15	Clive Surgery	1.4%	3
16	Craven Arms Medical Practice	0.5%	1
17	Drayton Medical Practice	2.4%	5

18	Highley Medical Centre	1.0%	2
19	Hodnet Medical Centre	0.0%	0
20	Knockin Medical Centre	0.5%	1
21	Marden Medical Practice	1.0%	2
22	Marysville Medical Practice	0.0%	0
23	The Meadows Medical Practice	1.4%	3
24	Much Wenlock & Cressage Medical Practice	1.0%	2
25	Mytton Oak Medical Practice	41.6%	87
26	Plas Ffynnon Medical Centre	0.0%	0
27	Pontesbury and Worthen Medical Practice	0.5%	1
28	Portcullis Surgery	0.0%	0
29	Prescott Surgery	0.5%	1
30	Radbrook Green Surgery	0.5%	1
31	Riverside Medical Practice	0.5%	1
32	Severn Fields Medical Practice	0.0%	0
33	Shawbury Medical Practice	0.0%	0
34	Shifnal & Priorslee Medical Practice	0.0%	0
35	South Hermitage Surgery	1.4%	3
36	Station Drive Surgery	1.0%	2
37	Wem & Prees Medical Practice	2.4%	5
38	Westbury Medical Centre	0.0%	0

39	I am not registered with a GP	0.0%	0
40	Other (please specify):	8.1%	17
<b>answered</b>			<b>209</b>
<b>skipped</b>			<b>2</b>

<b>Other (please specify):</b>	<b>Response Total</b>
Brunswick House, Clee Hill	2
Ashley Surgery, Ashley, nr Market Drayton	1
Chirk Practice	1
Stirchley Medical Practice	1
TelDoc	3
Shawbirch	1
Madeley	1
Wellington Medical Practice	2
Wellington Road Surgery, Newport, Shropshire	1
Llanfyllin Group Practice	1
Not stated	3

**Do you have an agreed written plan of care that includes priorities and targets?**

<b>Answer Choice</b>	<b>Response Percent</b>	<b>Response Total</b>
1 Yes	9.5%	20

2	No	71.4%	150
3	Unsure	19.0%	40
<b>answered</b>			<b>210</b>
<b>skipped</b>			<b>1</b>

**During the last year, or since your diagnosis if less than a year ago, have you:**

<b>Answer Choice</b>		<b>Yes</b>	<b>No</b>	<b>Unsure</b>	<b>N/A</b>	<b>Total</b>
1	Had your blood glucose levels measured.	161	26	15	7	209
2	Had your blood pressure measured.	176	26	5	2	209
3	Had your blood fats (such as cholesterol and triglycerides) measured.	136	32	39	1	208
4	Had your eyes screened by your local diabetic eye screening service.	161	44	2	2	209
5	Had your feet and legs checked. The skin, circulation and nerve supply of your feet and legs should be examined at least once a year, normally by your GP or practice nurse.	115	86	5	3	209
6	Had your kidney function monitored: a urine test for protein (a sign of possible kidney problems)	95	71	38	4	208
7	Had your kidney function monitored: a blood test to measure how your kidneys are working.	94	50	62	3	209

8	Been given individual, ongoing dietary advice from a healthcare professional with appropriate expertise in nutrition.	42	142	18	7	209
9	Been given emotional and psychological support. Being diagnosed with diabetes and living with a long-term condition can be difficult.	11	168	13	17	209
10	Been offered a group education course near you, on diagnosis or as a yearly refresher, to help you understand and manage your diabetes.	51	126	23	8	208
11	Seen specialist diabetes healthcare professionals to help you manage your diabetes.	70	125	9	5	209
12	Been given or offered a free flu vaccination every year from your GP. Having diabetes means you're more at risk of severe illnesses, like pneumonia, if you get flu.	182	15	5	6	208
13	Received good care if admitted to hospital. If you have to stay in hospital, you should receive high quality diabetes care from specialist healthcare professionals, whether it's due to your diabetes or not.	38	20	11	137	206
14	Had the opportunity to talk about any sexual problems you might be experiencing	15	120	5	69	209
15	If you smoke, get support and advice on how to quit. Diabetes increases	12	21	4	171	208

	your risk of heart disease and stroke, and smoking further increases this risk.					
16	Been given information and specialist care if you're planning to have a baby. Your diabetes control has to be a lot tighter and monitored very closely before and during pregnancy.	2	14	2	190	208
<b>answered</b>						<b>209</b>
<b>skipped</b>						<b>2</b>

**Could you tell us how you would prefer to learn about managing your diabetes and receive educational support: (Please rate in order of preference)**

<b>Answer Choice</b>		<b>Total Score</b>	<b>Overall Rank</b>
1	Using an online learning programme (self-directed learning) accessible at any time.	676	1
2	In person face to face learning and support at your GP practice	656	2
3	Using an online learning programme, accessible at any time, with appointment-based face to face support via Zoom or MS Teams	624	3
4	Online face to face learning and support via Zoom or MS Teams meetings	539	4
5	In person face to face learning and support at another venue (for example at a local hospital)	505	5
Please tell us why:			127



<b>answered</b>	<b>200</b>
<b>skipped</b>	<b>11</b>

**Please tell us why:**

I prefer face to face education because it is more supportive and flexible to individual needs

I am 90 years old and am housebound and not confident with technology.

I find diabetes appointments quite rushed which is not helpful, particularly if you have any emotional problems.

It is better to see somebody face to face to discuss any problems and get answers

I learn best at my own speed  
I am not a sociable person  
I am disabled and do not always feel like going out  
I have no car

Increased consistency of advice. At the moment there are too many inconsistencies re. The advice being given and still too many advisors unaware of the dramatic improvements available. E.g. Self-monitoring devices.

Not always very mobile at present

I prefer to speak to someone face to face rather than online

face to face is more personal,

Face to face is much more personal and offers opportunities to discuss individual matters.

I prefer a much more personal interaction and gain very little looking at computer screens

Online is fine but it needs following up at the time. If a separate appointment is needed even for a Teams etc then you will get dropouts.

I like the personal approach and am not keen on Zoom and similar – probably wouldn't bother with them.

local is best for my free time

My practice specialist nurse is useless. I have to see the specialist service to get care

Personal face to face meetings are the best.

As a doctor I can update myself as I go along, but it is helpful to have someone else to review things with me on a regular basis

I work full time and most support seems to be during work hours

There is no help for diabetics at Wem & Prees. I saw a diabetic specialist nurse in Shrewsbury last August. She said she would see me again in 6 months. Since then, I have had 2 blood tests and still waiting for an appointment

Any face-to-face support would be helpful.

Diabetes well under control and not interested in any of the above.

I have answered n/a because after being treated like the most stupid person around and given leaflets that looked like they were written for my grandson (aged 8) I refuse to be seen by my practice Diabetic Nurse again. I prefer to control my own body and read up about Diabetes etc using information aimed at an adult.

Very difficult to get face to face appointments

Suits me best

Time is an issue. Online learning at a time to suit me would be better.

Cannot use internet so online is not an option

Am already attending regular meetings re diabetics which are becoming helpful in learning about my diet.

I am starting a course the end of June 23

Close to home

Not far for me to travel to.

I prefer face to face conversations

My choice

I prefer face to face consultations. You are then able to raise any concerns immediately. I do have a Diabetic nurse but I feel I have been left to do my own research

I prefer face to face

I so can learn at my own pace

I work nights shift and need my sleep during the day. So I can access the contents when I want at different times when I am free

More accessible remotely, no need to travel, lower cost to implement, more likely to succeed

I need people to tell me, face to face as it's easier to talk

Most effective form me

I've had diabetes for 30 years. Guidance has changed several times over that time. GPs are not usually informed about specifics of the condition. Only Diabetic Nurses and other informed Diabetic sufferers offer accurate insights into the condition.

Nothing compares to face-to-face contact.

Always receive good checkups and advice from GP practise.

Would prefer no input because it does not motivate me to make changes in my living with diabetes.

It's more personal face to face.

This box does not work - I would prefer face to face

I believe person to person is better

When I was first diagnosed this was the type of support I received and I found it very helpful

I have looked at lots of online programmes and they are not interactive enough so I could learn the details from just surfing the internet.

I prefer to have either an online meeting or with a small group to learn about experiences in a more educational manner as opposed to reading online

been to the Xpert programme had a lot of valuable knowledge and information and was excellent. course and booklet very valuable

Accessibility to knowledge

Don't use a computer regularly now.

You can ask questions and get a better response face to face which sometimes triggers another question

Find it easier to remember

It is quite lonely trying to manage on your own. A group self-support group linked to my doctors surgery or group of local surgery's would certainly be of more interest.

Because everyone is busy so if its self-learning it will not happen. If its at a certain time at a hospital then you get paid time off work to attend

No. 3 GP face to face. Local surgery close to where I live

Prefer face to face advice, although my GP Practise no longer has a diabetic nurse.

I am no good on the PC or Telefon. Reading about it doesn't make so much sense as sometimes written very complicated ... face to face I can ask question's

I don't mind where the learning takes place but it's important

More convenient when already at the surgery for the annual check-up and foot stroking.

I don't go well with online learning I'm more a kinetic learning, so I'm better doing physical things, but I have methods I use if the subject is important.

More convenient

Most convenient

I have found telephone consultations nerve racking waiting at the appointment time only find it comes through later. Difficult to hear the medical professionals either the connection is dropping out, they have to repeat the information and it seems bizarre that a physical problem (muscular skeletal for example) isn't hands on and if needed another appointment has to be made wasting doctor/patient time and further waiting. (a recent appointment was 6 week wait)

Not specialist enough at local surgery

Prefer personal interaction

Suitable

?

Not come to terms with dealing with diabetes yet. Been too busy with moving and sorting out other issues.

I think face to face is better than an online service

Not applicable

Use MST for meetings for work and dislike. Prefer face to face or telephone

I prefer face to face real time where I can interact with others and share experiences

Good to get questions answered, more personal and suited to individual requirements and situations

I would be interested in an online course

I find it helpful to talk to someone

I can do this at any time

I find it much easier to discuss issues and solutions in a face-to-face setting.

My GP knows me well I trust her opinion she explains reasoning for our goals there is also very knowledgeable nurse with interest in diabetes

Less hassle

I prefer to deal with most problems on my own. However, if and when talking to real person is needed, I prefer meeting them in person.

Prefer the face-to-face personal touch if got too will use computer

I prefer to see a person face to face

I find face to face more personalised as don't have the right equipment for zoom etc.

Don't like online

I retain information better when face to face

I don't have access to a computer with a camera, plus much easier to talk about what concerns me personally face to face. I don't feel personally connected to a face on a screen

Best use of everyone's time and expertise

Not sure who my GP would go through this as we do not have a practice nurse

Would rather talk to a health professional in person

I would like to speak to someone face to face

Number 1 would give me flexibility for my busy lifestyle

I'd just rather face to face; I think that's more beneficial

I am "pre-diabetic" and have two hospital consultants in the family. One provides advice.

I work away from home and find it difficult to attend courses during the working week.

I would prefer this way.

I am experienced in managing my diabetes so if I need to speak with a health care professional it means something is not right and I need to see someone I can talk to in order to fully explain what is happening

For me the issue is not about education in diet, problems of diabetes etc. I'm fully aware of those I think. The issue is making myself stick to good eating habits. I believe having achievable but significant targets in terms of weight and physical activity are the best ways to keep my motivation level high.

You are able to ask questions the responses trigger other questions to ask

I prefer face to face learning as I am more receptive to what is being said

More human! Natural questions can be answered. Listening, seeing, interacting means better learning. Dietary obligation is higher if you wobble off a diet plan, get inspired by others and ideas for meals etc. learn more about tablets and their functions. Encouraged to do more physically

Easier

X

Like to talk to people

I can't work these boxes! I need an in-person appointment I am over 90 years and don't use technology. A relative is filling this in for me.

Prefer a real person to support me

I prefer to have face to face consultations

To reduce time off work.

I am more likely to take things in when being taught by a professional out of my home environment

The mental wellbeing of a person can never be assessed via a video link, all face-to-face contact should include wellbeing assessments so that appropriate signposting can be given if stress or anxiety are identified. For basic informational learning, online is good, but many people cannot afford to have a technological device through which Zoom or Teams calls can be held - this excludes a potentially large number of affected people so would class as discrimination.

In fact, providing this survey excludes all those eligible people who don't have access to email/internet.

I think it is important that support and guidance is available by the GP to help control my diabetes. it would give them some understanding of my medication which I have not had checked in a long time. sometimes my medication is adjusted incorrectly and not being able to even speak to a GP makes it hard to rectify as the desk staff are unable and unwilling to listen when I have a concern. Without speaking to a GP means I am unable to organize my annual foot check and other concerns without having to speak to the practice manager to get help.

It's easier to discuss & understand when being able to talk face to face with a health professional. It feels more personal talking face to face with someone.

I am pre diabetic. I am managing my sugar intake and exercise myself

Suits my lifestyle, and by that I mean it fits in around my daily routine around managing my various health conditions.

I have use of a laptop and am quote capable of logging onto a system to monitor ant changes in my health from home. I have just completed a 13 week face to face programme to help manage possible diabetes and have all the paperwork and facts at home so do not feel the need to make any other arrangements at this present time

Because I've always done it this way. I've not had a hospital appointment for over three years with the diabetic clinic.

Face to face not everyone has a computer or can use one?

Easier to speak to someone face to face



N/A
Feel more at ease and always trust my surgery
I feel confident with my GP and talk face to face
Nice to know these are available
As it is close to my home and I do not have access to a computer
Prefer face to face
For me being face to face with an expert would benefit me and I have transport so can travel.
Flexibility
I will stay engaged when there is someone there to listen to
In person in a learning group setting such as the NHS Expert diabetes course. I have been on the course and would recommend it to anyone

**Looking back, what lifestyle support and information do you think would have been helpful in reducing your risk of developing diabetes?**

Answer Choice	Response Percent	Response Total
1 Stopping smoking	10.4%	13
2 Healthier weight	76.8%	96
3 Physical activity	53.6%	67
4 Alcohol use	12.8%	16
5 Other (please specify):	21.6%	27
<b>answered</b>		<b>125</b>

**skipped**

**86**

**Other (please specify):**

My diagnosis was around 20 years ago and only came about because of another health issue, so it is difficult to remember what was on offer at the time.

I was diagnosed in 2005 when I lived in Bedford. I had excellent support and regular checkups every 3 months. I moved to Wem in 2017 and have had very little help. I have managed to get 2 diabetic consultations in the last 6 years

no idea

Self-monitoring devices that feed back to specialists.

referral to a weight loss program

Work related stress advice

Better diet!

Our practice is part of the referral scheme for the local gym, that might have been of more use.

Nutrition

I do have Hyperthyroidism which is a risk factor

Think its hereditary too

My exercise is hampered by being a full-time wheelchair user.

Dietary such as low carb and I am a veggie so it is sometimes more challenging to avoid carbs!

All discussed with GP

Understanding of fool. Carbohydrates, hidden sugars,

Information on diet
Food / Shopping / Eating Out Help
Diet
When I developed Diabetes I hadn't given it any thought. Despite a lot of females in my family were diabetic. I'm wiser now but I think healthy weight would have been good
Other weight loss options
Heritage
I don't smoke, never been
Being able to discuss long term outcomes of my genetic /familial diabetes
I think I have done my best
Less sugar
None
Less stress

**Please tell us about the support you have received, which organisation provided the support, was it helpful and was it available when you needed it?**

Answer Choice	Response Percent	Response Total
<i>answered</i>		141
<i>skipped</i>		70

**Answers:**

None

Before the pandemic and becoming housebound I was monitored fairly regularly by my GP practice and then as my health deteriorated by Dr A of the renal unit in Royal Shrewsbury Hospital

SaTH diabetes specialist nurses and they've been fantastic.

I obtained information from Diabetes UK which was helpful. I decided not to keep up the membership because they were constantly asking for more money. I am retired and, due to the current financial crisis, am not prepared to give more.

Only from my GP Dr B

None

I registered with Wem & Prees when I moved here 6 years ago. There is no specialist diabetic nurse. I did the Xpert diabetes program online and thanks to them, I got my feet checked. I also got referred to a specialist diabetic nurse. At the doctors, if I have a blood test and my sugar is raised, they just increase my tablets. I started on 40 milligrams of gliclazide a day, but I am now taking 320 milligrams a day. I have recently asked for another appointment with the diabetic specialist nurse. I waited a month for a blood test and another month for a second test. I am still waiting for an appointment.

Practice nurse and GP

DESMOND 5years ago in Stoke on Trent  
Now my surgery's diabetes nurse is my very good support.

Local surgery.

Hospital diabetic specialists

Friends who are very senior in the diabetic world and very aware of facilities that can be accessed.

None so far

I have received very little support; I was discharged from hospital and received a poor level of service from the GP practice

I have received no support

Shropshire and Stoke Diabetic services have offered support.

I have received very minimal support. I was first diagnosed at a Wolverhampton practice and put straight on to Metformin with no real explanation. Because of the poor service and a recent house move we swapped surgeries. This was during Covid. I managed a couple of calls with my new GP and she offered bits of advice especially in relation to the GI index. I lost weight through my own research very quickly and put the condition into remission and came off tablets. However, I have no support on that or since being informed of the GI index.

1 day diabetes courses run through STW

The Hummingbird Centre at SaTH provides my care for my diabetes.

referral to online education by GP. time wasn't convenient

Zoom course 5 years ago with other pre diabetic patients. Was extremely useful.

No courses specifically when I had my recent blood test which continues to indicate that I am pre diabetic

Shropshire Specialist diabetic service in the last year.

None really, just what look up online.

I find that people giving talks, lectures and leaflets is not helpful to me. I have had numerous people telling me what to do, what to eat, what not to eat my entire life (50 years), with very little success. I have attended weight loss classes, dieticians, self-help groups and even saw a specialist about surgical options but was refused help. I have asked about weight control medication and again been refused. I was sent for "free" exercise classes, but after 10 weeks the "free" ended and payments became too much (I can't afford £40 a month or more membership).

The Nurse at my GP's is very nice, but I only get a few minutes every 12 months to talk to her.

GP support useful.

Review by GP surgery

LWTC a lady called Natalie run at the sports village. Seem to be the only person not of retirement age on course was hard to relate to others and advice felt very general.

I did the Xpert course on zoom last year and got some help from the course leader

Tick boxes on checks except feet, had to push to get this after 4 years!

No special support needed.

No support used. Read all of Michael Mosely's books.

Annual check-up with surgery nurse. Tends to focus on the completion of questionnaires. But the nurse always tries to answer and questions

Someone made me an appointment told them I couldn't do it because I am a volunteer at church. They sent a message to my GP said I had refused I didn't I just wanted to change the day from Wednesday to Monday

I attend a Prediabetes clinic once a fortnight through referral by GP.

Health nurse at GP surgery, once a year.

When I was diagnosed with cancer excellent support

Not a lot since my diabetic Doctor retired (Dr C)

NHS employee gives information on regular basis which I am understanding more as time goes on. We are meeting at the Sports Village.

None

On diagnosis I was prescribed medication immediately and my Nurse gave me leaflets and advised me to attend a Diabetic education course which I did and found a little helpful. But I believe GPs should be more involved with patients such as myself

None

NHS Diabetes prevention programme

Sister Andrews at belvedere always available to speak to

Mostly been my medical centre and hummingbird centre at royal Shrewsbury hospital.

Received dietary advice from Oviva

None

Just waiting someone to get in touch

None

Gym based exercise (6 weeks) from local authority. Was helpful, but inflexible. Needs more to establish change in habits.

I participated in an excellent course of training sessions for people like myself who'd been identified as pre-diabetic. The course was held in a room adjoining a fitness gym near the Welsh Bridge in Shrewsbury.

Good support from my GP practice.  
Generally delivered on time.

NHS

Shropshire ran a course for a few sessions on diabetes diet. I found it patronising. They assumed nobody had any knowledge about food or how diabetes breaks down carbs etc

Just visits yearly to practice nurse.

No real proactive support apart from a yearly check up

I had an ulcer on my toe, attended hummingbird centre, they were fantastic & put me in touch with several people

None really

Always there when I need them

Used to see the nurse at the GP practice re: weight management and dietary advice and blood tests. This was prior to my diagnosis of being pre-diabetic, I was borderline at this point but had a family history so I was getting the support. This fell by the wayside due to the pandemic and personal reasons.

X-PERT programme. Far and away greatest support with regular contact by phone every two weeks. Being mentored and supported in reducing carbs, huge change in what I eat. Suggests blood test when required. Medical practice not proactive at all. Left to the patient to take action. 6-week delay in getting appointment to discuss latest HBA1C results.

Both the surgery and hospital were excellent but ongoing support is more challenging

Not really had much support - I have had an appointment with a Diabetes Nurse but that is the only one in over 13 years of having T2

Xpert support, excellent

When first diagnosed in 2015 the support was excellent, referred to the Welsh council run gym with twice weekly sessions for a period of either 12 or 16 weeks. I continued to use the gym for over a year, which helped me lose over 5 stone in weight, my BG levels were acceptable and I was no longer classed prediabetes. This lasted around 6 months.

None yet

Support through the diabetic nurse at the doctors

I went to the Xpert course. It was mostly very helpful

Attended the Xpert course which explained a lot and was very helpful.



None
GP practice dietician nurse. Very helpful info and support
I did see a diabetic nurse at my GP Practise, who gave me specific advice and information. That service is no longer available at my GP Practise.
XPERTDIABETES, SHROPSHIRE COMMUNITY NHS TRUST
Medical practice, hummingbird centre, Specialist nurse
Midlands Partnership conducts eye screening annually but see below.
Did attend a course about food labelling. That was OK, but not the whole story with food.
Pump services are amazing within Shropshire compared to other counties I've lived in
None
The only support I've had regarding my diabetes was from the diabetic midwife when I had my daughter in 2019
15 years ago a course run which included husband
None
-
No smoking from meeting nurses when I was in hospital
I have only seen NHS diabetes specialists
Not had anu
Internet
I look online at Diabetes UK and some other diabetes FB support group
Other than GP surgery and a one-off consultation at hospital - none

None
GP
In my early days of type 1 my support was very good Now I try to manage it on my own
None
I had support from the nurse at my doctors.
The expert course was very good, but the game change was the drug Ozempic with that lost 8 stone
I have had good GP (and nurse) support in general (with a lapse during COVID) with regard to my diabetes. Also, very good ongoing care at the RSH Eye Clinic for eye issues associated with my diabetes. My recent referral to the diabetes specialist nurse team has been prompt and first class - I feel I have had excellent support.
GP Diabetic nurse
None
I had a meeting with a nutritionist once or twice. It was helpful
Diabetic nurses excellent
I saw a diabetic nurse once
Xplan
I only have blood tests periodically for diabetes and renal failure
Apart from leaflets I was given when first diagnosed back in 1996 I haven't had any support just self-help.
Diabetes course but was only available in the daytime so because of work found it difficult to attend

Diabetes expert education ran a 6vweek course. Very helpful and informative

Don't need support. My diabetes is within a normal range now.

None

Diabetes learning programme-  
Annual checks

None

Apart from regular eye tests I've had 1 heath review with a general health nurse & 1 telephone conversation with a consultant since 2020 (Covid)

Poor when I went to the doctor to have my feet check

My GP reference me to a weight loss program with slimming World which I follow and this has changed the way I perceive food and of course lost wright. I have had no contact with anyone about being pre diabetic till now.

Just a diabetic nurse

Support via my nurse at the hospital

None needed

Non

Annual review with nurse

Much of my diabetes care has been reduced since Covid. I now only have telephone calls with a consultant or member of that team and have not seen anyone face to face about managing my condition since 2019. I have seen a nurse at my GP practice but this was a brief meeting to discuss my blood glucose levels and monitoring via Libre2.

No, I have a full-time carer my other half. He keeps me up to date.

GP nurse

My local GP surgery has been extremely helpful as I have a range of conditions that make managing my diabetes very challenging

Routine monitoring of sugar levels, weight, feet, sight through NHS in Berkshire and Shropshire over 15 years or more. All have been helpful though, thankfully, sight and feet monitoring have had negative results. Sight monitoring has been regularly annual. Foot monitoring has been less regular- twice in 4 years since moving to Shropshire.

Nurse practitioner at GP surgery somewhat helpful.  
Podiatrist NHS

Pump clinic at Royal Liverpool Hospital has been brilliant with intensive support face to face initially moving to remote or face to face as I prefer with quick response via phone/email if needed. Truly person-centred. GP also responsive and helpful as needed

What support?

Main support has been in regard to my eyesight. I have just had notification from the medical practice to collect a blood form to have my bloods done. Anything else relating to my diabetes has been very sporadic.

None

At surgery

Waiting to see a dietitian on Aug 2 nd

GP years ago, just medication prescribed

I did the diabetes expert course twice. I found that sometimes I felt humiliated and put down by it - I felt blamed for being overweight etc. However, I also learned some things and it was good to meet other diabetics

almost nothing. can't get an appointment to see an endocrinologist and my bloods are out of control in spite of my best efforts

None except Dr talking mumbo jumbo.

Pre covid everything was in place, eye screening, foot checks, blood tests done. Post covid foot checks have stopped and nobody is listening to my opinion of what will help me.

I have received fantastic support recently as I am 20 weeks pregnant. Before pregnancy I hadn't had a face-to-face appointment with my consultant for 4 years.

The hummingbird centre staff have great knowledge and understanding on all the questions I have

I get most of my support from the Medtronic support team. My pump team will respond to emails but I prefer to deal with issues (especially out of hours) with someone who is paid to be available when I need help rather than relying on my DSN team reading my email within the time that I need help

I was referred by the hospital consultant to access a Dapne course. this was useful and being able to speak to a diabetic nurse was invaluable. Unfortunately, since the course it is very difficult to contact the diabetic nurse who I am assured is the one allocated to me. When I ask for support from my local GP practice, I am told that the practice only offers support to type 2 diabetics and I can only access help being type 1 through the hospital.

I did a 10wk diabetic course when I was first diagnosed, but being unable to drive, I missed a couple of weeks, due to location not being easy to get to by bus. My husband helped out when he wasn't working.

None

NHS diabetes prevention meetings in Shrewsbury. I found the meetings very helpful and was given lots of advice during the course.

N/a

I wish to receive further support regarding my ailments.

Had no support from anyone

**Do you have any suggestions on how your care and support could be improved?**

Answer Choice	Response Percent	Response Total
<i>answered</i>		<b>128</b>
<i>skipped</i>		<b>83</b>

**Answers:**

I would like to have education delivered in a group. This would enable peer support as well as information being delivered.

I would like foot checks as my father suffered badly with neuropathy.

I am 8 weeks pregnant and haven't spoken to a diabetes specialist midwife yet.

Before I moved to Shropshire I had test strips and a twice-yearly blood tests. I understand why the test strips were stopped but, in Shropshire, it is now a yearly blood test so you don't know if your blood sugar levels are ok or if there is a problem.

Doing an Online course

Yes see a specialist

It is very difficult to get an appointment and impossible to get any advice

Leaflets

I'm happy with my support

Will my GP to read my test results and act on them instead of leaving them to the very efficient practice nurse----- by then I had to have a cataract operation which may have caused by my GP not reading

my test results I had to go private costing me 3000 pounds a different GP phoned me to apologise for their cock up

I pay £50 each fortnight for my self-monitoring Freestyle Libre monitoring device.

I would never wish to be without it.

I would like to see more people wearing them and the health clinics having direct access to the information given out by the Freestyle or the Deccan device. It could save the health system and doctors considerable time, money and effort.

Talking to someone who knows and understands

Improved communication between GP practice and patient

to have some

I have chronic kidney disease so diabetes impacts directly on this condition. It would help if it was possible to receive expert advice from professionals who confer with each other and who consider the “whole person”.

I should have received much improved initial support but did the majority on my own. Nurses who I get to see for feet or blood tests offer little support.

I do not understand why when I ask for blood test results I am not given the figures, instead I am told by reception staff it's normal or pushed to speak to a doctor regarding the cholesterol levels and tablets. There is no guarantee I would be able to speak to my own doctor so there is no incentive to call. This means I go Yr. to Yr. so far with very little info.

I have a toe problem noticed by nurses but no pointers as to where I should go.

A diabetes centre you can book appointments at would be great.

Equipment to measure blood sugars regularly would be amazing.

People recognising that some of us are keen to take control of our medical issues and just need simple support

An allocated support would be amazing

It would be good to get automatic access to test results. I have the blood tests but really only get them reviewed during GP checks. If they

came through automatically then I could monitor my condition more easily.

a face to face with a practice nurse to give advice would be helpful

Consistent approach across the country for pre diabetic patients. Seems pretty fragmented and perhaps even inconsistent within our county /ICS

Properly trained and specialist competent practice nurses.  
Regular & frequent reviews.  
A plan that is useful that I share and understand and takes into account my personal needs & preferences.

Have not seen a consultant since 2019. Meetings since have been by telephone and have not had an appointment in 15 months.

Individual Genetics assessment

Maybe a one-to-one support element could be included?

It would be helpful if I could ever get an appointment or referral There is a month wait for a blood test

People running scheme should listen to patients, not try to preach. One too one proper discussion even for 10 minutes would be a great help.

NO

Listen to the patient. Treat them like an adult (assuming most Type 2 Diabetics are over the age of 18). No need to act superior, yes they are the medically trained but that doesn't mean we are idiots.

Wider access to services. Provision of more focused information to stop me browsing the internet. Thought leadership on research and latest thinking

Stop removing prescription. Blood glucose meter strips keep being removed randomly. Restricting my access.



Able to contact GP Surgery quicker phone lines are mostly busy each time I call.

Support with weight loss, regular weigh ins would be helpful. Only seeing nurse once a year is not enough.

Speak to patients annually. A little speak makes you feel valued

More specialist advice from qualified and understanding diabetic consultants

Continuing the above.

Unsure

Not having 2 OPA's cancelled would be reassuring

No but an active patient group supported by the trust would be good

GP should give more support

To have the opportunity to speak to a doctor after diabetic review

Not really

Option to receive the appetite suppressant injection

No

No

None

Dealing with Diabetes is a never ending, dispiriting, and lonely existence. The aid of other people with the condition has never been tried.

I'd like to have an annual blood test and check on my weight, with a follow-up meeting with a dietician (if advisable),

Happy with my care.

No

Many diabetes practitioners have patronising attitudes. Their assumption is that you as a patient, are deliberately jeopardizing your own health by not following their rules. Diabetes is a lifelong condition, I find it impossible to follow a rigid program all the time.

Care givers and advisors need to be aware that many patients will simply not follow rules unless they are encouraged to, and don't feel bullied.

I definitely think more help regarding diet and menus that are easy and tasty rather than bland. Is it healthier to eat potatoes with skins on. If a cottage pie has been frozen does that help reduce the starch when reheated.

Better updated evidenced based information. Too much emphasis on treating symptoms with drugs which might assist and hinder, rather than root cause, or dietary restrictions. Diabetes is very complex condition and not one size fits all.

Unfortunately with NHS in crisis no real change in perspective is likely to happen!

Seeing someone face to face

see a Qualified DIABETIC NURSE/AND DIETICIAN

Person to person every six months

I would like to lose some weight; I do try and eat reasonably healthy and exercise a bit. If I know I have to be weighed I have to try and be good so this monitoring would be helpful.

More proactive approach from medical practice. Every diabetic to be provided with the X-PERT programme.

Would live to have a CGM as in Aug 22 became an insulin user with type 2 diabetes and these are not available within Shropshire area my job as a school minibus driver this would help my control

I believe a support group would be wonderful either on zoom or face to face and hearing other's experiences of how they have potentially

managed or even put T2 into remission! That is inspiring  
If you look at the Freshwell initiative that has done wonders and the patients of that Medical Practice are incredibly lucky or the work undertaken by Dr David Unwin. Their Practices run groups online and face to face which I would be more than happy to help facilitate on a voluntary basis

GP Staff need to be better trained, in past excellent doctor and nurse but now it is hopeless, nurse wasn't trained to advise on medication, first heard about changes in medication was from pharmacist, not discussed with me. Since then seen a new GP gave conflicting opinions in same practice. Asked if they had a specialist diabetic GP at practice, answer was no

The process to attend review appointments is flawed and can result in 3 trips to surgery/hospital taking several trips and phone calls over a month/six weeks.

Let someone know why they have had this survey sent

Information on diet would have been helpful with diagnosis

Hospitals recognising in A&E that you are diabetic when waiting for hours

As previous some form of face-to-face local group discussion meeting

Yes more support is needed

I've just had knee replacement surgery and am recovering slowly but do intend exercising more as knee pain improves.

Reinstate a diabetic nurse at my GP Practise.

Refresher day

Diabetes group's where recipes/menus/tips can be exchanged

Most of us are our own worst enemy when it comes to eating and exercise - using libre 2 has been a great help

I go to see my optician every year so why can't he do all four screenings - annual test; diabetic eye screening; DVLA eye test and glaucoma eye screening, in one place at one appointment. He has all the necessary equipment and qualifications. This would save travelling to different places for the four tests - one twenty miles away.

I'm very much a gadget person and would benefit from a continuous monitoring system to control Blood Sugar

No

By having a doctor that actually reviews and helps with diabetes. Myself as the patient should not be having to call up the doctors to ask for help controlling/reviewing medication or requesting Hba1C forms so a doctor can see that my levels are still not right!

Regular dietary meetings to keep me on the straight and narrow!

Not to be stigmatised by advertised notices on the surgery wall. Not everyone with diabetes 2 is overweight and inactive. Not to have appointments cancelled with specialist at hospital. Not to be just dismissed because of my age.

I have to request blood test and I have to ask for help. It should be regularly offered and given.

Doesn't seem to need a plan

No

-

More local support as transport is not a good option where I live

No

Mytton Oak does not have a particular good service for years they did not have a diabetic nurse.

Also if you need to talk to your doctor the current waiting time is between 5 and 6 weeks way above the average time it should be.

Health care in Shrewsbury and Shropshire is pretty poor the system is close to failing

I think Covid stopped everything. I think I went off track a bit. But now ok.

I wish I had received better initial information and support and had discussions around the Newcastle study and availability of bariatric surgery

I have been remiss in taking some of the care offered but Mytton Oak doesn't offer much (as far as I'm aware) other than the blood and urine tests and blood pressure.  
Other than those I have an annual appointment for eye screening but nothing else.

Make sure u see patients twice a year...  
Not leave to be left to manage alone for years without contacting

The support I got was very good.

Being able to see someone

I'm not sure what could be improved in my case, especially as the GP practice support seems to be back on a better track post COVID.

No, I think my care is good

No idea

nothing comes to mind right now. Maybe having more appointments with a nutritionist would help as I am currently struggling with keeping my weight down

It would be nice to have regular check ups

Better understanding of dietary precautions and more advice

Possibly more help with diet

Monthly weight well-being checks and support groups in the evening (after 6 pm)

Easier and quicker to get appointments. My follow-on eye appointment is 13 months after original

Being able to access professional, knowledgeable support when I feel I need it. At present this is not Available

Monitoring and support re diabetes specific weight loss

Before Covid I had regular check-ups at the diabetes clinic at Shrewsbury hospital since 2020 I have not had one appointment

More care when I go to the doctors

Not at the moment

No

No

Face to face meetings to discuss ongoing management of my condition would be very useful. I do feel that I have not received sufficient support to manage my condition since diagnosis in 2010. It is not easy to access services in Primary Care and even harder to contact a consultant. I have not been offered any psychological support since diagnosis.

No as we couldn't afford it.

No

It would be useful to have zoom calls from a doctor when I cannot get a face-to-face appointment

Precise numerical targets rather than vague 'keep an eye on your weight' suggestions from professionals.

I need foot screening and no longer available

More information to help manage my diabetes

More intervention by doctors' surgery.

Group walking  
Group dietary support

Not really

Advice on diet, I do lots of exercise and walking

More active contact rather than just if things go wrong

Better nutritional advice and support at an earlier stage- it would have been good to receive education and support before I became diabetic, perhaps an HbA1c at an earlier stage would have flagged up the approaching problem although I probably didn't see the doctor early enough. Other problems I went to the doctor with might have indicated a blood sugar problem (heavy and painful periods) but this was never mentioned.

I had foot examinations in the earlier years after diagnosis but have not had one for at least a year.

I manage my condition without medication - for 9 years now - and am keen to see other type 2 diabetics encouraged to change their eating habits so that they can put off having to have medication.

get an appointment in the foreseeable future

All new Diabetics should be under the care of a Diabetic team in the hospital. As the nursing team from GP Surgery stop supporting Diabetic Patients after about a fortnight.

Yes. GP'S should be given the freedom to prescribe constant blood glucose monitoring. Currently in my postcode I can't get this.

More than just telephone appointments with consultant (pre pregnancy). Group support sessions.

Staff in other departments of the NHS (GP, A and E etc) to have a better understanding. When admitted to hospital, the staff didn't understand the urgency and I therefore waited in the waiting room for 10 hours

until a specialist came through and rushed me into a bed.

GP receptionists seem to have no understanding on how draining this diagnosis can be and it seems to be a fight to have extra assistance

Mental Health of someone with a life-long health condition should be assessed.

I have never been asked how I feel I'm coping with my diabetes. After 41 years of self-care, I'm burnt out but I have no clue where to turn to even talk to someone let alone reach out on the days that I'm struggling

If would be helpful if it was easier to speak to a GP or get a face to face appointment.

I believe that reception and prescription staff at the local practice would benefit from more training as to how to support patients.

I feel trapped between the staff refusing access to GPs because they know best and then being told they are not medically trained so they cannot help me.

Getting access to help and support is virtually impossible, leading to a feeling of isolation.

An annual refresher, receiving extra up to date advice about diabetes, and reminding people about advice they may have forgotten.

More frequent monitoring required

No, as I thought the course was very thorough and very helpful

Not really

Having access to a dietician would be the main thing for me as pre diabetic





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