

New draft policy for the provision of Continuous Glucose Monitoring and Flash Glucose Monitoring for patients with Diabetes Mellitus - survey

Your local NHS Clinical Commissioning Group (CCG) has worked with the other Clinical Commissioning Groups in Lancashire to develop a new policy which identifies when the CCG(s) will fund continuous glucose monitoring devices and flash glucose monitoring devices for people with Type 1 diabetes. The policy explains the criteria which must be met before the CCG will fund these devices. We need and welcome your feedback as part of the development of this policy. Please help us by completing this survey.

Please read this data protection statement which explains how we will use the information we are collecting from you.

Only demographic detail is requested in order to monitor responses in accordance with the protected characteristics. No personal data is requested and should not be provided as the survey is anonymous and confidential. The information shared with client CCGs relates to themes and trends in responses and points of view on the proposed policy document.

Survey results and data will be securely held. Paper copies will be held in a locked room.

Survey material will be kept for a 5-year period.

Please tick here to confirm you have read and agree with the data protection statement above

Q1. Which CCG area do you live in?

NHS Morecambe Bay Clinical Commissioning Group	
NHS East Lancashire Clinical Commissioning Group	
NHS Fylde and Wyre Clinical Commissioning Group	
NHS Greater Preston Clinical Commissioning Group	
NHS Chorley and South Ribble Clinical Commissioning Group	
NHS West Lancashire Clinical Commissioning Group	
NHS Blackburn with Darwen Clinical Commissioning Group	
NHS Blackpool Clinical Commissioning Group	
Other	

If other, please specify

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Q2. Please tell us what category of responder you fall into (Please select any that apply).

I am a patient with Type 1 diabetes	
I am a patient with Type 2 diabetes	
I am a parent/carer for someone with Type 1 diabetes	
I am a parent/carer for someone with Type 2 diabetes	
I am a clinician with a diabetes specialism (e.g. Consultant, Specialist Nurse)	
I am a clinician with no particular diabetes specialism	
I work for a community organisation with an interest in/knowledge of diabetes	
I work for a community organisation with no particular interest in diabetes	
I am a member of the public	
Other	

Q3. Are you, or if a parent/carer, is the person you care for, taking medication for diabetes?

Yes, pills only	
Yes, insulin only	
Yes, both pills and insulin	
No, I manage with diet and exercise	
Not applicable	

Q4. Do you feel you struggle to manage or control your blood glucose levels?

<input type="checkbox"/> Yes, all the time	<input type="checkbox"/> Yes, sometimes
<input type="checkbox"/> No	<input type="checkbox"/> Not applicable

Q5. Have you read the new draft policy on the provision of continuous glucose monitoring and flash glucose monitoring?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Q6. Do you agree or disagree that the CCG should fund higher cost glucose monitoring/flash monitoring devices for people with Type 1 diabetes who meet the criteria?

I strongly agree

I tend to agree

I tend to disagree

I strongly disagree

I neither agree nor disagree

If you disagree please tell us why?

Q7. Please say how much you agree or disagree that it is reasonable and appropriate that the patient should demonstrate levels of competence, willingness to engage in training and willingness to commit to full and proper use of devices as required by Section 1.1 of the policy.

I strongly agree

I tend to agree

I tend to disagree

I strongly disagree

I neither agree nor disagree

If you disagree and/or would like to expand on your answer, please do so below.

Q8. Please say how much you agree or disagree with the criteria for the funding of continuous glucose monitoring (Section 1.2 of the policy).

I strongly agree

I tend to agree

I tend to disagree

I strongly disagree

I neither agree nor disagree

If you disagree and/or would like to expand on your answer, please do so below.

Q9. Please say how much you agree or disagree with the criteria for the funding of flash glucose monitoring (Section 1.3 of the policy).

I strongly agree

I tend to agree

I tend to disagree

I strongly disagree

I neither agree nor disagree

If you disagree and/or would like to expand on your answer, please do so below

Q10. Please provide us with any further comments you would like to make about this policy or to explain your answers further.

Q11. Your age				
<input type="checkbox"/> 16 or under	<input type="checkbox"/> 17 - 24	<input type="checkbox"/> 25 - 34	<input type="checkbox"/> 35 - 44	<input type="checkbox"/> 45 - 54
<input type="checkbox"/> 55 - 64	<input type="checkbox"/> 65 - 74	<input type="checkbox"/> 75 - 84	<input type="checkbox"/> 85 or over	<input type="checkbox"/> Prefer not to say

Q12. How would you describe your gender?	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other
<input type="checkbox"/> Prefer not to say			

Q13. Is this the same gender you were given at birth?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Prefer not to say
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Q14. What best describes your marital situation?			
<input type="checkbox"/> Married	<input type="checkbox"/> Civil partnership	<input type="checkbox"/> Single	<input type="checkbox"/> Prefer not to say

Q15. Please choose the category that best describes your level of disability	
<input type="checkbox"/> No disability	<input type="checkbox"/> Learning disability
<input type="checkbox"/> Wheelchair user	<input type="checkbox"/> Visual impairment
<input type="checkbox"/> Hearing impairment	<input type="checkbox"/> Physical impairment
<input type="checkbox"/> Mental health	<input type="checkbox"/> Multiple impairments
<input type="checkbox"/> Prefer not to say	

Q16. What is your sexual orientation?	
<input type="checkbox"/> Heterosexual/straight (attracted to the opposite sex)	<input type="checkbox"/> Gay/lesbian (attracted to the same sex)
<input type="checkbox"/> Bisexual (attracted to both sexes)	<input type="checkbox"/> Prefer not to say

Q17. What is your religion/belief?

<input type="checkbox"/> Christian	<input type="checkbox"/> Jewish	<input type="checkbox"/> Hindu	<input type="checkbox"/> Muslim
<input type="checkbox"/> Sikh	<input type="checkbox"/> Buddhist	<input type="checkbox"/> No religion/belief	<input type="checkbox"/> Prefer not to say
<input type="checkbox"/> Other (please specify)			

Q18. Your ethnic group

<input type="checkbox"/> White British	<input type="checkbox"/> White Irish
<input type="checkbox"/> East European	<input type="checkbox"/> Gypsy/Roma/Traveller
<input type="checkbox"/> White other	<input type="checkbox"/> Mixed White/Black African
<input type="checkbox"/> Mixed White/Black Caribbean	<input type="checkbox"/> Mixed White/Asian
<input type="checkbox"/> Mixed other	<input type="checkbox"/> Asian or Asian British – Indian
<input type="checkbox"/> Asian or Asian British – Pakistani	<input type="checkbox"/> Asian or Asian British – Bangladeshi
<input type="checkbox"/> Asian or Asian British – other	<input type="checkbox"/> Black or Black British – Caribbean
<input type="checkbox"/> Black or Black British – African	<input type="checkbox"/> Black or Black British – other
<input type="checkbox"/> Chinese	<input type="checkbox"/> Any other ethnic group
<input type="checkbox"/> Prefer not to say	

Please return completed questionnaires to the Communication and Engagement Team, Midlands and Lancashire Commissioning Support Unit, Jubilee House, Centurion Way, Leyland, Lancashire PR26 6TR

Thank you for taking the time to fill in this questionnaire.