

New draft policy on Insulin Pumps and Glucose Monitoring Devices - 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 insulin pumps and 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.

The information that you provide is completely confidential and anonymous

Q1. Which CCG area do you live in?

| | |
|---|--|
| NHS Lancashire North 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 | |

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?

Yes, all the time

Yes, sometimes

No

Not applicable

Q5. Have you read the new draft policy on insulin pumps and glucose monitoring devices?

Yes

No

Q6. Do you agree or disagree that the CCG should fund these 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 comply with the use of the machine and to evidence that the device is continuing to achieve its objectives in order to continue to receive funding (Section 8.3 of the policy)

| | |
|---|--|
| <input type="checkbox"/> I strongly agree | <input type="checkbox"/> I tend to agree |
| <input type="checkbox"/> I tend to disagree | <input type="checkbox"/> I strongly disagree |
| <input type="checkbox"/> I neither agree nor disagree | |

Q8. Please say how much you agree or disagree that it is reasonable and appropriate to make distinctions in the criteria between age groups i.e. children under 12, children between ages 12 and 18, and adults of 18 or over (Sections 8.4 to 8.8 of the policy)

| | |
|---|--|
| <input type="checkbox"/> I strongly agree | <input type="checkbox"/> I tend to agree |
| <input type="checkbox"/> I tend to disagree | <input type="checkbox"/> I strongly disagree |
| <input type="checkbox"/> I neither agree nor disagree | |

Q9. Please say how much you agree or disagree overall with the criteria which patients must satisfy in order to be eligible for insulin pumps under the draft policy

| | |
|---|--|
| <input type="checkbox"/> I strongly agree | <input type="checkbox"/> I tend to agree |
| <input type="checkbox"/> I tend to disagree | <input type="checkbox"/> I strongly disagree |
| <input type="checkbox"/> I neither agree nor disagree | |

We would be grateful if you could explain or expand on your answers to questions on the criteria for insulin pumps (questions 6 to 8 above).

Q10. Please say how much you agree or disagree overall with the criteria which patients must satisfy in order to be eligible for continuous glucose monitoring devices under the draft policy (Section 8.9)

I strongly agree

I tend to agree

I tend to disagree

I strongly disagree

I neither agree nor disagree

We would be grateful if you could explain or expand on your answer to question 9 on the criteria for continuous monitoring devices above.

Q11. Please provide us with any further comments you would like to make about this policy or to explain your answers further.

| Q12. 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 |

| Q13. How would you describe your gender? | <input type="checkbox"/> Male | <input type="checkbox"/> Female | <input type="checkbox"/> Prefer not to say |
|--|-------------------------------|---------------------------------|--|
|--|-------------------------------|---------------------------------|--|

| Q14. 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 |
|---|------------------------------|-----------------------------|--|
|---|------------------------------|-----------------------------|--|

| 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) | | | |

| Q.18. 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.