Paediatric Diabetes Unit Survey

Name

1. Please select the name of your PDU:

If not listed, please write the name of your unit

Referral to Paediatric Diabetes Unit (PDU)

2. Please list the approximate percentages of children and young people (CYP) referred to your unit with suspected diabetes mellitus (DM) from the following sources (if unknown please enter 999)

Primary care	%
A&E departments ("*self-presentation*")	%
Other sources	%
Total:	

If some CYP are referred from "other sources", could you please specify which source(s)?

3. Approximately, what percentage of your patients are diagnosed with DM after developing diabetic ketoacidosis (DKA)?

[   ] %

4. Approximately, what percentage of your patients are "out-of-area"? (patients who live outside your unit boundary area).

[   ] %

Feedback to primary care

5. Do you provide feed-back to GPs after confirming a diagnosis of DM?

☐ Yes
☐ No

What feedback do you provide to GPs after confirming a diagnosis of DM?

Which is your feedback route (You may tick more than one)?

☐ Automatic electronic feedback between diabetes care software and primary care software.

☐ Electronic feedback using datasheet e.g. excel with cases.

☐ Paper feedback (notification letters, or printed lists of cases)

☐ Telephone feedback.

☐ Other (please specify):

Transition

6. At what age are diabetic young people transferred to the adult diabetes services?

IT management

7. Do you have a register of patients?

☐ Yes

☐ No

What type of register?

☐ Electronic

☐ manual (paper)

☐ both (electronic & manual)

8. Do you have a software to manage the data?

☐ Yes

☐ No

Which is the name of the software?

Diabetic eye screening

9. Name of the local diabetes eye screening programme in your area. (if you don't know, please leave it blank or write not known)

10. Can you refer diabetic children and young people directly to the diabetic eye screening programme?

☐ Yes

☐ No

☐ Not known

Please specify how you can refer directly to eye screening

_____

11. Do you refer diabetic children younger than 12 years old to diabetic eye screening programme?

☐ Yes

☐ No

What is the main reason for referral children younger than 12 years old to diabetic eye screening programme?

☐ Duration of DM

☐ Suboptimal glucose control

☐ Other (please specify):
_____

12. Do you refer diabetic children younger than 12 years old to the ophthalmology department at hospital to receive diabetic eye screening?

☐ Yes

☐ No

What is the main reason for referral children younger than 12 years old to the ophthalmology department at hospital to receive diabetic eye screening?

☐ Duration of DM

☐ Suboptimal glucose control

☐ Other (please specify):
_____

13. Do you have access to eye screening results?

☐ Yes

☐ No

If yes, do you have access to these results (You may tick more than one)

- [ ] Via Primary Care?
- [ ] Directly from Eye screening programme?
- [ ] From your patients (e.g. patients' results letters that are shown to you)?

Please tick how you have access to eye screening results via Primary Care (you may tick more than one)

- [ ] Automatic electronic feedback between primary care software and diabetes care software.
- [ ] Electronic feedback using datasheet e.g. excel with results.
- [ ] Paper feedback (notification letters, or printed lists of results)
- [ ] Telephone feedback.
- [ ] Other (please specify):

Please tick how you have access to eye screening results directly from Eye screening programme (you may tick more than one)

- [ ] Automatic electronic feedback between eye screening software and diabetes care software.
- [ ] Electronic feedback using datasheet e.g. excel with results.
- [ ] Paper feedback (notification letters, or printed lists of results)
- [ ] Telephone feedback.
- [ ] Other (please specify):

How easy is it to obtain eye screening results?

- [ ] Very easy
- [ ] Somewhat easy
- [ ] Somewhat difficult
- [ ] Very difficult

Referral to hospital eye services (HES)

14. Where patients have been referred to HES for abnormal screening, do you have access to the outcomes of the HES visit?

- [ ] Yes
- [ ] No

If yes, please specify how

15. Where patients have been referred to HES with symptoms, do you have access to the outcomes of the HES visit?

☐ Yes

☐ No

If yes, please specify how

[   ]

16. Which outcomes do you consider useful for your clinical practice? (You may tick more than one)

☐ Eye screening

☐ HES visit for abnormal screening

☐ HES visit for symptoms

☐ None

Thank you for completing this survey!

17. Name and title of person completing questionnaire

18. Please use space for any comment