

Plas Menai Health Centre

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Our Reference:
PMS/CLINICAL/T2D/01
Your Reference:

Date:
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Canolfan Iechyd

Plas Menai

Health Centre

Patient Survey – Helping you to manage your Diabetes – XPERT Programme

Introduction

The Plas Menai Health Centre has a real want to proactively help patients with their health conditions. We have been creating a programme of proactive clinics and now focus on our intentions to support our diabetes patient's particularly those living with Type 2 Diabetes [T2D]. We would value your completion of this short survey to help us understand more about your needs in managing diabetes.

Please note that all the information you provide is provided in confidence – we will not store this information rather dispose of it once the information has been collated for data purposes. The information will not be shared with any other party other than the Plas Menai Health Centre and those within the Health Centre who are involved in your care.

Question 1 – Does this programme interest you as a diabetes patient?

Yes: No: Comments:

Question 2 – If so, which aspects of the programme interest you most?

Diabetes Control: Reducing Diabetes Medications:
Increasing Self-Management Skills: Improved lifestyle and Quality of Life:

Question 3 – If not, then could we ask why the course fails to interest?

Comments:

Question 4 – This programme runs on an evening over a six week period [six evenings in total]. Is an evening session as scheduled within your letter convenient?

Yes: No: Comments:

Question 5 – If the programme was run during the day, would you find this more convenient?

Yes: No: Comments:

Question 6 – The programme is tried and tested and successful in helping people manage diabetes. It is set in its format however we would value learning what aspects of diabetes management you would specifically like to learn about – in the event that the facilitator can assist on those key areas of yours. What aspects are of diabetes management interest you, which are not listed in the programme?

Comments:

Question 7 - How do you feel you are currently managing each aspect of the programme

[Please indicate whether managing the aspect - Very Well/Well/Ok/Poorly/Very Poorly:

Diabetes Control:

Reducing Diabetes Medications:

Increasing Self-Management Skills:

Improved lifestyle and Quality of Life:

Question 8 – How do you feel you are currently being supported by the medical centre?

[Please indicate whether managing the aspect - Very Well/Well/Ok/Poorly/Very Poorly:

Comments:

Question 9 – To assist you further – is there any support that you would like to be present on the evening for example local community resources such as wellbeing teams?

Comments:

Question 10 – For identification purposes – could you please provide your date of birth?

Date of Birth:
[Optional]

Thank you for completing this survey – it does help us to help you!!