FORM NO:
UCD USE

UCD SCHOOL OF MEDICINE, ACADEMIC GENERAL PRACTICE

HSE CHRONIC DISEASE PROGRAMME IN IRELAND
GENERAL PRACTICE SURVEY 2021

Thank you for completing this anonymous survey

A: YOUR PRACTICE TEAM NUMBERS

		FULL-TIME	PART-TIME
1	GP		
2	GP Registrar		
3	Practice nurse		
4	Practice manager		
5	Other administrative staff		
6	(a) Other health care staff (specify)		
	(b) Other health care staff (specify)		

B: CDM RESOURCES IN YOUR PRACTICE

7	Are you enrolled with HSE Chronic Disease Management (CDM) Programme?	Yes ☐ No ☐	
8	Doctors involved in HSE CDM Programme	All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ >4 ☐	
9	Practice nurses involved in HSE CDM Programme	All ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ >4 ☐	
10	Please rate, implementation of CDM in your practice **1= Grossly inadequate | 2 = Inadequate | 3 = Fairly adequate | 4 = Very adequate**		
a	CDM training resources available	1 ☐	2 ☐ 3 ☐ 4 ☐
b	Physical infrastructure	1 ☐	2 ☐ 3 ☐ 4 ☐
c	Quality of equipment	1 ☐	2 ☐ 3 ☐ 4 ☐
11	Who is a practice CDM designated lead?	GP ☐ Nurse ☐ Admin ☐ None ☐	
12	Frequency of Practice Meetings held	Weekly ☐ Monthly ☐ Quarterly	
13	Most frequent CDM agenda items at Practice Meetings (tick all that apply)		

(a) Care, diagnosis and counselling ☐	(f) Specific complications
(b) Administrative - funding ☐	(i) Diabetes ☐
(c) Administrative - staffing ☐	(ii) Heart Failure ☐
(d) Primary care team liaison ☐	(iii) Atrial Fibrillation ☐
(e) Specialist services liaison ☐	(iv) Other (specify) ☐

C: ACCESS TO LOCAL SERVICES

14	Service	Rate your interaction with the service 1: None | 2: Poor | 3: Good | 4: Excellent				
a.	Diabetes day care center	1 ☐	2 ☐	3 ☐	4 ☐	No service ☐
b.	Dietitian	1 ☐	2 ☐	3 ☐	4 ☐	No service ☐
c.	Physiotherapist	1 ☐	2 ☐	3 ☐	4 ☐	No service ☐
d.	Cardiac care center	1 ☐	2 ☐	3 ☐	4 ☐	No service ☐
e.	Retinal screening	1 ☐	2 ☐	3 ☐	4 ☐	No service ☐
f.	Smoking cessation	1 ☐	2 ☐	3 ☐	4 ☐	No service ☐
g.	Primary care team	1 ☐	2 ☐	3 ☐	4 ☐	No service ☐
h.	Hospital OPD	1 ☐	2 ☐	3 ☐	4 ☐	No service ☐
i	Other diabetic education services	1 ☐	2 ☐	3 ☐	4 ☐	No service ☐
j	Other cardiac education services	1 ☐	2 ☐	3 ☐	4 ☐	No service ☐

D: PATIENT CARE

15	Which Guidelines does the practice use?		
a	Diabetes:	ICGP ☐ NHS ☐ Other ☐ (specify)	N/A ☐
b	Heart failure:	ICGP ☐ NHS ☐ Other ☐ (specify)	N/A ☐
c	Atrial fibrillation:	ICGP ☐ NHS ☐ Other ☐ (specify)	N/A ☐

16	Do you provide written medicines list to CDM patients on multiple medicines?	Routinely ☐ Occasionally ☐ Never ☐
17	Do you provide written instructions to CDM patients?	Routinely ☐ Occasionally ☐ Never ☐
18	Do you use a tracking system to remind patient about their CDM visit?	Routinely ☐ Occasionally ☐ Never ☐
19	What reminder system do you use for CDM appointments?	Text ☐ Phone ☐ Letter ☐ Appointment Card ☐ None ☐ Other (specify) ☐

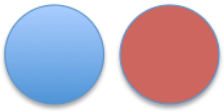
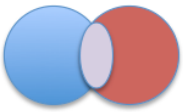
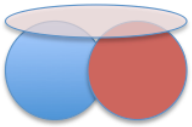
E: IMPLEMENTING THE HSE CDM PROGRAMME

20	Possible barriers to implementing the CDM Programme in your practice **1: Not important | 2: Somewhat | 3: Important | 4: Very important**				
a	Staff shortages	1 ☐	2 ☐	3 ☐	4 ☐
b	Workload	1 ☐	2 ☐	3 ☐	4 ☐
c	Insufficient time to allocate to CDM	1 ☐	2 ☐	3 ☐	4 ☐
d	Lack of communication between hospital and practice	1 ☐	2 ☐	3 ☐	4 ☐
e	Lack of team co-ordination within your own practice	1 ☐	2 ☐	3 ☐	4 ☐
f	Insufficient coding knowledge within the practice	1 ☐	2 ☐	3 ☐	4 ☐
g	Lack of funding of CDM Programme	1 ☐	2 ☐	3 ☐	4 ☐

21	Rate your agreement with the following statements. **1: Strongly disagree | 2: Disagree | 3: Agree | 4: Strongly agree**				
a	Satisfied with CDM in its current format	1 ☐	2 ☐	3 ☐	4 ☐
b	More CDM resources needed in the practice	1 ☐	2 ☐	3 ☐	4 ☐
c	CDM Programme will enhance the way in which chronic disease is managed in my practice	1 ☐	2 ☐	3 ☐	4 ☐
d	Prefer if local hospital could allocate more CDM resources	1 ☐	2 ☐	3 ☐	4 ☐
e	CDM should take place largely at practice level	1 ☐	2 ☐	3 ☐	4 ☐

22	CDM should be delivered largely by: GPs only ☐ Practice Nurses independently ☐ Practice Nurses under GP Supervision ☐				
23	Rate the following in future development of the CDM Programme: **Not Important | 2: Somewhat important | 3: Important | 4: Very Important**				
a	GP led CDM clinics	1 ☐	2 ☐	3 ☐	4 ☐
b	Specialist Nurse led CDM clinic	1 ☐	2 ☐	3 ☐	4 ☐
c	Increased Practice Nurse time for clinics	1 ☐	2 ☐	3 ☐	4 ☐
d	Consultant liaison CDM clinics	1 ☐	2 ☐	3 ☐	4 ☐
e	CDM coding training for staff	1 ☐	2 ☐	3 ☐	4 ☐

24	How would you best describe the teamwork aspect of your practice (**tick 1 box**)

DISCIPLINARY ☐ *(single discipline)* 	**MULTIDISCIPLINARY ☐** *(several disciplines contribute to care)* 
INTERDISCIPLINARY ☐ *(agreed decision making by several disciplines)* 	**TRANSDISCIPLINARY ☐** *(seamless, integrated care)* 

F: YOU/YOUR PRACTICE

25	Practice Profile:	Urban ☐ Rural ☐ Mixed ☐
26	How long is the Practice established?	<5 years ☐ (b) 5-10 years ☐ (c) >10 years ☐
27	In which <u>county</u> is your Practice based?	
28	Training Practice:	Yes – undergraduate ☐ Yes – graduate ☐ Yes – other specify ☐ No ☐
29	Practice Population:	GMS: <500 ☐ 501-1000 ☐ 1001–1500 ☐ >1500 ☐ NON-GMS: <500 ☐ 501-1000 ☐ 1001–1500 ☐ >1500 ☐
30	Your age group:	≤35 ☐ 35-44 ☐ 45-54 ☐ >54 ☐
31	Your Gender:	Male ☐ Female ☐ Other ☐

Thank you for completing this questionnaire
PLEASE RETURN IN PRE-PAID ENVELOPE PROVIDED
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ANY QUESTIONS? PLEASE CONTACT THE RESEARCH PROJECT MANAGER
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