

NEEDS ASSESSMENT

DIABETES MANAGEMENT IN GENERAL PRACTICE



SPHN would greatly appreciate your feedback so we are able to assist you with the practice's needs for diabetes management.

General Practitioner Practice Nurse Practice Manager Practice Staff

1. Is management of diabetes patients one of the main tasks in your practice?

Please tick Yes No

If no....please state why _____

2. Does the practice hold regular diabetes clinics? Please tick Yes No

3. Do the GPs, PNs & staff involved in diabetes management require education & support?

Please tick Yes No

If yes....please tick

Registers, Recalls, Reminders

Chronic Disease Management items - GP Management plans, TCA, Diabetes Cycle of Care

Nurse-led Clinics – setting up and running

Referral pathways – Lifestyle Modification programs, Logan–Beaudesert Diabetes Service

Clinical and best practice guidelines

Other training (please specify) _____

4. Have you found SPHN Diabetes resources useful? E.g. Diabetes Resource Manual, Diabetes Nurse-Led Clinic Resource Manual

Please tick Yes No

5. Please list other resources you would find useful for diabetes management in the practice

6. Please list other support that the GPs, PNs and staff need to enhance diabetes management in the practice

Any further comments

Practice Name _____

Thank you for your time in completing this questionnaire

PLEASE FAX BACK TO SUSAN – 3290 3144