

SERVICE EVALUATION for Health Care Professional

A new technology enabled care pathway system for people with diabetes-related foot problems living in remote and rural settings.

CONFIDENTIAL

You have been sent this service evaluation form as you recently e-referred a patient with a diabetes-related foot problem to the multidisciplinary diabetes foot team at Raigmore Hospital in Inverness.

If you would prefer to complete this survey online please go to this address [[add online survey detail](#)]

This is part of a wider evaluation of the new technology enabled care pathway system recently introduced by NHS Highland for people with diabetes-related foot problems living in remote and rural settings.

How to complete the questionnaire:

There are two types of questions

1. Some that can be answered by **ticking** the appropriate box
2. Some where you can tell us more about your experience

All the answers you give are useful to us.

Please try to complete all questions that are relevant to you.

Thank you for taking the time to help us with our evaluation

SECTION A – Comparison of old and new service

Q1 How quickly did you receive an initial response following e-referral for this patient?

The same day

☐

The following day

☐

Within a week

☐

More than a week

☐

Q2A Did you feel the response time was appropriate for the foot issue?

Yes

☐

No

☐

Q2B If no, please explain why below

Q3 What form of response was received?

Advice for
community
management only

☐

Advice plus further
follow-up by e-mail

☐

Advice plus VC
appointment
needed

☐

Advice plus face-to-face
appointment needed

☐

Q4 Did you feel the response was appropriate for the foot issue?

Yes

☐

No

☐

Q5 Before the e-referral route was available how would you have dealt with this patient?

A Continued with podiatry care in the community

☐

B Continued with nursing care in the community

☐

C Referred to nursing in the community

☐

D Shared care between nursing and podiatry

☐

E Telephone advice from diabetes foot team

☐

F Referred to MDT diabetes foot team – face-to-face clinic

☐

G Referred to vascular surgical service

☐

Q6 Compared with your previous referral route(s) how do you think that the new e-referral impacted the patient in terms of:

Considerably
better

A bit
better

About the
same

A bit
worse

Considerably
worse

A Treatment received?

☐☐☐☐☐

B How quickly treatment was
received?

☐☐☐☐☐

C Clinical outcome?

☐☐☐☐☐

Q7 Thinking about the overall e-referral and follow-up for this patient

What worked particularly well?

What might have been better?

Q8 Please indicate to what degree the new e-referral system and pathway has impacted:

	Negative impact	No impact	Moderate positive impact	Major positive impact
A Your own knowledge and learning?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B Your confidence in managing diabetes foot problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C Your collaboration with the specialist diabetes foot team?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D Your workload?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If this patient was seen by VC please continue to Section B, otherwise please go to Section C

SECTION B – VC Experience**Q9 When was an initial VC appointment date agreed?**

The same day ☐ The same week ☐ The following week ☐ More than 2 weeks ☐

Q10 When was the initial VC appointment?

Within 1 week ☐ 1 - 2 weeks ☐ More than 2 weeks ☐

Q11A Did you feel that this was appropriate for the particular foot issue?

Yes ☐ No ☐

Q11B If no, please why explain below**Q12A Did the initial VC go well?**

Yes ☐ No ☐

Q12B If no, please expand below**Q13 How do you think the VC appointment impacted the patient in terms of:**

	Negative impact	No impact	Moderate positive impact	Major positive impact
A Earlier diabetes foot team input/advice?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B Wound care management-advice on dressings?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C Input with optimising blood glucose levels?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D Input on antibiotic therapy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E Advice on offloading ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F Onward referral to another service?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q14A Did you feel that the outcome of the initial VC was satisfactory?

Yes ☐ No ☐

Q14B If no, please expand below

Q15 Do you think the VC appointment increased:

	A lot	Somewhat	Not at all
A Your own knowledge and learning?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B Your confidence in managing diabetes foot problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C Your collaboration with the specialist diabetes foot team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D Your workload	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION C

Q16 Please let us know if there is anything else you would like to share about your experience of the new pathway with this patient

Thank you very much for your time for filling in this evaluation form

The information you have given us will be extremely useful and will be treated with the strictest confidence and kept securely

Please send the questionnaire back to us in the pre-paid envelope provided

If you would like to know more or have questions about the evaluation please contact:

Dr Jenny Hall on 01463 279566 or e-mail at jenny.hall@uhi.ac.uk