Evaluation Summary


Overall satisfaction of conference

95% of attendees rated the conference as either “excellent” or “good”, whilst 100% of attendees felt that the organisation of the conference and the venue was either “excellent” or “good”.

Feedback provided on the evaluation forms were complementary, with the majority of attendees commenting that the event was interesting and useful. A few attendees commented that for future events additional time could be allocated for networking and more group sessions.

Speaker feedback

All speakers during the morning session evaluated really well, with the majority of speakers scoring “excellent” or “good”.

There were mixed comments relating to the patient speaker, with some attendees commenting that it wasn’t necessarily representative of patient views, however many attendees agreed that it was useful to hear a patient perspective at the conference.

Workshop feedback

Feedback relating to the workshops was mixed, with 44% of attendees rating the workshops as “good” and 39% of attendees rating the workshops as “satisfactory”. The main feedback was that more time could have been allocated to the workshops and that expectations were not generally met. It is difficult to attribute feedback to specific workshops as attendees who completed the evaluation forms did not specify which workshop they attended. However, positive feedback was also received, with attendees commenting that the service specification in particular was very useful.

Afternoon session

The majority of speakers in the afternoon session received positive feedback. The DICE model and the Wolverhampton Integrated Service presentation both scored highly on delegate feedback, with both presentations receiving all “excellent” and “good” scores.

Delegates were interested to hear about the DICE model and a lot of people commented that they would be interested in trialling something similar in their area. Attendees also commented that it was useful to see real outcomes coming from data through Dr Askey’s presentation on medicines optimisation. Feedback for the Patient Education presentation was mixed, some attendees felt that the presentation was too specific and would have benefited from a real-life case study on structured education.

Taking forward improvements

Delegates were asked to identify 3 things that they would do as a result of the conference to take forward improvements in diabetes in their organisation. Provision of, and access to structured education courses for patients was identified by the majority of attendees – which also included the provision of education for people who have pre-diabetes. Reviewing service specifications and integrating diabetes services also came out as a key theme for attendees, with many attendees stating that they will be in touch with some of the areas highlighted at the conference (Sandwell & West Birmingham and Wolverhampton). Prevention was also identified as a key priority as well as identifying patients who are “at risk” of developing diabetes.