

National Diabetes Audit 2016-17

England, Wales and the Isle of Man

Published 14th March 2018

The National Diabetes Audit (NDA) provides a comprehensive view of diabetes care in England and Wales and measures the effectiveness of diabetes healthcare against NICE Clinical Guidelines and NICE Quality Standards. The 2016-17 report includes data on 3,192,745 people for the audit period 1 January 2016 to 31 March 2017.

Audit Questions ?

1. Is everyone with diabetes diagnosed and recorded on a practice diabetes register?
2. What percentage of people received the NICE key processes of diabetes care?
3. What percentage of people achieved NICE defined treatment targets for glucose control, blood pressure and cholesterol?
4. What percentage of people are offered and attend a structured education course?
5. For people with registered diabetes what are the rates of acute and long term complications (disease outcomes)?

Key Findings

Participation

Primary care participation increased to 95.3 per cent from 82.4 per cent in 2015-16, with 7,375 GP practices providing a full submission to the NDA; 99 specialist services also participated

Achievement of the Treatment Targets (HbA1c, Blood Pressure, Cholesterol)



Greater than 10 per cent improvements in HbA1c for Type 1 diabetes and blood pressure for Type 2 diabetes over the 6 year period 2011-12 to 2016-17.

People of working age and younger are almost half as likely to achieve treatment targets as their older counterparts.

Recommendations

A collaborative approach is needed by GP services, CCGs/LHBs, structured education providers and specialist diabetes services to improve outcomes for people with diabetes:

Develop and implement systems for GP practices that clarify who has attended patient education courses.
What: implement systems that reliably inform General Practices about who has attended, who has completed and what to record in the care record
When: at education provider locations when attendance has finished

Seek new approaches to improving management for those overall doing worst.
What: design and test new approaches to providing regular review and optimising treatment for people with diabetes aged younger than 65
When: Now

Type 2 diabetes care providers should work with people who have SMI to increase care process completion.
What: design and test new approaches to provide regular review and optimising care process completion.
When: in all relevant services, Now.

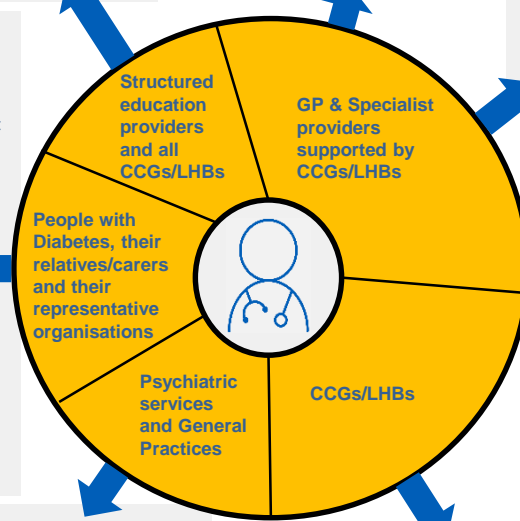
People with diabetes should review their results for their practice, specialist service, CCG/LHB.

What: submit questions to the relevant service leads and organisation executives for where results are clearly worse than average.
When: Now

When: Now

SMI care providers should be aware of the higher risks of Type 2 diabetes at younger age onset and in females.
What: be alert to the high likelihood of diabetes and the enhanced risks with younger onset.
When: Now.

Reduce variation; every service and locality has results that are significantly poorer than their peers **What:** review care process and treatment target results; select priorities (e.g. bottom quartile results) for improvement; draw up and implement changes
When: in health economy, practice and specialist service reviews



Support people with a learning disability and Type 2 diabetes complete all their annual checks.
What: Implement systems that better ensure in people with Learning Disability all annual diabetes checks are completed
When: In all relevant services, Now

Structured Education	Variation	Annual Care Processes	
Offers for structured education continue to improve but this is not yet matched by records of attendance.	All measurements showed marked geographical and between service variation	Urine albumin care process checks are completed less frequently. The lower levels of BMI recording that started in 2013-14 are unaltered.	Most other care processes remain well completed, though less frequently in Type 1 patients overall and in younger people with any type of diabetes
Learning Disability		Severe Mental Illness (SMI)	
People with a learning disability who have Type 1 diabetes are more likely to receive their annual checks whilst those with Type 2 and other diabetes are less likely to receive them		(SMI) is twice as common in people with Type 2 and other diabetes as in people with Type 1 diabetes or the general population People with diabetes and SMI have higher levels of social deprivation and are more likely to have an ethnic minority heritage People with Type 2 diabetes and SMI are less likely to receive their annual checks compared to their peers, especially for urine albumin and foot risk	