National Diabetes Audit, 2019-20
Report 1: Care Processes and Treatment Targets

England

12 August 2021

IAPT - Supplementary Information

Information and technology
for better health and care

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1. Improving Access to Psychological Therapies (IAPT)

Improving Access to Psychological Therapies (IAPT) is an NHS programme in England that offers interventions approved by the National Institute for Health and Care Excellence (NICE)* for treating people with depression or anxiety.

The IAPT programme is supported by a regular return of data generated by providers of IAPT services in delivering those services to patients. These data are received by NHS Digital and published in monthly and annual reports**.

Previous NDA core reports have detailed the effectiveness of diabetes care received by those with Severe Mental Illness (SMI), but have not detailed the effectiveness of such care received by those with less severe mental illness.

As people with mild to moderate mental illness can be referred to IAPT in order to receive treatment, this **NDA-IAPT supplementary report** details the findings relating to diabetes care process completion, treatment target achievement and structured education for people who have diabetes and have been referred to IAPT.

The 2019-20 audit covers the period 01 January 2019 to 31 March 2020 and this report only includes people who were submitted by a GP practice for the 2019-20 NDA core audit.

Definition of 'referred to IAPT' used for this report:

- A person's data submitted to the 2019-20 NDA core audit with an IAPT referral received date between 01 January 2017 and 31 March 2020 (inclusive).

IAPT refers to people who were referred to IAPT within the period stated above.

Non-IAPT refers to people who were not referred to IAPT within the period stated above.

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**2. What is the prevalence of IAPT referrals in people with diabetes?**

Prevalence of IAPT referrals in NDA

Table 1: Percentage of people with diabetes registered within a GP practice by diabetes type and IAPT referral, England, 2019-20

Diabetes type	Referred to IAPT	Total	Per cent
All NDA	196,035	3,427,565	5.7
Type 1	26,810	251,525	10.7
Type 2 and other*	169,230	3,176,040	5.3

Referrals to IAPT are twice as common in people with type 1 diabetes as in people with type 2 and other diabetes*.
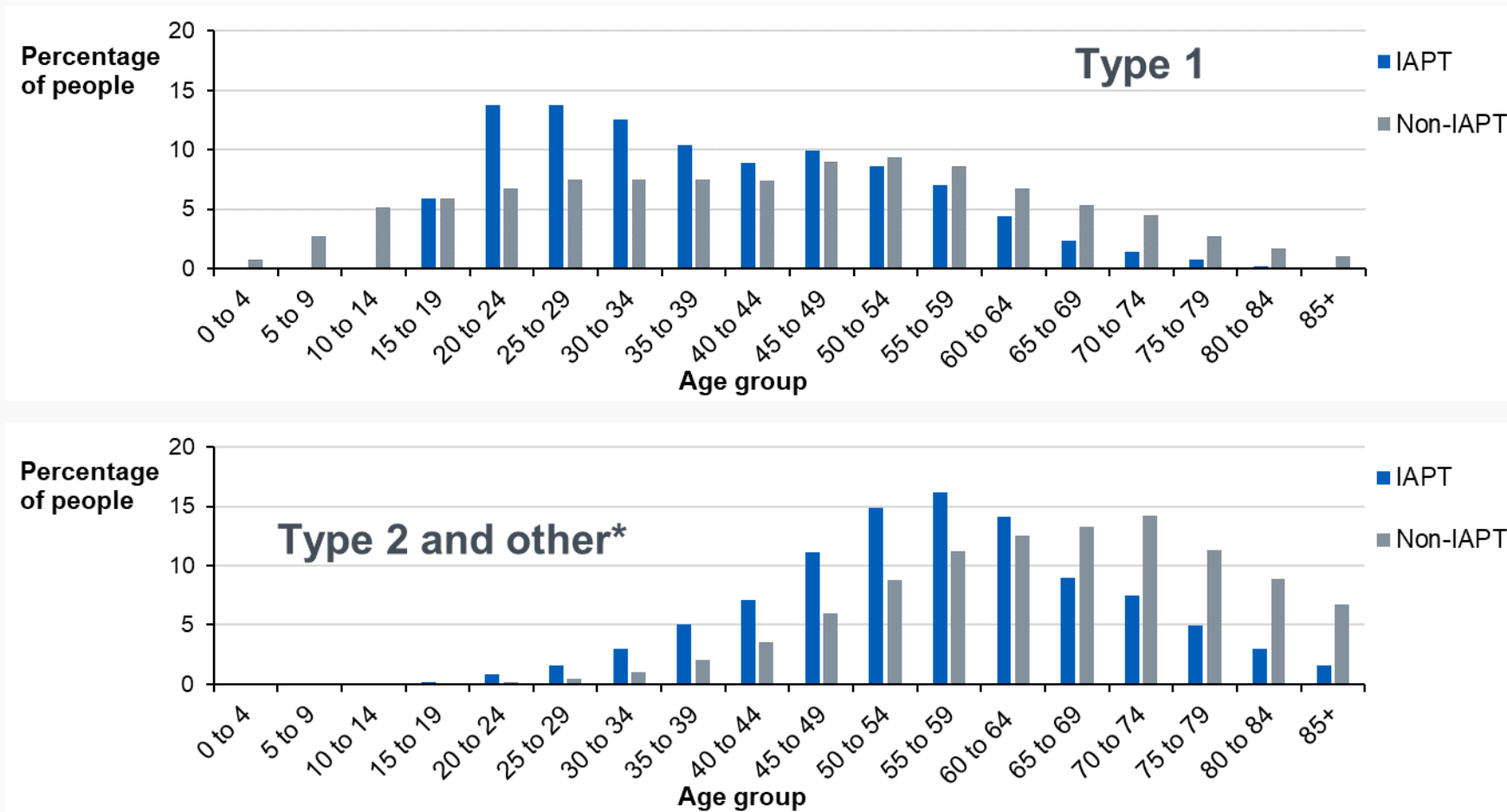
Figure 1: Percentage of people with diabetes registered within a GP practice referred to IAPT by diabetes type, England, 2019-20
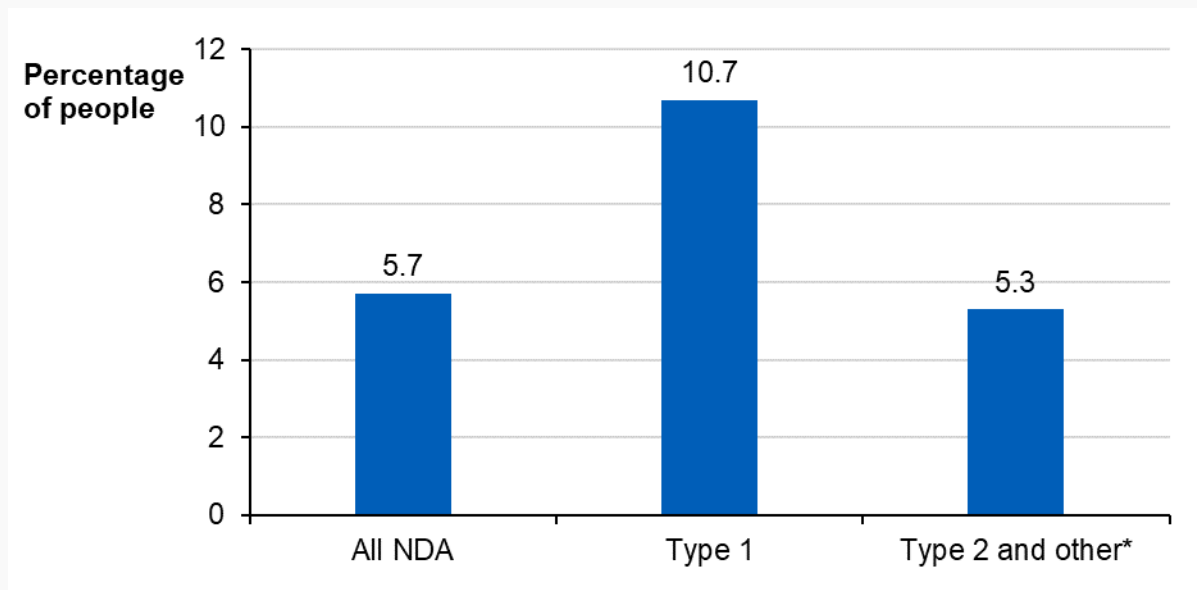
* Type 2 and other diabetes includes people with Maturity-onset Diabetes of the Young (MODY), other and non-specified diabetes type.

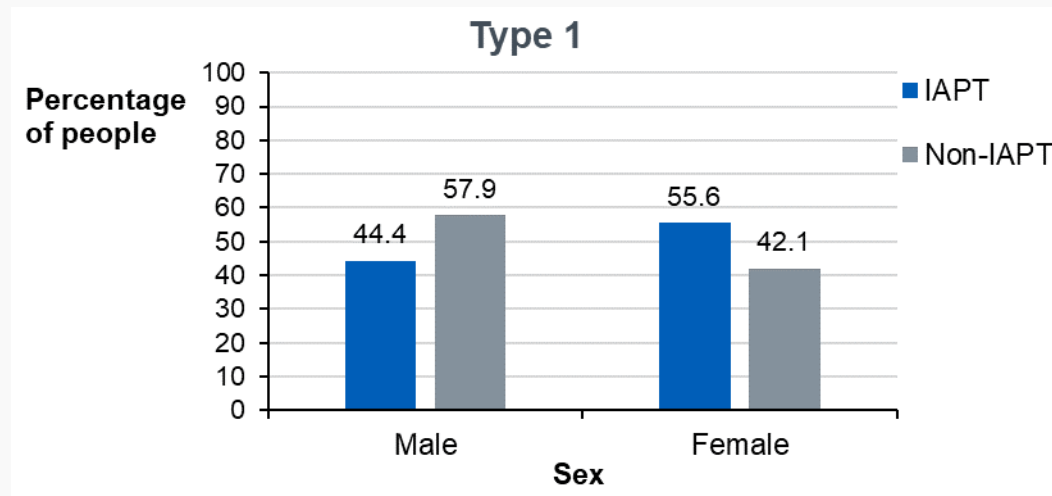# Diabetes and IAPT referral - Age

Figure 2: Percentage of people with diabetes, by diabetes type, age group and IAPT referral, England, 2019-20

* Type 2 and other diabetes includes people with Maturity-onset Diabetes of the Young (MODY), other and non-specified diabetes type.

Diabetes and IAPT referral - Sex

Figure 3: Percentage of people with diabetes, by diabetes type, sex and IAPT referral, England, 2019-20

For all diabetes types, younger people (see previous slide) and women are more likely to have an IAPT referral.
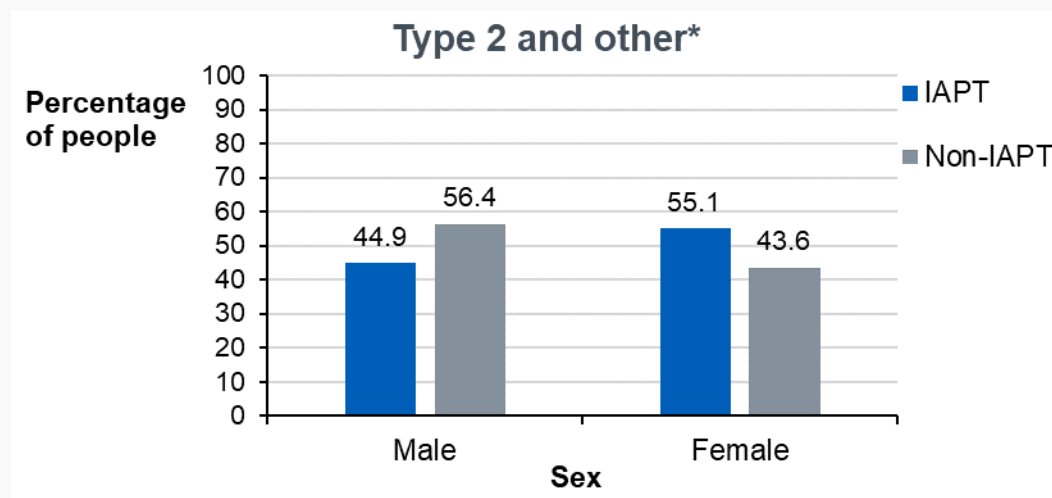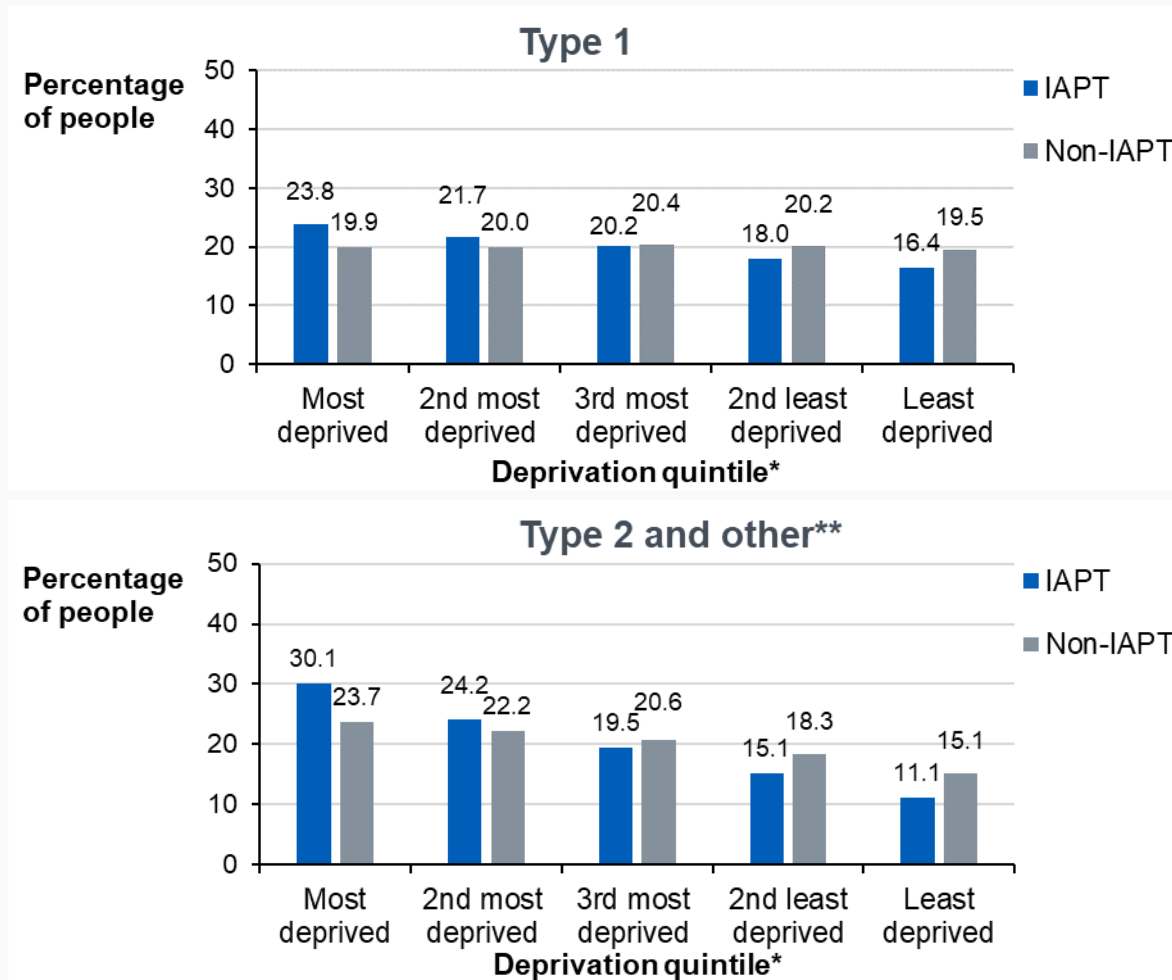
* Type 2 and other diabetes includes people with Maturity-onset Diabetes of the Young (MODY), other and non-specified diabetes type.

Diabetes and IAPT referral - Deprivation

Figure 4: Percentage of people with diabetes, by diabetes type, social deprivation* and IAPT referral, England, 2019-20

For all diabetes types, people living in deprived areas are more likely to have an IAPT referral.

* Index of Multiple Deprivation (IMD) used to assign levels of deprivation by person's home address. IMD 1: most deprived areas, IMD 2: 2nd most deprived, IMD 3: 3rd most deprived, IMD 4: 2nd least deprived, IMD 5: least deprived areas. ** Type 2 and other diabetes includes people with Maturity-onset Diabetes of the Young (MODY), other and non-specified diabetes type.

Diabetes and IAPT referral - Ethnicity

Figure 5: Percentage of people with diabetes, by diabetes type, ethnicity group* and IAPT referral, England, 2019-20
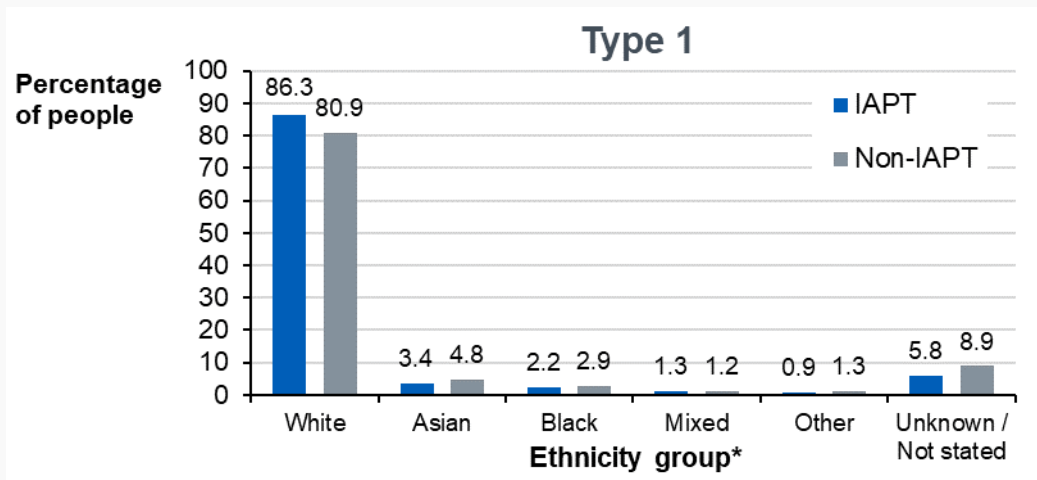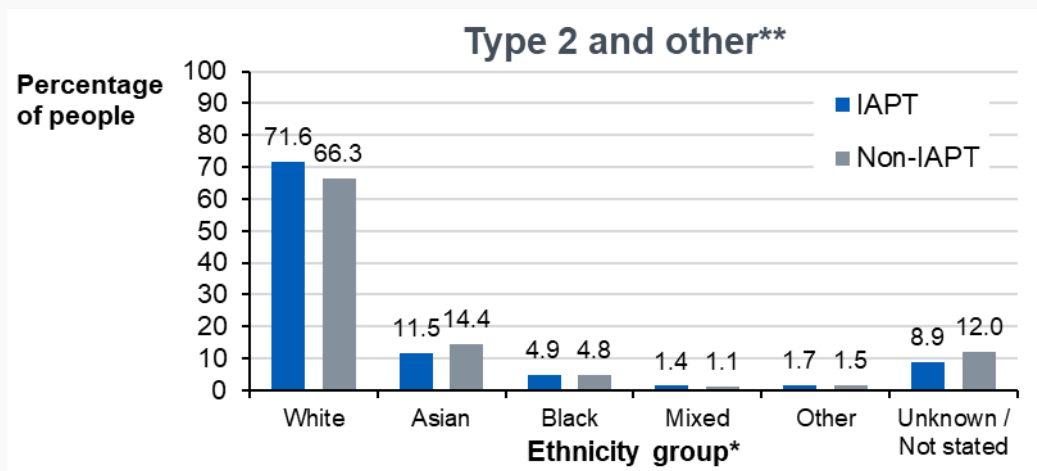

For all diabetes types, people from white ethnic backgrounds are more likely to have an IAPT referral.

* Ethnicity is categorised using the 2011 census categories for ethnic group. Categorised as follows: White (British, Irish, Traveller, Any other White background), Asian (Indian, Pakistani, Bangladeshi, Chinese, Any other Asian background), Black (Caribbean, African, Any other Black background), Mixed (White and Black Caribbean, White and Black African, White and Asian, Any other mixed background), Other (Arab, Any other ethnic group), Unknown / Not stated ('Not stated' code used or missing ethnicity code). ** Type 2 and other diabetes includes people with Maturity-onset Diabetes of the Young (MODY), other and non-specified diabetes type.

3. Is there a difference in the care process completion for those with an IAPT referral?

Care Processes: By IAPT referral

Table 2: Percentage of people with diabetes receiving NICE recommended care processes by diabetes type and IAPT referral, England, 2019-20

	England (per cent)			
	Type 1		Type 2 and other*	
	IAPT	Non-IAPT	IAPT	Non-IAPT
HbA1c	88.3	83.0	94.2	93.5
Blood Pressure	93.3	90.2	96.2	95.4
Serum Cholesterol	80.2	78.2	90.8	91.0
Serum Creatinine**	84.5	80.5	93.1	92.2
Urine Albumin/Creatinine Ratio	51.0	53.8	63.0	68.9
Foot Risk Surveillance	73.4	72.4	82.5	83.9
Body Mass Index	85.5	83.5	90.0	88.2
Smoking History	93.5	89.3	96.0	95.4
Eight Care Processes	**39.9**	**42.6**	**54.2**	**58.7**
Retinal Screening	76.6	79.7	76.6	80.6
Nine Care Processes	**34.1**	**37.8**	**46.9**	**52.5**

Completion rates of 'all eight care processes' and 'all nine care processes' are lower amongst people with a referral to IAPT. This is true of all diabetes types. This may be a reflection of the differences in age between those with and without an IAPT referral and the specific effects of lower retinal screening and foot surveillance rates.

* Type 2 and other diabetes includes people with Maturity-onset Diabetes of the Young (MODY), other and non-specified diabetes type. ** Two creatinine plasma SNOMED codes were removed from the NDA creatinine code set during the universal SNOMED code refresh. This has affected 2019-20 creatinine care process completion percentages for a small number of organisations/areas in England. The issue has been rectified for future NDA 2020-21 data extractions.

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4. Is there a difference in the achievement of NICE defined treatment targets for those with an IAPT referral?

Treatment Targets: By IAPT referral

Table 3: Percentage of people with diabetes achieving their treatment targets by diabetes type and IAPT referral, England, 2019-20

	England (per cent)			
	Type 1		Type 2 and other**	
	IAPT	**Non-IAPT**	**IAPT**	**Non-IAPT**
HbA1$_c$ ≤ 58 mmol/mol	24.8	32.4	60.0	65.9
Blood pressure ≤ 140/80	74.0	73.9	70.6	73.8
Statins for Primary Prevention of CVD	63.7	66.4	70.5	72.4
Statins for Secondary Prevention of CVD	83.3	85.3	87.5	86.3
Statins for Combined Prevention of CVD	67.5	69.6	74.8	76.2
Meeting all three treatment targets NEW*	**16.1**	**20.5**	**34.3**	**40.4**

Achievement of all three treatment targets is lower amongst people with a referral to IAPT, with HbA1c treatment targets rates showing the greatest discrepancy. This is true of all diabetes types. This may be a reflection of the differences in demographics between those with and without an IAPT referral.

* Meeting All Three Treatment Targets NEW are defined in the Definitions Section ** Type 2 and other diabetes includes people with Maturity-onset Diabetes of the Young (MODY), other and non-specified diabetes type.
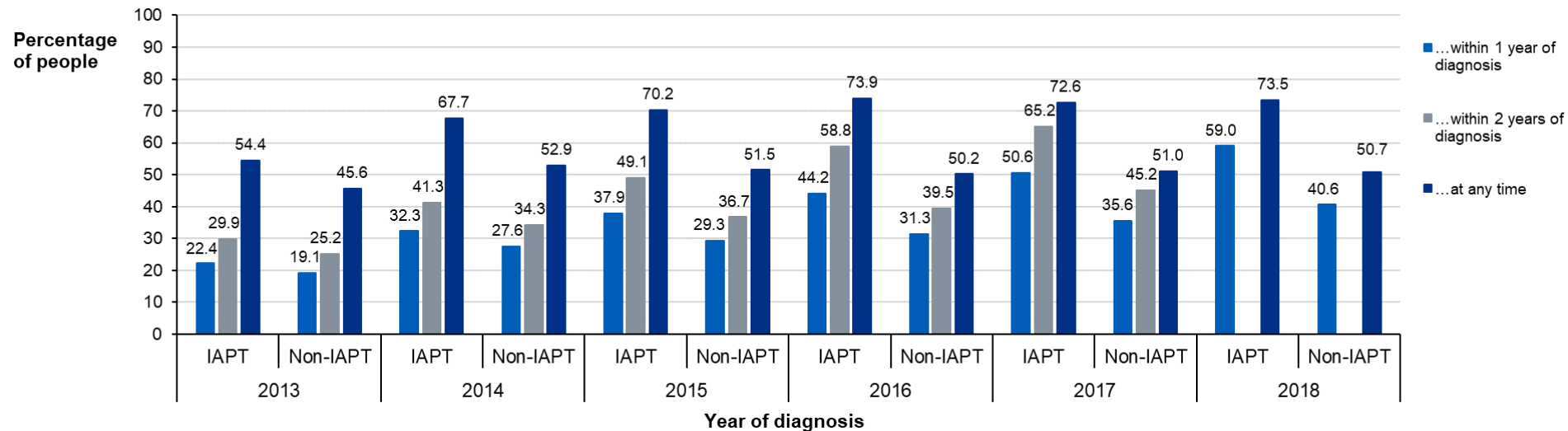
5. Is there a difference in the percentage of people offered and attending a structured education course for those with an IAPT referral?

Structured Education: Offered – Type 1

Figure 6: Percentage of people diagnosed with type 1 diabetes that were offered structured education, by year of diagnosis and IAPT referral, England, 2019-20*
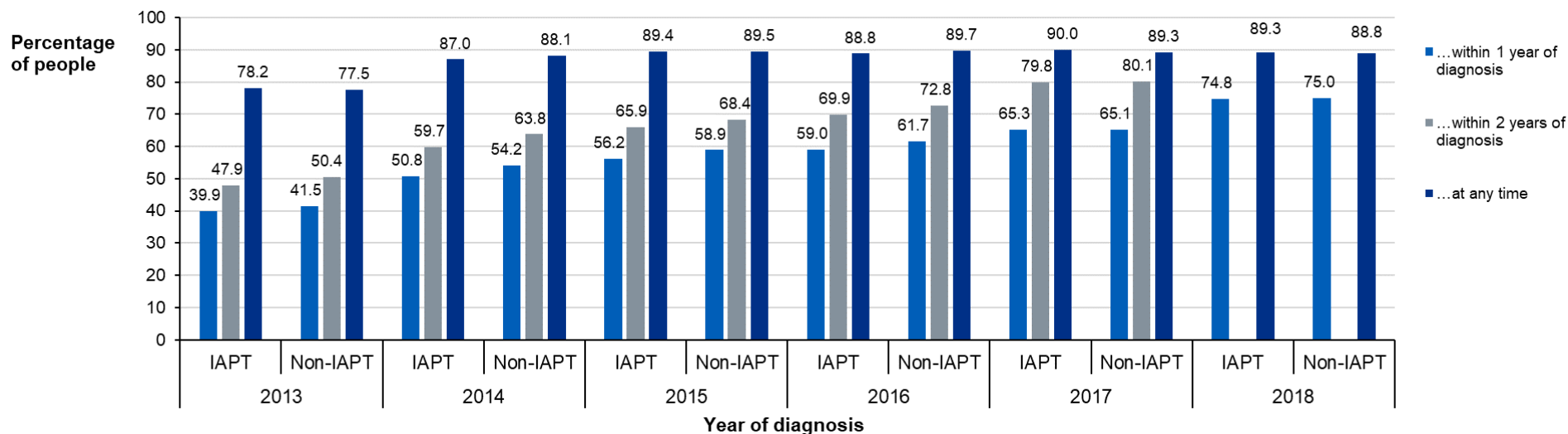

For people with type 1 diabetes, rates of being offered structured education are higher amongst those with an IAPT referral.

* 'Offered structured education within 2 years of diagnosis' data is not reported for people diagnosed with diabetes in 2018 – this is because the 2019-20 NDA data (latest audit period) ends in March 2020, meaning that anyone diagnosed after March 2018 would not have the full 2 year opportunity to be offered structured education.

Structured Education: Offered – Type 2

Figure 7: Percentage of people diagnosed with type 2 and other diabetes* that were offered structured education, by year of diagnosis and IAPT referral, England, 2019-20**


For people with type 2 and other diabetes, there is little difference in the rates of being offered structured education between those with an IAPT referral and those without an IAPT referral.

* Type 2 and other diabetes includes people with Maturity-onset Diabetes of the Young (MODY), other and non-specified diabetes type. ** 'Offered structured education within 2 years of diagnosis' data is not reported for people diagnosed with diabetes in 2018 – this is because the 2019-20 NDA data (latest audit period) ends in March 2020, meaning that anyone diagnosed after March 2018 would not have the full 2 year opportunity to be offered structured education.

Structured Education: Attended – Type 1

Figure 8: Percentage of people diagnosed with type 1 diabetes that have a recorded structured education programme attendance, by year of diagnosis and IAPT referral, England, 2019-20*
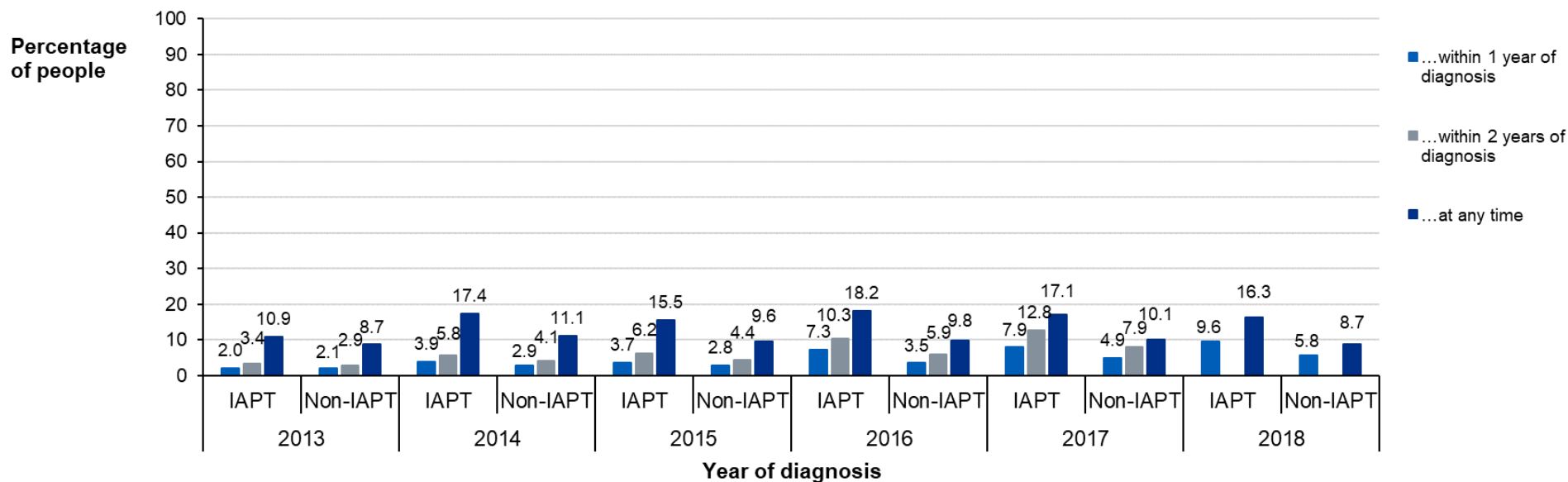
It is believed that poor recording means that the apparently low rates of attendance at a structured education programme are an underestimation.

* Attended structured education within 2 years of diagnosis' data is not reported for people diagnosed with diabetes in 2018 – this is because the 2019-20 NDA data (latest audit period) ends in March 2020, meaning that anyone diagnosed after March 2018 would not have the full 2 year opportunity to attend structured education. Attendance at structured education forms one of the indicators in the CCG improvement and assessment framework 2018-19.

Structured Education: Attended – Type 2

Figure 9: Percentage of people diagnosed with type 2 and other diabetes* that have a recorded structured education programme attendance, by year of diagnosis and IAPT referral, England, 2019-20**
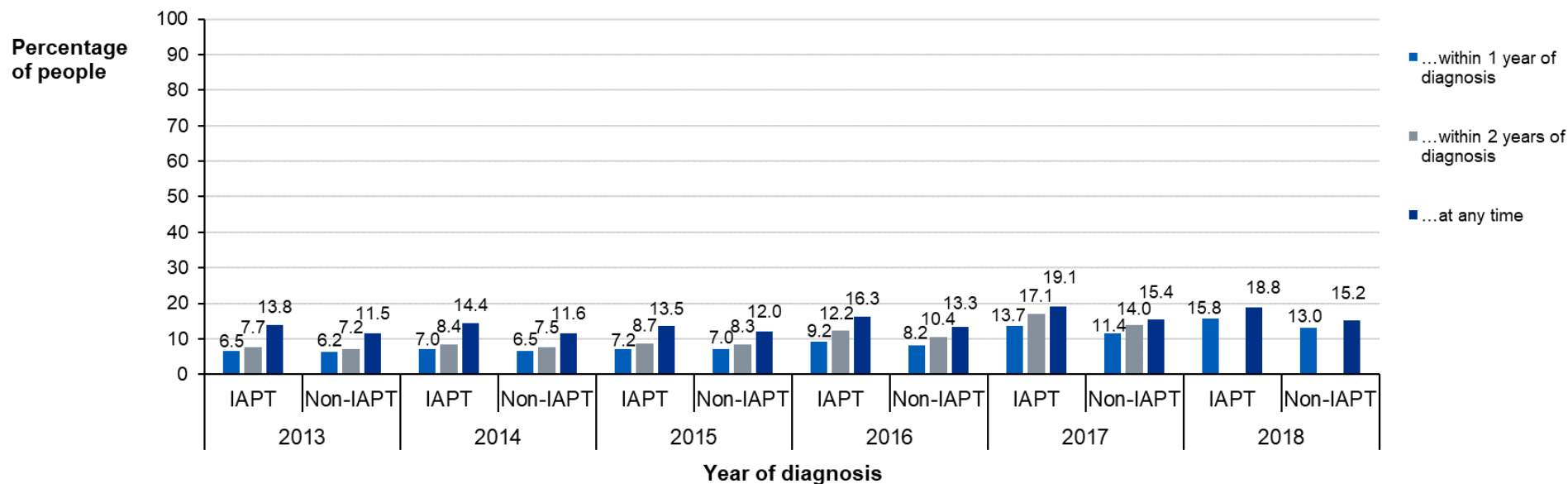

It is believed that poor recording means that the apparently low rates of attendance at a structured education programme are an underestimation.

* Type 2 and other diabetes includes people with Maturity-onset Diabetes of the Young (MODY), other and non-specified diabetes type. ** Attended structured education within 2 years of diagnosis' data is not reported for people diagnosed with diabetes in 2018 – this is because the 2019-20 NDA data (latest audit period) ends in March 2020, meaning that anyone diagnosed after March 2018 would not have the full 2 year opportunity to attend structured education. Attendance at structured education forms one of the indicators in the CCG improvement and assessment framework 2018-19.

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6. Additional information

Care Processes

All people with diabetes aged 12 years and over should receive all of the nine NICE recommended care processes and attend a structured education programme shortly after diagnosis*.

Table 4: Nine Annual Care Processes for all people with diabetes aged 12 and over	
Responsibility of Diabetes Care providers (comprising the NDA 8 Care Processes)	
1. HbA1c (blood test for glucose control)	**5. Urine Albumin/Creatinine Ratio** (urine test for risk of kidney disease)
2. Blood Pressure (measurement for cardiovascular risk)	**6. Foot Risk Surveillance** (examination for foot ulcer risk)
3. Serum Cholesterol (blood test for cardiovascular risk)	**7. Body Mass Index** (measurement for cardiovascular risk)
4. Serum Creatinine** (blood test for kidney function)	**8. Smoking History** (question for cardiovascular risk)
Responsibility of NHS Diabetes Eye Screening (NHS England, Public Health England)***	
9. Digital Retinal Screening (photographic eye test for early detection of eye disease)	

For NDA 2019-20, **Diabetes Eye Screening (DES) data** has been collected directly from DES providers for the first time. All but one DES provider in England (Liverpool) successfully submitted data, although three providers made partial submissions.

* NICE recommended care processes http://www.nice.org.uk/guidance/conditions-and-diseases/diabetes-and-other-endocrinal--nutritional-and-metabolic-conditions/diabetes; National Service Framework (NSF) for Diabetes https://www.gov.uk/government/publications/national-service-framework-diabetes; NICE Clinical Guidelines – NG17: Type 1 diabetes in adults: diagnosis and management http://www.nice.org.uk/guidance/ng17; NICE Clinical Guidelines – NG28: Type 2 diabetes in adults: management http://www.nice.org.uk/guidance/ng28; NICE – Diabetes in Adults Quality Standard http://guidance.nice.org.uk/QS6 ** There is a potential issue with the SNOMED codes used to identify if a person has had their creatinine diabetes care process check. Two creatinine plasma codes were removed from the NDA creatinine code set during the universal SNOMED code refresh. This has affected creatinine care process completion, and potentially the all eight/nine care process, percentages for organisations/areas that still use these codes. To resolve the issue, the NDA business rules are currently being amended to add these code into future NDA data extractions. *** The screening registers are drawn from practice registers but the outcomes are recorded in screening management systems that presently cannot export data to the NDA.

Treatment Targets

NICE recommends treatment targets for HbA1c (glucose control), blood pressure and Cardiovascular Disease (CVD) risk reduction:

- Target HbA1c reduces the risk of all diabetic complications (eyes, kidney, nerves) and CVD risk.

- Target blood pressure reduces CVD risk and reduces the progression of diabetic eye and kidney disease.

- Statins reduce serum cholesterol and CVD risk.

- NICE treatment target specifications were updated in 2015-16 and now differ between Type 1 and Type 2 diabetes (https://www.nice.org.uk/guidance/ng17; https://www.nice.org.uk/guidance/ng28).

Definitions

Diabetes

Diabetes is a condition where the amount of glucose in the blood is too high because the pancreas doesn't produce enough insulin. Insulin is a hormone produced by the pancreas that allows glucose to be used as a body fuel and other nutrients to be used as building blocks. There are two main types of diabetes: Type 1 diabetes (no insulin); Type 2 diabetes (insufficient insulin).

Urine Albumin-to-Creatinine Ratio (UACR)

UACR is a ratio between two measured substances urine albumin and urine creatinine. Unlike a urine dipstick test for albumin, UACR is unaffected by variation in urine concentration.

Specialist Service

This is a service (often hospital based but sometimes delivered in a community setting) which includes diabetes specialists working in multidisciplinary teams. These teams usually comprise physicians (diabetologists), diabetes specialist nurses and dieticians; it may also include clinical psychologists.

Annual Review

This is a GP appointment where the annual NICE recommended Care Processes are undertaken

Care Processes (NICE recommends all of these at least once a year)

Blood Pressure is a measurement of the force driving the blood through the arteries. Blood pressure readings contain two figures, e.g.130/80. The first is known as the systolic pressure which is produced when the heart contracts. The second is the diastolic pressure which is when the heart relaxes to refill with blood.

BMI measurement – Body Mass Index is calculated from weight and height and used to classify body weight as underweight, normal, overweight or obese.

Serum creatinine – this is a blood test used to measure kidney function.

Urinary albumin – this urine test detects the earliest stages of kidney disease.

Cholesterol - this blood test measures a type of fat that can damage blood vessels.

Foot risk surveillance - this examination checks the blood supply and sensation (feeling) in the feet. Loss of either is a risk for foot disease.

Smoking Status - this records whether the person is a smoker. Smoking increases the diabetic risk for heart attacks and stroke.

HbA1c – this is a blood test for average blood glucose levels during the previous two to three months.

Treatment Targets (NICE defines target levels to reduce risks of complications for people with diabetes)

HbA1c - the closer this is to normal (less than 42mmol/mol) the lower is the risk of all long term complications of diabetes.

Cholesterol – reducing cholesterol levels lowers the risk of heart attacks and strokes.

Blood Pressure – high levels are a risk for heart attacks and strokes; they also drive progression of eye and kidney disease.

Primary prevention of CVD – the prescription of statins for people with diabetes aged 40 to 80 years with no history of heart disease to reduce the risk of cardiovascular disease.

Secondary prevention of CVD – the prescription of statins for people with diabetes (any age) with a history of heart disease to reduce the risk of cardiovascular disease.

Combined prevention of CVD – the prescription of statins for people with diabetes that fall into either of the primary or secondary prevention groups.

Meeting all 3 treatment targets* –
Old – having HbA1c ≤58mmol/mol, cholesterol <5mmol/L and blood pressure ≤140/80.

New – having HbA1c ≤58mmol/mol, blood pressure ≤140/80 and for people falling in the combined prevention CVD group: receiving statins.

*For both measures, patients under 12 years of age are only required to meet the HbA1c target.

Prepared in collaboration with:

The Healthcare Quality Improvement Partnership (HQIP) is led by a consortium of the Academy of Medical Royal Colleges, the Royal College of Nursing, and National Voices. Its aim is to promote quality improvement in patient outcomes, and in particular, to increase the impact that clinical audit, outcome review programmes and registries have on healthcare quality in England and Wales. HQIP holds the contract to commission, manage, and develop the National Clinical Audit and Patient Outcomes Programme (NCAPOP), comprising around 40 projects covering care provided to people with a wide range of medical, surgical and mental health conditions. The programme is funded by NHS England, the Welsh Government and, with some individual projects, other devolved administrations, and crown dependencies. www.hqip.org.uk/national-programmes

NHS Digital is the trading name for the Health and Social Care Information Centre (HSCIC). NHS Digital managed the publication of the annual report.

Diabetes UK is the charity leading the fight against the most devastating and fastest growing health crisis of our time, creating a world where diabetes can do no harm.

Supported by:

The National Cardiovascular Intelligence Network (NCVIN) is a partnership of leading national cardiovascular organisations which analyses information and data and turns it into meaningful timely health intelligence for commissioners, policy makers, clinicians and health professionals to improve services and outcomes.

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