

# National Diabetes Audit Executive Summary

Key findings about the quality of care for people with diabetes in England and Wales

Report for the audit period 2005-2006



Prepared in association with:

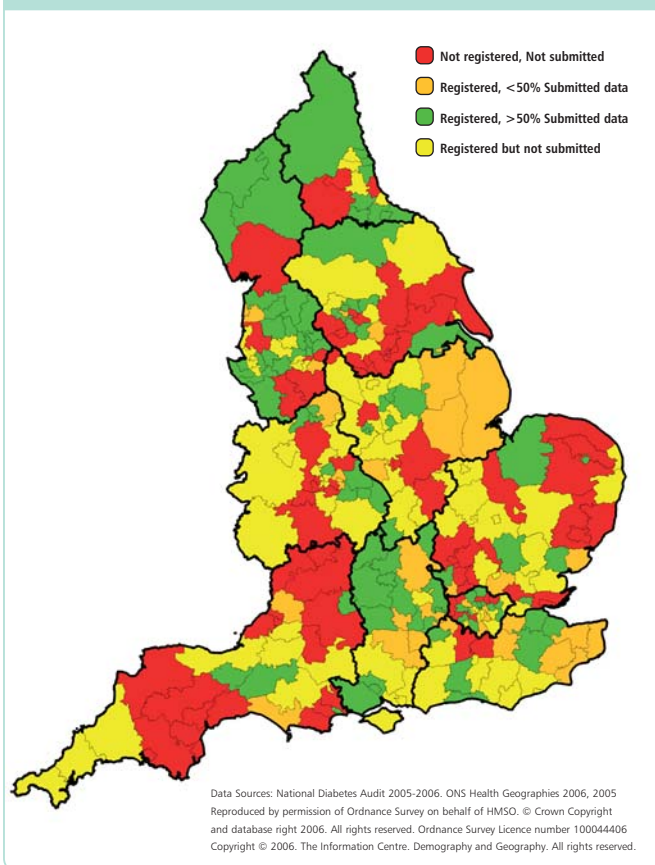


# Executive Summary

## Participation

- The National Diabetes Audit (NDA) undertakes data triangulation (linking records from primary care and secondary care, including specialist paediatric units) and analysis, which is then made available in the NDA online toolkit.
- After data linkage of multiple records, almost 656,000 patient records are included in the 2005-2006 NDA analysis. This is a 34 per cent increase in records compared to the previous audit year (2004-2005).
- 85 per cent of records (555,726) were submitted from primary care. There has been a 29.7 per cent increase in registrations from GP practices from the 2004-2005 audit year.

### PCT Participation in the NDA for 2005-2006



The NDA asks a number of questions that support implementation of the National Service Framework (NSF) for diabetes:

### 1. Is everyone with diabetes diagnosed and recorded on a practice diabetes register?

- Of the practices that have submitted data to the NDA, it is predicted that 4.58 per cent of the population will have diabetes.
- The prevalence of diabetes, of those areas participating in the audit, ranges from 2.40 per cent to 6.14 per cent. This represents a mean prevalence of 3.74 per cent compared to the 2004-2005 audit prevalence of 3.51 per cent.
- In the 2005-2006 audit year, 0.71 per cent of the number of total registrations are not known on a GP practice based register. This is a decrease of 19 per cent on the 2004-2005 audit.
- Information on registered prevalence by ethnicity is generally poor, but varies significantly across PCTs; from 0.18 per cent to 100 per cent. Ethnicity is of crucial significance to understanding diabetes prevalence and service planning.

It is estimated that 750,000 people with diabetes are undiagnosed. The NDA identifies that the under-identification of people with diabetes is most marked for women aged over 40 and those aged over 70.

## Recommendations

**It is recommended that PCTs review their data quality reports within the NDA analysis toolkit to identify whether any people with diabetes are known only in secondary care. Where this occurs each instance should be addressed to ensure that the primary care diabetes register is updated.**

**It is recommended that clinicians record the ethnicity of people with diabetes.**

## 2. For people with diabetes what is the annual rate of specific complications?

- People with diabetes are more likely to experience adverse health outcomes than the general population. However, outcomes can be modified by action that is part of routine care.
- There has been a pleasing downward trend in the prevalence of stroke and myocardial infarction amongst people with diabetes over the three audit years.
- There is variation in the prevalence rates of complications across PCTs.

Use of statistical process control methodology reveals a number of SHAs and PCTs with significantly increased rates for myocardial infarction, stroke and major amputation. However, improvements in care will take time to impact on improvements in the prevalence of some diabetic complications.

### Recommendation

**It is recommended organisations analyse their data in order to identify the complication rates for their diabetic population and ensure that the appropriate interventions are undertaken.**

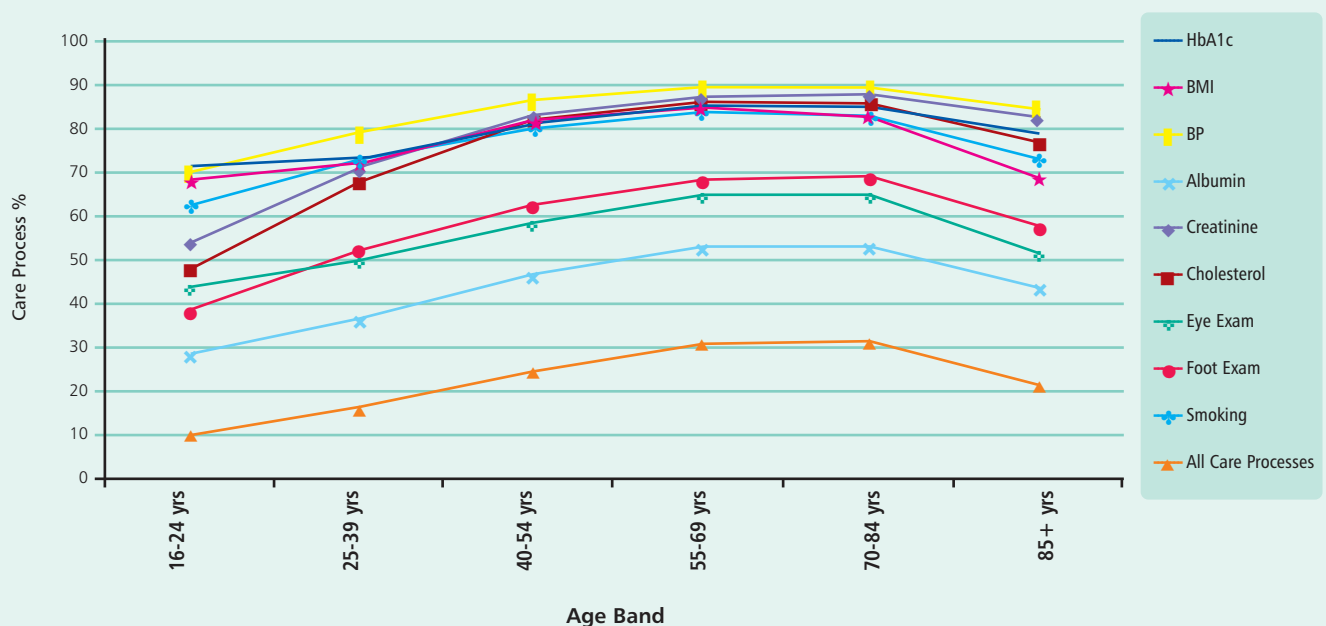
## 3. What proportion of people registered with diabetes receives the key processes of diabetes care?

- An increasing trend of delivery and recording of the key elements of the annual surveillance review can be seen across the audit years. Although only 30 per cent of people have had All Care Processes carried out in the audit year, the level of achievement is increasing year on year. (The NDA data will differ from The Quality and Outcomes Framework (QOF) reports as no data are excluded from the audit).
- Further analysis of the NDA data illustrates that those at the extremes of age are not getting the care they require (Figure 1). While the implications differ for each age group this can have serious consequences for the control of their diabetes, their general well being, and ultimately for adverse outcomes.

### Recommendation

**It is recommended that PCTs, clinicians and commissioners review their data and ensure that the key processes of care are carried out for people with diabetes, in particular for those at the extremes of age (the young and the elderly).**

Figure 1: Rates of carrying out care process, by age band



#### 4. What proportions of people with diabetes achieve treatment targets?

- There is a general increasing trend for people with diabetes to achieve the NICE recommended guidelines for HbA1c control, cholesterol levels and blood pressure control. However, this is variable across the age bands.
- Only 60 per cent of people with diabetes achieved the recommended HbA1c measurement of  $\leq 7.5$  per cent. Although this is a slight increase on the 2004-2005 audit (58 per cent), this means that 40 per cent of people have HbA1c results higher than 7.5 per cent.
- 73 per cent of people with diabetes achieved the NICE guideline of lower than 5mmol/litre for cholesterol.

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#### Recommendation

**It is recommended that commissioners ensure effective models of care are procured and equitably monitored with a view to improving outcomes for all people with diabetes.**

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#### Paediatric Analysis

- There has been a 65 per cent increase in participation in the audit, with information received on 12,924 children and young people with diabetes in England and Wales.
- In the NDA analysis of specialist paediatric services, 30 per cent of children and young people have HbA1c levels of over 9.5 per cent.
- Almost 9 per cent of children and young people experienced at least one episode of ketoacidosis in the audit year.

Full analysis is contained in the NDA Paediatric Report.

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#### Recommendations

**It is recommended clinicians and the multidisciplinary care team ensure that children and young people with HbA1c levels consistently above 9.5 per cent are offered additional support by their diabetes team in order to help them improve their glycaemic control and minimise the risk of diabetic ketoacidosis and long-term complications.**

**It is recommended that commissioners ensure effective models of care are procured and equitably monitored with a view to improving outcomes for all children and young people with diabetes across England and Wales.**

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This Executive Summary presents the key findings from the third year of the audit. It also provides recommendations for both national and local organisations based on the analysis of the audit data.

The Full Report, the Abridged Report and Key Findings about the quality of care for children and young people with diabetes in England and Wales will compliment this report. The Full Report is available as a PDF file download only and can be found at: <http://www.ic.nhs.uk/our-services/improving-patient-care/the-national-clinical-audit-support-programme-ncasp/audit-reports/diabetes>. For further information about the report contact The Information Centre for health and social care's (The IC) Contact Centre 0845 300 6016 or email: [enquiries@ic.nhs.uk](mailto:enquiries@ic.nhs.uk) quoting document reference 19040507.

The Abridged Report is available to download from: <http://www.ic.nhs.uk/our-services/improving-patient-care/the-national-clinical-audit-support-programme-ncasp/audit-reports/diabetes>. Printed copies of the report can be ordered from The IC's Contact Centre 0845 300 6016 or email: [enquiries@ic.nhs.uk](mailto:enquiries@ic.nhs.uk) quoting document reference 19040707.

The Paediatric Report is available to download from: <http://www.ic.nhs.uk/our-services/improving-patient-care/the-national-clinical-audit-support-programme-ncasp/audit-reports/diabetes>. Printed copies of the report can be ordered from The IC's Contact Centre 0845 300 6016 or email: [enquiries@ic.nhs.uk](mailto:enquiries@ic.nhs.uk) quoting document reference 19040607.

Electronic copies of this report can be found at: <http://www.ic.nhs.uk/our-services/improving-patient-care/the-national-clinical-audit-support-programme-ncasp/audit-reports/diabetes>. Printed copies of this report can be ordered from The IC's Contact Centre 0845 300 6016 or email: [enquiries@ic.nhs.uk](mailto:enquiries@ic.nhs.uk) quoting document reference 05070107.

For further information about this report, contact The IC's Contact Centre 0845 300 6016 or email: [enquiries@ic.nhs.uk](mailto:enquiries@ic.nhs.uk)

“The national diabetes audit is an important tool giving a clear picture of the quality of care at a local level. Access to accurate and timely information on where gaps still exist is essential if decision makers are to bring about changes and plan services that will improve the health outcomes of people with diabetes in their local community.”

**Bridget Turner** - *Head of Healthcare and Policy, Diabetes UK*

“The NDA is an essential part of Salford Diabetes Care's annual self-assessment. We use the results along with DiabetesE, progress against our NSF implementation plan and local audit to set priorities for the forthcoming year. Last year the comparative data drew attention to our suboptimal performance in ascertainment of people with Type 2 diabetes. We have devised and implemented a plan and will use the next NDA data to assess our progress.”

**Dr Bob Young** - *Consultant Diabetologist, Hope Hospital, Salford*

“The NDA has been an invaluable tool as we support healthcare professionals to better understand the needs of their diabetes communities. It has been essential in helping them identify service improvements, how progress is made and how they are performing in comparison with others.”

**Bev Bookless** - *Director, National Diabetes Support Team*

“It is vital that clinicians engage with making sense of all the diabetes information available. The NDA is a massive piece of this puzzle, with its focus on crucial clinical outcomes.”

**Simon Eaton** - *Consultant Diabetologist, Northumbria Healthcare NHS Foundation Trust*

“Our participation in the National Diabetes Audit has allowed our Trust to take a big step forward with our Audit control procedures, and has provided us with a clear view of future Diabetes and audit priorities with our GP Practices.”

**Craig Deerfield** - *Clinical Audit Facilitator, Birmingham East and North PCT*

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The Information Centre for health and social care (The IC) is working to make information more relevant and accessible to the public, regulators, health and social care professionals and policy makers, leading to improvements in knowledge and efficiency.

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