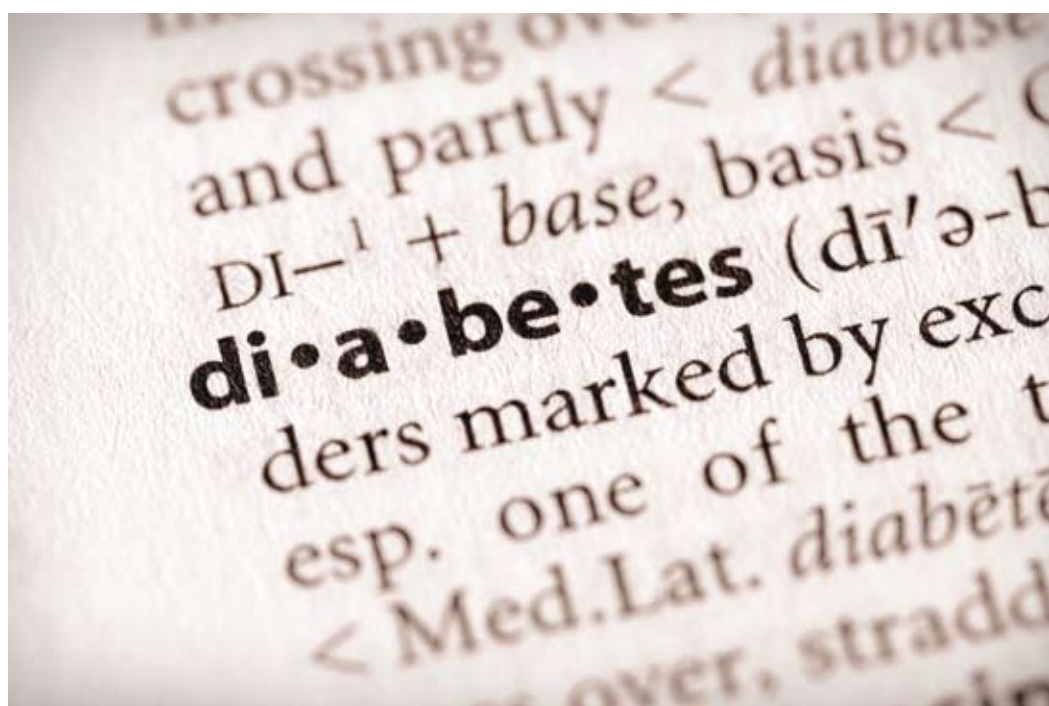


National Diabetes Audit

Executive Summary

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

Report for the audit period 2006-2007



Prepared in partnership with:



Executive Summary

Participation

- The number of participating Primary Care Trusts (PCTs) has risen with each audit year with 151 of 152 PCTs contributing data from 4873 GP practices to the 2006-2007 audit. This is more than a 4-fold (405 per cent) increase on the 965 GP practices in 2003-2004.
- After data linkage of multiple records, 1.22 million patient records are included in the 2006-2007 NDA analysis. This is an 86.43 per cent increase in records compared to the previous audit year (2005-2006).
- 96.11 per cent of records (1,174,335) were submitted from primary care. There has been a 105 per cent increase from the previous audit year in the number of GP practices registered to participate in the audit.

The National Diabetes Audit (NDA) covers four components of the National Service Framework (NSF) for diabetes:

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

- Among the practices that participated in the audit 4.74 per cent of their populations are predicted to have diabetes.
- The prevalence of diabetes recorded by participants' ranges from 2.25 per cent to 5.16 per cent. This represents a mean prevalence of 3.79 per cent which is an increase on the 2005-2006 prevalence of 3.74 per cent but just 80 per cent of predicted.
- This means that nearly 20 per cent of people with diabetes may be either undiagnosed or not recorded on a practice register.

Figure 1: PCT Participation in the NDA for 2006-2007

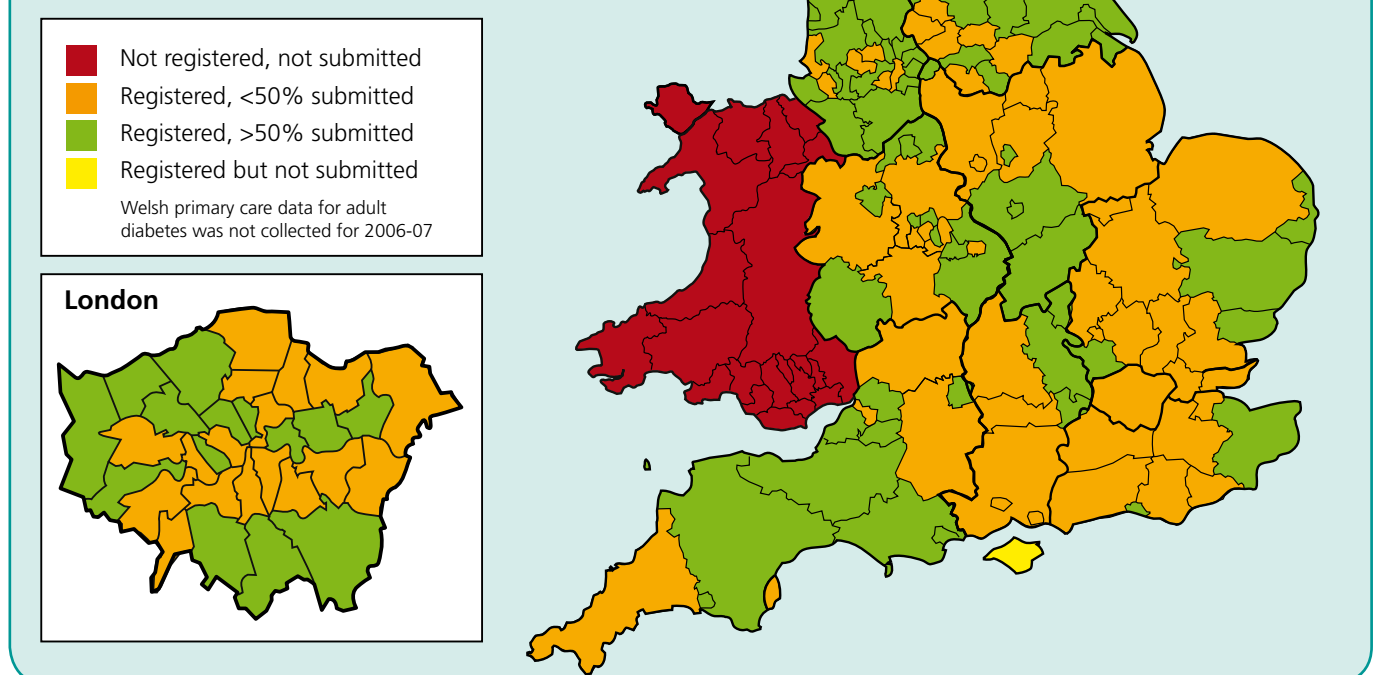
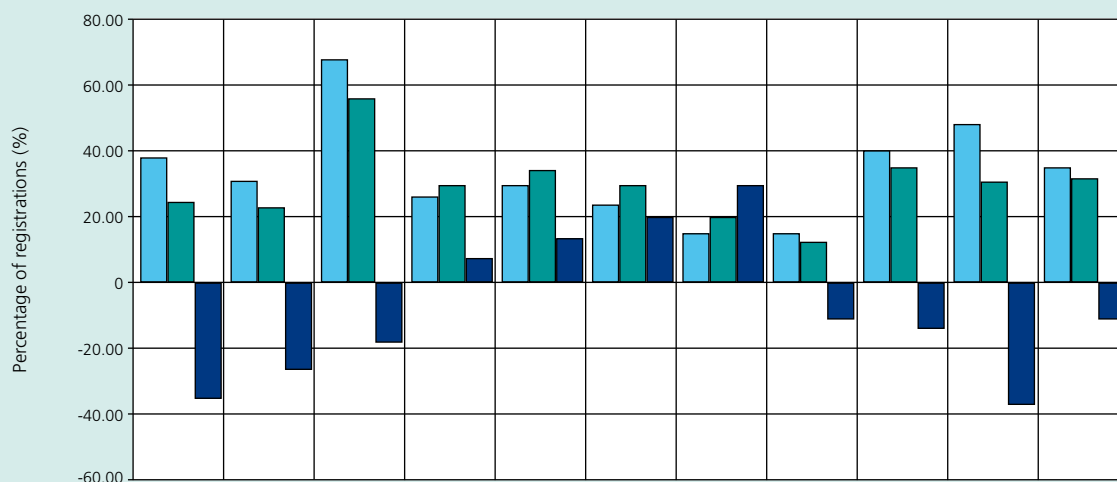


Figure 2: Percentage of registrations with an ethnic origin recorded, by Strategic Health Authority



	East Midlands	East of England	London	North East	North West	South Central	South East Coast	South West	West Midlands	Yorkshire and the Humber	National Value
■ Ethnic origin recorded 2005/6	38.51	31.37	67.76	27.66	30.34	24.80	14.89	14.89	41.39	49.04	35.74
■ Ethnic origin recorded 2006/7	25.03	23.31	55.66	29.85	34.63	29.81	19.33	13.28	35.70	30.95	31.99
■ % difference 2005/06 and 2006/07	-35.00	-25.69	-17.86	7.92	14.14	20.20	29.82	-10.81	-13.75	-36.89	-10.49

- Recording of ethnicity remains poor and has decreased from the previous audit year (down from 35.74 per cent to 31.99 per cent of records). London Strategic Health Authority (SHA) has the highest recording of ethnicity at 55.66 per cent, with South West SHA the lowest at 13.28 per cent. Recording ethnicity is important for yielding maximum understanding of results and for planning appropriate responses (Figure 2).

Recommendations:

PCT's should help all diabetes health care providers to submit data to the national diabetes audit.

The prevalence of diabetes varies considerably among ethnic groups. Recording of ethnicity is essential to help determine if detection and estimated prevalence are appropriate, if care is equitable and to inform the commissioning process. PCTs should help NHS administrative systems to record ethnicity comprehensively and accurately.

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

- There has been a 30 per cent increase in end stage renal failure over the past four years. This may be due to increased longevity, changes in ethnic mix or better provision of dialysis and transplant services.
- The overall national rates of complications such as ketoacidosis, myocardial infarction, heart failure, stroke and below knee amputation are fairly stable. Nonetheless there are substantial, up to twofold, variations between regions and between PCT's, e.g. the range of myocardial infarction incidence is 0.46 to 0.67 per cent and stroke is 0.31 to 0.58 per cent.

Recommendation:

PCTs should review their local complication rates relative to those of similar localities and where there are differences consider whether vascular risk reduction guidelines are being fully implemented and whether the NICE guidelines for preventive diabetic footcare are being applied.

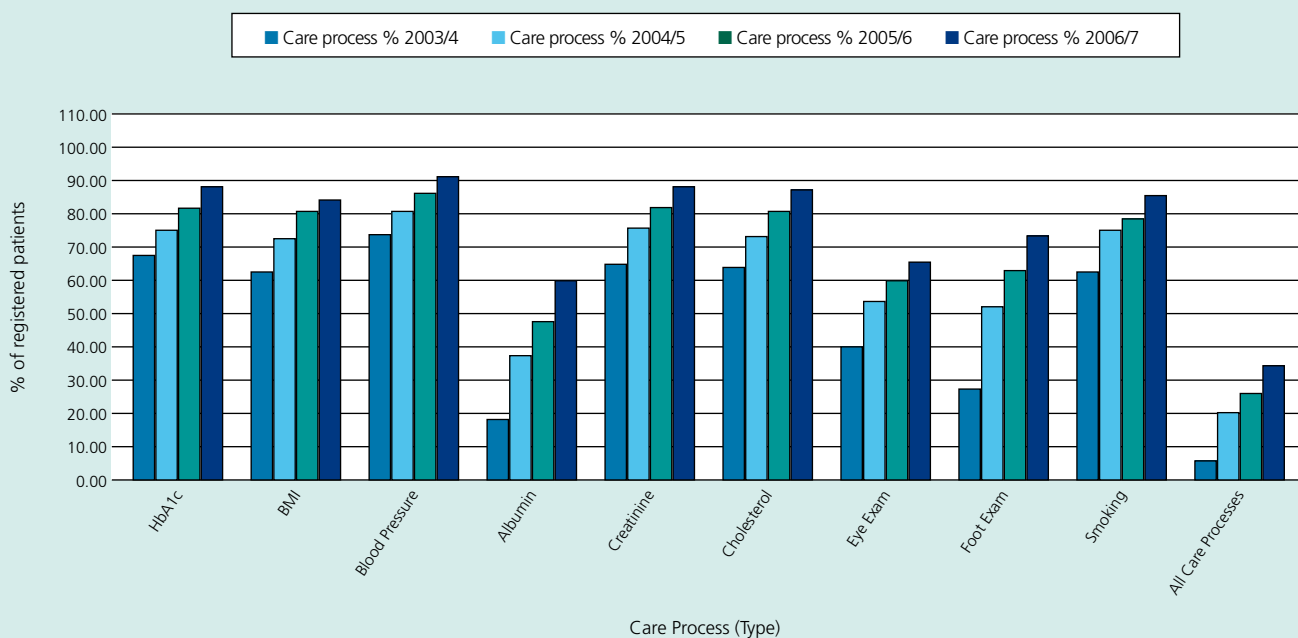
3. What proportion of people registered with diabetes received the key processes of diabetes care?

- The proportion of patients receiving all recommended annual care processes is increasing year on year; from 6.51 per cent in 2003-2004 to 36.29 per cent in 2006-2007. This is encouraging. However, it also highlights that more than 60 per cent of people registered with diabetes are not receiving all the key annual processes of care (Figure 3).
- The proportion of recorded key care processes among adults with diabetes varies by type of diabetes. Thus there is a higher percentage of patients with type 2 diabetes (90.81 per cent of 1,012,150 registrations) that have key care processes recorded than patients with type 1 diabetes (85.74 per cent of 112,548 registrations).

- As in previous audit years blood pressure measurement has the highest recorded rate (91 per cent), while analysis for urinary microalbumin (a test for very early kidney damage) the lowest (60 per cent). Encouragingly, however, all rates continue to rise and urinary albumin measurement has seen the biggest year on year increase of 24 per cent.

Recommendation:
PCTs should review the provision, organisation and recording of the core processes of diabetes care. There are still substantial improvements to be made particularly in eye, foot and kidney screening. Variations in rates suggest that these should be even greater priorities for some.

Figure 3: Percentage of registered patients receiving each of the key processes of care, over four audit years



4. What proportion of people registered with diabetes achieve treatment targets?

HbA1c

- 88.87 per cent (1,085,848) of the total records submitted had an HbA1c measured within the audit year. The NICE recommended lower risk HbA1c level of ≤ 7.5 per cent was recorded in 63 per cent (672,482). Although this is a slight increase on the previous audit (60 per cent), it means that just under 40 per cent of people continue to have HbA1c results in the increased risk range.
- The likelihood of an HbA1c being within the target range (≤ 7.5 per cent) rises with increasing age i.e. high risk glucose control is more common among younger people with diabetes in whom it will have a greater adverse impact.
- However there is an encouraging downward trend in the number of people with an HbA1c > 10 per cent over the four audit years (9.71 per cent in 2003-2004 to 7.56 per cent in 2006-2007).

Blood Pressure

- Throughout the audit greater proportions of people in the younger age bands have achieved the NICE blood pressure targets. Although achievement of both systolic and diastolic targets seem less than many clinicians might have assumed, a year-on-year increase improvement within all the age bands can be seen over the four audit years.

Lipids

- 88 per cent of people with diabetes had their cholesterol checked within the audit period.
- There has been substantial increase in achievement of the NICE cholesterol target (< 5.0 mmol/l) over the four audit periods from 61.04 per cent (2003-2004) to 76.98 per cent (2006-2007).

Recommendation:

All care providers should work with patients to achieve low risk glucose, blood pressure and cholesterol control.

PCTs should particularly consider the provision and organisation of care for young people with diabetes in whom high risk glucose control is particularly common.

Paediatric Analysis

Although there has been a 4 per cent increase in the number of specialist paediatric units participating in the audit, there has been a 1.5 per cent decrease in records held, with information received on 12,727 children and young people with diabetes in England and Wales. This is a reflection of the continuing difficulty that many units experience in being able to submit data across the audit years.

- Overall, 83.95 per cent of children and young people have had their HbA1c recorded at least once in the audit period, up from last year's 77.31 per cent.
- 29.55 per cent of children and young people with diabetes have HbA1c readings in the very high risk range of over 9.5 per cent. Although this is a slight reduction from 2005-2006, the finding is comparable with the previous audit years and predicts a high prevalence of future complications.
- On average, 7.31 per cent of children and young people under the age of 16 experienced at least one episode of diabetic ketoacidosis in the audit period. This is a decrease on the 2005-2006 audit result. As before, ketoacidosis was more common in girls than boys.

Recommendation:

Those involved in the delivery of care for children and young people with diabetes should review their local results and consider how improvements in glucose control might be achieved.

All those involved in the commissioning and delivery of care for children and young people with diabetes should ensure that services are resourced and organised to provide appropriate support for those with HbA1c levels of over 9.5 per cent.

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This Executive Summary presents the key findings from the fourth year of the National Diabetes Audit (NDA). It provides recommendations for both national and local organisations based on the analysis of the audit data.

This summary of key findings is supported by the NDA Dashboard containing results from the 2006–2007 audit at a national and local level. The NDA Dashboard can be downloaded from the NDA webpage at:

<http://www.ic.nhs.uk/services/national-clinical-audit-support-programme-ncasp/diabetes/analysis/pct-gp-practice-analysis>

For further information about this report or the NDA Dashboard, please contact The NHS Information Centre's Contact Centre on 0845 300 6016 or email enquiries@ic.nhs.uk quoting reference number IC19110108.

In-depth analysis of the 2006–2007 audit results can be accessed using the NDA online toolkit. Further information and a link to the toolkit can be found at:

<http://www.ic.nhs.uk/servicesnational-clinical-audit-support-programme-ncasp/diabetes/getting-started-how-to-participate/analyse-your-data-using-the-nda-toolkit>

The 2006–2007 Paediatric report presenting the findings for children with diabetes in England and Wales can be downloaded from:

<http://www.ic.nhs.uk/services/national-clinical-audit-support-programme-ncasp/audit-reports/diabetes>

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