National Diabetes Audit; Lessons Learned from 2013-2015 and Plans for Improvement in England

Information and technology
for better health and care

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Contents

Background
What does opt-in mean for GP Practices
Benefits of Participating in the NDA
Introduction – Participation in the NDA
Introduction - Gathering Feedback
Acknowledgements
Summary: Differences in Participation
Summary: Feedback from CCGs, GP Clinical Leads and GP Practices
Recommendations for the NDA – You said, We listened
Recommendations - For CCGs
Recommendations – For GP Practices
Key Findings - CCG Participation
Key Findings - CCG Participation by Clinical System
Key Findings – Non-Participation by Clinical System
Key Findings - Participation by Strategic Clinical Network
Feedback - CCGs and GPs within the South East SCN
Feedback - GP Clinical Leads within CCGs
Feedback - CCGs with Low Participation
Feedback - CCGs with Varying Participation between Audit Years
Feedback - CCGs with High Participation
What Helped Practices to Participate - CCG survey: Key findings
Case Study: What Helped Practices to Participate
Feedback from GP Practices
Feedback from GPs- Barriers to Participation
Common Barriers to Participation
Additional Information – Informing patients
Additional Information
Definitions

Background

The National Diabetes Audit (NDA) is one of the largest annual clinical audits in the world. The audit integrates data from both primary and secondary care sources, making it the most comprehensive audit of its kind.

In 2014 the NDA announced that it would be accelerating the analysis and reporting of data. The aim of this was to bring the reporting of the NDA data in line with the Quality and Outcomes Framework (QOF). This would also provide more timely information to primary and secondary care participants in the audit. The accelerated collection of the 2013-14 and 2014-15 data took place during the months of April - June and July - September 2015 respectively.

In previous years, an ‘opt out’ model was used to extract data for the National Diabetes Audit. The model allowed GP practices to notify the Health and Social Care Information Centre (HSCIC) if they did not want to take part in the NDA. In 2015, the NDA moved to an 'opt in' model following advice from the Confidentiality Advisory Group (CAG). This change meant that practices had to actively choose to opt in and participate in the audit.

The NDA’s authority to collect patient identifiable data under Section 251 of the Health and Social Care Act by CAG remains unchanged. As you read this report you will notice that one of the main concerns among GP practices is the issue around sharing patient identifiable data. The NDA Team advise that each practice wanting to participate in the audit undertakes fair processing, however as part of the feedback we have been asked to clarify what is meant by ‘fair processing’. We have provided some suggestions and links to materials to help address this (see Additional Information – Informing Patients).

What does opt in mean for GP Practices

The opt in method was different for each clinical system:-

- TPP practices opted in to the audit via their system settings. This meant that their data would be automatically extracted by TPP. The opt in had to be done by a specific date to be included in the extraction.

- Practices using EMIS Web were required to register for an account with the HSCIC website; an NHS.net email address was required to begin the registration process. Practices were able to access the NDA data through a report in their EMIS Web clinical systems and once the NDA data was extracted this could then be submitted to the HSCIC website.

- Practices using other clinical systems required an Open Exeter account to submit MiQuest queries. Practices required a Data Guardian to be registered for their practice before they could register for an Open Exeter account. Once both registrations were in place, practices could run MiQuest queries and submit their downloaded data to the NDA through Open Exeter.

The NDA team have worked closely with clinical system suppliers to put in place the different submission processes where possible.

Benefits of Participating in the NDA

The NDA collects and analyses data for a range of stakeholders so they can prioritise, drive and evaluate improvements in the quality of services and health outcomes for people with diabetes.

At a Local Level

Participation in the NDA enables local services to benchmark their performance, for example:

- Assess local practice against NSF for diabetes and NICE guidelines
- Compare service delivery, treatment effectiveness and outcomes of care with similar NHS organisations
- Identify and share best practice
- Identify gaps or shortfalls in commissioning services
- Empower people with diabetes by informing them about the care they receive

National Picture of Care

At a national level, the audit provides an overview of the quality of diabetes care in England and Wales, thereby helping to guide policy development and providing:-

- A comprehensive picture of overall diabetes care and outcomes in England and Wales
- A comprehensive picture of local and regional variation in diabetes care and outcomes

Integration with other Information Services

The NDA data is used by the following:-

- Right Care Atlas of Variation
- CCG Diabetes profiles and IAF metrics
- CVD Commissioning for value focus packs
- Diabetes Outcomes Versus Expenditure (DOVE) tool – cost effective prescribing.

Introduction – Participation in the NDA

It was anticipated that there might be a drop in participation due to the move to an opt in model. However the drop was larger than expected; participation fell from 70.7% for 2012-13 to 57.1% for 2013-14 and 57.3% for 2014-15 in England and Wales. The drop in participation was limited to England, Welsh practice participation was 94.2% in 2013-14 and 97.3% in 2014-15.

Specialist services participating in the NDA have always acted under an opt in model, as the data could not be automatically extracted. There was an increase in participation in secondary care specialist services; 99 units participated in 2014-15, up from 79 in 2012-13. The audit aims for high participation to ensure that the results at a national level are reflective and an accurate outcome of patient care. The higher the participation the more useful the results will also be at local level to aid quality improvement.

In response to the drop in participation in England, the NDA team carried out various fact finding exercises and activities to gain a clearer understanding of the reasons behind the decrease in participation.

Introduction - Gathering Feedback

What we have done:

- we analysed participation by CCG
- we analysed participation by clinical system
- we analysed participation by SCNs
- we asked for feedback from CCGs (including GP Clinical Leads)
- we asked for feedback from GP practices

Wales had high participation, therefore the focus of this report is on CCGs and GP practices in England to understand more about the decrease in participation. This report highlights the key findings from the fact finding activities and summarises the feedback and suggestions made by colleagues from CCGs and GP practices in England. It also offers recommendations to help improve participation for future collection of the NDA data.

Acknowledgements

The National Diabetes Audit team would like to thank our colleagues within South East Strategic Clinical Network, Clinical Commissioning Groups and GP practices in England who took part in our online surveys about the audit and for answering the requests for feedback by email. The feedback received has been used in the development of this Participation Review.

Summary: Differences in Participation

- There was wide variation for GP practice participation within CCGs; in 3 CCGs no practices participated in the NDA, however in 35 CCGs all practices participated.
- Achieving 100% participation was not related to the practice clinical system type.
  - ➢It was possible for a CCG to achieve 100% participation even when all practices submitted via MiQuest.
  - ➢TPP has the easiest submission process however none of the CCGs with 100% participation were using TPP alone.
  - ➢The majority of CCGs with 100% participation had GP practices with a mix of clinical systems.

- Practices using Vision had the lowest rate of participation with 66 per cent of Vision practices not taking part in 2014-15.
- There was wide variation in participation across SCNs. All CCGs within NHS England South (South Central) achieved over 50% participation for both audit years, and a high proportion achieved over 90% practice participation.
- Local commissioning the NDA helped to increase participation; 6 of the 8 CCGs in the South East SCN that had locally commissioned the NDA achieved practice participation of 60% or greater.

Summary: Feedback from CCGs, GP Clinical Leads and GP Practices

Feedback was gathered from CCGs, GP Clinical Leads and GP Practices.

Some of the barriers to participation were:-

- Lack of understanding of the benefit of participating
- Uncertainty around consent and submitting patient identifiable data
- Local pressures, workloads and lack of resource
- No longer opt-out, data not automatically extracted
- Clarity around submission process and dates for submission
- Complex registration process
- Vision practices submitted via MIQUEST queries

Suggestions of ways CCGs can encourage practice participation:-

- Incorporate the NDA into local incentives such as GP Quality Contracts
- Maintain regular contact with practices before and during the collection window
- Help practices to understand the value of taking part
- Offer support to practices with submission process, including remote access to systems or provide resource for submitting data
- Identify a Diabetes Champion to oversee the collection of the NDA within the CCG
- Involve the Commissioning Support Unit and the Data Quality Team to help practices submit data, or submit data on the practices behalf

Recommendations for the NDA – You said, We are listening!

The NDA team has reviewed all of the feedback received and will incorporate the learning into the planning for future data collections, including:

- Communicate collection dates earlier to CCGs and GP practices where possible.
- All resources on how to participate in the audit to be user tested by CCGs and GP practices before they are made available.
- Avoid making changes to the collection dates.
- Make the submission of the data as hassle free as possible.
- Provide clear guidance to practices about what fair processing is and how to take part in the audit, including supplying posters and patient information leaflets.
- Support not only GP practices to participate but also Diabetes Specialist Services

Recommendations - For CCGs

- Recognise that the CCG is integral to the process if they want their area to achieve high participation
- Review this report and look at ways you can support practices to participate, including investigating:-
  - Providing local incentives to encourage participation in the NDA
    i.e. including the NDA in LCS
  - Appointing a Local Clinical Champion
  - Asking what support GP practices need to take part
  - Asking what support specialist services need to take part

- Approach CCG Governance Boards to include participation in the NDA as part of their local Diabetes Improvement Strategy
- Approach CCG Governance Boards to include the NDA as part of local sustainability and transformation plans
- Communicate the benefits of taking part in the NDA to GP practices
- Keep in regular contact with practices during the submission window

Recommendations – For GP Practices

- Understand your role in making patients aware of your participation in the audit and make available information about the NDA for people with diabetes. Further information about this can be found in **Additional Information – Informing Patients**
- Ask your CCG for support if needed
- Contact the NDA team if you are unsure of what you need to have in place before the next collection i.e. Whether you need an Open Exeter account or an HSCIC data landing account to submit the data. You can email the team at **diabetes@nhs.net** or telephone 0300 303 5678
- Check the NDA website for updates at **www.content.digital.nhs.uk/nda** Provide the NDA team with contact details for you practice to ensure you receive updates on the audit collection dates and publications
- Ensure that once you are notified of the NDA collection date you have a dedicated member of staff who can access what they need to submit for your practice

Recommendations – For SCNs

- Raise the profile of the NDA in your area
- Highlight the value and importance of CCG participation and NDA data
- Help and support CCGs in your area to participate in the NDA
- Keep in regular contact with CCGs during the collection window to understand participation
- Ensure that you receive communications from the NDA team regarding the NDA

Key Findings - CCG Participation

Table 1 Shows the variation in CCG participation for the 2013-14 and 2014-15 audits.

% of GP practices participating in the NDA within the CCG	No of CCGs for the 2013-14 Collection	No of CCGs for the 2014-15 Collection
Under 50 %	77	78
50 – 60 %	27	29
60 – 90 %	72	61
Over 90%	32	40

Table 1: CCG participation for the 2013-14 and 2014-15 collections

- **In total, 35 CCGs achieved 100% participation (16 in 2013-14, 19 in 2014-15 and 14 achieved 100% participation in both years).**
- **In both the 2013-14 and 2014-15 collections only three CCGs had 0% participation**

Further information about participation rates for the 2013-2014 and the 2014-2015 National Diabetes Audit can be found here

Key Findings - CCG Participation by Clinical System

The NDA team investigated what clinical systems GP practices were using in the CCGs achieving 100% participation:

- **Only two CCGs in 2013-14 and four CCGs in 2014-15 were made up of GP practices that were all on EMIS Web systems.**
- **One CCG achieved 100% participation for 2014-15 with all their GP practices submitting using MIQUEST queries.**
- **No CCG with 100% GP Practice participation was using TPP systems only.**
- **The other CCGs who achieved 100% participation were comprised of GP practices with a mix of clinical systems (14 CCGs in 2013-14, 15 CCGs in 2014-15 and 14 in both years).**

Key Findings - CCG Participation by Clinical System

Table 2 shows the variation in the mix of clinical systems within CCGs that achieved 100% participation for the 2013-14 and 2014-15 collection.

TPP is the easiest clinical system for submitting data to the NDA, however the table shows that on average, less than a third of the practices within CCGs with high participation were using TPP. There is wide variation in the clinical systems used within CCGs with 100% participation.

	Average participation for 2013-14	Average participation for 2014-15	Average participation for both audit years
EMIS	60.8% (20-100)	66.7% (29-100)	64% (20-100)
TPP	31.5% (8-75)	24.9% (10-70)	28.4% (8-75)
MIQUEST	33.4% (20-86)	39.3% (2-100)	34% (2-100)

Table 2: The variation of clinical systems within CCGs that achieved 100% participation.

Key Findings – Non-Participation by Clinical System

Table 3 shows the total number of practices who did not participate in the 2013-14 and 2014-15 NDA. These numbers have been broken down by clinical system type.

Practices using Vision constituted the highest proportion of non-participating practices for both years. Vision practices submitted to the NDA using MIQUEST queries. As shown earlier, it is possible to achieve 100% participation with MiQuest queries alone.

Clinical System	Number of practices not participating in 2013-14	Number of practices not participating in 2014-15	Total number of practices recorded as using this clinical system in January 2015
EMIS Web	1936 (48.2%)	1629 (40.5%)	4106
TTP	612 (25.1%)	650 (26.7%)	2433
Vision	707 (68.8%)	679 (66.1%)	1027
Isoft	12 (52.1%)	5 (21.7%)	23
Mircotest	72 (58.5%)	70 (56.9%)	123
Unknown	102 (44.7%)	110 (48.2%)	228

*Please note that there are 292 practices that were not included in the clinical system information provided to us from January 2015.

Key Findings - Participation by Strategic Clinical Network

Table 4 shows the participation for each Strategic Clinical Network (SCN). For both audit years, NHS England South (South Central) achieved high participation. In contrast, NHS England South (South West) and NHS England North (Cumbria and North East) had low participation, with over half of CCGs within these areas achieving less than 50% participation in both audit years.

Strategic Clinical Network	Total number of CCGs	2013-14	2014-15	2013-14	2014-15
		CCGs < 50%	CCGs < 50%	CCG ≥ 90%	CCG ≥ 90%
NHS England London	32	18	15	5	5
NHS England Midlands and East (Central Midlands)	14	4	6	1	1
NHS England Midlands and East (East)	15	0	1	0	1
NHS England Midlands and East (North Midlands)	18	4	5	3	5
NHS England Midlands and East (West Midlands)	14	7	7	0	1
NHS England North (Cheshire and Merseyside)	12	6	7	0	1
NHS England North (Cumbria and North East)	11	8	6	0	1
NHS England North (Lancashire & Gtr Manchester)	20	12	10	3	4
NHS England North (Yorkshire and Humber)	23	3	3	4	5
NHS England South (South Central)	14	0	0	10	10
NHS England South (South East)	21	9	10	4	3
NHS England South (South West)	7	4	6	0	0
NHS England South (Wessex)	9	2	1	1	4

Table 4: Participation by Strategic Clinical Network

Feedback - CCGs and GPs within the South East SCN

South East Diabetes Clinical Advisory Group has provided the audit team with some feedback from CCGs and GPs within their SCN about the barriers to participation.

GPs feel overwhelmed by data requests for various audits

Encouraging CCGs to enforce their LCSs because often the payments are made, even if the practice does not participate

GP level data would help a lot

Primary care need to be reminded that they are part of the CCG

Bullet point messages about how the data is used in a lot of the reports that CCGs and GPs rely on to make decisions i.e. Right Care, Atlas of Variation – GPs/CCGs don't realise that the NDA feed all this

GPs did get confused about patient consent in some areas so clarity about this needs to be given

Feedback - GP Clinical Leads within CCGs

The NDA team asked for feedback from CCG GP Clinical Leads. We have listed below some of the barriers they experienced or were aware of during the 2013-14 and 2014-15 collections as well as their suggestions for how to improve participation for future collections.

Barriers

- Practice unaware of why the data is collected
- Workload pressures
- Registration added burden
- Not considered a priority compared to other commitments
- Vision opt in process was more complex
- Not a contractual requirement
- Timing of the collection – Summer months

Suggestions

- Roll out a time table for each CCG
- Highlight extraction dates
- Communicate messages effectively
- CCG GP clinical leads for diabetes to make practices aware
- Financial incentive
- Easy to read FAQs
- Explain why participation is required

Feedback - CCGs with Low Participation

The National Diabetes Audit (NDA) team contacted CCGs for feedback. The first request for feedback was sent to CCGs with participation of below 50% for both collections. We asked for feedback on the barriers to participation they experienced or were aware of.

Some of the barriers to participation were:

Issues around the different registration processes

- Practices requiring nhs.net email accounts for the HSCIC data landing registration
- Open Exeter registration process
- Data Guardian registration for GP practices submitting via Open Exeter

Issues around submitting data

- Some felt that the data was too “old” and not useful
- Practices are more reluctant to share their data these days
- Lack of understanding of Fair Processing activities
- Lack of staff to support the submission to the NDA

Feedback - CCGs with Varying Participation between Audit Years

During the teams' analysis of participation, we identified CCGs who had experienced a change in participation. These CCGs had achieved above 50% participation in one collection but below 50% participation in the other.

The audit team contacted these CCGs to request feedback about their change in participation.

Feedback from CCGs that managed to increase their participation to above 50% for 2014-15….

- Registration and submission process delayed initial participation
- Our achievement came only as the result of the diligence of a few individuals
- We had direct management by a Primary Care Facilitator
- History of only fair / average participation in the main due to data compatibility issues between NDA and EMIS QOF. GPs felt the NDA data captured wasn't reflective of QOF outcomes – this should now be resolved

Feedback from CCGs whose participation dropped to below 50% for 2014-15….

- **Didn't realise there was another data collection**
- the decrease in participation is due to registration and submission process
- unnecessarily complex instructions

Feedback - CCGs with High Participation

FACT: In comparison to previous years, the overall number of General Practices participating in the NDA was lower in 2013-14 and 2014-15. **Table 5** shows a fall in practice participation from 70.7% in the 2012-13 NDA to 57.3% in in the 2014-15 NDA.

To better understand the methods and techniques currently used by CCGs to encourage GP practices to submit data to the NDA, the National Diabetes Audit Team carried out a survey in January 2016.

The survey was directed at 42 CCGs who successfully achieved a participation rate of 90% or above in the NDA 2013-14 and/or 2014-2015.

With the support of the 28 CCGs who completed the survey, the NDA Team has identified some of the **key factors** which helped CCGs achieve a participation rate of 90% and above in the recent NDA.

Table 5: GP Practice participation by audit year for England and Wales.

Audit Year	Total number of practices	Number of participating practices	National participation rate
2012-13	8,476	5,991	**70.7%**
2013-14	8,232	4,699	**57.1%**
2014-15	8,198	4,696	**57.3%**

What Helped Practices to Participate - CCG survey: Key findings

Communicating with GP Practices

- **80 per cent*** of CCGs maintained regular contact with their GP practices during the NDA data collection periods.
- CCGs communicated with GP practices on a weekly basis. This increased to **regular daily communications** towards the submission deadlines.
- Popular methods of communicating information about the NDA to practices include:
  - **GP e-newsletter; Remind GP practices of previous years' results and improvements; CCG remote access to GP system; Diabetes task and finish group; clinical presentations at CCG locality meetings; network meetings for practice staff; special diabetes forum newsletter.**

Engaging GP Practices

CCGs who offered support to GP practices during the 2013/14 and 2014/15 NDA achieved higher rates of participation. Up to **86 per cent*** of CCGs offered support to the GP practices within their region using a variety of methods to engage and support GP practices. These included:

- **Hold regular forums led by GP Diabetes Leads** to encourage practices to submit data to the Audit.
- Use **GP learning events** to communicate diabetes matters to GP practices.
- Attend **local practice events** and meetings to publicise information regarding the NDA.
- Use **newsletters targeted at GP practices** to inform them of important dates and to highlight the benefits of taking part in the NDA.

*** Figure based on the survey responses received from 28 CCGs.**

What helped practices to participate - CCG survey: Key findings

Incentives used by CCGs to encourage practices to take part in the NDA
Ensure NDA data submission is part of the GP Quality Contract and that all practices must sign up to this contract.
Make information on completion of the NDA part of a larger local delivery scheme to support the improvement of diabetes care.
Ensure that NDA participation is part of the GP contracts with Local Commissioning Services.
Give Clinical Support Units the responsibility of undertaking the NDA work on behalf of GP practices.
Ensure that taking part in the NDA is included in the Local Community Primary Care Services contract for diabetes.

"From 2016 it 'should' be written in the GP contract that it is a mandatory requirement."

NHS Salford CCG

"Our Commissioning Support Unit have a data quality team who support the CCGs and GP Practices across Lancashire to ensure their data is submitted to the NDA."

Midlands and Lancashire Commissioning Support Unit

"A significant driver for Practice participation was the involvement of LTC clinical leads in the NDA!"

NHS Camden CCG

"Practices who had not submitted to the NDA were phoned by our Chief Clinical Officer. Our Chief Clinical Lead also emailed out a thanks."

NHS Trafford CCG

Case Study: What Helped Practices to Participate

We worked in collaboration with the South East Diabetes Clinical Advisory Group to gather information about participation in the 21 CCGs that make up the South East SCN.

- 11 of the CCGs achieved a participation of 60% or more in 2014-15.
- 8 of the CCGs include the NDA as part of their locally commissioning services (LCS).
- Of the 11 CCGs achieving more than 60% participation, 6 included the NDA as part of their LCS.
- Only 2 CCGs that included the NDA as part of their LCS did not achieve 60% or more participation
- Encouragingly, the same 11 CCGs achieved at least the same or higher participation in 2014-15 as what they achieved in 2012-13. This would suggest that it is possible to improve/maintain participation despite the challenges caused by the new ‘opt in’ model.

South East Diabetes Clinical Advisory Group believe that without the support of the South East SCN, consisting of constant contact with CCGs to raise the profile of the NDA, participation would have been significantly less in the last two audit periods. They conclude that SCN support is important.

Feedback from GP Practices

As part of our fact finding exercises to look at how we can improve participation, we sent a survey to GP practices to gain feedback.

334 GP practices completed our online survey*, of which 31% were unsure or had not heard of the NDA before.

Figure 1 Shows 52% of respondents had submitted data to the 2014-15 NDA collection. Whilst 34% didn't know if they had participated and 14% had not submitted data to the 2014-15 NDA.

Clinical systems of those practices participating in the survey:-

- 56.2% EMIS Web
- 26.7% TPP
- 10.2% Vision
- 3.1% Microtest
- 3.5% did not know their clinical system

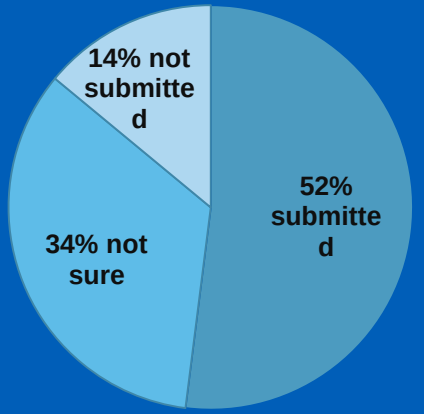


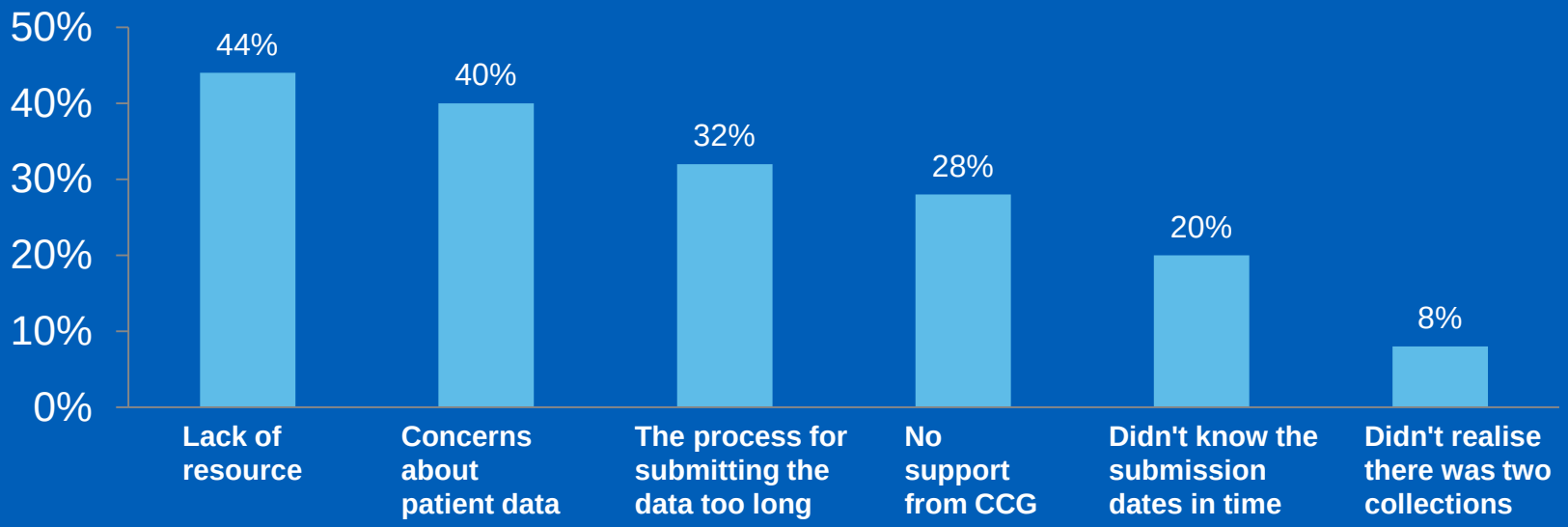
Figure 1: Responses for participation in the 2014-15 NDA

Feedback from GP Practices

Reasons for not participating in the audit

Within the online survey we gave participants a multiple choice of responses to understand the main reasons they may not have participated in the audit. The responses to this are broken down by percentage in the chart below.

Figure 2: Reasons for not participating in the 2014-15 collection



*Please note that the percentages above are derived from the 25 responses received for this question

Feedback from GPs- Barriers to Participation

Other barriers/reasons that were given for not participating in the audit were:

The HSCIC authentication team rejected my request for an account and wouldn't allow me to submit data using my email address as the Primary Contact, as they said it did not meet their requirements.

The online tool was far to difficult to access and too time consuming. Why not use national extracted data?

The process took me round in a loop that never ended up with the data being transmitted. Go back to direct data collection after seeking consent

Common Barriers to Participation

After analysing the feedback received there are a number of concerns that are shared regardless of whether CCGs were achieving outstanding participation rates or very low participation rates. These concerns have been noted here and are reflected in our recommendations where possible.

Main identified areas of concern:

- Uncertainty around information governance and data sharing legalities regarding NDA data submissions.
- Two NDA **data submission deadline dates** and constant changes to those dates caused confusion.
- Unclear instructions about **setting up Data Landing accounts** to submit data via HSCIC's secure data submission portal.
- GP Practices are unclear about the benefits of taking part in the NDA.
- The new 'opt in' model required practices to invest more time in submitting data.
- The sheer **volume of workload** prevents some practices from participating in the NDA.
- The registration processes for submitting data were complex.
- Data submission errors were difficult to identify.

Additional Information – Informing patients

The NDA has section 251 approval to collect patient identifiable data, meaning there are no legal obstacles to participation. Participation is endorsed by professionals (RCGP) and people with diabetes (Diabetes UK). However people with diabetes must be made aware that their service is participating in the NDA – this is known technically as ‘fair processing’. It does not mean that patients have to consent individually, however, all clinics need to do their best to make patients aware of the NDA and understand that patients can opt out if they wish.

Some suggestions are:

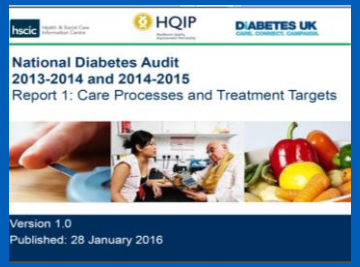
- Display posters about the NDA in waiting areas and relevant clinic areas
- Include information about NDA participation on the practice website
- Make NDA patient information leaflets easily available
- Try to make patients aware of NDA reports –patient friendly versions of the National Reports and both GP and specialist clinic level data are available
- Use the specific read codes for recording patient dissent from NDA participation

A patient information leaflet designed by Diabetes UK and the HSCIC is available to download from the NDA website **http://www.content.digital.nhs.uk/nda**
A poster will also be made available shortly.

Patient Information leaflet

Additional Information

- The National Diabetes Audit - 2013-2014 and 2014-2015: Report 1, Care Processes and Treatment Targets http://content.digital.nhs.uk/catalogue/PUB19900



For the first time GP practice level data is available for England.

- Patient friendly version of Report 1: Care Processes and Treatment Targets 2013-2015 **https://www.diabetes.org.uk/Documents/Professionals/NDA/NDA%202013-15%20CP%20TT%20-%20easy%20read%20version%20FINAL.pdf**
- Information about the audit can be found on our webpage **http://content.digital.nhs.uk/nda.**
- Information for People with Diabetes can be found at Diabetes UK's website **https://www.diabetes.org.uk**
- Information about the HSCIC for patients and collecting their data **http://content.digital.nhs.uk/privacy**
- Information about fair processing **https://ico.org.uk/for-organisations/guide-to-data-protection/principle-1-fair-and-lawful/**

Contact the NDA Team: **diabetes@nhs.net or telephone: 0300 303 5678**

Definitions

National Diabetes Audit (NDA)

A clinical audit of the effectiveness of diabetes healthcare against NICE Clinical Guidelines and NICE Quality Standards in England and Wales, that collects data from GP practices and specialist diabetes services.

Primary Care

Provides the first point of contact in the health care system.

Secondary Care

Medical care provided by a specialist or facility following a referral by a primary care physician.

Quality and Outcomes Framework (QOF)

A system for the performance management and payment of general practitioners (GPs) in the National Health Service (NHS) in England, Wales, Scotland and Northern Ireland.

Health and Social Care Information Centre (HSCIC)

An executive non-departmental public body of the Department of Health.

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.

Section 251 of the Health and Social Care Act 2001

Section 60 of the Health and Social Care Act 2001 as re-enacted by Section 251 of the NHS Act 2006 allows the Secretary of State for Health to make regulations to set aside the common law duty of confidentiality for defined medical purposes.

Definitions

TPP

TPP (SystmOne) is a centrally hosted clinical computer system used by GP practices.

EMIs Web

Is a centrally hosted clinical computer system used by GP practices.

Vision

Is a centrally hosted clinical computer system used by GP practices.

Data Landing

A secure portal of the HSCIC website to collect NDA data.

Open Exeter account

A secure portal of the HSCIC website to collect NDA data.

Clinical Commissioning Groups (CCGs)

Clinical Commissioning Groups are responsible for implementing the commissioning roles as set out in the Health and Social Care Act 2012.

Strategic Clinical Networks (SCNs)

Strategic Clinical Networks bring together groups of health professionals to support commissioners to improve services for a particular condition in order to improve the quality of care and outcomes for patients.

Locally Commissioned Services

- Incentives for improvements in the quality of primary medical care services.
- Funding to support activities such as clinical audit and peer review

Prepared in collaboration with:

The Healthcare Quality Improvement Partnership (HQIP). The National Diabetes Audit is commissioned by the Healthcare Quality Improvement Partnership (HQIP) as part of the National Clinical Audit Programme (NCA). 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, and in particular to increase the impact that clinical audit has on healthcare quality in England and Wales. HQIP holds the contract to manage and develop the NCA Programme, comprising more than 30 clinical audits that cover 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 audits, also funded by the Health Department of the Scottish Government, DHSSPS Northern Ireland and the Channel Islands.

NHS Digital is the new name for the Health and Social Care Information Centre. NHS Digital managed the publication of the 2015-2016 annual report.

Diabetes UK is the largest organisation in the UK working for people with diabetes, funding research, campaigning and helping people live with the condition.

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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