

National Diabetes Audit Programme under Directions

Frequently Asked Questions

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What is the National Diabetes Audit Programme?

The National Diabetes Audit was established in 2004, initially as a combined adult and paediatric audit, and delivered by NHS Digital (formerly the Health and Social Care Information Centre (HSCIC)). It was developed as part of the diabetes National Service Framework (NSF) implementation plan to drive service improvement and monitor the impact of the NSF. In 2011 the adult and paediatric components were tendered separately, the national paediatric diabetes audit (NPDA) was awarded to the Royal College of Paediatric Child Health (RCPCH), whilst the NDA continued to be delivered by the HSCIC (then the Information Centre).

From 2010 new elements were incorporated to include specialised care pathways. Pregnancy in women with diabetes (NPiD), foot ulcer management in people with diabetes (NDFa), and Continuous Subcutaneous Insulin Infusion in people with Type 1 Diabetes were the subjects of new NICE guidelines and care of in-patients with diabetes (NaDIA) arose from a request by the Diabetes National Clinical Director and Department of Health due to concern about the management of people with diabetes admitted to hospital e.g. the post-admission DKA sustained by the index patient in the Mid Staffs enquiry. Transitional care has become a national priority and the NDA has been working with the NPDA to develop measurements relevant to supporting people with diabetes through childhood to adulthood.

The National Diabetes Audit (NDA) is commissioned and managed under contract by the Healthcare Quality Improvement Partnership (HQIP) on behalf of NHS England and the Welsh Government. The NDA is delivered by NHS Digital in collaboration with Diabetes UK.

National Diabetes Audit Core

People with diabetes should receive certain annual care checks each year and should be achieving a target for their blood glucose, cholesterol and blood pressure values, these annual checks and targets are outlined in the NICE Quality Standard.

The NDA Core Audit seeks to answer four key questions:

- Is everyone with diabetes diagnosed and recorded on a practice diabetes register?
- What percentage of people registered with diabetes received the nine NICE key processes of diabetes care?
- What percentage of people registered with diabetes achieved NICE defined treatment targets for glucose control, blood pressure and blood cholesterol?
- For people with registered diabetes what are the rates of acute and long term complications (disease outcomes)?

More information about the NICE Quality Standard can be found at <https://www.nice.org.uk/guidance/qs6>

National Pregnancy in Diabetes Audit

The National Pregnancy in Diabetes Audit (NPID) launched in March 2013, it is a continuous audit of the care and outcomes of women with diabetes who become pregnant, conducted in secondary care maternity units with a joint maternity and diabetes service.

NPID seeks to answer three key questions:

- Were women adequately prepared for pregnancy?
- Were adverse maternal outcomes minimised?
- Were adverse foetal/infant outcomes minimised?

National Diabetes Footcare Audit

The National Diabetes Foot Care Audit (NDFA) is a continuous prospective audit of diabetic foot disease in England and Wales. The audit aims to examine the care and outcomes of patients with diabetes who develop diabetic foot disease.

The NDFA seeks to address the following key questions:

- Are the nationally recommended care structures in place for the management of diabetic foot disease?
- Does the treatment of active diabetic foot disease comply with nationally recommended guidance?
- Are the outcomes of diabetic foot disease optimised?

National Inpatient Diabetes Audit

The National Diabetes Inpatient Audit (NaDIA) is a bedside 'snapshot' audit conducted annually during a specified one week period. The audit measures the quality of diabetes care provided to people with diabetes while they are admitted to hospital, by answering the following questions:

- Did diabetes management minimise the risk of avoidable complications?
- Did harm result from the inpatient stay?
- Was patient experience of the inpatient stay favourable?
- Has the quality of care and patient feedback changed since the previous audit years?

Collecting patient Identifiable data

NDA Core, NPID and NDFA all collect patient identifiable data and have collected this data since they first started. The reason that the audits collection patient identifiable data is to allow for linkage of patient records across the diabetes audit programme and to other health care datasets such as hospital episode statistics, patient episode database for Wales and Office for National Statistics Mortality dataset.

Linking to other datasets decreases the burden on services for entering the data, e.g. demographics such as ethnicity, diabetes type, postcode recorded in NDA Core can be used for patients registered in NDFA or NPID so it does not need entering twice. Linkage to HES and PEDW allows us to understand what complications such as mortality, heart attacks people with diabetes experience. These linkages help us to give a better picture of diabetes care whilst managing the burden on services for data collection.

NHS Digital have strict criteria for patient data is kept safe. All data is held securely upon encrypted servers. Access to patient records are restricted to key personnel. Once the data is received the datasets are pseudonymised, this means that data items such as date of birth are converted to age, or year of birth, postcode is converted to LSOA, and the NHS number is converted to a unique ID for that person.

NHS Digital will not share patient identifiable data with any other provider without a legal basis to do so, e.g. a research project that has Section 251 support for us to share the data, or consent from patients for us to share the data.

The NDA does not collect patient names. The patient identifiable data that we collect is NHS number, date of birth and postcode.

Changes to the NDA from April 2017

Previously for the NDA Core audit, the Secretary of State, on the recommendation of the Confidentiality Advisory Group granted NHS Digital permission to collect patient identifiable data on behalf of HQIP under Regulation 5 of the Health Service (Control of Patient Information) Regulations 2002 (known as Section 251 support). However, this should only be used when a practicable alternative is not available. The Section 251 support for the NDA Core audit has always been under the recommendation that NHS Digital investigate using their powers to collect the data instead.

From April 2017 NHS England will direct NHS Digital to collect the data for the NDA Programme from health care providers in England.

The new legal basis for data to be collected by the NDA (Direction under section 254 of the Health and Social Care Act 2012), will mean that GP practices and specialist services are required to supply the data for their practice or diabetes clinic.

More information about the Health and Social Care Act 2012 can be found at <http://www.legislation.gov.uk/ukpga/2012/7/contents/enacted>

What is a Direction?

A Direction is a legal instruction from NHS England or the Secretary of State to NHS Digital to establish and operate a system for the collection, analysis and dissemination of specific information. The power to direct NHS Digital is set out in Section 254 of the Health and Social Care Act 2012.

NHS England is only able to give a Direction where it considers that the information to be collected or analysed is necessary or expedient for the provision of NHS Services.

The Secretary of State is only able to give a Direction where it is necessary or expedient for the provision of health services or adult social care in England.

A Direction must specify the information to be collected and include other relevant details such as why the information is needed and what analysis is to be carried out. This information is usually included in specification documents embedded in the directions notice.

Will Directions change how information is collected for NDA Core?

Under Section 259 of the Health and Social Care Act 2012 GP practices and specialist services will be required to return the information for the NDA. A data provision notice will be issued to practices and to NHS Trusts/hospitals requiring them to return the information.

Directions provide the legal basis for NHS Digital to collect, analyse and disseminate information from providers in England but Directions do not provide the mechanism for how to collect the data.

Although practices and specialist services will be required to participate in the NDA, the audit will still operate under an “Opt In” model whereby GP practices and specialist services will need to action that they are willing to take part in the NDA. How the Opt In model works will depend on the clinical system of choice.

For further information about how to participate please visit our participation webpage http://content.digital.nhs.uk/nda_collection. This webpage is constantly being updated with guidance as it becomes available.

Will the control my patients have over their data change?

No, people with diabetes will still be able to choose whether their data is collected as part of the NDA. There are specific read codes for use in GP practices that allow patients to object to the sharing of their data for the NDA, these have been used by the NDA since they were first implemented and will continue to be used.

The read codes to be applied to a patient's record can be found [here](#)

Patient leaflets and posters will still be provided to GP practices and specialist services so they can keep their patients informed.

Information about 'Fair Processing' and keeping your patients informed can be found [here](#)

NHS Digital will ensure that the NDA is aligned to the findings from the [Caldicott Review](#).

What does Direction status mean for collection of data in Wales?

Wales participated for the first time in the NDA Core in 2007-08 and over the years practices and Local Health Boards have supported the audit.

For the past 3 years Wales has achieved high participation for NDA Core, with 100% of practices taking part in the 15-16 audit and the legal permissions for the flow of data for NDA Core previously were through the Confidentiality Advisory Group which had granted NHS Digital permission to collect data under Section 251 of The Health Service (Control of Patient Information) Regulations 2002.

The current method of data collection in Wales is that practices Opt In to the audit by notifying NHS Wales Informatics Service (NWIS) that they wish to take part. NWIS then coordinate the data extraction from practices and submit a file for each practice to NHS Digital. NHS Digital has worked with NWIS to provide GP practice level data, which has been made available to practices in Wales via a secure dashboard.

The approach to the collection in Wales is not expected to change. The legal permissions for the 2016-17 NDA Core audit will be under Section 251 of The Health Service (Control of Patient Information) Regulations 2002. We will work with Wales for the legal permissions for future years so that they can still continue to participate in the audit.

What are the benefits of using Directions as the legal basis for data collection?

A Direction is a legal document between NHS Digital and NHS England, moving to a Direction provides a sound legal basis for collecting patient identifiable data from providers in England; S251 should only be used when no other legal basis exists.

NHS Digital must ensure that all patient data is kept secure and has strict controls regarding collecting, accessing, storing and sharing of data.

NHS Digital already collect a number of other data sets as an organisation so the move to Direction will allow the NDA to explore other data linkages. The NDA will also be able to access datasets such as complications and mortality datasets because these other datasets are already looked after by NHS Digital, which will lead to more cost-effective analysis and timelier reporting.

SCCI and Burden Assessment

One of the benefits of moving to Directions is that the NDA collection has been through independent review and assurance by the Standardisation Committee for Care Information (SCCI). As part of this the data items, collection process and guidance documentation have received independent review, this has meant the NDA has been able to learn from other collections and improve collection material. The NDA has also undertaken a burden assessment to understand the burden on services. SCCI have approved the NDA has a collection, awarding it a certificate of assurance.

Will the NDA continue to engage with stakeholders?

Although as part of the Direction a data provision notice will be issued to practices and specialist services the NDA team will still continue to engage constructively with stakeholders. The NDA has worked hard to build relationships with different people involved in diabetes care. The NDA communicates regularly with GP practices, Clinical Commissioning Groups, Clinical Networks, Specialist Services, Hospitals, Trusts, Maternity Units and Footcare Services and will continue to do so.

Each of the NDA audits has an Advisory Group comprised of healthcare professionals and people with diabetes, the groups are responsible for ensuring that the data collected is current and that analysis and reporting meets user needs. This will still continue.

The views of people with diabetes are important to the NDA. There will be continued work with patient representatives to ensure that the needs of people with diabetes are being met, by including them in advisory groups and the partnership board and inviting their input through specific meetings.

Further Information

For further information or general enquiries, including queries regarding data collection and submission, please contact the NDA Team at diabetes@nhs.net or 0300 303 5678