Summary of the National Diabetes Audit 2015–16 report

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The most recent National Diabetes Audit report on care processes and treatment targets\(^1\) shows that some progress is being made in NHS diabetes care, but there is still a large variation across England and Wales.

The National Diabetes Audit (NDA) is one of several major ongoing audits of NHS care in England and Wales that aim to help local providers benchmark their performance and improve the quality of their services. This article summarises some of the data from its most recent report, which comprises data generated from 1 January 2015 to 31 March 2016.\(^1\)

**What proportion of people received the care recommended by NICE?**

All people with diabetes aged 12 years and over should receive all of the nine NICE recommended care processes annually (see Table 1) and attend a structured education programme when they are diagnosed. Retinal screening is the responsibility of NHS Diabetes Eye Screening, not GPs, and the report focuses on the other eight care processes.

In 2015/16, the proportion of people receiving all eight processes was largely unchanged compared with 2014/15 at 37% for type 1 diabetes and 54% for type 2 diabetes. Figure 1 shows the variation between CCGs in their delivery of each care process after adjustment for case mix (age, gender, ethnicity, duration of diabetes and social deprivation). The fact that performance is better for people with type 2 diabetes, who might receive these checks by virtue of older age, suggests that it may not be carrying out these processes that is the problem but some aspect of delivering care to all people with diabetes.

The proportion of people with newly diagnosed diabetes who are offered structured education within one year has been increasing for several years and in 2014 had reached a modest 40% for type 1 diabetes and over 80% for type 2 diabetes. Fewer than 10% of patients actually attended a course. The NDA says there are “good reasons” to suspect these figures are not reliable and advises CCGs and education providers to improve their data recording.
Treatment targets
The NDA uses three treatment targets:
• HbA1c ≤58mmol/mol (≤7.5%)
• blood pressure ≤140/80mmHg
• cholesterol <5mmol/L.

These reflect historical practice and Quality and Outcome Framework (QOF) standards and are less ambitious than those currently recommended by NICE (which does not recommend a target for lowering cholesterol).

The proportion of people with type 1 diabetes who achieve all three targets has been dismally low for several years and in 2015/16 it got worse – 18.1% compared with 18.9% in the previous year. Just over twice as many people with type 2 diabetes reached all their targets – 40.2% – but this was a 0.8-point drop compared with 2014/15.

Good glycaemic control remains the most difficult target to deliver. The blood pressure target was reached by about 74% of people with type 1 diabetes or type 2 diabetes, and the cholesterol target by 71% and 77% respectively. The figures for HbA1c were 29% and 66% respectively. Again, there was variation in performance between CCGs/local health boards, GPs and specialist services that the NDA describes as “striking” and not explained by demographics.

People with a learning disability
For the first time, the NDA produced a supplementary report analysing the quality of care received by people with a learning disability. This coincides with a study of the health and care of people with learning disabilities in England, which reported much higher risks of long-term conditions in this population and a reduction in life expectancy of 18 years for women and 14 years for men.2

According to QOF data, the proportion of people with diabetes who have a learning disability is higher than in the general practice population (0.65% vs 0.46%). This is equivalent to 17,078 people with diabetes who have a learning disability in England and Wales, of whom about 10% have type 1 diabetes.

Overall quality of care is slightly better for people with type 1 diabetes and a learning disability, of whom 41.7% receive all eight of the recommended care processes compared with 36.5% of the NDA population. The converse is true for type 2 diabetes: 46.0% of people with a learning disability and 53.7% of the NDA population receive all processes. The differences between the learning disability and NDA populations are mostly of one or two percentage points for each process, though the gap is larger for BMI measurement (80.7% vs 75.2% respectively) and smoking advice (82.8% vs 78.5% respectively) for type 1 diabetes; and (in the opposite direction) for foot surveillance (82.8% vs 86.7% respectively) for type 2 diabetes. Learning disability makes no difference to the probability of being offered structured education but the report provides no information about...
uptake of the courses because there are not enough data to analyse.

Consistent with better care delivery, people with a learning disability are more likely to achieve all three of the treatment targets (HbA1c, blood pressure and cholesterol) and to gain any one of them (see Figure 2). However, glycaemic control is once more the challenge in this group, with about one-third of people with type 1 diabetes and two-thirds of those with type 2 diabetes meeting the mark.

Summary
The NDA report shows that, in some respects, diabetes care edged forward in 2015/16. Given the turmoil generated by the NHS funding crisis, even this is a considerable achievement. Glycaemic control remains poor for many people with type 1 diabetes and for young people generally; the position for type 2 diabetes is better but still unsatisfactory. If there is a silver lining, it is that people with learning disabilities appear not to be disadvantaged in the care they receive but are in many respects doing somewhat better than the general population.

Reference

Declaration of interests
None to declare.

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