NDA
A summary report of the National Diabetes Audit: Care Processes and Treatment Targets
2018–19

Are services providing good quality diabetes care?
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Note: All results in this document are taken from the National Diabetes Audit 2018–19: Care Processes and Treatment Targets Report

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Next review date: Autumn 2021
The National Diabetes Audit measures the quality of care provided to people with diabetes. The information in the audit is collected and submitted by GP practices and specialist diabetes services in England and Wales.

**The results**

### Improvements

- **HbA1c checked annually**
  - **Type 1**: 85%
  - **Type 2**: 95%

- **Blood pressure targets**
  - 74% achieving targets

- **Structured education**
  - **Type 2**: 7/10 over 1 year of diagnosis

### Still Needed

- **Recommended annual health checks**
  - Decrease in people receiving all of their recommended annual health checks

- **Achieving all three targets**
  - **Type 1**: less than 1 in 5
  - **Type 2**: less than 2 in 5

- **Structured education**
  - **Type 2**: 1/10 with diabetes recorded as attending a structured education course

### WE SAY

These results show that there have been some improvements in diabetes care but there is still a need for considerable improvements in many areas. There are big differences in outcomes between services, between younger and older people with diabetes and between people with type 1 and type 2 diabetes. Finding out why will be an important part of improving diabetes care.
In June 2019, NHS Digital published the National Diabetes Audit (NDA): Care Processes and Treatment Targets 2018-19 report. This report has been prepared by Diabetes UK and summarises the information in the report in a way that is more accessible for people with diabetes. This report is also for anyone interested in the quality of diabetes care provided by the NHS in England and Wales.

We try to answer the following questions:

- Is everyone with diabetes diagnosed and recorded on a diabetes register at the GP practice?
- Do people with diabetes receive the care and treatment recommended in the guidelines?
- Do people with diabetes meet the NICE defined treatment targets?
- Are people with diabetes offered a structured education course and do they attend it?
- For people with diabetes, what are the rates of acute and long term complications (disease outcomes)?

As well as the national level report, we have also published findings for each service that took part. This means that staff from each service can look at the quality of the care they provide, what they are doing well and what they need to improve on.

About this report

In this report we explain:

- What the national guidelines say about good quality diabetes care
- The main findings from the 2018/19 NDA report
- Recommendations for improvements to diabetes treatment and care

Before writing this summary report, we talked to people with diabetes to find out what information they wanted to see and how to present the findings.

At the back of the report we explain what the audit is and why it is important to look at the care that is provided to people with diabetes. There is also a glossary and details of where to find more information.
**Diabetes healthcare checks**

All people with diabetes should receive the following healthcare checks at least once a year. These healthcare checks are recommended in the [NICE Guidelines](#).

We are currently unable to access information about eye screening so this report will refer to the 8 diabetes healthcare checks that we are able to report on. Eye screening data will be available in the next annual report.

Having diabetes can lead to health complications such as blindness, kidney failure, heart disease and stroke. It is essential that everyone with diabetes receives the healthcare checks every year. The results of the checks can show whether someone is at risk of developing health complications or whether they have developed the early stages of health complications. For example, the blood pressure check will show if a person needs medication to bring their blood pressure level down.

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td><strong>HbA1c</strong> test to measure overall blood glucose levels over the past 8 to 12 weeks</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td><strong>Cholesterol</strong> test to check for levels of harmful fats in the blood</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td><strong>Eye screening</strong> (retinal screening) using a special, digital camera to look for any changes to the back of the eye (retina)</td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td><strong>Kidney function</strong> (blood creatinine) – a blood test to measure how well the kidneys are working</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td><strong>Urinary albumin</strong> – a urine test to check for protein, which may be a sign of kidney problems</td>
<td>8</td>
</tr>
<tr>
<td>9</td>
<td><strong>Smoking review</strong>, including advice and support if you are trying to stop or reduce smoking</td>
<td></td>
</tr>
</tbody>
</table>
The results

GP recording

Is everyone with diabetes diagnosed and recorded on a diabetes register at the GP practice?

The 2018/19 audit includes information on over 3.5 million people with diabetes, which is 7% of the population of England and Wales. The prevalence of diabetes has generally increased year on year since the first audit. 98% of all GP practices in England and Wales participated in the 2018/19 audit. This means that the audit gives a really good picture of diabetes care across England and Wales during this period. Data is also collected from specialist diabetes services. These services generally take the lead in care for people with type 2 diabetes and also often for young people with type 2 diabetes.

Annual diabetes healthcare

Do people with diabetes receive the care and treatment recommended in the NICE guidelines?

Only 2 in 5 people with type 1 diabetes receive all 8 diabetes healthcare checks. Just over half of people with type 2 diabetes receive these checks. The table below shows the percentage of people with diabetes having each one of the recommended checks in 2018/19. It compares the rates between those with type 1 and type 2 diabetes. Next to each healthcare check is an arrow that shows whether the percentage of people receiving the check has improved (green upwards arrow) or got worse (red downwards arrow) since 2013/14. A blue line means the percentage has stayed the same.

<table>
<thead>
<tr>
<th>Healthcare check completed</th>
<th>Type 1</th>
<th>Type 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>All 8 healthcare checks</td>
<td>40%</td>
<td>54%</td>
</tr>
<tr>
<td>HbA1c</td>
<td>86%</td>
<td>95%</td>
</tr>
<tr>
<td>Blood pressure</td>
<td>91%</td>
<td>96%</td>
</tr>
<tr>
<td>Cholesterol</td>
<td>81%</td>
<td>92%</td>
</tr>
<tr>
<td>Kidney function</td>
<td>83%</td>
<td>94%</td>
</tr>
<tr>
<td>Urinary albumin</td>
<td>48%</td>
<td>61%</td>
</tr>
<tr>
<td>Foot examination</td>
<td>75%</td>
<td>86%</td>
</tr>
<tr>
<td>Body mass index (BMI)</td>
<td>84%</td>
<td>86%</td>
</tr>
<tr>
<td>Smoking review</td>
<td>90%</td>
<td>96%</td>
</tr>
</tbody>
</table>
The percentage of people with type 1 and type 2 diabetes receiving all 8 diabetes healthcare checks has fallen since 2013/14. There is a massive difference in completion of health care checks between different areas of the country. Some of the difference is due to the characteristics of the local population. This includes the mix of age, gender, ethnicity, duration of diabetes and social deprivation. However, this does not explain all of the variation. Services can make improvements that aim to increase the percentage of people receiving all 8 healthcare checks.

**WE SAY**

Too many people are missing out on these important health checks and there is too much variability between different services and localities. It is vital that all people with diabetes receive all 8 healthcare checks annually as this is the basis of effective diabetes care. Commissioners, specialist services and GP practices should look at their local data and choose a priority for improvement.

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### Diabetes treatment targets

**Do people with diabetes meet the NICE defined treatment targets?**

NICE Guidelines recommend treatment targets for glucose control, blood pressure and cardiovascular disease (CVD) risk reduction. The treatment targets were updated by NICE in 2015–16 and now differ between type 1 and type 2 diabetes.

<table>
<thead>
<tr>
<th>OLD targets</th>
<th>NEW targets</th>
</tr>
</thead>
<tbody>
<tr>
<td>HbA1c of 58mmol/mol or less</td>
<td>HbA1c of 58mmol/mol or less</td>
</tr>
<tr>
<td>Blood pressure of 140/80 or less</td>
<td>Blood pressure of 140/80 or less</td>
</tr>
<tr>
<td>Cholesterol below 5mmol/L</td>
<td>Prescribed statins for combined prevention of CVD</td>
</tr>
</tbody>
</table>

These targets are recommended because achieving them reduces the risk of future complications.

- Target HbA1c reduces the risk of all diabetes complication (eyes, kidney and nerve damage) and reduces cardiovascular risk.
- Target blood pressure reduces cardiovascular risk and reduces the progression of eye and kidney disease.
- Statins reduce cholesterol and cardiovascular risk.
Less than 1 in 5 people with type 2 diabetes meet all 3 treatment targets. 2 in 5 people with type 2 diabetes meet these targets.

The table below shows the percentage of people with diabetes meeting each of these targets in 2018/19. It compares the rates between those with type 1 and type 2 diabetes. Next to each treatment target is an arrow that shows whether the percentage of people meeting the target has improved (green upwards arrow) or got worse since 2013/14. A blue line means the percentage has stayed the same. The percentages for statins for combined prevention of CVD and all three new treatment targets compares percentage meeting these targets with 2017/18, the first audit year this data was reported on.

<table>
<thead>
<tr>
<th>Treatment targets</th>
<th>Type 1</th>
<th>Type 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>≤ HbA1c 58mmol/mol</td>
<td>30.9</td>
<td>66.3</td>
</tr>
<tr>
<td>≤ Blood pressure 140/80</td>
<td>74.5</td>
<td>74.0</td>
</tr>
<tr>
<td>&lt; Cholesterol 5mmol/L</td>
<td>73.0</td>
<td>78.2</td>
</tr>
<tr>
<td>All 3 OLD treatment targets</td>
<td>19.8</td>
<td>41.3</td>
</tr>
<tr>
<td>Statins for combined prevention of CVD</td>
<td>68.2</td>
<td>74.8</td>
</tr>
<tr>
<td>All 3 NEW treatment targets</td>
<td>19.4</td>
<td>40.1</td>
</tr>
</tbody>
</table>

- There were similar levels of people meeting all 3 old treatment targets between 2013/14 and 2018/19 for people with type 2 and type 2 diabetes
- Only 3 in 10 people with type 2 diabetes meet the HbA1c target rate compared with over 6 in 10 people with type 2 diabetes
- Lower rates of statins prescribed for CVD risk reduction for people with type 2 diabetes compared to type 2 diabetes, despite greater CVD risk

Healthcare professionals should work in partnership with people with diabetes to agree a personalised care plan to help them achieve the recommended targets. There are many opportunities to reduce variations and improve achievement of treatment target:

- Between services and localities
- For younger people with diabetes
- For people with type 1 diabetes
Structured education

Are people with diabetes offered a structured education course and do they attend it?

*NICE Guidelines* recommend that people with diabetes are offered a structured education course to help improve their understanding of diabetes and how to manage it in everyday life. The guidelines recommend that a structured education course should be offered to people with diabetes within a year of diagnosis. Examples of these courses include DAFNE for type 1 diabetes and DESMOND/XPERT for type 2 diabetes.

Diabetes structured education courses make living with diabetes easier. The courses provide support and information to help people manage their diabetes well. People who have been on a course feel more confident about looking after their condition and are less likely to develop health complications.

In 2018/19 50% of people with type 1 diabetes and 90% of type 2 diabetes were offered a structured education course.

<table>
<thead>
<tr>
<th>Treatment targets</th>
<th>Type 1</th>
<th>Type 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Offered structured education within 1 year of diagnosis</td>
<td>40%</td>
<td>72%</td>
</tr>
<tr>
<td>Offered structured education (no time limit)</td>
<td>50%</td>
<td>89%</td>
</tr>
</tbody>
</table>

Offers of structured education have improved since the start of the audit (2011) but this improvement has not yet been matched by records of attendance. Only 1 in 10 people with type 1 and type 2 diabetes are recorded as attending a structured education course.

The number of people attending structured education may be higher than suggested by the results of the audit because of poor recording of attendance on GP records. Healthcare providers need to work together to improve the recording of attendance.

**WE SAY**

People with diabetes live with their condition all day, every day. Structured education courses help give people with diabetes the knowledge and skills they need to manage their diabetes themselves. All people diagnosed with diabetes must be offered a structured education course and encouraged to attend it.
Key recommendations

Structured education courses should be offered to everyone with diabetes within a year of diagnosis. Recording of who has attended and completed the courses should be improved.

All services should implement changes that strive to match the best achieving services. This means aiming for:

- over 80 per cent of people with diabetes to receive all annual healthcare checks
- 30% of people with type 1 diabetes meeting all three treatment targets
- 45% of people with type 2 diabetes meeting all three treatment targets

People with diabetes should look at the results for their local services using the interactive reports for England and Wales on the [NHS Digital website](https://www.nhsdigital.nhs.uk). If their local service doesn’t seem to be doing well they should ask questions of the service leads and organisation executives.
Further information

What is the National Diabetes Audit?

The audit is a project that checks the quality of care provided to people with diabetes by GP practices and hospitals in England and Wales. The first audit took place in 2011 and has collected information annually since then about the quality of care for people with diabetes. Specifically, we look at:

- How many people with diabetes are registered at a GP practice or hospital diabetes clinic
- Whether people with diabetes receive their annual health checks
- Whether people with diabetes achieve treatment targets for blood glucose, blood pressure and cholesterol control
- Whether people have been offered a diabetes structured education course within 12 months of diagnosis and whether they have attended

Why do we audit care for people with diabetes?

The National Institute for Health and Care Excellence (NICE) produces guidelines for diabetes care. All GP practices and specialist diabetes services should follow these guidelines to provide good quality diabetes care. In the audit we check whether people with diabetes get the care and treatment recommended in the NICE guidelines.

The NDA supports improvements in the quality of diabetes care by enabling NHS services to:

- Assess local practice against NICE guidelines
- Compare their care and outcomes with similar services
- Identify gaps or shortfalls that are priorities for improvement
- Identify and share good practice
- Provide a comprehensive national picture of diabetes care and outcomes in England and Wales

The audit findings are publically available, so you can see the results for your local GP practice or specialist service. You can find this on the NHS Digital website.
Where to go for more information

The National Diabetes Audit

Diabetes UK
For more information about diabetes, including living with diabetes, go to [www.diabetes.org.uk/guide-to-diabetes](https://www.diabetes.org.uk/guide-to-diabetes) or call Diabetes UK’s Helpline on 0345 123 2399 for advice and support.

For information about getting involved in making a difference to diabetes treatment and care, go to [www.diabetes.org.uk/get_involved/campaigning/diabetes-voices](https://www.diabetes.org.uk/get_involved/campaigning/diabetes-voices).

To find out more about Diabetes UK’s activities in your area, go to [www.diabetes.org.uk/in_your_area](https://www.diabetes.org.uk/in_your_area).

National Institute for Health and Care Excellence (NICE) guidelines
For information about how NICE develops guidelines, go to [www.nice.org.uk](https://www.nice.org.uk).

Guidelines about diabetes care in hospital include:
- [Diabetes in adults quality standard (QS6)](https://www.nice.org.uk/guidance/qs6)
- NICE Guidelines NG19

Healthcare Quality Improvement Partnership (HQIP)
To find out more about clinical audits – and patient involvement in national clinical audits – you can visit the HQIP website at [www.hqip.org.uk/involving-patients](https://www.hqip.org.uk/involving-patients).

Patient Advice and Liaison Service (PALS)
If you have a question about local health services or an enquiry about health matters, you can contact PALS. Find more information or your local PALS at [www.nhs.uk](https://www.nhs.uk).

Community Health Councils (CHC) in Wales
If you need help and advice about NHS Services in Wales, you can contact CHC. Find out more at [www.wales.nhs.uk](https://www.wales.nhs.uk).

NHS Choices (England)

NHS Wales
NHS Wales provides information about your health, including finding and using NHS Services in Wales. Find out more at [www.wales.nhs.uk](https://www.wales.nhs.uk).
Explaination of words used in this booklet

**Audit**
A way of gathering information and measuring local NHS organisations’ performance and quality of care against national guidelines, from which come recommendations for improvements.

**Blood glucose**
The main sugar the body makes from the food we eat. Glucose travels in the bloodstream, providing energy to all the body’s living cells. However, the cells cannot use glucose without the help of insulin.

**Complications of diabetes**
Harmful effects that may happen when a person has diabetes.
Some effects, such as hypos, can happen any time. Others develop when a person has had diabetes for a long time. These include damage to the retina of the eye (retinopathy), the blood vessels (angiopathy), the nervous system (neuropathy), and the kidneys (nephropathy).
Studies show that keeping blood glucose levels as close as possible to those of a person without diabetes may help prevent, slow, or delay harmful effects to the eyes, blood vessels, kidneys, and nerves.

**Diabetes**
Diabetes is the shortened name for the health condition called diabetes mellitus. Diabetes happens when the body cannot use blood glucose as energy because of having too little insulin or being unable to use insulin. See also type 1 diabetes and type 2 diabetes.

**NICE**
The National Institute for Health and Care Excellence (NICE) is the independent regulatory body providing national guidance to the NHS on new and existing medicines, treatments, and procedures.

**Type 1 diabetes**
Type 1 diabetes develops when the body permanently destroys its own insulin-producing cells. When this happens a person needs regular insulin, given either by injection or an insulin pump.

**Type 2 diabetes**
A condition in which the body either makes too little insulin, or cannot use the insulin it produces to turn blood glucose into energy. Diet and exercise is often enough to control a type 2 diabetes condition, but some people also need diabetes medication or insulin.
The National Diabetes Audit (NDA) is commissioned by the Healthcare Quality Improvement Partnership (HQIP) as part of the National Clinical Audit (NCA) programme. The NDA is managed by NHS Digital, formerly known as the Health and Social Care Information Centre (HSCIC), in partnership with Diabetes UK and is supported by the National Cardiovascular Intelligence Network (NCVIN), Public Health England. The NDA receives invaluable support from people with diabetes, clinical staff and other health professionals across England and Wales.

NDA publications

**NDA: National Diabetes Audit**
- Care processes and treatment targets
- Complications and mortality
- Transition

**NPID: National Pregnancy in Diabetes Audit**

**NDFA: National Diabetes Foot Care Audit**

**NaDIA: National Diabetes Inpatient Audit**
- NaDIA Harms
- NaDIA Snapshot

**NDPP: National Diabetes Prevention Programme Audit**

We welcome your views on how we can improve this report

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