



Health & Social Care
Information Centre

National Diabetes Audit 2012-2013

Report 1: Care Processes and Treatment Targets

Clinical Commissioning Group (CCG) / Local Health Board (LHB) Report

Summary for NHS Wirral CCG (12F)

Key findings about the outcomes
for people with diabetes in
NHS Wirral CCG

The National Diabetes Audit is commissioned by



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.

The National Diabetes Audit is delivered by



The Health and Social Care Information Centre (HSCIC) is England's central, authoritative source of essential data and statistical information for frontline decision makers in health and social care. The HSCIC managed the publication of the 2012-2013 reports.



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

The National Diabetes Audit is 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.

Introduction

The National Diabetes Audit is commissioned by The Healthcare Quality Improvement Partnership (HQIP) as part of the National Clinical Audit Programme (NCA). The NDA is managed by the Health and Social Care Information Centre (HSCIC) in partnership with Diabetes UK and supported by Public Health England.

This report, from the tenth year of the audit, presents key findings on key care processes and treatment target achievement rates from 2012-2013 in all age groups in NHS Wirral CCG. From 2015 the audit intends to publish 6 months after the end of the audit year.

The report sets out to answer the following audit questions:

- Registrations: Is everyone with diabetes diagnosed and recorded on a practice diabetes register?
- Care Processes: What percentage of people registered with diabetes received eight of the nine care processes (eye screening is recorded by NHS Diabetes Eye Screening). National Institute for Health and Care Excellence (NICE) key processes of diabetes care?
- Treatment Targets: What percentage of people registered with diabetes achieved NICE defined treatment targets for glucose control, blood pressure and blood cholesterol?

For further information, refer to the 2012-2013 national report, which is available on the NDA website:

www.hscic.gov.uk/nda

The NDA reports on the provision of core diabetes care for everyone with diabetes. This provides commissioners with age, ethnicity and social deprivation related perspectives across the whole population for which they are responsible. The NDA also reports to participating individual General Practices (via individual secure sign-on) and participating adult specialist services allowing them to benchmark their care against their peers. Clinical leads can request supporting GP Practice data via the diabetes@hscic.gov.uk inbox. The National Paediatric Diabetes Audit (NPDA) reports separately to individual participating paediatric diabetes centres regarding their provision of diabetes care for the children and young people attending their services. Those reviewing the NDA and NPDA reports side by side need to be aware of these differences but, equally, those wanting to get the most complete picture of local needs and service provision should consider the two reports together^a.

In all of the tables within this report, CCG/LHB refer to NHS Wirral CCG.

^a Because the care of adults and children with diabetes is mixed between GP services (this includes ALL patients) and hospital, paediatric and community specialist services (these each include SOME patients), the different 'views' that the two national audits NDA and NPDA give to the providers of the services will inevitably include overlapping patients. Thus someone with diabetes attending a specialist service should also appear in the relevant GP report. The NDA integrates data from participating specialist and GP services for adults with diabetes so that if a care process or treatment target is recorded by one but not the other both get the complete data reported back to them i.e. a 'whole person' view. This makes sense because it reflects the fact that there is no clinical value in duplicating something carried out elsewhere. The population level NDA reports include all people with diabetes in a geographical area, irrespective of their mix of provider services, and use integrated data where they are available.

But the NPDA runs independently of the NDA and of GP services so its data are not integrated, making it possible that GP reports do not include all care processes or treatment targets measured in specialist paediatric units and vice versa. Specialist paediatric diabetes units are primarily responsible for the care of most children and young people with diabetes and for the collection of their care process and outcome data. Although GPs do not provide the majority of care for children and young people living with diabetes they do prescribe all their medications. Therefore it is in this age group, and also adults with Type 1 or complex diabetes that attend specialist services not participating in the NDA, where lack of data integration is most likely to result in a slightly deficient 'whole systems' view. Furthermore, for under-17s, the age cut-off for the QOF GP incentive scheme means that there is no financial value to the practice in replicating results from external services. Nonetheless, because less than 10% of all people with Type 1 diabetes, and less than 1% of people with diabetes in general are under 17 years, the overall impact on population level NDA results is minimal.

Participation

Table 1 shows that NHS Wirral CCG has a practice participation rate of 50.0 per cent. Possible reasons for a rate less than 100 per cent include:

- Some GPs clinical systems being incompatible with automatic extraction.
- Local data extraction not being able to be supported.
- Certain practices not wishing to submit data to the audit (this applies to around than one per cent of all practices in England and Wales).

Table 1: Practice inclusion rates in NHS Wirral CCG and England and Wales for 2012-2013

	Total number of practices	Number of practices included	Inclusion rate
CCG/LHB	60	30	50.0%
England and Wales	8,476	5,980	70.6%

Registrations

The audit collects information from both primary care (1^o) and secondary care (2^o). Table 2 shows the volume of records collected in NHS Wirral CCG in 2012-2013 by diabetes type.

Table 2: Diabetes registrations and prevalence in NHS Wirral CCG and England and Wales by diabetes type for 2012-2013

	Total number of registrations			Percentage of the population ^a		
	All diabetes ^b	Type 1	Type 2	All diabetes ^b	Type 1	Type 2
CCG/LHB	8,506	728	7,672	4.98%	0.43%	4.49%
England and Wales	2,058,321	177,475	1,835,634	4.87%	0.40%	4.38%

^a Diabetes prevalence is calculated using patient registrations from primary care and patient registrations from secondary care, where the patients GP practice participated in the audit.

^b All diabetes includes maturity onset diabetes of the young (MODY), other specified diabetes and not specified diabetes.

Please note that the remainder of this report only includes patients recorded in the NHS Wirral CCG General Practice Electronic Patient Records (i.e. any patients registered with a specialist clinic whose General Practice is not included have been excluded from the population based analysis).

Demographics

Figure 1 and Figure 2 show the prevalence of Type 1 and Type 2 diabetes for each age group and gender in NHS Wirral CCG, based upon the Office for National Statistics (ONS) mid-year population estimates.

When looking at the figures consider the current and future service provision implications of the following proportions:

- Children with Type 1 diabetes.
- People under the age of 50 with either Type 1 or Type 2 diabetes.
- Middle aged and older people with Type 2 diabetes.

Figure 1: Age and gender of patients with Type 1 diabetes in NHS Wirral CCG^a

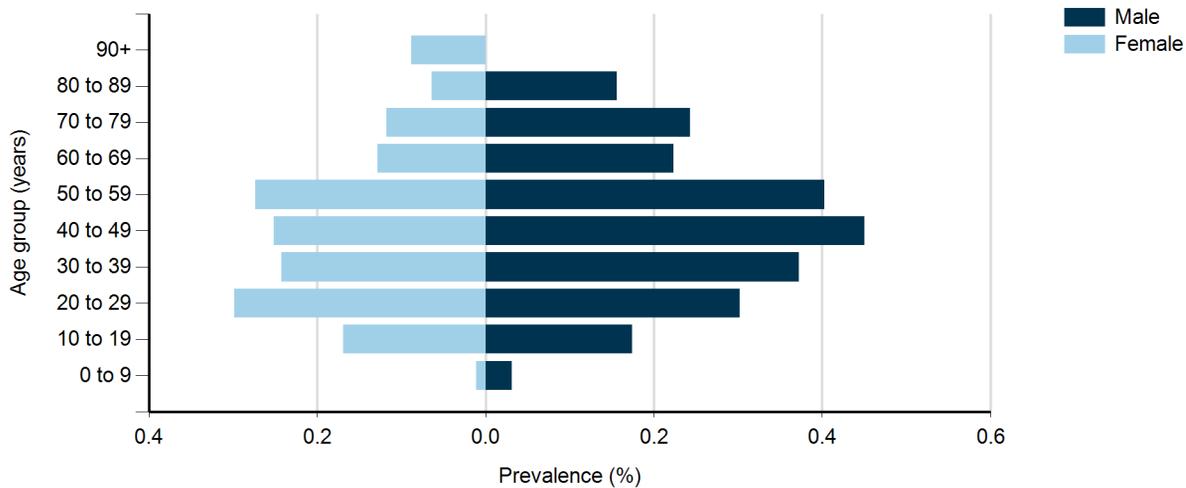
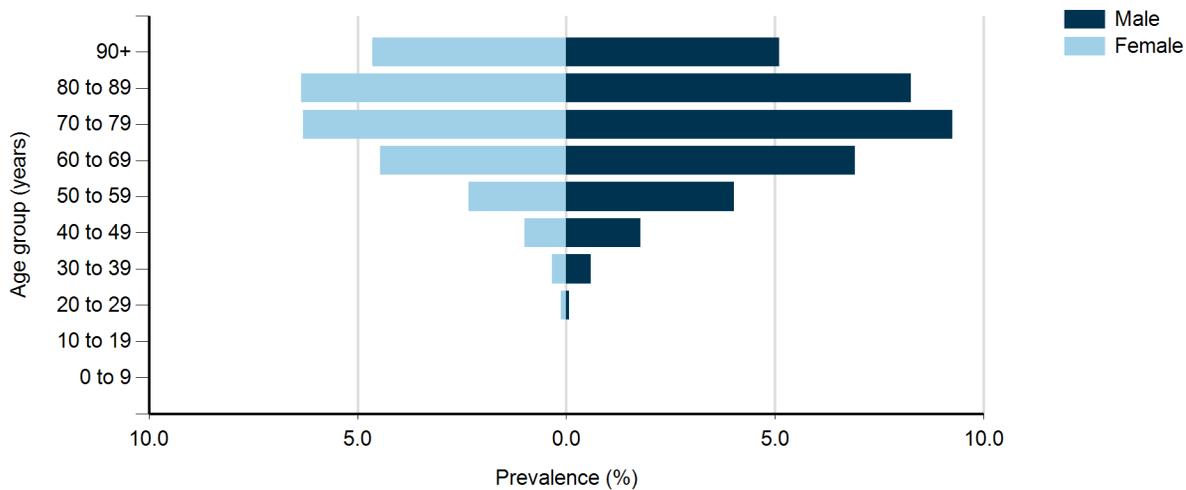


Figure 2: Age and gender of patients with Type 2 diabetes in NHS Wirral CCG^a



^a Due to limitations with patient registrations from GP practices data, the age and gender prevalence of patients with Type 1 and Type 2 diabetes was calculated using the ONS mid-year population estimates for 2012 by age group and gender. As a result, Figure 1 and Figure 2 may show an underestimation of prevalence for Type 1 and Type 2 diabetes, respectively.

Care Processes

All patients aged 12 years and over should receive all nine of the NICE recommended care processes. These are the annual checks for:

- The effectiveness of diabetes treatment; HbA_{1c}.
- Cardiovascular risk factors; blood pressure (BP), serum cholesterol, body mass index (BMI) and smoking.
- Emergence of early complications; urine albumin/serum creatinine (kidney surveillance), eye screening and foot surveillance.

The number of people with diabetes recorded in electronic patient records as having eye screening is not reported this year. To improve alignment with NICE guidelines, a revised Read code set of terms describing digital eye screening was used. This identified that variation in the use of terminology and its impact on the consistency of data extraction from electronic clinical records rendered it unreliable as a measure of this care process. The NHS Diabetic Eye Screening Programme (NHS DESP) records every digital eye screening and we believe that its records should now be used as the preferred measure for this annual care process. Presently this is reported only nationally. The NHS DESP data are available on the NHS England website:

www.england.nhs.uk/statistics/statistical-work-areas/integrated-performance-measures-monitoring/diabetes-data/

Table 3 shows the completion rates for eight of the nine NICE recommended care processes in NHS Wirral CCG and in England and Wales, as eye screening is not included in this year's analysis. Inspecting the table will enable you to see how NHS Wirral CCG is performing relative to the rest of England and Wales and to the absolute standard of 100 per cent. For a comparison of care process completion amongst every CCG/LHB, please see the 2012-2013 national report supporting documents, which are available on the NDA website:

www.hscic.gov.uk/nda

It is recommended to consider the variation for each of the eight NICE recommended care processes. An action plan might include a focused strategy to improve one or more particularly poor care process. In 2012-2013, urine albumin was the most poorly recorded care process in NHS Wirral CCG.

Please note there is a 'health warning' regarding the screening test for early kidney disease (Urine Albumin Creatinine Ratio, UACR); please see the NDA Methodology section of the main report.

RAG - Individual Care Processes	RAG - All eight Care processes
■ <90%	■ <55%
■ 90% - 95%	■ 55% - 65%
■ >95%	■ >65%

A red, amber, green scale has been used in Table 3 to indicate the level of achievement.

Table 3: Percentage of patients in NHS Wirral CCG and England and Wales receiving NICE recommended care processes (excluding eye screening) by care process, diabetes type and audit year

		All diabetes ^a			Type 1			Type 2		
		2010-2011	2011-2012	2012-2013	2010-2011	2011-2012	2012-2013	2010-2011	2011-2012	2012-2013
HbA1c ^b	CCG/LHB	94.4% ■	93.8% ■	94.2% ■	83.9% ■	85.9% ■	78.4% ■	95.6% ■	94.8% ■	95.9% ■
	England & Wales	92.5% ■	90.3% ■	92.4% ■	86.0% ■	83.0% ■	80.5% ■	93.5% ■	91.3% ■	93.8% ■
Blood pressure	CCG/LHB	96.2% ■	95.9% ■	97.9% ■	88.1% ■	88.5% ■	92.7% ■	97.1% ■	96.8% ■	98.4% ■
	England & Wales	95.0% ■	95.0% ■	95.3% ■	88.7% ■	88.4% ■	88.8% ■	95.9% ■	95.8% ■	96.1% ■
Cholesterol	CCG/LHB	93.1% ■	91.6% ■	93.4% ■	77.6% ■	76.1% ■	77.4% ■	94.7% ■	93.3% ■	95.0% ■
	England & Wales	91.6% ■	90.9% ■	91.1% ■	78.8% ■	77.8% ■	78.0% ■	93.1% ■	92.4% ■	92.5% ■
Serum creatinine	CCG/LHB	93.3% ■	92.9% ■	94.8% ■	74.8% ■	75.1% ■	77.0% ■	95.2% ■	94.7% ■	96.5% ■
	England & Wales	92.5% ■	92.5% ■	92.5% ■	81.2% ■	81.1% ■	81.0% ■	93.8% ■	93.8% ■	93.7% ■
Urine albumin ^c	CCG/LHB	77.0% ■	79.0% ■	80.4% ■	50.5% ■	54.1% ■	53.4% ■	79.8% ■	81.7% ■	83.0% ■
	England & Wales	75.1% ■	76.0% ■	73.6% ■	58.4% ■	59.2% ■	57.1% ■	77.1% ■	77.9% ■	75.4% ■
Foot surveillance	CCG/LHB	84.8% ■	88.4% ■	88.2% ■	65.9% ■	74.8% ■	72.1% ■	86.9% ■	90.0% ■	89.8% ■
	England & Wales	84.3% ■	85.3% ■	85.1% ■	71.5% ■	72.8% ■	72.3% ■	86.1% ■	87.0% ■	86.7% ■
BMI	CCG/LHB	92.4% ■	92.1% ■	93.6% ■	80.6% ■	80.5% ■	83.1% ■	93.7% ■	93.3% ■	94.6% ■
	England & Wales	89.9% ■	90.3% ■	90.7% ■	83.4% ■	83.7% ■	84.1% ■	90.8% ■	91.3% ■	91.5% ■
Smoking	CCG/LHB	89.2% ■	88.0% ■	90.4% ■	75.3% ■	74.0% ■	76.4% ■	90.6% ■	89.4% ■	91.7% ■
	England & Wales	84.8% ■	85.1% ■	86.1% ■	78.6% ■	79.0% ■	79.8% ■	85.7% ■	85.9% ■	86.8% ■
Eight care processes ^d	CCG/LHB	63.7% ■	66.7% ■	69.3% ■	32.3% ■	36.3% ■	34.3% ■	67.1% ■	70.1% ■	72.7% ■
	England & Wales	60.6% ■	60.5% ■	59.9% ■	43.3% ■	43.2% ■	41.3% ■	62.8% ■	62.6% ■	61.9% ■

^a All diabetes includes maturity onset diabetes of the young (MODY), other specified diabetes and not specified diabetes.

^b For patients under 12 years of age, 'all care processes' is defined as HbA1c only as other care processes are not recommended in the NICE guidelines for this age group.

^c There is a 'health warning' regarding the screening test for early kidney disease (Urine Albumin Creatinine Ratio, UACR); please see the NDA Methodology section of the main report.

^d The eye screening care process has been removed from this table; therefore 'eight care processes' comprises the eight care processes that are listed above.

Table 4: Percentage of patients in NHS Wirral CCG and England and Wales receiving NICE recommended care processes (excluding eye screening) by care process, diabetes type and age group

		Type 1				Type 2			
		Under 40	40 to 64	65 to 79	80 and over	Under 40	40 to 64	65 to 79	80 and over
HbA1c ^a	CCG/LHB	66.4% ■	87.4% ■	84.0% ■	76.5% ■	89.4% ■	94.8% ■	97.2% ■	96.5% ■
	England & Wales	68.9% ■	88.0% ■	93.5% ■	92.4% ■	85.7% ■	92.7% ■	95.6% ■	93.6% ■
Blood pressure	CCG/LHB	85.3% ■	97.1% ■	97.5% ■	100.0% ■	94.5% ■	97.7% ■	99.3% ■	98.9% ■
	England & Wales	81.3% ■	93.0% ■	96.9% ■	95.8% ■	89.3% ■	95.0% ■	97.5% ■	96.8% ■
Cholesterol	CCG/LHB	64.8% ■	85.0% ■	87.7% ■	76.5% ■	85.4% ■	93.9% ■	97.2% ■	93.3% ■
	England & Wales	64.0% ■	86.1% ■	92.6% ■	89.5% ■	82.5% ■	91.6% ■	94.6% ■	91.7% ■
Serum creatinine	CCG/LHB	65.2% ■	83.9% ■	87.7% ■	76.5% ■	87.4% ■	95.0% ■	98.1% ■	97.5% ■
	England & Wales	68.5% ■	88.1% ■	94.0% ■	93.2% ■	84.8% ■	92.3% ■	95.6% ■	94.6% ■
Urine albumin ^b	CCG/LHB	37.4% ■	61.6% ■	70.4% ■	64.7% ■	60.3% ■	79.4% ■	87.5% ■	84.2% ■
	England & Wales	43.7% ■	63.0% ■	76.4% ■	75.0% ■	59.2% ■	72.0% ■	79.6% ■	77.0% ■
Foot surveillance	CCG/LHB	59.0% ■	80.1% ■	80.2% ■	82.4% ■	73.9% ■	87.3% ■	92.8% ■	91.0% ■
	England & Wales	59.3% ■	79.4% ■	87.6% ■	83.8% ■	73.8% ■	84.8% ■	90.1% ■	85.5% ■
BMI	CCG/LHB	78.0% ■	85.9% ■	86.4% ■	94.1% ■	88.4% ■	94.4% ■	96.4% ■	91.6% ■
	England & Wales	77.6% ■	87.9% ■	91.9% ■	85.5% ■	86.4% ■	91.4% ■	93.6% ■	87.4% ■
Smoking	CCG/LHB	75.1% ■	78.3% ■	75.3% ■	64.7% ■	88.4% ■	90.7% ■	92.8% ■	92.3% ■
	England & Wales	75.8% ■	82.1% ■	84.8% ■	79.4% ■	84.1% ■	86.8% ■	88.3% ■	83.3% ■
All eight care processes ^c	CCG/LHB	22.1% ■	41.6% ■	45.7% ■	41.2% ■	45.7% ■	69.0% ■	78.5% ■	71.2% ■
	England & Wales	29.1% ■	47.7% ■	59.9% ■	54.4% ■	46.3% ■	59.2% ■	66.7% ■	59.8% ■

^a For patients under 12 years of age, 'all care processes' is defined as HbA1c only as other care processes are not recommended in the NICE guidelines for this age group.

^b There is a 'health warning' regarding the screening test for early kidney disease (Urine Albumin Creatinine Ratio, UACR); please see the NDA Methodology section of the main report.

^c The eye screening care process has been removed from this table; therefore 'eight care processes' comprises the eight care processes that are listed above.

The care process quartile rankings for NHS Wirral CCG are shown in Table 5. Q1 depicts the bottom 25 per cent and Q4 depicts the top 25 per cent, as compared to all CCG/LHBs.

Although NHS Wirral CCG is in the top 25 per cent of all CCG/LHBs for the eight care processes combined (Q4), there will still be areas of underperformance, either relative or absolute. The improvements in care processes seen in 2003-2010 have largely levelled out across England and Wales. Now it is time for innovation to set the benchmark higher. Because diabetes is such a major contributor to premature mortality and disability the successful CCG/LHBs will lead the field in improving their population health over the next decade.

Table 5: All diabetes^a patients care process quartile rankings for NHS Wirral CCG in 2012-2013

Care Process	Quartile ^b
HbA1c ^c	Q4
Blood pressure	Q4
Cholesterol	Q4
Serum creatinine	Q4
Urine albumin ^d	Q3
Foot surveillance	Q4
BMI	Q4
Smoking	Q4
Eight care processes ^e	Q4

^a All diabetes includes maturity onset diabetes of the young (MODY), other specified diabetes and not specified diabetes.

^b Q1 depicts the bottom 25 per cent and Q4 depicts the top 25 per cent, as compared to all CCG/LHBs.

^c For patients under 12 years of age, 'all care processes' is defined as HbA1c only as other care processes are not recommended in the NICE guidelines for this age group.

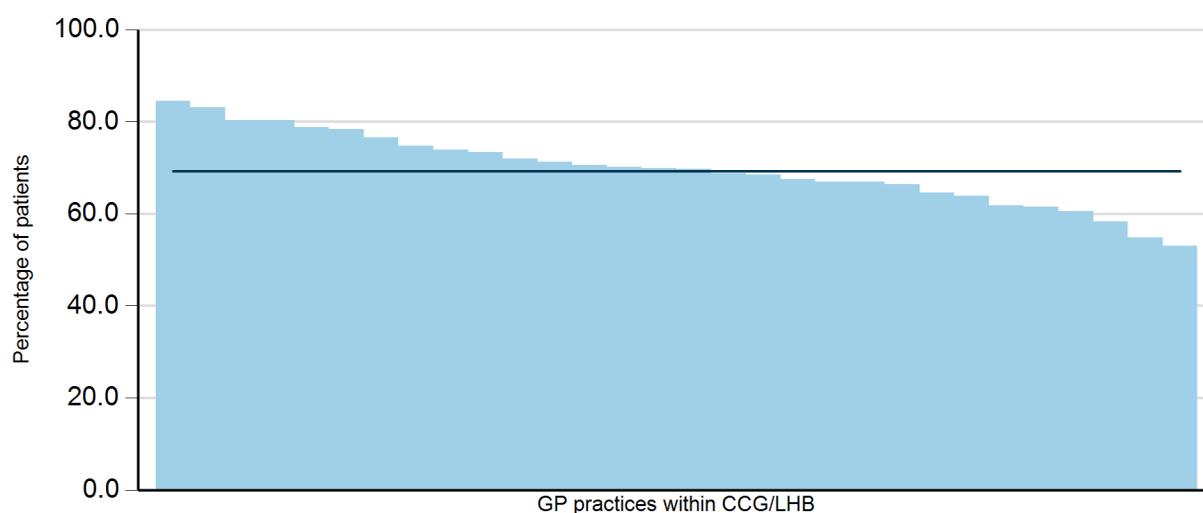
^d There is a 'health warning' regarding the screening test for early kidney disease (Urine Albumin Creatinine Ratio, UACR); please see the NDA Methodology section of the main report.

^e The eye screening care process has been removed from this table; therefore 'eight care processes' comprises the eight care processes that are listed above.

Figure 3 shows the spread of the percentage of patients receiving the eight care processes combined for all GP practices within NHS Wirral CCG. All CCG/LHBs could improve immediately by helping the weakest performing practices to do at least as well as the average.

Alternatively, or in addition, NHS Wirral CCG may consider a programme to encourage innovation within all the GP practices.

Figure 3: Percentage of patients receiving the eight care processes^a for all GP practices within NHS Wirral CCG

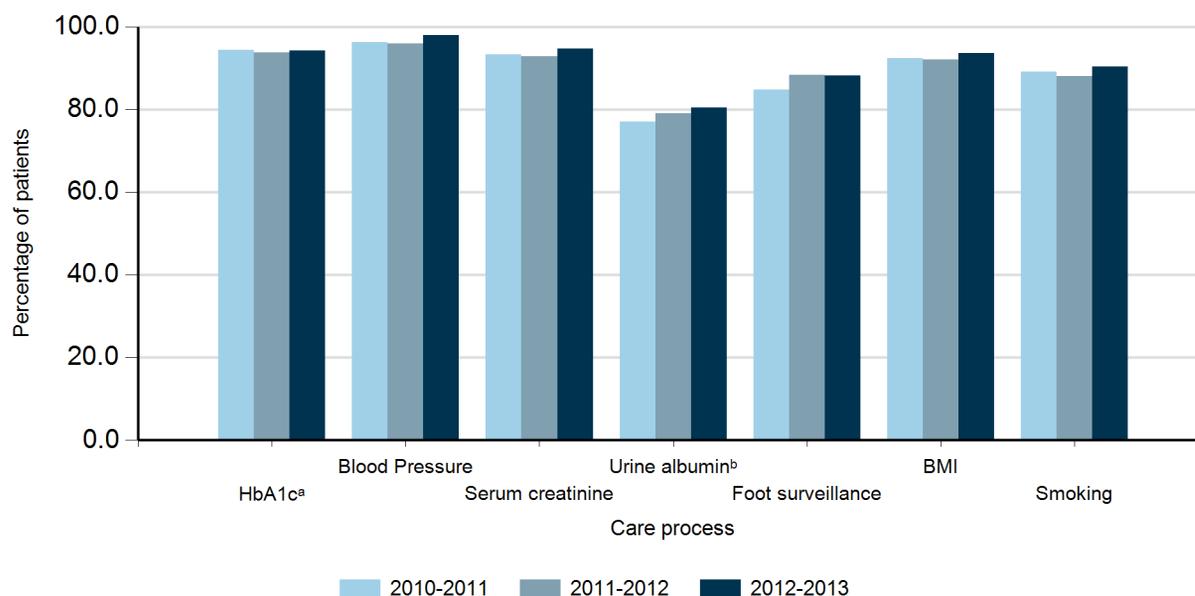


- Average value for NHS Wirral CCG.

^a The eight care processes are those that are listed in Table 3 (i.e. eye screening is not included in this analysis).

The completion rates for each individual care process (excluding eye screening) and for the eight care processes combined in NHS Wirral CCG are shown as bar charts in Figure 4 and Figure 5, respectively.

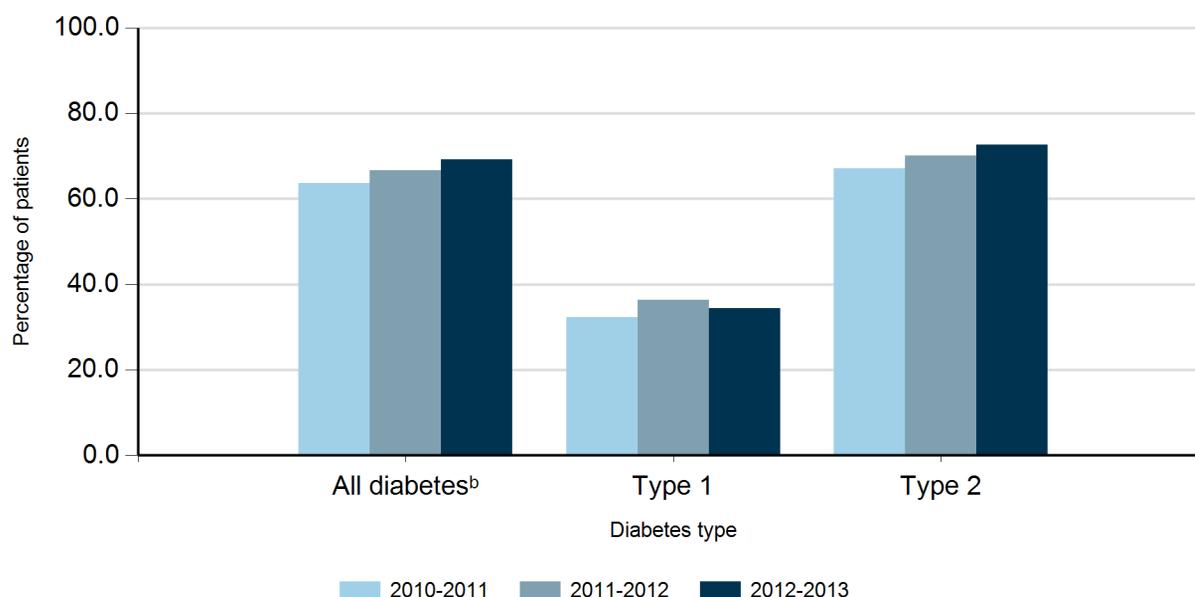
Figure 4: Percentage of all patients in NHS Wirral CCG receiving NICE recommended care processes (excluding eye screening) by care process and audit year



^a For patients under 12 years of age, 'all care processes' is defined as HbA1c only as other care processes are not recommended in the NICE guidelines for this age group.

^b There is a 'health warning' regarding the screening test for early kidney disease (Urine Albumin Creatinine Ratio, UACR); please see the NDA Methodology section of the main report.

Figure 5: Percentage of all patients in NHS Wirral CCG receiving the eight NICE recommended care processes^a by audit year and diabetes type



^a The eight NICE recommended care processes are those that are listed in Table 3 (i.e. eye screening is not included in this analysis).

^b All diabetes includes maturity onset diabetes of the young (MODY), other specified diabetes and not specified diabetes.

Treatment Targets

NICE recommends treatment targets for glucose control, blood pressure and serum cholesterol to reduce the risk of diabetic complications, including:

- Blindness
- Kidney failure
- Foot ulcers and amputations
- Heart attacks
- Heart failure
- Stroke
- Premature death

Table 5 shows the treatment target achievement rate for all patients in NHS Wirral CCG and England and Wales. It shows how NHS Wirral CCG is performing relative to the rest of England and Wales and to the absolute standard of 100 per cent. For a comparison of treatment target achievement rates amongst every CCG/LHB, please see the 2012-2013 national report supporting documents, which are available on the NDA website:

www.hscic.gov.uk/nda

An action plan might include a focused strategy across NHS Wirral CCG to improve one particularly poor treatment target.

This year the Blood Pressure target has been minimally modified from <140/80 to <=140/80 to align with the QOF target. We were surprised at the resulting size of the difference suggesting that Blood Pressure measurement may still be plagued by the long recognised issue of rounding (digit preference). We have previously highlighted in the NDA report 2 (2011-12) how large the contribution of Heart Failure is to premature mortality, so Blood Pressure control is one of the most valuable components of routine diabetes care and it is therefore essential for it to be measured reliably. For further information please see the published methodology update report:

<http://www.hscic.gov.uk/pubs/methchanges>

RAG - Individual Care Processes
■ <70%
■ 70% - 75%
■ >75%

RAG - All eight Care processes
■ <35%
■ 35% - 40%
■ >40%

A red, amber, green scale has been used in Table 3 to indicate the level of completion.

Table 6: Treatment target achievement rate for all patients in NHS Wirral CCG and England and Wales by treatment target, diabetes type and audit year

		All diabetes ^a			Type 1			Type 2		
		2010-11	2011-12	2012-13	2010-11	2011-12	2012-13	2010-11	2011-12	2012-13
HbA1c <48mmol/mol (6.5%) ^b	CCG/LHB	28.9% ■	29.7% ■	28.4% ■	5.5% ■	6.4% ■	6.3% ■	30.9% ■	31.7% ■	30.0% ■
	England & Wales	24.8% ■	24.7% ■	25.1% ■	6.8% ■	6.5% ■	7.5% ■	26.4% ■	26.2% ■	26.4% ■
HbA1c ≤58mmol/mol (7.5%) ^b	CCG/LHB	71.6% ■	69.7% ■	69.7% ■	26.7% ■	23.0% ■	24.2% ■	75.7% ■	73.8% ■	73.2% ■
	England & Wales	63.3% ■	62.7% ■	62.2% ■	28.1% ■	27.0% ■	27.3% ■	66.5% ■	65.8% ■	64.8% ■
HbA1c ≤86mmol/mol (10.0%) ^b	CCG/LHB	94.5% ■	92.8% ■	92.7% ■	81.1% ■	77.8% ■	75.6% ■	95.7% ■	94.2% ■	94.0% ■
	England & Wales	92.1% ■	91.9% ■	92.4% ■	82.4% ■	81.9% ■	83.0% ■	93.0% ■	92.8% ■	93.1% ■
BP ≤140/80 ^c	CCG/LHB	67.2% ■	69.5% ■	70.2% ■	71.3% ■	74.6% ■	75.0% ■	66.8% ■	69.1% ■	70.0% ■
	England & Wales	62.0% ■	67.1% ■	69.0% ■	68.8% ■	72.2% ■	73.4% ■	61.4% ■	66.7% ■	68.7% ■
Cholesterol <4mmol/L	CCG/LHB	41.2% ■	39.4% ■	39.1% ■	34.2% ■	31.7% ■	30.0% ■	41.8% ■	40.1% ■	39.9% ■
	England & Wales	40.7% ■	40.4% ■	39.6% ■	30.4% ■	29.7% ■	28.7% ■	41.6% ■	41.3% ■	40.5% ■
Cholesterol <5mmol/L	CCG/LHB	78.1% ■	76.9% ■	76.4% ■	75.5% ■	70.9% ■	71.5% ■	78.4% ■	77.4% ■	76.8% ■
	England & Wales	77.6% ■	77.0% ■	76.2% ■	72.0% ■	71.1% ■	70.2% ■	78.1% ■	77.5% ■	76.8% ■
Meet all treatment targets ^d	CCG/LHB	41.0% ■	41.2% ■	41.6% ■	16.4% ■	14.2% ■	16.1% ■	43.0% ■	43.3% ■	43.4% ■
	England & Wales	33.7% ■	35.9% ■	35.9% ■	16.5% ■	16.5% ■	16.2% ■	35.2% ■	37.5% ■	37.4% ■

^a All diabetes includes maturity onset diabetes of the young (MODY), other specified diabetes and not specified diabetes.

^b For patients under 12 years of age, 'all treatment targets' is defined as HbA1c only as other treatment targets are not recommended in the NICE guidelines for this age group.

^c BP ≤140/80 does not take into account whether or not patients have eye, kidney or vascular disease.

^d Where patients have achieved HbA1c ≤58mmol/mol, cholesterol <5mmol/L and the blood pressure target.

Table 7: Treatment target achievement rate for all patients in NHS Wirral CCG and England and Wales by treatment target, audit year, diabetes type and age

		Type 1				Type 2			
		Under 40	40 to 64	65 to 79	80 and over	Under 40	40 to 64	65 to 79	80 and over
HbA1c	CCG/LHB	3.6% ■	4.7% ■	17.6% ■	23.1% ■	20.3% ■	25.3% ■	32.3% ■	37.1% ■
<48mmol/mol (6.5%) ^a	England & Wales	7.7% ■	6.7% ■	8.6% ■	12.6% ■	24.4% ■	22.9% ■	27.6% ■	33.5% ■
HbA1c	CCG/LHB	20.8% ■	22.2% ■	39.7% ■	38.5% ■	54.2% ■	64.0% ■	79.2% ■	82.7% ■
≤58mmol/mol (7.5%) ^a	England & Wales	24.8% ■	26.0% ■	35.5% ■	40.5% ■	51.9% ■	57.7% ■	69.6% ■	74.8% ■
HbA1c	CCG/LHB	69.3% ■	76.8% ■	85.3% ■	92.3% ■	79.7% ■	90.1% ■	96.9% ■	98.3% ■
≤86mmol/mol (10.0%) ^a	England & Wales	77.5% ■	84.4% ■	91.4% ■	90.5% ■	84.0% ■	89.9% ■	95.8% ■	96.8% ■
BP ≤140/80 ^b	CCG/LHB	74.7% ■	74.6% ■	79.5% ■	64.7% ■	62.2% ■	64.5% ■	73.8% ■	74.7% ■
	England & Wales	78.1% ■	70.3% ■	71.7% ■	70.7% ■	65.0% ■	64.9% ■	71.7% ■	72.2% ■
Cholesterol	CCG/LHB	22.7% ■	30.0% ■	46.5% ■	38.5% ■	16.5% ■	33.4% ■	43.9% ■	48.6% ■
<4mmol/L	England & Wales	22.3% ■	28.4% ■	41.6% ■	43.7% ■	23.7% ■	35.7% ■	44.9% ■	45.2% ■
Cholesterol	CCG/LHB	65.3% ■	72.1% ■	81.7% ■	84.6% ■	56.5% ■	71.8% ■	80.6% ■	82.0% ■
<5mmol/L	England & Wales	64.1% ■	70.4% ■	81.5% ■	81.5% ■	60.2% ■	72.5% ■	81.2% ■	79.9% ■
Meet all treatment targets ^c	CCG/LHB	16.3% ■	13.5% ■	27.7% ■	8.3% ■	20.9% ■	34.1% ■	50.0% ■	52.0% ■
	England & Wales	14.7% ■	14.7% ■	22.4% ■	25.5% ■	24.3% ■	30.3% ■	42.6% ■	45.1% ■

^a For patients under 12 years of age, 'all treatment targets' is defined as HbA1c only as other treatment targets are not recommended in the NICE guidelines for this age group.

^b BP ≤140/80 does not take into account whether or not patients have eye, kidney or vascular disease.

^c Where patients have achieved HbA1c ≤58mmol/mol, cholesterol <5mmol/L and the blood pressure target.

The treatment target quartile rankings for NHS Wirral CCG are shown in Table 8. Q1 depicts the bottom 25 per cent and Q4 depicts the top 25 per cent, as compared to all CCG/LHBs.

Although NHS Wirral CCG is in the top 25 per cent of all CCG/LHBs for the percentage of patients achieving all three of their treatment targets (Q4), there will still be areas of underperformance, either relative or absolute. The improvements in treatment targets seen in 2003-2010 have largely levelled out across England and Wales. Now it is time for innovation to set the benchmark higher. Because diabetes is such a major contributor to premature mortality and disability the successful CCG/LHBs will lead the field in improving their population health over the next decade.

Table 8: All diabetes^a patients treatment target quartile rankings for NHS Wirral CCG

Care Process	Quartile ^b
HbA1c <48mmol/mol (6.5%) ^c	Q3
HbA1c ≤58mmol/mol (7.5%) ^c	Q4
HbA1c ≤86mmol/mol (10.0%) ^c	Q3
BP ≤140/80 ^d	Q3
Cholesterol <4mmol/L	Q2
Cholesterol <5mmol/L	Q3
Meet all treatment targets ^e	Q4

^a All diabetes includes maturity onset diabetes of the young (MODY), other specified diabetes and not specified diabetes.

^b Q1 depicts the bottom 25 per cent and Q4 depicts the top 25 per cent, as compared to all CCG/LHBs.

^c For patients under 12 years of age, 'all treatment targets' is defined as HbA1c only as other treatment targets are not recommended in the NICE guidelines for this age group.

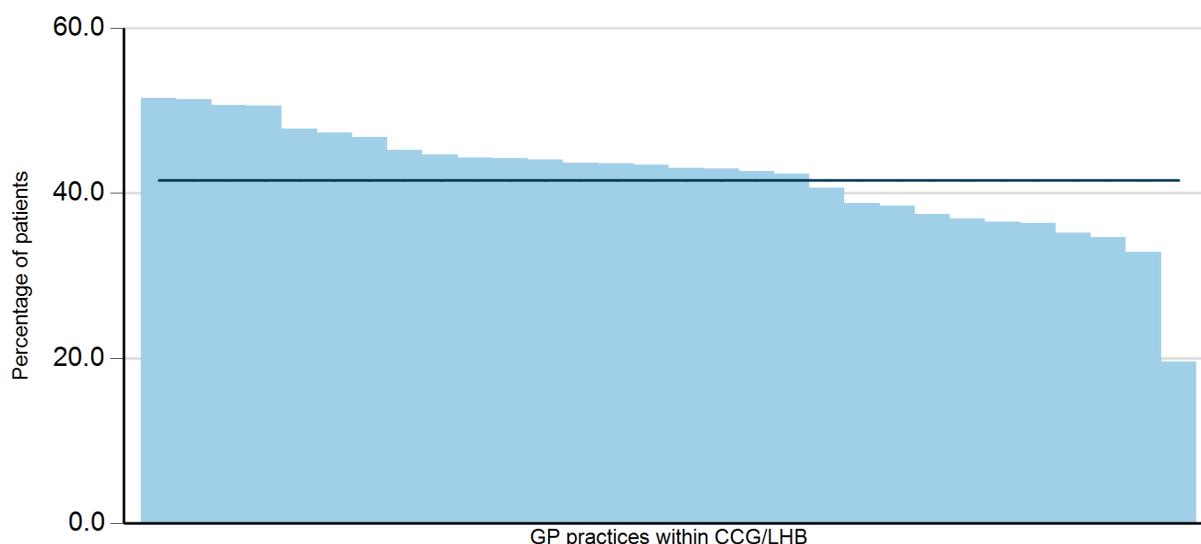
^d BP ≤140/80 does not take into account whether or not patients have eye, kidney or vascular disease.

^e Where patients have achieved HbA1c ≤58mmol/mol, cholesterol <5mmol/L and the blood pressure target.

Figure 6 shows the spread of the percentage of patients achieving all three of their treatment targets for all GP practices within NHS Wirral CCG. All CCG/LHBs could improve immediately by helping the weakest performing practices to do at least as well as the average.

Alternatively, or in addition, NHS Wirral CCG may consider a programme to encourage innovation within the GP practices and in NHS Wirral CCG as a whole.

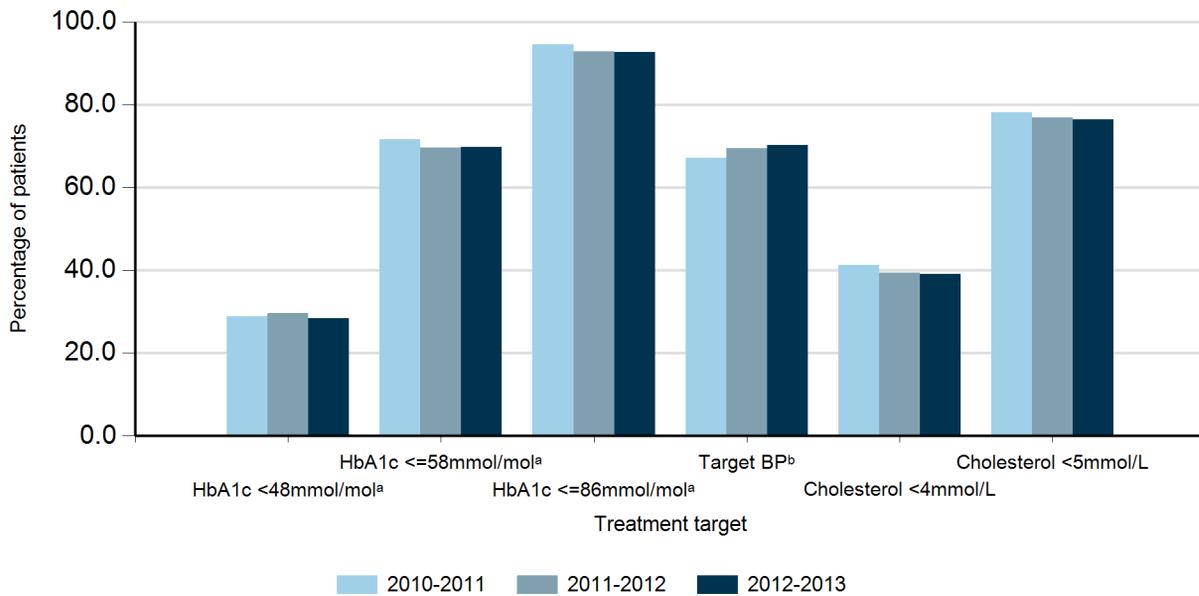
Figure 6: Percentage of patients achieving HbA1c ≤58mmol/mol, cholesterol <5mmol/L and blood pressure ≤140/80 for all GP practices within NHS Wirral CCG



- Average value for NHS Wirral CCG.

The achievement rates in NHS Wirral CCG over the past three years for each individual treatment target and for the percentage of patients achieving all three of their treatment targets are shown as bar charts in Figure 7 and Figure 8, respectively.

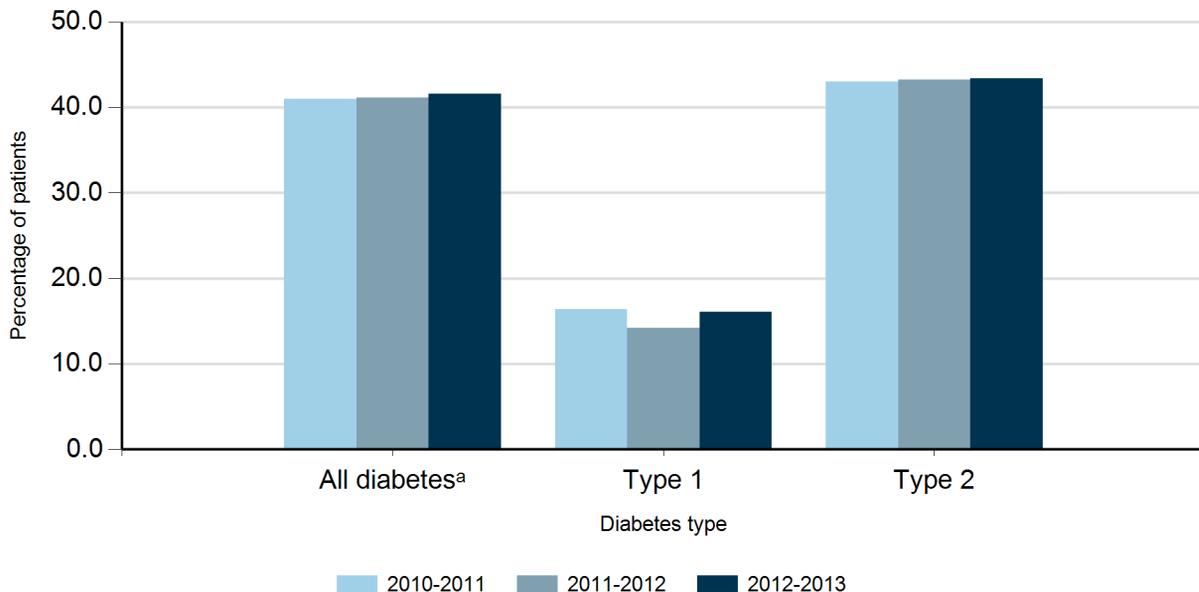
Figure 7: Percentage of all patients in NHS Wirral CCG achieving treatment targets by treatment target and audit year



^a For patients under 12 years of age, 'all treatment targets' is defined as HbA1c only as other treatment targets are not recommended in the NICE guidelines for this age group.

^b BP ≤140/80 does not take into account whether or not patients have eye, kidney or vascular disease.

Figure 8: Percentage of all patients in NHS Wirral CCG achieving HbA1c ≤58mmol/mol, cholesterol <5mmol/L and their relevant blood pressure target by audit year and diabetes type



^a All diabetes includes maturity onset diabetes of the young (MODY), other specified diabetes and not specified diabetes.

Structured Education

The NDA has collected data on structured education in England and Wales since 2005. NICE guidance recommend that people with diabetes (Type 1 or Type 2) be offered patient education programmes, officially known as 'structured education'.

The NDA reports whether there is a record that a person with diabetes has been offered or has attended structured education. The analyses in Table 9 consider structured education records in 2012-2013 for patients diagnosed in the same period.

In 2013, the CCG outcome indicator set will report indicator C2.5 'People with diabetes diagnosed less than one year, referred to structured education.' This indicator will use a similar construction to the information presented below but will use diagnosis date (rather than year), which is currently unavailable for analysis, to define patients diagnosed less than a year.

Table 9: Structured education for people newly diagnosed with diabetes in NHS Wirral CCG and England and Wales

			Number diagnosed	Offered	Attended	Offered or attended ^a
All diabetes ^b	n	CCG/LHB	822	165	0	165
		England & Wales	196,675	31,336	6,740	36,270
	%	CCG/LHB	n/a	20.1%	0.0%	20.1%
		England & Wales	n/a	15.9%	3.4%	18.4%
Type 1	n	CCG/LHB	27	*	0	*
		England & Wales	6,847	264	60	320
	%	CCG/LHB	n/a	*	0.0%	*
		England & Wales	n/a	3.9%	0.9%	4.7%
Type 2	n	CCG/LHB	774	163	0	163
		England & Wales	182,045	30,409	6,569	35,201
	%	CCG/LHB	n/a	21.1%	0.0%	21.1%
		England & Wales	n/a	16.7%	3.6%	19.3%

^a Due to issues with data quality, a patient may be recorded as attending structured education without it recorded as being offered to them; the offered or attended column, which is included in this table, gives an indication of the scale of this issue.

^b All diabetes includes maturity onset diabetes of the young (MODY), other specified diabetes and not specified diabetes.

* To protect patient confidentiality, numbers between 1 and 5, as well as their corresponding percentage values, have been replaced with *** (an asterisk). Secondary suppression has also been used in cases where data could be identified.

Most CCG/LHBs are performing poorly in terms of structured education, yet this is something that is fundamental to effective patient self-care. It must be determined whether these poor results are due to recording issues or whether there really is a CCG wide deficit in structured education.