**NHS Digital**

**Indicator Supporting Documentation**

**IAP00609 2.5 (COF 2.53) People with diabetes, who have been diagnosed for less than 1 year with a structured education referral recorded**

|  |  |
| --- | --- |
| FIELD | CONTENTS |
| IAP Code | IAP00075 |
| Title | 2.5 (COF 2.53) People with diabetes, who have been diagnosed for less than 1 year with a structured education referral recorded. |
| Published by | NHS Digital |
| Reporting period | Annual |
| Geographical Coverage |  |
| Reporting level(s) |  |
| Based on data from |  |
| Contact Author Name | Primary Medical Care Branch, Department of Health and Social Care |
| Contact Author Email |  |
| Rating | Fit for use |
| Assurance date |  |
| Review date |  |
| Indicator set | CCG Outcome Indicator Set |
| Brief Description | The proportion of persons with diabetes diagnosed for less than one year with a record of a referral for structured education |
| Purpose | This indicator has been based on the NICE Quality Standard for Diabetes.  Statement 1 requires that “People with diabetes and/or their carers receive a structured educational programme that fulfils the nationally agreed criteria from the time of diagnosis, with annual review and access to on-going education.”  The indicator is based on a NICE Quality Standard and has been identified by the NICE COF Advisory Committee for use in the CCG Outcomes Indicator Set. |
| Definition | The proportion of persons with diabetes diagnosed for less than one year with a record of a referral for structured education |
| Data Source | National Diabetes Audit (NDA) |
| Numerator | Number of patients with diabetes collected by the NDA who have been diagnosed for less than 1 year with a structured education referral recorded. |
| Denominator | Number of patients with diabetes collected by the NDA who have been diagnosed for less than 1 year. |
| Calculation |  |
| Interpretation Guidelines |  |
| Caveats |  |

**Indicator Governance Board Meeting – 18th January 2012**

**Indicators for Appraisal**

**Batch 1 – CCGOIS Diabetes Indicators**

Record of Assurance provided by **Indicator Governance Board**

|  |  |
| --- | --- |
| **Indicator Title** | **2.4** *(COF2.52)* **Number of people with diabetes with a single marker of all nine basic care processes performed** |
| Indicator Set |  |
| IAS Ref Code: | IAP00125 |
| Construction Summary | *Denominator:* *Number of people with diabetes collected by the NDA, including registration from primary and secondary care as follows: - Registrations from primary care - diabetes patients with a GP record in the selected data. - Registrations from secondary care - diabetes patients with a secondary care record in the selected data but not a GP record.*  *Numerator: Number of people with diabetes collected by the NDA who have received all of the nine care processes listed below within the audit year as follows.*  *Risk factors:*  *1.Blood pressure (Systolic and diastolic)*  *2.Blood test (HbA1c – blood glucose levels)*  *3.Cholesterol levels*  *4.BMI and weight*  *5.Smoking review*  *Tests for early complications*  *6.Foot exam*  *7.Eye screening (retinopathy screening)*  *8.Urinary albumin test (or protein test to measure the kidney function)*  *9.Blood creatinine (indicator for renal function)*  *Results for care processes are taken from both primary and secondary care records.*  Note: Any patient under 12 only has to have had their HbA1c measured annually. Everyone aged 12 or over should have all nine care processes annually. For example, an 11 year old will only be required to have their HbA1C value tested and if this is done, they will have achieved the “all care process” element. An adult aged 25 will have to have received all nine different care processes to have achieved the “all care processes” element. |

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| --- | --- | --- | --- |
| Initial IGB discussion | 18/01/13 | Further discussed |  |

**Strategic Considerations & Implications**

|  |  |
| --- | --- |
| Applicant / Sponsor Organisation | Primary Medical Care Branch, DH  \*Costing for assurance appraisal included in development cost |
| Assurance process funded? | Yes |
| Indicator rationale | The National Service Framework for Diabetes defines nine key care processes for diabetes care; five are risk factors and four tests for early complications. These are to be monitored annually. |
| Basis for rationale  [Details of quality statement, policy etc] | The indicator is based on a NICE Quality Standard and has been identified by the NICE COF Advisory Committee for use in the CCG Outcomes Indicator Set. |
| Risks & assumptions | The National Diabetes Audit (NDA) is the only source for some of the data elements required to construct many diabetes related indicators although GPES may be able to provide much of the required information given the correct data extraction business rules. |
| IG Considerations [e.g. release of under-lying data, intermediaries’ access to data, data ownership impact on production] | *Data Source:* *National Diabetes Audit*  NDA is collected by the HSCIC by automated and manual data extraction from GP Practices, using various clinical systems (Apollo, TPP SystmOne, Informatica and Miquest) via Open Exeter |
| Potential impacts on other business areas [inc outstanding generic issues] | None Identified |
| Implementation Method  [inc production funding] | Funding being sought.   * Costs for the production of the CCG indicators are being included in the COF/CQRS project business case. The requirements for publication of the indicators by HSCIC is yet to be agreed with DH and the NHS Commissioning Board. |

**Record of MRG Discussion**

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| --- | --- |
| Discussion dates: | 09/08/12 By: John Varlow, Andy Sutherland, Azim Lakhani, Jonathan Hope |
| Summary of MRG discussions: | * MRG recommended that the title of the indicator should be changed to better describe the indicator, for example “Single marker of all nine basic care processes performed for patients with diabetes”. * Based on recommendations made at MRG the SDS team has confirmed the following information has been addressed in the quality statement / specification:   + documentation on why all nine processes should be performed within each year included for completeness.   + the time periods for inclusion in both the numerator and denominator made clear.   + Non-response reported in the quality statement e.g. participation in the audit at CCG level. MRG also noted that further work may need to be carried out in the future on weighting the indicator to account for non-response bias. |
| *Outcome of MRG consideration:* | **No significant issues identified** |
|  | **No significant issues on basis of completion of outstanding actions** |
|  | **Some concerns expressed as caveats or limitations** |
|  | **Significant reservations** |
|  | **Unresolved issues** |
| MRG statement of recommendation: | Indicator approved for escalation to Indicator Governance Board on the basis that supporting documentation is included with the quality statement to aid interpretation. |
| **Additional Assurance Details** |  |
| Peer Reviewers: | No peer review currently undertaken |
| Peer Review summary: | n/a |
| Range of input  [Have relevant business areas contributed e.g. clinical assurance?] | This indicator was developed as part of the National Diabetes Audit primary care data collection to determine the percentage of patients with diabetes who are referred to diabetes education programmes. The indicator was requested and developed in conjunction with the NDA clinical lead, Bob Young and expert clinical coders. This indicator is collected nationally as part of the NDA. |

IGB – Additional Recommendations:

[Add new section as necessary]

**Recommendations & Updates**

|  |  |
| --- | --- |
| Made: xx/xx/xx |  |
| Comments & Recommendations  [List additional comments and recommendations raised by IGB] |  |
| Action required: | **None Required**  **Further Update IGB**  **Refer to MRG** |
| Update:  Made: xx/xx/xx |  |

Review:

|  |  |
| --- | --- |
| Review Timescale | **3 years** |
|  | Rationale [Issues to consider – Changes to process, policy data source, coding definitions HES definitions ]  In light of no significant issues being identified with the methodology or anticipated changes to process or data source it is recommended that the indicator be reviewed in 3 years, unless there are any changes to data collection methodologies (e.g. use of GPES). |

IGB Sign-off:

**Indicator Assurance Process Output**

|  |  |
| --- | --- |
| *Final Appraisal Status* | 1. **Assured** 2. **Assured with Comments** 3. **Failed Assurance** |
| Basis of Sign-off  [Detail caveats and limitations ] |  |
| Sign-off Date |  |

Record of Assurance provided by **Indicator Governance Board**

|  |  |
| --- | --- |
| **Indicator Title** | **2.5** *(COF 2.53)* **People with diabetes, who have been diagnosed for less than 1 year with a structured education referral recorded.** |
| IAS Ref Code: | **IAP00075** |
| Indicator Set |  |
| Construction Summary | *Denominator:* Number of patients with diabetes collected by the NDA who have been diagnosed for less than 1 year.  *Numerator:* Number of patients with diabetes collected by the National Diabetes Audit (NDA) who have been diagnosed for less than 1 year with a structured education referral recorded. |

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| Initial IGB discussion | 18/01/13 | Further discussed |  |

**Strategic Considerations & Implications**

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| --- | --- |
| Applicant / Sponsor Organisation | Primary Medical Care Branch, DH \*Costing for assurance appraisal included in development cost |
| Assurance process funded? | Yes |
| Indicator rationale | This has been based on the NICE Quality Standard for Diabetes.  “People with diabetes and/or their carers receive a structured educational programme that fulfils the nationally agreed criteria from the time of diagnosis, with annual review and access to on-going education.” |
| Basis for rationale  [Details of quality statement, policy etc] | The indicator is based on a NICE Quality Standard and has been identified by the NICE COF Advisory Committee for use in the Commissioning Outcomes Framework. |
| Risks & assumptions | The National Diabetes Audit (NDA) is the only source for some of the data elements required to construct many diabetes related indicators although GPES may be able to provide much of the required information given the correct data extraction business rules. |
| IG Considerations [e.g. release of under-lying data, intermediaries’ access to data, data ownership impact on production] | *Data Source:* *National Diabetes Audit* NDA is collected by the HSCIC by automated and manual data extraction from GP Practices, using various clinical systems (Apollo, TPP SystmOne, Informatica and Miquest) via Open Exeter |
| Potential impacts on other business areas [inc outstanding generic issues] | None Identified |
| Implementation Method  [inc production funding] | Funding being sought.   * Costs for the production of the CCG indicators are being included in the COF/CQRS project business case. The requirements for publication of the indicators by HSCIC is yet to be agreed with DH and the NHS Commissioning Board. |

**Record of MRG Discussion**

|  |  |
| --- | --- |
| Discussion dates: | 14/3/12, 09/08/12 By: John Varlow, Andy Sutherland, Azim Lakhani, Jonathan Hope |
| Summary of MRG discussions: | * MRG recommended indicator re-defined, which was done following the NICE COF Advisory Committee May 2012*. Originally - People with newly diagnosed diabetes who are offered structured education within 3 months of diagnosis* * Reported to MRG that although data more readily support this re-defined indicator, structured education is poorly recorded in primary care to the extent that NDA does not report figures. * It is suggested that the poor completion is due to the fact that there are no QOF points associated with the recording of this measure – for example, 90-95% of diabetes patients have a record of their blood sugar level because there is an incentive to record this information * Possibility that where a newly diagnosed patient has no record of referral but has a code of “did not attend” or “refused” structured education, it could be inferred that the education was offered, meaning these patients could be included in the numerator which has been identified in the quality statement by the SDS team. * Additionally, the SDS team has included the following in the quality statement based on MRG recommendations:   + note that low values for the indicator could be due to poor performance or poor data quality.   + that the time periods for inclusion in both the numerator and denominator should be made clear. |
| *Outcome of MRG consideration:* | 1. No significant issues identified 2. No significant issues on basis of completion of outstanding actions 3. **Some concerns expressed as caveats or limitations** 4. Significant reservations 5. Unresolved issues |
| MRG statement of recommendation: | Indicator approved for escalation to Indicator Governance Board on the basis that limitations relating to data completeness are made available. |
| Peer Reviewers: | No peer review currently undertaken |
| Peer Review summary: | n/a |
| Range of input  [Have relevant business areas contributed e.g. clinical assurance?] | This indicator was developed as part of the National Diabetes Audit primary care data collection to determine the percentage of patients with diabetes who are referred to diabetes education programmes. The indicator was requested and developed in conjunction with the NDA clinical lead, Bob Young and expert clinical coders. This indicator is collected nationally as part of the NDA. |

IGB – Additional Recommendations:

[Add new section as necessary]

**Recommendations & Updates**

Made: xx/xx/xx

|  |  |
| --- | --- |
| Comments & Recommendations  [List additional comments and recommendations raised by IGB] |  |
| Action required: | **None Required**  **Further Update IGB**  **Refer to MRG** |
| Update:  Made: xx/xx/xx |  |

|  |  |
| --- | --- |
| **Review** |  |
| Review Timescale | **Other** |
| Rationale | [Issues to consider – Changes to process, policy data source, coding defintions HES definitions ]  The introduction of a new treatment function code for structured eduction may enable calculation from CDS from 2015 which will need to be investigated. The outcome of this may present a need to review methodologies at this time. |

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| **Indicator Assurance Process Output** |  |
| *Final Appraisal Status* | Assured  Assured with Comments  Failed Assurance |
| Basis of Sign-off  [Detail caveats and limitations ] |  |
| Sign-off Date |  |

**Record of Assurance provided by Indicator Governance Board**

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| --- | --- |
| **Indicator Title** | **2.8** *(COF 2.61)* **Rates of complications associated with diabetes** |
| Indicator Set |  |
| IAS Ref Code: | IAP00084 |
| Construction Summary | *Denominator:* *Number of people with diabetes identified by the NDA who were alive at the start of the follow-up period.*  *Numerator: Number of people identified by NDA in the denominator with a HES record of NDA complications using ICD-10 primary or secondary diagnosis codes, or primary and secondary OPCS codes.* |

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| Initial IGB discussion | 18/01/13 | Further discussed |  |

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| **Strategic Considerations & Implications** |  |
| Applicant / Sponsor Organisation | Primary Medical Care Branch, DH  \*Costing for assurance appraisal included in development cost |
| Assurance process funded? | Yes |
| Indicator rationale | The indicator is based on a NICE Quality Standard and has been identified by the NICE COF Advisory Committee for use in the Commissioning Outcomes Framework.  This indicator is considered useful in measuring the quality of commissioning for people with diabetes. |
| Basis for rationale  [Details of quality statement, policy etc] | The NDA currently covers four ‘core care’ components of the National Service Framework (NSF) for Diabetes. These include:   * Registrations: * Care Processes: * Treatment Targets: * **Complications:** For people with registered diabetes what are the rates of acute and long term complications (disease outcomes)? The complications are ketoacidosis, angina, myocardial infarction, cardiac failure, stroke, end stage kidney disease treatment, diabetic retinopathy treatments, minor amputations, major amputations |
| Risks & assumptions | None Identified |
| IG Considerations [e.g. release of under-lying data, intermediaries’ access to data, data ownership impact on production] | *Data Source:* *National Diabetes Audit,* *HES/PEDW* NDA is collected by the HSCIC by automated and manual data extraction from GP Practices, using various clinical systems (Apollo, TPP SystmOne, Informatica and Miquest) via Open Exeter.  Complications are recorded in HES/PEDW using ICD10 and OPCS-4 codes. |
| Potential impacts on other business areas [inc outstanding generic issues] | None Identified |
| Implementation Method  [inc production funding] | Funding being sought.   * Costs for the production of the CCG indicators are being included in the COF/CQRS project business case. The requirements for publication of the indicators by HSCIC is yet to be agreed with DH and the NHS Commissioning Board. |

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| **Record of MRG Discussion** |  |
| Discussion dates | 14/3/12, 09/08/12, 26/10/12 |
| By | HSCIC - Alyson Whitmarsh, Andy Sutherland, Azim Lakhani, John Varlow, Jonathan Hope  NICE – Daniel Sutcliffe  UHB – Daniel Ray, Irena Begaj  ISB – Neil McCrirrick |
| Summary of MRG discussions: | * Exercise to verify the number of instances where NDA/HES items don’t match, e.g. where missing NHS number recommended. Reported back that NDA has NHS Number as a mandatory item; complete NHS numbers are verified and validated through Open Exeter as well formed and belonging to the individual. * MRG recommended a review of the necessity for age standardisation with a risk model built as appropriate. Final recommendation to use indirect standardisation accepted by MRG * Possibility of splitting indicator to report separately for each complication discussed but was reported that NICE had rejected this proposal. Since it is not appropriate to report incidence for chronic conditions such as angina, MRG recommended that prevalence should be reported. * Recommendation that patients with multiple complications or more than one incident of a single complication should only be counted once in the numerator, avoiding possibility of the numerator being higher than the denominator. Quality statement to make clear what is not being captured by the indicator e.g. multiple incidents of ketoacidosis, patients with multiple complications. * NDA currently audits only those patients alive at the end of the audit period, which presents a potential issue in terms of reporting complications with high mortality rates such as myocardial infarction. Recommendation that further work should be carried out to see if it is possible to identify those patients who exist in the previous audit period but not the current audit and then link to ONS death records so that those patients who die from complications e.g. myocardial infarction can be included. Noted that the IG permissions needed for this data linkage are already in place. * Commented that patients with chronic conditions, such as angina, should be included in the numerator for as long as they are alive, even if they do not appear in HES with further work to be carried out to see if this is possible. * Noted that because of differences in scale of the complications, large variations where the numbers are small (e.g. major amputations) could be masked by small changes where the number of occurrences is greater (e.g. angina). This to be explained in the quality statement, along with other limitations of the indicator. * It was recommended that the denominator be changed to better reflect the period of risk. This would mean that someone alive for half the numerator time period (1 year) would be counted as 0.5, rather than 1. However, the NDA team subsequently reported that using the above methodology would lead to a disparity between the production of the indicator and that used to analyse the audit data as NDA only use ‘years at risk’ in the mortality standardisation. * Quality Statement to refer the reader / user to contextual information showing the disaggregation of rates at CCG levels by complication. This information will be available in the annual report. |
| *Outcome of MRG consideration:* | **No significant issues on basis of completion of outstanding actions** |
| MRG statement of recommendation | Indicator approved for escalation to Indicator Governance Board on the basis that limitations described above are outlined in the quality statement and that further analysis work in relation to the list of inclusions of chronic conditions is continued. |
| **Additional Assurance Details** |  |
| Peer Reviewers: | No peer review currently undertaken |
| Peer Review summary: | n/a |
| Range of input  [Have relevant business areas contributed e.g. clinical assurance?] | This NDA complications indicator, which provides NDA analysis pertaining to incidence and prevalence of complications amongst the NDA diabetes population, was developed to assess the complication rates in the diabetic population. The indicator was requested and developed in conjunction with the NDA clinical lead, Bob Young and expert clinical coders. These indicators are collected nationally as part of the NDA. |

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| **Recommendations & Updates** |  |
| Comments & Recommendations  [List additional comments and recommendations raised by IGB] |  |
| Action required: |  |
| Update:  Made: xx/xx/xx |  |

|  |  |
| --- | --- |
| **Review** |  |
| Review Timescale | **3 years** |
| Rationale | [Issues to consider – Changes to process, policy data source, coding defintions HES definitions ]  In light of no significant issues being identified with the methodology or anticipated changes to process or data source it is recommended that the indicator be reviewed in 3 years, unless there are any changes to data collection methodologies (e.g. use of GPES). |
| **Strategic Considerations & Implications** |  |
| Applicant / Sponsor Organisation | Primary Medical Care Branch, DH  \*Costing for assurance appraisal included in development cost |
| Assurance process funded? | Yes |
| Indicator rationale | The indicator is based on a NICE Quality Standard and has been identified by the NICE COF Advisory Committee for use in the Commissioning Outcomes Framework. |
| Basis for rationale  [Details of quality statement, policy etc] | This indicator is considered useful in measuring the quality of commissioning for people with diabetes. |
| Risks & assumptions | * For primary care, participation in the NDA is voluntary. The NDA 2010-2011 achieved 82.8% participation rate for 6,774 GP Practices in England and reported on 2,150,634 patients. * For secondary care, participation in the audit is mandatory under the NHS Standard Contract. In the NDA 2010-2011, 75 secondary care units submitted data. * The method for this indicator is the same as that for indicator 2.8, however this indicator is more likely to have small number issues as it only looks at 3 types of complications. |
| IG Considerations [e.g. release of under-lying data, intermediaries’ access to data, data ownership impact on production] | *Data Source:* *National Diabetes Audit*  NDA is collected by the HSCIC by automated and manual data extraction from GP Practices, using various clinical systems (Apollo, TPP SystmOne, Informatica and Miquest) via Open Exeter |
| Potential impacts on other business areas [inc outstanding generic issues] | None Identified |
| Implementation Method  [inc production funding] | Funding being sought.   * Costs for the production of the CCG indicators are being included in the COF/CQRS project business case. The requirements for publication of the indicators by HSCIC is yet to be agreed with DH and the NHS Commissioning Board. |
| **Indicator Assurance Process Output** |  |
| *Final Appraisal Status* | 1. **Assured** 2. **Assured with Comments** 3. **Failed Assurance** |
| Basis of Sign-off  [Detail caveats and limitations ] |  |
| Sign-off Date |  |

**Record of Assurance provided by Indicator Governance Board**

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| --- | --- |
| **Indicator Title** | **1.4** *(COF 1.24)* **Myocardial infarction, stroke and end stage kidney disease in people with diabetes** |
| IAS Ref Code: | IAP00126 |
| Indicator Set |  |
| Construction Summary | *Denominator:* Number of people with diabetes identified by the NDA.  *Numerator:* Number of people collected by the NDA who have a HES primary or secondary diagnosis during the reporting period of MI, stroke or end stage kidney disease. |
| Initial IGB discussion | 18/01/13 |

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| --- | --- |
| **Record of MRG Discussion** |  |
| Discussion dates: | 09/08/12, 26/10/12 |
| By | HSCIC - Alyson Whitmarsh, Andy Sutherland, Azim Lakhani, John Varlow, Jonathan Hope  NICE – Daniel Sutcliffe  UHB – Daniel Ray, Irena Begaj  ISB – Neil McCrirrick |
| Summary of MRG discussions: | * MRG noted that this indicator overlapped with CCGOIS *2.8 – Complications associated with diabetes*, as it had earlier been agreed that 2.8 would be a composite indicator covering multiple conditions, rather than a separate indicator for each complication. * MRG recommended that it be reviewed whether or not both indicators needed to be included, however this approach rejected by DH.   See also 2.8 - Rates of complications associated with diabetes (IAP0084)   * Reported back that NDA has NHS Number as a mandatory item; complete NHS numbers are verified and validated through Open Exeter. * Final recommendation to use indirect standardisation accepted by MRG * Further work should be carried out to see if it is possible to identify those patients who exist in the previous audit period but not the current audit and then link to ONS death records * It was recommended that the denominator be changed to better reflect the period of risk. This would mean that someone alive for half the numerator time period (1 year) would be counted as 0.5, rather than 1. However, the NDA team subsequently reported that using the above methodology would lead to a disparity between the production of the indicator and that used to analyse the audit data as NDA only use ‘years at risk’ in the mortality standardisation. |
| *Outcome of MRG consideration:* | **No significant issues on basis of completion of outstanding actions** |
| MRG statement of recommendation: | Indicator approved for escalation to Indicator Governance Board |
| **Additional Assurance Details** |  |
| Peer Reviewers: | No peer review currently undertaken |
| Peer Review summary: | n/a |
| Range of input  [Have relevant business areas contributed e.g. clinical assurance?] | This indicator was developed as part of the National Diabetes Audit primary care data collection to determine the percentage of patients with diabetes who are referred to diabetes education programmes. The indicator was requested and developed in conjunction with the NDA clinical lead, Bob Young and expert clinical coders. This indicator is collected nationally as part of the NDA. |
| **Recommendations & Updates** |  |
| Comments & Recommendations  [List additional comments and recommendations raised by IGB] |  |
| Action required: |  |
| **Review** |  |
| Review Timescale | **3 years** |
| Rationale | [Issues to consider – Changes to process, policy data source, coding defintions HES definitions ]  In light of no significant issues being identified with the methodology or anticipated changes to process or data source it is recommended that the indicator be reviewed in 3 years, unless there are any changes to data collection methodologies (e.g. use of GPES). |
| **IGB Sign-off** |  |
| **Indicator Assurance Process Output** |  |
| *Final Appraisal Status* | **Assured**  **Assured with Comments**  **Failed Assurance** |

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| --- | --- | --- |
|  | Lapsed Date | 18/01/2015 - Indicator Assurance Extension Cover Sheet |
|  | Criteria Check List |  |
|  | There is evidence that IGB assured the indicator to a period ending 1st January 2016 or after Though expired on 18/01/2015, is to be reviewed alongside:  * IAP00125 – People with diabetes with a single marker of all nine basic care processes performed * IAP00126 Myocardial infarction, stroke and end stage kidney disease in people with diabetes   As a result, it has also been approved for a further two years from today’s meeting. | No |
|  | Have all caveats been addressed? List them here with updated information:  Indicator to be reviewed alongside:   * IAP00125 – People with diabetes with a single marker of all nine basic care processes performed * IAP00126 Myocardial infarction, stroke and end stage kidney disease in people with diabetes | Yes |
|  | Are there any changes to …   1. Policy | No |
|  | 1. Data source | No |
|  | 1. Sponsoring organisation | No |
|  | 1. Methodology | No |
|  | Are there any issues with data quality? | No |
|  | Has the indicator been superseded by another indicator? If yes, what is the new indicator’s reference number and title? | No |
|  | Has the indicator been withdrawn by the sponsoring organisation? | No |
|  | Are there any patient safety implications? | No |
|  | Have there been any reports of risk associated with this indicator? | No |
|  | Primary category | Diabetes |
|  | Set | CCGOIS |
|  | Publication reference | N/A |

|  |  |
| --- | --- |
| Recommendation | Fit for extension as part of a package |
| Prepared by | Jonathan Trepczyk |
| IGB decision | Fit for use |
| Accreditation period | Two years |
| IGB approval date | 13/09/2018 |
| Review date | 13/09/2020 |

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| --- | --- |
| **IAS Ref Code** |  |
| **Indicator Title** |  |
| **Indicator Set** |  |

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| --- | --- | --- | --- |
| Version | Date | Changed By | Summary of changes |
| v.01 | 02/01/13 | Chris Wilson | Document Created |
| v.02 | 30/01/13 | Chris Wilson | Document updated following discussion at IGB |
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**Assurance Summary**

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| --- | --- | --- | --- |
| Assurance Stage |  | Date(s) | Comments |
| Application Received |  |  |  |
| Initial Appraisal Completed |  |  |  |
| Peer Review Appraisal |  |  |  |
| Methodology Review Group Discussion |  | 14/3/12, 9/8/12 |  |
| Indicator Governance Board Discussion |  | 18/1/13 |  |
| Signed-off |  | 18/1/13 |  |

Peer Review

Peer Reviewer(s) / Organisations :

|  |  |  |
| --- | --- | --- |
| *Outcome of Peer Review consideration:* | 1. **Proposal signed off, with or without caveats** |  |
|  | 1. **Minor changes recommended** |  |
|  | 1. **Declined to sign-off** |  |

Methodology Review Group (MRG)

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| --- | --- | --- |
| *Outcome of MRG consideration:* | 1. **No significant issues identified** |  |
|  | 1. **No significant issues on basis of completion of outstanding actions** |  |
|  | 1. **Some concerns expressed as caveats or limitations** |  |
|  | 1. **Significant reservations** |  |
|  | 1. **Unresolved issues** |  |

Indicator Governance Board (IGB)

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| --- | --- | --- |
| *Final Appraisal Status* | 1. **Assured** |  |
|  | 1. **Assured with Comments** |  |
|  | 1. **Failed Assurance** |  |

**Peer Review Summary**

|  |  |
| --- | --- |
| **Indicator Title** |  |
| Indicator Set |  |
| IAS Ref Code |  |
| Date of Peer Review |  |
| Peer Reviewer(s) / Organisations: |  |
| *Outcome of MRG consideration:* | **Proposal signed off, with or without caveats**  **Minor changes recommended**  **Declined to sign-off** |
| Link to Peer Review Appraisal |  |

Indicator Methodology for Consideration - **Methodology Review Group**

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| [Indicator title submitted pre - MRG discussion]  **2.53 People with newly diagnosed diabetes who are offered structured education within 3 months of diagnosis** |
| Indicator Set |
| IAS Ref Code: |
| Introduction |
| [Give a brief background on which indicators are being considered, especially if they form part of a programme of indicators. Provide any general information such as  •urgency of approval / broad timescales  •history and direction of any indicator programmes involved e.g. General news about NHS Outcomes Framework  •Level of IC’s involvement, e.g. is it commissioned to produce or surface the data ]  The NHS Commissioning Board is developing the CCG Outcomes Indicator Set to measure the health outcomes and quality of care (including patient reported outcome measures and patient experience) achieved by clinical commissioning groups. The CCG Outcomes Indicator Set will allow the NHS Commissioning Board to identify the contribution of clinical commissioning groups to achieving the priorities for health improvement in the NHS Outcomes Framework, while also being accountable to patients and local communities. It will also enable the commissioning groups to benchmark their performance and identify priorities for improvement.  The purpose of the Framework is as follows:  “The purpose of the [CCG] Outcomes Framework will be to:  drive local improvements in quality and outcomes for patients  hold CCGs to account for their progress in delivering these outcomes  provide clear, publicly available information on the quality of healthcare services commissioned by CCGs.”  *Reference: Commissioning Outcomes Framework: Engagement Document, NHS Commissioning Board*  Diabetes Audit-Based COF Indicators   1. The National Diabetes Audit (NDA) is the only source for some of the data elements required to construct many diabetes related indicators although GPES may be able to provide much of the required information given the correct data extraction business rules. 2. The NDA is the largest annual clinical audit in the world. It has permission from NIGB to collect patient identifiable data under Section 251 of the NHS Act 2006.   The audit is optional, so it is not mandated but data are collected from PCTs, Hospital Trusts, Specialist Paediatric Units and GP Practices. In 2009-10, 6507 of 8357 England GP Practices took part in the audit (77.86%) and significantly improved technical data extraction methods have resulted in far greater participation in the most recent audit whose results are imminent. For example, in 2009-10, there were 2.00 million patients recorded in the NDA; the 2010-11 dataset contains 2.24 million records.   1. NDA has no exclusions, patient of all ages and all types of diabetes (apart from gestational which is temporary) are included. 2. NDA encompasses all Primary care and all adults from Secondary care. Paediatric units and endocrinology units treating children with diabetes no longer return data to the NDA as their data are independently collected. However, the NDA team believes that the majority of children with diabetes will have type one diabetes and thus most will have this noted in their GP record - in the most recently published audit, 20,000 children had records of diabetes in paediatric units of which 18,000 were also recorded in the GP record.   Since the NDA is the only source for the required data, given that secondary care records for children are not included in the dataset, there are several options:   1. Use the NDA to cover primary care only, for patients of all ages, all types of diabetes (except gestational), no exclusions. This would include treatment delivered by primary or secondary care for these patients but exclude any records with no primary care match. 2. Use the NDA and filter for adults only, exclude children’s records entirely but include records from secondary care. 3. Use the NDA as is, accepting that child records from secondary care will not be included.   The NDA team believes that the inclusion or otherwise of children in the secondary care dataset is not a relevant concern in view of the fact that the object of the indicator is to know and understand whether structured education is being offered and what the take up has been, i.e. whether healthcare providers are delivering what they should. Furthermore, the NDA team believes (as above) that most children receiving diabetes treatment in secondary care will be identified via their GP records instead. The team therefore recommends use of the NDA as is.   1. The NDA takes place annually and has been completed every year since 2003-2004. Indicators can thus be reported no more frequently than on a yearly basis. Following the collection, date are validated, verified, processed and quality assured before analysis and reporting can begin. NDA 2010-2011 will be ready to commence reporting during May 2012. 2. These indicators need to be reported at CCG level, which will be derived from GP practice registrations. Not all patients are registered with a GP and since some NDA data comes solely from secondary care, some patients will not be attributable to a CCG. The NDA team advises that three years ago, 2.8% of secondary care patient records had no GP recorded. Further investigation is needed to ascertain the spread of this. 3. There may be issues around reporting small numbers at CCG level. |

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| Indicator Details - Initial MRG Submission | Date of Initial Discussion: 14/03/12 |
| Rationale / usefulness  Evidence and action ability of indicator [take this directly from the application if possible] | The indicator is based on a NICE Quality Standard (refer to section 3, Evidence Base) and has been identified by the NICE COF Advisory Committee for use in the Commissioning Outcomes Framework.  Indicator 2.53 has been identified as being a key component of high quality care as defined in the NICE quality standard for diabetes.  Statement 1 requires that “People with diabetes and/or their carers receive a structured educational programme that fulfils the nationally agreed criteria at the time of diagnosis, with annual review and access to on-going education.” |
| Data source | National Diabetes Audit (NDA) |
| Construction | ***Summary description of the calculation:***  The proportion of persons with newly diagnosed diabetes offered a structured education  Indicator will be reported annually. |
|  | ***Calculation type:*** This indicator will be a percentage. |
|  | ***Denominator:***Patients newly diagnosed with diabetes as recorded in GP Adult Population Data and / or secondary care records.  ***Numerator:*** The number patients newly diagnosed with diabetes offered a structured education. |
|  | ***Statistical Methods / Risk adjustment variables:***  The objective of the NDA is to report on the diabetes population, with no exclusions and no modifications applied to the numbers.  Exclusions  The NDA has no patient exclusions. The NDA comprises data on patients from:  ­All diabetes types (excluding gestational diabetes)  ­All ages  ­All sexes  Adjustments  No standardisation is completed during reporting. |
|  | ***Other (Quality assurance/interpretation/known limitations):*** |
| Potential Issues  Highlight any of the following that apply  -data source(s) do not collect 100% of events  -data source(s) organisation or geographic coverage shortfalls  -codes or filters not matching the policy question  -data source(s) definitions not meeting policy question  -data source(s) quality problems or inconsistency of reporting  -statistical methods not appropriate for test or audience  -risk adjustment not considered  -long term security of the data source(s)  -timing of data availability for use in indicator  presentation of data likely to mislead or give false confidence in findings | NDA historically recorded year as opposed to date of diagnosis although the collection is being updated to record actual date. NICE defined “newly diagnosed” as within 6 months but this cannot yet be reported.  Patients to be identified if first date of diagnosis is during the audit year.  It is not yet possible to report offer of structured education within 3 months of diagnosis (see above), but it is possible to record whether an offer has been made.  These constraints will be irrelevant by the time COF is live.  NDA is able to collect only offered or attended and does not collect the Read codes. Any requirement to split attended into started and completed would require a change to the audit and may incur costs. |
| Supporting Documents  Provide links to any additional documentation used to support discussion at MRG |  |
| Additional Information / Sample Data : |  |

Revisions:

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| Revision Date: | 9/8/12 |
| General Comments / Reasoning: | Following the NICE COF Advisory Committee in May, alterations have been made to the wording of this indicator |
| Revisions: |  |
| Indicator Title | Following the NICE COF Advisory Committee in May, the wording of this indicator has been changed to:  *Number of people with diabetes, who have been diagnosed for less than 1 year with a structured education referral recorded.* |
| Data source | As previous |
| Construction | Indicator definitions altered to:  the proportion of persons with diabetes diagnosed for less than one year with a record of a referral for structured education.  Denominator: Number of patients with diabetes who have been diagnosed for less than 1 year as recorded in GP Adult Population Data.  Numerator: Number of patients with diabetes collected by the National Diabetes Audit (NDA) who have been diagnosed for less than 1 year with a structured education referral recorded. |
| Updated Potential Issues | Structured Education Indicators – Potential Issues   * Structured education is poorly recorded in primary care e.g. NDA 2009-2010 showed only 1.8% of patients submitted to the NDA had a structured education offered Read code in their record. Read codes exist for referral, attendance and review of structured education (see Appendix 2) although in some instances the codes have a narrow focus and it is not necessarily clear which of these codes would constitute “structured education”. * The NDA and Clinical Indicators Teams have concerns about the completeness of data. It is suggested that the poor completion is due to the fact that there are no QOF points associated with the recording of this measure – for example, 90-95% of diabetes patients have a record of their blood sugar level because there is an incentive to record this information   Indicator 2.53   * Small numbers are likely to be a problem and this may need to be taken to small numbers panel. * Although the data more readily support this re-defined indicator, structured education is so very poorly recorded in primary care that NDA does not report figures. For example, NDA 2009-2010 showed only 28% of patients submitted to the NDA had an education offered read code in their record. * It is possible that where a newly diagnosed patient has no record of referral but has a code of “did not attend” or “refused” structured education, it could be inferred that the education was offered. This would mean that these patients could be included in the numerator. However, data quality issues could make this problematic.   Sample data provided:  Sample data provided |

MRG Recommendations, Comments & Updates:

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| Ref code  **Rec 2012/36**  Made: 14/03/12 | Definitions in relation to what is being covered in the measurement, and what recording periods are being defined, to be made more precise within the indicator description. MRG suggested that the description could start as “of people included in the audit...” |
| Update:  Made: 09/08/12 | Following the NICE COF Advisory Committee in May, alterations have been made to the wording of this indicator |
| Rec Status: | **Further Information Required**  **Resolved / No Action Required** |

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| Ref code  **Rec 2012/37**  Made: 14/03/12 | Further investigation is required to examine the impact on data quality that the recording levels described in point 9 of the summary of the MRG paper may have – i.e. for Secondary Care only 1.6% of records in the 2009-10 raw dataset have an entry in the Education Offered field.  Further consideration is needed with regards to what measures of data quality could support the indicators for completeness of understanding |
| Update:  Made: xx/xx/xx |  |
| Rec Status: | **Further Information Required**  **Resolved / No Action Required** |

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| Ref code  **Rec 2012/38**  Made: 14/03/12 | Consideration is to be given as to how to follow up the percentage of GP’s who don’t take part in the NDA. Additionally, the rate at which people dissent from the audit will need to be reported back. |
| Update:  Made: 09/08/12 | Participation in the audit increases each year. 82.8% of GP practices in England participated in the most recent audit.  Only 60 patients dissented in 2009-10 and the most recent figure is also extremely small. |
| Rec Status: | **Further Information Required**  **Resolved / No Action Required** |

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| Ref code  **Rec 2012/39**  Made: 14/03/12 | The position on which GP is attributable for “offers”, “starts” and “completions”, when a patient changes GP practice within the defined indicator time periods needs clarifying |
| Update:  Made: xx/xx/xx |  |
| Rec Status: | **Further Information Required**  **Resolved / No Action Required** |

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| Ref code  **Rec 2012/170**  Made: 09/08/12 | MRG recommended that the quality statement for the indicator should note that low values for the indicator could be due to poor performance or poor data quality. |
| Rec Status: | **Further Information Required**  **Resolved / No Action Required** |

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| Ref code  **Rec 2012/171**  Made: 09/08/12 | MRG recommended that the time periods for inclusion in both the numerator and denominator should be made clear in the Quality Statement |
| Rec Status: | **Further Information Required**  **Resolved / No Action Required** |

Record of Assurance provided by **Indicator Governance Board**

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| **Indicator Title** |  |
| Indicator Set |  |
| IAS Ref Code: |  |
| Construction Summary | *Denominator:* Number of patients with diabetes collected by the NDA who have been diagnosed for less than 1 year.  *Numerator:* Number of patients with diabetes collected by the National Diabetes Audit (NDA) who have been diagnosed for less than 1 year with a structured education referral recorded. |

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| Initial IGB discussion | 18/01/13 |

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| **Strategic Considerations & Implications** |  |
| Applicant / Sponsor Organisation | Primary Medical Care Branch, DH  \*Costing for assurance appraisal included in development cost |
| Assurance process funded? |  |
| Indicator rationale | This has been based on the NICE Quality Standard for Diabetes.  “People with diabetes and/or their carers receive a structured educational programme that fulfils the nationally agreed criteria from the time of diagnosis, with annual review and access to on-going education.” |
| Basis for rationale  [Details of quality statement, policy etc] | The indicator is based on a NICE Quality Standard and has been identified by the NICE COF Advisory Committee for use in the Commissioning Outcomes Framework. |
| Risks & assumptions | The National Diabetes Audit (NDA) is the only source for some of the data elements required to construct many diabetes related indicators although GPES may be able to provide much of the required information given the correct data extraction business rules. |
| IG Considerations [e.g. release of under-lying data, intermediaries access to data, data ownership impact on production] | *Data Source:* *National Diabetes Audit*   * NDA is collected by the HSCIC by automated and manual data extraction from GP Practices, using various clinical systems (Apollo, TPP SystmOne, Informatica and Miquest) via Open Exeter * Data is available at patient level but access is restricted without permissions |
| Potential impacts on other business areas [inc outstanding generic issues] | None Identified |
| Implementation Method  [inc production funding] | Funding being sought.   * Costs for the production of the CCG indicators are being included in the COF/CQRS project business case. The requirements for publication of the indicators by HSCIC is yet to be agreed with DH and the NHS Commissioning Board. |

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| **Record of MRG Discussion** |  |
| Discussion dates: | 14/3/12, 09/08/12 |
| By | John Varlow, Andy Sutherland, Azim Lakhani, Jonathan Hope |
| Summary of MRG discussions: | * MRG recommended indicator re-defined, which was done following the NICE COF Advisory Committee May 2012*. Originally - People with newly diagnosed diabetes who are offered structured education within 3 months of diagnosis* * Reported to MRG that although data more readily support this re-defined indicator, structured education is poorly recorded in primary care to the extent that NDA does not report figures. * It is suggested that the poor completion is due to the fact that there are no QOF points associated with the recording of this measure – for example, 90-95% of diabetes patients have a record of their blood sugar level because there is an incentive to record this information * Possibility that where a newly diagnosed patient has no record of referral but has a code of “did not attend” or “refused” structured education, it could be inferred that the education was offered, meaning these patients could be included in the numerator which has been identified in the quality statement by the SDS team. * Additionally, the SDS team has included the following in the quality statement based on MRG recommendations:   + note that low values for the indicator could be due to poor performance or poor data quality.   + that the time periods for inclusion in both the numerator and denominator should be made clear. |
| *Outcome of MRG consideration:* | **Some concerns expressed as caveats or limitations** |
| MRG statement of recommendation: | Indicator approved for escalation to Indicator Governance Board on the basis that limitations relating to data completeness are made available. |
| **Additional Assurance Details** |  |
| Peer Reviewers: | No peer review currently undertaken |
| Peer Review summary: | n/a |
| Range of input  [Have relevant business areas contributed e.g. clinical assurance?] | This indicator was developed as part of the National Diabetes Audit primary care data collection to determine the percentage of patients with diabetes who are referred to diabetes education programmes. The indicator was requested and developed in conjunction with the NDA clinical lead, Bob Young and expert clinical coders. This indicator is collected nationally as part of the NDA. |

IGB – Additional Recommendations:

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| **Recommendations & Updates** |  |
| Comments & Recommendations  [List additional comments and recommendations raised by IGB] | No new recommendations tabled |
| Action required: | **None Required** |
| Update:  Made: xx/xx/xx |  |

Review:

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| **Review** |  |
| Review Timescale | Other |
| Rationale | Issues to consider – Changes to process, policy data source, coding definitions HES definitions ]  The introduction of a new treatment function code for structured education may enable calculation from CDS from 2015 which will need to be investigated. The outcome of this may present a need to review methodologies at this time. |

IGB Sign-off:

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| **Indicator Assurance Process Output** |  |
| *Final Appraisal Status* | **Assured with Comments** |
| Basis of Sign-off  [Detail caveats and limitations ] | Indicator designated as being assured with comments on basis that IGB accepts the comments raised by MRG in relation to the limitations imposed by data quality. |
| Sign-off Date | 18/1/13 |