

National Diabetes Audit

Lessons Learned from 2013-2015 and Plans for Improvement in England

The **National Diabetes Audit (NDA)** is one of the largest annual clinical audits in the world. The audit measures the effectiveness of diabetes healthcare against NICE Clinical Guidelines and Quality Standards, in England and Wales.

The NDA collects and analyses data which supports local care systems to drive improvements in the quality of services and health outcomes for people with diabetes. The audit aims for 100% participation to ensure that national level results are reflective and that they accurately represent patient care in England and Wales.

NDA data and high participation is central to NHS Improvement and for informing the assessment of the quality of diabetes care nationally by NHS England. This data is used in a range of other healthcare settings e.g. Atlas of Variation, the DOVE tool. In previous years, an ‘opt out’ model was used to automatically extract data for the NDA unless GP practices notified the Health and Social Care Information Centre (HSCIC) otherwise. In 2014 the Confidentiality Advisory Group (CAG) advised that the NDA should move to an ‘opt in’ model which required practices to take action to ‘opt in’ to participate. This prompted many challenges and as a result of that the NDA saw a fall in participation from 70.7% in the 2012-13, to 57.1% in the 2013-14, and 57.3% for 2014-15 NDA - See **Table 1**.

The NDA team carried out various fact finding exercises and activities to gain an understanding of the reasons behind this decrease in NDA participation. This report highlights key findings from these activities and summarises the feedback and suggestions made by colleagues from Clinical Commissioning Groups (CCGs), Strategic Clinical Networks and GP practices in England.

Audit Year	National participation rate
2012-13	70.7%
2013-14	57.1%
2014-15	57.3%

Table 1. National Participation by NDA years for England and Wales

What we have done:

- we analysed participation by CCG
- we asked for feedback from CCGs
- we asked for feedback from GP practices and GP Clinical Leads
- we analysed participation by GP clinical systems
- we analysed participation by SCNs



Key Findings: Participation by CCG—Barriers

There was wide variation in GP practice participation within CCGs for both collection periods—see **Table 2**.

Over 70 CCGs achieved less than 50% practice participation however, up to 32 CCGs had 100% participation in either or both 2013-14 and 2014-15. In addition, a number of CCGs achieved above 50% participation in one collection period but not in the other.

Participation (%)	2013-14 Collection	2014-15 Collection
Under 50 %	77 CCGs	78 CCGs
50 – 60 %	27 CCGs	29 CCGs
60 – 90 %	72 CCGs	61 CCGs
Over 90%	32 CCGs	40 CCG

Table 2. Variation in CCG participation for the 2013-14 and 2014-15 NDA.

The NDA team contacted CCGs who achieved less than 50% participation in both 2013-14 and 2014-15 or greater than 50% in one audit year but not the other audit year for feedback regarding participating in the audit. The feedback received indicates that the below factors contributed to the variation between audit years:

- **Complex registration** and submission process
- Confusion regarding **data collection dates**
- Support and direct management received from a **Primary Care Facilitator** helped to increase participation
- GPs felt the NDA data was not reflective of **QOF outcomes**

Furthermore, barriers to NDA participation highlighted by CCGs included:

- The **‘opt in’ model** and the registration process has proven to be difficult for practices.
- **No financial incentive** means that there is no substantial incentive for GP practices to participate.
- Practices are more reluctant to share their data due to concerns regarding **Information Governance**.
- Complex Open Exeter **registration process** for submitting data.

Key Findings: Participation by CCG—Enablers

In January 2016 the NDA Team contacted the 42 CCGs that successfully achieved above 90% participation in the NDA 2013-14 and/or 2014-2015. The aim was to understand how those CCGs engaged and encouraged practices to participate in the audit.

The feedback provided by the 28 CCGs who completed the survey has given the NDA team a clearer idea of the effective strategies currently used to communicate and engage GP practices to participate in the NDA. These are outlined below and we believe that they can be implemented and used across other CCGs to help encourage practice participation in future years of the NDA.

Encouraging GP Practices



- Ensure NDA data submission is part of the **GP Quality Contract** and that all practices must sign up to this contract.
- Make information on completion of the NDA part of a larger **local delivery scheme** to support the improvement of diabetes care.
- Ensure that NDA participation is part of the **GP contracts with Local Commissioning Services**.
- Give **Clinical Support Units** the responsibility of undertaking the NDA work on behalf of GP practices.
- Ensure that taking part in the NDA is included in the **Local Community Primary Care Services contract for diabetes**.

Communicating with GP Practices



- **80 per cent*** of CCGs maintained regular contact with their GP practices during the NDA data collection periods.
- CCGs communicated with GP practices on a weekly basis. This increased to **regular daily communications** towards the submission deadlines.
- Popular methods of communicating information about the NDA to practices include:
 - **GP e-newsletter; Remind GP practices of previous years' results and improvements; CCG remote access to GP system; Diabetes task and finish group; clinical presentations at CCG locality meetings; network meetings for practice staff; special diabetes forum newsletter.**

Engaging GP Practices



CCGs who offered support to GP practices during the 2013/14 and 2014/15 NDA achieved higher rates of participation. Up to **86 per cent*** of CCGs offered support to the GP practices within their region using a variety of methods to engage and support GP practices. These included:

- **Hold regular forums led by GP Diabetes Leads** to encourage practices to submit data to the Audit.
- Use **GP learning events** to communicate diabetes matters to GP practices.
- Attend **local practice events** and meetings to publicise information regarding the NDA.
- Use **newsletters targeted at GP practices** to inform them of important dates and to highlight the benefits of taking part in the NDA.

* Figure based on the survey responses received from 28 CCGs

Key Findings: GP Clinical Leads

The NDA Team asked for feedback from a number of GP Clinical Leads:

Barriers	Suggestions
<ul style="list-style-type: none"> - Workload pressures - Registration added burden - Not considered a priority compared to other commitments - Vision opt in process was more complex - Not a contractual requirement 	<ul style="list-style-type: none"> - Highlight extraction dates - Communicate messages effectively - CCG GP clinical leads for diabetes to make practices aware - Financial incentive - Easy to read FAQs - Explain why participation is required

Key Findings: GP Practices

A survey was sent out to GP practices to try and identify any barriers they encountered throughout the **2013-2014** and **2014-2015** NDA collections.

A total of 334 practices completed the survey, of which **52% indicated they had submitted data to the 2014-15 NDA collection**. Up to 34% of practices were not sure whether or not they had submitted data for this specific NDA data collection.

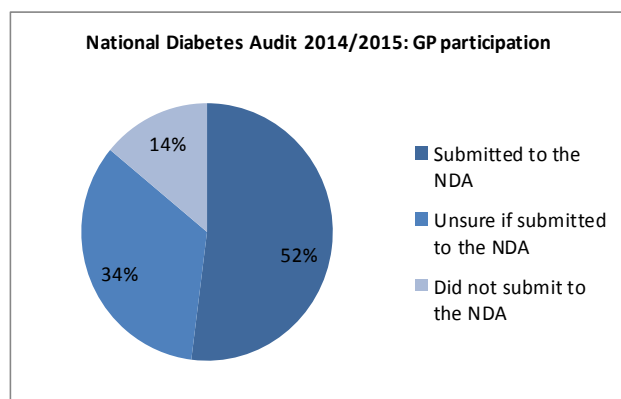


Figure 1. GP Practices Feedback regarding participation

A total of **14%** of those practices also indicated that they did not submit to the NDA. Main identified reasons for non-participation:

- Lack of resources within GP practices
- No support from the CCG/CSU
- Submitted 2013-14 data but did not realise there were two collections
- Process for submitting the data was too long
- Unaware of data collection dates
- Unaware of benefits of taking part in the NDA

Key Findings: GP Clinical Systems

An investigation was carried out to look at practice participation by clinical system and to understand any differences in CCG participation due to clinical system choice.

Interesting facts:

FACT 1: Over 66% of Vision practices in England did not take part in the 2013-14 and 2014-15 NDA.

FACT 2: The majority of CCGs who achieved 100% participation were comprised of a mix of clinical systems - see **Table 3**.

FACT 3: On average, less than a third of the practices within CCGs with high participation used TPP SystemOne as their clinical system.

	AVG participation 2013-14	AVG Participation 2014-15	AVG participation for both audit years
EMIS	60.8% (20-100)	66.7% (29-100)	64% (20-100)
TPP	31.5% (8-75)	24.9% (10-70)	28.4% (8-75)
MIQUEST	33.4% (20-86)	39.3% (2-100)	34% (2-100)

Table 3. Variation in the clinical systems within CCGs that achieved 100% participation for 2013-14 and/or 2014-15

FACT 4: The number of CCGs who achieved 100% participation with all their practices on the same clinical system was very low. Only **four** CCGs made up of GP practices using the EMIS Web system achieved 100% participation in the 2014-15 NDA. However, **all GP practices within one CCG** did successfully submit data to the NDA using MIQUEST queries alone.

FACT 5: TPP is thought to be the easiest clinical system to submit data to the NDA, however no CCG with 100% participation used TPP alone.

Key Findings: Strategic Clinical Networks

The NDA team also investigated CCG participation rates at Strategic Clinical Network (SCN) level. From this investigation it was found that for the 2013-14 and 2014-15 NDA collections:

- NHS England South SCN (South Central) achieved a high participation rate in both audit years.
- NHS England South SCN (South West) and NHS England North SCN (Cumbria and North East) had low participation, with over half of CCGs within these areas achieving less than 50% practice participation in both audit years.

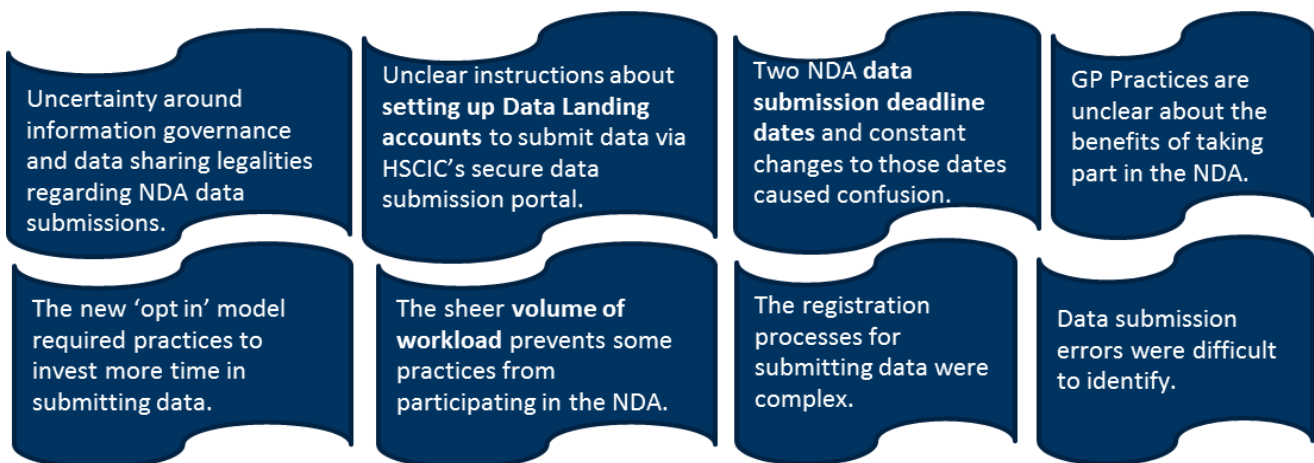
Working in collaboration with the South East SCN the NDA team found that of the **21 CCGs within the South East SCN, 11 achieved a participation of 60% and/or above in the NDA 2014-15:**

- Six of these CCGs however, were locally commissioned to participate in the NDA.
- Locally commissioning the NDA helped to increase participation. Of the eight locally commissioned CCGs, six achieved over 60% participation.
- A total of 11 CCGs had higher or the same participation in the recent collections as they did in the 2012-13 NDA. This would suggest that it is possible to improve/maintain a good level of NDA participation despite the challenges caused by the new 'opt in' method.

CCGs, GP Practices and SCNs: Common Barriers

After analysing the information gathered from CCGs, GP practices and SCNs, a number of concerns were identified. These concerns appear to be mutually shared across those who achieved outstanding participation rates and those with low participation. Some of the main identified areas of concern have been highlighted below.

Main areas of concern:



- Uncertainty around information governance and data sharing legalities regarding NDA data submissions.
- Unclear instructions about setting up Data Landing accounts to submit data via HSCIC's secure data submission portal.
- Two NDA data submission deadline dates and constant changes to those dates caused confusion.
- GP Practices are unclear about the benefits of taking part in the NDA.
- The new 'opt in' model required practices to invest more time in submitting data.
- The sheer volume of workload prevents some practices from participating in the NDA.
- The registration processes for submitting data were complex.
- Data submission errors were difficult to identify.



- The online tool was far too difficult to access and too time consuming. The NDA should use national extracted data.
- The HSCIC authentication team rejected my request for an account and would not allow me to submit data as my e-mail address as the Primary Contact did not meet their requirements.
- The process took me round in a loop that never ended up with the data being transmitted.

You said, we are listening!

The National Diabetes Audit (NDA) team has reviewed all of the feedback received and will work to incorporate these learning points into future data collections.

We plan to:

- Communicate **collection dates** earlier to CCGs and GP practices where possible.
- All resources on **how to participate in the audit** to be user tested by CCGs and GP practices before they are made available.
- **Avoid making changes** to the collection dates.
- Make the **submission of the data** as hassle free as possible.
- Make available **patient information leaflets** and **posters** to promote the purpose/benefits of the audit.
- **Help support** not only GP practices but also Diabetes Specialist Services.

Recommendations for CCGs

- Recognise that **CCG support** is integral to the process if they want their area to achieve high participation.
- Review this report and look at ways you can support practices to participate, including investigating the following points:
 - **Commissioning local participation** in the NDA through CCGs.
 - Appointing a **Local Clinical Champion**.
 - Providing **support to GP practices** to take part.
 - Providing **support to specialist services** to take part.
- Approach **CCG Governance Boards** to include NDA in their Diabetes Strategy.
- **Communicate the benefits** of taking part in the NDA to GP practices.
- Keep in **regular contact** with practices during submission window.

Recommendations for GP Practices

- **Understand your role** in making patients aware of your participation in the audit and make available information about the NDA for people with diabetes. Further information about this can be found in the '**NDA Lessons Learned from 2013-2015 and Plans for Improvement Report in England**' available on our [website](#).
- **Ask your CCG for support** when and if needed.
- **Contact the NDA team** if unsure of what you need to have in place before the next collection. Email diabetes@hscic.gov.uk or telephone **0300 303 5678**.
- Provide the NDA team with **contact details** for your practice to ensure you receive all updates and information regarding NDA collection dates and publications.
- **Plan in advance** — ensure that once you are notified on the NDA collections dates you have a dedicated member of staff who can access the required data to submit to the audit.
- Check the **NDA website** regularly for updates at www.hscic.gov.uk/nda.

Recommendations for SCNs

- **Raise the profile** of the NDA in your area.
- **Highlight the value** and importance of CCG participation and NDA data.
- Help and **support the CCGs** in your area to participate in the NDA.
- Keep in **regular contact** with CCGs during the collection window to understand participation.
- Ensure that you **receive communications** from the NDA team regarding the NDA.

The **NDA team** would like to thank our colleagues at the South East Strategic Clinical Network, Clinical Commissioning Groups and GP practices in England who took part in the online surveys about the audit and for answering the requests for feedback by email. Your feedback has been used in the development of this Participation Review.

This report is a summary of the '**NDA Lessons Learned from 2013-2015 and Plans for Improvement Report**'.
To see the main report visit our [website](#)

The National Diabetes Audit is commissioned by the Healthcare Quality Improvement Partnership (HQIP) and delivered by the Health and Social Care Information Centre, working in collaboration with Diabetes UK and supported by Public Health England (PHE).