

Has the NDA had its day?

In this section, a panel of multidisciplinary team members give their opinions on a recently published paper. In this issue, we discuss whether the National Diabetes Audit has a future given its falling participation rates.

National Diabetes Audit 2013–2014 and 2014–2015. Report 1: Care Processes and Treatment Targets
Health and Social Care Information Centre, Leeds

National Diabetes Audit: Latest data

1 To provide readers with more timely information, this year the National Diabetes Audit undertook two rounds of collection in 2015. Data were collected for the audit period between January 2013 and March 2014, and between January 2014 and March 2015. Both audit years are presented in this report.

2 In the 2014–2015 period, participation rates were down to 57% compared with 71% in 2012–2013. Data on 1 894 887 people with diabetes in England and Wales are reported.

3 Only 38.7% of people with T1D and 58.7% of those with T2D received all eight of the annual care processes recommended by NICE, down on the year before and the lowest numbers seen since monitoring began in 2009–2010.

4 People aged <40 years were particularly poorly served, with only 27.3% of those with T1D and 40.8% of those with T2D receiving all eight checks in this age group.

5 Overall, care process completion for blood pressure and HbA_{1c} has remained stable. BMI measurement and urinary albumin measurement have declined by almost 10% to 79% and 65%, respectively. This may reflect retirement of the respective Quality and Outcomes Framework indicators.

6 There was unacceptably wide geographical variation in care process performance, with some parts of England and Wales undertaking all required health checks in only 24.8% of patients, while others achieved this in 80.6%.

7 More positive news was a steady increase in the proportion of people who achieved the blood pressure target of

≤140/80 mmHg. This reached 76.4% in people with T1D and 74.2% in those with T2D, compared with 68.5% and 60.8%, respectively, in 2009–2010.

8 The proportion of people achieving HbA_{1c} and cholesterol targets was 30% and 71%, respectively, in people with T1D, and 66% and 78% in those with T2D, figures which have remained stable.

9 There was also a large increase in the proportion of people being offered structured education within 1 year of diagnosis. This rose to 76% (78% of those with T2D and 32% of those with T1D), compared with 16% in 2012–2013.

10 In addition to the differences in treatment target performance in general compared with people with T2D, people with T1D faced wider variation in performance between Clinical Commissioning Groups and Local Health Boards.



Roger Gadsby

Honorary Associate Clinical Professor, Warwick Medical School, and GP Clinical Lead for the National Diabetes Audit

The National Diabetes Audit (NDA), which began in 2004, is one of the largest clinical audits in the world. The data extracted from primary care consist of 42 items for every patient with diabetes on the diabetes register of participating practices, covering registration, care processes and treatment targets. The data are similar to those extracted for the diabetes Quality and Outcomes Framework (QOF) clinical indicators. In report 1, the NDA annually documents the number of people with diabetes who achieve each of eight care processes, both individually and as a composite, and the number achieving NICE targets for HbA_{1c}, cholesterol and blood pressure. The NDA differs from QOF in that it includes everyone on a practice's diabetes register. It then collates data on diabetes outcomes and mortality for individuals with diabetes,

which is published annually in report 2.

In the earlier years of the NDA, data were extracted unless a practice chose to opt out. Participation rates of 88% were achieved in 2011/2012. However, participation dropped to 71% in 2012/2013 and 57% in 2013/2014 and 2014/2015. The two main reasons for this are the move to an opt-in model, in which practices have to agree to have their data extracted. This process can take 20 minutes of the practice computer manager's time for some clinical systems, and has stopped some from taking part. The other reason is that Primary Care Trusts used to have IT people who would encourage and support practices to take part in the NDA. These people disappeared with the introduction of Clinical Commissioning Groups (CCGs), and today there are few people supporting practice participation. CCGs with 100% practice participation in the

2014/2015 audit actively encourage and support participation.

The NDA in the past has taken 18 months from data collection to report publication. For 2014/2015, report 1 was published only 9 months after the end of data collection, thus providing a much more up-to-date

snapshot. The data reported are valuable in their implications for diabetes care in the NHS. They reveal important areas for improvement, such as the wide variation in performance both geographically and between type 1 and type 2 diabetes. ■



David Haslam

GP, Hertfordshire, and Chair of the National Obesity Forum

I have ten toes. If I audited them and came up with just under six toes, I would consider that disappointing and wouldn't boast about it. The National Diabetes Audit (NDA) extracted information from only 57% of practices but came up with the very precise, but hardly credible, number of 1 894 887 people with diabetes in England and Wales.

Last year, the National Child Measurement Programme failed to collect data from 5% of eligible children because of parental objection (Health and Social Care Information Centre, 2015). This led to concerns that the kids who didn't take part could have been the obese ones, who feared stigmatisation, therefore potentially skewing the data on the number of obese children. To translate that concept to the NDA, what were the characteristics of the missing 43% of practices? Were they too busy gaining every diabetes-related QOF point to reply, too ashamed of their record in diabetes measurement to want to admit it or simply down the pub? It is those missing practices that hold the key to the genuine status of diabetes and its care in England and Wales. The NDA resembles a holiday snap with someone's thumb over the lens covering the interesting half of the picture with the naked Brazilians – it won't make it to the photo album.

With such a small sample, the figures presented are meaningless. As clinicians, counting heads is anathema – we are interested in managing

each individual for their individual needs and expectations. The moment we engage with a patient with diabetes in clinic, the other 1 894 886 people are irrelevant, thus audit is pointless as long as we are each doing our job to the best of our ability for each person.

Going back to my toes, they are all officially healthy because the audit says that six of them are. In fact, one is arthritic and two have onychogryphosis; unfortunately, they were amongst the ones that did not respond to the audit. The audit hasn't properly counted my toes or monitored my toe comorbidities, but, more crucially, it didn't instigate any management programmes for future toenail management, and it certainly hasn't improved their health. According to audit, my six healthy toes are just as good as the patient who has six healthy toes but whose other four have been amputated due to diabetes-related peripheral vascular disease.

Audits such as this provide flawed, unsophisticated estimations of highly complex clinical scenarios, but offer no guidance or assistance in managing them. Too much time, energy and money is wasted on counting beans – resources which could be better spent on optimising treatment, such as the much vaunted Diabetes Prevention Programme, which seems unlikely to see the light of day in any recognisable form. ■

Health and Social Care Information Centre (2015) *National Child Measurement Programme – England, 2014–15*. HSCIC, Leeds. Available at: <http://bit.ly/1iIPY0U> (accessed 16.03.16)



Roger Gadsby's response

The figure of 1 894 887 is the number of patients whom the 57% of practices gave data on, so it is a completely credible figure. There is no evidence to suggest that the 43% of practices who did not participate are any different to the 57% who did. Many significant pieces of research and audit rely on sample sizes that are less than 10% of the whole, so results from a 57% sample is very likely to represent what is going on in the whole 100%. Furthermore, the results from the 57% sample of practices in England and Wales are in line with results from previous years, including the 2011/12 year, when there was 88% practice participation.

The annual reports generated by the NDA provide very high-quality information about the improvements in diabetes care occurring in England and Wales. Data are also available at the level of CCGs and individual practices, providing invaluable information for service improvement. As the reports include complications and mortality rates, they help drive appropriate resource allocation as the NHS moves to being more outcomes-focussed.

While I agree that a significant proportion of data is missing from the audit, I don't believe the solution is to give up on it. Encouraging 100% practice participation will ensure that the NHS has the best possible information on which to base improvement efforts in diabetes care, an area responsible for up to 10% of total NHS spend.