

The National Diabetes Audit (NDA) Summary

<https://digital.nhs.uk/data-and-information/clinical-audits-and-registries/national-diabetes-audit>
<https://www.diabetes.org.uk/professionals/resources/national-diabetes-audit>

The National Diabetes Audit (NDA) is part of the National Clinical Audit and Patient Outcomes Programme (NCAPOP) which is commissioned by the Healthcare Quality Improvement Partnership (HQIP) and funded by NHS England. The NDA is managed by NHS Digital in partnership with Diabetes UK.

The NDA measures the effectiveness of diabetes healthcare against NICE Clinical Guidelines and NICE Quality Standards, in England and Wales.

Aims of the core NDA: to answers five questions:

- Is everyone with diabetes diagnosed and recorded on a practice diabetes register?
- What percentage of people registered with diabetes received the nine National Institute of Health and Care Excellence (NICE) key processes of diabetes care?
- What percentage of people registered with diabetes achieved NICE defined treatment targets for glucose control, blood pressure and blood cholesterol?
- What percentage of people registered with diabetes are offered and attend a structured education course?
- For people with registered diabetes what are the rates of acute and long-term complications (disease outcomes)?

Also included within the Core NDA are three other components, the:

- Diabetes Prevention Programme
- Insulin Pump report
- Diabetes Care for people with Learning Disabilities and Severe Mental Illness

Use of data: the NDA website states that the data is used for:

- clinical commissioning group (CCG) diabetes profiles
- Improvement and Assessment Framework (IAF) metrics
- cardiovascular disease commissioning for value focus packs
- Diabetes Outcomes Versus Expenditure (DOVE) tool – cost effective prescribing
- Care Quality Commission (CQC) and Getting It Right First Time (GIRFT) metrics

Participation in the audit

General practices and specialist services are required to participate in the audit using the General Practice Extraction Service (GPES). Secondary care providers submit data manually via the Clinical Audit Platform. If individual patients have opted out of sharing their data for research and planning purposes, or “type 2 opt-out”, their data will not be used within the NDA.

Core NDA data collection

There is an annual audit collection for the annual report. Recently an additional quarterly data collection has been added for primary care.

Feedback

The core NDA audit is a data release as an Excel workbook. From that there are specialist audits which produce audit reports e.g. footcare, pregnancy in diabetes.

Recent change to the audit

In primary care there is now a quarterly data collection and audit release, to add to the annual report. The aim is to provide more timely data. There have been difficulties with getting this to work with the different IT systems, but a changing legal status for quarterly data means the input should get better. GP practices have to opt-in for each audit round.

Feedback cycle

Are the standards of clinical performance clear? Yes, clear, evidence-based criteria: NICE nine processes of care.

Who does the data collection? Collected automatically for primary care - NHS England - mandate to collect the data. Secondary care - audit data is submitted from units - numbers are increasing as they bring in/find more units not previously included.

What feedback is communicated? A notification is sent to all on mailing lists - have to request to be on the mailing list. The core audit is purely a data release on an Excel workbook. Analysis is done by the specialist audit workstreams e.g. footcare.

How is the feedback received? Is there interaction? For primary care the target audience is "GPs/ practice business manager to manage change". Interaction with users: the NDA deals with direct queries; Diabetes UK is subcontracted to do user contact, feedback, QI projects, summary information, clinical lead engagement. It seems that some practices do not receive any NDA feedback; some CCGs collate the data, some have dashboards that use the NDA data; highly variable

How is the feedback understood? "responsibility – NDA have advisory groups of e.g. specialists who steer the reports from specialist audits - analysis of interesting data found etc." [what are the expectations to act?]

Can the recipients interrogate the data? Need to be able to work with Excel to look at the core data; it can take time to find your own practice code. If want to compare with previous reports, need to have kept past reports and do the comparison for your own practice data, and to compare with other practices (it is possible to make a data access request to the NDA).

Is there acceptance of the feedback? There is no tailoring or segmentation for the core audit (there is for the specialist audit reports).

Does the feedback elicit a planned response? ?

Is the behavioural response at patient or organisation level? Long term condition so behaviour is for ongoing care. NDA says reports and recommendations are aimed at different levels: CCG, practice, patient: Diabetes UK involved.

Are there positive changes to patient care as a result of feedback? There is a lag time in DM to see tangible changes.

Are there any unintended consequences as a result of the feedback?

Example core NDA service level report: screen shot

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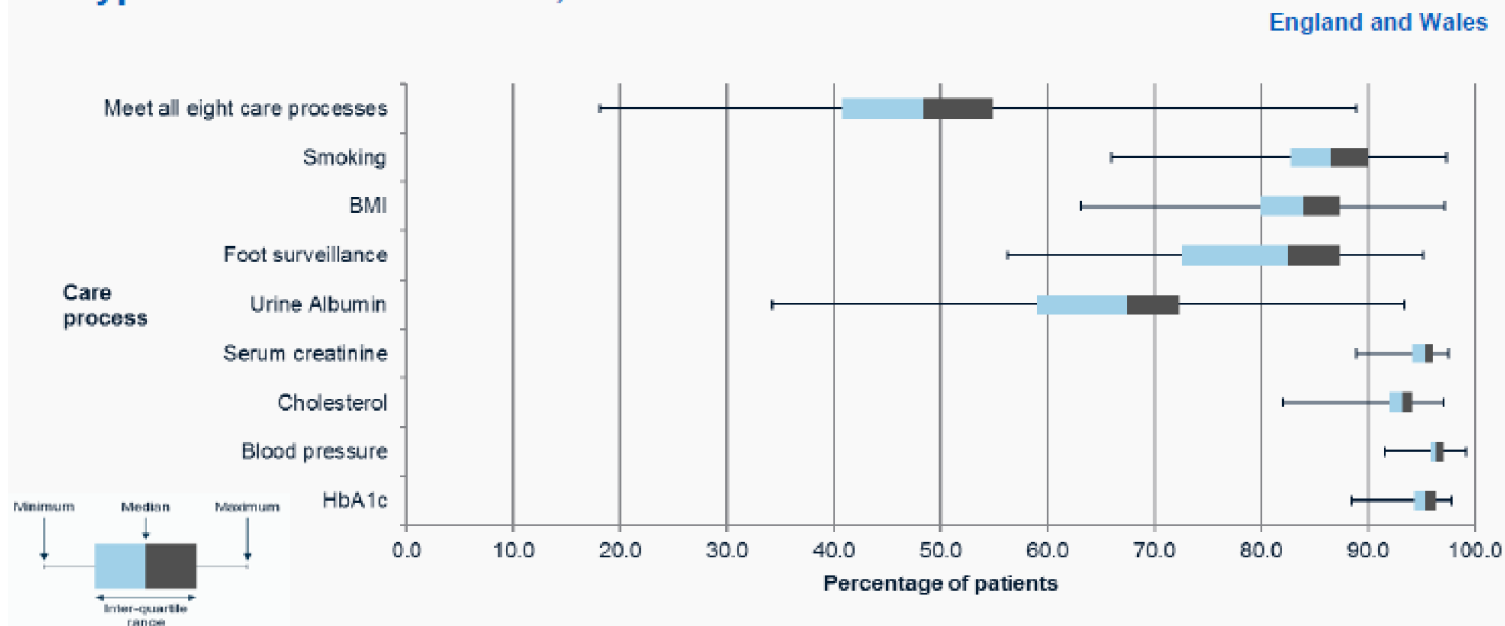
	A	B	C	E	F	G	H	I	J	K	L	M
				HbA1c			Blood Pressure			Cholesterol		
	Audit year	CCG	Organisation	Numerator	Denominator	Percentage	Numerator	Denominator	Percentage	Numerator	Denominator	Percentage
4	2019_20	England	England	2,845,680	3,166,290	89.9	2,915,415	3,165,085	92.1	2,711,235	3,165,085	85
5	2019_20	00C	00C	6,085	6,455	94.3	6,115	6,455	94.7	5,830	6,455	90
6	2019_20	00D	00D	17,895	19,190	93.3	18,095	19,185	94.3	17,165	19,185	89
7	2019_20	00J	00J	14,060	14,995	93.8	14,135	14,995	94.3	13,040	14,995	87
8	2019_20	00K	00K	14,385	15,665	91.8	14,475	15,660	92.4	13,530	15,660	86
9	2019_20	00L	00L	19,170	20,625	92.9	19,320	20,620	93.7	17,810	20,620	86
10	2019_20	00M	00M	16,230	17,505	92.7	16,250	17,495	92.9	15,390	17,495	88
11	2019_20	00N	00N	8,630	9,440	91.4	8,800	9,440	93.2	8,355	9,440	88
12	2019_20	00P	00P	14,855	16,235	91.5	14,995	16,230	92.4	13,950	16,230	86
13	2019_20	00Q	00Q	10,575	11,700	90.4	10,710	11,695	91.6	10,110	11,695	86
14	2019_20	00R	00R	9,955	11,030	90.3	10,185	11,030	92.3	9,430	11,030	85
15	2019_20	00T	00T	17,265	19,230	89.8	17,430	19,225	90.7	16,360	19,225	85
16	2019_20	00V	00V	10,635	11,725	90.7	10,600	11,725	90.4	10,140	11,725	86
17	2019_20	00X	00X	8,705	9,485	91.8	8,790	9,485	92.7	8,195	9,485	86
18	2019_20	00Y	00Y	13,795	14,825	93.1	13,855	14,820	93.5	13,225	14,820	89
19	2019_20	01A	01A	20,435	21,975	93.0	20,495	21,965	93.3	19,355	21,965	88
20	2019_20	01C	01C	9,205	9,950	92.5	9,150	9,950	92.0	8,535	9,950	85
21	2019_20	01D	01D	13,695	15,060	90.9	13,945	15,060	92.6	13,165	15,060	87
22	2019_20	01E	01E	9,340	10,360	90.2	9,575	10,360	92.4	8,870	10,360	85
23	2019_20	01F	01F	7,370	8,080	91.2	7,490	8,080	92.7	6,985	8,080	86
24	2019_20	01G	01G	12,975	14,045	92.4	13,085	14,045	93.2	12,485	14,045	88
25	2019_20	01H	01H	18,330	19,770	92.7	18,605	19,765	94.1	17,470	19,765	88
26	2019_20	01J	01J	9,015	9,900	91.1	9,165	9,900	92.6	8,485	9,900	85
27	2019_20	01K	01K	16,575	18,695	88.7	16,960	18,690	90.7	15,540	18,690	83
28	2019_20	01R	01R	9,340	10,285	90.8	9,475	10,280	92.2	8,675	10,280	84
29	2019_20	01T	01T	7,745	8,720	88.8	7,925	8,720	90.9	7,190	8,720	82
30	2019_20	01V	01V	6,570	6,995	93.9	6,610	6,995	94.5	6,240	6,995	89
31	2019_20	01W	01W	14,605	15,680	93.1	14,715	15,675	93.9	13,815	15,675	88

Header CCG GP Code - name lookup Participation Type 1 registrations Type 2 and other re ...

Care Processes - Locality Variation, Type 2

The geographic variation is striking and is evident also between similar General Practices within CCGs/LHBs (see service level reports*).

Figure 6: The range of CCG/LHB care process completion** for people with Type 2 and other diabetes, 2016-17



* GP practice and specialist service level information accompanies this report and can be found [here](#).

** Care processes are presented with case-mix adjusted bandings and show whether a service is achieving care process delivery levels expected for their patient population. The bandings take into account age, gender, ethnicity, duration of diabetes and social deprivation.



The Trauma Audit & Research Network (TARN) Summary

<https://www.tarn.ac.uk/Home.aspx>

TARN is a national organisation, based at Manchester University, that collects and processes data on moderately and severely injured patients from hospitals. It allows networks, major trauma centres, trauma units, ambulance services and individual clinicians to benchmark their trauma service with other providers across the country.

TARN was established in 1990, and the committee and network was set up in 2000. The dashboard has been running since 2012 with quarterly reporting on data quality (case accreditation) and key performance measures (standards of care performance), with trends and benchmarking.

The TARN board is chaired by professor of emergency medicine, and includes people with relevant clinical skills, and PPI representatives. There are then subcommittees e.g. the audit committee of 25ish people, including clinicians, co-ordinators, managers, PPI.

Research is an established part of TARN with 100+ research projects - good cycle of research feeding back into the standards and audit e.g. head injury study led to changes in NICE and to change in standards in TARN.

Participation in the audit

Since 2012 all trauma units have had to submit data to TARN; they were reconfigured into trauma networks at that time. Major trauma networks comprise of a collection of service-providers and personnel, who serve a defined population and aim to reduce death and disability following injury. Each network is served by one or more Major Trauma Centres, along with a number of smaller hospitals called trauma units, and several prehospital care providers.

There is an annual subscription fee to TARN based on annual attendance, which goes to running the audit.

All Major Trauma Centres can get a 'Best Practice Tariff' if required elements of care are delivered – these need to be captured in the TARN data set in order for payment to be received.

Data collection

Individual patient data is inputted manually at the trauma unit, aiming to be within 25 days of discharge/death. TARN provides training for coders.

Feedback

Feedback is reported in different ways: the dashboard is updated quarterly, childrens dashboard twice a year, PROMs quarterly, clinical feedback reports three times a year with comparative data, national reports every 2 years (incl for children, older people), and ad hoc reporting on request.

Recent change to the audit

TARN has recently introduced the 'TARN Analytics' tool as an enhanced method of information access with data in 'useful and effective visualisations'. They state that they wanted to give greater access to the front line - "it is their data". They were getting a lot of ad hoc analysis requests suggesting wanting to be able to understand the data more and dig down further. Reports are sent to clinical leads, but they are wanting to get more engagement from consultants etc.

Feedback cycle

Are the standards of clinical performance clear? Yes. Continually working on ensuring standards current; research to inform; input from consultants and networks.

Who does the data collection? Trauma units input individual patient data manually. Mandatory for trauma units to take part since 2012.

What feedback is communicated? Email notification to login holders when new data released. Dashboards; clinical feedback reports with comparative data; PROM quarterly; national reports every 2 yrs; ad hoc analysis when requested. Reports are on data quality (case accreditation) and key performance measures (standards of care performance), with trends and benchmarking.

How is the feedback received? Is there interaction? There is positive reaction to the feedback, and regular interaction with TARN. "TARN do listen to users, I feel involved in development." [network manager] An example from TARN: when outliers are identified (+ve and -ve) they work with hospitals to identify why, starting with looking at data quality – "it is always a positive process with positive engagement" [TARN].

How is the feedback understood? Up to now has gone to network managers etc to analyse and present to the teams – an aim of the new Analytics Tool is to make it more understandable, accessible and useable to more on the ground - consultants etc. There is now use of Red/Amber/Green to give an immediate visual of where work is needed.

Can the recipients interrogate the data? Yes, and will be easier with the new Analytics Tool.

Is there acceptance of the feedback? Yes, "unless we don't think the data fits what we think is happening in the unit" [network manager]; data is inputted by the unit. The Analytics Tool is aimed to help users drill down to understand the data.

Does the feedback elicit a planned response? Yes "where low in the figures, and where there is leadership for change".

Is the behavioural response at patient or organisation level? One off acute patient episodes, so each entry is different (not ongoing care). The feedback is aimed at organisation level.

Are there positive changes to patient care as a result of feedback? "TARN has transformed patient care." [network manager] The TARN website has examples of the improvement in patient care over time, including patient survival.

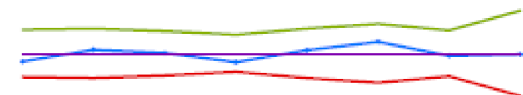
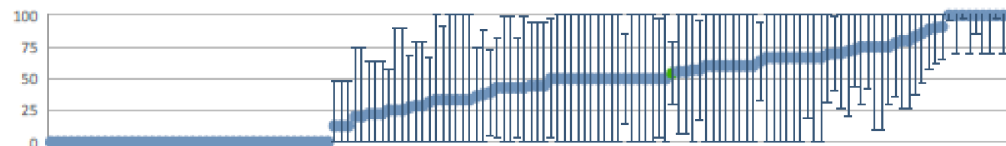
Are there any unintended consequences as a result of the feedback? TARN say they try to be very careful about how the audit is implemented and be aware of the consequences. A network manager suggests if not experienced with the statistics (public/ new staff etc) then can interpret wrongly so can lead to wrong reaction to the figures e.g. when patient numbers are small; or problem of using a national average if it is low.

TARN Dashboard example

Evidence Based Measures

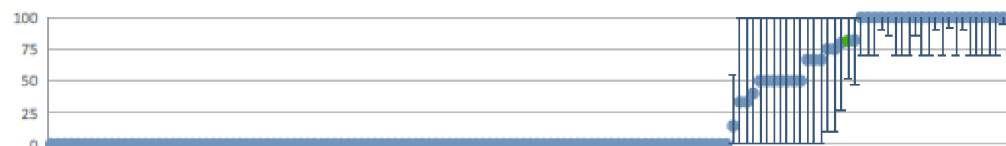
TU 03 - Proportion of patients meeting NICE head injury guidelines that receive CT scan within 60 minutes of arrival at TU

Rolling	Numerator	Denominator	Trust value (%)	National mean (%)
Rolling year	19	35	54.3	51.2



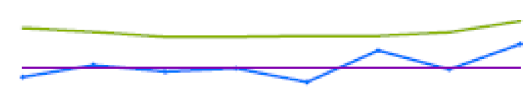
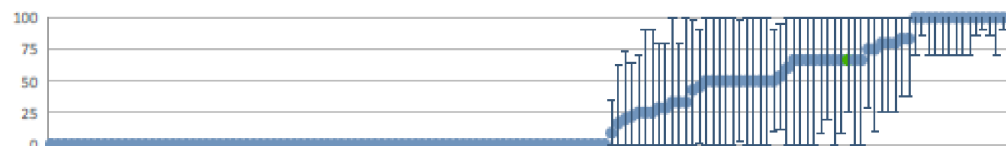
TU 04 - TUs administer Tranexamic Acid within 3 hours of incident to patients that receive blood products within 6 hours of incident

Rolling	Numerator	Denominator	Trust value (%)	National mean (%)
Rolling year	13	16	81.3	59.6



TU 05a - TUs deliver Consultant led trauma teams within 30 minutes for triage positive ISS > 15 patients

Period	Numerator	Denominator	Trust value (%)	National mean (%)
16/17 Q4	8	12	66.7	45.9



TARN Analytics tool example screens

Navigation

- Dashboard
- Demographics
- Data Quality
- Outcome
- Head Injury
- Thoracic
- Abdominal
- Orthopaedic
- Paediatrics
- Older Persons
- Patient Pathway
- PROMs (Coming Soon)
- Network

TARN ANALYTICS

Navigation ⓘ

DATA QUALITY ACCREDITATION TARN USER ACTIVITY

999 call time	Incident date & time	Arrival date & time	TXA details	Intubation
91.5	84.6	99.4	99.7	99.7
CT details	CT report details	CT review details	Operation details	Doctor details
99.2	92.6	97.4	99.1	97.2
GCS details	Pupil reactivity	Transfer details	Pre-existing conditions	Injury details
94.0	95.0	99.0	97.6	93.6

DATE SELECTION
01/01/2016 31/12/2018

CASE ASCERTAINMENT
96.4

DATA ACCREDITATION
93.2

SUBMITTED CASES
10323

EXPECTED CASES
10708

Show Patient List ⓘ

DEMOGRAPHICS

Navigation ⓘ

DEMOGRAPHICS INCIDENT MAP TRENDS

Injury Mechanism

Age Band

DATE SELECTION
01/01/2016 31/12/2018

TOTAL SUBMISSIONS
10314

DIRECT ADMISSIONS
9254

LOS
9

ISS
9

Most Severely Injured Body Region

ISS Band

