

# **Type 1 and Type 2 Diabetes Structured Education Provision in Yorkshire and the Humber 2015/16**



## **Diabetes Structured Education Provision in Yorkshire 2015/16**

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1	Executive Summary & Recommendations .....	4
	1.1 Background.....	4
	1.2 Summary of Findings .....	4
	1.3 Recommendations .....	5
2	Introduction .....	6
3	The Diabetes Clinical Network Structured Patient Education Survey .....	7
	3.1 Methodology .....	7
	3.2 Services in Yorkshire and the Humber.....	8
	3.3 Type 1 Response.....	8
	3.4 Type 2 Response.....	9
4	Findings .....	9
	4.1 Course Provision.....	9
	4.2 Course Length .....	10
	4.3 Annual SPE Review .....	11
	4.4 Wait for Courses .....	11
	4.5 Reminders .....	12
	4.6 Culturally Sensitive Provision.....	13
	4.7 Out of Hours Provision .....	14
	4.8 Commissioned service .....	14
5	Course Availability and Service Metrics .....	15
	5.1 Course Availability against number of referrals.....	15
	5.2 Course Availability and the Number of Places Taken Up.....	17
	5.3 Patients with Diabetes Attending Structured Education .....	18
	5.4 Education Gap .....	19
	5.5 Attendance Time Trend .....	22
6	Appendices .....	24
	Appendix 1. Data Collection Templates .....	24
	Appendix 2. Policy and Guidance Links.....	24
	References	24

*Clinical Networks work in partnership with commissioners and providers of health services (including local government), supporting their decision making and strategic planning, by working across the organisational boundaries of commissioner, provider and voluntary sector organisations as a vehicle for service improvement. The Yorkshire and Humber Clinical Networks<sup>1</sup> (CN) brings together those who use, provide and commission services to make improvements in outcomes for complex patient pathways using an integrated, whole system approach.*

<sup>1</sup> <http://www.yhscn.nhs.uk/index.php>

# 1 Executive Summary & Recommendations

## 1.1 Background

In July 2016 the Yorkshire and the Humber Clinical Network surveyed all the diabetes structured education providers in the region and published the findings in this report: [Type 2 Diabetes Structured Education Provision In Yorkshire 2014/15](#). The report highlighted significant variation between the numbers reported as attending structured education by education providers and the numbers recorded in the GP clinical system, which is the source of data for the National Diabetes Audit. Education providers were surveyed again between October 2015 and March 2016.

In January 2017 the [NHS Shared Planning Guidance for 2017-2019](#) set out transformation funding for supporting improvement in the treatment and care of people with diabetes. Nationally, around £44 million of transformation funding would be used to improve treatment and care for the 2.8 million adults and children diagnosed with Type 1 or Type 2 diabetes. In total, over 170 projects are being funded through this work in over 185 CCGs.

One of the priority funding streams is focussed on increasing uptake of structured education for people newly diagnosed with diabetes. 15 of 22 CCGs in Yorkshire and the Humber were part of bid partnerships that applied for funding and almost £1.5m has been awarded for structured education projects in the region.

This second year of the survey included data from Type 1 diabetes Structured Education attendance as well as Type 2.

As found in the first year of the survey - not all providers were able to supply data. This is expected to improve because work undertaken as part of the transformation funding will require structured education providers to report progress to their CCG.

## 1.2 Summary of Findings

On average, waiting times for Type 2 structured education have fallen in Yorkshire and the Humber (Y&H) when compared to data collected in 2014/15. The reported waiting time in 2014/15 was approximately 3 months and this reduced to approximately 8 weeks in 2015/16.

Overall, there was an increase in attendance at structured education courses for people with type 2 diabetes between 2014/15 to 2015/16 in all but 2 CCG areas.. Only four CCG areas in Y&H have a specifically commissioned structured education service. Two of these achieved the greatest increases in attendance.

There is a large gap between the numbers being referred for structured education and attendance at courses. Providers report that an average of 50% of people newly diagnosed with type 1 and 35% of people with type 2 with diabetes attend at least one or more education course session. Most courses have between two and six sessions. For those who have completed all the sessions on a full structured education course that figure is lower at 45% for type 1 and 30% for type 2 diabetes.

However, these figures are significantly higher than the numbers reported in the National Diabetes Audit.

The majority of newly diagnosed people in Yorkshire and the Humber are given a single invitation to attend structured education. 77% of providers send one invitation letter to attend a course and no reminder or prompt is sent. Only four CCG areas said they provided any kind of reminder. Due to the low number of returns it is not possible to say whether reminders improve attendance rates.

There is scope for finding greater efficiency in course provision. There are many unfilled spaces on courses. In most areas, the capacity in course provision is adequate for the number of people attending but will not be sufficient if greater numbers of people referred into programmes attended. The NHS England funded Diabetes Structured Education Treatment and Care projects aim to increase the number of newly diagnosed people attending programmes.

### **1.3 Recommendations**

#### **Reminders to attend education can increase attendance**

There are many calls on a person's time and in a busy schedule it is easy to overlook a single letter inviting a patient to attend structured education. It is possible that the person may not read or understand the information within the invitation. There are opportunities to increase attendance by reminding people who have been invited to attend. The reminder can be in various formats from verbal to the use of technology, texts or emails. Anecdotal evidence from areas that have reported good administration support within their programmes indicates that friendly reminders will encourage people to attend.

#### **Understanding the reasons for low course attendance**

Where there are high numbers of non-responders the providers should work with patients to examine the reasons for low course attendance, and consider how patients could be encouraged to attend.

#### **Specifically commissioned Services have higher recorded attendance and completion rates**

The survey showed that the greatest improvement in attendance and completion rates over the period of the last 2 surveys has been seen in areas with a specifically commissioned service.. CCGs should consider commissioning a specified service with clear planning of service provision and key performance indicators to meet the needs of the population. This would help to further encourage a focus on both attendance and completion at courses and support the gathering of accurate service data.

## 2 Introduction

Diabetes is a serious life-long health condition that occurs when the amount of glucose (sugar) in the blood is too high because the body can't use it properly. If left untreated, high blood glucose levels can cause serious health complications.<sup>i</sup>

People with diabetes spend only three hours a year with a healthcare professional on average. For the remaining 8,757 hours they manage their diabetes themselves<sup>ii</sup>

Diabetes is a complex and challenging condition. People need the skills and confidence to cope with the daily demands of self-management and avoid devastating complications. Diabetes education is key to successful day-to-day diabetes management and can be life-changing for people with diabetes.<sup>iii</sup>

Diabetes costs the NHS £10 billion every year. However, 80 per cent of this is spent on complications, many of which can be prevented through good day-to-day diabetes management<sup>iv</sup>

NHS England has a statutory duty (under the Health and Social Care Act (2012)) to conduct an annual assessment of every Clinical Care Group (CCG). The importance of diabetes structured education is recognised nationally. It is one of the criteria that Clinical Commissioning Groups (CCGs) are assessed on in the CCG Improvement and Assessment Framework.<sup>v</sup> It has also been highlighted as one of the 4 areas in the National Diabetes Treatment and Care Programme.<sup>vi</sup>

In January 2017 the NHS Shared Planning Guidance for 2017-2019<sup>vii</sup> set out transformation funding for supporting improvements in the treatment and care of people with diabetes. Around £44 million of transformation funding will be used to improve treatment and care for the 2.8 million adults and children diagnosed with type 1 or type 2 diabetes. In total, over 170 projects are being funded through this work in over 185 CCGs. Projects in Yorkshire and the Humber received £1.5 million to improve the uptake of structured education.

Yorkshire and the Humber Clinical Networks surveyed all of the structured education providers in their area and published the findings in a report In July 2016 called Type 2 Diabetes Structured Education Provision in Yorkshire 2014/15.<sup>viii</sup> A summary of the paper was published in the British Journal of Diabetes.<sup>ix</sup> It highlighted a variance in the number of people reported as attending structured education by the education provider and the numbers recorded in the GP clinical system, which is the source of data for the National Diabetes Audit. The report showed that on average in Y&H attendance at one or more sessions structured education was around 30%, much higher than the 6% reported in the National Diabetes Audit. This differential was due in a large part to the poor recorded attendance data in local GP clinical systems.

Since the report a national initiative has been launched to encourage general practice to record structured education attendance data in their clinical systems which will, in turn, allow the National Diabetes Audit to extract the data and more accurately report on attendance. Providers have been encouraged to investigate ways to enter data directly into shared clinical records. If that is not possible then a standard format letter to GPs has been developed to make the required information

very clear for data entry personnel by listing the exact Read codes that need to be entered.

## **3 The Diabetes Clinical Network Structured Patient Education Survey**

### **3.1 Methodology**

A survey form was sent to each structured education provider and they were asked to return both qualitative and quantitative responses for both type 1 and type 2 education services. See appendix 1.

The qualitative questions asked about the current service at the time of the survey, what courses were delivered and information on waiting times and any extra cultural or sensitive provision. The quantitative questions asked for figures on attendance and completion of structure education an whether a person was newly diagnosed or had an existing condition.

The survey attempted to link with the National Diabetes Audit (NDA) methodology and the return covered an audit period of 15 months from 1 January 2015 to 31 March 2016. In January 2017 the 2015/16 National Diabetes audit was released and the methodology for calculating structured patient education had changed. The NDA now reports on people once a full year after their diagnosis has passed and returns whether they have received structured education within 12 months of that diagnosis. This means that the data collected in the Y&H survey and the NDA will not be comparable as the collection period and the time periods differ. The National Diabetes Audit data for 2015/16 reports on patients diagnosed with diabetes in 2014.

For the Y&H survey, providers were asked to split the returns to distinguish between those with newly diagnosed (within the last 12 months) and existing diabetes where possible. Many providers found this difficult to do because the date of diagnosis was not an item recorded in the provider records.

Providers were then followed up with emails and phone calls. The Clinical Network attempted to make sure that the questions were as clear as possible to minimise data quality issues – and consulted with a small number of structured education providers before the survey was sent out. Despite this, many were still unable to return complete data.



## 3.2 Services in Yorkshire and the Humber

There are 16 structured education providers in the Yorkshire and Humber region

Providers	
Bassetlaw Health Partnerships	Mid Yorkshire Hospitals NHS Trust
Bradford Teaching Hospitals Foundation Trust	North East Lincolnshire Care Plus Group
Calderdale and Huddersfield NHS Foundation Trust	Northern Lincs & Goole Hospitals NHS Foundation Trust
Harrogate and District NHS Foundation Trust	Rotherham NHS Foundation Trust
Hull and East Yorkshire Hospitals NHS trust	Rotherham, Doncaster & South Humber NHS Fnd. Trust
Humber NHS Foundation Trust	Sheffield Teaching Hospitals NHS Foundation Trust
Leeds Community Health Care Trust	South West Yorkshire Partnership Foundation Trust
Locala Community Interest Company	York Teaching Hospital NHS Foundation Trust

There are 22 Clinical Care Groups who are responsible for the planning and commissioning of health care services for their local area.

CCGs	
NHS Airedale, Wharfedale and Craven CCG	NHS Leeds North CCG
NHS Bassetlaw CCG	NHS Leeds South and East CCG
NHS Barnsley CCG	NHS Leeds West CCG
NHS Bradford City CCG	NHS North East Lincolnshire CCG
NHS Bradford Districts CCG	NHS North Kirklees CCG
NHS Calderdale CCG	NHS North Lincolnshire CCG
NHS Doncaster CCG	NHS Rotherham CCG
NHS East Riding of Yorkshire CCG	NHS Scarborough and Ryedale CCG
NHS Greater Huddersfield CCG	NHS Sheffield CCG
NHS Harrogate and Rural District CCG	NHS Vale of York CCG
NHS Hull CCG	NHS Wakefield CCG

## 3.3 Type 1 Response

Of the 22 CCGs in Yorkshire and the Humber:

Two areas – Bradford (2 CCGs) and Leeds (3 CCGs) link together and report their data as single entities. This makes a total of 19 possible returns.

One provider, at the time of collection, had no type 1 structured education service.

Two areas were unable to respond due to staff pressure or service re-design.

Six areas returned no response

This Type 1 report is based on returns from 10 areas

### Type 1 return summary

Data returned	No. of CCGs
Complete - all data	6
Part data – some quantitative	1
Part data – qualitative only	3
No data could be supplied	9



### 3.4 Type 2 Response

In Yorkshire and the Humber the services for type 2 education differ slightly to the type 1 areas. The report for Airedale Wharfedale and Craven is now linked in with Bradford to cover 3 CCGs

This makes a total of 18 possible returns.

One area did not return any data.

The Type 2 survey report is based on quantitative attendance and completion returns from 14 areas and qualitative responses only from a further 3 areas

#### Type 2 response summary

Data returned	No. of CCGs
Full response – diagnosis date known	4
Part response – diagnosis date not known	10
Qualitative data only	3
No response	1

## 4 Findings

### 4.1 Course Provision

There are a range of different courses provided within the Yorkshire and Humber area with 4 locally developed Type 1 courses and 6 locally developed Type 2 courses being offered. These locally developed courses are alternatives to the more widely known national courses: Dose Adjustment for Normal Eating (DAFNE) and BITES<sup>x</sup> for people with Type 1 Diabetes, Diabetes Education and Self-Management for Ongoing and Newly Diagnosed (DESMOND) and X-PERT for type 2 diabetes. These courses are evidence based and have undergone randomised control trials.

Some providers have developed their own curriculum. A number of these new courses are accredited by QISMET<sup>xi</sup> who have a Quality Standard specifically for diabetes self-management. Some providers run courses that are not accredited.

Many providers are opting for fewer sessions which compress the course content and therefore require less time commitment from attendees. This is to increase the likelihood that patients can complete the course to make attendance more viable – particularly for individuals of a working age. There is a potential tension between content, quality and delivery time that service providers and commissioners should consider.

## Type 1 Courses

Type 1 Course	Further information	Providers
No Course		2
No Data		2
<a href="#">DAFNE</a>	National	7
<a href="#">Pump DAFNE</a>	<i>This area also runs DAFNE and so is double-counted</i>	1
<a href="#">Advanced CHOCS - (based on BERTIE)</a>		1
<a href="#">Living With Diabetes</a>		2
<a href="#">My DICE</a>		1
<a href="#">BITES</a>		2

## Type 2 Courses

Type 2 Course	Further information	Providers
<a href="#">DESMOND</a>	National	9
<a href="#">DOTTIE</a>		1
<a href="#">Good2Go</a>		2
<a href="#">HARRIET</a>		1
<a href="#">Living With Diabetes</a>	QISMET	2
<a href="#">The Leeds Programme</a>	QISMET	1
<a href="#">X-PERT</a>	National	1
X-PERT & own course	National	1

## 4.2 Course Length

### Type 1

Structured education course length is fairly consistent across education providers for type 1 diabetes – reflecting the importance of a solid educational grounding in self-management for people newly diagnosed. All Type 1 education ranges between 3-5 days

Course Length	No. of CCGs
4 days over 4 weeks	1
5 days - over 1 week - or 1 session a week	8
3 days - over 1 week - or 1 session a week	3
No Service or No Data	6

## Type 2

There is a move toward shorter courses for Type 2 Structured Education provision in Y&H. 72% of courses are provided as a single day or 2 half day sessions

X-PERT has one fewer provider in Y&H than the previous audit period. Since this survey was completed another provider has moved to delivering the X-PERT course.

Course Length	No. of CCGs
2.5-3 hours per week over 6 weeks	3
2 half days or 1 full day	13
3 half days	2

### 4.3 Annual SPE Review

While NICE guidance recommends an annual education review – no providers report providing an annual review service.

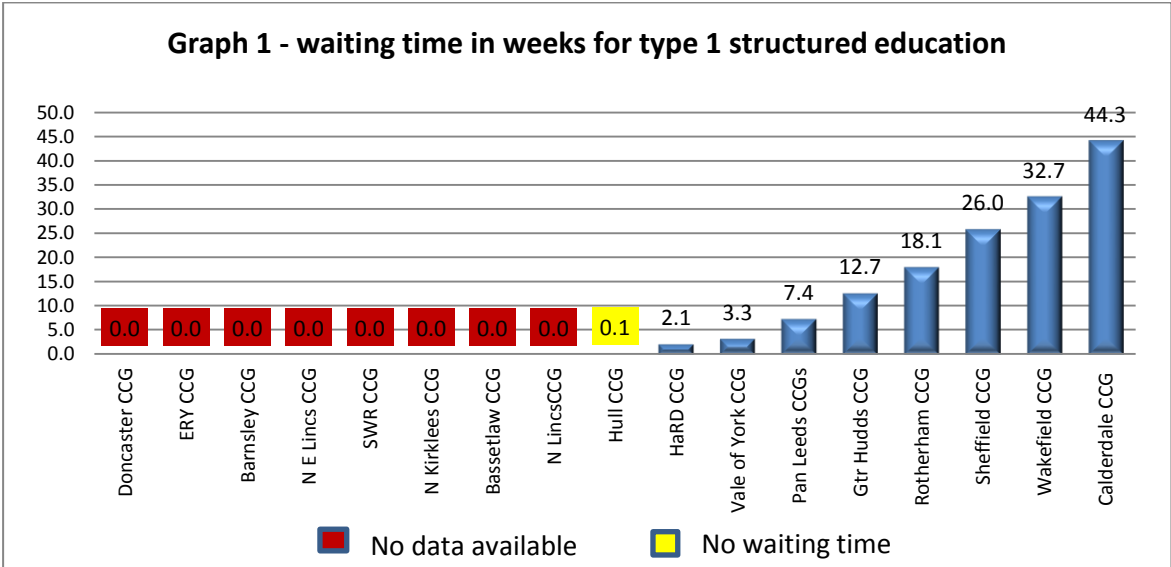
### 4.4 Wait for Courses

Whilst most of the data in this report reflects the survey window of 2015/16 - this question refers to practice at the time of the survey collection which was between Oct 2016 and March 2017.

The question asked in the survey was – ‘if someone was referred to you today – how long would it be to the next available appointment without using a cancellation.’

### Type 1 Waiting Times

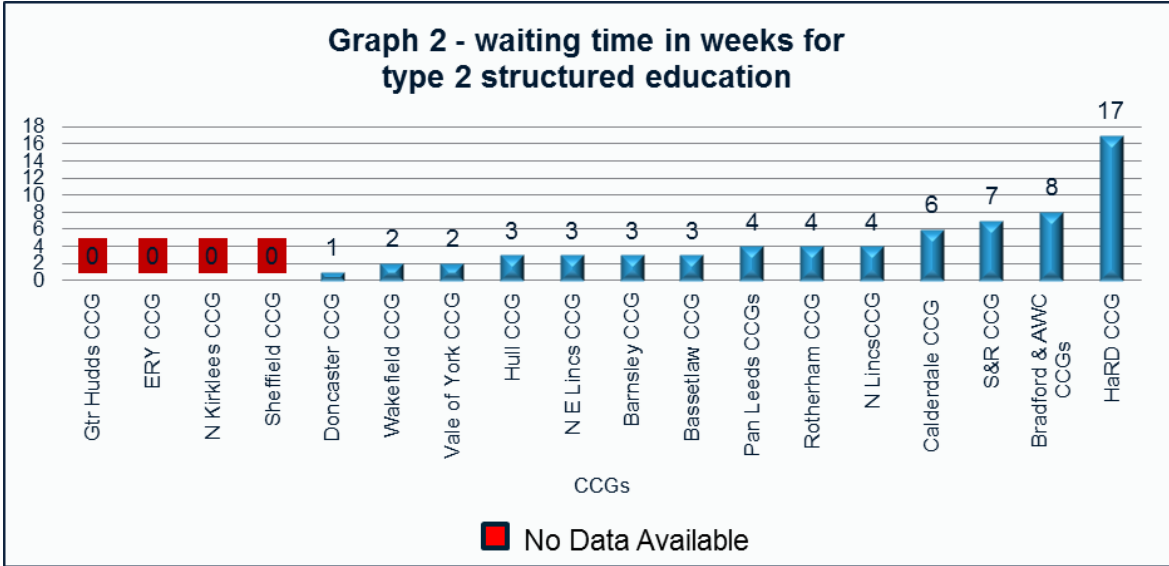
There is a discrepancy in waiting times for type 1 education across Y&H.



Graph 1 - The blue bar show the waiting time in weeks to the next available appointment. The yellow bar indicates no waiting time. The red bar shows where no data was available to calculate.

### Type 2 Waiting times

Waiting times have come down from last year where a large number of providers were reporting up to 3 months wait. Two providers had waits of over 6 months and this had been reduced to less than 8 weeks. Harrogate’s waiting times for this survey were affected by staff changes at the time and this was expected to improve.



Graph 2 - The blue bar show the waiting time in weeks to the next available appointment. The red bar shows where no data was available to calculate.

### 4.5 Reminders

Once a patient is referred to structured education they are invited to attend a course either verbally or by letter. A large proportion of providers in Y&H use the ‘opt-in’ method for inviting people to courses where a single letter is sent and then if there is no response that person is referred back to their GP. The person is not given a prompt or reminder to book a place.

#### Type 1

All providers that responded said that type 1 patients are reminded to attend structured education – either face to face or by letter

#### Type 2

In Y&H 77% of providers use the opt-in method and send a single letter to the person with diabetes. One of the providers who reported that they give 2 reminders was later changing to an opt-in no reminder process and they will monitor the outcomes from this change. The one provider who sent 3 reminders was not able to supply any further quantitative data due to staff and time constraints so it was not possible to see if this impacted on attendance.

No reminder - letter sent then referred back to GP if nothing heard in 4 weeks	14
1 reminder	1
2 reminders	2
3 reminders	1



This is an increase in the response from last year where only 62% of providers reported sending a single letter. We draw the conclusion that a greater number of people are not receiving any further prompt or encouragement to book their place on structured education courses and that this may impact on the number who attend.

Some trusts are implementing SMS appointment reminder services which may be available to the provider.<sup>xii xiii</sup>

## 4.6 Culturally Sensitive Provision

The 2011 census showed that 11.2% of the population in Y&H were from Black and Minority Ethnic (BAME) populations. Yorkshire and the Humber is one of the four English regions where BAME people make up more than 10% of its population.<sup>xiv</sup>

The National institute for Health and Care Excellence (NICE) Equality and Diversity Considerations states:

Structured education programmes should meet the cultural, linguistic, cognitive and literacy needs in the local area. Information should be provided in an accessible format (particularly for people with physical, sensory or learning disabilities and those who do not speak or read English) and educational materials should be translated if needed.

Alternative programmes of equal standard should be made available for people unable to participate in group education.<sup>xv</sup>

### Type 1

In Y&H there is no specific culturally sensitive provision. Structured education is provided in English, or on a 1-1 basis with an interpreter where specific language or special need is required.

### Type 2

Only one provider covering Bradford and Airedale, Wharfedale and Craven CCGs offers education in Punjabi, Urdu and Hindi. One provider refers people requiring culturally sensitive education to an external provider called Touchstone. All providers offer 1-1 support where required.

<b>Offer</b>	<b>No. of CCGs</b>
Culturally sensitive courses	1
Refer to external provider	1
Use interpreter	1
1-1 Support offered if necessary	6
No culturally sensitive provision	6
No data	3

## 4.7 Out of Hours Provision

Structured education courses are mainly run within office hours which may make it difficult for some people with diabetes to attend due to work commitments. The survey asked if providers make any provision for those people by offering evening or weekend courses.

### Type 1

Only 1 provider (York) offers evening sessions. No other areas make any out of hours provision

### Type 2

Only one provider offers a weekend course session. Five other areas report that they offered evening sessions

<b>Out Of Hours</b>	<b>Providers</b>
Weekend Sessions	1
Evening Sessions	5
No Provision	12

There is very little out of hours and weekend service provision. There did not appear to be any correlation between the provision of out of hours' services and improved attendance. Some providers report that they have previously offered out of hours' sessions which were discontinued due to low demand.

## 4.8 Commissioned service

Diabetes structured education services are provided as either a commissioned service with key performance indicators within a service specification or delivered as part of a block contract with other services.

The NICE Quality Statement [QS6]<sup>xvi xvii</sup> for structured education recommends

Commissioners (clinical commissioning groups) ensure that they commission structured education programmes for adults with type 1 (and type 2) diabetes<sup>xviii</sup>

NHS England defines commissioning as

..the process of procuring health services. It is a complex process, involving the assessment and understanding of a population's health needs, the planning of services to meet those needs and securing services on a limited budget, then monitoring the services procured<sup>xix</sup>

The Y&H survey asked providers if their services were commissioned by the CCG.

### **Type 1**

Two providers report that they have a commissioned structured education service for people with type 1 diabetes.

Seven providers report that they deliver their services as part of a block contract

There was no response from ten CCG areas.

### **Type 2**

Four providers report that they have commissioned services.

Eleven providers report that they deliver their services as part of a block contract

One CCG area reported that they are not commissioned

There was no response for two CCG areas.

Two CCGs with a commissioned service reported the highest improved attendance at structured education courses over the last 2 surveys. Two other commissioned CCGs were not able to supply data.

## **5 Course Availability and Service Metrics**

The NICE Quality Statement [QS6]<sup>xx xxi</sup> for structured education advises that adults with type 1 diabetes are offered a structured education programme 6-12 months after diagnosis. Adults with type 2 diabetes are offered a structured education programme at diagnosis

NICE state that structured education should be evidence-based, with aims and objectives, written down, and delivered by trained educators. It should be quality assured, reviewed and the outcomes should be audited regularly. The following sections report on service provision in Y&H.

### **5.1 Course Availability against number of referrals**

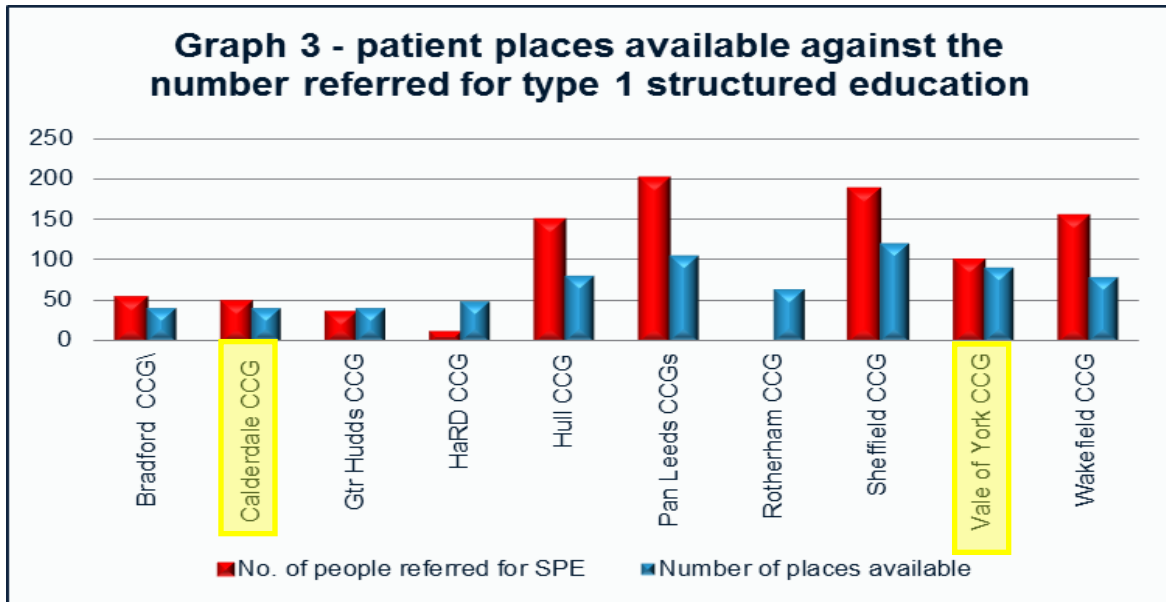
The survey asked questions about Type 1 and Type 2 structured education provision. They look at whether there would be enough capacity if everyone who was referred wanted to take up a course. If interest in the courses is generated through media and other promotions – then course provision may need to be re-assessed

The number of patient places available through the service provision for 2015-16 and the number of patients referred to the service are those reported by the provider.



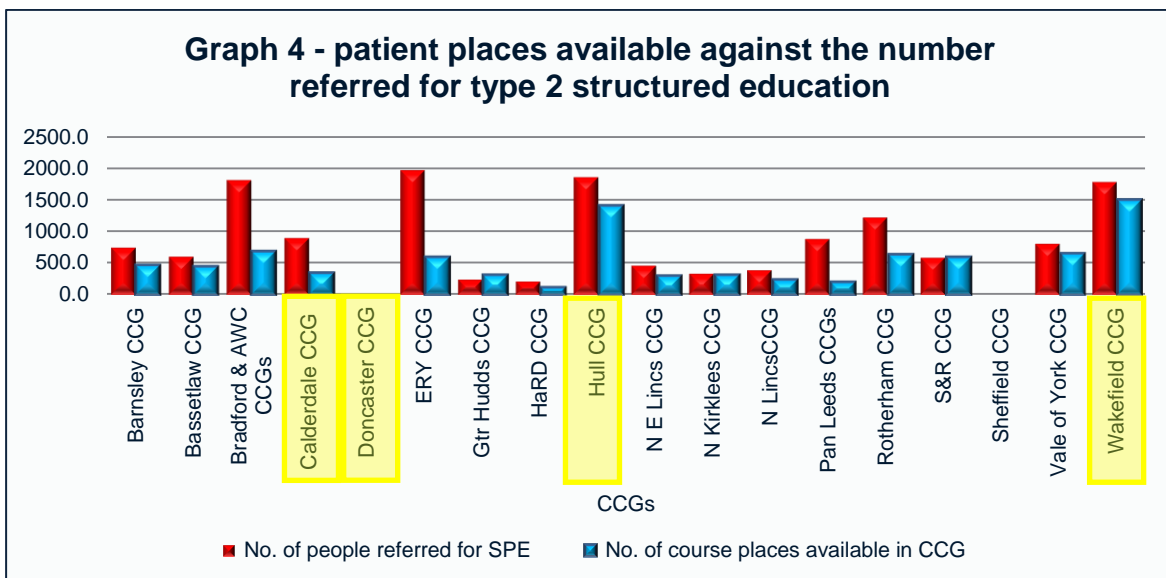
Many CCG areas have received funding to increase attendance at education as part of the Treatment and Care Programme. In this instance - If all the patients who were referred for structured education took it up – there would not be adequate capacity to cope with the volume of patients.

### Type 1



Graph 3 shows the number of people referred for structured education in red – then the number of course places available in blue. The yellow bar highlights a commissioned service. CCGs with no data are hidden for clarity.

### Type 2

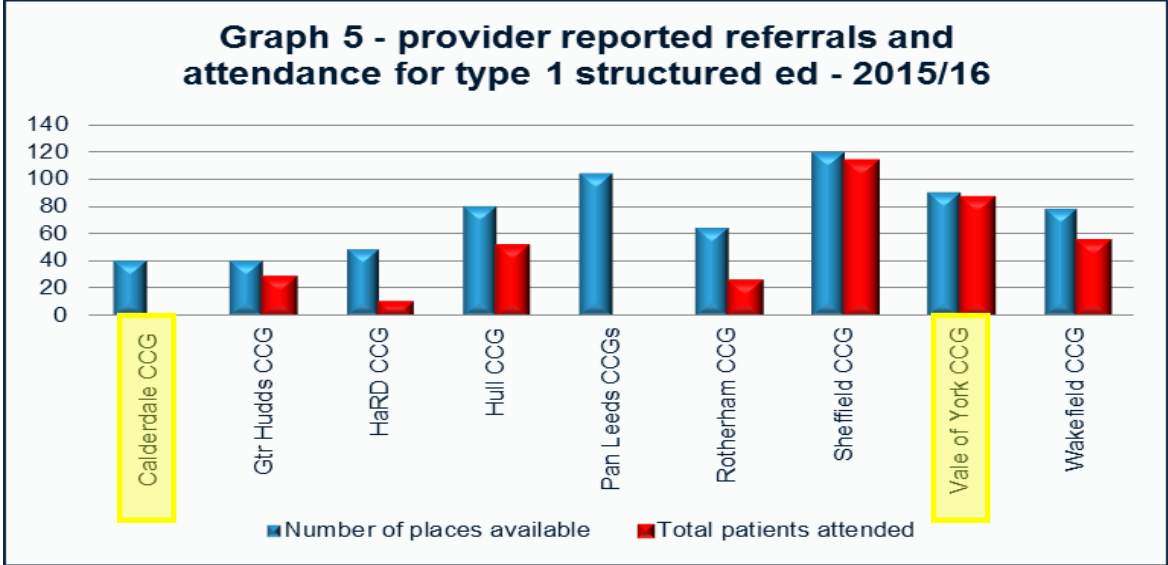


Graph 4 shows the number of people referred for structured education in red – then the number of course places available in blue. The yellow arrows highlight a commissioned service.

## 5.2 Course Availability and the Number of Places Taken Up

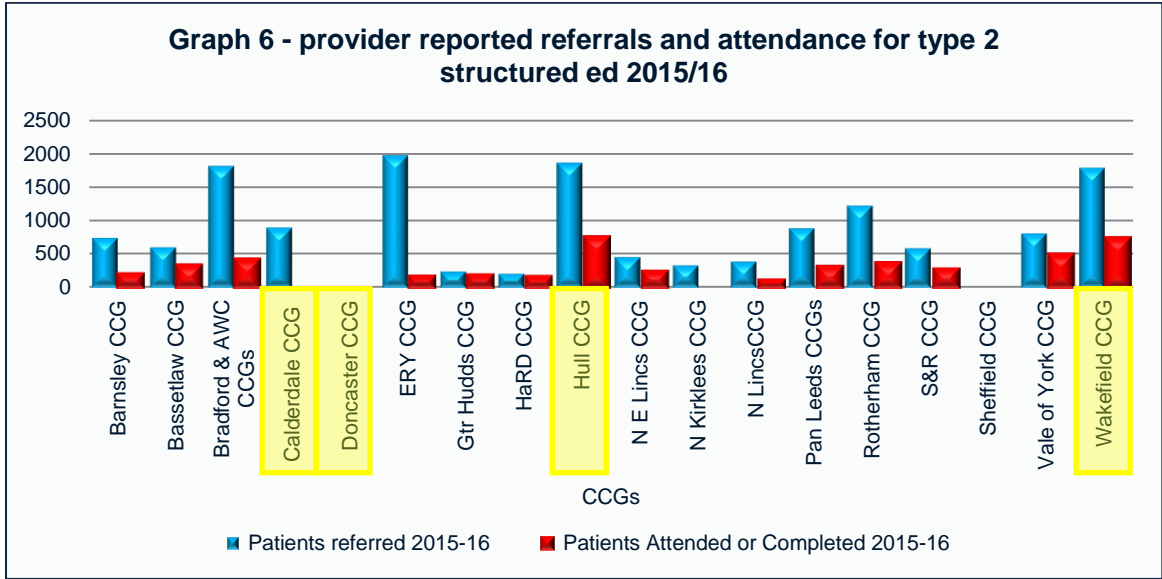
The next question looks at whether there is enough current provision of courses and calculates the number of places available in 2015-16 against the number of patients who attended or completed a course. Both of these figures were reported by the provider. The survey shows that for those people who agreed to attend a course there is sufficient availability. However, some areas have long waiting lists for type 1 courses. If the Treatment and Care programme increases the number of patients referred for structured education then providers may need to increase their capacity.

### Type 1



Graphs 5 shows the provider reported number of places available in blue. The provider reported total number of patients who either attended one course or completed a course is in red. The yellow box highlights a commissioned service

### Type 2



Graphs 6 shows the provider-reported number of places available in blue. The provider-reported total number of patients who either attended one course or completed a course is in red. The yellow box highlights a commissioned service

### 5.3 Patients with Diabetes Attending Structured Education

The preceding graphs are based on figures supplied by the provider. In order to ensure that we have a complete picture the next analysis compares the provider figures with those supplied by national data collections.

The National Diabetes Audit (NDA) is the most complete database of diabetes care in England. However, in previous years participation in the NDA has been variable and so the reported figure for newly diagnosed patients may not be complete. In Y&H in 2015/16 only 87% of practices participated in the NDA.

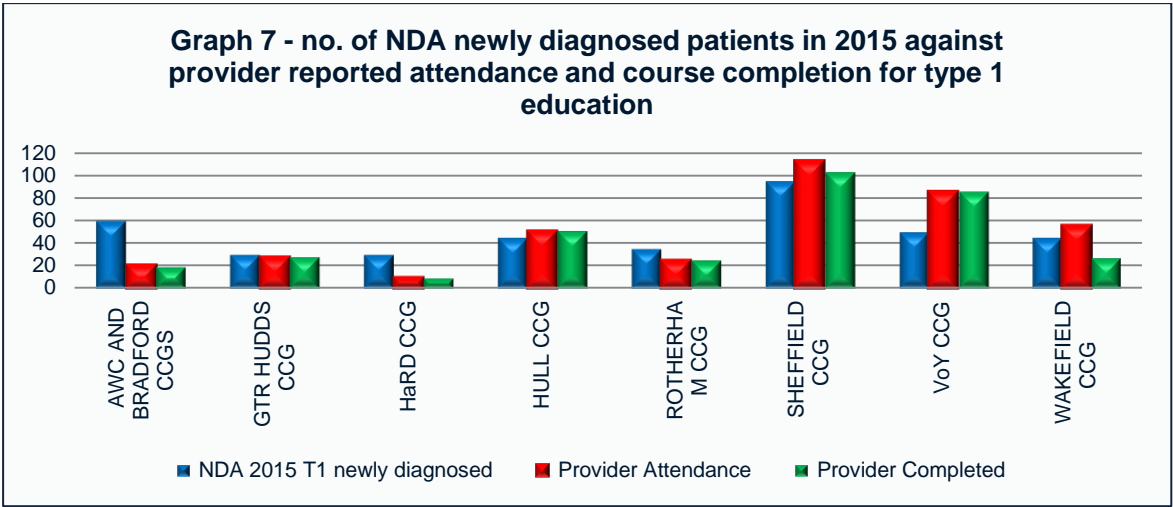
The NDA Short Report from 2016/17 reports on people who were diagnosed in 2015. Although the collection periods are not the same the number provided will give an approximation for the purposes of this survey.

Graph 7 shows the number of referrals to a service in blue

This shows the gap between education requirement and those attending any part of a course (red).

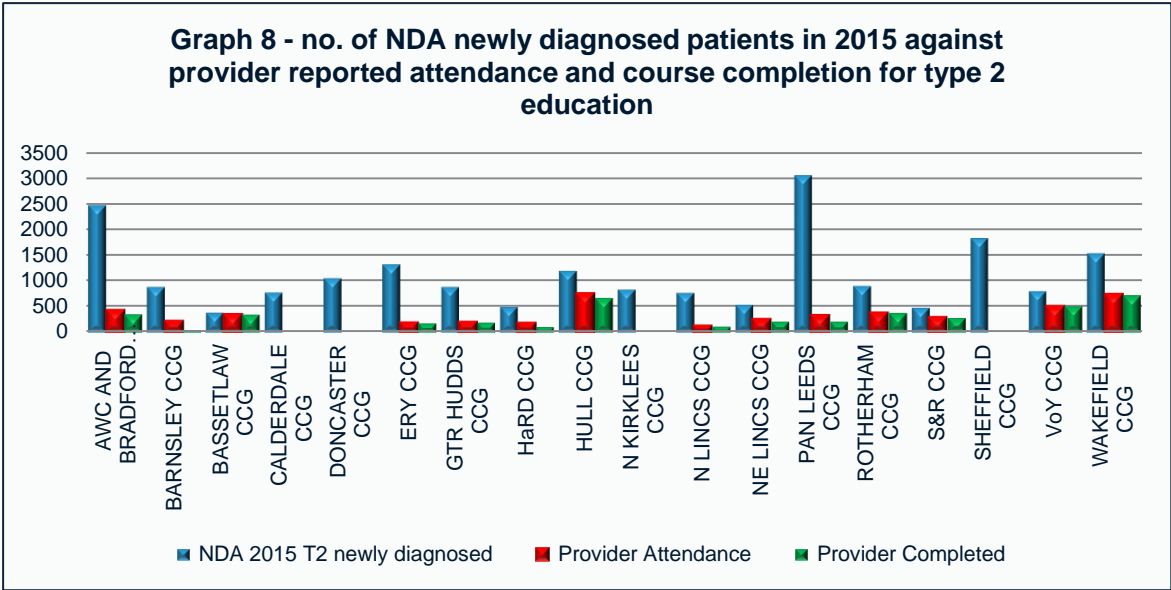
The figures for people who actually completed a course are lower (green).

#### Type 1



Graph 7 – the number of patients reported as being newly diagnosed with type 1 diabetes in NDA in 2015 is shown in blue. The red bar shows the number of people with type 1 reported as having either attended at least one or more sessions – or completed a course. The green bar shows only the number of people who are reported as having completed a course of structured education

**Type 2**



Graph 7 – the number of patients reported as being newly diagnosed with type 2 diabetes in NDA in 2015 is shown in blue. The red bar shows the number of people with type 1 reported as having either attended at least one or more sessions – or completed a course. The green bar shows only the number of people who are reported as having completed a course of structured education

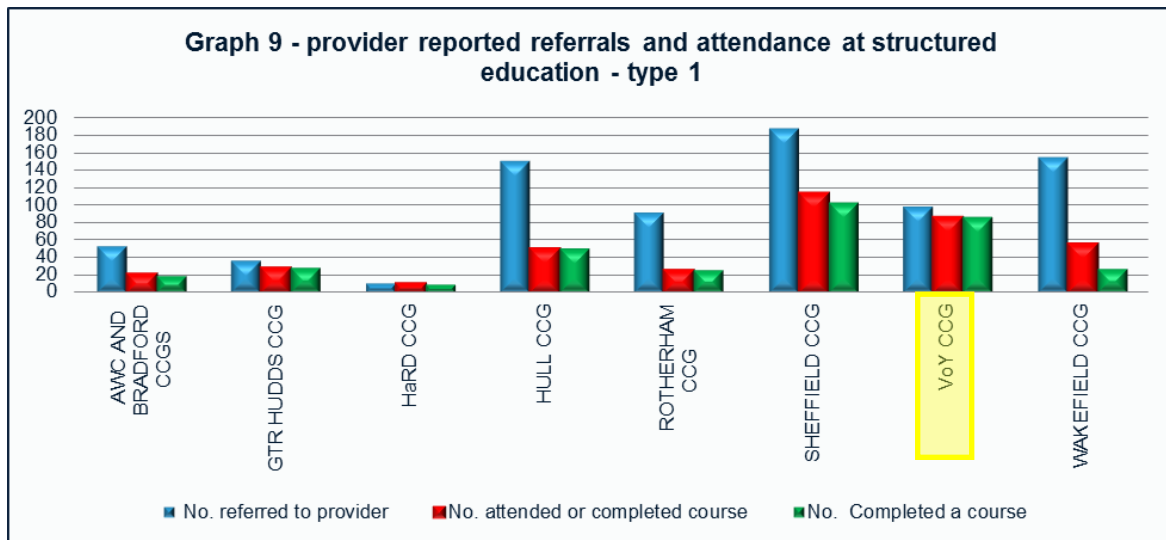
In some areas there is a large difference between the number of newly diagnosed patients that require structured education and those receiving it from the local provider. This does not take into account other methods of education such as those provided online or by charity or commercial providers.

**5.4 Education Gap**

The numbers from the NDA only represent those newly diagnosed with diabetes. Education is also provided to those with existing diabetes. It is appropriate to look at the number of patients who have taken up structured education against the number that the provider reported they received a referral for.

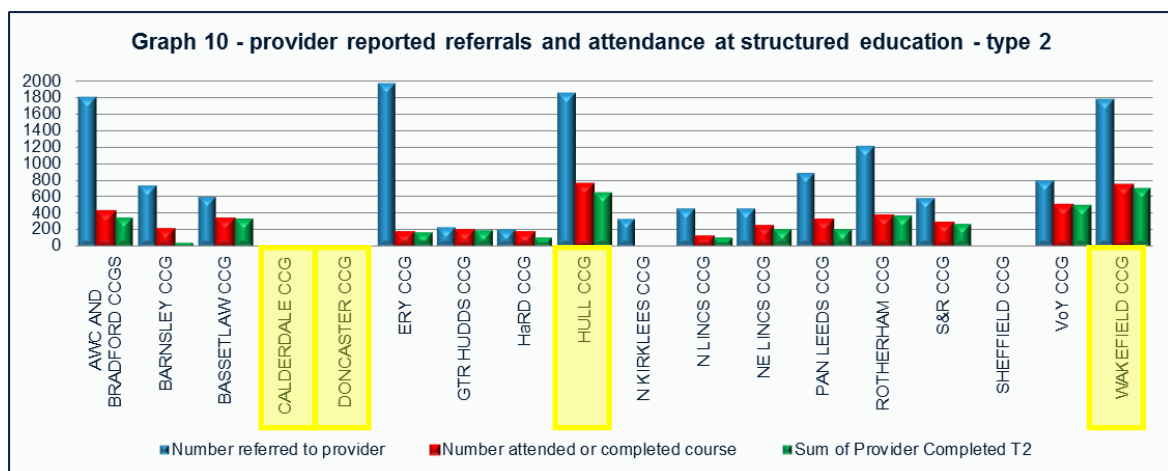
National figures from the NDA rely on course attendance data being recorded in the general practice clinical system. The previous survey highlighted a large discrepancy between that data and the provider-reported figure in Y&H. Despite the provider-reported number of attendances at structured education being much higher than those reported nationally in the NDA there is still a significant gap between those people referred for structured education and those attending provider-led courses.

## Type 1



Graph 9 – the blue bar shows the provider reported number of referrals for type 1 education in the survey period. The red bar shows the number of people who have either attended or completed a course in the same period. The green bar shows those who completed a full course. The yellow bar indicates a commissioned service

## Type 2



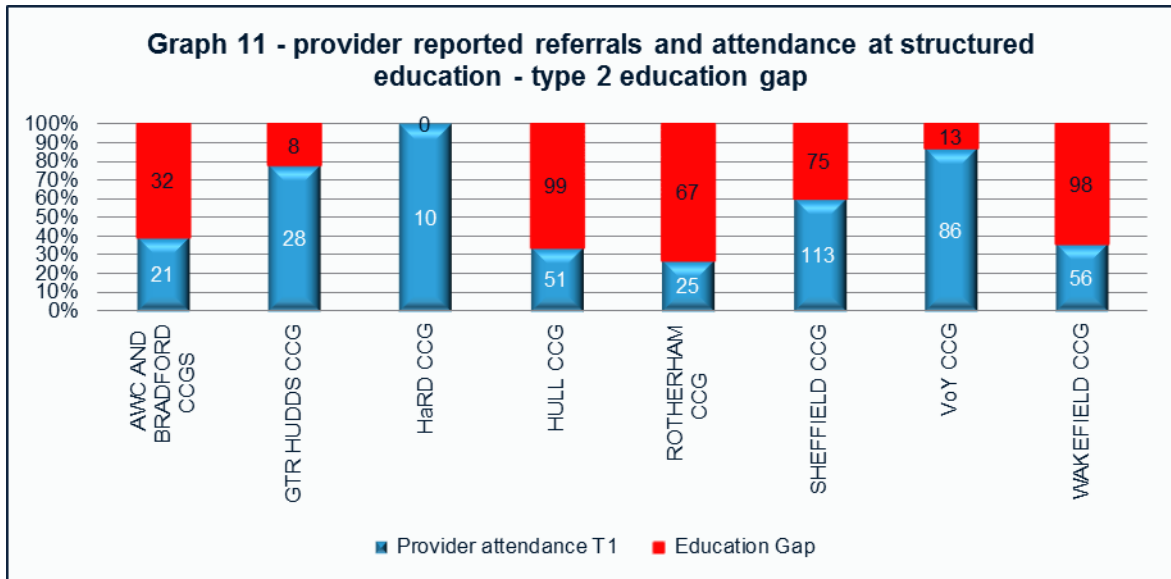
Graph 10 – the blue bar shows the provider reported number of referrals for type 2 education in the survey period. The red bar shows the number of people who have either attended or completed a course in the same period. The green bar shows those who completed a full course. The yellow bar indicates a commissioned service

This year's survey shows that attendance at type 1 structured education is between 50% and 73% of those referred to the provider – giving an overall attendance rate against referrals of 50%. The rate reported as having completed a full course is 45%.

For type 2 the attendance rate is wider at between 9% and 81% of the patients referred – giving an overall rate of 35% attendance. This indicates that at least 65% of those requiring structured education are not receiving it from the provider. The rate

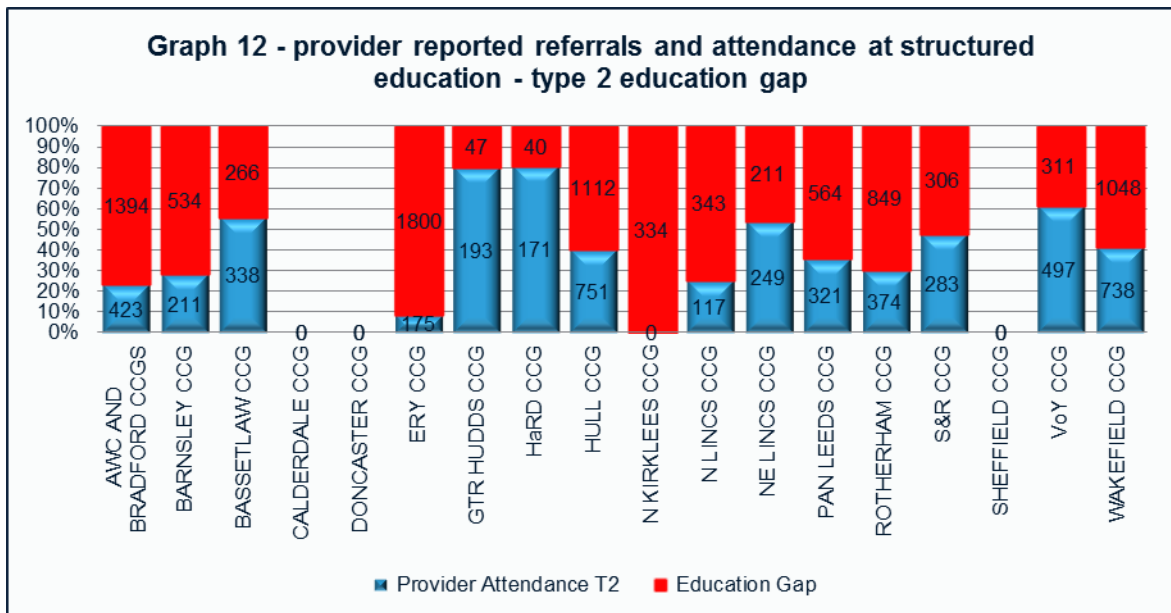
reported as having completed a full type 2 education course is 30%. More work should be done to investigate why people do not choose to attend.

### Type 1



Graph 11 shows the provider-reported attendance rate in blue as a percentage of provider-reported referrals in red

### Type 2



Graph 12 shows the provider-reported attendance rate in blue as a percentage of provider-reported referrals in red

## 5.5 Attendance Time Trend

### Yorkshire and the Humber Survey

This survey looked at the picture across Y&H and positively, the data has improved since last year. More providers took part in the survey and The Clinical Networks appreciate their support at a very busy time when bids for the treatment and care funding were being made.

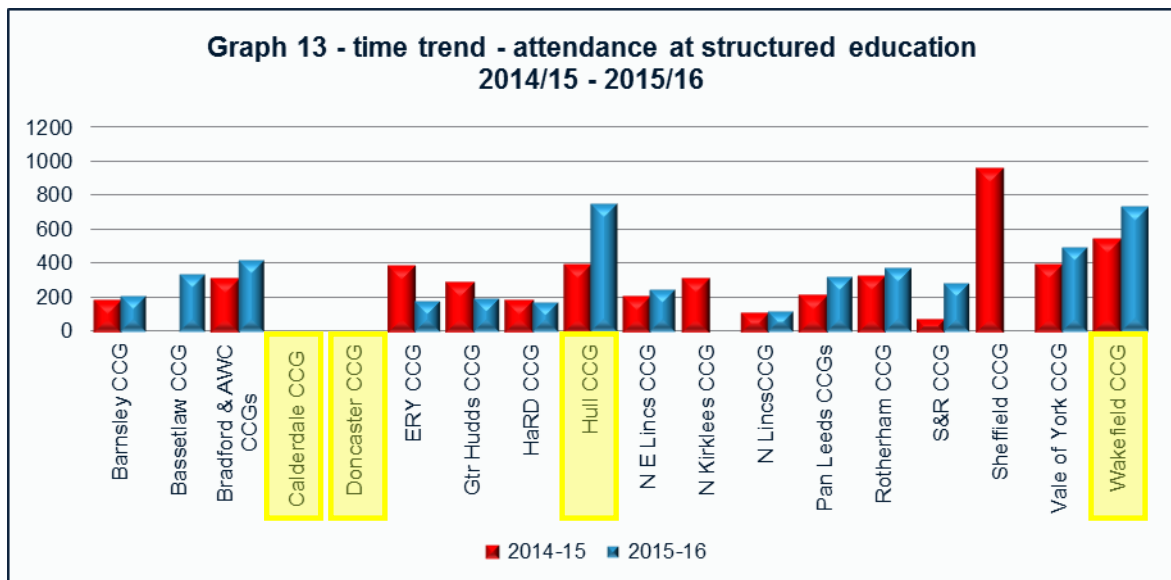
Graph 13 looks at the provider supplied number of people who attended or completed a course – and shows last year’s reported figure against this year’s. The blanks are where no data was supplied.

Of the providers that supplied data – only 2 areas showed a drop in structured patient education attendance from last year’s figures. All other areas showed an upward trend.

Two areas, Hull and Wakefield, with a specifically commissioned service for Type 2, who supplied data, have shown the most improvement – they are highlighted in yellow

This data is available for Type 2 only as no Type 1 data collection was made in the last survey.

### Type 2



Graph 13 – shows the provider reported attendance figure supplied in the last survey against the number supplied for this survey

### National Diabetes Audit

In the NDA ‘attendance’ is defined as a patient attending either one or more structured education courses or completing the whole course within 12 months of

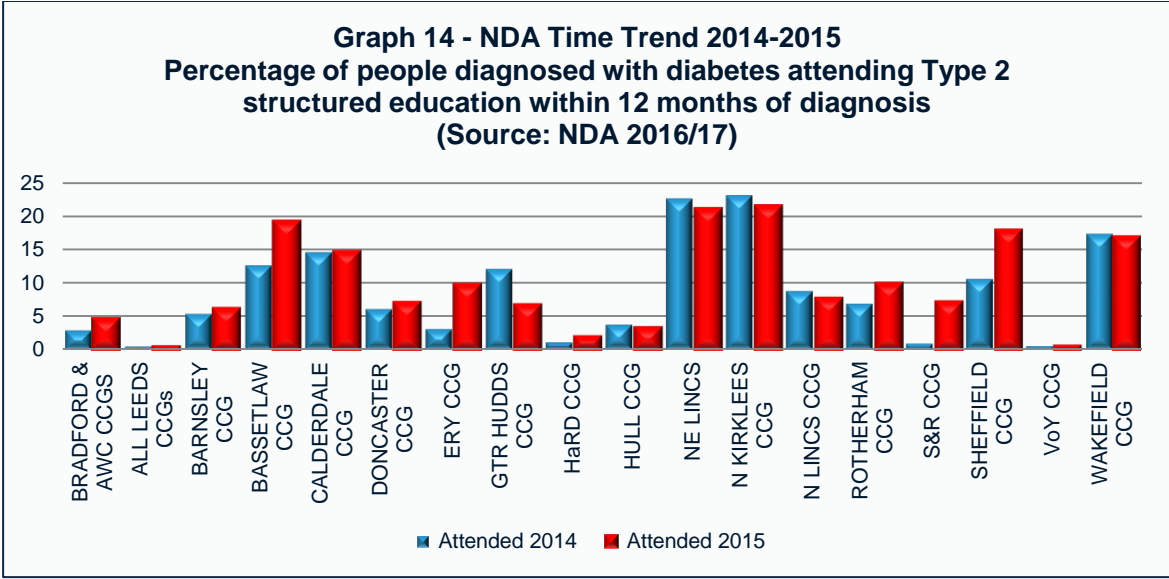


diagnosis. From 2015/16 the NDA changed the way that it reported on patients attending structured education.

Structured Education was collected differently in the 2015-16 audit. This has meant that the time between diagnosis and the offer of structured education to the person with diabetes can be determined in days.... It provides the numbers of people newly diagnosed within the calendar year and gives the number and percentage of people that have been offered structured education in the following 12 months, and the number and percentage of people that have attended a structured education programme in the 12 months following diagnosis<sup>xxii</sup>

The NDA data is collected directly from the GP clinical systems. Providers report attendance to the GP Practices who are expected to record this on the patient’s clinical record. In the past the communication and recording of this information has been sporadic and this was highlighted in the previous Y&H survey.

The NDA 2016/17 Short Report - England shows that some data is making its way onto the GP clinical system in Y&H with a few areas showing marked improvement. The recording still varies significantly.



Graph 14 shows the percentage of people who were newly diagnosed with Type 2 diabetes that either attended or completed structured education.

The Yorkshire and the Humber Clinical Networks would like to thank all those who contributed their data and who assisted in this report. The Clinical Networks will continue to support commissioners and providers to improve diabetes services in the region.

## 6 Appendices

### Appendix 1. Data Collection Templates

#### Type 1



20161005 TEMPLATE  
for SPE collection - TY

#### Type 2



20161005 TEMPLATE  
for SPE collection - TY

### Appendix 2. Policy and Guidance Links.

#### Structured Education Provision in Yorkshire and the Humber 2014/15

<http://www.yhscn.nhs.uk/media/PDFs/cvd/Diabetes/Survey%20of%20Diabetes%20Structure%20Education%20Provision%20in%20Yorkshire%202014-15%20-FINAL%20-%20July%202016.pdf>

#### Commissioning – What is the Big Deal?

<https://www.nhs.uk/NHSEngland/thenhs/about/Documents/Commissioning-FINAL-2015.pdf>

### References

<sup>i</sup> <https://www.diabetes.org.uk/diabetes-the-basics>

<sup>ii</sup> <https://www.diabetes.org.uk/diabetes-the-basics>

<sup>iii</sup> [https://diabetes-resources-production.s3-eu-west-1.amazonaws.com/diabetes-storage/migration/pdf/Diabetes%2520UK\\_Diabetes%2520education%2520-%2520the%2520big%2520missed%2520opportunity\\_updated%2520June%25202016.pdf](https://diabetes-resources-production.s3-eu-west-1.amazonaws.com/diabetes-storage/migration/pdf/Diabetes%2520UK_Diabetes%2520education%2520-%2520the%2520big%2520missed%2520opportunity_updated%2520June%25202016.pdf)

<sup>iv</sup> [https://diabetes-resources-production.s3-eu-west-1.amazonaws.com/diabetes-storage/migration/pdf/Diabetes%2520UK\\_Diabetes%2520education%2520-%2520the%2520big%2520missed%2520opportunity\\_updated%2520June%25202016.pdf](https://diabetes-resources-production.s3-eu-west-1.amazonaws.com/diabetes-storage/migration/pdf/Diabetes%2520UK_Diabetes%2520education%2520-%2520the%2520big%2520missed%2520opportunity_updated%2520June%25202016.pdf)

<sup>v</sup> <https://www.england.nhs.uk/commissioning/ccg-assess/iaf/>

<sup>vi</sup> <https://www.england.nhs.uk/diabetes/treatment-care/>

<sup>vii</sup> <https://www.england.nhs.uk/ourwork/futurenhs/deliver-forward-view/>

<sup>viii</sup> <http://www.yhscn.nhs.uk/media/PDFs/cvd/Diabetes/Survey%20of%20Diabetes%20Structured%20Education> <https://www.nice.org.uk/guidance/qs6/chapter/Quality-statement-2-Structured-education-programmes-for-adults-with-type-2-diabetestion%20Provision%20in%20Yorkshire%202014-15%20-FINAL%20-%20July%202016.pdf>

<sup>ix</sup> <http://www.bjd-abcd.com/index.php/bjd/article/view/230>

<sup>x</sup> <https://bmcendocrdisord.biomedcentral.com/articles/10.1186/1472-6823-7-6>

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- xi <http://www.qismet.org.uk/>
- xii <http://www.leedsth.nhs.uk/a-z-of-services/outpatients/appointment-reminder-service/>
- xiii <https://www.midyorks.nhs.uk/my-appointment-reminder-system->
- xiv <https://race.bitc.org.uk/sites/default/files/kcfinder/files/RaceforOpportunity/Regional%20Factsheets/YORKSHIREandtheHUMBER.pdf>
- xv <https://www.nice.org.uk/guidance/qs6/chapter/Quality-statement-3-Structured-education-programmes-for-adults-with-type-1-diabetes>
- xvi <https://www.nice.org.uk/guidance/qs6/chapter/Quality-statement-3-Structured-education-programmes-for-adults-with-type-1-diabetes>
- xvii <https://www.nice.org.uk/guidance/qs6/chapter/Quality-statement-2-Structured-education-programmes-for-adults-with-type-2-diabetes#quality-statement-2>
- xviii <https://www.nice.org.uk/guidance/qs6/chapter/Quality-statement-3-Structured-education-programmes-for-adults-with-type-1-diabetes>
- xix <https://www.nhs.uk/NHSEngland/thenhs/about/Documents/Commissioning-FINAL-2015.pdf>
- xx <https://www.nice.org.uk/guidance/qs6/chapter/Quality-statement-3-Structured-education-programmes-for-adults-with-type-1-diabetes>
- xxi <https://www.nice.org.uk/guidance/qs6/chapter/Quality-statement-2-Structured-education-programmes-for-adults-with-type-2-diabetes#quality-statement-2>
- xxii <https://digital.nhs.uk/catalogue/PUB30142>