Type 1 and Type 2
Diabetes Structured Education Provision in Yorkshire and the Humber
2016/17 and 2017/18

NHS
Yorkshire and the Humber
Clinical Networks

Diabetes Structured Education Provision in Yorkshire and the Humber 2017/18

Version number: 1

First Published: September 2019

Updated:

Prepared by: Helen Atkinson, Debra Yildirim, Juliet Fidorra, Dr Chris Walton

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[i] (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.

1 Executive Summary and Recommendations

1.1 Background

Since 2014-15, the Yorkshire and the Humber Diabetes Clinical Network has undertaken a survey of structured education providers in the region to identify why attendance at structured education, as reported in the National Diabetes Audit, was so low. The findings proved that the data, taken from primary care clinical systems, did not accurately represent the work that was being done by the education providers and that attendance at structured education was much higher than reported[ii].

This is the third survey of its kind and, on this occasion, data was collected for two years, 2016-17 and 2017-18.

Some of the findings in this report are taken directly from a structured education survey of providers in 2018. Other findings are reported from the Yorkshire and the Humber Structured Education Network meetings of education providers and commissioners undertaken throughout 2018.

1.2 Summary of Findings

Attendance. The data from the survey shows that an average of 46.3% of people referred to the education providers attend a Type 2 education course (range 20.1% – 100%). For a Type 1 education course the average is 42.5% (range 14%-68.1%). Yorkshire and the Humber structured education providers have shown continued improvements in attendance, an increase in administrative staff, and have highlighted additional measures taken to encourage people to attend.

Data Quality. Referrals to, and attendance at, structured education are reported in the National Diabetes Audit, but the data is collected from primary care clinical systems and data recording is poor despite a national initiative to record the data.

Referral. The National Institute for Clinical Excellence (NICE) quality statement[iii] guidance requires GP practices to refer people newly diagnosed with diabetes for structured education. There is anecdotal evidence directly from GPs that they offer structured education to a newly diagnosed person who will refuse it immediately – therefore the codes to refer to structured education and refusal of structured education get entered in the same consultation. The provider does not receive the referral and has no chance to offer their service.

Staffing of courses. Most courses in Yorkshire and the Humber are delivered by clinicians - Diabetes Specialist Nurses, Dietitians and, in some cases, Podiatrists. This requires balancing provision of courses alongside managing a clinical caseload. One area has started to use Band 4 lifestyle practitioners to deliver the education (clinical support is available when required).

Commissioning issues. Most structured education services are still not specifically commissioned but are delivered under a block contract. The funds for structured education are not ring-fenced and many of the service providers do not have the necessary key performance indicators to work to and to be assured against. The

definition of structured education for recording and reporting purposes is vague and providers deliver a range of courses that would meet the definition provided in the NICE Quality Statement. There is no guidance as to what the course length should be or the outcomes that need to be achieved. There is some confusion as to what can be recorded as structured education – for example – a 2-hour GLP-1 course covers all the necessary criteria – including being assured and audited – but would this class as structured education and should it be recorded a such?

Provision for diverse populations. There was little change in improved cultural sensitivity although one provider did report that they had held sessions with two interpreters and had even arranged to pick the participants up in a minibus but there was very little uptake. Providers are aware of the need to provide reasonable adjustments for people with learning disabilities, however, little provision other than the option to have a one to one session is provided.

1.3 Recommendations

Evidence of improved uptake – however a discrepancy with NDA still exists. The provider data in Yorkshire and the Humber continues to suggest a much higher uptake of structured education in Yorkshire and the Humber than the NDA. The year on year comparison between 2017-18 and 2016-17 suggests an improvement in uptake especially in Type 1 diabetes, and qualitative improvements in the service offered.

Structured education services should be commissioned directly and not as part of a block contract. Key performance indicators would ensure that the service meets the necessary requirements and that data on the service metrics would be available. Robust data recording and reporting is required to ensure that the service can be assured and that business cases can be produced. Providers should record operational data and make it easily accessible.

CCGs should encourage upload of statistics to the National Diabetes Audit Clinical Audit Platform as well as sending coded information to GP Practices. Data from the National Diabetes Audit (NDA), which is reported in transformation dashboards and the CCG Improvement and Assessment Framework report, is currently collected from GP clinical systems. This relies on data entry by GP practices, which have no incentive to record the data. Consequently, this method only shows a fraction of the work that is being undertaken by the providers. Data taken directly from the service provider would be more accurate. Details on how providers can directly upload attendance data to the NDA via the Clinical Audit Platform (CAP) can be found on the Clinical Network website[iv].

Another issue which has been raised through Yorkshire and the Humber Structured Education Network is that many structured education providers now work on SystmOne and they therefore expected that if appropriate education attendance codes were uploaded to SystmOne, the NDA would be able to access this data. However, this is not the case so those providers that were uploading attendance data to SystmOne are in some cases abandoning this is favour of using the Clinical Audit Platform (CAP) as it is seen as a duplication of tasks. Whilst this should ensure that such data gets into the NDA it unfortunately means that a record of attendance at

structured education is not available to clinicians in primary or specialist care when using SystmOne.

A review of the NICE guidance is suggested to provide a more in-depth definition of Structured Education. NICE guidance provides a simple definition of structured education, but other support courses of varying lengths also meet the criteria as it is currently defined (such as GLP1 sessions and supermarket visits).

Structured education programmes should appeal to a wide audience. Providers should review the fit of their course to the target audience education and health literacy level, including reasonable adjustments for persons with a learning disability. Areas with low ethnicity could consider liaising or contracting with other local provider services to provide culturally sensitive or alternative language provision in areas where populations are too low to warrant a permanent local service.

Digital education should be offered after a referral to the provider and after face to face education has been declined. CCGs should review the referral pathway to structured education and ensure that all newly diagnosed patients are referred to structured education as the next stage in the treatment for diabetes. When the person is referred to the provider, they should receive more information about the course. If they decline structured education at this stage, they could be offered digital structured education – either as a standalone option or in conjunction with face-to-face support.

Areas commissioning digital health tools and services should ensure that there is a robust method of capturing and reporting usage and assessment metrics. Data entered onto general practice systems should be distinguishable from data entered for face to face education.

The structured education pathway should also provide an option for an annual follow-up as recommended in the NICE Quality Statement.

2 Introduction

It is estimated that 95 per cent of diabetes management is self-management[v]. People with diabetes only have contact with a healthcare professional for a few hours per year the rest of the time they care for and manage their diabetes themselves.

Provision of high-quality patient education helps people with Type 1 diabetes to acquire skills for 'self-management' (NICE[vi]), including how to manage their insulin therapy. The first few months after diagnosis involve considerable adjustment, so although information should be given from diagnosis, it is thought that an intensive structured education programme is most beneficial 6–12 months after diagnosis[vii].

Type 2 diabetes is a progressive long-term medical condition that is predominantly self-managed by the person living with Type 2 diabetes. Type 2 Structured education courses should be offered at the time of diagnosis[viii].

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[ix].

Structured Education for people with both Type 1 and Type 2 diabetes is recommended in the National Institute for Clinical Excellence (NICE) quality statement[x].

Reliable data on the number of people attending structured education courses is not currently available from national sources. Although attendance at structured education is reported in the National Diabetes Audit (NDA)[xi], these figures are taken directly from the GP primary care record and not from the structured education providers. This relies on the data moving from the providers to the GP practices and then to be coded correctly onto the clinical system. National initiatives have been undertaken to improve the recording of structured education[xii] by providing guidance on letters to GPs and on the appropriate Read codes to use. This was published in November 2016.

As reported in a previous survey[xiii] the National Diabetes Audit under-reports the attendance at structured education in Yorkshire and the Humber as Type 1 12.3% and Type 2 10%. The Yorkshire and the Humber survey reports that uptake of structured education rose to an average of 46.3% in 2017-18 (range 20.1% - 100%) and 9 CCG areas have an over 50% uptake.

It is difficult to obtain an accurate figure for Type 1 diagnoses as the National Diabetes Audit uses a disclosure control procedure to maintain patient confidentiality. This affects the results for Type 1 parameters where the return figures can be very low at practice level.

It is important that the figures in the National Diabetes Audit are reported correctly as they are used in a range of national statistics including the CCG Improvement and Assessment Framework[xiv], Public Health Fingertips[xv], and RightCare Diabetes Pathway[xvi].

From 2018/19 the data from secondary care can now be entered on the Clinical Audit Platform (CAP)[xvii]. This platform is replacing Data Landing for the now-continuous collection of NDA data from secondary care and specialist services. The new platform will be used to collect data about patients attending diabetes services in secondary care, covering clinic attendances and test results dated on or after 1st January 2018. Services can enter data at any time throughout the year. There is a data cut off point of May at which point a snapshot of the collection will be taken for analysis.

Specialist diabetes out-patient service providers will be able to either enter the data directly into the CAP or complete the specialist service template for their service and upload to the Platform. Users must register to use this online tool via NHS Digital's single sign on services, and will require Caldicott Guardian approval to be granted access to the relevant section of CAP.

Changes in the way the National Diabetes Audit is collected and reported year on year can also cause problems for local data comparison. The current report is provided annually, which does not provide timely information to facilitate necessary service improvement – although discussions are taking place to make this quarterly.

The NHS Shared Planning Guidance for 2017-2019[xviii] set out transformation funding for supporting improvement in the treatment and care of people with diabetes. 12 Yorkshire and the Humber CCG areas were awarded a combined total of £2.9m funding over two years specifically for improving attendance at structured education. This survey was undertaken at the end of the first year of funding at which point most projects were not fully operational.

3 The Diabetes Clinical Network Structured Patient Education Survey

.

3.1 Methodology

A survey form was produced in an Excel spreadsheet and providers were asked to return data for the financial years 2016-17 and 2017-18. Separate forms were sent to providers of Type 1 and Type 2 education. The questions can be found in Appendix 1.

Data for the survey was requested directly from the education providers, however, for this survey, the results are reported by Clinical Commissioning Group (CCG) as they are the organisation responsible for commissioning the service.

The data collection for the Yorkshire and the Humber structured education survey was more detailed than in earlier surveys. Qualitative and quantitative data was returned by more providers than in previous years, however, a few providers were still not able to supply a minimum data set and these were contacted separately to obtain qualitative data only.

The recent funding opportunities provided by the transformation funding for the treatment and care of diabetes required a comprehensive business case to secure

additional funding for projects. Providers are more aware of the need to supply accurate data and the response to requests for information has improved.

3.2 Services in Yorkshire and the Humber

The Yorkshire and the Humber Clinical Network covers an area comprising

- 3 Integrated Care Systems (ICSs) / Sustainability and Transformation Partnerships (STPs)
- 20 Clinical Commissioning Groups (CCGs)
- 17 Structured Education Providers

ICS/STP	CCG	Structured Education Provider/s
South Yorkshire and Bassetlaw ICS	NHS Barnsley CCG	Barnsley Hospital NHA Foundation Trust
	NHS Bassetlaw CCG	Nottinghamshire Healthcare NHS Foundation Trust
	NHS Doncaster CCG	Rotherham, Doncaster & South Humber NHS Foundation trust
	NHS Rotherham CCG	Rotherham NHS Foundation Trust
	NHS Sheffield CCG	Sheffield Teaching Hospitals NHS Foundation Trust
West Yorkshire and Harrogate ICS	NHS Airedale, Wharfedale and Craven CCG (AWC)	Airedale NHS Foundation Trust
	NHS Bradford City CCG	Bradford Teaching Hospitals Foundation Trust
	NHS Bradford Districts CCG	Bradford Teaching Hospitals Foundation Trust
	NHS Calderdale CCG	Calderdale and Huddersfield NHS Foundation Trust
	NHS Greater Huddersfield CCG (GTR HUDDS)	Locala Community Partnership
	NHS Harrogate and Rural District CCG (HaRD)	Harrogate and District NHS Foundation Trust
	NHS Leeds CCG	Leeds Community Health Care Trust
	NHS North Kirklees CCG (N Kirklees)	Locala Community Partnership
	NHS Wakefield CCG	Mid Yorkshire Hospitals NHS Trust
Humber, Coast and Vale STP	NHS East Riding of Yorkshire CCG (ERY)	Hull University Teaching Hospitals NHS Trust
	NHS Hull CCG	Hull University Teaching Hospitals NHS Trust

ICS/STP	CCG	Structured Education Provider/s
	NHS North East Lincolnshire CCG (NE Lincs)	Care Plus Group
	NHS North Lincolnshire CCG (N Lincs)	Northern Lincs & Goole Hospitals NHS Foundation Trust
	NHS Scarborough and Ryedale CCG (S&R)	York Teaching Hospital NHS Foundation Trust
	NHS Vale of York CCG (VoY)	York Teaching Hospital NHS Foundation Trust

3.3 Survey Response

There were 2 survey sections for the providers to complete. Part 1 was a set of qualitative questions about the service and part 2 was a set of quantitative questions about how many people had used the service

The Table below shows the area response

Type 1 Qualitative	Type 1 Quantitative	CCGs returning data to the survey	Type 2 Qualitative	Type 2 Quantitative
		NHS Airedale, Wharfedale and Craven CCG		
		NHS Barnsley CCG		
*	*	Bassetlaw CCG		
		NHS Bradford CCGs		
		NHS Calderdale CCG		
		NHS Doncaster CCG		
		NHS East Riding of Yorkshire CCG		
		NHS Greater Huddersfield CCG		
		NHS Harrogate and Rural District CCG		
		NHS Hull CCG		
		NHS Leeds CCG		
		NHS North East Lincolnshire CCG		
		NHS North Kirklees CCG		
		NHS North Lincolnshire CCG		
		NHS Rotherham CCG		
		NHS Scarborough and Ryedale CCG		
		NHS Sheffield CCG		
		NHS Vale of York CCG		
		NHS Wakefield CCG		

18 Providers returned data for Type 1 services
19 Providers returned data for Type 2 services

*Type 1 services for Bassetlaw are reported in with Doncaster CCG

CCG mergers and the amalgamation of services through the Treatment and Care funding have affected the providers' ability to report on structured education provision and so some returns were only part completed.

4 Findings

4.1 Face to Face Course Provision

There is a range of courses provided in Yorkshire and the Humber; the majority of which are accredited.

The NICE guidance criteria is broad in its definition of structured education. Many educators provide additional accredited and assured courses on subjects such as carbohydrate counting and GLP-1 training that meet the criteria for structured education but are not recorded as such. The Yorkshire and the Humber Structured Education Network posed a question to the National Diabetes Programme as to what can be counted.

The courses are listed in the table below.

Type 1 Courses

Type 1 Course	Further information	Course length	Providers
CHOCS	Carbohydrate counting - QISMET	1 session	1
Advanced CHOCS - (based on BERTIE)	QISMET	4 x 6-hour session	1
BITES	QISMET	3 sessions over 2.5 days	1
DAFNE	Nationally accredited	1 week or 5 days over 5 weeks	13
Pump DAFNE	Nationally accredited	1 week or 5 days over 5 weeks	2
My DICE	Not accredited	either 3 days or 4 evenings	1

Type 2 Courses

Type 2 Course	Further information	Course length	Providers
DESMOND	Nationally accredited	2 half days or 1 full day	8
DICE	QISMET	6 x 2.5hours over 6 weeks	1
DICE – getting started	QISMET	1 session x 2 hours	1
DOTTIE	QISMET (Lapsed)	2 half days or 1 full day	1
Good2Go	QISMET	1 full day	2
HARRIET	Not Accredited	2 half days or 1 full day	1

Living With Diabetes	QISMET	2 x 3-hour sessions over 2 weeks	2
The Leeds Programme	QISMET	3 Sessions	1
X-PERT	Nationally accredited	6 sessions over 6 weeks	3

4.2 Annual Structured Education Review

NICE guidance recommends an annual patient education review and in previous surveys no providers have reported providing an annual review service. However, the figures for 2017-18 showed that the provider for Hull and East Riding of Yorkshire now offers an annual review, with Leeds and North East Lincolnshire planning to do so in the near future.

4.3 Wait for Courses

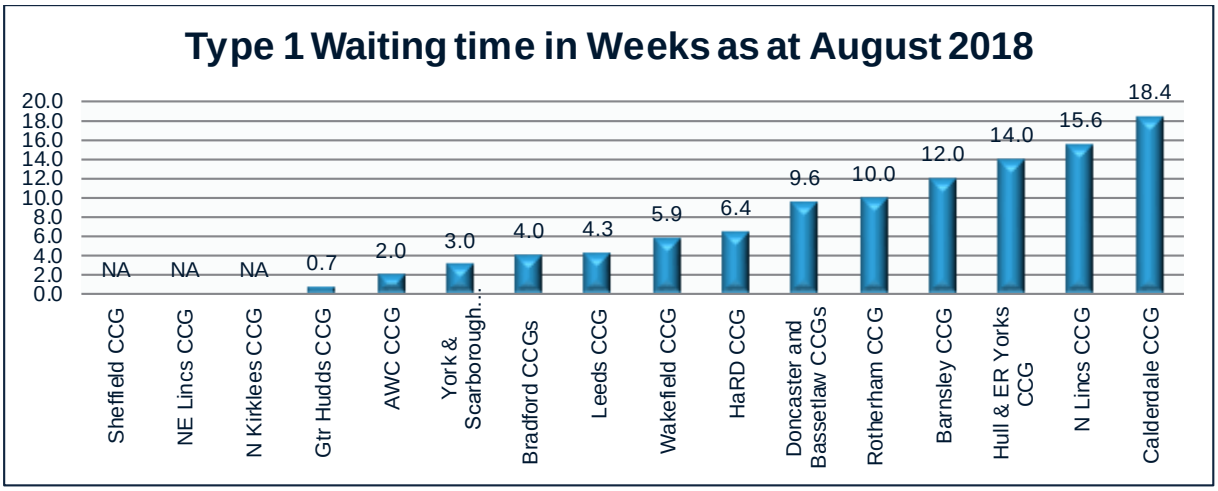
NICE guidance states that structured education would be most beneficial 6 to 12 months after diagnosis for people with Type 1 diabetes[xix]. The Yorkshire and the Humber survey asked Type 1 providers if they delay provision of Type 1 education to allow for the 'honeymoon period' and if so, by how long.

Honeymoon Period	Number of Providers
6 months	9
9-12 months	2
18 months (for DAFNE – but short in-house course in 12 months)	1
None	2
No response	2

Type 1 Waiting times

The survey also asked: 'if a patient was to come to you for structured education today – what is the date of your next available appointment that is not a cancellation'? This figure is not an average and reports the actual wait in weeks. The wait time is not influenced by patient's choice, the numbers of patients or the honeymoon period.

The 2017-18 survey data is more robust than previously, with only 3 areas not returning data (down from 8 in 2016-17). All responders had waits of less than 20 weeks (up from only 5 in 2016-17 – where the range was 2 to 44 weeks).

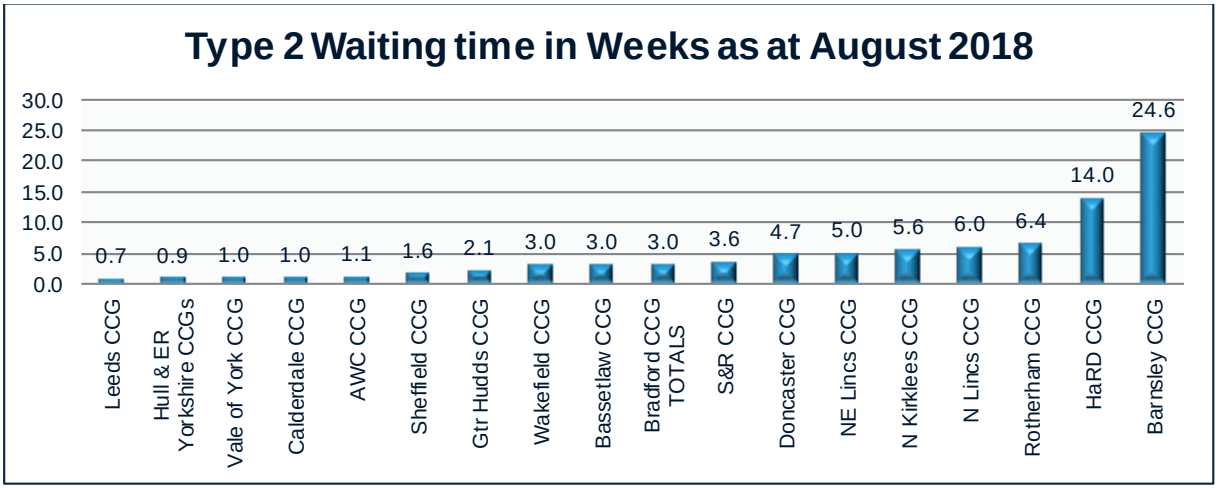


Graph 3 - The blue bar shows the waiting time for a Type 1 structured education course in weeks to the next available appointment

Type 2 Waiting times

All areas except for 1 responded to this question in the survey. 5 providers have a wait of 1 week (up from only 1 in 2016-17). The number of providers with a greater than 6 weeks wait fell from 4 to 2.

The Barnsley service was affected by a change of provider during the survey period.



Graph 4 - The blue bar shows the waiting time for a Type 2 structured education course in weeks to the next available appointment

4.4 Administration staff

In previous surveys it was identified that areas with dedicated administrative staff were able to encourage attendance at structured education courses. In some areas the administration service was part of a different department and access to support was sporadic. 12 areas had dedicated administration support in 2016-17, which rose to 15 areas in 2017-18.

The Yorkshire and the Humber Structured Education Network ran WebEx calls and face to face sessions to improve data capture, reporting and share best practice on how to improve attendance at courses.

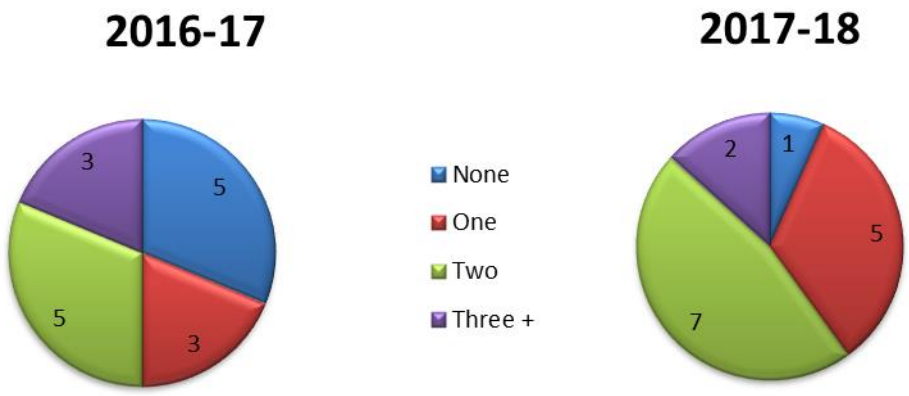
4.5 Reminders

In the previous survey of 2015-16 it was reported that 77% of people invited to attend a structured education course were sent only 1 invite letter and were discharged back to the GP if they did not respond. This was a focus area for improvement at the Clinical Network Structured Education Network meetings.

The 2017-18 survey shows an improvement, which correlates to the increase in administration staff and an increase in attendance.

Type 1

In 2017-18, 87% of providers send reminders to attend Type 1 structured education (up from 69% in 2016-17).



Type 2

In 2017-18,78% of providers now provide at least 1 reminder to attend Type 2 structured education (up from 56% in 2016-17).

4.6 Culturally Sensitive Provision

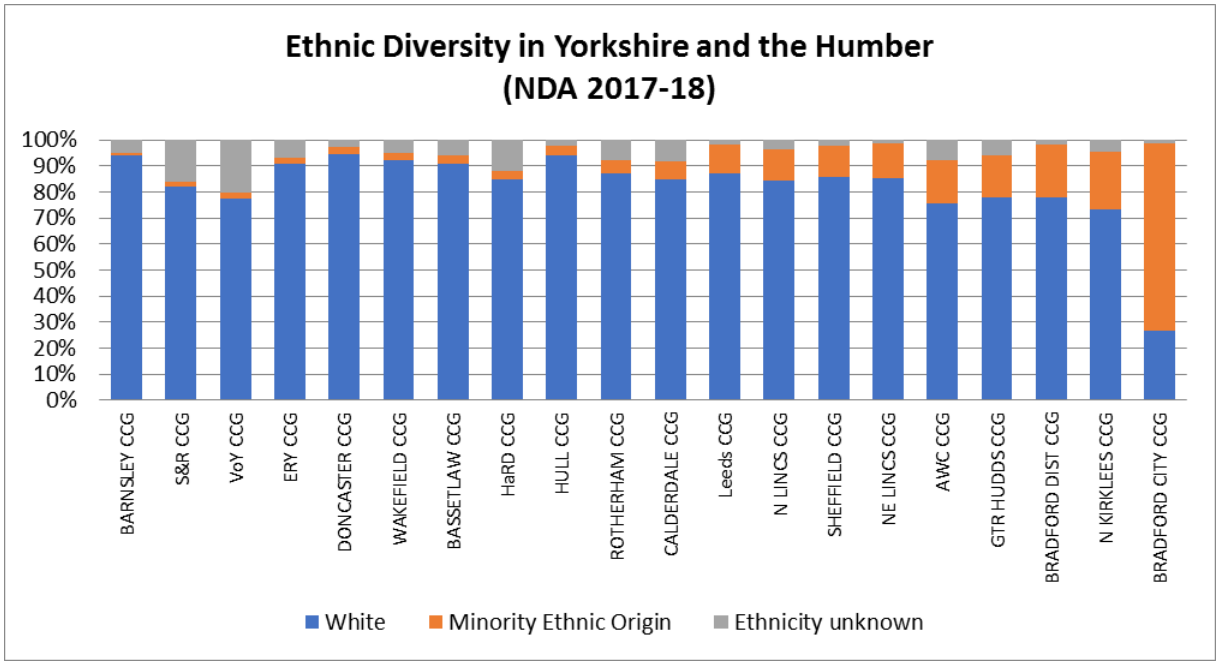
The National Institute for Health and Care Excellence (NICE) Equality and Diversity Considerations states:

> 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.[xx]

The table below shows the number of providers in 2017-18 with culturally sensitive provision of structured education. It is an improvement from 2016-17 where only 1 area had any culturally sensitive provision

Offer	Type 1	Type 2
Culturally sensitive courses	3	2
Some resources – booklets, venue changes	3	3
Use interpreter	0	1
1-1 Support offered if necessary	1	3
No culturally sensitive provision	9	9
No data	2	1

The breakdown of ethnicity in Yorkshire and the Humber is shown in graph:



Graph 5–The ethnic diversity of CCGs in Yorkshire and the Humber - sourced from the National Diabetes Audit Report 2017-18

Culturally sensitive provision in the Bradford area is very good, with courses in three languages and incorporation of different food groups. However, there did not appear to be any relationship between culturally sensitive provision and levels of ethnic diversity within populations elsewhere. Of the areas that indicated they were making some provision – this only related to general discussion around different food groups, leaflets in different languages or, in one case, a change of venue. Other areas offered a 1-1 appointment with a dietitian if necessary.

4.7 Inequalities and Learning Disabilities

Learning disability is around 40 per cent more common in people with diabetes than in the general population [xxi] .One of the areas identified by RightCare as being essential is to make ***reasonable adjustments*** in the area of structured support programmes and self-management of diabetes[xxii].

A session on 'Reasonable Adjustments for People with Learning Disabilities" was delivered at the Clinical Network Structured Education Network Meeting in November 2018.

The Yorkshire and the Humber survey asked if any adjustments were made for inequalities or people with learning disabilities. The results show a marginal improvement between 2016-17 and 2017-18. These adjustments were mainly large print reading material and accessible resources.

Type 1	Yes	1-1s	Large print	Carers or interpreters	No
2016-17	2	2	2	0	12
2017-18	3	3	2	0	10

Type 2	Yes	1-1s	Large print	Carers or interpreters	No
2016-17	1	2	1	0	15
2017-18	3	3	1	1	11

4.8 Out of Hours Provision

Structured education courses are mainly run within office hours which may limit access for the working age population. The survey asked if providers offer evening or weekend courses.

The results show that out of hours provision is increasing. 13 Evening courses were run for people with Type 2 diabetes across Hull, Leeds, North Kirklees, Rotherham and Bradford, with Hull providing the most at 5 courses.

Out Of Hours	Type 1	Type 2
Weekend Sessions	0	2

Evening Sessions	2	4
No Provision	16	13

The table shows the number of providers providing evening and weekend courses. The figures are not cumulative as areas may do both Evening and Weekends.

4.9 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][xxiii] [xxiv] for structured education recommends:

> Commissioners (clinical commissioning groups) ensure that they commission structured education programmes for adults with type1 (and type 2) diabetes[xxv]

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[xxvi]

The Y&H survey asked providers if their services were specifically commissioned by the CCG and, if so, whether any key performance indicators (KPIs) existed.

Commissioned Service	Type 1	Type 2
Specifically Commissioned with KPIs	8	8
Specifically Commissioned without KPIs	1	1
Part of a block contract	7	10

Feedback from Commissioners is that they are sending a block of money to Accountable Care Providers. There is no guarantee that the monies will be ring-fenced to provide structured education services and the funding can be used for other things. Setting key performance indicators would allow for assurance of the service.

4.10 GP Referrals

Type 1 referrals to structured education are generally made through the specialist diabetes services and so would not be made via GP referral.

For people with Type 2 diabetes there is anecdotal evidence directly from GPs that they offer structured education to a newly diagnosed person who may refuse it immediately. The practice is required to refer a patient under the Quality and Outcomes Framework (QOF), which is their method of payment. If the codes to 'refer' to structured education and 'refuse' structured education get entered in the same

consultation, the provider does not receive the referral and cannot send an invitation to attend.

The National Diabetes Audit reports that 72% of newly diagnosed people with diabetes are referred for structured education in Yorkshire and the Humber, but provider figures suggest that only between 51% and 65% of the total newly diagnosed figure were received by them.

While it is recognised that a newly diagnosed person has the right to decline a referral to structured education, there should be guidance on how to ensure consistency about when and how a refusal should be recorded.

General Practitioners and their staff are trained not to refer to services without the consent of their patient – but this is mainly for sensitive referrals such as mental and sexual health. In the case of structured education, the referral should be seen as the next step in the care pathway and the patient could be informed that they will hear from the structured education providers. The provider could then invite the person and provide them with more information about the course. At this stage the person would have the option to refuse a face to face session and they could be offered alternative support.

5 Course Availability and Service Metrics

The NICE Quality Statement [QS6][xxvii] [xxviii]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 – Patient Places

Providers were asked to report the number of courses delivered within a specific time-period and how many places were available for each course. The table shows the figures as reported over the last 3 years.

Type 1

There were 83 more Type 1 course places available in 2017-18 than in 2016-17. However, this is significantly lower than the figures reported in the survey of 2015-16 which showed 704 places for Type 1 education.

Patient Places	2015-16	2016-17	2017-18	Trend
AWC CCG	-	-	-	
Barnsley CCG	0	0	8	
Bradford CCGs	40	54	54	
Calderdale CCG	40	32	32	
Doncaster and Bassetlaw CCGs	0	0	10	
ERY CCG	0	8	32	
Gtr Hudds CCG	40	-	-	
HaRD CCG	48	40	16	
Hull CCG	80	48	46	
Leeds CCG	104	72	56	
N Kirklees CCG	-	-	-	
N Lincs CCG	-	-	-	
NE Lincs CCG	-	-	-	
Rotherham CCG	64	0	48	
S&R CCG	0	0	24	
Sheffield CCG	120	-	-	
Vale of York CCG	90	72	72	
Wakefield CCG	78	61	72	
Total	**704**	**387**	**470**	

***** Sheffield & Greater Huddersfield were unable to provide quantitative data for the last 2 years

Type 2

There were 6248 course places for Type 2 education in 2017-18. This is significantly lower than the figures reported in survey of 2015-16 which showed 7226 places, although there is an increase when compared with the 2016-17 figure of 5727

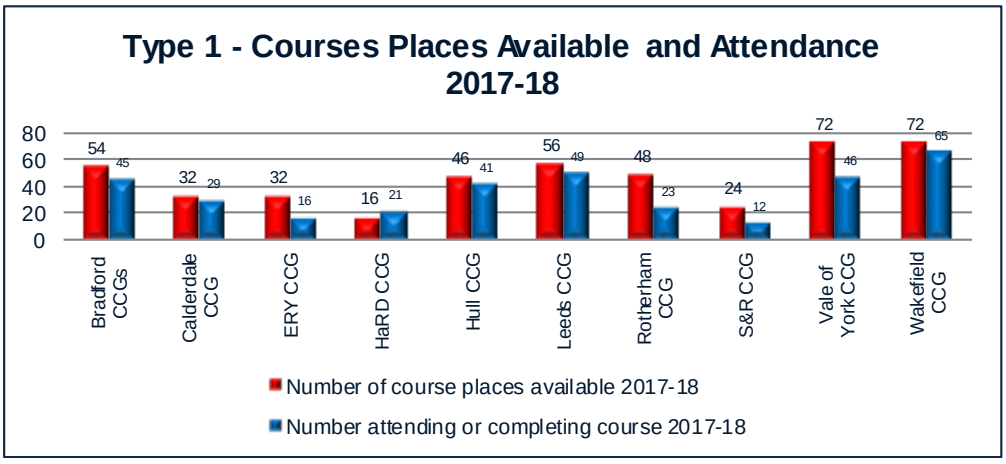
The survey suggests that Type 2 places available over time has a 62% drop from 2015-16 although it is possible that there may be data quality issues with the figures.

CCGs	2015-16	2016-17	2017-18	Trend
AWC CCG	0	135	165	
Barnsley CCG	470	160	32	
Bassetlaw CCG	450	285	320	
Bradford CCG TOTALS	690	600	600	
Calderdale CCG	0	240	280	
Doncaster CCG	0	178	171	
Gtr Hudds CCG	320	240	240	
HaRD CCG	120	160	224	
Hull CCG	712	576	520	
Leeds CCG	208	330	1150	
N Kirklees CCG	320	288	288	
N Lincs CCG	240	120	120	
NE Lincs CCG	300	216	192	
Rotherham CCG	640	512	592	
S&R CCG	600	435	375	
Vale of York CCG	656	512	456	
Wakefield CCG	1500	740	560	
Grand Total	**7826**	**5727**	**6285**	

5.2 Course Availability and the Number of Places Taken Up

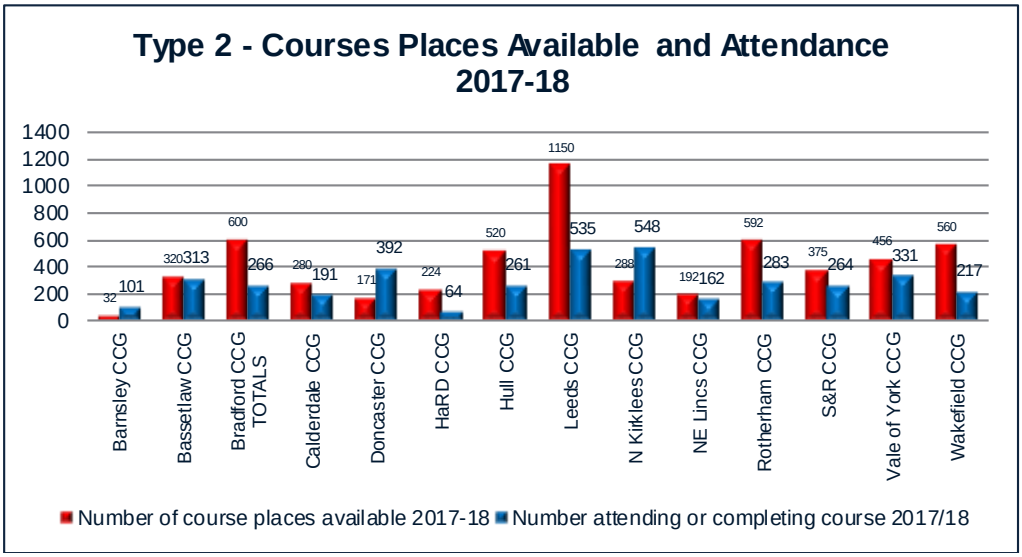
Despite a fall in course places, the providers have sufficient capacity to meet demand. Some areas are showing that there is a significant amount of unused capacity. There are exceptions to this as some sites show they have less places available than the numbers that attended, which may be a data issue and will be explored further.

Type 1



Graph 7: shows the provider reported number of places available in red. The provider-reported total number of patients who either attended one course or completed a course is in blue

Type 2



Graph 8: shows the provider reported number of places available in red. The provider reported total number of patients who either attended one course or completed a course is in blue

5.3 Patients with Diabetes Attending Structured Education

The Structured Education providers in Yorkshire and the Humber have worked hard to improve attendance over the past 2 years. As mentioned previously, 12 CCGs were successful in bidding for transformation funding but all of the providers have taken steps to improve their service. The survey asked the providers to give examples of the improvement work they had done. The examples cover four main areas.

Marketing	Course Delivery
• Information on what courses are available - marketing the service • Course information available on website/Facebook page • Advertising in local community - leaflets and buses • BAME work with local health trainers • Marketing events • Working with religious leaders in South Asian community • Promotion to GP and practice nurses at events (GP education time out sessions) • Flyers in Hospital and GP areas • Banners in GP surgeries	• Training of DESMOND lay educators (non-clinical) • Providing courses using band 4 educators (non-clinical) • Course flexibility - can move between courses • Choice of course dates and times • Double the number of places per course • Using larger room sizes
Data Recording and Reporting	**Working with GP Practices**

• Improvement in data recording and reporting referral form updated and sent to CCG to recirculate to GP practices • Employing dedicated Administrator/ Clerical Assistant/Service Improvement Co-ordinator • Attendee follow-ups by telephone to explain service • Text messaging reminder service • Changed wording of invite, include all venues and session times • Re-contact people who did not attend and offer them alternative dates • Using an electronic referral system • Allowing self-referral to service	• Diabetes Specialist Nurses and Dieticians working with Practices • Global email with information flyer sent to all practices • Identify and work with practices that don't refer • Link nurse sessions • Nurse training and awareness sessions • GP bulletin • Training dates shared with general practice • Training for referring healthcare professionals

The tables below are taken from the Yorkshire and the Humber survey and show the actual number of provider-reported attendance figures over the last 4 years for Type 2 diabetes and over the last 3 years for Type 1.

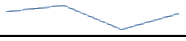
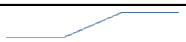
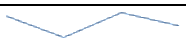
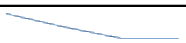
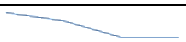
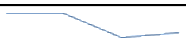
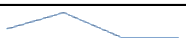
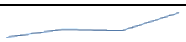
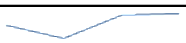
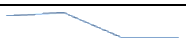
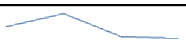
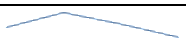
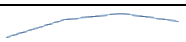
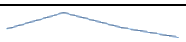
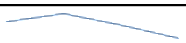
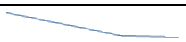
In order to provide some comparison against the figures in the National Diabetes Audit, these figures include those people reported as having completed a full course or having attended part of a course.

The survey data shows that the actual reported number of attendances has dropped since the survey began. However, improvements in the way the data is collected and reported may account for some discrepancies.

Type 1

CCGs	**2014-15**	2015-16	2016-17	2017-18	**Trend**
AWC CCG	No Data Available	-	-	-	
Barnsley CCG		-	-	8	
Bradford CCGs		40	54	54	
Calderdale CCG		40	32	32	
Doncaster and Bassetlaw CCGs		-	-	10	
ERY CCG		-	8	32	
Gtr Hudds CCG		40	-	-	
HaRD CCG		48	40	16	
Hull CCG		80	48	46	
Leeds CCG		104	72	56	
N Kirklees CCG		-	-	-	
N Lincs CCG		-	-	-	
NE Lincs CCG		-	-	-	
Rotherham CCG		64	-	48	
S&R CCG		-	-	24	
Sheffield CCG		120	-	-	
Vale of York CCG		90	72	72	
Wakefield CCG		78	61	72	
Grand Total		**704**	**387**	**470**	

Type 2

CCG	2014/15	2015/16	2016/17	2017/18	Time Trend
AWC CCG	-	-	-	-	
Barnsley CCG	175	211	-	101	
Bassetlaw CCG	-	338	145	313	
Bradford CCG TOTALS	306	423	0	266	
Calderdale CCG	-	-	202	191	
Doncaster CCG	646	-	792	392	
ERY CCG	384	175	-	-	
Gtr Hudds CCG	281	193	-	-	
HaRD CCG	176	171	31	64	
Hull CCG	387	608	275	261	
Leeds CCG	212	321	299	535	
N Kirklees CCG	304	-	513	548	
N Lincs CCG	101	117	-	-	
NE Lincs CCG	203	249	170	162	
Rotherham CCG	319	374	332	283	
S&R CCG	68	283	376	264	
Sheffield CCG	955	-	-	-	
Vale of York CCG	388	497	402	331	
Wakefield CCG	544	738	487	217	
Grand Total	**5449**	**4698**	**4024**	**3928**	

9.4.1. Attendance against the provider-reported referral figure

These figures show the work of the structured education providers. The attendance figure is presented as a percentage of the number of people that were referred to them – the ones that they were aware required an education course.

It is possible to achieve a figure greater than 100% as the providers' referral figure may not have includedpeople who are not recently diagnosed and those who have self-referred as well.

Where there is a decline in referrals this could be due to the following:

- Double counting/inaccurate data
- Referrals dropping
- Reduced attendance of those referred
- Decline in numbers newly diagnosed

This will be investigated further.

Type 1

There was an improved response in the survey and 11 providers submitted data–an increase from 8 in the previous collection.

The average attendance improved from 26.9% in 2016-17 to 42.5% in 2017-18.

Type 1	Range	Average
2016-17	14% - 68.1%	26.9%
2017-18	31.3% - 71.9%	42.5%

Type 2

There were 13 providers who provided the full quantitative dataset and this was up from 10 in the previous survey. The average attendance improved from 45.1%in 2016-17 to 46.6% in 2017-18.

Type 2	Range	Average
2016-17	32.2% -99.7%	45.1%
2017-18	20.1% - 100%	46.3%

9.4.2 Attendance against the newly diagnosed figure reported in the National Diabetes Audit

The figures above show attendance for those people who were referred to the provider for education, but how does this compare to the overall number of people who required education? How does attendance at structured education fare against the number of people who need education?

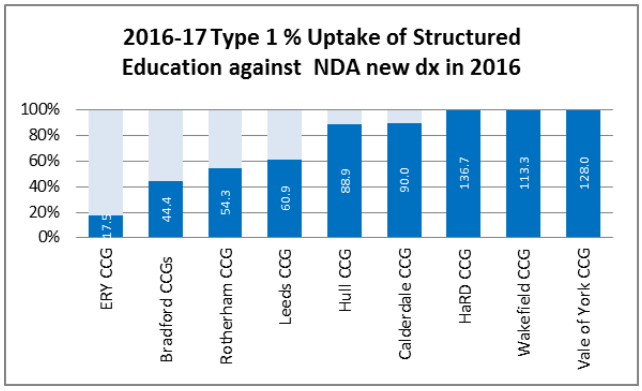
The attendance figures below are compared against the number of people newly diagnosed with diabetes. As a benchmark, the figures for those newly diagnosed with diabetes are taken from the National Diabetes Audit using their latest pulished figures which are for people who were diagnosed in 2016.

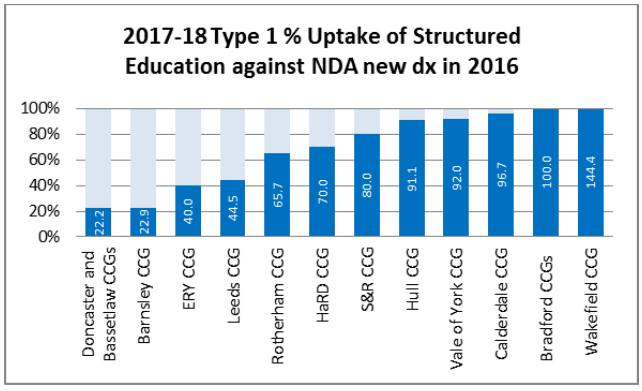
It is difficult to obtain an accurate figure for Type 1 diagnoses as the National Diabetes Audit uses a disclosure control procedure,to maintain patient confidentiality. This process skews the results for Type 1 where the figures at practice level can be very low.

The following graphs show attendance at structured education as a percentage of those newly diagnosed.As many providers have services for existing diabetes and allow the option for people to self-refer, the figures could be over 100%

Type 1

Type 1	Range	Average
2016-17	17.5% - 100%	72.9%
2017-18	22% - 100%	68.8%

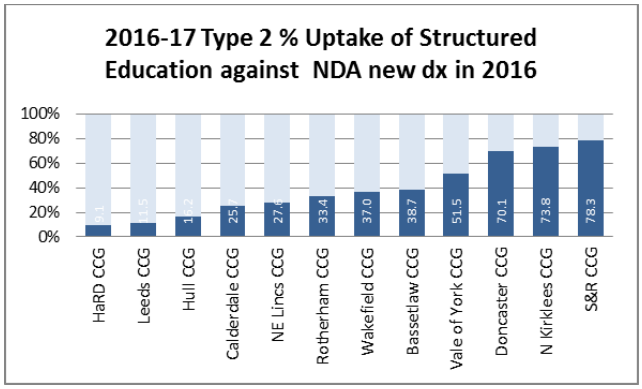


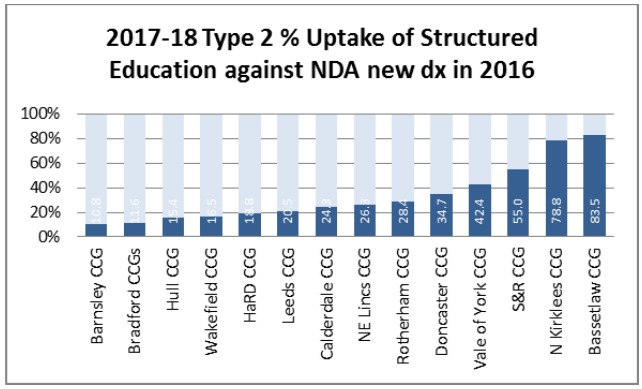


Graph 11: shows the percent of people attending Type 1 structured education based on the number of people reported in the National Diabetes Audit as being newly diagnosed with diabetes in 2016

Type 2

Type 2	Range	Average
2016-17	9.1% – 78.3%	39.4%
2017-18	10.8% – 83.5%	33.5%





Graph 12: shows the percent of people attending Type 2 structured education based on the number of people reported in the National Diabetes Audit as being newly diagnosed with diabetes in 2016

5.4 The Education Gap

Using the benchmark figure of newly diagnosed people from 2016 it is possible to calculate an estimated number of people who still require structured education – this is the education gap.

The Yellow education gap column shows the number of people who have either completed or part-completed a structured education course against the number of people newly diagnosed in 2016 as reported in the National Diabetes Audit (newly diagnosed minus attendances).

The Amber column shows the same number of people who have completed or part-completed a structured education course against the number that the providers report have been referred to them (referrals minus attendances).

For clarity areas with no relevant data have been excluded.

Type 1

CCGs	NDA Newly Diagnosed 2016	Referred to Provider 2017-18	Attended or completed 2015-16	Attended or completed 2016-17	Attended or completed 2017-18	Education Gap against NDA	Education Gap against Referral to Provider
Barnsley CCG	35	0	0	0	8	27	Unknown
Bradford CCGs	45	81	21	20	45	0	36
Calderdale CCG	30	61	0	27	29	1	32
Doncaster and Bassetlaw CCGs	45	32	0	0	10	35	22
ERY CCG	40	55	0	7	16	24	39
HaRD CCG	30	65	10	41	21	9	44
Hull CCG	45	180	51	40	41	4	139
Leeds CCG	110	106	0	67	49	61	57
Rotherham CCG	35	74	25	19	23	12	51
S&R CCG	15	23	0	0	12	Unknown	11
Sheffield CCG	95	0	113	0	0	95	Unknown
Vale of York CCG	50	64	86	64	46	4	18
Wakefield CCG	45	138	55	51	65	-20	73
Total						**252**	**522**

Type 2

CCG	NDA Newly diagnosed 2016	Referred to Provider 2017-18	Attended or completed 2014/15	Attended or completed 2015/16	Attended or completed 2016/17	Attended or completed 2017/18	Education Gap against NDA	Education Gap against Referral to Provider
Barnsley CCG	935	0	175	211	0	101	834	Unknown
Bassetlaw CCG	375	295	0	338	145	313	62	-18
Bradford CCG TOTALS	2290	810	306	423	0	266	2024	544
Calderdale CCG	785	649	0	0	202	191	594	458
Doncaster CCG	1130	1107	646	0	792	392	738	715
HaRD CCG	340	215	176	171	31	64	276	151
Hull CCG	1695	600	387	608	275	261	1434	339
Leeds CCG	2605	1196	212	321	299	535	2070	661
N Kirklees CCG	695	865	304	0	513	548	147	317
NE Lincs CCG	615	381	203	249	170	162	453	219
Rotherham CCG	995	1098	319	374	332	283	712	815
S&R CCG	480	359	68	283	376	264	216	95
Vale of York CCG	780	566	388	497	402	331	449	235
Wakefield CCG	1315	1080	544	738	487	217	1098	**863**
Total							**11107**	**5394**

There is still a significant education gap. The survey shows that in Yorkshire and the Humber up to 500 people with Type 1 diabetes (accounting for the honeymoon period - see section 4.3) and between 5,000 to 11,000 people with Type 2 diabetes are not receiving structured education. The previous section shows evidence to suggest that this is not due to capacity of the SE providers. Areas for improvement are in generating referrals and improving uptake of those who have been referred, or in improving recording of attendance.

This education gap assumes accurate reporting of attendance however we know is not the case. We do not know to what degree attendance is under reported. This may be clearer once the NDA data, which includes SE provider data, is published later in 2019.

5.5 Digital Structured Education

Although there is significant under-reporting of attendance at structured education in Yorkshire and the Humber, there is still a substantial number of people who choose

not to attend a face to face course, as highlighted in the education gap. Two CCGs in Yorkshire and the Humber have commissioned a digital structured education solution. A further offering HeLP Diabetes[xxix] has been purchased by NHS England, to be made available from 2020.

Section 3.79 of the NHS Long Term Plan states that

> For those people living with a diagnosis of type 1 or type 2 diabetes the NHS will enhance its support offer. We will support people who are newly diagnosed to manage their own health by further expanding provision of structured education and digital self-management support tools, including expanding access to HeLP Diabetes an online self-management tool for those with type 2 diabetes[xxx].

Feedback from the Yorkshire and the Humber Structured Education Network is that digital solutions would be welcomed by the providers if they could be offered as an adjunct to their courses or as an alternative if the patient does not want a face to face service. If digital services are offered directly by primary care, there are concerns that patients will not be referred to the face to face services where they would receive in-depth skills and knowledge and, importantly, peer support. The structured education providers have the knowledge of local service provision that perhaps does not currently exist in primary care.

Issues of data recording have been highlighted as the codes required to record digital structured education in the GP record are not detailed enough at present. Current recording options do not delineate digital course provision from face to face services and commissioners will need to ensure that they can separately assure service provision.

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

6 Appendices

Appendix 1. Data Collection Templates


YH Structured Education Survey TYF


YH Structured Education Survey TYF

Appendix 2. Previous Structured Education Survey Reports

Structured Education Provision in Yorkshire and the Humber 2014/15 and 2016-17
http://www.yhscn.nhs.uk/media/PDFs/cvd/Diabetes/Survey%20of%20Diabetes%20Structured%20Education%20Provision%20in%20Yorkshire%202014-15%20-FINAL%20-%20July%202016.pdf

7 References

[i] http://www.yhscn.nhs.uk/index.php

[ii] http://www.yhscn.nhs.uk/media/PDFs/cvd/Diabetes/Survey%20of%20Diabetes%20Structured%20Education%20Provision%20in%20Yorkshire%202014-15%20-FINAL%20-%20July%202016.pdf

[iii] https://www.nice.org.uk/guidance/qs6/chapter/List-of-quality-statements

[iv] http://www.yhscn.nhs.uk/cardiovascular/Diabetes/Diabetes_work_programmes/StructuredPatientEducation/CAP.php

[v] https://www.diabetes.org.uk/professionals/position-statements-reports/diagnosis-ongoing-management-monitoring/supported-self-management

[vi] https://www.nice.org.uk/guidance/qs6/chapter/Quality-statement-3-Structured-education-programmes-for-adults-with-type-1-diabetes

[vii] https://www.nice.org.uk/guidance/qs6/chapter/Quality-statement-3-Structured-education-programmes-for-adults-with-type-1-diabetes

[ix] 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%2520201 6.pdf

[x] https://www.nice.org.uk/guidance/qs6/chapter/List-of-quality-statements

[xi] https://digital.nhs.uk/data-and-information/clinical-audits-and-registries/national-diabetes-audit

[xii] https://www.diabetes.org.uk/professionals/resources/national-diabetes-audit/nda-structured-education-data

[xiii] http://www.yhscn.nhs.uk/media/PDFs/cvd/Diabetes/Survey%20of%20Diabetes%20Structured%20Education%20Provision%20in%20Yorkshire%202014-15%20-FINAL%20-%20July%202016.pdf

[xiv] https://www.england.nhs.uk/commissioning/regulation/ccg-assess/

[xv] https://fingertips.phe.org.uk/profile/diabetes-ft

[xvi] https://www.england.nhs.uk/rightcare/products/pathways/diabetes-pathway/

[xvii] https://digital.nhs.uk/services/clinical-audit-platform

[xviii] https://www.england.nhs.uk/ourwork/futurenhs/deliver-forward-view/

[xix] https://www.nice.org.uk/guidance/qs6/chapter/Quality-statement-3-Structured-education-programmes-for-adults-with-type-1-diabetes

[xx] https://www.nice.org.uk/guidance/qs6/chapter/Quality-statement-3-Structured-education-programmes-for-adults-with-type-1-diabetes

Commissioning – What is the Big Deal? https://www.nhs.uk/NHSEngland/thenhs/about/Documents/Commissioning-FINAL-2015.pdf

[xxi] https://www.hqip.org.uk/wp-content/uploads/2018/03/National-Diabetes-Audit-2016-17-Report-1-LD-Care-Processes-and-Treatmen....pdf

[xxii] https://www.england.nhs.uk/rightcare/wp-content/uploads/sites/40/2017/11/rightcare-pathway-diabetes-reasonable-adjustments-learning-disability-2.pdf

[xxiii] https://www.nice.org.uk/guidance/qs6/chapter/Quality-statement-3-Structured-education-programmes-for-adults-with-type-1-diabetes

[xxiv] https://www.nice.org.uk/guidance/qs6/chapter/Quality-statement-2-Structured-education-programmes-for-adults-with-type-2-diabetes#quality-statement-2

[xxvxxv] https://www.nice.org.uk/guidance/qs6/chapter/Quality-statement-3-Structured-education-programmes-for-adults-with-type-1-diabetes

[xxvi] https://www.nhs.uk/NHSEngland/thenhs/about/Documents/Commissioning-FINAL-2015.pdf

[xxvii] https://www.nice.org.uk/guidance/qs6/chapter/Quality-statement-3-Structured-education-programmes-for-adults-with-type-1-diabetes

[xxviii] https://www.nice.org.uk/guidance/qs6/chapter/Quality-statement-2-Structured-education-programmes-for-adults-with-type-2-diabetes#quality-statement-2

[xxix] https://www.help-diabetes.org.uk/

[xxx] https://www.england.nhs.uk/long-term-plan/