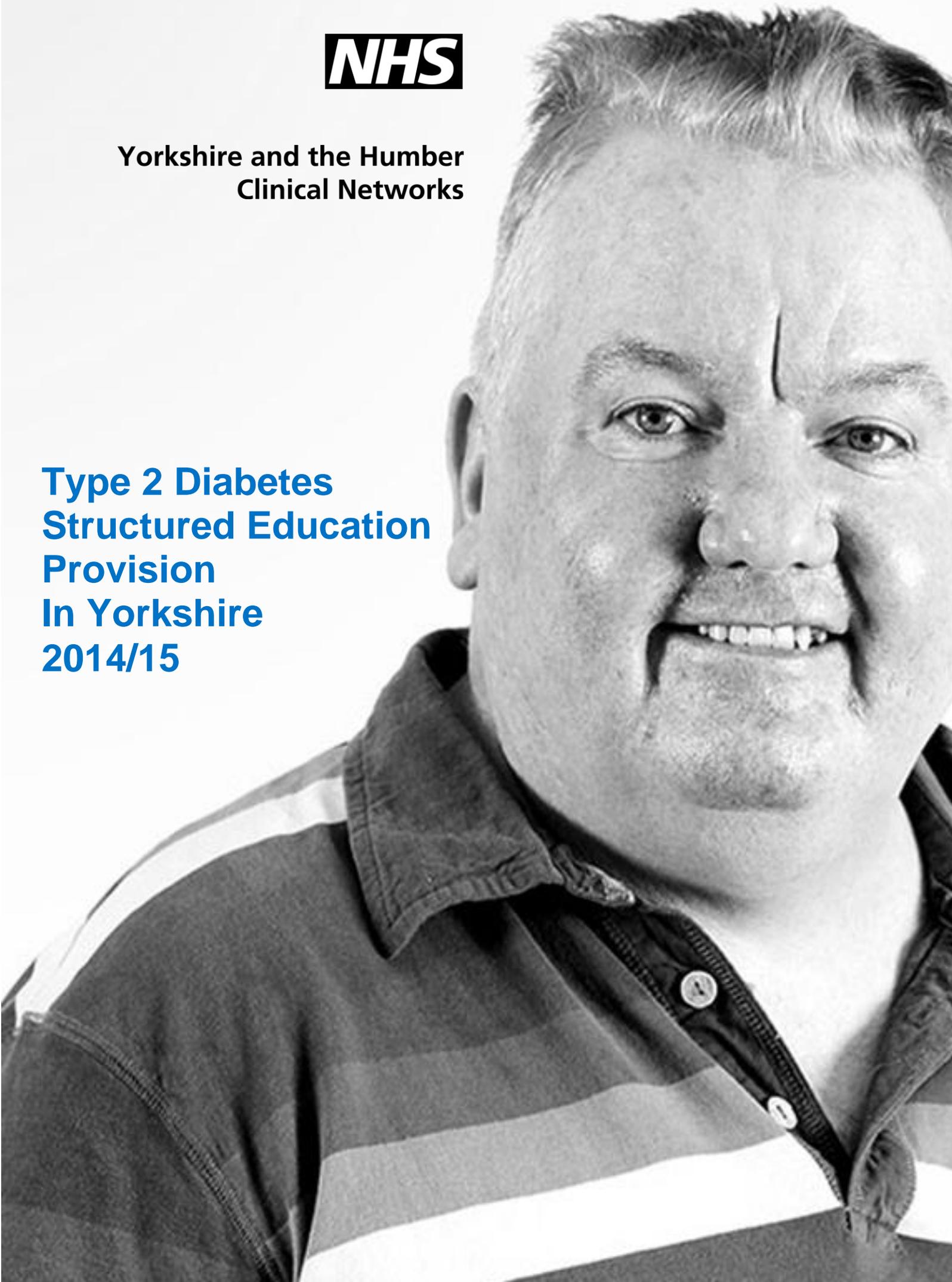




**Yorkshire and the Humber  
Clinical Networks**

**Type 2 Diabetes  
Structured Education  
Provision  
In Yorkshire  
2014/15**



## **Diabetes Structured Education Provision in Yorkshire 2014/15**

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*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.*

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

# 1 Executive Summary & Recommendations

Diabetes is a lifelong progressive disease, with potentially devastating complications. Diabetes costs the NHS £10 billion each year with 80% of this cost associated with avoidable complications<sup>2</sup>. Structured patient education is evidence based and recommended by NICE<sup>3</sup>. People with diabetes 'self-care' and have on average a few hours a year spent with a health professional. Patient education can empower those with diabetes, providing them with the information and skills they need to self-care more effectively.

The CCG Improvement and Assessment Framework scheduled for publication in June 2016 will place a focus on Diabetes Patient Education with a metric for 'People with diabetes diagnosed less than a year who attend a structured education course'.<sup>4</sup>

Despite the importance of structured education for people newly diagnosed with diabetes, data around service activity is poor.

Those responsible for commissioning and providing structured patient education programmes require good quality data to inform quality improvement initiatives.

The Diabetes Clinical Network in Yorkshire and the Humber sought to obtain a clear picture of structured education provision and services to inform commissioners and providers across the region. This report summarises a data collection exercise for the time period April 2014 to March 2015.

## 1.1 Summary of Findings

Figures delivered by the National Diabetes Audit (NDA), significantly under-report attendance for structured patient education. This is the first time that clinical networks in Yorkshire and the Humber have requested this data from providers. As with any first return the data should be treated with a degree of caution due to potentially poor data quality.

- In 2014/2015 11 CCGs have attendance of 30% or greater. The results are far higher than the 5.9% average for Y&H in the National Diabetes Audit [See Chart 2](#)
- In 2014/2015 attendance at structured patient education programmes in the region was on average nearly 5 times higher than reported in the national diabetes audit. [See Chart 7](#)
- Whilst the patient education attendance data from providers are significantly better than those reported nationally, they are far lower than is desirable with on average over 70% of newly diagnosed patients not attending. [See Chart 7](#)

<sup>2</sup> Hex et al. Diabetic Medicine 2012; 29:855-862

<sup>3</sup> <https://www.nice.org.uk/guidance/ng28/chapter/Key-priorities-for-implementation>

<sup>4</sup> <https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2016/03/ccg-iaf-mar16.pdf>

- The recording of referral has improved significantly since its inclusion in QOF. [See Chart 1](#)
- Some education providers remind people who do not respond or attend, although 10 out of 16 providers in the region do not provide a reminder. [See Chart 3](#)
- 11 of 16 providers offered evening or weekend provision to some degree.
- The average waiting time for a course was 3 months. Two providers had waiting lists of up to a year. [See Chart 5](#)

## 1.2 Recommendations

Many of the findings in this exercise reflect the need for action to improve attendance and the recording of attendance in patient education programmes for people with diabetes. The recommendations below largely reflect national policy recommendations. See [Appendix 2](#) for links to national policy and guidance on Structured Patient Education.

- Further work should be carried out to understand why up to 70% of newly diagnosed patients that are invited do not attend. Local providers and commissioners should work with local populations to identify barriers and investigate solutions to improve attendance
- In order to obtain accurate information on the uptake of structured education, data can be obtained directly from providers. Commissioners and providers should work together to identify a common data set. Understanding activity will help CCG assurance processes and quality improvement initiatives
- Training on consistent approaches to reporting, recording and coding referral and attendance will improve reporting on outcomes for people with diabetes
- The importance of formal diabetes education should be communicated to patients during clinical consultation to encourage attendance
- The onset of complications may occur many years after a diagnosis of type 2 diabetes. Those with an existing diagnosis will require support and additional education as their diabetes progresses. Commissioners and providers should ensure local services offer ongoing education and support to people with diabetes
- More flexible education provision and the utilisation of new technology provide new opportunities to review programme content and reinforce key messages for people living with diabetes and its complications

## 2 Introduction

The prevention of diabetes and its complications is a core strand of current NHS policy, as described in the NHS England Five Year Forward View<sup>5</sup>. The estimated cost of diabetes to the NHS in England was £5.6 billion in 2010/11<sup>6</sup>. The cost of complications (such as amputation, blindness, kidney failure and stroke) accounted for 69% of these costs.

NICE Guidance recommends that structured patient education should be offered to adults with type 2 diabetes and/or their family members or carers (as appropriate) at and around the time of diagnosis, with annual reinforcement and review<sup>7</sup>. Many local health economies are seeking to 'activate' their populations, empowering people to take control of their health and 'self-care' where appropriate. Most people will spend only 1.5 hours with a health care professional per year, the rest of the time they are required to 'self-care' and make daily lifestyle decisions that may have a significant impact on their health and overall quality of life<sup>8</sup>. Structured education programmes for people with newly diagnosed type 1 and type 2 diabetes are a key component of effective self-care and diabetes management.

The importance of structured patient education is evidenced by its inclusion in the CCG Improvement and Assessment Framework<sup>9</sup>: *'People with diabetes diagnosed less than a year who attend a structured education course'* and remains as a metric in the ongoing CCG outcome indicator set<sup>10</sup> *'a person is referred for structured education within 12 months of being diagnosed with diabetes'*.

Structured education programmes can provide a newly diagnosed person with the information and support they need to understand how to care for themselves and live a healthy life with diabetes. Structured Patient education can help people with diabetes to prevent or delay the onset of the complications associated with their condition.

### 2.1 Recording Patient Education Activity

People newly diagnosed with diabetes should be referred into a structured patient education programme by their GP and this referral should be recorded and coded in primary care clinical records. Invitations to attend, uptake and completion of the course are recorded by the commissioned providers of the service.

Existing sources of information on structured education do not provide a complete picture of education provision. The Quality and Outcomes Framework<sup>11</sup> (QOF) incentivises the recording of referrals into structured education (QOF ID DM014) although there is no incentive within QOF to record attendance in structured education programmes.

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<sup>5</sup> <https://www.england.nhs.uk/ourwork/futurenhs/>

<sup>6</sup> <https://www.nao.org.uk/wp-content/uploads/2015/10/The-management-of-adult-diabetes-services-in-the-NHS-progress-review.pdf>

<sup>7</sup> <https://www.nice.org.uk/guidance/ng28/chapter/Key-priorities-for-implementation>

<sup>8</sup> <http://bmchealthservres.biomedcentral.com/articles/10.1186/1472-6963-12-213>

<sup>9</sup> <https://www.england.nhs.uk/commissioning/ccg-auth/>

<sup>10</sup> <https://www.england.nhs.uk/resources/resources-for-ccgs/ccg-out-tool/ccg-ois/>

<sup>11</sup> [Quality and Outcomes Framework](#)

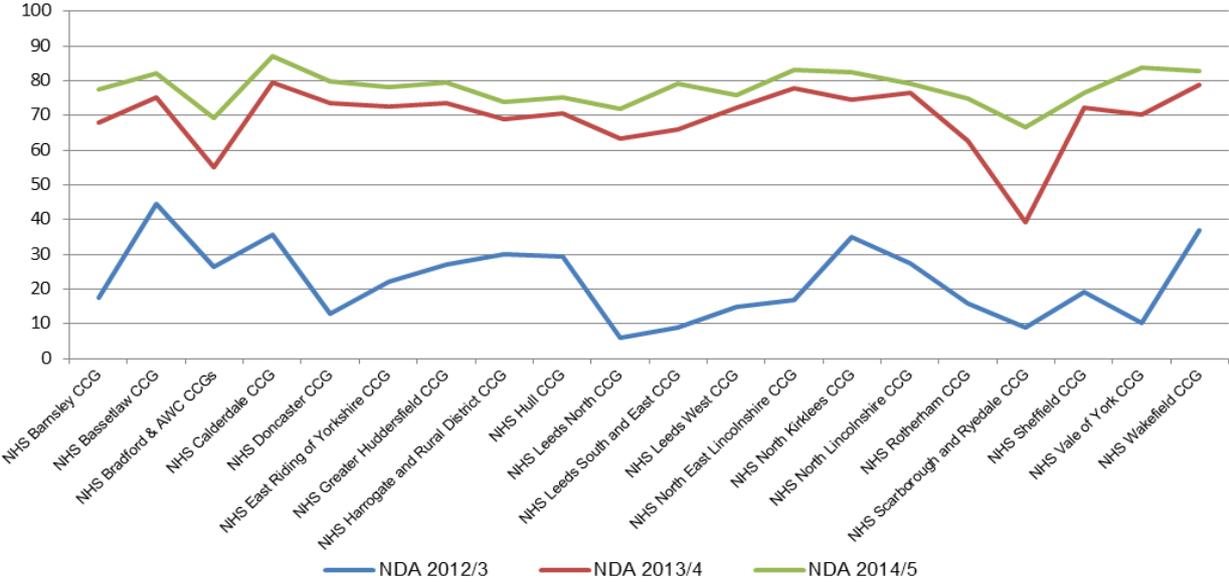
The National Diabetes Audit (NDA)<sup>12</sup> reports on patient education referral and attendance. Since the recording of referral was included and incentivised through QOF, the recording of referral appears to have increased. However, the reported attendance data from the NDA audit remains very low.

In summary, complete and accurate data on the uptake of diabetes structured education is not readily available from primary care systems, CCGs or providers. To better understand the provision and uptake of structured patient education for people with type 2 diabetes in the region, the Yorkshire and Humber Diabetes Clinical Network undertook a survey and data collection exercise with providers of structured patient education for 2014/2015. This audit period was chosen to align with the latest collection of QOF data available. This survey looks at locally commissioned services and will not reflect those people who chose to undertake independent or online courses.

### 3 Published Data: QOF and the National Diabetes Audit

Until 2013/2014 referral into patient education was not routinely well recorded in primary care systems. In 2014/2015 patient education became an indicator in the QOF and this resulted in an increase in the number of people recorded as being offered patient education when compared to previously published data in the National Diabetes Audit. Chart 1 below shows the improvement in recording over time.

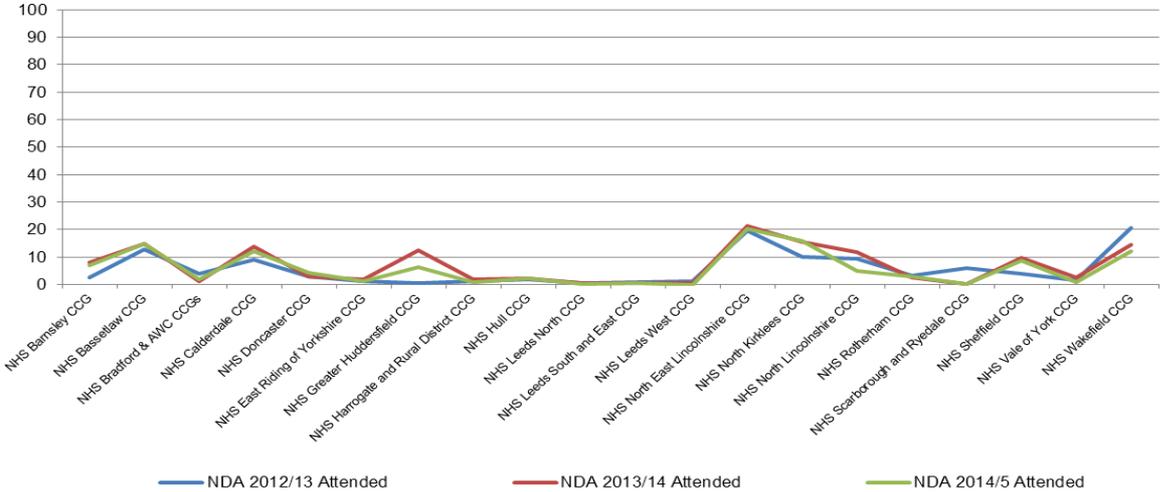
**Chart 1 - National Diabetes Audit Report - percentage of people referred for structured education for the last three collection periods**



<sup>12</sup> <http://www.hscic.gov.uk/nda>

The NDA also reports on the numbers who have attended a structured education course. Chart 2 shows little or no improvement in NDA reported attendance data between 2012 and 2015.

**Chart 2 - National Diabetes Audit Report - percentage of patients attending structured education for the last three collection periods**



Attendance and referral data are taken from primary care clinical systems for the NDA audit. Whereas a referral is made and recorded in primary care, the attendance at structured education sessions is recorded by local providers and if data is returned it is not captured and recorded in primary care systems.

The recording of attendance for structured education sessions in primary care systems is not incentivised through the QOF, and is significantly under reported both regionally and nationally<sup>13</sup>. Local analysis of NDA data shows that only 5 practices out of 514 in Yorkshire and The Humber recorded more than 30 of their patients having attended structured education.

In this report we will also include data from QOF and the NDA as a general baseline, but is important to note that:

- QOF<sup>14</sup> data are extracted for payment purposes and practices are allowed to exempt people from treatment where a patient has refused or has simply not responded after a service has been offered three times.
- NDA<sup>15</sup> data does not align to the chosen audit period and reports from Jan 2014 to March 2015 – which is an additional 3 months
- In 2014/15 not all practices submitted data to NDA therefore the dataset does not provide a complete picture

<sup>13</sup> <https://www.nao.org.uk/wp-content/uploads/2015/10/The-management-of-adult-diabetes-services-in-the-NHS-progress-review.pdf>  
<sup>14</sup> [Quality and Outcomes Framework 2014-15](#)  
<sup>15</sup> [National Diabetes Audit 2014-15](#)

## 4 The Diabetes Clinical Network Structured Patient Education Survey

### 4.1 Methodology

The Yorkshire and Humber Clinical Networks undertook a review of service provision and uptake across Yorkshire and the Humber. Providers of patient education were identified by utilising existing Clinical Network contacts or by a web search and were contacted by telephone or email and asked if they would take part in a survey and data collection exercise.

Questions for the survey were compiled from meetings with existing service providers to ensure that they were relevant. Some providers offer structured education programmes to patients from more than one CCG and they were asked to return data at CCG level. Data were collected in two parts – a qualitative verbal response and a quantitative set of metrics. See [Appendix 1](#) for the data collection templates. Contacts and responses were recorded on an Excel spreadsheet.

### 4.2 Data Collection and Data Quality

All providers agreed to participate in the project and the Clinical Networks extend their thanks to the providers of structured education in Yorkshire and the Humber. One provider was not able to split their data and so provided combined aggregate data for all of their CCGs.

Some providers did not have direct access to their data and used local CSU services to extract the data for them. In some cases the providers were not able to distinguish between patients who had received the full course or who had only attended part of an education course.

Many providers had difficulty returning all of the metrics requested. Some of the issues identified in returning the data were:

- a. a change in the system used to record activity across the audit period
- b. long waiting times for data extraction
- c. difficulty in establishing the parameters of the search
- d. a change in course length during the audit period
- e. difficulty in identifying whether a person had completed a full or part course when both full and half day sessions were offered
- f. identification of newly diagnosed patients

## 5 Findings

### 5.1 Providers

Structured Patient Education courses are commissioned by Clinical Commissioning Groups. Many of the providers in Yorkshire and the Humber provide structured education to more than one CCG population although catchment areas for providers roughly correspond to CCG areas. This survey specifically looked at the provision of

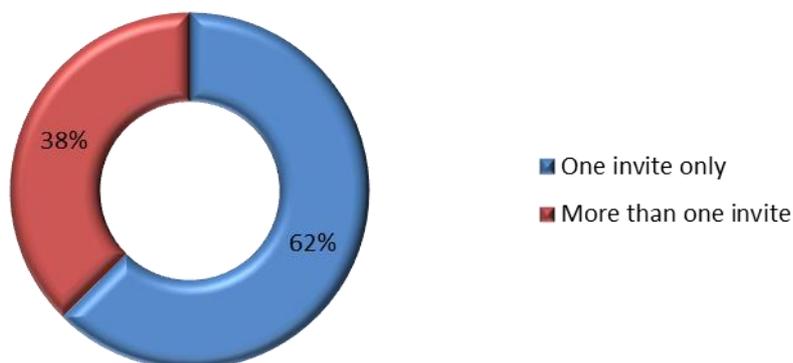
structured education for type 2 diabetes in Yorkshire and the Humber and there are 16 providers:

Bassetlaw Health Partnerships	Mid Yorkshire Hospitals NHS Trust
Bradford Teaching Hospitals NHS Foundation Trust	North East Lincolnshire Care Plus Group
Calderdale and Huddersfield NHS Foundation Trust	Northern Lincs and Goole Hospitals NHS Foundation Trust
Harrogate and District NHS Foundation Trust	Rotherham NHS Foundation Trust
Hull and East Yorkshire Hospitals NHS trust	Rotherham, Doncaster and Sth Humber NHS Found. Trust
Humber NHS Foundation Trust (HFT)	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

### Offers of patient education

Across the region there are different approaches to offering places on courses with some providers discharging people back to their GPs if they do not take up the offer of education at the first time of asking. Some localities offer a reminder or second invitation to attend before discharging the person back to primary care.

**Number of invites before a patient is discharged back to the GP**



10 providers invite people only once to come to the education. If the person does not respond then they are discharged back to their GP. The invite is regarded as an 'opt in' and no reminder is sent.

6 providers send either 2 invites – or an invite and reminder before discharging them back to the GP.

7 providers allow people to self-refer onto the course - although most then check back and confirm this with the GP.

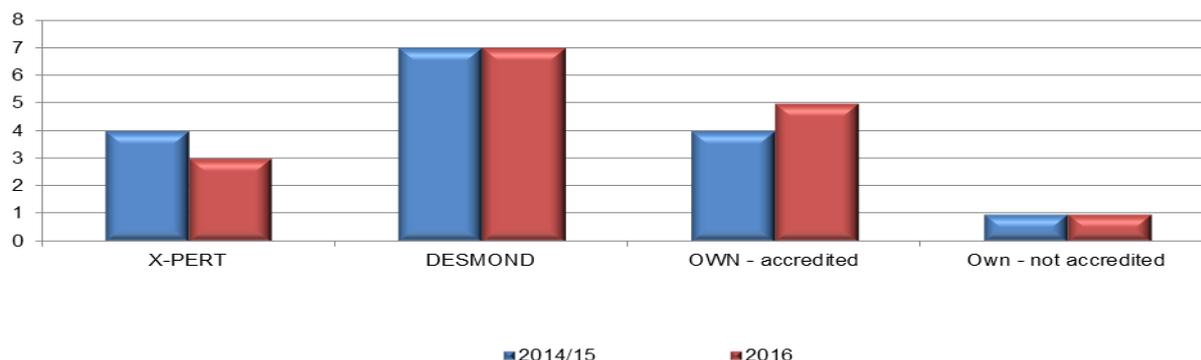
## 5.2 Courses and Quality Assurance

There is variation in the format of type 2 structured education courses offered both nationally and regionally. Large national programmes such as the X-PERT and Desmond programmes have been delivered in a number of localities as seen in

Chart.4 below, but there are also a range of other type 2 patient education courses delivered in the region.

Quality assurance of patient education provision is offered by QISMET<sup>16</sup>. Structured education providers submit their courses to enable QISMET to assess the quality of the programme and aspects of delivery. A number of programmes in the region have chosen to seek this accreditation. Some providers have chosen to accredit their own courses through local universities.

**Chart 4 - Course content by Provider**



- In 2014/15 4 providers ran the X-PERT<sup>17</sup> course (although one area was in the process of changing to its own course provision)
- 7 providers offered DESMOND<sup>18</sup>
- Some providers offer their own accredited course for example DOTTIE<sup>19</sup>, Good2Go<sup>20</sup>, Living with Diabetes<sup>21</sup> (2 providers)
- 1 provider ran their own HARRIET<sup>22</sup> course – not yet accredited

There is a variation in the duration of courses and the intensity of individual sessions

#### Course length

- 1 provider course is 3 x 2.5 hr sessions
- 4 providers run X-PERT courses - 6 sessions over 6 weeks
- 9 providers run courses of 2 x 3hr sessions over 2 weeks (some offer 1 full day as an alternative)
- 2 providers offer 1 x full day course only

Some providers reported their intention to change to fewer but longer sessions to improve course attendance.

<sup>16</sup> <http://qismet.org.uk/certification/dsme-certification/>

<sup>17</sup> <http://www.xperthealth.org.uk/people-with-diabetes/x-pert-diabetes>

<sup>18</sup> <http://www.desmond-project.org.uk/>

<sup>19</sup> DOTTIE

<sup>20</sup> [http://www.yourdiabetes.org.uk/health\\_professionals/structured\\_education/](http://www.yourdiabetes.org.uk/health_professionals/structured_education/)

<sup>21</sup> Living with Diabetes

<sup>22</sup> HARRIET

Providers offer structured education to a range of different communities in Yorkshire and the Humber and a number provide courses tailored to meet the needs of diverse communities. There are positive examples of community specific provision in Urdu, Bengali and Punjabi in Bradford, Leeds and Sheffield. Most programmes do not offer 1-1 training sessions for the standard structured education course – although these may be offered if a person has special requirements. 11 areas offer some out of hour's courses – mostly on an evening but occasionally on a Saturday.

Education teams consist of Diabetes Specialist Dieticians, Diabetes Specialist Nurses, Dieticians and Podiatrists.

### **5.3 Recording and reporting activity**

In Yorkshire and the Humber the approach to recording and reporting course activity varies. All providers indicated that they recorded attendance electronically. Over half indicated that they used SystmOne to record data. Some used custom databases.

All teams have some admin support available to them – although this may be shared with other teams in hospitals. Not all teams have data analysis support available to them and request data from local IT teams when reporting is required.

Of 16 providers, all recorded the number of people referred to the service. Only 8 were able to identify which of those people were newly diagnosed with diabetes. No referral figures for people with existing diabetes are available nationally.

Only 8 providers were able to distinguish between people who had completed a full course or only part of the course

10 providers were able to identify people who had declined the course

12 providers were able to give figures on those who did not attend

8 were able to provide the number of those who did not reply to the invite

3 were able to give the number of those they had referred to another service

## 5.4 Waiting times

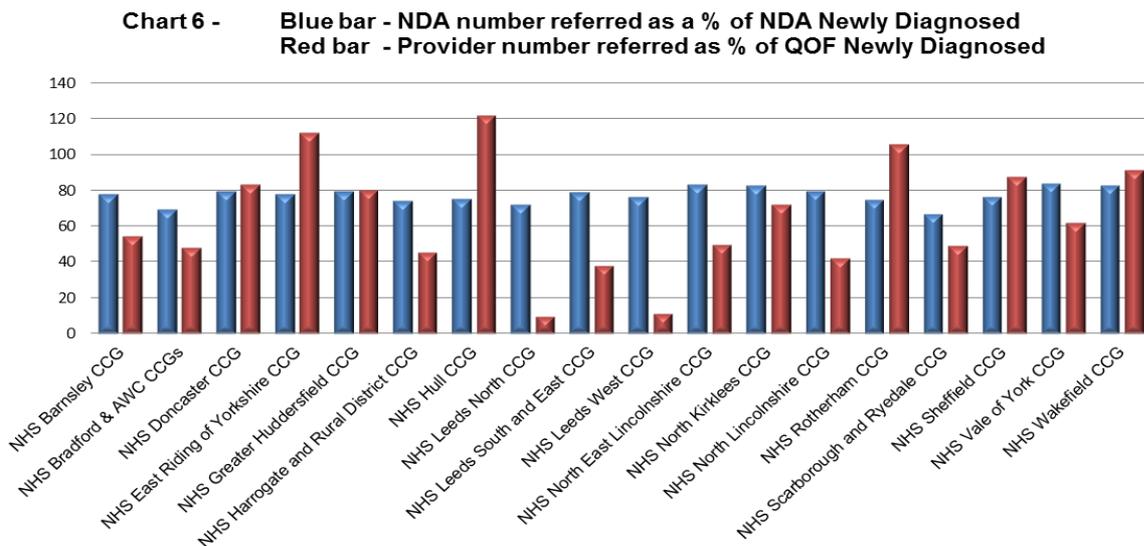
The average waiting time for a place on a course is approximately 3 months. Two providers were able to offer courses immediately and two more within the next month. Ten providers had a waiting list of between 1 to 3 months. Two providers had long waiting lists of up to a year which was explained by the providers as being due to resignations or long term sickness.



## 5.5 Referral and Attendance

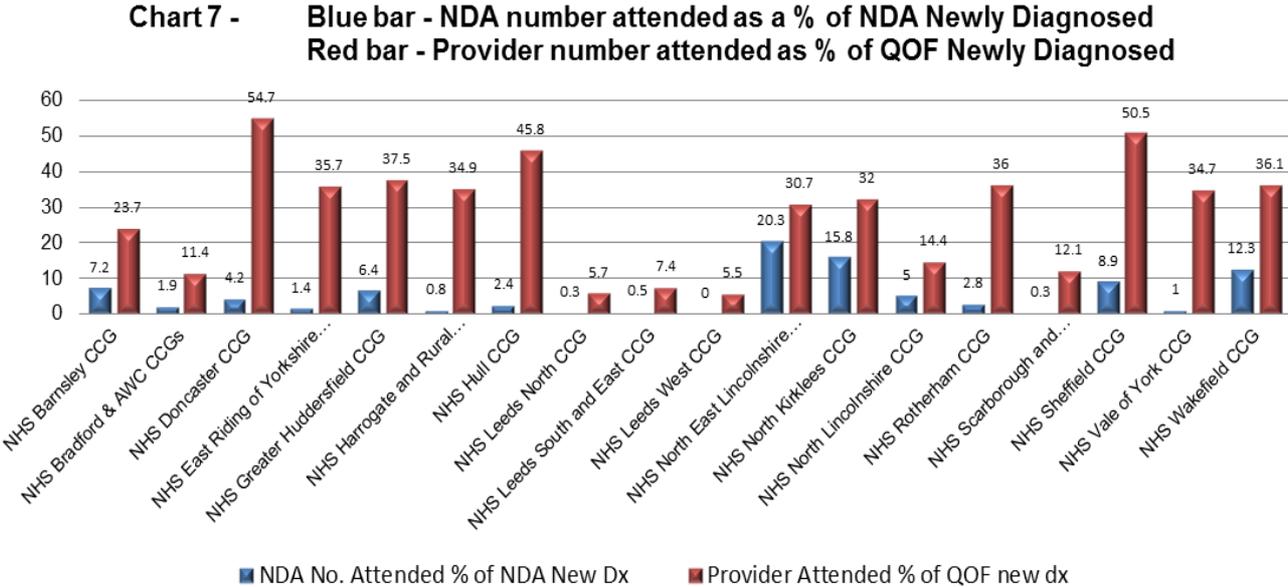
It is not possible to compare NDA data like for like with provider data as the NDA does not currently report for all GP practices. For the purposes of this report the NDA referral and uptake figures are reported against the NDA newly diagnosed population. However, all general practices contribute to the QOF collection and therefore the provider figures for referral and attendance are shown as a percentage of the QOF newly diagnosed population.

In Chart 6, most (but not all) providers recorded higher numbers of referrals than is reported in QOF.



Although Structured Education is mainly provided for patients newly diagnosed with type 2 diabetes, some providers do accept referrals for patients with pre-existing type 2 diabetes - it is therefore possible for a provider referral figure to be higher than the relevant newly diagnosed figure.

Chart 7 shows the NDA published attendance as a % of NDA newly diagnosed patients - against the provider reported attendance figure shown as a % of the QOF published newly diagnosed figure.



The NDA attendance figure equates to an average of 5.9% of NDA newly diagnosed patients in Yorkshire and The Humber, the provider reported attendance figures equate to an average of 28% of QOF newly diagnosed patients. This figure is potentially affected by low returns and data quality issues.

In actual terms the NDA published figures for structured education show that 19 out of 22 CCGs achieved less than 10% attendance.

The figures collected by the Clinical Networks indicate that 15 out of 20 CCGs achieved attendance on at least one session of over 10%, with 11 of those CCGs achieving over 30%.

It is likely that there is an analogy with diabetes eye screening where it has been shown by van Eijk et al that the main barrier to attendance is the absence of a recommendation by a health care professional<sup>23</sup> A positive recommendation by primary care professionals when referring their patients for education is therefore likely to have a positive impact on attendance rates, as will the provision of education at venues and times convenient for the population especially those who work during the day.

<sup>23</sup> [van Eijk et al Diabetic retinopathy screening in patients with diabetes mellitus in primary care: Incentives and barriers to screening attendance](#)

## 6 Appendices

### Appendix 1. Data Collection Template

Diabetes Structured Education programme	
Report year	01/04/2014 – 30/03/2015

About the Service		
CCG Name	M	
Catchment area	M	
Name of Service	M	
Course content	M	<i>DESMOND, X-PERT, LWD own course</i>
Accredited	O	<i>QISMET? Other</i>
Course length	M	<i>Number of sessions to complete course</i>
Alt language provision	M	<i>Languages/no of sessions</i>
Attendance recorded	M	Database or clinical system. or paper based system

Additional Service Details		
Service Material	M	<i>Y/N - Promotional or explanatory material.</i>
Number of invites sent	O	<i>Number - No. times invited for course before referral cancelled</i>
1-1 training offered	O	<i>Yes/No - If yes – number of sessions By nurses/dieticians/others</i>
Young person course	O	<i>Yes/No - If yes – number of sessions</i>
Out of hours training	O	<i>Yes/No - If yes – number of sessions/times</i>
Self-referral accepted	O	<i>Yes/No – not referred by GP</i>

Team		
Number of tutors	O	<i>Number - By specialty?</i>
Number of staff	O	<i>Overall number of staff -</i>
Admin support	O	<i>Yes/No</i>
Analysis/report support	O	<i>Yes/No</i>

Respondent details		
Name of respondent	M	
Contact details	M	

Service metrics - for report period 1 <sup>st</sup> April 2014 to 31 <sup>st</sup> March 2015	
Total number referred to service in the specified year	
Total with newly diagnosed Diabetes	
Number of patients completing the full course	
Number of patients completing only part of the course	
Number of patients who declined to attend	
Number of patients who booked but did not attend the course	
Number of patients who did not reply to the invite	
Number of patients referred on to another service	

## **Appendix 2. Policy and Guidance Links.**

### **South London Health Improvement Network (HIN) and the London Strategic Clinical Network (LSCN) Toolkit**

[http://www.hinsouthlondon.org/system/resources/resources/000/000/047/original/Structured\\_Education\\_Toolkit\\_\(Final\).pdf](http://www.hinsouthlondon.org/system/resources/resources/000/000/047/original/Structured_Education_Toolkit_(Final).pdf)

### **A patient education commissioning information pack.**

Diabetes Patient Education - present and future for Thames Valley

<http://tvscn.nhs.uk/wp-content/uploads/2014/05/Diabetes-Patient-Review-TV-SCN-Final-201015.pdf>

### **Guidance on the use of patient-education models for diabetes - NICE**

<https://www.nice.org.uk/guidance/ta60>

### **Diabetes in Adults - NICE quality standard [QS6]**

<https://www.nice.org.uk/guidance/qs6>

### **QISMET - The Diabetes Self Management Education Quality Standard**

[http://qismet.org.uk/files/1313/8511/2281/QISMET\\_DSME\\_Standard\\_14\\_11\\_11.pdf](http://qismet.org.uk/files/1313/8511/2281/QISMET_DSME_Standard_14_11_11.pdf)

### **Diabetes UK - Diabetes self-management education - examples of areas achieving good outcomes**

<https://www.diabetes.org.uk/Professionals/Resources/Resources-to-improve-your-clinical-practice/Diabetes-self-management-education/>

### **Diabetes UK - Diabetes education: the big missed opportunity in diabetes care, 2015**

<https://www.diabetes.org.uk/Upload/Get%20involved/campaigning/Taking%20Control/0630D%20Case%20for%20Diabetes%20Education%20Update%20FINAL%20for%20web.pdf>

### **The All-Party Parliamentary Group for Diabetes (APPG Diabetes)**

#### **Taking Control: Supporting people to self-manage their diabetes**

[https://www.diabetes.org.uk/Documents/Reports/APPG%20Diabetes%20Report\\_FINAL.pdf](https://www.diabetes.org.uk/Documents/Reports/APPG%20Diabetes%20Report_FINAL.pdf)

### **DH and Diabetes UK - Structured Patient Education in Diabetes – Report from the Patient Education Working Group**

<http://www.ipcem.org/etp/PDFetp/StructuredReport.pdf>

### **Diabetic retinopathy screening in patients with diabetes mellitus in primary care: Incentives and barriers to screening attendance**

<http://www.sciencedirect.com/science/article/pii/S0168822711006267>