

NE LINCOLNSHIRE JSNA INDICATOR SUMMARY

TITLE:	% of QOF-recorded cases of diabetes registered with GP practices aged 17+
SUBTITLE:	
Domain:	Domain 3: Health Improvement
Frequency of Availability:	Yearly
Time Period Of Data Analysis:	2011/12 to 2013/14 (National & Local)
Links (Other Indicators, Plans, Assessments):	Links with hospital admissions and Diabetic Screening Retinopathy

AVAILABLE COMPARISONS

TYPE	AVAILABLE
National, Regional or Peer Group	Yes
GP Practice	Yes
Neighbourhood	No
Socioeconomic Differences	No
Targets, Trends & Projections	Yes

KEY POINTS

- Prevalence of recorded diabetes in NEL is fifth highest in region and higher than National Average
- Identifying patients with diabetes is increasing year on year.

DESCRIPTION

Type 2 diabetes (approximately 90% of diagnosed cases) is partially preventable – it can be prevented or delayed by lifestyle changes (exercise, weight loss, healthy eating). Earlier detection of type 2 diabetes followed by effective treatment reduces the risk of developing diabetic complications.

This indicator will raise awareness of trends in diabetes among public health professionals and local authorities. Diabetic complications (including cardiovascular, kidney, foot and eye diseases) result in considerable morbidity and have a detrimental impact on quality of life. The 13 quality statements of the 'Diabetes in adults quality standard' (2011) were informed by a range of NICE clinical guidelines and the 'National Service Framework for Diabetes' that covered all aspects of diabetes care and prevention. Specifically, it is expected that the high

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quality care set out in this quality standard will reduce the complications associated with diabetes.

NICE guidelines for diabetes include these for children and young people: pregnancy, type 1 diabetes, prevention of type 2 diabetes, risk identification and interventions for individuals at high risk. All aim to improve the prevention, identification and management of those people at risk of developing diabetes and those with the condition.

NATIONAL, REGIONAL OR PEER GROUP

Figure 1 Percentage of adults with recorded prevalence of diabetes in the North Yorks & Humber Region

North East Lincolnshire 5th highest recorded population in the area. This puts NEL in the medium range of CCGs in the area for detecting diabetes. It is also puts NEL above the England rate at 6.21%

2.17 - Recorded diabetes 2013/14 Proportion - %

Area	Count	Value	95% Lower CI	95% Upper CI
England	2,814,004	6.21	6.20	6.22
Yorkshire and the Humber	285,739	6.38	6.36	6.40
Barnsley	14,080	6.92	6.81	7.03
Bradford	33,280	7.81	7.73	7.89
Calderdale	10,054	5.87	5.76	5.98
Doncaster	18,670	7.43	7.33	7.53
East Riding of Yorkshire	17,670	6.76	6.66	6.85
Kingston upon Hull	14,403	6.23	6.13	6.33
Kirklees	21,921	6.46	6.38	6.54
Leeds	37,588	5.55	5.49	5.60
North East Lincolnshire	9,289	6.86	6.73	7.00
North Lincolnshire	10,119	7.20	7.07	7.34
North Yorkshire	28,219	5.82	5.76	5.89
Rotherham	13,494	6.55	6.44	6.66
Sheffield	28,876	6.07	6.00	6.14
Wakefield	19,250	6.66	6.57	6.75
York	8,826	4.74	4.64	4.84

Source: Information centre for health and social care (IC). QoF information is derived from the Quality Management Analysis System (QMAS), a national system developed by NHS Connecting for Health.

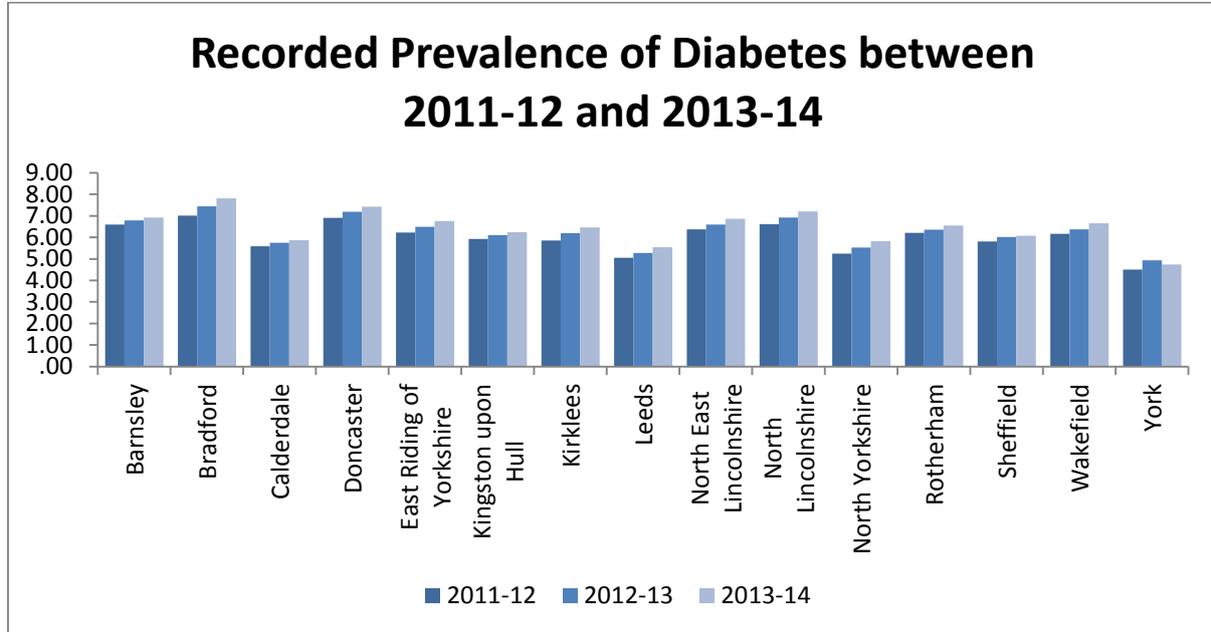
Data Source: HSCIC. Qof Published.

TRENDS, TARGETS & PROJECTIONS

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Figure 3 shows that NELC has been steadily increasing the recorded prevalence of patients with diabetes since 2011. It has increased from 6.38% to 6.86% which indicates more awareness of diabetes has happened both locally and regionally.

Figure 3 Trends of recorded diabetes between 2011/12 to 2013/14



Data Source: HSCIC. Qof Published data.

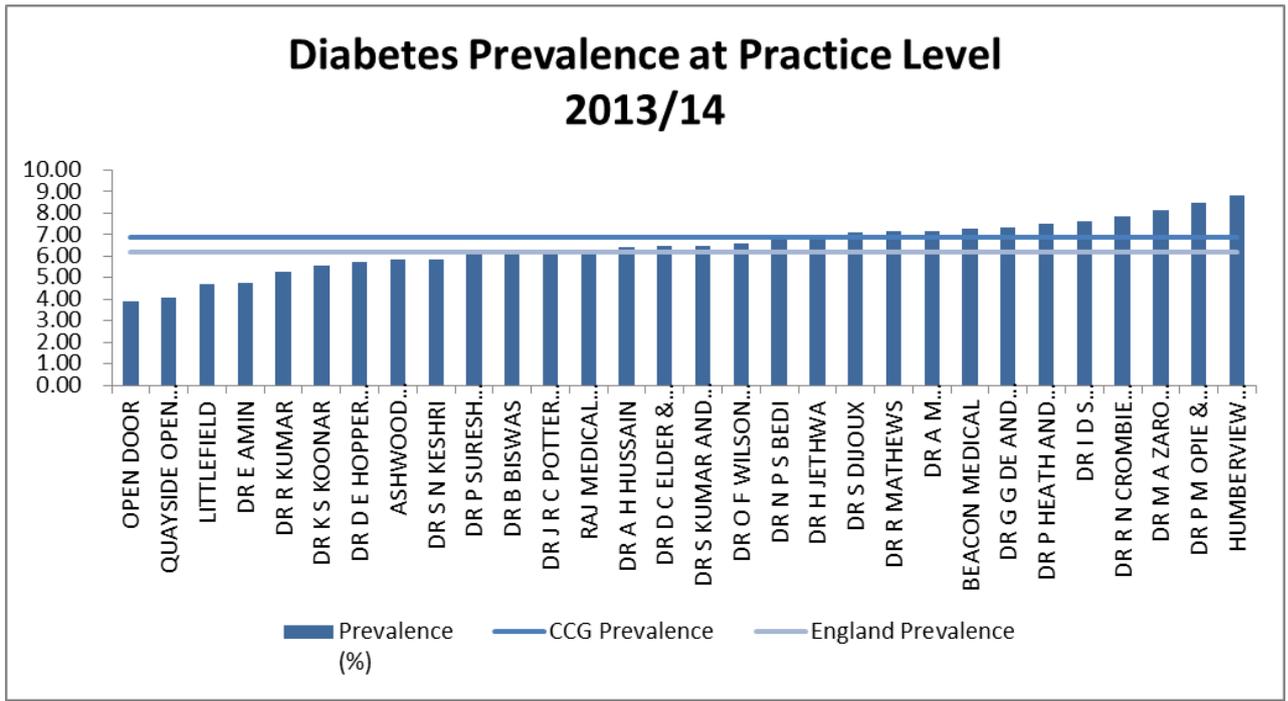
Figure 4 GP Level of Recorded Prevalence 2013/14

The numerator data was taken directly from the Qof data which is published on the HSCIC website in October every year, shows prevalence for 2013-14. The denominator was based upon the Practice population taken from the clinical systems on the 2nd January and uploaded to QMAS and published on the HSCIC website for the respective calendar year.

Figure four shows that out of 30 practices 21 of those practices have recorded diabetes above the England average. There is a twofold difference between the lowest recorded prevalence (3.93%) and the highest (8.82%) which would suggest a gap of practice recording. This should be noted alongside the fact that the lowest recording practices tend to have a smaller register size.

This range of similar prevalence figures indicates strong ability by most practices to code patients effectively using QOF guidelines and templates. It could also indicate that by having above the national average, not only are more people prevalent to diabetes but a greater proportion of these are recorded and monitored.

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Data Source: Qof Published data.

Public Data Sources:	Public Health Outcomes
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