

Improving Data Recording of ATTENDANCE at Diabetes Structured Education

Guidance for Diabetes Structured Education Providers, GP practices and Commissioners

November 2016

A Standardised Approach

The National Diabetes Audit team, Diabetes UK, NHS England's Diabetes Team and Clinical Networks have come together to coordinate a national project to improve data coding and recording of **attendance** at diabetes structured education.

The standardised approach, outlined below, has been developed in consultation with key stakeholders, including diabetes structured education providers and clinicians working in general practice.

What is diabetes structured education?

Diabetes structured education is quality assured training that provides people with diabetes, their family and their carers with the knowledge and confidence to self-manage a long-term condition.

It provides people with diabetes with information and support on how to manage diabetes through diet, physical activity and medication. It is essentially providing the foundation support for diabetes self-management. Diabetes structured education improves health outcomes and reduces the onset of serious health complications.

Many commissioners/providers are looking to extend their offer of structured patient education to include a digital option. There is currently limited advice or commissioning guidance available. However, irrespective of the method of the delivery of structured patient education, it is important that all providers are able to provide the data capture requirements, as outlined in this document.

What are the national guidelines?

NICE¹ recommends that well-designed and well-implemented structured education programmes are likely to be cost effective for people with diabetes and should be offered to every person and/or their carer at, and around the time of diagnosis, with annual reinforcement and review.

NICE guidelines state that to be a structured education programme, the following criteria must be met:

- be evidence-based
- suit the needs of the individual
- contain aims and learning objectives
- support the learner and their family and carers in developing attitudes, beliefs, knowledge and skills to self-manage diabetes
- have a structured curriculum that is theory-driven, evidence-based and resource-effective
- has supporting materials, and is written down
- be delivered by trained educators
- be quality assured and be reviewed by trained, competent, independent assessors
- outcomes are audited regularly





The National Diabetes Audit (NDA) 2014/15 shows that whilst 78% of people with Type 2 diabetes and 32% of people with Type 1 diabetes are **offered** structured education, only 1.8% of Type 1 and 5.4% Type 2 were recorded as having **attended**².

Local evidence suggests that attendance at diabetes structured education is higher, at around 30%. This is likely to be due to huge variability in the notification, coding and recording of this information onto patient electronic records within GP practices.

Why improve data recording?

Improving the data capture of attendance at diabetes structured education will mean more accurate and robust data, which can be used to:

- measure programme effectiveness
- support planning and improvement activity
- monitor how many patients are meeting NICE clinical guideline standards
- identify localities where attendance is particularly low/high
- link to long term outcomes
- support the commissioning of adequate capacity

The CCG Improvement and Assessment Framework (IAF)³, introduced in 2016, will be the key way in which the NHS will track CCG progress on improving outcomes. One of the diabetes metrics upon which CCGs will be measured is:

People with diabetes diagnosed less than a year, who attend diabetes structured education.

The NDA is the mechanism for capturing the data for the CCG IAF. The NDA uses coded data extracted from GP electronic records. Improving the recording of diabetes structured education will therefore mean a more accurate measurement of CCG performance.

^{2 &}lt;a href="http://content.digital.nhs.uk/catalogue/PUB19900">http://content.digital.nhs.uk/catalogue/PUB19900

³ www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2016/03/ccg-iaf-mar16.pdf

Standardised Approach to Recording

The records of a person with diabetes being 'offered' or 'referred' for diabetes structured education is currently well recorded and captured in GP systems. Evidence of this is reflected in the NDA findings.

GP practices are encouraged to continue to record referral to diabetes structured education.

Data capture on **attendance** at diabetes structured education is poor and therefore the guidance below relates to improving recording of the outcome of the referral.

Use of only four standard, generic Read Codes

It is recommended that all education providers use standard, generic Read Codes to communicate the outcome of a referral to diabetes structured education.



TABLE I

Outcome of referral to diabetes structured education	Vision/EMIS/ other systems	System One
I. Diabetes structured education declined	90LM	XaNTH
2. Did not attend diabetes structured education	9NiA	XaNTa
3. Attended* diabetes structured education	9OLB	XaKHØ
4. Diabetes structured education completed	9OLF	XaX5D

* Where a structured education course consists of more than one session, and the patient only attends some of the sessions then, enter a Read Code of attended. If the patient attends all the sessions and completes the course enter a Read Code of completed.

The Read Codes above are recommended as the minimum dataset to capture for structured education. Providers and those in primary care who are using more detailed codes – referencing DAFNE, DESMOND or X-PERT can still continue to use these **in addition to the standard, generic codes** as long as they appear in the NDA data submission specification. See Appendix A for a list of all the Read Codes used in the NDA data capture.

Communicating outcome of referrals

The outcome of a referral to diabetes structured education should be communicated by the diabetes education provider to the GP practice, including the specific Read Code. This should be done promptly:

- as soon as the outcome is known or when there has been no response to the final invitation to attend
- using one of the four outcome Read Codes

This will enable quick and accurate data capture by GP practice administrators.

Diabetes education providers should communicate the outcome Read Code in the most efficient way, either:

- directly onto the patient electronic record (where there is an integrated system and the diabetes education provider has access to the GP system); or
- using a letter or email, incorporating the standardised Read Codes in Table 1. An example template is provided in Appendix B

It is recommended that providers do not send the communications through in bulk, as GP practices may not have time to record it.



A copy of the template letter and supporting information is available to download. Please visit www.diabetes.org.uk/NDA-structured-education-data

If you have any queries, please email NDA@diabetes.org.uk



Guidance Notes for Recording

Where possible, electronic administration systems should be used and referral/outcome Read Codes entered onto the system as promptly as possible.

GP practices

Referrals

- Include NHS Number, GP practice number and date of diabetes diagnosis in the referral to Diabetes Structured Education
- Record referral in the patient electronic record

Outcome of referral

- The outcome information, including the standardised Read Codes, will be sent to you by your Diabetes Structured Education provider by email or letter (if direct access to your system is unavailable)
- Record the appropriate Read Code in the electronic patient record as soon as the letter/email is received
- This data will be included in the next NDA data submission, so it is important that any outcome information is transferred to the electronic patient record before the submission deadline. This will also inform your CCG Improvement and Assessment Framework

Diabetes Education Providers

Referrals

Record the referral, including patient's NHS number, GP practice number and date of diabetes diagnosis in your administrative system

Communicating the outcome of a referral to referring GP practice

- Record the outcome of the referral using the standard Read Codes
- Send the outcome of the referral with appropriate Read Code to the referring GP practice by email/letter. Or enter directly onto the GP system if this is possible

Commissioners

- Ensure that the standardised system of recording Diabetes Structured Education outcome is shared across the commissioning area
- Ensure providers of Diabetes Structured Education can demonstrate that they will follow the standardised Read Codes
- Consider contracting arrangements and ensure procurement and tender requirements conform to this standardised approach
 - Note: CCGs with <25% of GP practices participating in the NDA are automatically placed in the 'Greatest Need for Improvement' CCG IAF rating



Appendix A

Read Codes for Structured Education 2015-16

and any new codes are added. education programme and whether they have attended a structured education programme. The codes are updated each year The following read codes are used to collect information about whether a patient has been referred to a diabetes structured

programme		programme declined (DESMOND)	
Did not attend diabetes structured education	XaNTa	for ongoing and newly diagnosed structured	
structured programme). Referral to diabetes education and self management	81E9
management for ongoing and newly diagnosed		education programme	
Did not attend diabetes education and self	XaNU2	. Did not complete XPERT diabetes structured	8184.
Diabetes structured education programme declined	XaNTH	education programme	
programme		. Did not complete DESMOND diabetes structured	8183
routine treatment diabetes structured education		education program	
Did not complete expert patient education versus	XaNTg	. Did not complete DAFNE diabetes structured	8182.
structured programme		programme	
management for ongoing and newly diagnosed		Did not complete diabetes structured education	8181
Did not complete diabetes education and self	XaNTf	programme	
eating diabetes structured education programme		Did not attend XPERT diabetes structured education	9Nie
Did not complete dose adjustment for normal	XaNTe	education programme	
programme). Did not attend DESMOND diabetes structured	9NiD.
Did not complete diabetes structured education	XaNTd	programme	
programme		Did not attend DAFNE diabetes structured education	9NiC.
routine treatment diabetes structured education		programme	
Referral to expert patient education versus	XaNTT	 Did not attend diabetes structured education 	9NiA.
diabetes structured programme		1. Diabetes structured education programme declined	90LM.
management for ongoing and newly diagnosed		programme	
Referral to diabetes education and self	XaNTS	. Referral to XPERT diabetes structured education	8нј5
diabetes structured education programme		programme	
Referral to dose adjustment for normal eating	XaNTQ	. Referral to DESMOND diabetes structured education	8Hj4.
programme		programme	
Referral to type I diabetes structured education	XaX49	Referral to DAFNE diabetes structured education	recorded against the patient 8Hj3
Referral to diabetes structured educ programme	XaKGy). Referral to diab structured education programme	structured education programme 8Hj0.
Patient offered diab structured educ programme	XaKSp	Patient offered diabetes structured education	The latest referral to diabetes 679R
Read Code CTv3		Read Code v2	Name

Appendix A continued

treatment diabetes structured education	,			
Expert patient education versus routine	XaNTD			
completed				
ongoing and newly diagnosed structured programme				
Diabetes education and self management for	XaNTC	diabetes structured education programme completed		
structured education programme completed			90LL.	
Dose adjustment for normal eating diabetes	XaNTB	and newly diagnosed structured programme completed		
diabetes structured education programme			90LK.	
Attended dose adjustment for normal eating	XaNTA	structured education programme completed		
treatment diabetes structured education		Dose adjustment for normal eating diabetes	90LJ.	
Attended expert patient education versus routine	XaNT8	diabetes structured education programme		
completed		Attended dose adjustment for normal eating	90LH.	
Diabetes structured education programme	XaX5D	treatment diabetes structured education programme		
completed		Attended expert patient education versus routine	90LG.	
Diabetes structured education programme	XaNHW	Diabetes structured education programme completed	90LF.	
programme		programme		recorded against the patient
for ongoing and newly diagnosed structured		for ongoing and newly diagnosed structured	me	structured education programme
Attended diabetes education and self management	XaN1z	Attended diabetes education and self management	90LE.	letion
Attended diabetes structured educ programme	хакн0	Attended diab structured education programme	90LB.	The latest attendance or
מה כמי מרידוור מ				
prog declined				
Referral to DAFNE diabetes structured educn	XaZuQ			
diabetes structured education				
self management for ongoing and newly diagnosed)				
Referral to DESMOND (diabetes education and	XaXkZ			
Did not attend dose adjustment for normal	XaNU1			
programme				
routine treatment diabetes structured education				
Did not attend expert patient education versus	XaNU3			
		Ref DAFNE diab st ed prg decl	8IEa	

Appendix B

Diabetes Education Provider Address

Patient	name	and	addr	.066
Patient	name	and	ann	666

Dear Dr,

The above patient was referred to our Diabetes Structured Education Programme.

Please transfer the following outcome and identified read code into the patient's record.

Outcome of referral to diabetes structured education	Tick relevant box	Read code
I. Diabetes structured education declined		90LM / XaNTH
2. Did not attend diabetes structured education		9NiA / XaNTa
3. Attended diabetes structured education		9OLB / XaKHØ
4. Diabetes structured education completed		9OLF / XaX5D

Kind regards,

Diabetes Structured Education Team