



# 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.

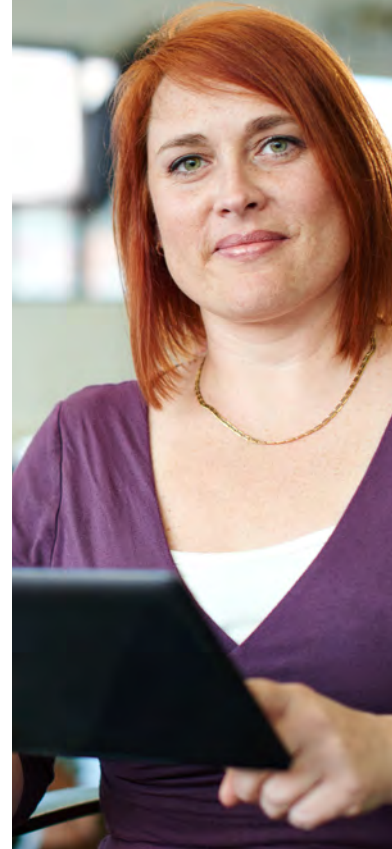
### What are the national guidelines?

NICE<sup>1</sup> 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

<sup>1</sup> [www.nice.org.uk/guidance/qs6](http://www.nice.org.uk/guidance/qs6)



## Data recording – the current picture

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**<sup>2</sup>.

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)<sup>3</sup>, 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 <http://content.digital.nhs.uk/catalogue/PUB19900>

3 [www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2016/03/ccg-iaf-mar16.pdf](http://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
1. Diabetes structured education <b>declined</b>	9OLM	XaNTH
2. <b>Did not attend</b> diabetes structured education	9NiA	XaNtA
3. <b>Attended*</b> diabetes structured education	9OLB	XaKHØ
4. Diabetes structured education <b>completed</b>	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 I. 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.



## Further information

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

If you have any queries, please email [NDA@diabetes.org.uk](mailto: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

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

Name	Read Code V2	Read Code CTv3
The latest referral to diabetes structured education programme recorded against the patient	679R. Patient offered diabetes structured education 8Hj0. Referral to diab structured education programme 8Hj3. Referral to DAFNE diabetes structured education programme 8Hj4. Referral to DESMOND diabetes structured education programme 8Hj5. Referral to XPERT diabetes structured education programme 90LM. Diabetes structured education programme declined 9NiA. Did not attend diabetes structured education programme 9NiC. Did not attend DAFNE diabetes structured education programme 9NiD. Did not attend DESMOND diabetes structured education programme 9NiE. Did not attend XPERT diabetes structured education programme 8I81. Did not complete diabetes structured education programme 8I82. Did not complete DAFNE diabetes structured education program 8I83. Did not complete DESMOND diabetes structured education programme 8I84. Did not complete XPERT diabetes structured education programme 8IE9. Referral to diabetes education and self management for ongoing and newly diagnosed structured programme declined (DESMOND)	XaKSp Patient offered diab structured educ programme XaKgy Referral to diabetes structured educ programme XaX49 Referral to type I diabetes structured education programme XaNTQ Referral to dose adjustment for normal eating diabetes structured education programme XaNTS Referral to diabetes education and self management for ongoing and newly diagnosed diabetes structured programme XaNTT Referral to expert patient education versus routine treatment diabetes structured education programme XaNTd Did not complete diabetes structured education programme XaNTE Did not complete dose adjustment for normal eating diabetes structured education programme XaNtF Did not complete diabetes education and self management for ongoing and newly diagnosed structured programme XaNtG Did not complete expert patient education versus routine treatment diabetes structured education programme XaNtH Diabetes structured education programme declined XaNu2 Did not attend diabetes education and self management for ongoing and newly diagnosed structured programme XaNtA Did not attend diabetes structured education programme

	<p>81Ea Ref DAFNE diab st ed prg decl</p>	<p>XANU3 Did not attend expert patient education versus routine treatment diabetes structured education programme</p> <p>XANU1 Did not attend dose adjustment for normal</p> <p>XaXkZ Referral to DESMOND (diabetes education and self management for ongoing and newly diagnosed) diabetes structured education</p> <p>XazUQ Referral to DAFNE diabetes structured educn prog declined</p>
<p>The latest attendance or completion of diabetes structured education programme recorded against the patient</p>	<p>90LB. Attended diab structured education programme</p> <p>90LE. Attended diabetes education and self management for ongoing and newly diagnosed structured programme</p> <p>90LF. Diabetes structured education programme completed</p> <p>90LG. Attended expert patient education versus routine treatment diabetes structured education programme</p> <p>90LH. Attended dose adjustment for normal eating diabetes structured education programme</p> <p>90LJ. Dose adjustment for normal eating diabetes structured education programme completed</p> <p>90LK. Diabetes education and self management for ongoing and newly diagnosed structured programme completed</p> <p>90LL. Expert patient education versus routine treatment diabetes structured education programme completed</p>	<p>XaKH0 Attended diabetes structured educ programme</p> <p>XaNIz Attended diabetes education and self management for ongoing and newly diagnosed structured programme</p> <p>XaNHW Diabetes structured education programme completed</p> <p>XaX5D Diabetes structured education programme completed</p> <p>XANT8 Attended expert patient education versus routine treatment diabetes structured education</p> <p>XANTA Attended dose adjustment for normal eating diabetes structured education programme</p> <p>XANTB Dose adjustment for normal eating diabetes structured education programme completed</p> <p>XANTC Diabetes education and self management for ongoing and newly diagnosed structured programme completed</p> <p>XANTD Expert patient education versus routine treatment diabetes structured education programme completed</p>



# Appendix B

**Diabetes Education  
Provider Address**

**Patient name and address**

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
1. Diabetes structured education <b>declined</b>	<input type="checkbox"/>	9OLM / XaNTH
2. <b>Did not attend</b> diabetes structured education	<input type="checkbox"/>	9NiA / XaNTa
3. <b>Attended</b> diabetes structured education	<input type="checkbox"/>	9OLB / XaKHØ
4. Diabetes structured education <b>completed</b>	<input type="checkbox"/>	9OLF / XaX5D

Kind regards,

**Diabetes Structured Education Team**