NHS Eastbourne, Hailsham And Seaford CCG

Background

This cardiovascular disease summary profile focuses on diabetes and is produced by the National Cardiovascular Intelligence Network (NCVIN). Summary profiles are available for each clinical commissioning group (CCG) in England on coronary heart disease and heart failure, diabetes, kidney disease and stroke. This profile compares the CCG with data for England, a group of similar CCGs and the Sussex and East Surrey Sustainability and Transformation Partnership (STP).

Key Facts	CCG	Similar CCGs	STP	England
Diabetes: QOF prevalence (17+) (per cent)	6.9	7.3	6.3	6.8
Estimated prevalence of diabetes (undiagnosed and diagnosed) (per cent)	9.6	9.5	8.5	8.5
People with type 1 diabetes who received all 8 care processes (per cent)	46.8	40.2	46.3	42.9
People with type 2 diabetes who received all 8 care processes (per cent)	66.4	58.9	65.7	58.8
People with type 1 diabetes who achieved all three treatment targets (per cent)	21.3	18.5	19.8	18.6
People with type 2 diabetes who achieved all three treatment targets (per cent)	40.6	40.6	39.6	40.1

Key Information

In 2017/18 there were 11,203 people, aged 17 years or older, who had been diagnosed with diabetes and included on GP registers in NHS Eastbourne, Hailsham And Seaford CCG. This equals 6.9% of the population. However, the total prevalence of people with diabetes, diagnosed and undiagnosed, is estimated to be 9.6%.

The percentage of people with *type 1* diabetes who achieved the blood glucose target of ≤58 mmol/ml (7.5%) in this CCG was 32.4% compared to 29.9% in England.

The percentage of people with *type 2* diabetes who achieved the blood glucose target of ≤58 mmol/ml (7.5%) in this CCG was 67.3% compared to 65.8% in England.

People with diabetes are at a higher risk of having a heart attack or stroke. In this area, people with diabetes were 88.6% more likely than people without diabetes to have a heart attack. This was higher than the figure for England which was 86.9%. People with diabetes were also 29.4% more likely to have a stroke. This was lower than the figure for England where there was a 58.5% greater risk.
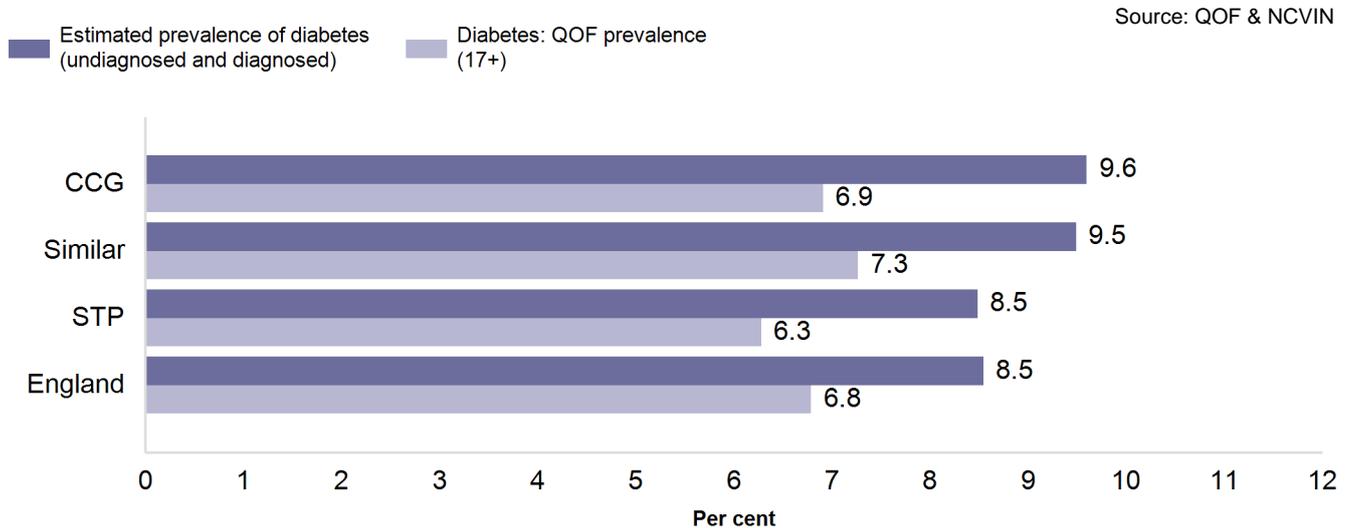
NHS Eastbourne, Hailsham And Seaford CCG

Disease Prevalence

Prevalence is the number of people in a given population with a particular condition at a given point in time. The diagnosed prevalence of diabetes is identified from the returns submitted to NHS Digital as part of the Quality and Outcomes Framework (QOF) by each GP practice. No distinction is made between type 1 or type 2 diabetes. Diagnosed prevalence is the number of patients aged 17 years and over who are on the practice's diabetes register on 31 March in a given financial year. Practice returns are combined to calculate prevalence for the local CCG.
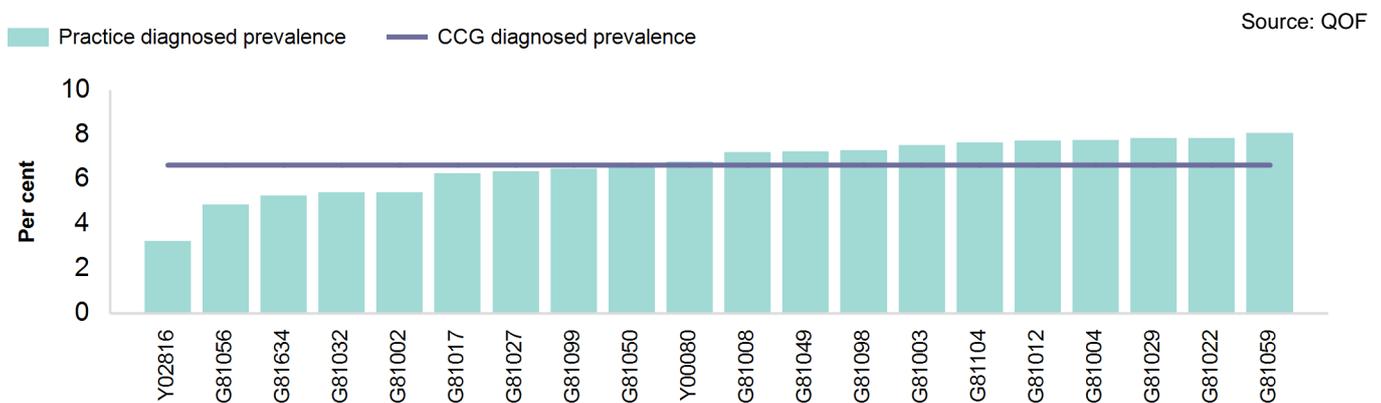
The estimated prevalence is taken from the NCVIN diabetes prevalence model. The model uses data from three years of Health Surveys for England - 2012, 2013 and 2014. The estimates take into account the age, sex and ethnic-group distribution, as well as deprivation of the area. It estimates the total number of people with diabetes (diagnosed and undiagnosed).

Diabetes diagnosed prevalence (2017/18) compared to estimated diabetes (2017)

Source: QOF & NCVIN

Estimated prevalence of diabetes (undiagnosed and diagnosed)   Diabetes: QOF prevalence (17+)

	Estimated	QOF
CCG	9.6	6.9
Similar	9.5	7.3
STP	8.5	6.3
England	8.5	6.8

Per cent

In NHS Eastbourne, Hailsham And Seaford CCG, the prevalence of diagnosed diabetes was 6.9% and the estimated prevalence of diabetes was 9.6%. At GP practice level, the prevalence of diagnosed diabetes ranged from 3.2% to 8.1%.

Variation by general practice of diabetes prevalence 2017/18 (per cent)

Source: QOF

Practice diagnosed prevalence   CCG diagnosed prevalence

Practices (left to right): Y02816, G81056, G81634, G81032, G81002, G81017, G81027, G81099, G81050, Y00080, G81008, G81049, G81098, G81003, G81104, G81012, G81004, G81029, G81022, G81059

NHS Eastbourne, Hailsham And Seaford CCG

The National Diabetes Audit

The National Diabetes Audit (NDA) is a major, national, clinical audit in England and Wales, which measures the effectiveness of diabetes healthcare against NICE guidelines and quality standards. In 2017/18, 98.2% of GP practices in England and Wales participated in the audit. In NHS Eastbourne, Hailsham And Seaford CCG, 100% of practices participated.

Characteristics of people with diabetes in NHS Eastbourne, Hailsham And Seaford CCG

Type 1 diabetes is more common in males than females. In this CCG, 54.3% of people with type 1 diabetes are male. Type 1 diabetes is usually diagnosed earlier in life than type 2 and 41.0% of people with type 1 diabetes, in this CCG, are under the age of 40. Type 2 diabetes is also more common in males than females, 55.3% of people with type 2 diabetes in this CCG are male. People with type 2 diabetes are on average older than people with type 1, 62.1% of people with type 2 diabetes in this CCG are aged over 65. In NHS Eastbourne, Hailsham And Seaford CCG, 82.1% of people with type 1 diabetes are of white ethnicity and 3% are from a minority ethnic group, the remaining ethnicities are unknown. For people with type 2 diabetes, 65.4% are of white ethnicity and 4.9% from a minority ethnic group, the remaining ethnicities are unknown.

Source: NDA
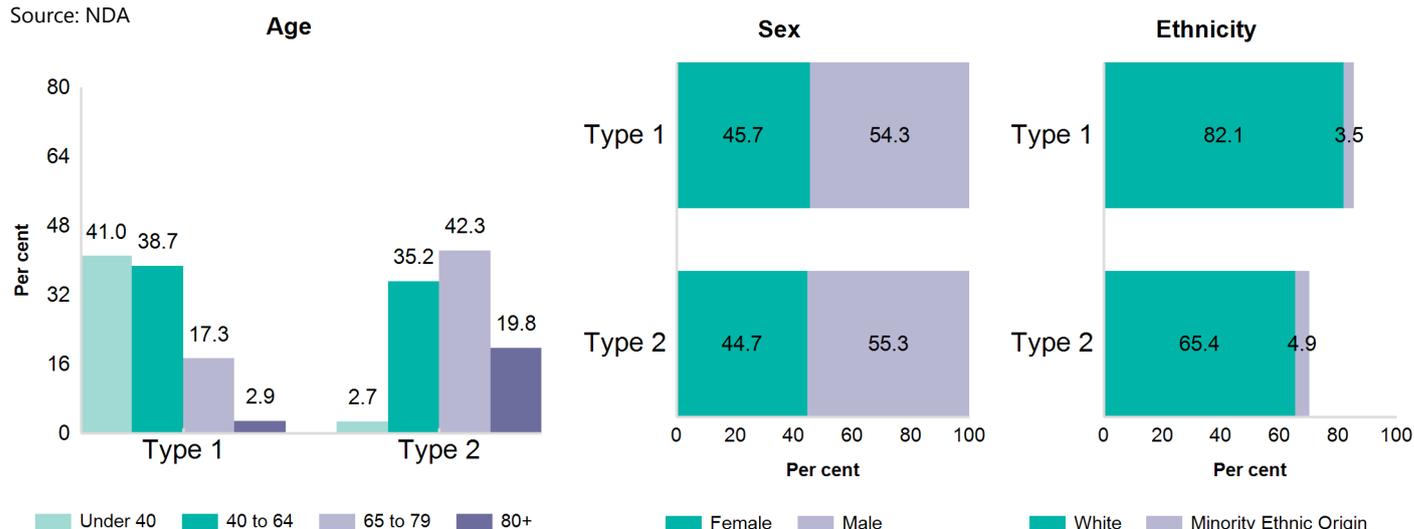
Care processes and treatment targets

The National Institute for Health and Care Excellence (NICE) recommends nine care processes for diabetes. Five of these care processes relate to risk factors (body mass index, blood pressure, smoking, glucose levels (HbA1c) and cholesterol) and the remaining four relate to tests to identify early complications (urine albumin creatinine ratio, serum creatinine, foot nerve and circulation examination and eye screening - held by NHSDES and not included in the data presented).

In NHS Eastbourne, Hailsham And Seaford CCG, 46.8% of people with type 1 diabetes had the eight recommended care processes compared to 42.9% in England. For people with type 2 diabetes, 66.4% people had the eight recommended care processes compared to 58.8% in England.

Percentage of people who had the 8 recommended care processes by diabetes type, 2017/18

	CCG	Comparator CCGs	STP	England
Type 1	46.8	40.2	46.3	42.9
Type 2	66.4	58.9	65.7	58.8

Public Health England

NHS Eastbourne, Hailsham And Seaford CCG

Taking account of patient related factors when reviewing Care Process completion rates

The NDA has investigated whether results are influenced by patient characteristics. The statistical models derived showed that patient characteristics did impact on whether the eight recommended care processes took place but did not impact on the treatment results (HbA1c, BP, Cholesterol). The bandings contained within the tables below show whether the CCG is performing "as expected", "lower than expected" or "higher than expected" based on what we know of the characteristics of their diabetic populations. The statistical models used to predict care process completion take into account the age, sex, ethnicity, Indicies of Multiple Deprivation (IMD), smoking status and Body Mass Index (BMI) of the person with diabetes. This provides a way of correcting for the factors that are outside the control of the GP. The bandings should not be treated as an absolute assessment of performance, but rather as a tool to aid local investigation.

How to interpret the bandings

If a CCG has a banding of "lower than expected" this means that the CCG is not achieving as high a rate of completion as would be expected given the demographics of their diabetic population. This does not mean that the CCG is under performing, but may indicate that further investigation could be beneficial.

If a CCG has a banding of "as expected" this means that, given the demographics of the diabetic population, the CCG is performing as expected. This does not mean that performance cannot be improved, but is in line with other CCGs given the characteristics of their diabetic population.

If a CCG has a banding of "higher than expected" this means that the CCG is performing better than would be expected given the demographics of their diabetic population.

In NHS Eastbourne, Hailsham And Seaford CCG, 46.8% of people with type 1 diabetes received all eight care processes taken in 2017/18. This was higher than expected given the characteristics of their diabetic population. For people with type 2 diabetes, 66.4% received all eight care processes, which was higher than expected given the characteristics of their diabetic population.

The data are also available by GP practice at: https://fingertips.phe.org.uk/profile/cardiovascular

Percentage of people with diabetes who had the eight recommended individual care processes by diabetes type, 2017/18

	Type 1			Type 2 and other		
	Local	Banding	England	Local	Banding	England
All Eight Care Processes	**46.8**	**Higher**	**42.9**	**66.4**	**Higher**	**58.8**
Blood Pressure	86.7	As Expected	91.1	95.8	As Expected	96.3
BMI	72.3	Lower	82.7	88.4	As Expected	88.0
Cholesterol	75.3	As Expected	81.1	91.9	As Expected	92.9
Foot Surveillance	80.7	Higher	75.1	86.0	As Expected	86.8
HbA1c	80.9	As Expected	85.4	95.4	As Expected	95.3
Serum Creatinine	79.5	As Expected	83.5	95.8	As Expected	95.1
Smoking	89.2	As Expected	90.4	95.5	As Expected	95.5
Urine Albumin	57.2	Higher	52.3	72.0	Higher	66.2

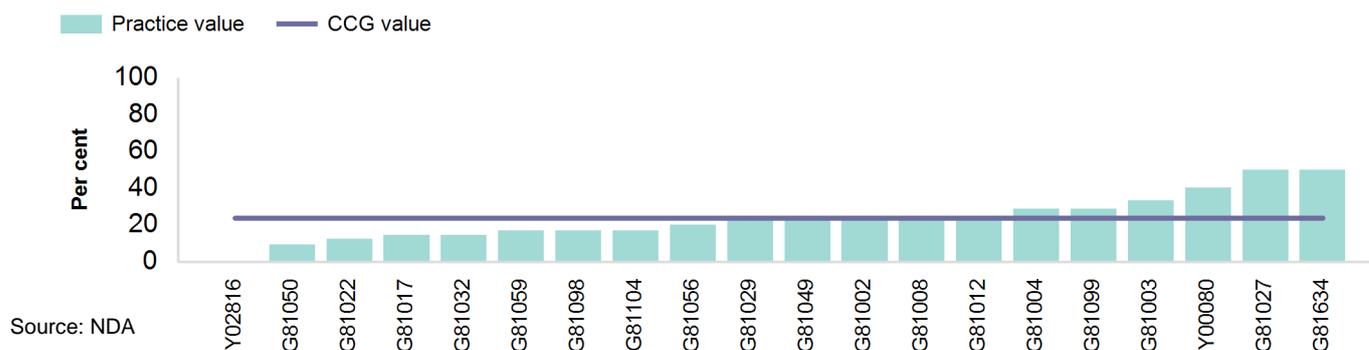## NHS Eastbourne, Hailsham And Seaford CCG

Three treatment targets

NICE recommends treatment targets for HbA1c (glucose control), blood pressure and serum cholesterol. In NHS Eastbourne, Hailsham And Seaford CCG, 21.3% of people with type 1 diabetes achieved all three treatment targets. In people with type 2 diabetes, 40.6% achieved all three treatment targets.

Percentage of people achieving their treatment targets for type 1 diabetes, 2017/2018

| Type 1 diabetes	CCG	Comparator CCGs	STP	England
HbA1c <= 58 mmol/mol (7.5%)	32.4	29.3	34.0	29.9
Blood Pressure <= 140/80	75.7	76.5	72.6	74.8
Cholesterol < 5 mmol/L	74.4	71.1	70.3	70.3
All Three Treatment Targets	21.3	18.5	19.8	18.6

Variation in people with type 1 diabetes achieving three treatment targets by GP practice, 2017/18

Source: NDA

Percentage of people achieving their treatment targets for type 2 diabetes, 2017/2018

Type 2 diabetes	CCG	Comparator CCGs	STP	England
HbA1c <= 58 mmol/mol (7.5%)	67.3	67.9	68.2	65.8
Blood Pressure <= 140/80	71.2	73.4	70.9	73.8
Cholesterol < 5 mmol/L	79.5	76.0	75.8	76.6
All Three Treatment Targets	40.6	40.6	39.6	40.1

Variation in people with type 2 diabetes achieving three treatment targets by GP practice, 2017/18

Source: NDA
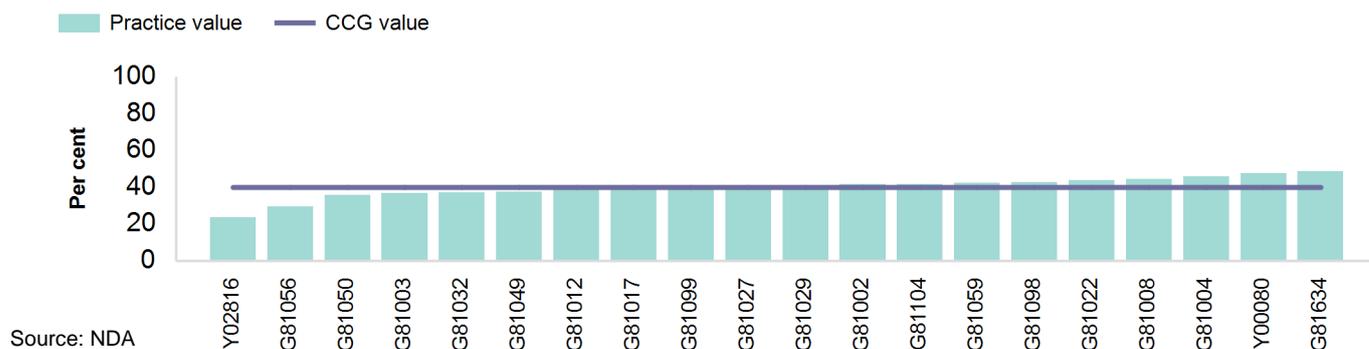
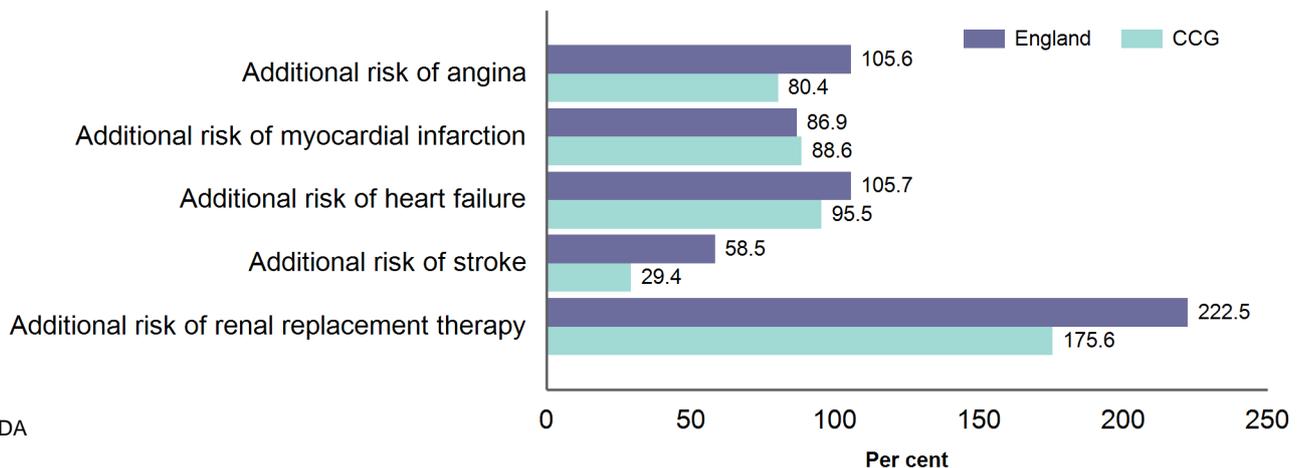## NHS Eastbourne, Hailsham And Seaford CCG

Additional risk of complications

A person with diabetes has a higher risk of cardiovascular complications (heart attack, angina, heart failure and stroke) and microvascular (amputation and renal disease) complications. The chart below compares the additional risk of complications for a person with diabetes to people without diabetes in the same CCG over a one year period. The figures have been adjusted to allow for the local variations in the age and sex of the population. Further information on diabetic footcare and amputation risk can be found in the diabetic foot care profiles:
https://fingertips.phe.org.uk/profile/diabetes-ft

Comparison of the additional risk of complications for people with diabetes, with a one year follow-up, 2014/15

Among people with diabetes in NHS Eastbourne, Hailsham And Seaford CCG the risk of a stroke was 29.4% higher and the risk of a heart attack was 88.6% higher compared to people without diabetes during the one-year follow up of the 2014/15 audit.


Source: NDA

	England	CCG
Additional risk of angina	105.6	80.4
Additional risk of myocardial infarction	86.9	88.6
Additional risk of heart failure	105.7	95.5
Additional risk of stroke	58.5	29.4
Additional risk of renal replacement therapy	222.5	175.6

Per cent

Mortality

People with diabetes rarely die as a direct result of diabetes. Most die from complications such as heart disease, stroke and kidney failure. People with diabetes are more likely to die than their peers of the same age and sex in the general population. The additional risk of mortality for people with diabetes was 27.6% in NHS Eastbourne, Hailsham And Seaford CCG; for England, the additional risk was 21.8%.

Comparison of the additional risk of mortality in people with diabetes, with a one year follow-up of the 2012/13 and 2013/14 audits

Source: NDA
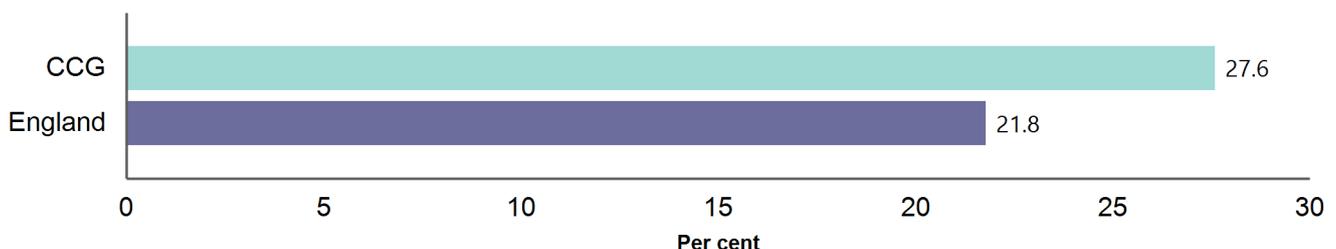
	Per cent
CCG	27.6
England	21.8

Per cent

NHS Eastbourne, Hailsham And Seaford CCG

Sources: **NDA:** National Diabetes Audit (NDA) 2017/18, NHS Digital **QOF:** Quality and Outcomes Framework (QOF) 2017/18, NHS Digital. **NCVIN**: Diabetes prevalence estimates for local populations 2017, Public Health England.