



NHS High Weald Lewes Havens CCG

Background

This profile presents information on people with diabetes from NHS High Weald Lewes Havens CCG, who were admitted to hospital for foot disease. The profile includes a range of analysis covering risk, treatment and outcomes relating to diabetic foot disease.

Where possible, indicators have been standardised for relevant demographic characteristics of the local diabetic population, allowing for comparisons to be made between CCG areas. It is intended that these indicators, and the variation they highlight, will be useful in guiding equitable national, regional and local commissioning of diabetic foot care services and other preventative interventions.

The information in the profile is compiled from Hospital Episode Statistics (HES) and this version focuses on spells of inpatient care between 1 April 2015 and 31 March 2018. In the analysis relating to amputations, counts of amputation procedures are used.

Where possible, backdated analysis of indicators (to 2012/13) has been provided, on the final page, to allow trend analysis.

Headline Indicators 2015/16 - 2017/18

Indicator	CCG	England
Total spells in hospital for diabetic foot disease, per 10,000 population-years	188.1 (CI: 170.8-206.6)	156.6 (CI: 155.8-157.4)
Directly (age and ethnicity) standardised rate of major diabetic lower-limb amputations, per 10,000 population-years	3.6 (CI: 1.7-6.6)	8.2 (CI: 8.0-8.4)
Directly (age and ethnicity) standardised rate of minor diabetic lower-limb amputations, per 10,000 population-years	22.9 (CI: 16.8-30.3)	21.4 (CI: 21.1-21.7)
Sex and age adjusted mean length of hospital stay for diabetic foot disease - outliers removed (days)	9.8	8.9

(CI = 95% confidence interval)

Note: The hospital related data in this report may differ to those reported by the National Diabetes Audit (NDA). This report identifies patients with diabetes using diagnosis coding E10-E14 in any position from their Hospital Episode Statistics record, while the NDA identifies patients with diabetes by matching patient records to the audit.

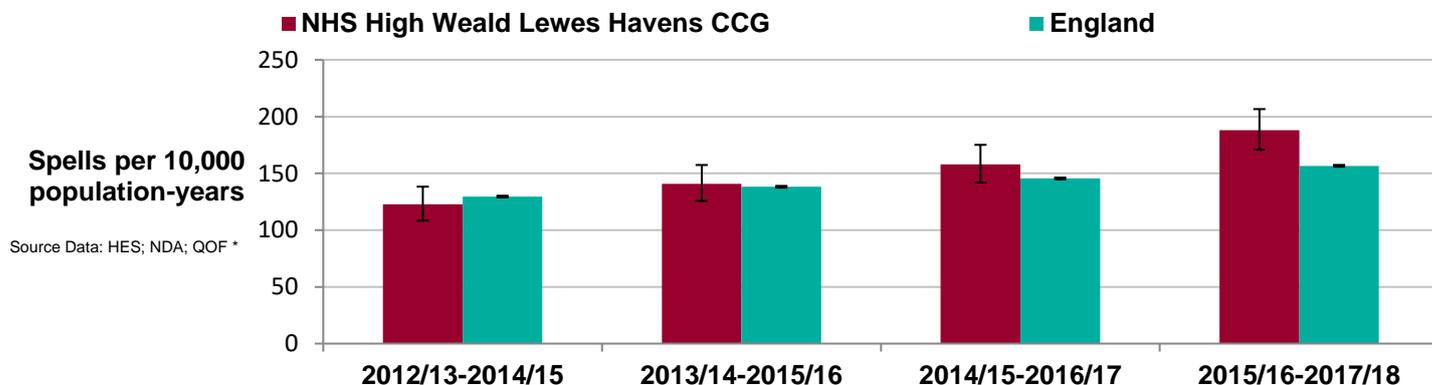
Key Information

During the three year period of 2015/16 to 2017/18:

- Patients from NHS High Weald Lewes Havens CCG had 435 hospital spells for diabetic foot disease
- The median length of stay in hospital was 10 days and the total number of days spent in hospital for diabetic foot disease was 5,579
- 226 individual patients were admitted for foot disease and 36% of these had more than one spell over the three years
- There were 10 major amputation procedures performed, giving a directly age and ethnicity standardised rate of 3.6 major amputations per 10,000 population-years. This is statistically lower when benchmarked against the England rate.

Hospital spells for diabetic foot disease

The information below relates to hospital spells for diabetic foot disease - full details of the criteria used for defining diabetic foot disease can be found in the accompanying technical document. 226 patients from High Weald Lewes Havens CCG had 435 inpatient spells for diabetic foot disease during 2015/16 to 2017/18. This is equivalent to 188.1 spells for every 10,000 population-years, compared to an England rate of 156.6 inpatient spells per 10,000 population-years. Of the 226 patients, 36% had more than one spell over the three years. Previously, in 2012/13 to 2014/15, the rate of inpatient spells for diabetic foot disease in High Weald Lewes Havens was 122.7 per 10,000 population-years. This indicates a significant increase in the rate of inpatient spells for diabetic foot disease between the periods assessed. In England, there has been a significant increase in the rate of spells between 2012/13 to 2014/15 and the most recent analysis period.



Total Length of Stay

During the period 2015/16 to 2017/18, patients from NHS High Weald Lewes Havens CCG spent a total of 5,579 days in hospital for diabetic foot disease.

Median Length of Stay

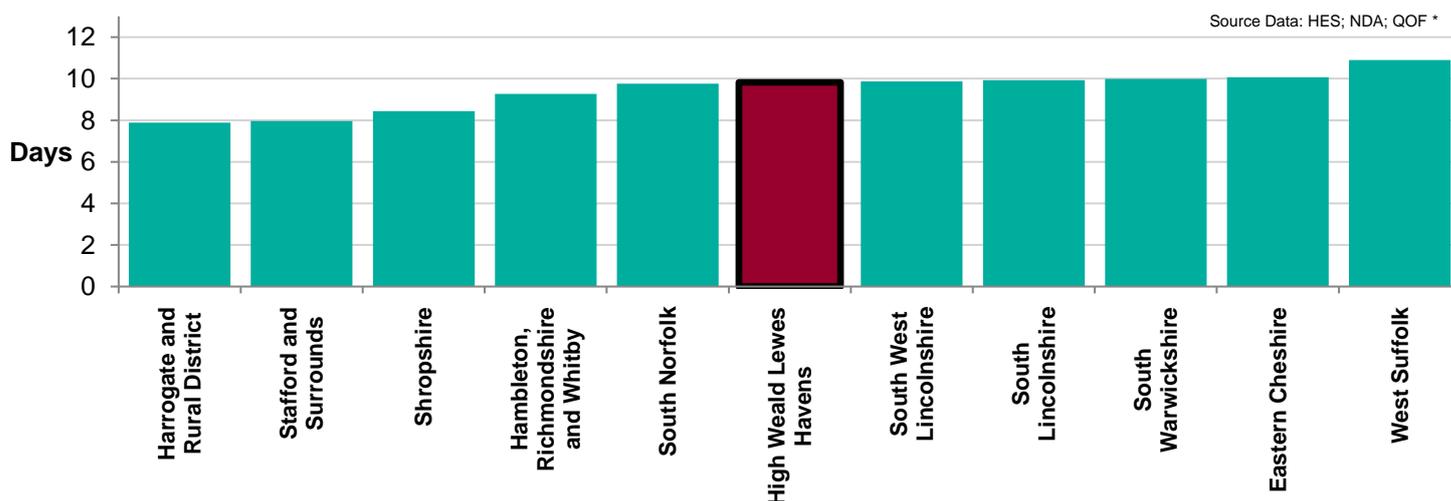
The median length of stay indicator is based on all available data and provides an average measure of how long patients spent in hospital over the period. The median length of stay for diabetic foot disease, for patients from NHS High Weald Lewes Havens CCG during 2015/16 to 2017/18, was 10 days. This compares to an England median length of stay of 8 days.

Adjusted Length of Stay Indicator (lengths of stay over the national 90th percentile removed)

The adjusted length of stay indicator provides a measure of the length of stay for patients, after adjusting for the age and sex of those admitted and removing outliers, likely to skew the data. This adjusted indicator is more useful for comparison. For NHS High Weald Lewes Havens CCG, the adjusted mean length of stay indicator was 9.8 days. For England, the trimmed mean length of stay for patients was 8.9 days.

Similar CCG Comparison

The 2015/16 to 2017/18 adjusted length of stay indicator for your local CCG is shown below, as well as the adjusted length of stay for the 10 most similar CCGs in terms of demography, ethnicity and deprivation. **



Diabetic Lower-Limb Amputations

Overview

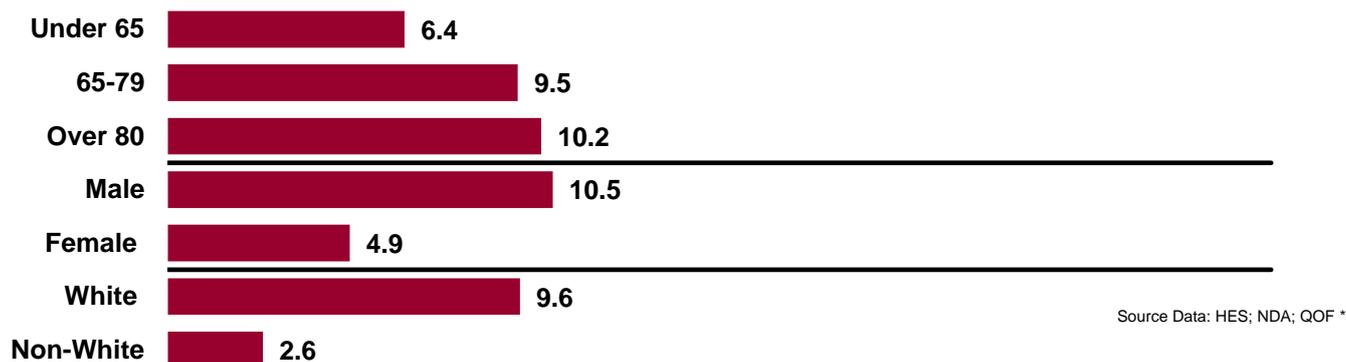
A major lower-limb amputation (above the ankle) can be an adverse outcome of diabetes. The rate at which major amputations occur in a population with diabetes can be used as a good overall proxy measure of the effectiveness of healthcare and the diabetic foot care system. Survival rates and quality of life for patients following a major diabetic lower-limb amputation can often be poor. Unlike a major amputation, a minor amputation can be considered a preventative treatment (removal of dead tissue with the expectation that healing will follow). The following three pages provide information on the number and rate of diabetic lower-limb amputations in your local CCG, England and similar CCGs. Where the rates have been directly standardised (DSRs) we have controlled for the effect of age and ethnicity of the at-risk population, allowing for more robust comparisons between areas to be made. This has been done because evidence suggest the risk of amputation in South Asian and Black populations is typically lower than in White European populations and because the risk of amputation increases with age. For further details on the technicalities of standardising for ethnicity using hospital data and background information on how the risk of amputation is associated with ethnicity, please see the accompanying technical document. A count of amputation procedures have been used as the numerator in the following indicators.

Risk of Amputation

The following descriptive statistics show the England distribution of both major and minor diabetic lower-limb amputation procedures during 2015/16 to 2017/18. The data have been stratified by age, ethnicity and sex and category-specific rates per 10,000 population-years are presented. The following information may be useful in increasing awareness of which groups in the diabetic population are most at risk of amputation and informing public health and clinical approaches to reducing variation. For further information on how patient management and ulcer severity impact on the rates of amputation please see the National Diabetes Foot Care Audit Hospital Admissions Report 2014-2017, available through our partners at NHS Digital at:

<https://www.digital.nhs.uk/catalogue/PUB30249>

Major diabetic lower-limb amputation rates 2015/16 – 2017/18, per 10,000 population-years, England



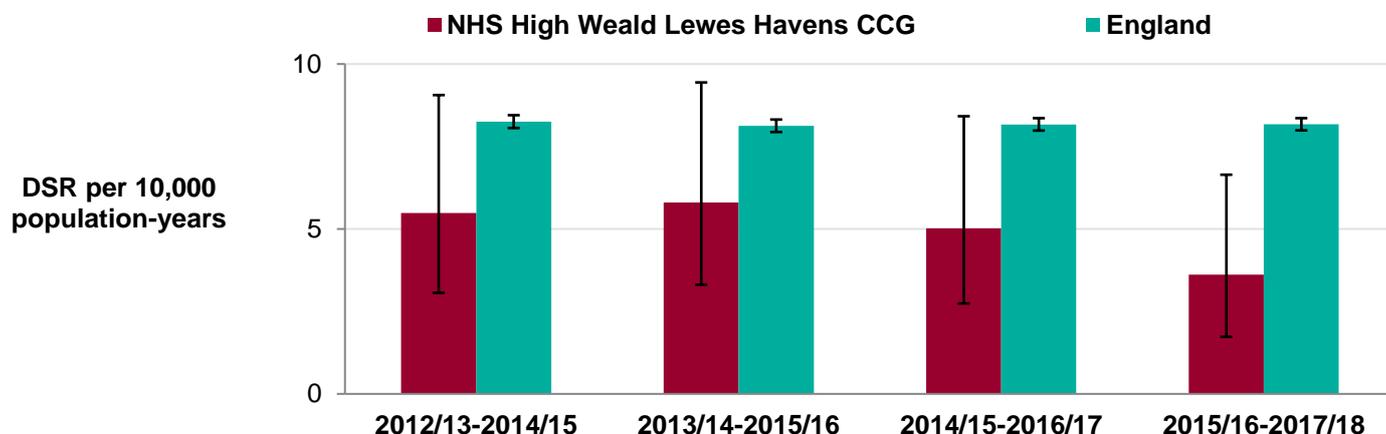
Minor diabetic lower-limb amputation rates 2015/16 – 2017/18, per 10,000 population-years, England



Major Diabetic Lower-Limb Amputations

In the most recent period of 2015/16 to 2017/18, there were 10 major lower-limb amputation procedures carried out on patients with diabetes in NHS High Weald Lewes Havens CCG. This equates to a directly standardised rate (DSR) of 3.6 major amputations per 10,000 population-years. This is statistically lower when benchmarked to the England rate of 8.2.

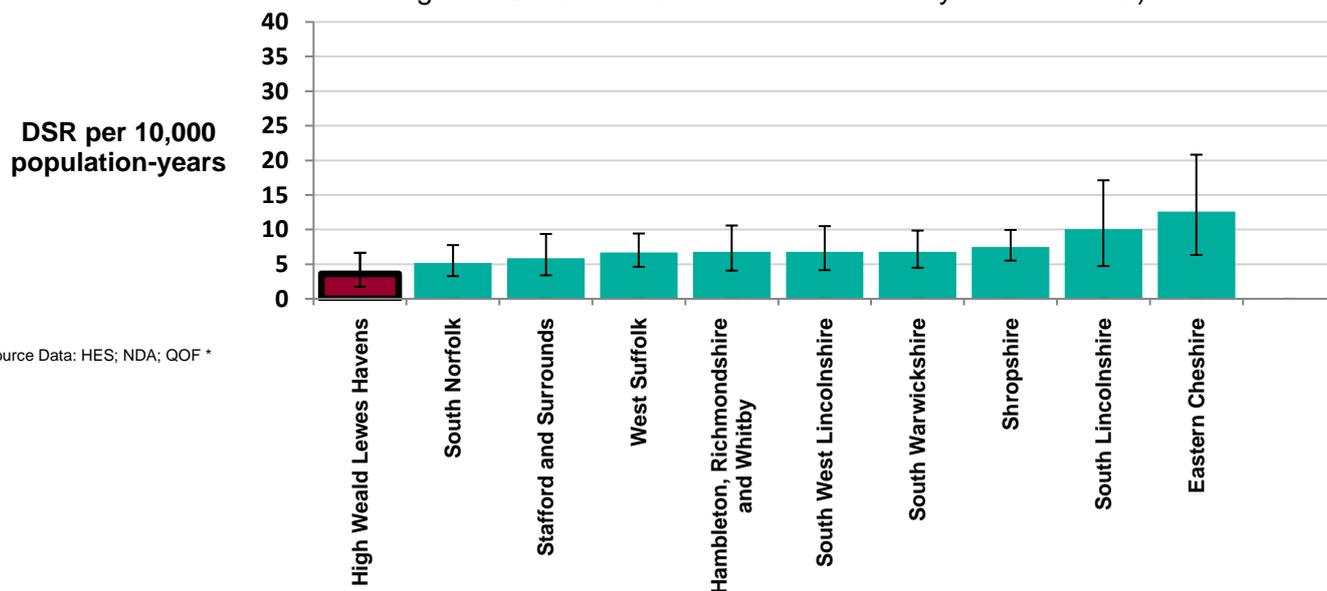
Previously, in 2012/13 to 2014/15, there were 15 major amputation procedures carried out to patients of NHS High Weald Lewes Havens CCG giving a DSR of 5.5 per 10,000 population-years. This can not be identified as statistically significant change in the rate of major amputations between the periods assessed. In England, there has not been a statistically significant change between the same two periods.



Source Data: HES; NDA; QOF *

Similar CCG Comparison

The DSR of major diabetic lower-limb amputations per 10,000 population-years for your local CCG is shown below as well as the DSRs for the 10 most similar CCGs in terms of demography, ethnicity and deprivation** (note: due to small numbers or missing data DSRs for all 10 similar CCGs may not be shown).



Source Data: HES; NDA; QOF *

Provider Summary

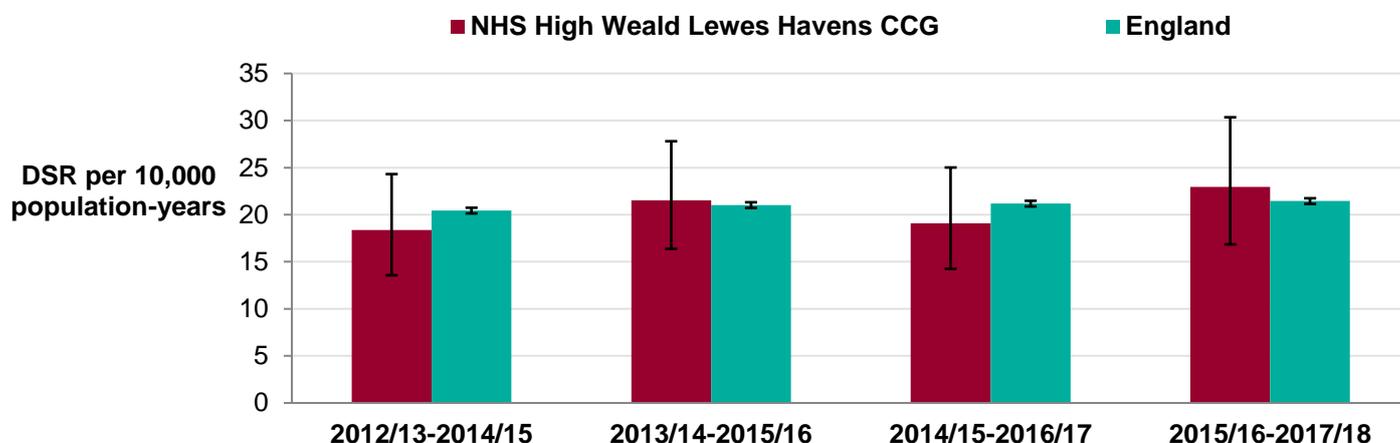
The providers that carried out most of the major amputations in your area are detailed below. The table shows the percentage of all major procedures performed by the respective trusts. Note, in some cases small numbers have necessitated suppression of data for some trusts:

Trust	per cent
BRIGHTON AND SUSSEX UNIVERSITY HOSPITALS NHS TRUST	70%

Minor Diabetic Lower-Limb Amputations

In the most recent period of 2015/16 to 2017/18, there were 59 minor lower-limb amputation procedures carried out on patients with diabetes in NHS High Weald Lewes Havens CCG. This equates to a directly standardised rate (DSR) of 22.9 minor amputations per 10,000 population-years. This can not be identified as statistically different when benchmarked against the England rate of 21.4.

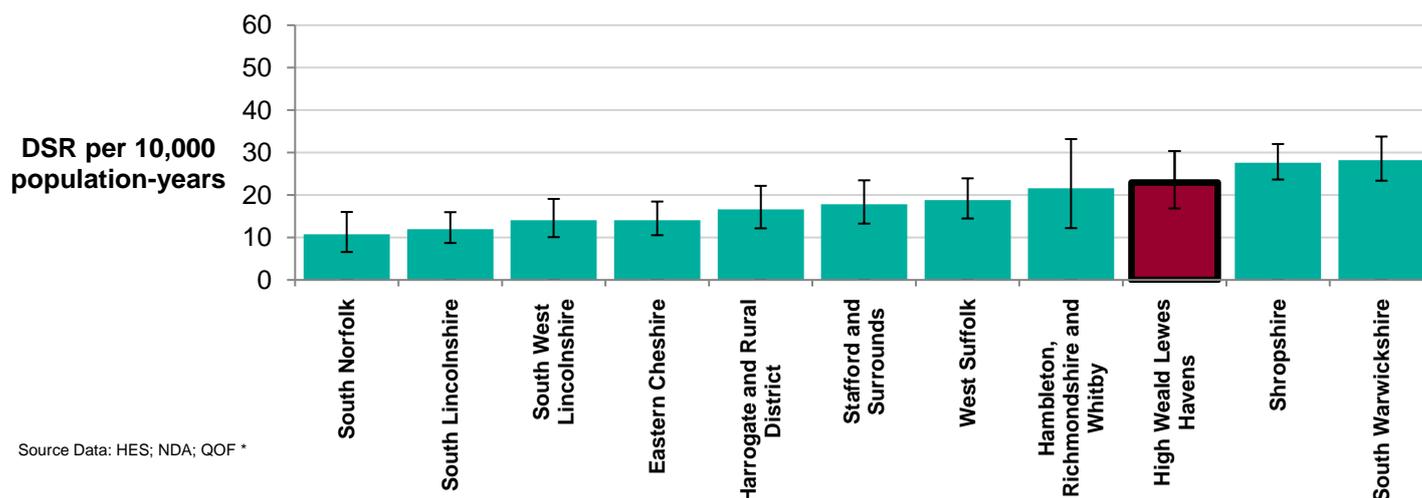
Previously, during 2012/13 to 2014/15, there were 49 minor amputation procedures carried out to patients of NHS High Weald Lewes Havens CCG giving a DSR of 18.4 per 10,000 population-years. This can not be identified as statistically significant change in the rate of minor amputations between the periods assessed. In England, there has been a statistically significant increase over the same period.



Source Data: HES; NDA; QOF *

Similar CCG Comparison

The DSR of minor diabetic lower-limb amputations per 10,000 population-years for your local CCG is shown below, as well as the DSRs for the 10 most similar CCGs in terms of demography, ethnicity and deprivation** (note: due to small numbers or missing data DSRs for all 10 similar CCGs may not be shown).



Source Data: HES; NDA; QOF *

Provider Summary

The providers that carried out most of the minor amputations in your area are detailed below. The table shows the percentage of all minor procedures performed by the respective trusts. Note, in some cases small numbers have necessitated suppression of data for some trusts:

Trust	per cent
BRIGHTON AND SUSSEX UNIVERSITY HOSPITALS NHS TRUST	71%
MAIDSTONE AND TUNBRIDGE WELLS NHS TRUST	17%

NHS High Weald Lewes Havens CCG

Indicator	2012/13-2014/15	2013/14-2015/16	2014/15-2016/17	2015/16-2017/18	2012/13-2014/15 vs 2015/16-2017/18
Hospital stays for diabetic foot disease					
CCG total spells in hospital for diabetic foot disease	267	312	357	435	
England, total spells in hospital for diabetic foot disease	109,211	121,067	132,114	147,067	
CCG spells in hospital for diabetic foot disease, per 10,000 population-years	122.7 (CI: 108.4-138.3)	140.9 (CI: 125.7-157.4)	157.9 (CI: 141.9-175.2)	188.1 (CI: 170.8-206.6)	Rate Ratio:1.53 (CI: 1.32-1.79)
England, total spells in hospital for diabetic foot disease, per 10,000 population-years	129.5 (CI: 128.8-130.3)	138.2 (CI: 137.4-139.0)	145.5 (CI: 144.7-146.3)	156.6 (CI: 155.8-157.4)	Rate Ratio:1.21 (CI: 1.20-1.22)
Length of stay					
CCG median days in hospital for diabetic foot disease (unadjusted)	10	10.5	12	10	
England median days in hospital for diabetic foot disease (unadjusted)	8	8	8	8	
CCG adjusted length of stay indicator (ALOS)	11.1	10.6	10.9	9.8	
England mean length of stay (90th percentile removed)	9.9	9.5	9.2	8.9	
Major amputations					
CCG number of major amputations	15	16	14	10	
England number of major amputations	6,957	7,119	7,305	7,545	
CCG directly (age & ethnicity) standardised rate of major amputations per 10,000 population-years	5.5 (CI: 3.1-9.1)	5.8 (CI: 3.3-9.4)	5.0 (CI: 2.7-8.4)	3.6 (CI: 1.7-6.6)	DSR Ratio: 0.66 (CI: 0.21-1.90)
England directly (age & ethnicity) standardised rate of major amputations per 10,000 population-years	8.3 (CI: 8.1-8.4)	8.1 (CI: 7.9-8.3)	8.2 (CI: 8.0-8.4)	8.2 (CI: 8.0-8.4)	DSR Ratio: 0.99 (CI: 0.96-1.02)
Minor amputations					
CCG number of minor amputations	49	59	52	59	
England number of minor amputations	17,224	18,408	19,073	19,920	
CCG directly (age & ethnicity) standardised rate of minor amputations per 10,000 population-years	18.4 (CI: 13.6-24.3)	21.5 (CI: 16.4-27.8)	19.1 (CI: 14.2-25.0)	22.9 (CI: 16.8-30.3)	DSR Ratio: 1.25 (CI: 0.76-1.95)
England directly (age & ethnicity) standardised rate of minor amputations per 10,000 population-years	20.4 (CI: 20.1-20.7)	21.0 (CI: 20.7-21.3)	21.2 (CI: 20.9-21.5)	21.4 (CI: 21.1-21.7)	DSR Ratio: 1.05 (CI: 1.03-1.07)
CCG specific data quality notes:					

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** For information on the methodology used to calculate the 10 most similar CCGs please go to: <https://www.england.nhs.uk/rightcare/products/nhs-rightcare-intelligence-tools-and-support/>