



2018

Structured Education
Guidance

DiABETES UK
KNOW DIABETES. FIGHT DIABETES.

Improving attendance and data recording for structured education

Guidance for diabetes structured education providers,
GP practices and commissioners

nda
NATIONAL DIABETES AUDIT

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Date of publication:
September 2018

Diabetes structured education

The current picture

The National Diabetes Audit 2016-17 showed that, whilst 50% of people with Type 1 diabetes 91% of people with Type 2 and other diabetes are offered structured education, only 5.8% of Type 1 and 8.2% Type 2 and other diabetes were recorded as having attended.

Local evidence suggests that attendance at diabetes structured education is higher, possibly around 80 - 90%. 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. Whilst offers of structured education continues to improve this is not matched by records of attendance / completion.

NHS Digital, 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, including digital providers are able to provide the data capture requirements, as outlined in this document.

In the 2017 audit, around 1 in 6 (18%) of all people in hospital had diabetes. In some hospitals over one in four (25%) of inpatients had diabetes. Despite the high number of people with diabetes in hospital, there has only been a slight increase in staffing hours since 2016.

What are the national guidelines?

[NICE](#) recommends that well-designed and well-implemented structured education programmes are cost effective for people with diabetes and should be offered to every person and/or their carer at or 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
-  regular audit outcomes

How to improve attendance

Whilst the majority of practices recorded low attendance at education courses there are some practices that recorded high levels of attendance in 2016-17. We investigated with these practices how they have managed to attain this level of attendance. These practices offered structured education courses to 80%-100% of people newly diagnosed with diabetes and achieved attendance of 60%-75%. Here are some strategies that practices that recorded high levels of attendance told us that they use:

- The practice team and the education provider working together in an integrated way
- Developing a clear referral pathway
- Having a named professional, such as a practice nurse, who guides the newly diagnosed person with diabetes through the process i.e. explanation of diabetes, discussion of lifestyle changes, measurements and referral to structured education course
- Thinking about potential barriers and developing solutions to these i.e. holding courses at the practice so they are close to home
- Working with the education provider to offer improved choice in timings and venues for the courses
- Education provider calling each patient to discuss the course and options for venues / timings
- Sending reminder texts prior to the booked course date
- Using every contact to promote the structured education course and encourage attendance

- Developing a leaflet for newly diagnosed people which lets them know what to expect from the practice in terms of their diabetes care, including promotion of structured education course
- Focus on education and self-management to ensure patients know what they can do to help themselves
- Encouraging the education provider to use the Diabetes UK templates to ensure accurate coding and recording

The [National Diabetes Audit 2016-17](#) showed that whilst 50% of people with Type 1 diabetes 91% of people with Type 2 and other diabetes are offered structured education, only 5.8% of Type 1 and 8.2% Type 2 and other diabetes were recorded as having attended.

Local evidence suggests that attendance at diabetes structured education is higher, possibly around 80 - 90%. 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. Whilst offers of structured education continues to improve this is not matched by records of attendance / completion.







How to record attendance

The record that a person with diabetes being offered or referred for diabetes structured education is currently well captured in GP systems. Evidence of this is reflected in the National Diabetes Audit findings.

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

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), 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 National Diabetes Audit 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.

SNOMED codes

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. It is recommended that all education providers use the following SNOMED codes to communicate the outcome of a referral to diabetes structured education.

The SNOMED codes above are recommended as the minimum dataset to capture for structured education. 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.). Please see the NHS Digital Business Rules for the NDA for more detailed codes.

Diabetes structured education **declined** should be used where the patient declines a referral when it is offered

Did not attend diabetes structured education should be used where the patient accepts the referral then subsequently fail to attend



Attended structured education should be use where the course consists of more than one sessions and the patient attends some but not all of the sessions

Diabetes structured education **completed** should be used where the patient attends all the sessions

Outcome of referral to diabetes structured education	SNOMED code	Vision/EMIS/other systems	System One
1. Diabetes structured education declined	306591000000103	9OLM	XaNTH
2. Did not attend diabetes structured education	306861000000107	9NiA	XaNTa
3. Attended diabetes structured education	413597006	9OLB	XaKHØ
4. Diabetes structured education completed	755491000000100	9OLF	XaX5D



Communicating the 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 SNOMED 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 SNOMED codes

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

Diabetes education providers should communicate the outcome SNOMED 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 SNOMED codes on page 6.

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

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 SNOMED code into the patient's record.

Outcome of referral to diabetes structured education	SNOMED code	Vision/EMIS/other systems	System One
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2. Did not attend diabetes structured education	306861000000107	9NiA	XaNtA
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Kind regards,

Diabetes Structured Education Team

Guidance notes

Where possible, electronic administration systems should be used and referral/outcome of referral SNOMED 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 SNOMED code, 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 SNOMED 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 structured 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 SNOMED code
- Send the outcome of the referral with appropriate SNOMED code to the referring GP practice by email/letter (if direct access to the GP system is unavailable). 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 SNOMED code
- Consider contracting arrangements and ensure procurement and tender requirements conform to this standardised approach

NDA PUBLICATIONS

NDA: National Diabetes Audit

Care processes and treatment targets

Complications and mortality

Insulin pump

Learning disability

Severe mental illness

Transition

NPID: National Pregnancy in Diabetes Audit

NDFA: National Diabetes Foot Care Audit

NaDIA: National Diabetes Inpatient Audit

We welcome
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we can improve
this report

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The National Diabetes Audit (NDA) is commissioned by the Healthcare Quality Improvement Partnership (HQIP) as part of the National Clinical Audit (NCA) programme.

The NDA is managed by NHS Digital, formerly known as the Health and Social Care Information Centre (HSCIC), in partnership with Diabetes UK and is supported by the National Cardiovascular Intelligence Network (NCVIN), Public Health England.

The NDA receives invaluable support from people with diabetes, clinical staff and other health professionals across England and Wales.

