



HQIP

Healthcare Quality
Improvement Partnership

National Clinical Audit and Patient Outcomes Programme (NCAPOP) Infographics compendium

Q1 (APRIL – JUNE 2024), updated 28/06/2024

PUBLICATION DATE	HEALTHCARE AREA	TYPE	PROJECT NAME	LEAD PROVIDER	FULL REPORT TITLE	HQIP WEBLINK TO REPORT	DOC NUMBER
2024/04/10	Cancer	Audit	NLCA - National Lung Cancer Audit	RCP: Royal College of Physicians	National Lung Cancer Audit State of the Nation Report 2024	https://www.hqip.org.uk/resource/nlca-sotn-2024/	0.01
2024/04/10	Women and children	Audit	NPDA - National Paediatric Diabetes Audit	RCPCH: Royal College of Paediatrics and Child Health	National Paediatric Diabetes Audit report on care processes and outcomes 2022/23	https://www.hqip.org.uk/resource/npda-care-outcomes-2022-23/	0.02
2024/05/09	Long term conditions	Audit	NDA - National Diabetes Audit	NHS Digital	National Diabetes Foot Care Audit 2018 to 2023	https://www.hqip.org.uk/resource/ndfa-2018-2023/	0.03

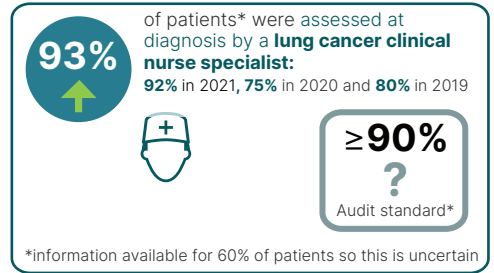
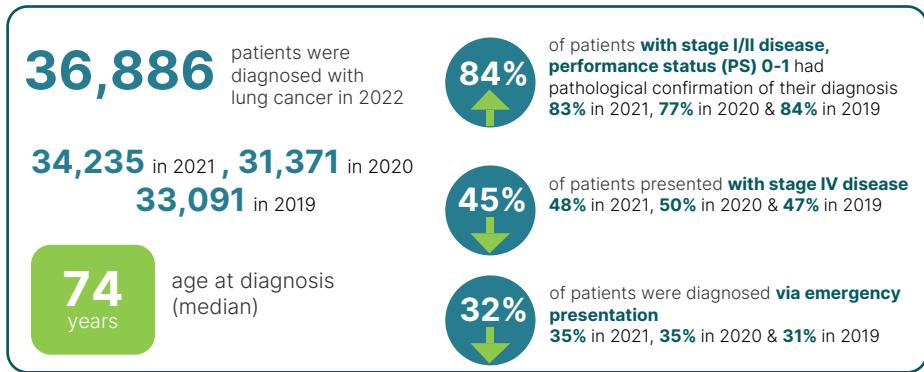
State of the Nation Report 2024

An audit of care received by patients diagnosed with lung cancer in
England and Wales during 2022

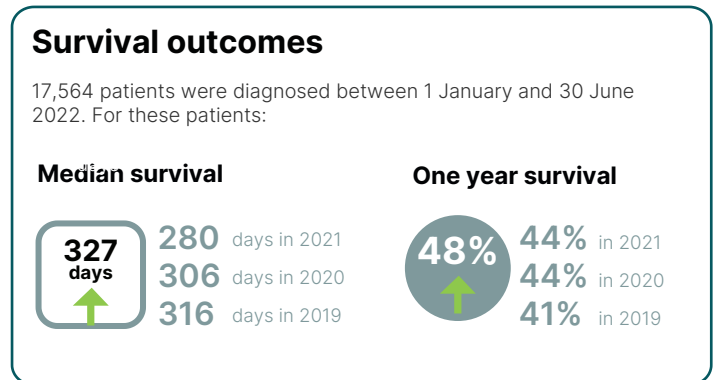
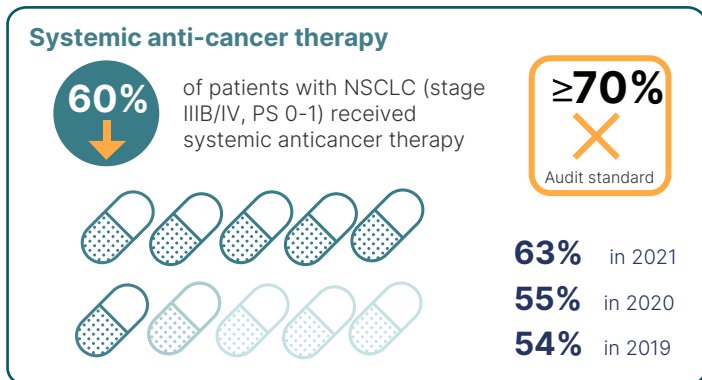
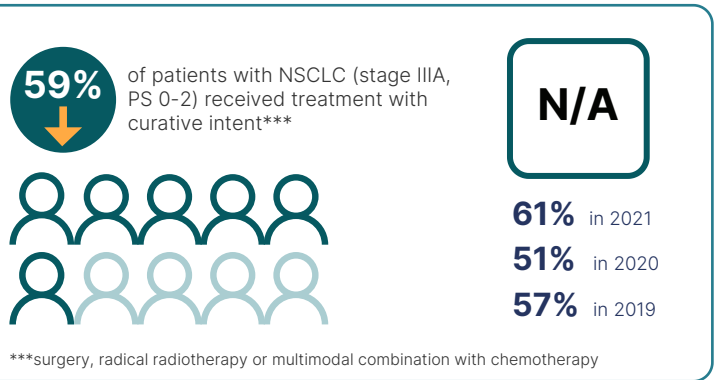
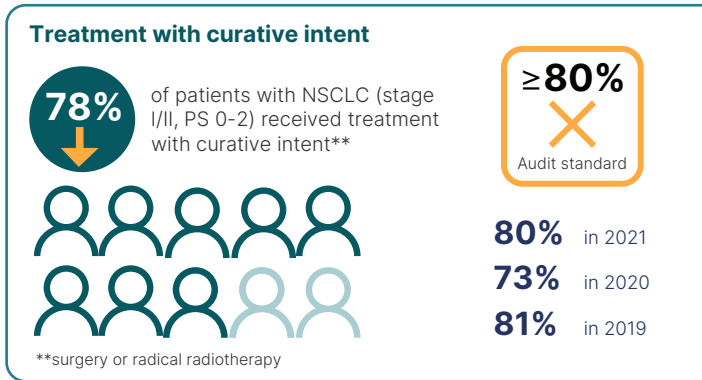
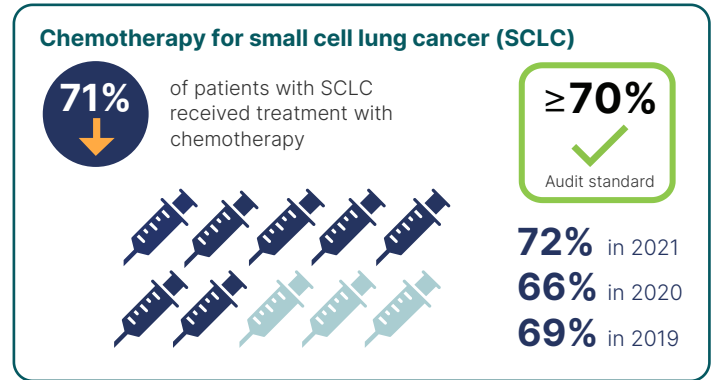
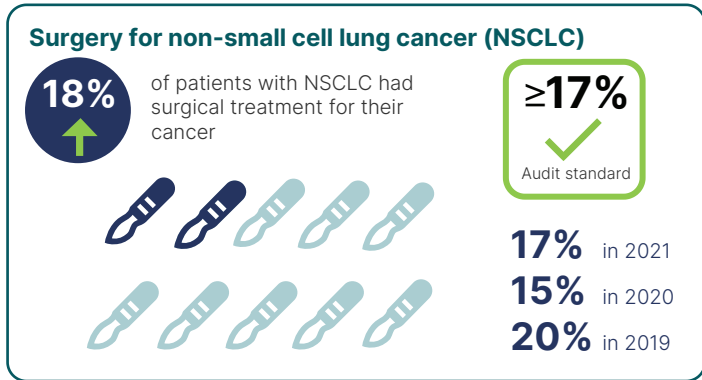
Version 2: May 2024



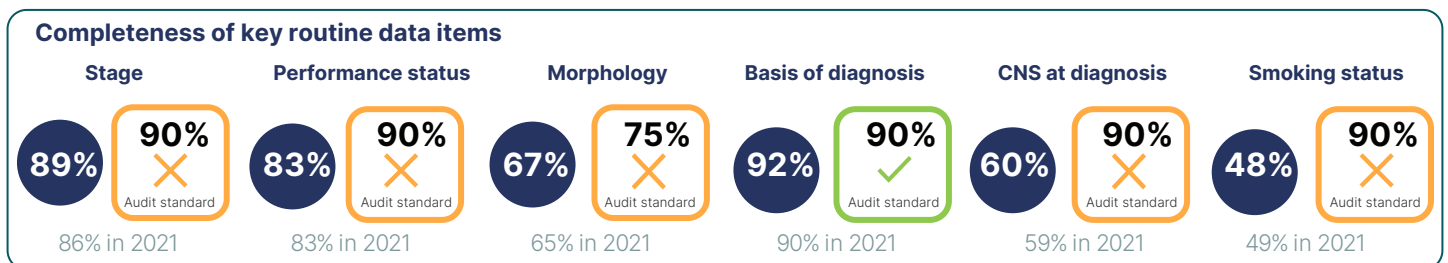
Diagnosis & staging



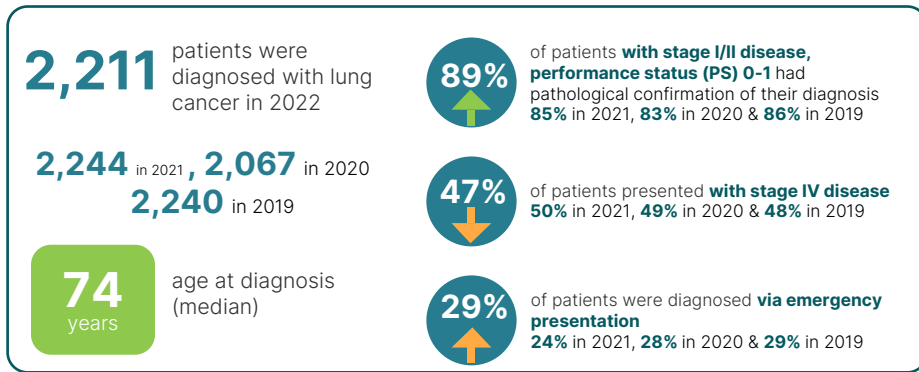
Treatment allocation



Data quality

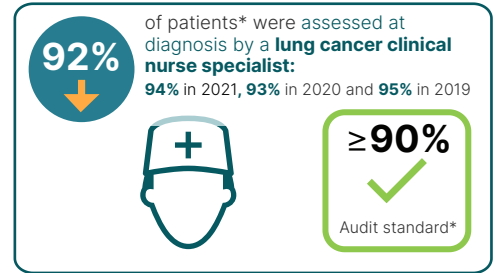


Diagnosis & staging

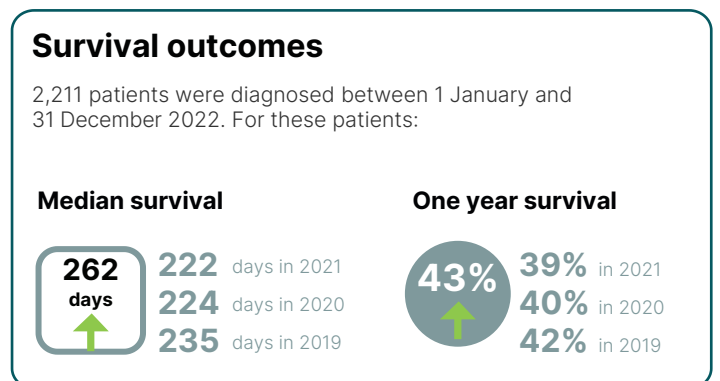
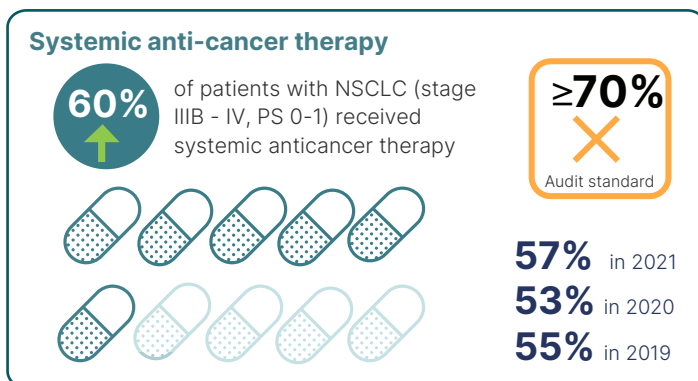
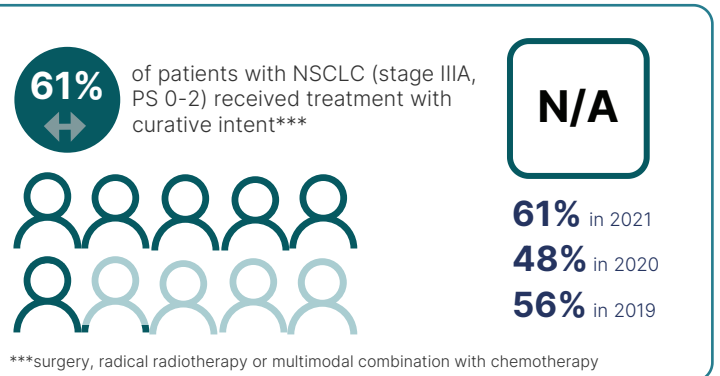
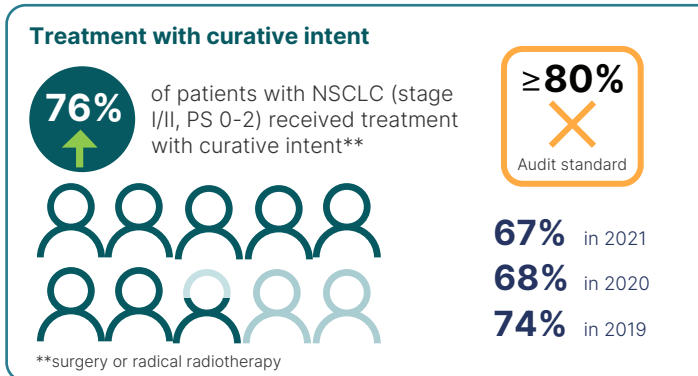
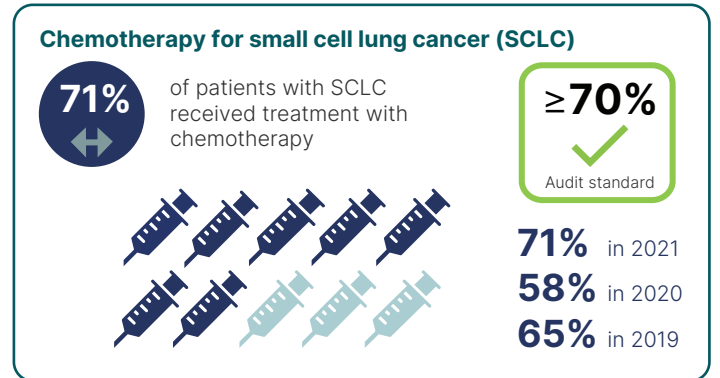
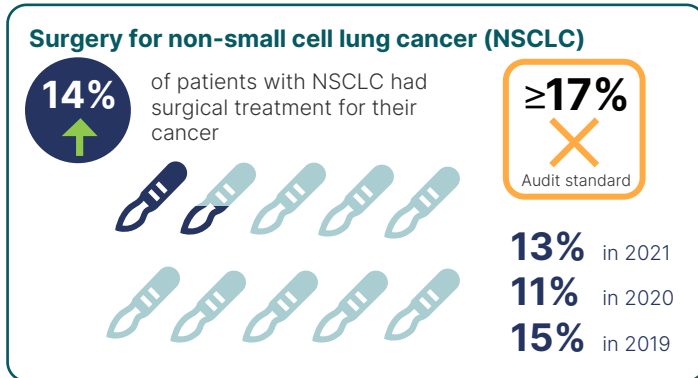


Key

- improving from 2021
- worsening from 2021
- unchanged from 2021



Treatment allocation



Data quality



National Paediatric Diabetes Audit (NPDA) Report on Care and Outcomes 2022/23



Summary report on 2022/23 data – Results at a Glance

The National Paediatric Diabetes Audit monitors the care received and diabetes outcomes achieved by children and young people with diabetes in England and Wales, and helps support paediatric diabetes teams, local health systems, and policy makers to make continuing improvements to care.

This poster summarises the results reported in the 2022/23 national report, and is based on data from April 2022 to March 2023.

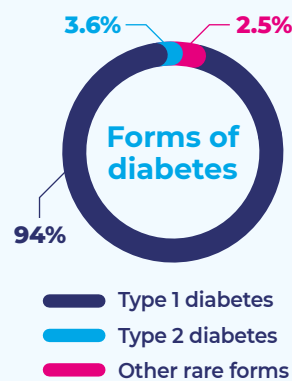
Care from paediatric diabetes services



34,371

children and young people with diabetes were being managed by paediatric diabetes services in England and Wales.

Numbers of new diagnoses of Type 1 diabetes remain higher than before the start of the COVID-19 pandemic, which was associated with an increase in new cases of this condition.



There were

3610

new diagnoses of Type 1 diabetes and

268

new diagnoses of Type 2 diabetes being managed in paediatric diabetes clinics.

Care at diagnosis of Type 1 diabetes

85%



received level three carbohydrate counting education within a fortnight of diagnosis, compared to 86% in 2021/22

92%



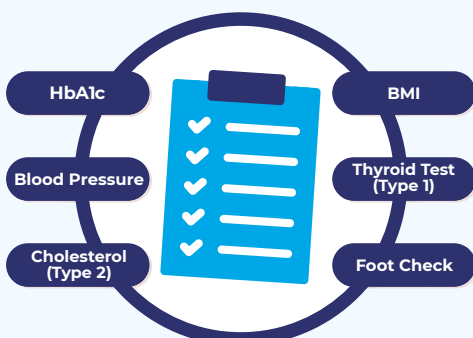
received screening for thyroid disease within three months of diagnosis, compared to 91% in 2021/22

88%



received screening for coeliac disease within three months of diagnosis, compared to 87% in 2021/22.

Completion of recommended health checks[†]



Percentage of young people aged 12 and above who received all six 'key' health checks:

Type 1 Diabetes

64% (60% in 2021/22)

Type 2 Diabetes

36% (33% in 2021/22)

[†] Please see the full report for details of the outcomes of these health checks.

Average HbA1c



There was **continuing improvement** (reduction) in national average HbA1c:

Type 1 Diabetes

60.0 mmol/mol (60.5 mmol/mol in 2021/22)

The median HbA1c at PDU level ranged from 53.0 mmol/mol to 70.3 mmol/mol.

Type 2 Diabetes

49.3 mmol/mol (50.0 mmol/mol in 2021/22)

These reductions continue the trend for year on year decreases (improvements) in HbA1c, meaning fewer children are at risk of developing diabetes-related complications.

Use of diabetes-related technologies (Type 1 diabetes)



45%

were using an **insulin pump**, compared to 40% in 2021/22.



15%

were using a **hybrid closed loop system** compared to 8% in 2021/22.



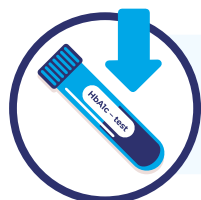
49%

were using a **real time continuous glucose monitor (rtCGM)**; either combined with insulin injections or a pump, compared to 30% in 2021/22.



37%

were using a **flash glucose monitor** or a modified flash monitor, compared to 44% in 2021/22.



Lower HbA1c was associated with use of a rtCGM or closed loop systems.

NPDA

National Paediatric Diabetes Audit

Further information and resources

NPDA national reports and recommendations:

The NPDA State of the Nation report for 2022/23 data includes the key messages and recommendations based on data submitted for this year is available at:

www.rcpch.ac.uk/resources/npda-annual-reports

Service and regional level reporting:

Paediatric diabetes teams can access detailed PDF reports and posters to show their results for this year at:

www.rcpch.ac.uk/resources/npda-annual-reports

Results are presented at PDU, regional network, NHSE region, and ICB level via our interactive reporting tool, NPDA Results Online, available at: www.xyz.com

Families with diabetes:

Parent and carers' summaries of NPDA reports is available via our dedicated webpage at: npda-results.rcpch.ac.uk

How we use information:



To find out more about how we use data submitted to the NPDA, please see our privacy notice. Please visit: www.rcpch.ac.uk/resources/national-paediatric-diabetes-audit-transparency-open-data or scan the QR code with your phone.





National Diabetes Foot Care Audit (NDFA)

Are services providing effective diabetes foot care?

England and Wales, 2018–23

Published 9 May 2024

What is the National Diabetes Foot Care Audit (NDFA)?

The National Diabetes Foot Care Audit (NDFA) enables all services that treat people with diabetes related foot disease to measure their performance against National Institute for Health and Care Excellence (NICE) guidance.

The NDFA aims to:

1. Measure factors associated with increased risk of ulcers and adverse ulcer outcomes. patient outcomes and to benchmark against peers.
2. Provide data on diabetes related foot disease that can be used by service providers, local commissioners and national policy makers to monitor the highest quality of care of diabetes related foot disease in England and Wales.
3. Share best practice information to enable the highest quality of care of diabetes related foot disease in England and Wales.

The audit looks at three key areas:



Structures

Are the nationally recommended care structures in place for the management of diabetes related foot disease?



Processes

Does the treatment of active diabetes related foot disease comply with nationally recommended guidance?



Outcomes

Are the outcomes of diabetes related foot disease optimised?

This audit report reviews **findings in foot care processes and outcomes** over a five- year period from 2018–23. The data in this summary relates to people with diabetes related foot disease in England and Wales.



2018-23
England and Wales



Recorded

This report includes information on over **122,000 foot ulcers in people with diabetes (2018-23).**



122,030
foot ulcers recorded

Registered

In 2022-23, **22,655 people with diabetes were registered with the audit.**



22,655
people with diabetes registered

Why are foot ulcers important?

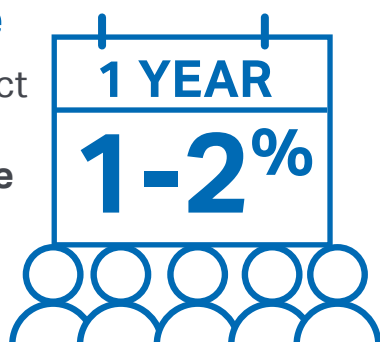
Foot ulcers are very challenging to people with diabetes and there are **emotional, physical and financial costs**. Foot ulcers can lead to increased risk of both amputation and death.



emotional
physical
financial

Prevalence

Foot ulcers affect between **1 and 2% of all people with diabetes each year.**



Cost

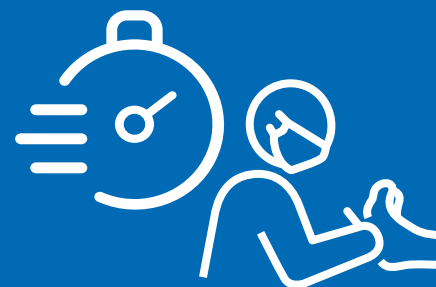
Treating foot ulcers accounts for approximately **1% of the total NHS budget.**





Key findings

Shorter times to first expert assessment led to greater chance of being alive and ulcer free at 12 weeks.



Early expert assessment of all new foot ulcers is really important. The NDFA has shown that faster referral to specialist foot care services leads to fewer severe ulcers and greater chance of being alive and ulcer free (AAUF) at 12 weeks.

Twelve weeks after the first expert assessment (FEA), foot care services record whether:

- The person is alive.
- The ulcer is healed.
- The person does not have new foot ulcers.

In the NDFA this is referred to as being alive and ulcer free (AAUF).

Between 2018-23, alive and ulcer free

56% of patients were **AAUF at 12 weeks** when they **self-referred**.

51% of patients were **AAUF at 12 weeks** when they were seen for FEA with **2 days**.

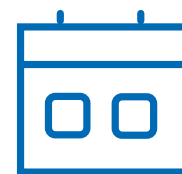
36% of patients were **AAUF at 12 weeks** when they waited **two months or more** for first expert assessment.



56%
Self-referred



51%
48hr or less



36%
2+ Days

Recommendation

Integrated care boards (ICBs) and Welsh local health boards (LHBs) should ensure that health care providers (HCPs) arrange early expert assessment of all new foot ulcer episodes following either health care professional referral or self-referral. In every ICB or LHB more than 70% of new ulcers should receive FEA within 0-13 days by 2026.





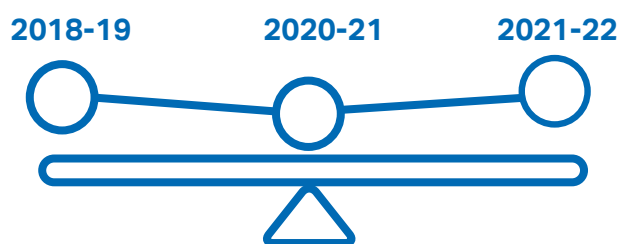
Key findings

There is a marked difference between regions, ICBs, LHBs and services in terms of assessment and outcomes.



First Expert Assessment (FEA), 0-13 days

The mean percentage of people with a FEA within **0-13 days** has remained stable over the **5 year period** (2018-23). Despite this there is **great variation between services**.



In 2022-23 the percentage of people with FEA within **0-13 days after referral** ranged from **5% to 100%** across providers.



Alive and ulcer free at 12 weeks

Nationally, there has been an overall decline in the mean percentage of people AAUF at 12 weeks after FEA from **46%** in 2018-19 to **42%** in 2022-23.



There is also **great variation** between **services**. For **severe ulcers** the percentage of people AAUF at 12 weeks after FEA in 2022-23 ranged from **4% to 54%**.



Recommendation

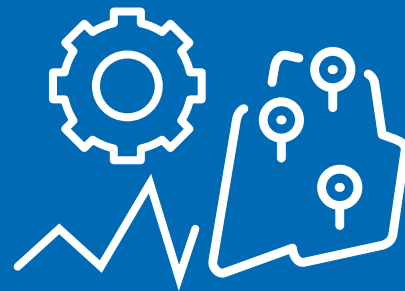
ICBs and Welsh LHBs should ensure that specialist clinical foot care services are accessible to all people with diabetes related foot ulcers and are appropriately resourced.





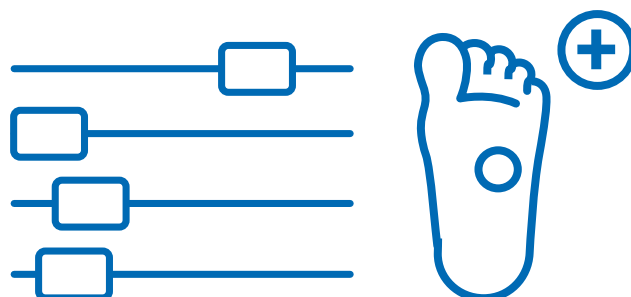
Key findings

There are wide-ranging differences between regions, ICBs and services in ulcer registration rates.

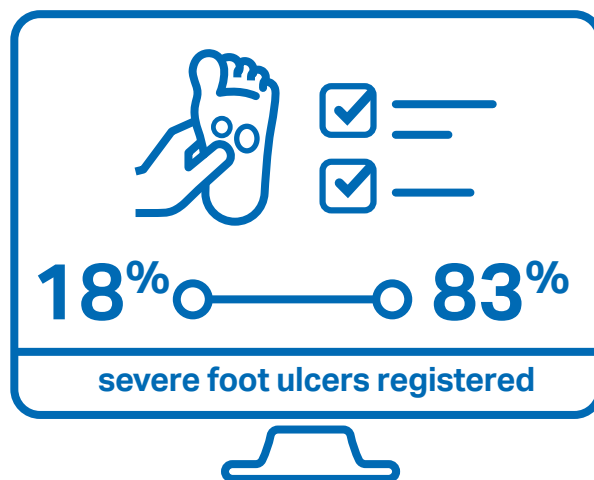


Registration rates

Whilst some areas are gathering information on nearly all new foot ulcers, **many others are not.**



The percentage of **severe ulcers registered at provider level** ranged from **18%** to **83%** in 2022-2023.



Recommendation

ICBs and Welsh LHBs should review their provider organisations, using the NDFA dashboard including the number of ulcer registrations, time to FEA, ulcer severity at FEA and 12 week outcomes to improve referral rates.



[Visit the full report](#)