

Report on the National Diabetes Audit (NDA)

Clinical Networks Workstream

To increase improvement from the National Diabetes Audit, the NDA Executive Team proposed a new workstream to enhance how clinical networks use NDA data. The proposal was to identify two clinical networks covering two different geographical regions and promote the use of audit data and outputs to them by:

- Collating information on audit data and outputs currently in use
- Identifying how audit data and outputs could be used to support performance
- Increase use of audit data and outputs within the 2 clinical networks identified
- Submit to NHS Digital a report outlining the results of the activities undertaken, including recommendations for activities that can be replicated in other networks

The work engaged three networks working at different geographical locations and different levels:

- Yorkshire and Humber Diabetes Clinical Network
- Northern Diabetes Footcare Network
- Newcross Primary Care Network – Later withdrew due to participation in a parallel NDA QIC

The networks described their current uses of data:

- To identify high and low performers
- To analyse data for variation / inequalities / service differences to deliver improvements
- To inform pathway development
- For quality assurance by liaising with Integrated Care Systems and regional groups to flag risks

They described the data was used:

- At CCG and ICS level
- At Trust level
- By other networks (e.g maternity)
- In sub-diabetes network level (e.g. diabetes footcare)

Work to identify how audit data and outputs could be used to support performance identified:

1. The opportunity to increase awareness of the various NDA outputs
2. Themed potential enhancements (Figure 1), relating to how the data is provided, how the networks 'process' the data and how the networks support improvement, both as a deliverer of feedback to others and as a body which leads regional improvement activity

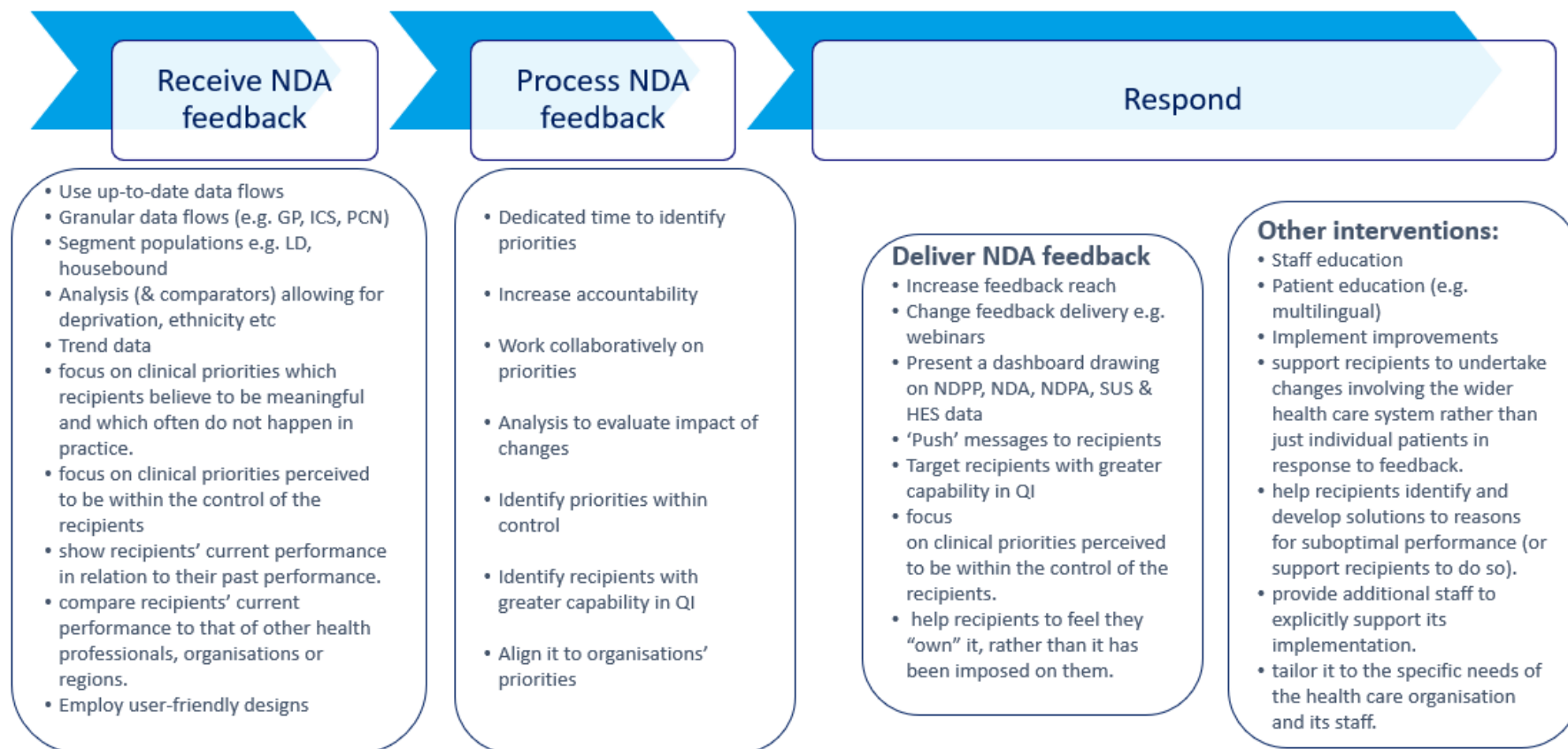


Figure 1: Potential enhancements to the delivery, processing and response to NDA data

After the initial scoping workshop, we held further workshops that sought to:

- A. Increase the network leads' knowledge of the NDA products – through a presentation and discussion led by Dr Bob Young, NDA Clinical Lead
- B. Learn about their requirements – through a discussion with the NHS Digital lead
- C. Explore how networks processed NDA data. This work identified differences in the extent to which the networks undertook a systematic review of the data. In one network, NDA data was used alongside interviews with staff as part of a gap analysis of structures, processes and outcomes

Potential enhancements to the NDA:

To provide regional workshops that describe the range of NDA products

To provide training to clinical support units about the data available within the NDA to enable it to be incorporated into local dashboards and governance reports.

To find ways to extend how the NDA gets feedback

To share best practice in how networks process NDA data

The networks discussed how they explored influences upon performance. Two approaches were described:

- i. A table-top discussion about influences
- ii. Site visits

The networks described that site visits could involve:

- Identifying groups of similar teams into 'peer groups' and encouraging collaboration, or
- More targeted work identifying high performers and the network lead being involved in collating pre-, during- and post-visit work for those undertaking the visit

The networks felt that the site visit approach led to the implementation of improvements more than providing a document summarising 'what high performers do' as it involved emotional buy-in and the sense of discovery. They also said that it led to two-way learning where high-performers learned from the visiting site. The selection of pairs was identified as an important consideration, for example, to prevent the potential for competition between neighbouring organisations inhibiting learning.

Potential enhancements to the NDA:

To identify high-performers willing to be visited, to capture post-visit learning and consider intra- and inter-network learning from the work. There may be a role for the *NHS Right Care* report in the sharing of learning.

To support NDA feedback recipients to consider the sources of information that inform the tabletop discussions.

To seek information about influences upon performance that could be collated nationally and shared to support local tabletop discussions. This might be identified through literature review or qualitative methods.

To provide a rich description of the improvement actions taken by teams, and where agreed, contact details and/or focussed webinars describing effective improvement strategies.

In terms of potential enhancements, it was noted that different audiences were interested in different priorities. One proposal was for those areas identified as priorities for improvement by the NDA, to provide information about:

- i. The financial benefits from improving care (e.g. from fewer admissions or complications)
- ii. The patient outcomes associated with improved care process performance

Potential enhancements to the NDA:

To provide information that enables local NDA recipients to present the findings in ways most likely to gain commitment for change from local stakeholders (e.g. the patient outcome benefits from improved processes; the service cost savings from improvement; the impact upon national priorities, such as addressing inequalities)

The next steps

As a result of the work undertaken with the networks, events that draw upon the above ideas are planned. The workshops are being co-designed with the two networks that were part of this workstream, and we hope to be able to present lessons from this work.

To discuss this report with the advisory groups for the National Diabetes Audit.

Michael Sykes, NDA Quality Improvement Lead, 28th Sept 2022