

1. The CCG Improvement and Assessment Framework (CCG IAF) provides information to health care organisations, professionals and patients about how their local NHS services are performing and is used by national teams to drive organisational improvement through focused support.
2. The diabetes panel brings together people with diabetes and a wide range of professionals involved in primary, community and specialist care from different disciplines, including commissioning. It advises on the assessment methodology and provides guidance on communication to CCGs and the public. The panel does not inspect CCGs or moderate any individual ratings.
3. The 2016/17 assessment shows a considerable improvement in the number of CCGs being rated as outstanding and good. This is largely due to increased participation in the National Diabetes Audit (NDA). For the 2016/17 assessment<sup>1</sup> no CCGs were rated as inadequate due to low participation rates, whereas for the 2015/16 assessment<sup>2</sup> 38 were. This is an important step as good comparative data is an important basis for quality improvement and means that there is a clear baseline for future years.
4. Where year on year comparison is valid, the national data suggest that, across the two diabetes indicators in the CCG IAF, performance is steady. To support CCG improvements, in the 2017/18 financial year a large number of areas received transformation funding for four priorities, including the two measures in the IAF i.e. the proportion of people newly diagnosed with diabetes receiving structured education and the proportion of all people with diabetes meeting all three NICE treatment targets for good management of diabetes.
5. Areas can also use resources brought together on a dedicated page for the CCG IAF at: <https://www.diabetes.org.uk/professionals/resources/support-ccg-improvement-assessment-framework>. This includes ways to both improve underlying performance as well as data recording of structured education attendance.
6. Additionally, the NHS England diabetes programme is funding regional diabetes network leads who are particularly focussed on helping those areas that most need to improve in the CCG IAF and have not received transformation funding.

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<sup>1</sup> Using the latest available data at the time of the assessment from the **2016/17** National Diabetes Audit; with a participation rate of **95%**

<sup>2</sup> Using the latest available data at the time of the assessment from the **2014/15** National Diabetes Audit; with a participation rate of **55%**

7. To better reflect the quality of local diabetes services in future years, the panel consider it may be helpful for CCGs also to take into account diabetes data from other recognised sources in order to help understand the wider context of their local positions in relation to the following:
- Attendance at structured education in the prevalent diabetes population (%) (source: NDA)
  - Achievement of the 3 NICE recommended treatment targets in patients with type 1 diabetes (source: NDA)
  - Indirectly standardised 3-year rate of amputations in patients with diabetes (source: Public Health England)
  - Directly standardised rate of bed-days for patients with diabetes admitted to hospital (source: Hospital Episode Statistics and NDA)
  - Multidisciplinary foot care team coverage across a CCG's commissioning footprint and Diabetes inpatient specialist nursing service coverage across a CCG's commissioning footprint (source: NDA – National Diabetes Footcare Audit/National Diabetes Inpatient Audit)
  - Achievement of NICE recommended treatment targets in children (source National Paediatric Diabetes Audit)
8. On behalf of the Panel, I would like to take this opportunity to thank you for your continued efforts to improve diabetes services.

A handwritten signature in black ink, appearing to read 'Chris Askew', with a long horizontal line extending to the right.

**Chris Askew**

**Diabetes Independent Clinical Panel Chair**