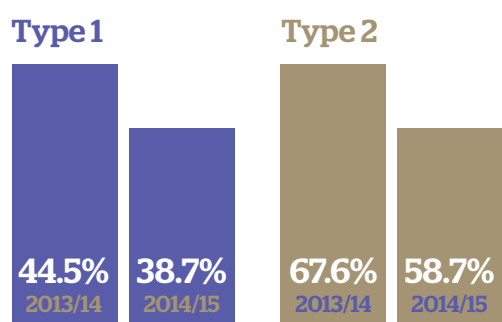


CCG Improvement and Assessment Framework

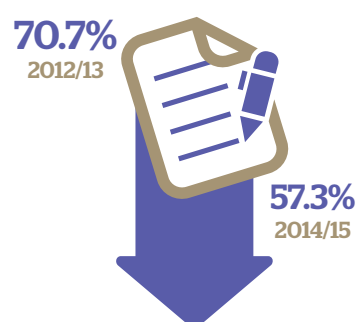
The Mandate to NHS England 2016-17 confirmed the development of a CCG Improvement and Assessment Framework. The Framework will provide CCGs with an aggregated Ofsted-style assessment of performance, including in diabetes care.

Diabetes Think Tank members welcomed the inclusion of indicators focused on the three treatment targets – HbA1c, LDL-C and blood pressure – and on structured education within the Framework. However members also identified a number of opportunities where the indicators could be strengthened, to ensure that the data collection is as robust and comprehensive as possible. This is particularly pertinent given the results from the latest National Diabetes Audit (NDA), which show:¹

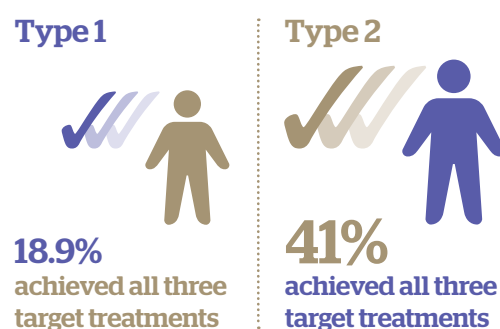
Declining proportions of people receiving all 8 NICE-recommended care processes:



Participation in the NDA has dropped dramatically:



A **persistent gap between outcomes** for people with Type 1 and Type 2 diabetes:



Unacceptable variations in diabetes outcomes. People aged under 40 are less likely to receive their care processes and those under 65 are less likely to achieve their treatment targets



The Think Tank made the following recommendations for the Department of Health and NHS England to consider in the development of the CCG Improvement and Assessment Framework:

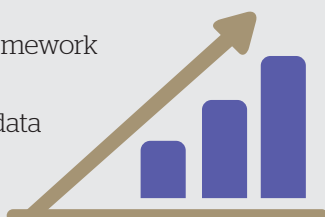
Positive support not punitive consequences for low diabetes ratings

Support for CCGs should focus on encouraging collaboration between local services to facilitate the spread of best practice



Drive improvement against the Framework's indicators through:

- Setting a target to deliver percentage improvements year-on-year
- Setting a target within the Framework to reduce variation
- Publishing the Framework's data on a quarterly basis



Strengthen the indicator for structured education

The indicator should capture referrals and attendance



Increase participation in the NDA

Participation should be on an 'opt-out' basis



Indicators should make clear distinctions between Type 1 and Type 2 diabetes

to drive greater parity between the outcomes achieved for the two conditions

