
**Key Findings**

**Achievement of the Treatment Targets (HbA1c, Blood Pressure, Cholesterol)**

- Greater than 7 per cent improvements in HbA1c for Type 1 diabetes and blood pressure for Type 2 diabetes over the 6 year period 2012-13 to 2017-18.
- People of working age and younger are almost half as likely to achieve treatment targets as their older counterparts.

**Annual Care Processes**

- Urine albumin care process checks are completed less frequently. The lower levels of BMI recording that started in 2013-14 are unaltered.
- Most other care processes remain well completed, though less frequently in Type 1 patients overall and in younger people with any type of diabetes.

**Variation**

- All measurements showed marked geographical and between service variation.

**Structured Education**

- Offers for structured education continue to improve but this is not yet matched by records of attendance.

**Learning Disability**

- People with a learning disability who have Type 1 diabetes are more likely to receive their annual checks whilst those with Type 2 and other diabetes are less likely to receive them.

**Severe Mental Illness (SMI)**

- People with Type 2 diabetes and SMI are less likely to receive their annual checks compared to their peers, especially for urine albumin and foot risk.

**Recommendations**

A collaborative approach is needed by GP services, CCGs/LHBs, structured education providers and specialist diabetes services to improve outcomes for people with diabetes:

- Develop and implement systems for GP practices that clarify who has attended patient education courses.
- People with diabetes should review their results for their practice, specialist service, CCG/LHB and where results are clearly worse than average.
- SMI care providers should be aware of the higher risks of Type 2 diabetes at younger age onset and in females.
- Seek new approaches to improving management for those overall doing worst.
- Type 2 diabetes care providers should work with people who have SMI to increase care process completion.
- Support people with a learning disability and Type 2 diabetes complete all their annual checks.
- Reduce variation. Every service and locality has results that are significantly poorer than their peers.
- Select priorities (e.g. bottom quartile results) for improvement; draw up and implement changes.