National Diabetes Inpatient Audit 2018
England and Wales
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The National Diabetes Inpatient Audit (NaDIA) measures the quality of diabetes care provided to people with diabetes while they are admitted to hospital whatever the cause, and aims to support quality improvement. In September 2018 NaDIA undertook a snapshot audit of hospital characteristics in England and Wales. The collection of NaDIA-Harms began in England in 2018, a new continuous collection of serious inpatient harms that only affect people with diabetes.

Key messages

Hospital characteristics

Participation

All NaDIA sites should participate in the NaDIA Hospital Characteristics collection, which provides unique insights into inpatient care for people with diabetes. Over 20 NaDIA sites did not participate in 2018.

Transformation funding

More than 90 per cent of organisations that have received transformation funding have used (or plan to use) the funding to recruit new staff.

Staffing levels

There have been substantial increases in inpatient staffing levels for almost all diabetes professionals since 2017. Diabetes inpatient specialist nurses (DISNs) (19 per cent higher*), diabetes consultants (+14 per cent), podiatrists (+47 per cent) and dietitians (+87 per cent).

* Hours of care per inpatient.

Nonetheless, it is concerning that one fifth (22 per cent) of NaDIA sites still have no DISNs. Access to diabetes specialist pharmacists continues to be low, averaging 3 minutes of input per inpatient per week.

Although usage of electronic prescribing and Electronic Patient Records continues to increase, new take-up of health technologies is slow. For example, almost two-thirds (65 per cent) of NaDIA sites still do not fully utilise electronic prescribing technology.

Key messages

NaDIA-Harms

Collection started on 1 May 2018:

“NHS trusts should contribute comprehensively to the NaDIA-Harms audit.”

NaDIA team (2019)

The full 2018 NaDIA-Harms participation report can be found here:


Recommendations

Staffing levels

The top priority should be to achieve diabetes inpatient specialist nurse (DISN) and Multi-disciplinary Foot Care Team (MDFT) provision in every acute hospital.

Pharmacy teams should work with diabetes teams to support safe insulin use.

All hospitals should have a fully staffed diabetes inpatient team, including: diabetes consultant, DISNs, diabetes specialist podiatrist, pharmacist and dietitian. Making Hospitals Safe for People with Diabetes (2018)

Health technology

Hospitals without Electronic Patient Records, electronic prescribing, remote blood glucose monitoring and junior doctor/nurse training programmes should plan to implement all of these initiatives as soon as possible.

“The NHS cannot fully embrace the opportunity offered by new technologies if many hospitals and services remain largely paper-based.”

NHS Long Term Plan (2019)