Indicator 13.15 – The percentage of the population on a practice register with diabetes

Rationale
Diabetes is a serious disease with serious consequences. It is the 5th leading cause of death globally and accounts for about 10% of NHS costs. The burden falls disproportionately on elderly and ethnic populations. We use the indicator in this context as a proxy for healthcare need and demand (a high prevalence of diabetes can indicate a less healthy population with higher service utilisation). Diabetes can cause blindness, amputation, neuropathy, renal disease, heart disease and other complications. It is both treatable and preventable. Important modifiable risk factors are obesity, diet and lack of physical activity.

Numerator Definition
Patients registered with GP practices aged 17 and over who are on the GP’s diabetes register (QOF DM1).

Source of Numerator
The source data is published by the Information Centre for Health and Social Care at a PCT and practice level. The figures at a Local Authority level are calculated by Public Health England (PHE) for the Health Profiles.

Denominator Definition
ONS mid-year population estimates for Local Authorities. The resident population was used rather than an apportioned registered population to avoid list inflation in registered populations. It was assumed the problems of list counting and inflation did not apply to the numerator.

Source of Denominator
Office for National Statistics (ONS)

Geography
England, Local Authority, County Districts, Metropolitan County Districts, Unitary Authorities, and London Boroughs.
Other Dimensions of Inequality

None

Timeliness

The source data is extracted from the QMAS system annually in June and published in September/October each year. However the LA figures, as calculated for the Health Profiles, are not produced annually.

Accuracy and Completeness

The data cover more than 99% of GP registered patients in England. Users of data derived from QMAS should recognise that QMAS was established as a mechanism to support the calculation of practice QOF payments and not as a person based epidemiological tool. It is not a comprehensive source of data on quality of care in general practice, but it is potentially a rich and valuable source of such information, providing that the limitations of the data are acknowledged.

Disclosure Control

Not Applicable.

Further Information

Diabetes National Service Framework.

Health and Social Care Information Centre

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