The National Diabetes Audit (NDA) is delivered by NHS Digital (formerly HSCIC) and measures the effectiveness of diabetes healthcare in England and Wales against NICE Clinical Guidelines and NICE Quality Standards. The audit combines data from both Primary and Secondary care.

- The NDA gathers and analyses data from individual GP practices that agree to participate, and feeds the results back to practices in a single report. This allows for benchmarking against peers.
- In 2015 the Clinical Innovations and Research Centre of the RCGP was commissioned by NHS Digital to deliver a quality improvement programme for diabetes in primary care to encourage the use of the NDA to drive improvements at a practice level.
- The CIRC programme was to use a 'Train-the-trainers' model with structured mentorship using QI methodology as described in the 2015 RCGP publication Quality Improvement for General Practice (CIRC, 2015).

**The CIRC Programme - Method**

**Examples of QI Tools used by practices to improve diabetes care**

Process mapping was used to identify problems with the patient pathway from new diagnosis to annual review:

Run charts were used to measure variable data to assess for improvement:

Other QI tools used by practices engaged in the programme included audit, driver diagrams, care bundles, PDSA cycles, Visual displays and Significant Event Analysis.

**Evaluation**

Our aim was to recruit 24 practices to participate and this was achieved. 18 practices remained engaged until the end of the project. In the majority of cases the timescale was too short for their improvements to have a measurable impact on NDA patient outcomes and processes, though a few practices did achieve measurable improvements.

The evaluation revealed some of the key drivers and constraints to effective improvement.

### CONTEXTUAL FACTORS

**DRIVER**
- Already engaged in QI
- Supportive team environment
- Motivated in roles
- Knowledge and awareness of QI
- Time available for QI
- Participation in QI
- National targets and frameworks

**CONSTRAINT**
- Leadership or staff changes
- High workload
- Resistance from leadership
- Lack of time
- Workload from secondary care
- QI regulation
- National targets / frameworks

### PROCESS FACTORS

**DRIVER**
- Clear leadership and Practice manager actively involved
- Team working together (MKT)
- Protected time
- Financial incentives
- Prerequisites (e.g. PRIME)
- Potential process once initial work done
- General support
- Clear timeline from outset and careful planning
- Tools and proper analysis

**CONSTRAINT**
- Too much to do at one time
- Difficulty translating ideas from NDA to practices
- Disease complexity
- Not listening to the intervention / process
-IDDLETON: 'top down' approach
- Cost or lack of funding
- Changes to processes

### IMPACT

**POSITIVE**
- Improved awareness of diabetes care among practice staff
- Improved confidence with quality improvement methodology
- Additional time needed for QI activities

**NEGATIVE**
- More problems than expected from QI activities
- Possible increased workload for other services

This learning will be used to further develop the RCGP QI Guide for General Practice and help to steer the development of other CIRC Quality Improvement Programmes.

See http://www.rcgp.org.uk/qi for further details or contact QualityImprovement@rcgp.org.uk

Authors: Bill Taylor, Joanna Bircher, Chris Wilson & Stuart Barr

With thanks to all of the CCG/LHB clinical leads and GP Practice teams who participated in the project.