



Public Health  
England

Protecting and improving the nation's health

# NCVIN tools and resources diabetes



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## Diabetes resources

**Diabetes prevalence  
estimates**

**Analysis of the NHS  
Diabetes Prevention  
Programme**

**Diabetes Foot care  
activity profiles**

Non-diabetic hyperglycaemia  
prevalence estimates

Diabetes outcomes  
versus expenditure tool

**Diabetes fingertips profile**

**Summary profiles of Cardiovascular disease**

(coronary heart disease, chronic kidney disease, **diabetes** and stroke)

# Diabetes

## Diabetes footcare profile by area

Search by postcode, town or CCG

List areas by region

SELECT A REGION ▼

## Introduction

Welcome to PHE's diabetes profile. This profile brings together a wide range of local, regional and national information related to both type 1 and type 2 diabetes and makes it accessible in one place.

The indicators and reports, available through this profile, can be used for a number of purposes including:

- Local needs assessment
- Informing commissioning decisions
- Supporting service improvements
- Programme evaluation

The data used for the indicators comes from different sources, including: routine primary care data, national survey data, national clinical audit data and hospital records.

The indicators provide information on the distribution and determinants of diabetes, measures of patient treatment and care and diabetes-related complications.

**START**  
Go to the data

## Recent updates

NCVMN [CVD Profiles](#), have been made available via the new reports tab on this site.

## National Diabetes Audit data

[The National Diabetes Audit \(NDA\)](#) is a major national clinical audit, which measures the effectiveness of diabetes healthcare against NICE Clinical Guidelines and NICE Quality Standards, in England and Wales. This site includes indicators from the National Diabetes Audit, to allow comparative analysis across both GP practices and CCGs in England in diabetes care, treatment and outcomes. This data is available by clicking the 'Start' button on the top right of this page.

## Other diabetes data, tools and publications

Please find the links below to other useful diabetes data, tools and publications:

- [Progress of the Healthier You: NHS Diabetes Prevention Programme: referrals, uptake and participant characteristics](#)
- [Using data to tackle the burden of amputation in diabetes](#)
- [Diabetes prevalence estimates for local populations](#)
- [Improving Diabetic Foot Care: A Guide for Commissioners](#)
- [Analysis of non-diabetic hyperglycaemia prevalence in England](#)
- [Diabetes outcomes versus expenditure \(DOVE\) in local population](#)
- [Diabetic eye screening data](#)
- [CVD Profiles: Diabetes Profile](#)

[https://fingertips.phe.org.uk/  
profile/diabetes-ft](https://fingertips.phe.org.uk/profile/diabetes-ft)



# Diabetes

Indicator keywords

Prevalence and risk **Care processes** Structured education Treatment targets Complications Foot care activity

Overview Map Trends Compare areas Area profiles Reports Definitions Download

Area type CCGs (pre 4/2017) Areas grouped by Sub-region Benchmark England

Area NHS Wyre Forest CCG Sub-region West Midlands

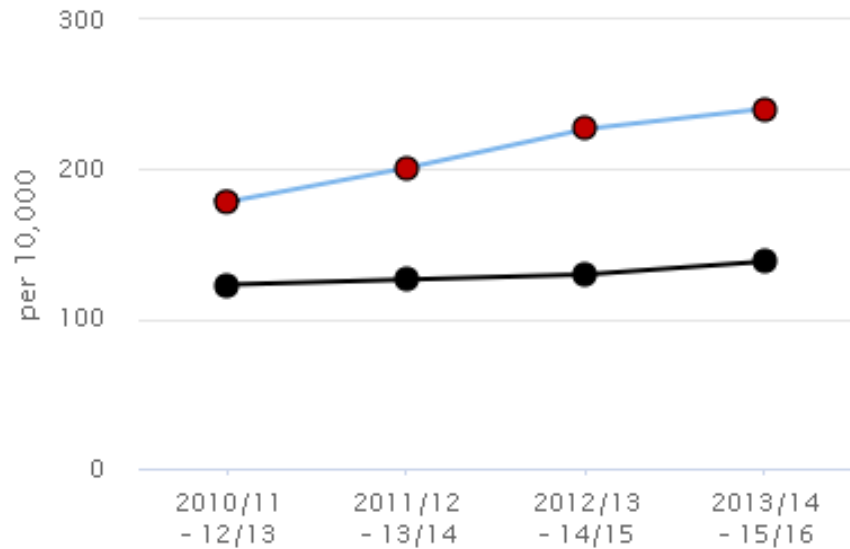
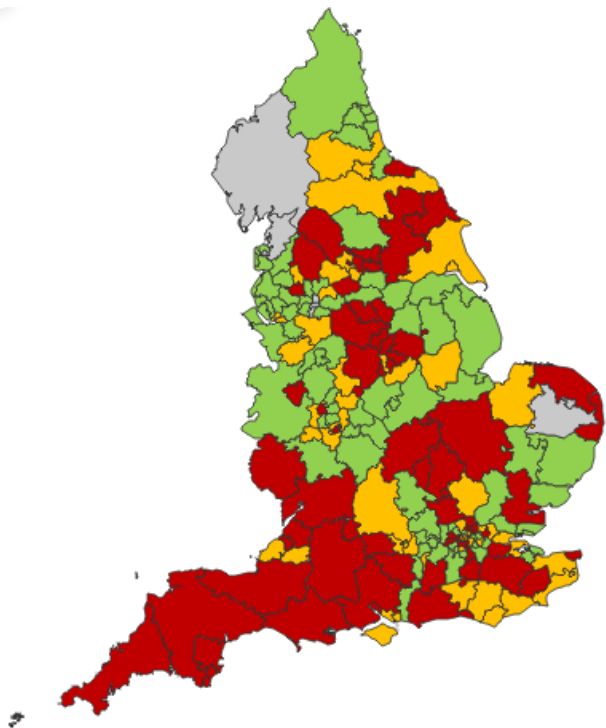
[Search for an area](#) [10 most similar CCGs to Wyre Forest](#)

\* a note is attached to the value, hover over to see more details

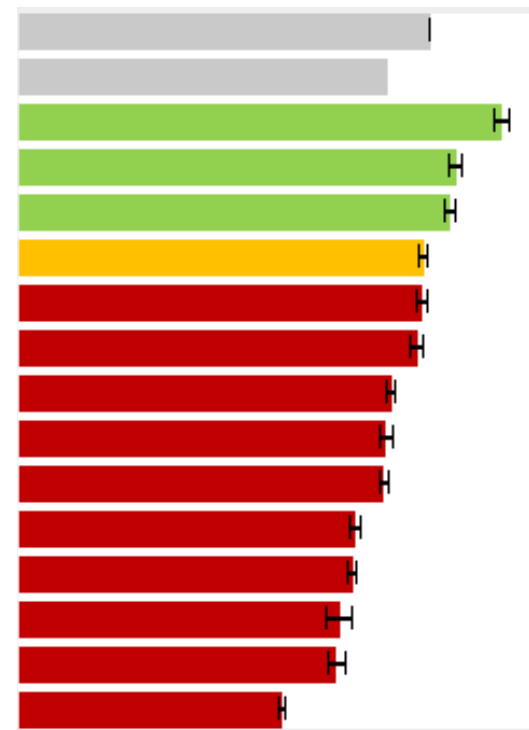
Compared with benchmark Better Similar Worse Lower Similar Higher Low High Not compared

Data quality: Significant concerns Some concerns Robust

Indicator	Period	England	West Midlands NHS region	NHS Birmingham Crosscity CCG	NHS Birmingham South And Central...	NHS Coventry And Rugby CCG	NHS Dudley CCG	NHS Herefordshire CCG	NHS Redditch And Bromsgrove CCG	NHS Sandwell And West Birmingham...	NHS Solihull CCG	NHS South Warwickshire CCG	NHS South Worcestershire CCG	NHS Walsall CCG	NHS Warwickshire North CCG	NHS Wolverhampton CCG	NHS Wyre Forest CCG
Level of participation in the National Diabetes Audit	2016/17	95.0	93.5*	84.2	98.4	98.6	97.8	100.0	100.0	98.9	88.0	100.0	100.0	96.6	33.3	100.0	100.0
People with type 1 diabetes who received all 8 care processes	2016/17	34.4*	32.4*	29.3*	30.0*	32.7*	36.4*	36.9*	33.3*	24.7*	20.1*	36.8*	39.1*	37.3*	23.3*	37.1*	33.9*
People with type 2 diabetes who received all 8 care processes	2016/17	47.7*	47.7*	47.6*	36.7*	37.0*	64.4*	58.6*	54.5*	38.8*	42.7*	51.7*	61.6*	60.2*	31.4*	44.0*	50.9*
People with type 1 diabetes who received a blood test	2016/17	84.9*	83.1*	82.7*	85.0*	85.4*	76.6*	86.6*	87.0*	77.0*	80.5*	87.3*	87.7*	83.1*	72.1*	84.8*	83.5*



Indicator	England	
	Range	Value
Major diabetic lower-limb amputation procedures	[Range bar]	Yellow circle
Minor diabetic lower-limb amputation procedures	[Range bar]	Yellow circle
Hospital spells for diabetic foot disease	[Range bar]	Red circle
Median length of hospital stay for diabetic foot disease	[Range bar]	Light blue circle
Adjusted length of hospital stay for diabetic foot disease	[Range bar]	Light blue circle
People with type 1 diabetes who have received an annual foot check	[Range bar]	Yellow circle
People with type 2 diabetes who have received an annual foot check	[Range bar]	Light green circle





Technical document for diabetes prevalence model for England 2016

Table 2. Multivariate model output

Variable	Coefficient	P value	Odds ratio	95% CI lower	95% CI higher
Age group (16-24)			1.0		
Age group (25-34)	.411	.081	1.509	0.634	3.590
Age group (35-44)	1.508	<0.0001	4.516	2.080	9.801
Age group (45-54)	2.605	<0.0001	13.551	6.452	28.464
Age group (55-64)	3.039	<0.0001	20.887	10.021	43.536
Age group (65-74)	3.428	<0.0001	30.818	14.706	64.582
Age group (75+)	3.901	<0.0001	49.457	23.519	104.039
Sex (Male)	-0.385	<0.0001	0.680	0.611	0.757
Ethnic group: White, Mixed, Other	1.358	<0.0001	3.891	2.111	7.170
Ethnic group: South Asian & black	-1.358	<0.0001	0.257	0.141	0.467
Constant	-4.907	<0.0001	0.007	0.002	0.024

Accounting for deprivation

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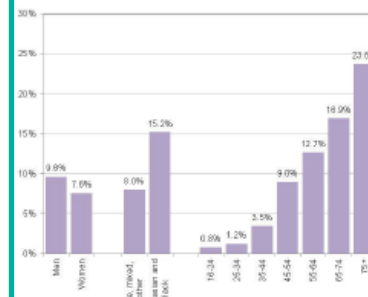
### Diabetes Prevalence Model

Diabetes prevalence model

There is a clear association between increasing age and higher diabetes prevalence, from 9.0% aged 45 to 64 to 23.8% aged 75 years and over. It is estimated that approximately 2% of adults aged 16 to 44 have diabetes. This equates to 400,000 people of this age group with diabetes – 10% of total diabetes cases.

At CCG level, diabetes prevalence ranges from 5.6% to 11.5% (1.7-fold variation). CCGs with the highest estimated diabetes prevalence have high proportions of South Asian and black ethnic groups and high levels of deprivation. In addition, CCGs which have high estimated prevalence also have higher levels of deprivation and/or high proportions of elderly people. CCGs with the lowest estimated diabetes prevalence have high proportions of younger age groups and lower levels of deprivation.

Summary of expected diabetes prevalence (diagnosed and undiagnosed) for 2016 by age group, sex and ethnicity



Comparison with the Quality and Outcomes Framework

Comparisons between estimates of diabetes for 2015 and the 2014/15 Quality and Outcomes framework (QOF) suggest that 76% of adults who have diabetes are included on GP registers. It's estimated that there are around 940,000 adults with diabetes who have not been diagnosed or registered. Note comparisons with QOF are

The diabetes prevalence model provides estimates of total (diagnosed and undiagnosed) diabetes prevalence for people aged 16 years and older in England.

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### Technical document for the diabetes prevalence model for England 2016

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### National Cardiovascular Intelligence Network

#### Prevalence estimates of diabetes

<b>Published</b>	2016
<b>Produced by</b>	Public Health England
<b>Geography</b>	Local authority and whole of England
<b>Age</b>	16 years and over
<b>Sex</b>	Total
<b>Data source</b>	Health Survey for England 2012, 2013 and 2014 2014-based Subnational Population Projections, mid-2012 to mid-2037, Population Projections Unit, ONS. Crown copyright 2014. Hospital Episode Statistics (HES), 2010/11 - 2013/14, Copyright © 2016, Re-used with the permission of NHS Digital. NHS Digital is the trading name of the Health and Social Care Information Centre. All rights reserved. English indices of deprivation 2015, Department for local communities and local government



Non-diabetic hyperglycaemia

Table 4. Characteristics of people with non-diabetic hyperglycaemia and diabetes (diagnosed and undiagnosed)

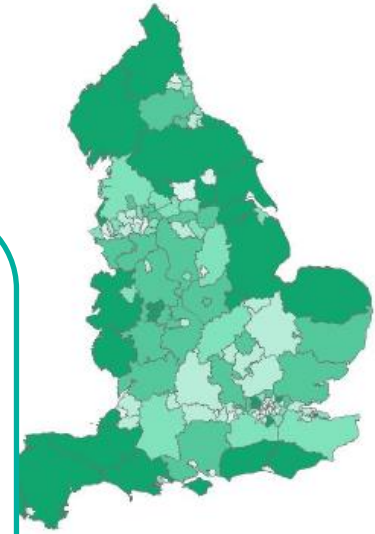
	Sex	Non-diabetic hyperglycaemia				Diabetes (diagnosed and undiagnosed)			
		Prevalence	95% confidence interval		Chi-square p-value	Prevalence	95% confidence interval		Chi-square p-value
	Male	10.5%	9.8%	11.2%	0.259	8.7%	8.1%	9.3%	0.000
	Female	10.8%	10.2%	11.5%		6.5%	6.0%	6.9%	
	16 to 39	2.6%	2.2%	3.1%	0.000	1.4%	1.1%	1.7%	0.000
	40 to 49	7.6%	7.0%	8.7%		4.6%	3.9%	5.3%	
	50 to 59	14.4%	13.2%	15.6%		10.0%	9.0%	11.1%	
	60 to 69	18.4%	17.1%	19.7%		13.7%	12.6%	14.9%	
	70 to 79	23.2%	21.4%	25.0%		20.3%	18.6%	22.0%	
	Ethnic group								

Non-diabetic hyperglycaemia

Map 1. Estimates of non-diabetic hyperglycaemia by local authority (upper tier) in 2015

**Legend**  
Local Authority (Upper Tier)  
Prevalence

- 0.085 - 0.104
- 0.104 - 0.112
- 0.112 - 0.117
- 0.117 - 0.121
- 0.121 - 0.140



Survey Data (c) Crown copyright and database right 2015

Prevalence estimates of non-diabetic hyperglycaemia for people aged 16 years and older in England.



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NHS Diabetes Prevention Programme (NHS DPP) Non-diabetic hyperglycaemia

Produced by: National Cardiovascular Intelligence Network (NCVIN)

Date: August 2015



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National Cardiovascular Intelligence Network

Prevalence estimates of non-diabetic hyperglycaemia

<b>Published</b>	March 2016
<b>Produced by</b>	Public Health England
<b>Geography</b>	Clinical commissioning group (CCG) and whole of England
<b>Age</b>	16 years and over
<b>Sex</b>	Total
<b>Data source</b>	Health Survey for England 2009, 2010, 2011, 2012 and 2013 2012-based Subnational Population Projections. Clinical commissioning groups in England, mid-2012 to mid-2037, Population Projections Unit, ONS. Crown copyright 2014 Number of patients registered at a GP practice – April 2015 The Health and Social Care Information Centre Hospital Episode Statistics (HES), 2011/12 - 2013/14, Copyright © 2015, Re-used with the permission of The Health and Social Care Information Centre. All rights reserved Active people survey, Sport England, 2012



# Prevalence of diabetes and non-diabetic hyperglycaemia

- 3.1 million (6.7%) adults diagnosed with diabetes and included on GP registers in 2016/17

## *Quality and Outcomes Framework 2016/17*

- 4.0 million (8.5%) adults estimated to have diabetes (diagnosed and undiagnosed)
- 900,000 people with diabetes that are undiagnosed

## *NCVIN diabetes prevalence model 2017*

- 5.0 million (11.4%) adults estimated to be at high risk of developing type 2 diabetes – i.e. non-diabetic hyperglycaemia,

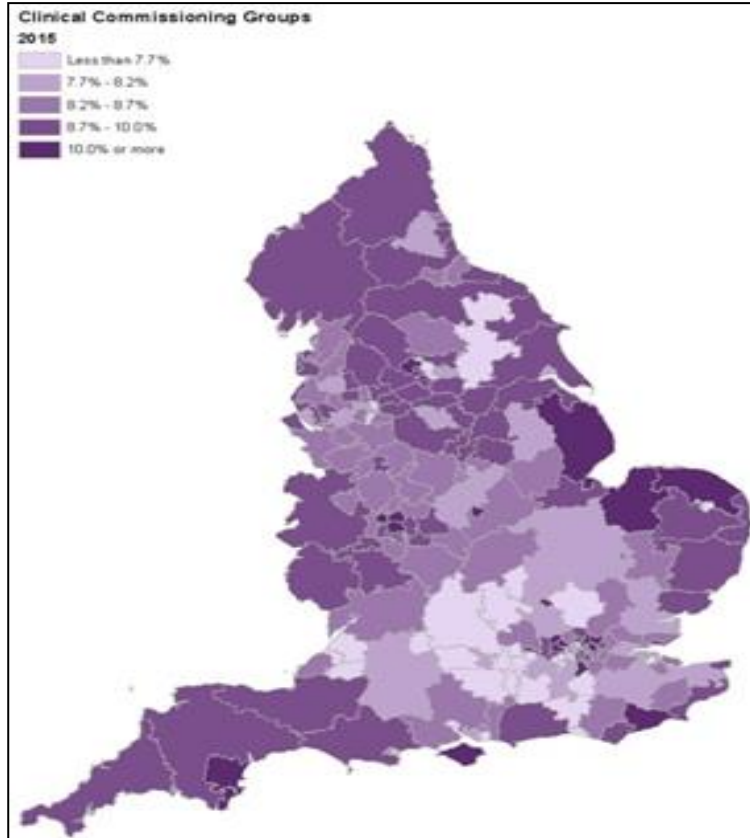
## *NCVIN non-diabetic hyperglycaemia prevalence model 2015*



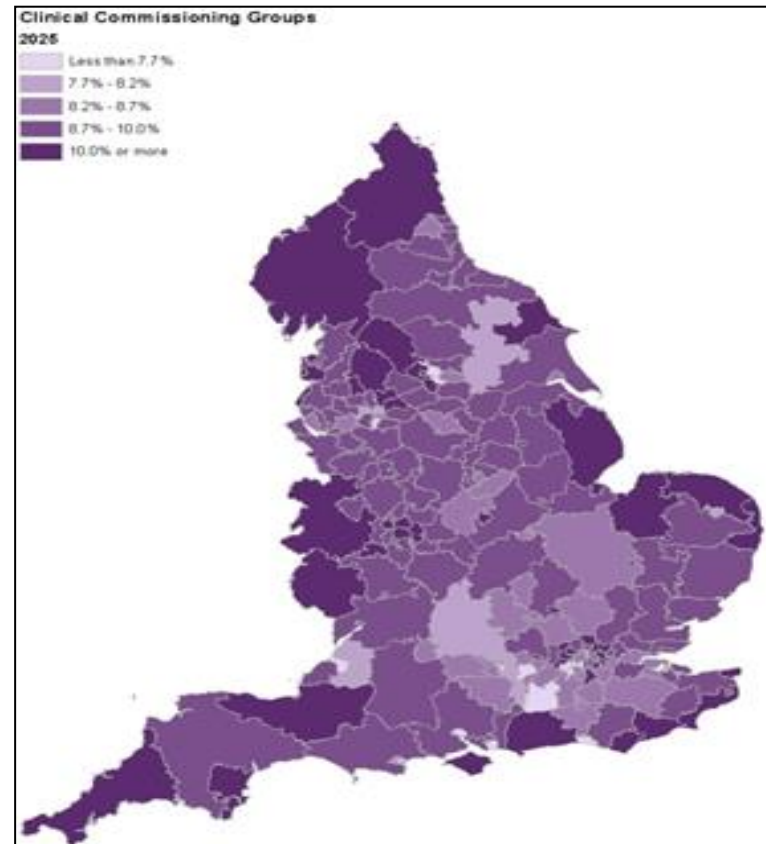


# Diabetes prevalence projections

Diabetes prevalence 2015



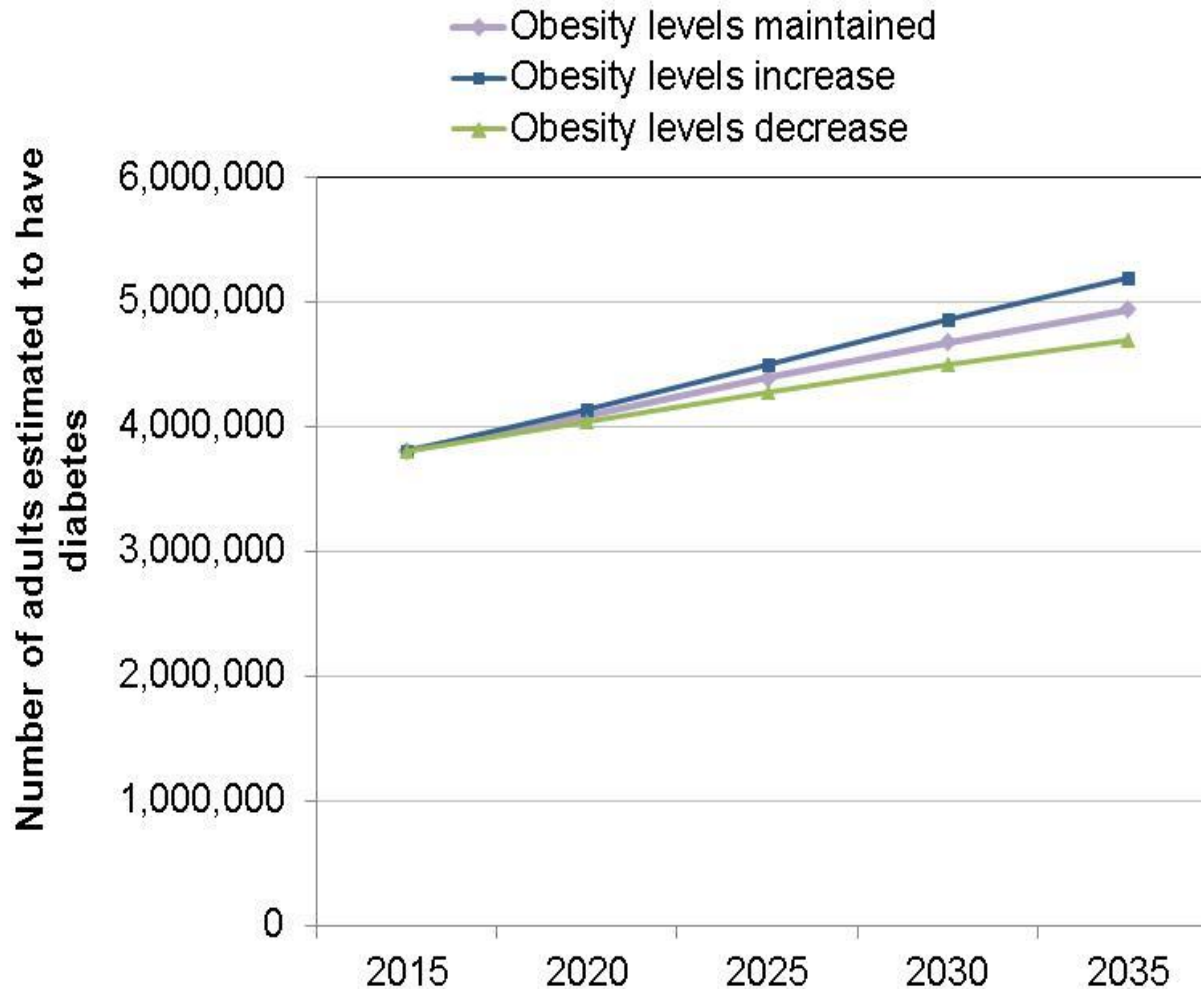
Diabetes prevalence 2025



- If current trends continue then we estimate that by 2025 there will be over 4.3 million (9.2%) people with diabetes



# Estimating the impact of different levels of obesity on diabetes prevalence



- If obesity levels were to continue to rise, it is estimated there would be an additional **263,200** people with diabetes by 2035.
- If obesity levels were to decline, it is estimated there would be **240,550** fewer people with diabetes



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# NHS Diabetes Prevention Programme (NHS DPP)

Key findings from the **First progress report of the Healthier You: NHS Diabetes Prevention Programme for 2016/17** published in Diabetic Medicine December 2017

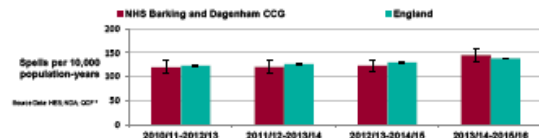
- 43,603 referrals were made into the programme, exceeding targets by 16%
- 49% have attended Initial Assessment, higher than the 40% modelled uptake
- A quarter of participants were from black, Asian and minority ethnic groups, 44% were male, and a higher proportion of participants came from the most deprived group of people in England compared to the least deprived.



### NHS Barking and Dagenham CCG

#### Hospital spells for diabetic foot disease

The information below relates to hospital spells for diabetic foot disease - full details of the criteria used for defining diabetic foot disease can be found in the accompanying technical document. 271 patients from NHS Barking and Dagenham CCG had 482 inpatient spells for diabetic foot disease during 2013/14 to 2015/16. This is equivalent to 144.8 spells for every 10,000 population-years, compared to an England rate of 138.2 inpatient spells per 10,000 population-years. Of the 271 patients, 37% had more than one spell over the three years. Previously, in 2010/11 to 2012/13, the rate of inpatient spells for diabetic foot disease in NHS Barking and Dagenham CCG was 119.7 per 10,000 population-years. This indicates a significant increase in the rate of inpatient spells for diabetic foot disease between the periods assessed. In England, there has been a significant increase in the rate of spells during the periods.



#### Ulcers

Of the 482 identified diabetic foot disease spells 275 (57.1%) had an ulcer (pressure or non-pressure) coded as an underlying diagnosis on the hospital record. This compares to an England proportion of 56.5%.

#### Total Length of Stay

During the period 2013/14 to 2015/16, patients from NHS Barking and Dagenham CCG spent a total of 5,326 days in hospital for diabetic foot disease.

#### Median Length of Stay

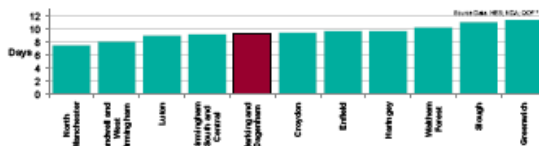
The median length of stay indicator is based on all available data and provides an average measure of how long patients spent in hospital over the period. The median length of stay for diabetic foot disease, for patients from NHS Barking and Dagenham CCG during 2013/14 to 2015/16, was 7 days. This compares to an England median length of stay of 8 days.

#### Adjusted Length of Stay Indicator

The adjusted length of stay indicator provides a measure of the length of stay for patients, after adjusting for the age and sex of those admitted. This adjusted indicator is useful for comparison between CCGs. For NHS Barking and Dagenham CCG the adjusted mean length of stay indicator was 9.3 days. For England, the mean length of stay for patients was 9.5 days.

#### Similar CCG Comparison

The 2013/14 to 2015/16 adjusted length of stay indicator for your local CCG is shown below as well as the adjusted length of stay for the 10 most similar CCGs in terms of demography, ethnicity and deprivation.\*\*



This is statistically similar when benchmarked against the England rate



### NHS Barking and Dagenham

#### Background

This profile presents information on patients with diabetes from NHS Barking and Dagenham CCG who were admitted to hospital for foot disease. It includes a range of analysis covering risk, treatment and outcomes relating to diabetic foot disease.

Where possible, indicators have been standardised to relevant demographic characteristics of the local diabetic population, allowing for comparisons made between CCG areas. It is intended that indicators, and the variation they highlight between areas, will be useful in guiding equitable national and local commissioning of diabetic services and other preventative interventions.

The information in the profile is compiled from Episode Statistics (HES) and focuses on one inpatient care between 1 April 2013 and 31 March 2016. In the analysis relating to amputations, amputation procedures are used.

Please note, due to methodological changes the data in this profile is not comparable to previous versions. However, backdated analysis of indicators (to 2010/11) has been provided on the final page to allow trend analysis.

#### Headline Indicators 2013/14 - 2015/16

Indicator	CCG	England
Total spells in hospital for diabetic foot disease, per 10,000 population-years	144.8 (CI: 132.1-158.3)	138.2 (CI: 137.4-139.0)
Directly (age and ethnicity) standardised rate of major diabetic lower-limb amputations, per 10,000	7.4 (CI: 4.2-12.0)	8.1 (CI: 7.9-8.3)
Directly (age and ethnicity) standardised rate of minor diabetic lower-limb amputations, per 10,000	33.3 (CI: 25.2-41.5)	21.0 (CI: 20.7-21.3)
Sex and age adjusted mean length of hospital stay for diabetic foot disease (days)	9.3	9.5

(CI = 95% confidence interval)

The foot care activity profiles provide data and analysis on patients with diabetes who were admitted to hospital for foot disease

In particular minor and major lower limb amputations

### NHS Barking and Dagenham CCG

Indicator	2010/11-2012/13	2011/12-2013/14	2012/13-2014/15	2013/14-2015/16	2010/11-2012/13 vs 2013/14-2015/16
<b>Hospital stays for diabetic foot disease</b>					
CCG total spells in hospital for diabetic foot disease	336	367	305	482	
England, total spells in hospital for diabetic foot disease	94,796	101,953	105,211	121,067	
CCG spells in hospital for diabetic foot disease, per 10,000 population-years	193.7 (CI: 137.3-193.2)	203.9 (CI: 126.9-134.0)	125.2 (CI: 111.3-135.9)	144.8 (CI: 132.1-158.3)	Rate Ratio: 1.21 (CI: 1.06-1.39)
England, total spells in hospital for diabetic foot disease, per 10,000 population-years	122.7 (CI: 121.9-123.5)	126.1 (CI: 125.3-126.9)	129.5 (CI: 129.8-130.3)	138.2 (CI: 137.4-139.0)	Rate Ratio: 1.13 (CI: 1.12-1.14)
<b>Length of stay</b>					
CCG median days in hospital for diabetic foot disease (unadjusted)	7	7	7	7	
England median days in hospital for diabetic foot disease (unadjusted)	9	9	8	8	
CCG adjusted length of stay indicator (ALOS)	9.1	9.3	9.4	9.3	
England mean length of stay	10.5	10.2	9.9	9.5	
<b>Major amputations</b>					
CCG number of major amputations	11	16	16	15	
England number of major amputations	7,017	6,935	6,957	7,119	
CCG directly (age & ethnicity) standardised rate of major amputations per 10,000 patients with diabetes	5.1 (CI: 2.3-9.5)	6.0 (CI: 3.1-10.3)	6.5 (CI: 3.4-10.9)	7.4 (CI: 4.2-12.0)	DR Ratio: 1.46 (CI: 0.82-3.70)
England directly (age & ethnicity) standardised rate of major amputations per 10,000 patients with diabetes	8.1 (CI: 8.9-9.3)	8.5 (CI: 8.4-8.8)	8.3 (CI: 8.1-8.4)	8.1 (CI: 7.9-8.3)	DR Ratio: 0.99 (CI: 0.97-0.97)
<b>Minor amputations</b>					
CCG number of minor amputations	47	60	72	94	
England number of minor amputations	15,075	16,275	17,224	18,408	
CCG directly (age & ethnicity) standardised rate of minor amputations per 10,000 patients with diabetes	23.2 (CI: 18.5-31.3)	25.4 (CI: 18.8-33.4)	27.8 (CI: 21.1-36.5)	33.3 (CI: 26.2-41.5)	DR Ratio: 1.44 (CI: 0.96-2.14)
England directly (age & ethnicity) standardised rate of minor amputations per 10,000 patients with diabetes	19.5 (CI: 19.2-19.8)	20.1 (CI: 19.8-20.4)	20.4 (CI: 20.1-20.7)	21.0 (CI: 20.7-21.3)	DR Ratio: 1.00 (CI: 1.05-1.10)

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\* Data Source: Hospital Episode Statistics (HES) Copyright © 2010/11-2015/16. Re-used with the permission of NHS Digital. All rights reserved. National Diabetes Audit (NDA) 2015/16, Healthcare Quality Improvement Partnership. All rights reserved. Quality and Outcomes Framework (QOF) 2010/11-2015/16, NHS Digital

\*\* For information on the methodology used to calculate the 10 most similar CCGs please go to [www.england.nhs.uk/resources/resources-for-ccgs/10-most-similar-ccgs/](http://www.england.nhs.uk/resources/resources-for-ccgs/10-most-similar-ccgs/)



# Foot care activity profiles

- Latest update published 5 September 2017
- Profile produced for every CCG
- Along with technical document, national summary of data, downloadable spreadsheet and commentary piece published in the Lancet
- STP level data made available in November
- Indicators also used by NHSE

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< Previous Article Volume 390, No. 10105, e29–e30, 21 October 2017 Next Article >

Comment

### Using data to tackle the burden of amputation in diabetes

William Jeffcoate, Emma Barron, John Lomas, Jonathan Valabhji, Bob Young

Published: 11 September 2017

PlumX Metrics

DOI: [https://doi.org/10.1016/S0140-6736\(17\)32401-7](https://doi.org/10.1016/S0140-6736(17)32401-7)

Article Info

Summary	Full Text	Tables and Figures	References
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On Sept 5, 2017, Public Health England (PHE) published 2010–16 data on the incidence of amputation for diabetic foot ulcers in Clinical Commissioning Groups (CCGs) throughout the country, using data adjusted for known non-modifiable risk factors.<sup>1</sup> The differences between localities revealed by these data highlight both the need for continued close surveillance of diabetes-related amputation rates and the opportunity for improvement.

- An update to previous profiles but significantly altered methodology
  - Count amputation procedures not episodes
  - Standardisation for non-modifiable risk factors (case-mix)



# Foot care activity profiles

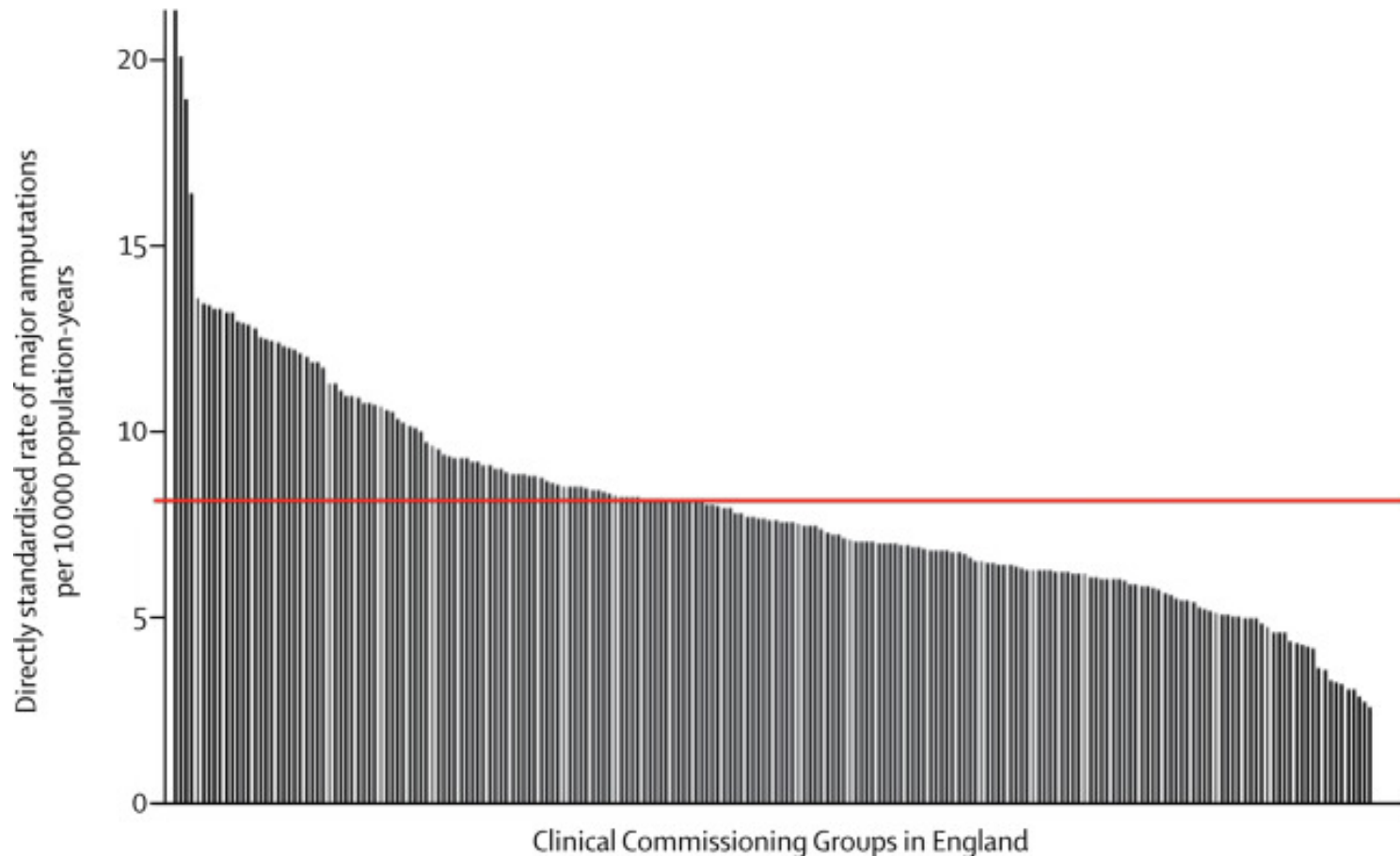
## key findings

During the three year period of 2013/14 to 2015/16:

- There were **121,067** hospital spells for diabetic foot disease
- The median length of stay in hospital was **8**
- The total number of days spent in hospital for diabetic foot disease was **1,688,699**
- **73,388** individual patients were admitted for foot disease and **31%** of these had multiple hospital stays
  
- There were **7,119** major amputation procedures
- There were **18,408** minor amputation procedures
  
- There has been a significant decrease in the rate of major procedures
- There has been a significant increase in the rate of minor procedures



## DSR of Major lower-limb amputations in people with diabetes per 10,000 for each CCG in England





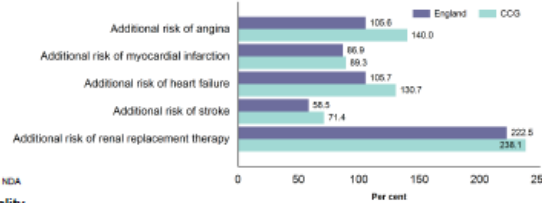


NHS Bolton CCG

Additional risk of complications

A person with diabetes has a higher risk of cardiovascular complications (heart attack, angina, heart failure and stroke) and microvascular (amputation and renal disease) complications. The chart below compares the additional risk of complications for a person with diabetes to people without diabetes in the same CCG over a one year period...

Comparison of the additional risk of complications for people with diabetes, with a one year Among people with diabetes in NHS Bolton CCG the risk of a stroke was 71.4% higher and the risk of a heart attack was 89.3% higher compared to people without diabetes during the one-year follow up...



Source: NDA

Mortality

People with diabetes rarely die as a direct result of diabetes. Most die from complications such as heart disease, stroke and kidney failure. People with diabetes are more likely to die than their peers of the same age and sex in the general population...

Comparison of the additional risk of mortality in people with diabetes, with a one year follow-up, 2014/15

Source: NDA

NHS Bolton CCG

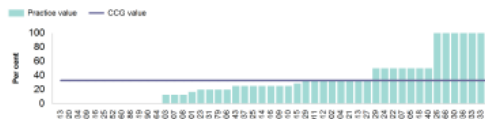
Three treatment targets

NICE recommends treatment targets for HbA1c (glucose control), blood pressure and serum cholesterol. In NHS Bolton CCG, 15.4% of people with type 1 diabetes achieved all three treatment targets. In people with type 2 diabetes, 38.5% achieved all three treatment targets.

Percentage of people achieving their treatment targets for type 1 diabetes, 2016/2017

Table with 5 columns: Type 1 diabetes, CCG, Comparator CCGs, STP, England. Rows include HbA1c <= 68 mmol/mol, Blood Pressure <= 140/80, Cholesterol < 6 mmol/L, and All Three Treatment Targets.

Variation in people with type 1 diabetes achieving three treatment targets by GP practice, 2016/17



Source: NDA

Percentage of people achieving their treatment targets for type 2 diabetes, 2016/2017

Table with 5 columns: Type 2 diabetes, CCG, Comparator CCGs, STP, England. Rows include HbA1c <= 68 mmol/mol, Blood Pressure <= 140/80, Cholesterol < 6 mmol/L, and All Three Treatment Targets.

Variation in people with type 2 diabetes achieving three treatment targets by GP practice, 2016/17



Source: NDA

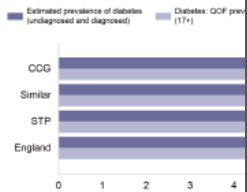
NHS Bolton CCG

Disease Prevalence

Prevalence is the number of people in a given population at a specific point in time. The diagnosed prevalence of diabetes is as part of the Quality and Outcomes Framework between type 1 or type 2 diabetes. Diagnosed prevalence is calculated as the number of people with diabetes registered on the practice's diabetes register and over who are on the practice's diabetes register returns are combined to calculate prevalence for the practice.

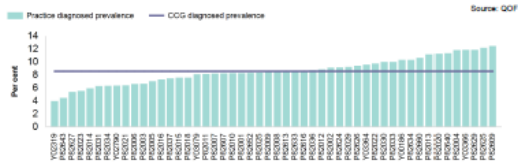
The estimated prevalence is taken from the NCV data from three years of Health Surveys for England to account the age, sex and ethnic-group distribution. This method estimates the total number of people with diabetes in the practice.

Diabetes diagnosed prevalence (2016/17) compared to similar CCGs



In NHS Bolton CCG, the prevalence of diagnosed diabetes was 9.1%, for 2017. At GP practice level, the prevalence of diagnosed diabetes ranges from 4.0% to 12.5%.

Variation by general practice of diabetes prevalence 2016/17 (per cent)



The diabetes profiles provide a 5 page overview of diabetes data for each CCG.

Cover the whole pathway; diagnosis, primary care management and secondary care/complications

Interactive and report based versions





# Diabetes

- Prevalence and risk
- Care processes
- Structured education
- Treatment targets
- Complications
- Foot care activity

- Overview
- Map
- Trends
- Compare areas
- Area profiles
- Reports**
- Definitions
- Download

Area type

Areas grouped by

Area  [Search for an area](#)

Sub-region

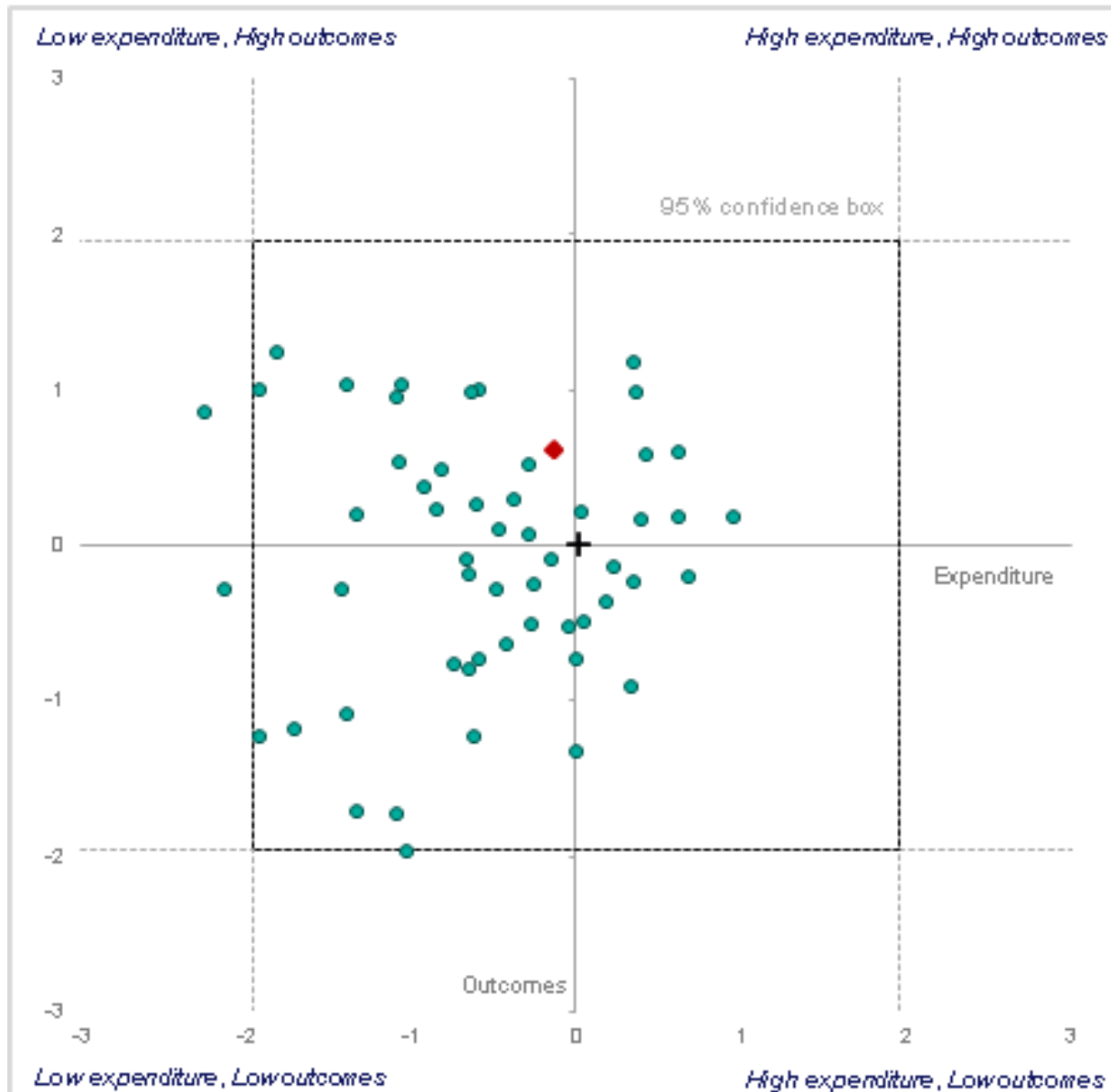
## Related reports

Name	Notes	download	
Diabetes profile report	Please select a CCG to get a narrative profile report on Diabetes for this area	<a href="#">PDF</a>	<a href="#">Word</a>

Please note reports open in a separate tab or window. Reports may take a minute or two to load.



# The DOVE tool





Public Health  
England

# Questions?

- To subscribe to the NCVIN quarterly newsletter or to contact the NCVIN team please email: [ncvin@phe.gov.uk](mailto:ncvin@phe.gov.uk)