

NATIONAL HEART FORUM
Response to the Department of Health's
NSF Diabetes: Standards: Performance indicators

April 2002

INTRODUCTION

1. The National Heart Forum (NHF) warmly welcomes the priority being given to diabetes by the Department of Health and is pleased to respond to the consultation document on the proposed indicators of progress towards meeting the national service framework standards.

THE NATIONAL HEART FORUM

2. The National Heart Forum (NHF) is the UK alliance of over 45 national organisations working to reduce the risk of coronary heart disease, the UK's leading single killer. Member organisations represent the medical and health services, professional bodies, consumer groups and voluntary organisations. Members also include many individual experts in cardiovascular research. Government departments have observer status.
3. The purpose of the NHF is to work with and through its members to prevent disability and death from coronary heart disease in the UK. In order to achieve this, the National Heart Forum has four main objectives:
 - To provide a forum for members for the exchange of information, ideas and initiatives on coronary heart disease prevention
 - To identify and address areas of consensus and controversy and gaps in research and policy
 - To develop policy based on evidence and on the views of member organisations
 - To stimulate and promote effective action.
4. The NHF embraces professional, scientific and policy opinion on current issues in coronary heart disease prevention. It co-ordinates action to reduce heart disease risk through information, education, research, policy development and advocacy.
5. The NHF is very supportive of the action to prevent Type 2 diabetes. Diabetes substantially increases the risk of CHD. Men with Type 2 diabetes have a two to four-fold, and women a three to five-fold greater annual risk of CHD.
6. The charity Diabetes UK estimates that around 3% of adults in the UK are currently diagnosed with Type 2 diabetes and that a further 2% of adults are as yet undiagnosed but living with the disease. They also estimate that the prevalence of Type 2 diabetes in the UK will double by 2010 to 10% of adults.
7. The NHF is concerned that if the incidence of Type 2 diabetes were to go unchecked, progress towards reaching the targets set out in the National Service Framework for coronary heart disease would be severely undermined if not thwarted.

RESPONSE TO THE CONSULTATION

8. We applaud the setting of performance indicators against which to measure success at preventing and treating Type 2 diabetes. However, we believe that the proposed indicators should be rethought.

Standard 1

The NHS will develop, implement and monitor strategies to reduce the risk of developing Type 2 diabetes in the population as a whole and to reduce the inequalities in the risk of developing Type 2 diabetes.

9. We believe that a key performance indicator by which to measure success in preventing Type 2 diabetes is *the number of people newly diagnosed as having diabetes each year* (i.e. the incidence of the disease). This should be included in the list provided under the heading 'prevention of Type 2 diabetes' and should replace the performance indicator '*prevalence of clinically diagnosed diabetes*'.
10. Measuring the incidence of diabetes provides a clear, unambiguous measure of effectiveness of prevention strategies whereas prevalence data are influenced by both the effectiveness of prevention strategies (through a reduction or increase in incidence rate) and the effectiveness of treatments (through a reduction or increase in mortality rate), both of which are being addressed by the NSF.
11. The NSF proposes the performance indicator '*Proportion of people in the general population undertaking vigorous¹ physical activity*'. Whilst we agree that this description of physical activity is appropriate for the treatment of overweight and obesity,² the equivalent performance indicator in the NSF for CHD is '*% of population aged 16 or more who achieve or exceed the recommended half an hour a day of at least moderate intensity physical activity*'. The subsequent guidance published to support preventive aspects of the NSF for CHD has implied that achieving 30 minutes a day of moderate activity is sufficient to reduce overweight and obesity³. We are concerned with this discrepancy between the two NSFs and strongly urge that greater efforts are made to bring the two documents into line to avoid confusion at the practise level.
12. As has been done for the other standards in the framework, we recommend that age-stratified indicators for the prevention of diabetes are developed in order to demonstrate clearly how the framework is influencing the health outcomes of children, young people, adults and older people.
13. In particular we strongly urge you to explicitly set-out performance indicators regarding the lifestyles of children and young people. Whilst on page 16 of the published Standards document⁴, it states that to have the greatest impact on incidence of diabetes, action must start in childhood, all commitment is removed by not explicitly setting out performance indicators to monitor the health and well-being of children and young people.
14. We urge you to ensure that children and young people are given priority in the prevention aspects of the framework when the delivery strategy is published this year.
15. The desired outcome for the prevention of diabetes (a decrease in incidence) is in direct contrast to the expected outcome regarding improved identification of people with diabetes (an increased number of people with diabetes) (Standard 2). We thus suggest that the baseline

¹ [To the editor – this should be vigorous, not rigorous]

² The International Obesity Taskforce believes (verbal communication) that between 60-90 minutes of physical activity per day are required for weight loss.

³ Health Development Agency. 2000. Coronary heart disease: Guidance for implementing the preventive aspects of the National Service Framework. London: Health Development Agency.

⁴ Department of Health. 2001. National Service Framework for Diabetes: Standards. London: Department of Health.

against which improvements in the prevention of diabetes should be measured should be the annual incidence of new cases of diabetes once methods for detecting the disease have been refined. This should be taken into account in the setting of milestones, which we hope and recommend will be set once performance indicators have been agreed.

Standard 2

The NHS will develop, implement and monitor strategies to identify people who do not know they have diabetes.

16. We note that the health improvement outcome measure proposed for Standard 2 is the number of people diagnosed as having diabetes each year. As a health improvement outcome measure, one would expect that the intention was to see this number decreasing year on year and indeed we have suggested that this be a key performance indicator for Standard 1 (paragraph 9). A more suitable area for inclusion of this indicator, as a measure of success in identifying those who do not know they have diabetes, is within *'effective delivery of appropriate health care.'*
17. As with Standard 1, we recommend that the performance indicators for Standard 2 are also age-stratified so that the number of children and young people, the number of adults and the number of older people diagnosed as having diabetes each year are recorded independently.
18. Improving the screening and detection measures for Type 2 diabetes is vital, given the estimated 2% of adults in the UK who have Type 2 diabetes but who are as yet undiagnosed (see paragraph 6). However, the NSF for coronary heart disease already requires that people at high risk of CHD, including those with diabetes, are identified and given appropriate advice, treatment and follow-up. We would urge the developers of the diabetes NSF to ensure that the final document is aligned very closely to the NSF for CHD, makes explicit reference to overlaps between this and other NSFs (older people, CHD, children) and where possible strives to present only the models of treatment unique to diabetic patients. This will avoid the danger that local practitioners will see the newer NSF as an apparent and significant further demand on their workload.

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