**Name of meeting: Health and Adult Social Care Scrutiny Panel**
**Date: 11th September 2018**
**Title of report: Diabetes Overview**

## Purpose of report

This report provides an overview and information on diabetes in Kirklees.

| | |
|---|---|
| **Key Decision - Is it likely to result in spending or saving £250k or more, or to have a significant effect on two or more electoral wards?** | **Yes/ no or " not applicable"**<br>Not applicable<br>**If yes give the reason why**<br>. |
| **Key Decision - Is it in the Council's Forward Plan (key decisions and private reports?)** | **Yes/ no or "not applicable"**<br>Not applicable<br>**If yes also give date it was registered** |
| **The Decision - Is it eligible for call in by Scrutiny?** | **Yes/ no or " not applicable"**<br>Not applicable<br>**If no give the reason why not** |
| **Date signed off by Strategic Director & name**<br><br>**Is it also signed off by the Service Director for Finance IT and Transactional Services?**<br><br>**Is it also signed off by the Service Director for Legal Governance and Commissioning Support?** | **Rachel Spencer-Henshall 3 September 2018**<br><br>**N/A**<br><br>**N/A** |
| **Cabinet member portfolio** | **Portfolio Holder:**<br>**Cllr Musarrat Khan** |

**Electoral wards affected: All**

**Ward councillors consulted: Not applicable**

**Public or private: Public**

## 1. Summary

This paper provides an overview and background to diabetes in Kirklees. In particular, it provides an overview of the causes and risk factors for diabetes, local prevalence data and an outline of service provision that helps to either helps prevent diabetes or supports those to manage the condition.

## 2. Background

Diabetes is a serious life-long health condition that occurs when the amount of glucose (sugar) in the blood is too high because the body cannot use it properly. If left untreated, high blood glucose levels can cause serious health complications such as cardiovascular disease, diabetic retinopathy (eyes), neuropathy (nerve damage) and kidney disease. Nerve damage can also result in foot problems for people with diabetes due to a loss of sensation in their feet [(1)].

Around 22,000 people with diabetes die early every year. Type 2 diabetes is a leading cause of preventable sight loss in people of working age and is a major contributor to kidney failure, heart attack, and stroke.

Of the estimated 3.8 million people in England with diabetes, approximately 90% of these cases (3.4 million people) are Type 2 diabetes, with around 200,000 new diagnoses of Type 2 diabetes every year. Type 1 diabetes cannot be prevented and is ***not*** linked to lifestyle; conversely Type 2 diabetes is largely preventable through lifestyle changes.

Type 2 diabetes treatment accounts for just under 9% (£8.8 billion a year) of the annual NHS budget. [(2)] It is the most common form of diabetes accounting for around 90% of all diagnosed diabetes cases.

## 3. The Local Picture

In Kirklees, it is estimated that there are 32,213 people over 16 years with diabetes (9.3% of the population) and an estimated 6,963 adults with undiagnosed diabetes in Kirklees [(3)]. This figure is expected to rise to 40,863 (10.5%) by 2035.

The most comprehensive source of diabetes prevalence data comes from the Quality Outcome Framework (QOF). One of the focus points in QOF is the recording of adult diabetes in patients 17 or above. No distinction is made between type 1 and 2 diabetes on

this data; however Type 2 will make up the vast majority (approx. 90% of all diagnoses). **See Appendix I for prevalence data**.

The prevalence of diabetes is on the increase, both nationally and within Kirklees. Kirklees has a diagnosed diabetes prevalence which is significantly higher than the national average. This can be attributed to the higher prevalence in North Kirklees where there is a significantly higher proportion of people of South Asian ethnicity; this group are twice as likely to have diabetes than those of white ethnicity (16.2% vs 8% respectively)[4]

## 3.1 South Asian & Black African Communities and Diabetes

Certain ethnic groups have a greater tendency to develop Type 2 diabetes. Being from a Black or South Asian background is considered an increased risk factor for having Type 2 diabetes, and for people from a South Asian background the risk is thought to be at least 2 to 3 times higher. 18% of the population of Kirklees are from a South Asian or Black African background, compared to 9% nationally.

Evidence shows that type 2 diabetes occurs at younger ages and at lower levels of BMI (body mass index) in South Asian compared to the white population. The South Asian population tend to have larger waist measurements and waist-to-hip ratios, indicating a greater degree of central body obesity. The larger waist measurement is also associated with higher insulin levels - increased levels of insulin resistance lead to a higher prevalence of diabetes. Insulin resistance can also be present in South Asians even during adolescence, whereby there are excess levels of insulin circulating in the blood relative to the level of glucose[5]. Because of this, the Kirklees weight management service accepts people from South Asian backgrounds with a BMI of 28 or above (criteria for White British is a BMI of 30 or above).

Language and cultural barriers to accessing services also impact on people's diagnosis, and access to care and support.

## 3.2 Epidemiology Map of Risk

It is clearly evidenced that rising obesity and increasing sedentary lifestyles are the key risk factors which lead to an increase in the diagnoses of diabetes. Adult obesity rates are significantly higher in North Kirklees; one in four (24%) are obese in North Kirklees and one in five (20%) are obese in Greater Huddersfield.

Local intelligence (CLiK adult lifestyle survey, 2016) shows that as people age some aspects of diet appear to improve. For example, local survey data showed that 'take-away'

consumption in both North and South Kirklees was lower amongst older age ranges. In addition, people in older age ranges from North Kirklees showed an increase in the likelihood of eating fruit and vegetables. However, the proportion of people overweight is highest amongst those aged 55-64.

Locally, 1 in 3 (37%) adults did the minimum recommended level of moderate activity of 30 minutes more than five times a week.

As deprivation decreases, some aspects of diet improve. However, there appears to be a steeper social gradient in North Kirklees with significantly higher rates of physical activity and lower rates of overweight/obesity in the least deprived quintile compared with the most deprived quintile.[5] **Please see Appendix II**

## 4. Overview of the Commissioning Picture in Kirklees

The commissioning of diabetes healthcare within Kirklees is the responsibility of the Greater Huddersfield and North Kirklees CCGs for their respective areas and NHS England.
Delivery is through a combination of acute, community and primary care providers:-

- Mid Yorkshire Hospitals NHS Trust
- Calderdale & Huddersfield NHS Foundation Trust
- Locala Community Partnerships
- West Riding & Craven Diabetic Eye Screening Programme (Greater Huddersfield only via Emis Healthcare)
- Primary Care

Kirklees Public Health do not have a budget nor any commissioning responsibilities for diabetes services.

The CCGs have reported that 100% of GP practices signed up to participate in the National Diabetes Audits (NDA), this includes the National Pregnancy in Diabetes Audit, National Diabetes Foot Care Audit and National Inpatient Diabetes Audit. This coverage allows us a more accurate picture of diabetes care within Kirklees.

Both North Kirklees CCG and Greater Huddersfield CCG are participating in the National Diabetes Treatment and Care Programme. The aim is to improve the uptake of structured education by newly diagnosed type 2 diabetic patients (North Kirklees and Greater Huddersfield) and newly diagnosed type 1 patients (Greater Huddersfield only).

It has been found that structured education improves patient outcomes by enabling patients to understand what they need to do to keep themselves healthy, and there is good evidence to support its effectiveness in promoting better glycaemic control (presence of glucose in the blood).

North Kirklees CCG is part of a further joint bid with Wakefield CCG as part of the National Diabetes Treatment and Care Programme. This joint bid is focused on reducing amputations by improving the timeliness of identification of diabetic foot disease through a multi-disciplinary foot team approach within Mid Yorkshire Hospitals NHS Trust.

Greater Huddersfield have developed a 5 year strategy called *Action for Diabetes – Improving diabetes care in Greater Huddersfield and Calderdale 2014/15 – 2018/19* and this strategy highlights that numbers of diabetic diagnoses are set to increase due to rising obesity levels, an ageing population and a growing population of South Asian origin. As mentioned earlier, people from south Asian and black ethnic groups have a greater chance of developing type 2 diabetes than people from white ethnic groups.

## 5. Diabetes Prevention – The Key focus for Public Health

### 5.1 NHS Diabetes Prevention Programme

Background

For the purpose of estimation, Public Health England defined non diabetic hypoglycaemia (*pre-diabetes*) as HbA1c (*definition below*) a value of between 6.0% (42mmol/mol) and 6.4% (47 mmol/mol), following a blood test. The World Health Organisation recommends the diagnosis criteria of 6.5% and above for type 2 diabetes.

*(Definition of HbA1c - refers to glycated haemoglobin (A1c), which identifies average plasma glucose concentration. The higher the HbA1c, the greater the risk of developing diabetes and related complications)*

There are currently five million people in England at high risk of developing type 2 diabetes. If these trends persist, one in three people will be obese by 2034 and one in 10 will develop type 2 diabetes. Statistics published by Public Health England in August 2015 estimated that in Kirklees, 39,147 people were pre-diabetic (*North Kirklees 16,987/Greater Huddersfield 22,160).*

There is strong international evidence which demonstrates how behavioural interventions, which support people to maintain a healthy weight and be more active, can significantly

reduce the risk of developing the condition. The *Healthier You: NHS Diabetes Prevention Programme (NHS DPP)* identifies those at high risk and refers them onto a behaviour change programme. The NHS DPP is a joint commitment from NHS England, Public Health England and Diabetes UK, to deliver at scale evidence-based behavioural interventions for individuals identified as being at high risk of developing Type 2 diabetes.

Diabetes in Kirklees

At the beginning of 2017, Kirklees and Wakefield worked on a joint bid to NHS England (NHSE) for wave 2 of the NHS Diabetes Prevention Programme. This bid was for the areas of Kirklees, Wakefield, Calderdale, Airedale, Wharfedale and Craven and Harrogate and Rural District. We were successful in this bid and, following a procurement process by NHSE, *Reed Momenta* were successful in becoming the providers of the service in our areas. Reed Momenta are commissioned by NHSE and we do not have any dealings with the financial aspect.

In North Kirklees and Greater Huddersfield, trailblazer GP practices were identified to begin the rollout of the programme. We embarked on a mailshot process whereby the GP practices identified all patients currently on their registers identified as "pre-diabetic" following a HbA1C blood test. They then wrote to the patient informing them of their status and risk of developing type 2 diabetes. This has seen a steady flow of pre-diabetic patients being referred into the service. **Appendix III** shows the roll out and their activity to date (July 2018).

The GP practices below are scheduled to embark on their invitation letters during August and September:

August 2018

| | | | Patients Identified |
|---|---|---|---|
| B85620 | S1 | Windsor Medical Centre | 79 |
| B85020 | S1 | Eightlands Surgery | 242 |
| B85650 | S1 | Dr Mahmood & Partners | 83 |

September 2018

| | | | Patients Identified |
|---|---|---|---|
| B85036 | S1 | The New Street, Milnsbridge (Dr Boulton & Partners) | 173 |
| B85042 | S1 | Speedwell Surgery (Paddock & Longwood) | 219 |
| Y04266 | S1 | Crosland Moor Practice | 131 |

Invitations of eligible patients have been completed on a phased month by month approach to ensure Reed Momenta could schedule their initial assessments in a timely manner, and reduce the risk of a patient back-log and long waiting times.

NHS England have now confirmed funding for the programme until end of March 2022. Towards the end of this year, we will be working towards our second procurement process with a view to the successful bidder continuing provision of this service from 1 April 2019, which could mean we will have a new provider (currently Reed Momenta) going forward. This will also be a larger area of provision as we will be joining Bradford and Leeds.

**5.2 NHS Health Checks**

The NHS Health Checks contract is commissioned by Kirklees Public Health, and is the only public health commissioned service which helps with the identification of patients who are pre-diabetic and diabetic.

The NHS Health Check is a health check-up for adults in England aged 40-74. It is designed to identify risk factors for stroke, early signs of kidney disease, heart disease, type 2 diabetes and raise awareness of dementia. As people age, we have a higher risk of developing one of these conditions. An NHS Health Check helps to find ways to lower this risk. Patients with no pre-diagnosed long term condition are invited once every 5 years for a health check.

Kirklees is now in the fifth year of providing health checks and, as such, we are now inviting patients for their second health check. According to 2017/18 data, the uptake in Kirklees is slightly lower than the national average; 46.6% in Kirklees attending their health check, compared to 49.9% nationally. Of all health checks carried out during 2017/18, 1% were diagnosed with diabetes and 1.3% were referred to weight management services.
We know from local evidence that people from the most deprived communities are not accessing the service and, for this reason, the current model needs to be revised to one that is addressing the social gradient of health and reducing health inequalities within Kirklees, rather than exacerbating them. Health checks are delivered across Kirklees through all GP practices. We know that the areas of highest deprivation in Kirklees are clustered around Huddersfield, Dewsbury and Batley, although there are pockets of deprivation in other areas.

## 5.3 Kirklees Integrated Wellness Model

The Kirklees Integrated Wellness Model will be a holistic, integrated Health Improvement approach for adults; to help people build their capacity to maintain good health and wellbeing, be independent and have control over their lives. It will enable people to live healthier lives and prevent health conditions - such as diabetes - developing or worsening.
The service will take a strengths-based approach and help people to address the causes and social determinants of their health. Specifically, it will provide sources of advice and support, interventions, activities and supportive environments to help people who have risk factors for developing diabetes, and will help those with diabetes better manage their condition. Specific interventions, activities and advice will include physical activity, weight management and healthy eating and self-care support. Stop smoking support will also be available to those who have diabetes and smoke.

In addition, Wellness Workers will be equipped to deliver NHS Health Checks, and will work closely with Community Plus workers through community settings to better engage those at greatest risk of developing diabetes.

## 5.4 Thriving Kirklees (0 – 19 Service)
## National Child Measurement Programme (NCMP)

Today nearly a third of children aged 2 to 15 are overweight or obese, and younger generations are becoming obese earlier and staying obese for longer. Reducing obesity levels will save lives as obesity doubles the risk of dying prematurely. Obese adults are seven times more likely to become a type 2 diabetic than adults of a healthy weight.

The NCMP is a key element of the Government's approach to tackling child obesity by annually measuring over one million children and providing reliable data on rates of childhood obesity. Children are measured in reception (aged 4–5 years) and year 6 (aged 10–11 years) primarily in state-maintained schools in England. The programme was launched in the 2005/06 academic year and now holds eleven years of reliable data.

Nationally, data from 2015/16 shows that in reception, 11.3% of children from the most deprived decile are obese compared to 4.2% of children in the least deprived decile. By Year 6, 27.4% of children from the most deprived decile are obese compared to 13% from the least deprived decile.

Data from the National Child Measurement Programme (NCMP) shows that 1 in 5 (22.3%) of reception age children in Kirklees are overweight or obese compared to 22.1% in England as a whole. This rises to just over 1 in 3 (35.7%) children being classed as overweight or obese in Year 6 (England - 34.2%).

NCMP data for Kirklees for 2015/16 shows that there is a marked social gradient in the levels of obesity in both reception and Year 6, with the proportion of obese children being higher in the most deprived areas than in the least deprived areas. Obesity is an issue across all localities. However, Dewsbury has the highest rate of obese young people and Batley has the highest number of obese children; nearly 1 in 11 (9%) children aged 4-5 years and 1 in 5 (19%) children aged 10-11 years were obese.

'Thriving Kirklees' are in the process of upskilling their workforce of health visitors to become 0 – 19 practitioners, with the vision being that every aspect of children and young people's health and well-being needs are addressed appropriately through a comprehensive service, with all the partner organisations working much more closely together. The partnership aims to ensure that all those working with children, young people and families do so as one 'family-centred workforce', supporting one another to work in the best interests of children, young people and their families across Kirklees. This approach aims to address the needs of the children and their family with issues such as obesity, and provide them with the care and support through their school years, being advised by one practitioner throughout this journey.

## 5.5 Prevention and Support Services in Kirklees

Kirklees are addressing most of the factors that contribute to either preventing or helping people to effectively manage or live with diabetes, however it is recognised that more work needs to be done to target people from ethnic minorities and from more deprived backgrounds. Below is current activity around diabetes:-

**Self-Care** – a range of services to support people with or at risk of long term health conditions (such as diabetes) to gain control and live as healthy a life as possible. These are the Health Trainer service, exercise referral scheme PALS (Practice Activity and Leisure Scheme), and the Expert Patients Programme and wider self-care education sessions. This also includes online system 'My Health Tools' which offers tailored information for people living with long term health conditions (www.myhealthtools.uk)

**Honeyzz Diabetic Support Group -** The group supports those people with the condition of diabetes, their families, friends and carers by providing bi-monthly meeting where members get together and share experiences, listen to talks by representatives from the Healthcare team and other professionals, as appropriate.

**Locala Diabetes** - Have a team of Specialist Diabetes nurses who educate and support people with diabetes to help them control, understand and manage their diabetes and live as full a life as possible.

**DESMOND** - stands for **D**iabetes **E**ducation and **S**elf-**M**anagement for **O**ngoing and **N**ewly **D**iagnosed.
It is an informal way to:-

- Find out more about type 2 diabetes.
- A resource to help you manage the changes diabetes will bring to your life.
- An opportunity to share experiences.
- A family of education modules designed specifically for you.

**Physical Activity** – a range of physical activity programmes are delivered across Kirklees via various community, voluntary, public and private organisations to decrease physical inactivity. Recently the new 'Everybody Active' online platform was launched, for adults in Kirklees to find ways to be more physically active (www.everybodyactive.org.uk)

**Weight management** – free referrals for adults in Kirklees into Weight Watchers for a 12 week programme if their BMI is 30 or above (28 or above for people from BMI communities) with the aim of reducing their weight by at least 5%.

**Supporting national campaigns** – National campaigns are supported locally where possible and include World Diabetes Day, Diabetes Awareness week, Change4Life and Everybody Active.

## 6. CCG Commissioned Services

Foot Care Surveillance in Kirklees

Data was gathered by the National Diabetes Audit (NDA) and displays the uptake of foot surveillance following diabetes diagnoses for Greater Huddersfield and North Kirklees, per GP practice, against the England average. **See Appendix IV**

Data is also gathered by each GP practice for the Quality Outcome Framework (QOF – nationally administered programme which aims to increase the quality of primary care by offering financial incentives to GPs in return for achieving key targets). This data compares foot surveillance data from 2012/13 to 2016/17 against the England average by localities and CCGs. **See Appendix V**

**Appendix VI** displays the integrated care pathway for foot care in Kirklees.

**6.1 Diabetic Eye Screening Programme (DESP) in Kirklees**

People with diabetes aged 12 or older require diabetic eye screening regardless of whether they use insulin, tablets or diet to keep their diabetes under control. Diabetic patients in North Kirklees and Greater Huddersfield who are due to attend for diabetic eye screening will be sent a fixed appointment approximately six weeks before their appointment date. Patients are invited annually for their eye screening if their previous screening results are normal.

The provision of eye screening is provided by Emis Care in Greater Huddersfield and commissioned by NHS England. The North Kirklees element is provided by Mid Yorkshire NHS Trust (MYNT) and commissioned by the CCG. Eye screening is not included on the Quality Outcomes Framework and, as such, does not appear to have the quality of data that foot care has. **Appendix VII displays the uptake of eye screening in North Kirklees and Greater Huddersfield**

The national standards for eye screening are: 75% acceptable / 85% achievable. North Kirklees and Greater Huddersfield are achieving greater than 80%.

**7. Information required to take a decision**

Report if for information.

**8. Implications for the Council**

3.1 **Early Intervention and Prevention (EIP)**

N/A

3.2 **Economic Resilience (ER)**

N/A

3.3 **Improving Outcomes for Children**

N/A

3.4 **Reducing demand of services**

N/A

3.5 **Other (eg Legal/Financial or Human Resources)**

N/A

**9. Consultees and their opinions**

N/A

**10. Next steps**

That the Overview and Scrutiny Panel for Health and Adult Social Care takes account of the information presented and considers the next steps it wishes to take.

**11. Officer recommendations and reasons**

That the Panel considers the information provided and determines if any further information or action is required.

**12. Cabinet portfolio holder's recommendations**

N/A

**13. Contact officer**

Emily Parry-Harries, Consultant in Public Health

**14. Background Papers and History of Decisions**

**References**

**1** https://www.diabetes.org.uk

*(Accessed 29 December 2017)*

**2** https://www.england.nhs.uk/diabetes/diabetes-prevention/

*(Accessed 29 December 2017)*

***3*** *Kirklees Joint Strategic Assessment: http://observatory.kirklees.gov.uk/jsna/specific-conditions/diabetes(Accessed 3 January 2018)*

***4*** *Kirklees Public Health Intelligence (Diabetes in Kirklees) 17/02/2017*

**5** *Diabetes UK:* (Study reveals extent of Type 2 diabetes risk for people of South Asian, African and African Caribbean descent)

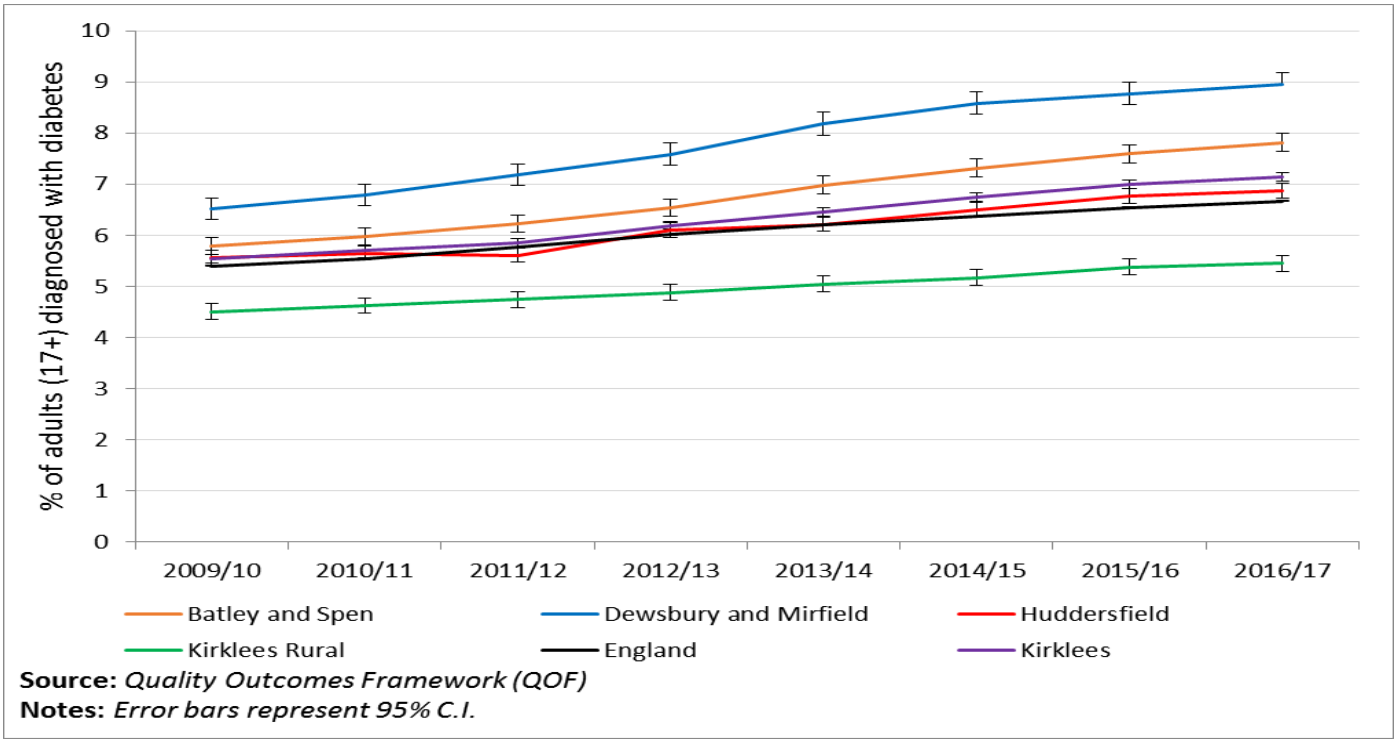
***6*** *http://observatory.kirklees.gov.uk/jsna/CCG*

**15. Service Director responsible**

Rachel Spencer-Henshall, Strategic Director – Corporate Strategy and Public Health

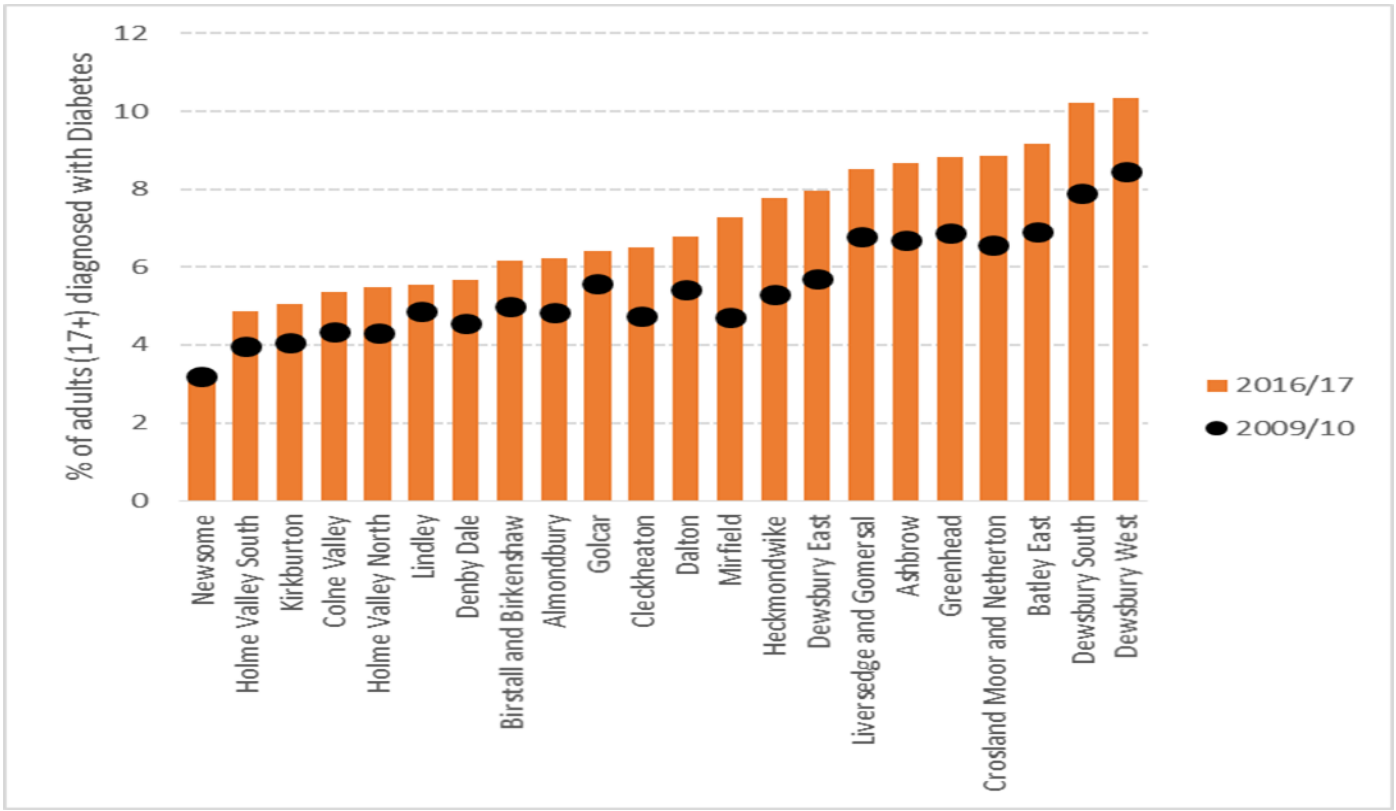
## Appendix I

## Prevalence of Diabetes in Kirklees by Ward



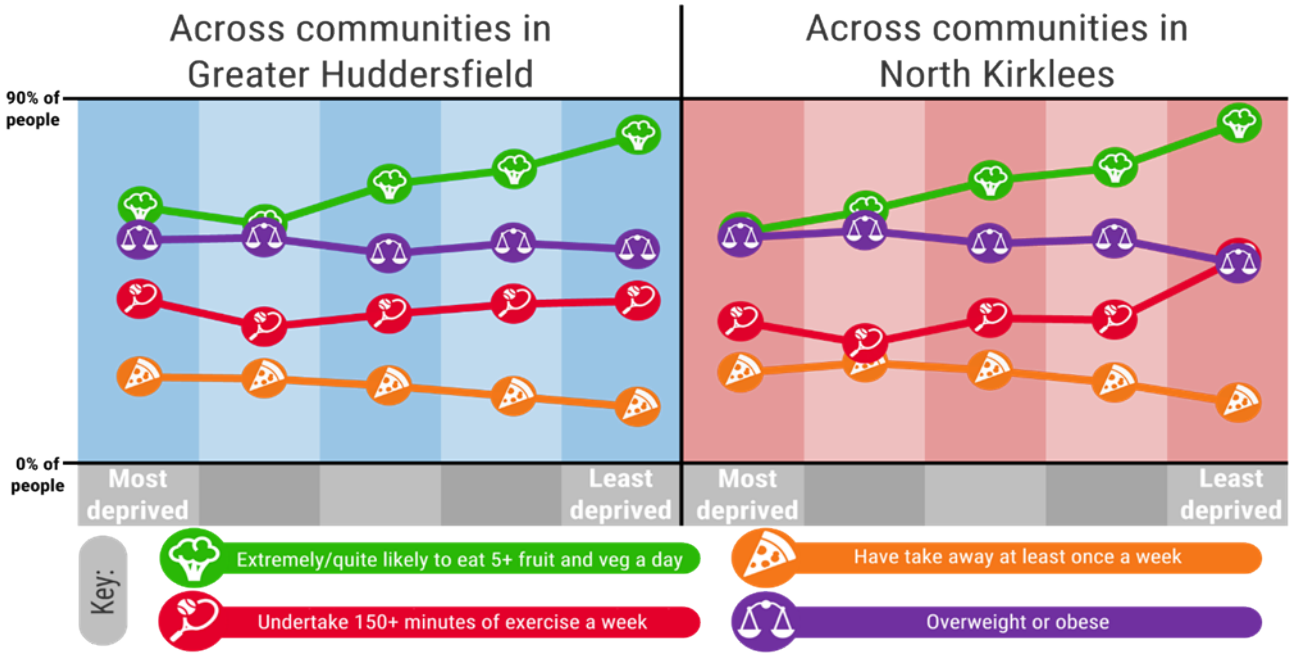

**Source:** *Quality Outcomes Framework (QOF)*
**Notes:** *Error bars represent 95% C.I.*

### Prevalence of Diabetes in Ascending Order



**Appendix II**

Risk Factors - displaying lifestyle habits of people in Kirklees from Most Deprived to Least Deprived



**Appendix III**

Uptake of patients onto the NHS Diabetes Prevention Programme by GP Practice

| GP Name | GP Postcode | CCG | All Referrals |
|---|---|---|---|
| Colne Valley Family Doctors | HD7 5JY | Greater Huddersfield | 24 |
| Crosland Moor Surgery | HD4 5RX | Greater Huddersfield | 1 |
| Dearne Valley Health Centre | HD8 9JL | Greater Huddersfield | 13 |
| Dr Gilkar | HD7 4AQ | Greater Huddersfield | 1 |
| Dr Glencross | HD1 5PU | Greater Huddersfield | 10 |
| Dr Handa & Partner | HD2 1AE | Greater Huddersfield | 7 |
| Dr Wybrew & Partner | HD1 5PX | Greater Huddersfield | 18 |
| Elmwood Family Doctors | HD9 3TR | Greater Huddersfield | 70 |
| Fieldhead Surgery | HD7 4QQ | Greater Huddersfield | 1 |
| Kirkburton Health Centre | HD8 0SJ | Greater Huddersfield | 47 |
| Marsden Health Centre | HD7 6DF | Greater Huddersfield | 19 |
| Meltham Group Practice | HD9 5QQ | Greater Huddersfield | 37 |
| Meltham Village Surgery | HD9 4EN | Greater Huddersfield | 4 |
| Oaklands Health Centre | HD9 3TP | Greater Huddersfield | 15 |
| Shepley Health Centre | HD8 8DJ | Greater Huddersfield | 14 |
| Skelmanthorpe Family Doctors | HD8 9DA | Greater Huddersfield | 1 |
| Slaithwaite Health Centre | HD7 5AB | Greater Huddersfield | 6 |
| The Almondbury Surgery | HD5 8XW | Greater Huddersfield | 1 |
| The Grange Group Practice | HD2 2QA | Greater Huddersfield | 95 |
| The Lindley Group Pract. | HD3 3DY | Greater Huddersfield | 49 |
| The Lindley Village Surg. | HD3 3JD | Greater Huddersfield | 36 |
| The Waterloo Practice | HD5 9XP | Greater Huddersfield | 72 |
| The Whitehouse Centre | HD1 5JU | Greater Huddersfield | 2 |
| Thornton Lodge Surgery | HD1 3SB | Greater Huddersfield | 5 |
| Woodhouse Hill Surgery | HD2 1DH | Greater Huddersfield | 16 |
| Albion Street Surgery | WF16 9LQ | North Kirklees | 4 |
| Batley Health Centre Surgery | WF17 5ED | North Kirklees | 10 |
| Brookroyd House | WF16 0HH | North Kirklees | 102 |
| Broughton House Surgery | WF17 5QT | North Kirklees | 22 |
| Calder View Surgery | WF13 1HN | North Kirklees | 52 |
| Cherry Tree Surgery | WF17 5DH | North Kirklees | 13 |
| Dr Mahmood & Partners | WF13 3JY | North Kirklees | 35 |
| Eightlands Surgery | WF13 1HN | North Kirklees | 7 |
| Greenside Surgery | BD19 5AN | North Kirklees | 5 |
| Grove House Surgery | WF17 5SS | North Kirklees | 7 |
| Healds Road Surgery | WF13 4HT | North Kirklees | 28 |
| Mount Pleasant Med Centre | WF17 7PF | North Kirklees | 58 |
| Parkview Surgery | BD19 5AP | North Kirklees | 53 |
| Savile Town Medical Ctr. | WF12 9AY | North Kirklees | 2 |
| Scrivings Cleckheaton Hlth Ctr | BD19 5AP | North Kirklees | 12 |
| Slaithwaite Road Surgery | WF12 9DW | North Kirklees | 7 |
| St John'S House | BD19 3RQ | North Kirklees | 37 |
| The Albion Mount Medical Practice | WF13 2AJ | North Kirklees | 47 |
| The New Brewery Lane Surg | WF12 9DU | North Kirklees | 1 |

| | | | |
|---|---|---|---|
| The Paddock Surgery | WF12 0DH | North Kirklees | 46 |
| Wellington House | WF17 5DN | North Kirklees | 47 |
| | | | |
| **Total** | | | **1159** |

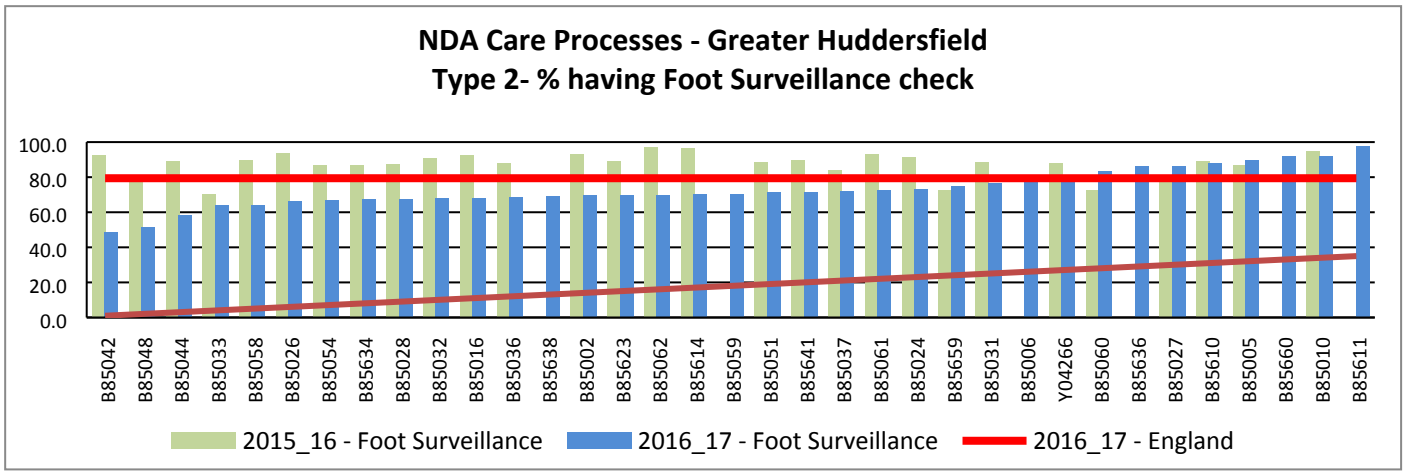
NHS Diabetes Prevention Programme Uptake by CCG:-

| CCG | All Referrals | Eligible Referrals | Ineligible Referrals | Source - Referral | Source - Letter | Source - Self-referral | *IAs Booked |
|---|---|---|---|---|---|---|---|
| Greater Huddersfield | 564 | 560 | 4 | 27 | 533 | - | 436 |
| North Kirklees | 595 | 577 | 18 | 82 | 494 | - | 464 |

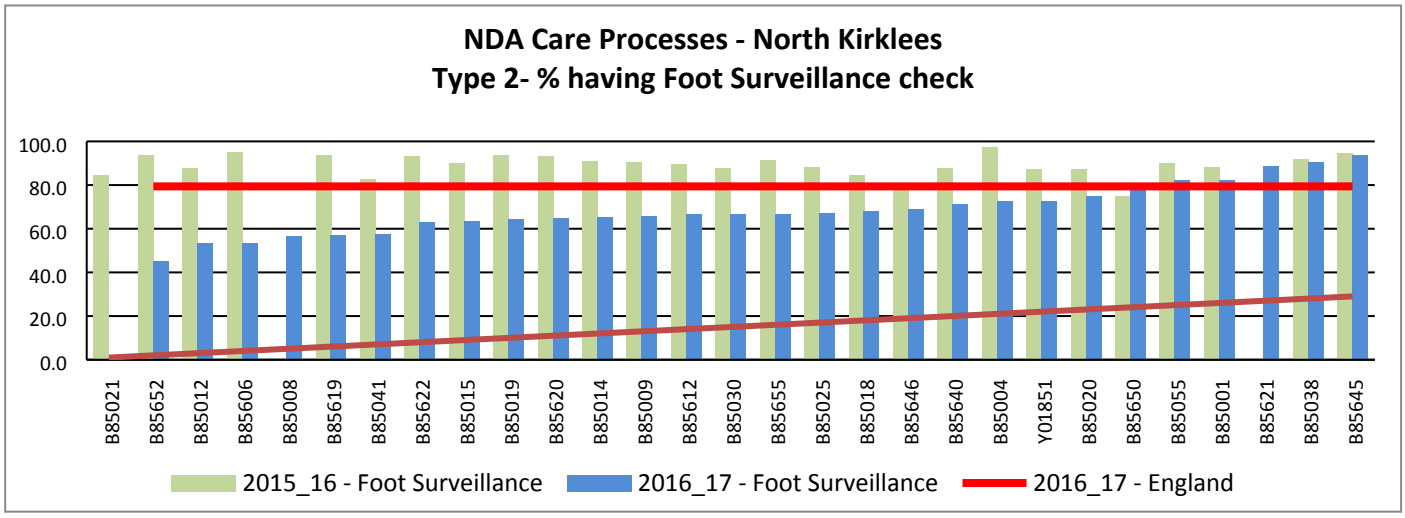
* *'IA' refers to Initial Assessment booked by the patient with Reed Momenta following the receipt of a letter*

**Appendix IV**

Foot surveillance data at GP Practice Level from National Diabetes Audit – Greater Huddersfield

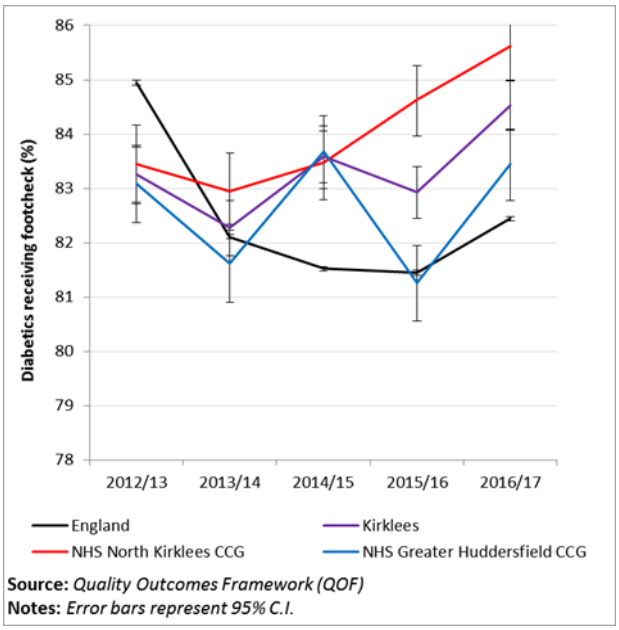



Foot Surveillance data at GP Practice Level from National Diabetes Audit – North Kirklees



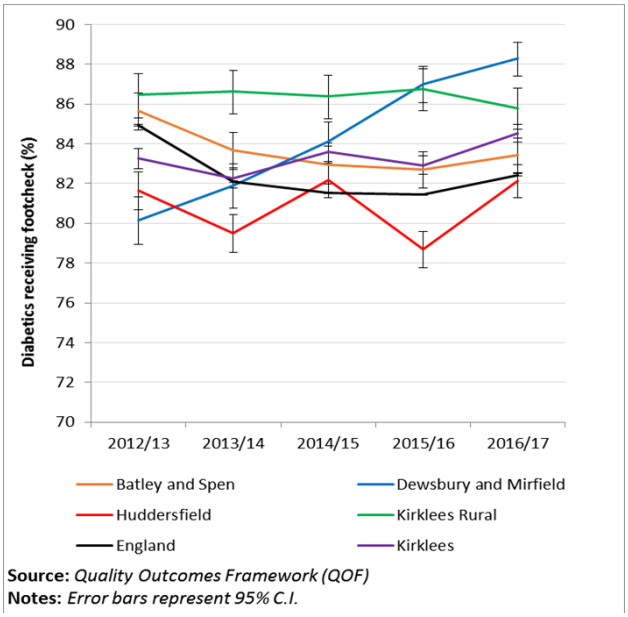
**Appendix V**

Foot Surveillance by QOF Data (Locality)




**Source:** *Quality Outcomes Framework (QOF)*
**Notes:** *Error bars represent 95% C.I.*

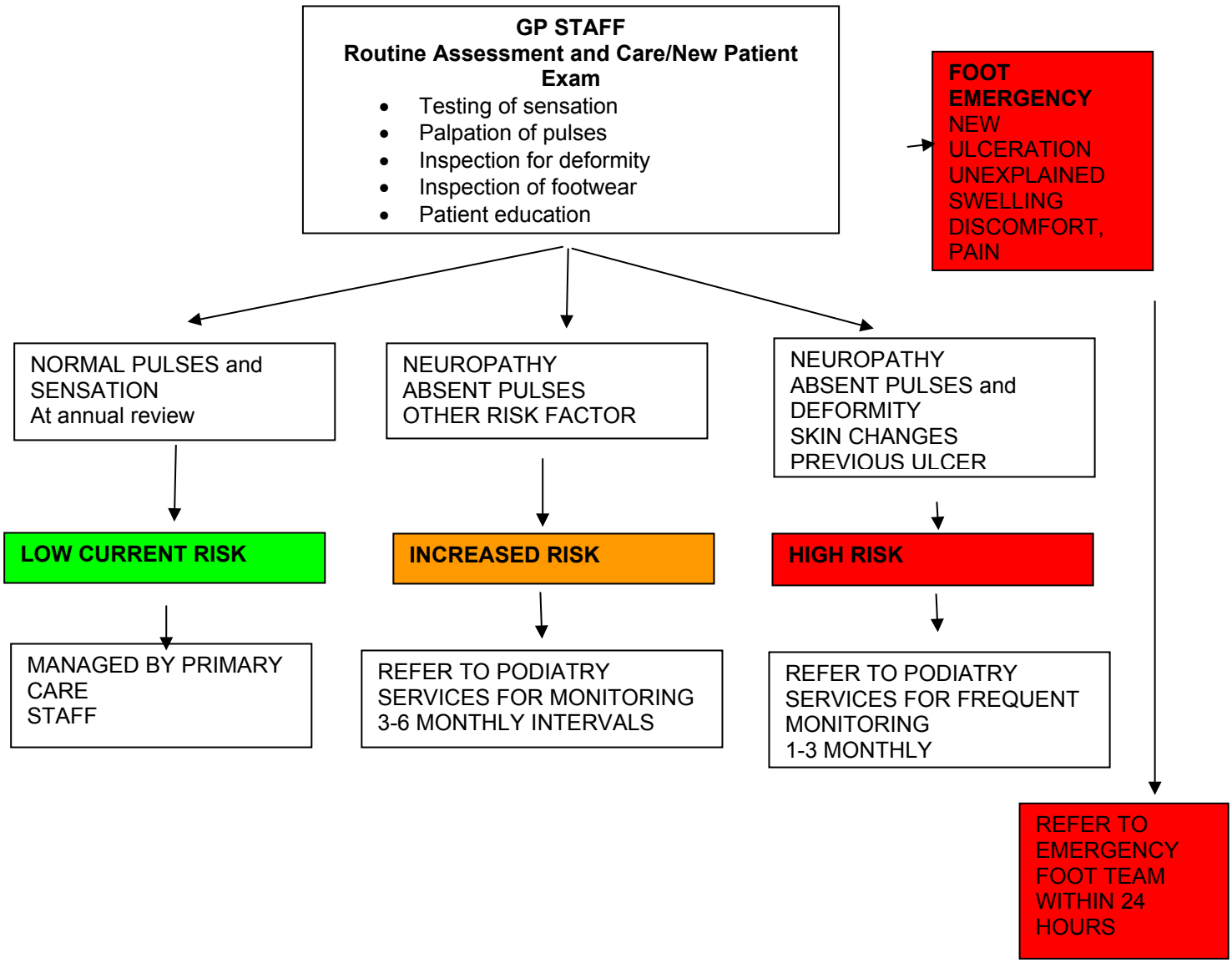
Foot Surveillance by QOF data (CCG)




**Source:** *Quality Outcomes Framework (QOF)*
**Notes:** *Error bars represent 95% C.I.*

**Appendix VI**

Diabetes Foot Integrated Care Pathway



**Appendix VII**

Emis and MYNT have provided the following data:-

North Kirklees Data

| Practice Code | Practice Name | % Uptake |
|---|---|---|
| B85014 | Brookroyd | 91% |
| B85004 | Calder View Surgery | 90% |
| B85018 | Grove House Surgery | 90% |
| B85038 | Paddock Surgery | 90% |
| B85025 | Blackburn Road | 89% |
| B85620 | Windsor | 89% |
| B85001 | Park View Surgery | 89% |
| B85009 | North Road Suite | 88% |
| B85622 | Broughton House | 88% |
| B85019 | Mirfield | 88% |
| B85640 | Kirkgate Surgery | 88% |
| B85041 | Mount Pleasant | 88% |
| B85012 | Undercliffe | 86% |
| B85646 | Albion Mount | 86% |
| B85021 | Cleckheaton Group Paractice | 86% |
| B85015 | Wellington House | 86% |
| B85008 | Batley Health Centre | 86% |
| B85612 | Liversedge | 85% |
| B85655 | Cherry Tree | 85% |
| B85652 | New Brewery Lane | 84% |
| B85020 | Eightlands | 84% |
| B85030 | Greenway | 84% |
| B85619 | Dr Jabbar & Dr Khan | 83% |
| B85606 | Thornhill Lees Medical Centre | 80% |
| B85055 | Healds Road Surgery | 79% |
| B85650 | Dr Mahmood & Partners | 76% |
| B85645 | Saville Town | 75% |
| Total 12 month uptake April 2017 - March 2018 | | 80% |

Greater Huddersfield Data

As the eye screening is delivered by a different provider, the data we have so far is not as comprehensive and is not displayed by GP practice. Their uptake is as follows:-

- 83.1% Uptake in Greater Huddersfield to year end of May 18