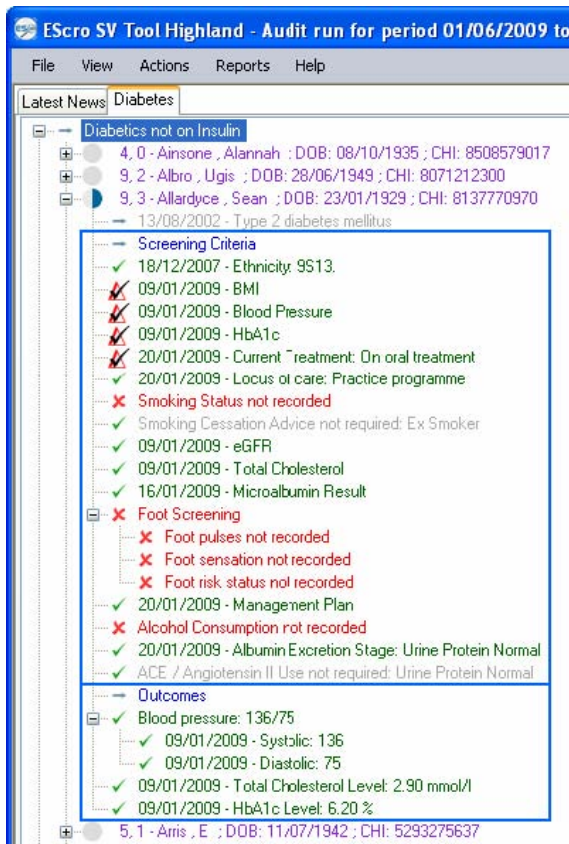


Diabetes Criteria

Patient care groups

There are now 3 patient care groups for the diabetes enhanced service these are displayed on the SV Tool as follows:

- . Diabetics not on insulin
- . Insulin dependant diabetics on practice programme
- . Insulin dependant diabetics on shared care programme



Payment criteria are split into 2 sections:

Screening and Outcomes, these are the same for all 3 patient care groups.

Screening consists of all the previous screening criteria, with height and weight no longer a requirement, and all of the previous management criteria other than the 3 value audits for blood pressure, HbA1c and total cholesterol.

These 3 value audits are now covered under outcomes. The outcome audit applies to the total population of the care group and the percentage passed for that group determines the payment for the practice.

Screening Audit Criteria

The SV tool checks diabetes using the financial year end (based on the date on which the SV Tool was run), this means that no six monthly criteria can pass until August.

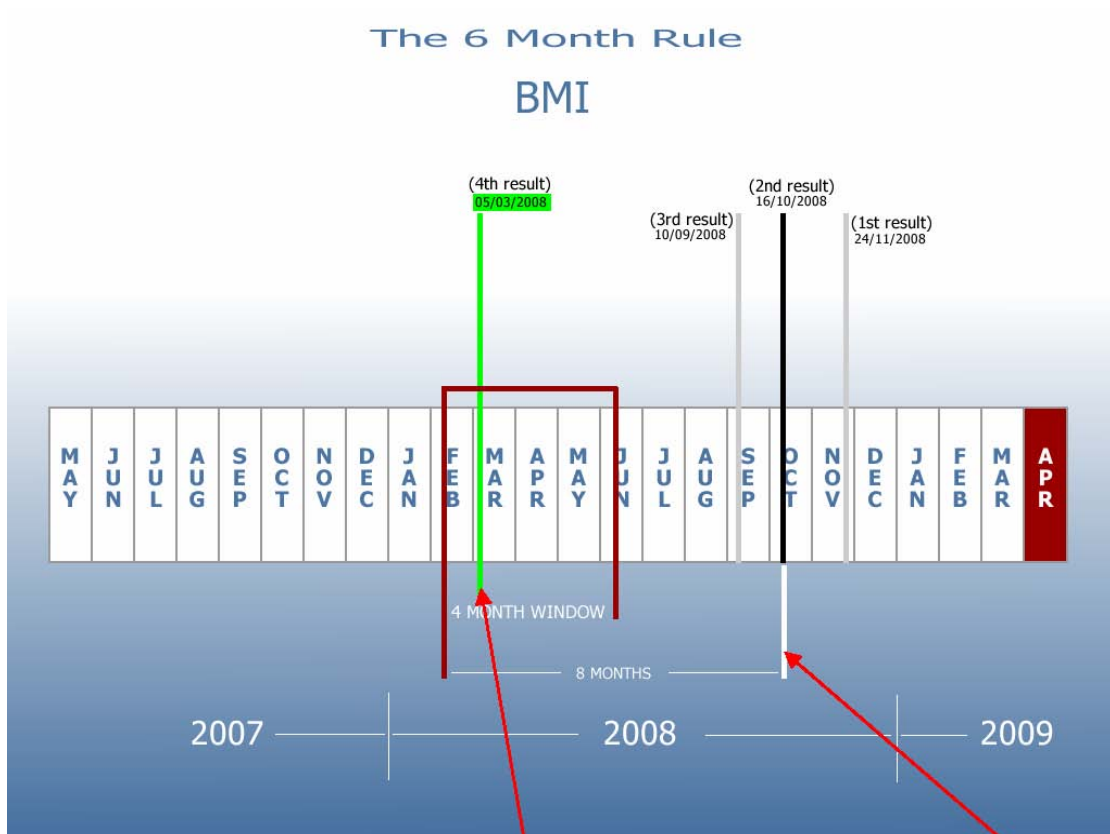
- To achieve the full screening payment a patient must meet 15 or 16 screening criteria.
- To achieve the reduced screening payment a patient must meet 11 to 14 screening criteria.
- If a patient meets 10 or fewer screening criteria they will fail to generate a claim.

Once ever

Ethnicity remains the same as before, at least one result recorded on any date.

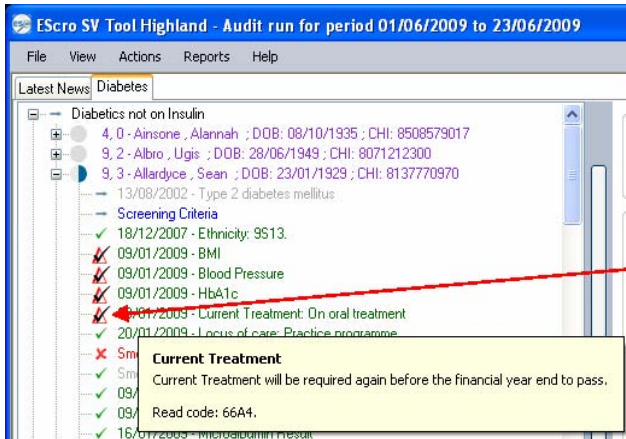
Six Monthly

- . • BMI
- . • Blood pressure
- . • HbA1c
- . • Current treatment



These remain the same as before, a result recorded on any date within 8 months of the audit date (31st March) and an additional result recorded between 4 and 8 months prior to that result. All results recorded within 8 months of the audit date are tested until the criterion is passed or all results within the 8 months are exhausted - which will result in a fail. On the SV tool, any 6 monthly criteria item with multiple results recorded can be expanded to list all results. This will also indicate the 4 - 8 month window in which a result was required for the oldest result within 8 months of the audit date.

If the patient received their first ever diabetes diagnosis during the financial year being audited, or there was only one result recorded ever for that item, then only a single result within 8 months of the audit date will be required.



When the SV Tool is run up to any date between April 1st and July 31st any six monthly criteria that has had a result recorded since December in the previous year will be marked with a warning triangle which indicates that although a result was recorded another will be required before the financial year end.

Annual

- Locus of care
- Smoking Status
- Smoking cessation advice*
- eGFR
- Total Cholesterol
- Microalbumin result
- Foot screening
 - Foot pulses
 - Foot sensation
 - Foot risk status
- Management plan
- Alcohol consumption
- Albumin excretion stage
- ACE / Angiotensin II use**

* Smoking cessation advice is not required if the last recorded smoking status is never smoked or ex-smoker.

** ACE/Angiotensin II use is not required if the patients albumin excretion stage is recorded as urine protein normal.

All annual criteria are now only required once in the 15 months prior to the audit date. That means for financial year 10/11, one entry will be required between the 1st of January 2010 and the 31st March 2011.

Outcomes

The 3 outcome criteria are:

- . • Blood pressure of 140/80 or less
- . • Total cholesterol of 5 mmol/l or less
- . • HbA1c of 7.5% or less

The most recent result within 15 months of the audit date which has a valid value will be used for the outcome audit.

The percentage of the total possible outcomes for each of the 3 care groups is used to determine overall payment for the practice.

For practices with a small number of insulin dependant diabetics, a confidence interval correction may be applied to the percentage of outcomes achieved. This correction is to allow compensation for statistical variation that may occur as a result of a small sample size. This correction value is calculated based on the total number of insulin dependant diabetics, then applied individually to each of the 2 insulin dependant care groups to give an increase in the percentage used to determine the payment level.