

This is a repository copy of Patient characteristics predicting failure to receive indicated care for type 2 diabetes.

White Rose Research Online URL for this paper: http://eprints.whiterose.ac.uk/116473/

Version: Supplemental Material

Article:

Mounce, LTA, Steel, N, Hardcastle, AC et al. (6 more authors) (2014) Patient characteristics predicting failure to receive indicated care for type 2 diabetes. Diabetes Research and Clinical Practice, 107 (2). pp. 247-258. ISSN 0168-8227

https://doi.org/10.1016/j.diabres.2014.11.009

© 2014, Elsevier Ireland Ltd. Licensed under the Creative Commons Attribution-NonCommercial-NoDerivatives 4.0 International http://creativecommons.org/licenses/by-nc-nd/4.0/

Reuse

Items deposited in White Rose Research Online are protected by copyright, with all rights reserved unless indicated otherwise. They may be downloaded and/or printed for private study, or other acts as permitted by national copyright laws. The publisher or other rights holders may allow further reproduction and re-use of the full text version. This is indicated by the licence information on the White Rose Research Online record for the item.

Takedown

If you consider content in White Rose Research Online to be in breach of UK law, please notify us by emailing eprints@whiterose.ac.uk including the URL of the record and the reason for the withdrawal request.



Supplementary Table S1: Comparison of quality indicators used to those incentivised in the Quality and Outcomes Framework

Study indicators (adapted for ELSA from Accessing Care of Vulnerable Elders indicators) ¹		Quality and Outcomes Framework (QOF) indicators for diabetes	
DIAB 1	IF a person aged 50 or older has diabetes, THEN his or her glycated haemoglobin (HbA1c) or fructosamine level should be measured at least annually.	DM5	The percentage of patients with diabetes who have a record of HbA1c or equivalent in the previous 15 months
DIAB 2	IF a diabetic person aged 50 or older does not have established renal disease and is not receiving an ACE inhibitor or angiotensin II receptor blocker, THEN he or she should receive an annual test for proteinuria.	DM13	The percentage of patients with diabetes who have a record of micro- albuminuria testing in the previous 15 months (exception reporting for patients with proteinuria)
DIAB 9	ALL diabetic persons aged 50 or older should have an annual examination of his/her feet.	$DM9^2$	DM 9. The percentage of patients with diabetes with a record of the presence or absence of peripheral pulses in the previous 15 months
		$DM10^2$	DM 10. The percentage of patients with diabetes with a record of neuropathy testing in the previous 15 months
		DM29 ²	The percentage of patients with diabetes with a record of a foot examination and risk classification: 1) low risk (normal sensation, palpable pulses), 2) increased risk (neuropathy or absent pulses), 3) high risk (neuropathy or absent pulses plus deformity or skin changes or previous ulcer) or 4) ulcerated foot within the preceding 15 months

There is no QOF equivalent of our ACE inhibitor/angiotensin II receptor blocker indicator. The QOF indicators that were current during our study period were those published in 2009-10. ¹Reference codes taken from Steel et al. (2004). ²There was a substantive update of DM9 and DM10 indicators in 2011-12 where by both indicators were retired, and a composite indicator (DM29) was introduced that included both elements of diabetic foot testing.