

Data Provision Notice

National Diabetes Audit (Gestational Diabetes Mellitus Audit)

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Change control

This Data Provision Notice has been issued to support:

- the extension of scope of the Gestational Diabetes Mellitus Audit to include the collection of data from GP practices and
- to reflect the legal and organisational changes which came into effect on 1 February 2023.

On 1 February 2023, the statutory functions of NHS Digital transferred to NHS England under the [Health and Social Care Information Centre \(Transfer of Functions, Abolition and Transitional Provisions\) Regulations 2023](#) (Transfer Regulations). Under these Transfer Regulations, all directions from either the Secretary of State for Health and Social Care or NHS England to NHS Digital are now treated as directions from the Secretary of State for Health and Social Care to NHS England.

Consequently, the legal basis for this Notice is still the direction identified below, with its status now deemed to be a direction from the Secretary of State for Health and Social Care to NHS England under section 254 of the Health and Social Care Act 2012.

Background

The Health and Social Care Act 2012 (the Act) gives [NHS England](#) statutory powers, under section 259(1)(a), to require data from health or social care bodies, or organisations that provide publicly funded health or adult social care in England, where it has been directed to establish an information system by the Secretary of State for Health and Social Care.

The data, as specified by NHS England in this published Data Provision Notice, is required to support a direction from the Secretary of State for Health and Social Care to NHS England. Therefore, organisations that are in scope of the notice are legally required, under section 259(5) of the Act, to provide the data in the form and manner specified below.

Purpose

NHS England is directed by the Secretary of State for Health and Social Care to collect and analyse data in connection with the National Diabetes Audit (NDA) including the National Diabetes Audit Gestational Diabetes Mellitus Audit, which is part of the NDA programme of clinical audits (referred hereafter to as **NDA GDM**).

There is currently no national data to measure whether the provision of gestational diabetes mellitus care is in line with National Institute for Health and Care Excellence (NICE) recommendations either across diabetes maternity specialist services or in primary care; therefore this audit is essential so this can be monitored and managed.

Gestational diabetes mellitus (GDM) is the most common medical condition to affect pregnant women. If it is untreated during pregnancy it can lead to poor maternal and neonatal outcomes. However, effective treatment substantially reduces these risks and should lead to successful pregnancy outcomes.

Clinical teams looking after women with diabetes in pregnancy report ever increasing numbers of women developing GDM, with a disproportionate impact on women of colour and those living in deprived communities. However, the true scale of the problem is unknown as

there is no national data collection to determine how many women are diagnosed with GDM, and whether healthcare inequalities are being addressed.

There is growing concern that the large numbers of women developing GDM are putting increased demand on clinical services and that this could be adversely affecting pregnancy outcomes. Without knowing the maternal and neonatal outcomes for women with GDM, it is not possible to assess this over time and ensure that all services are providing high quality care.

The findings from the GDM audit will be used by hospital managers, GPs and other clinical staff to look at areas where their care is below standard and to develop plans to improve these services, particularly referral between primary and secondary care, 12 month annual follow up, access to diabetes prevention programme and outcomes.

The key audit findings will be published in national reports and data reports at general practice, hospital/trust and Integrated Care Board (ICB) level.

NHS England has a statutory obligation to keep collections under review on an ongoing basis. As such a review date must be set at which point NHS England will review the continuing need for this collection.

Benefits

Participation in the NDA GDM audit provides hospitals and general practices with the opportunity to plan diabetes care in response to local needs and to look at local performance in comparison with similar organisations. Participation allows services to:

- assess local service provision for gestational diabetes against NICE guidelines
- compare service delivery, treatment effectiveness and outcomes of care
- identify and share best practice
- identify gaps or shortfalls in commissioning services
- inform people with diabetes about the care they receive and about local diabetes service provision and outcomes.
- to ensure referrals for GDM from secondary to primary care (and vice versa) happen and are acted upon/followed up

Legal basis for collection, analysis, publication and dissemination

Collection and analysis

NHS England has been directed by the Secretary of State for Health and Social Care under section 254 of the Health and Social Care Act 2012 to establish and operate a system for the collection and analysis of the information specified for this service. The direction and accompanying requirements specification are published on the NHS England website: [Establishment of information systems for NHS services: National Diabetes Audit Directions 2017](#).

This information is required by NHS England under section 259(1)(a) of the Health and Social Care Act 2012.

In line with section 259(5) of the Act, all organisations in scope, in England, must comply with the requirement and provide information to NHS England in the form, manner and period specified in this Data Provision Notice.

This Notice is issued in accordance with the procedure published as part of an NHS England duty under section 259(8).

Patients that have registered a Type 1 objection with their General Practice will not have data from their GP record shared with NHS England for this collection. The Type 1 objection prevents an individual's confidential patient information from being shared outside of their General Practice except when it is being used for the purposes of their direct care.

The National Data Opt-Out will not apply to the submission of data to NHS England for this collection as the Data Provision Notice is a legal requirement with which the participating organisations must comply. Where NHS England disseminates data, the National Data Opt-Out will be applied in accordance with the national data opt-out policy: <https://digital.nhs.uk/services/national-data-opt-out/operational-policy-guidance-document>

Publication

Under section 260(1) of the Health and Social Care Act 2012, NHS England must publish all information it obtains by complying with a direction under section 254 or a request under section 255 of the Act unless the information falls within section 260(2).

NHS England will publish the audit outputs in the form of interactive dashboards; annual state of the nation summary reports; bespoke reporting tailored to different audiences (including commissioning bodies, people with diabetes and clinicians) and summary infographics.

The level of granularity for reporting is agreed with stakeholders and in line with NHS England disclosure policy, e.g. general practice, trust/health board, commissioning, Integrated Care Systems (ICS).

All reports produced are made available in the public domain, at named provider level, excluding any information that might make individual patients identifiable. NHS England in consultation with the Secretary of State for Health and Social Care considers it is in the public interest to publish information at named provider level.

Dissemination

NHS England will use its discretionary powers under section 261 of the Health and Social Care Act 2012 to disseminate any information collected or obtained as a result of the National Diabetes Audit Directions 2017 where there is a suitable legal basis.

Requests for data from the NDA Core Audit will be managed through the [Data Access Request Service](#) (DARS).

Data, other than anonymous aggregate data, will be disseminated in accordance with precedents approved by the [Advisory Group for Data](#) or subject to advice from the Advisory Group for Data.

Transparency

NHS England has issued a Transparency Notice for this data collection as required under Article 14 of the UK General Data Protection Regulation (UK GDPR).

Data providers in scope of this Data Provision Notice are required under Article 13 of the UK GDPR to provide their own transparency information to their patients (data subjects) and can link to the [NDA Transparency Notice](#) to provide additional information.

The details of any data disseminations made by NHS England from this collection will be regularly published in the [Data Uses Register](#) which is available on the NHS England website.

Persons consulted

Following receipt of a direction to establish a system to collect and analyse National Diabetes Audit data, NHS England has, as required under section 258 of the Health and Social Care Act 2012, consulted with the following persons:

- Department of Health and Social Care, as the directing organisation
- Healthcare Quality Improvement Partnership (HQIP)
- The British Medical Association General Practitioners Committee - Sub IT Committee
- National clinical directors
- National Institute for Health and Care Excellence (NICE)
- Clinicians
- Healthcare professionals
- Patient body representatives
- People with diabetes
- Research community
- The Data Alliance Partnership Board (DAPB) - established in November 2020 as part of a system-wide information and technology governance model. The DAPB acts with delegated authority from the Secretary of State as the main governance route through which all data collections and standards requirements are agreed, and priorities assigned.

Scope of the collection

Under section 259(1)(a) of the Health and Social Care Act 2012, this Notice is served in accordance with the procedure published as part of the NHS England duty under section 259(8) on the following persons:

- general practices in England
- all maternity units with a joint diabetes and maternity service within NHS Trusts in England.

- NHS funded services delivering diabetes structured patient education

Diabetes care means responsibility for overseeing the general care of people with diabetes including annual care checks, care planning and review of education needs.

Under section 259(5) of the Health and Social Care Act 2012 the organisation types specified above must comply with the Form, Manner and Period requirements below.

Form of the collection

For general practice, the collection will be facilitated via the General Practice Extraction Service (GPES). The NHS England audit team, GPES team and GP system suppliers have worked together to define the specifications and timescales for the quarterly collections which will take place automatically according to the defined schedule. Details of this are provided on the NDA collection [webpage](#).

The requirement also relates to the submission of patient identifiable data from secondary care via the Maternity Services Dataset (MSDS). Full details of the data to be collected can be found in the Programme Technical Specification on the MSDS collection [webpage](#).

The following patient identifiable information is included in the collection for both (primary care) General Practice and (secondary care) maternity services:

- NHS Number
- Date of birth
- Postcode
- Sex

Once the data is collected from GP system suppliers (GPSS), validation on the file structure and contents is carried out before files are accepted by NHS England's GP Data Collector system.

Manner of the collection

GDM data collected via GPES as part of NDA

General practices were sent an invitation to participate in the National Diabetes Audit (NDA) via the Calculating Quality Reporting Service (CQRS). This invitation must be accepted as there is a direction in place for this data collection and NHS England has statutory powers to require this data under section 259(1)(a) of the 2012 Act. All general practices are therefore mandated to comply with this invitation and approve the collection. The required data will be collected from general practices' clinical IT systems via the GPES. Information regarding how NHS England collects information from primary care practices is available on the GPES [webpage](#).

GDM data collected via MSDS

Secondary care maternity services should continue to submit to the Maternity Services dataset via the Strategic Data Collection Service in the Cloud (SDCS Cloud) using a registered account. Users must register to use this online tool via NHS England's single sign on services. Details for the MSDS collection are available on this [webpage](#).

Period of the collection

The data is extracted from general practices on a quarterly basis via GPES.

Indicative timings for extractions are:

- August: collection of data from January to June
- November: collection of data from January to September
- February: collection of data from January to December
- May: collection of full audit year data.

The schedule for the maternity services dataset submissions and extractions are available on this [webpage](#).

General practices and maternity services are notified directly of the collection periods and timeframes and these will also be advertised on the NDA GDM collection [webpage](#).

Burden of the collection

Steps taken by NHS England to minimise the burden of collection

NHS England has a statutory duty under section 253(2)(a) of the Act to seek to minimise the burden it imposes on others. In seeking to meet these obligations in relation to this collection, NHS England has:

- sought to minimise the burden on general practices by using existing data extract technology (GPES), rather than requesting information in another format which may be more burdensome to process.
- sought to minimise the burden on secondary care maternity services by using an existing data collection (MSDS), rather than requesting information in another format which may be more burdensome to process.

In addition, in support of its obligation under 265(3) of the Act, NHS England has an assessment process to validate and challenge the level of burden incurred through introducing new information standards, collections and extractions.

This process is carried out by the Data Standards Assurance Service (DSAS) which assures burden assessment evidence as part of the overarching Data Alliance Partnership Board (DAPB) approval process. The DAPB, acting under authority of the Secretary of State, oversees the assurance, approval and publication of information standards and data collections for the health and social care system in England.

Assessed costs

There are no associated costs or burden linked to this data collection as it will use an existing extract.

Burden is the assessment of the time and associated costs incurred by stakeholders in England resulting from the implementation, on-going use and eventual decommissioning of an information standard, data collection or data extract.