



Whole Systems Integrated Care (WSIC) Dashboards: Diabetes Radar

User Guide – V1.3

If you are having problems logging in, or require a new password, please contact the NWL Service Desk via email nwlccg.servicedesk@nhs.net

Please attach your user access form in all contact with the Service Desk.



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Version History

Date	Version	Author	Notes
06/02/2016	0.1	Olivia Walicki	Draft
19/05/2017	0.3	Jessica Murray	Added descriptions of logic and code lists
22/05/2017	1.0	Rachel Meadows	Formatting
18/05/2018	1.1	Olivia Walicki	Updates
03/08/2018	1.2	Titilayo Shoroye	Updates
12/04/2019	1.3	Tracey Dede	Updates

Clinical uses of the Diabetes Radar

There are a number of scenarios where we envisage that the diabetes radar may be of use and a few of these have been piloted using an initial Excel-based dashboard in some of the CWHHE practices:

1. Prioritising patients for review:
 - The radar allows the clinician to sort patients by a number of parameters including (at the moment) age, HbA1c, BP, cholesterol, eGFR, number of care processes outstanding or number of A&E attendances in last year
2. Virtual clinics:
 - Sitting down with a specialist clinician and reviewing a list of diabetes patients can be a relatively time efficient way of getting input into a group of poorly controlled / off-target patients. The radar allows the clinicians to review a list of patients sorted by HbA1c (or other parameters) quite rapidly without necessarily having to open every patient's set of notes in the GP system. This is likely to become even more useful as the system develops
3. Print off for patients:
 - The diabetes radar can create a print off for the patient incorporating graphs of latest HbA1c, BP, cholesterol, eGFR, ACR and BMI, which may help patients get a handle on their latest trends and understand their condition better. Seeing the effects of a reduction in BMI on HbA1c can be quite a powerful motivator to remain on track with lifestyle change.
4. Recall for appointments



Diabetes Radar | Homepage

You can access the Diabetes Radar from the WSIC Dashboard Homepage by selecting the Long Term Conditions icon.

Care Professionals View | Diabetes Care Radar

Review completion of the 9 key care processes for patients with diabetes



Click on a traffic light to view the trend of that indicator for the selected patient  

GP Practice: (All) | Diabetes Type: (All) | Sort by: Latest HbA1c | Outstanding care process: None selected | 59,021 patients on list

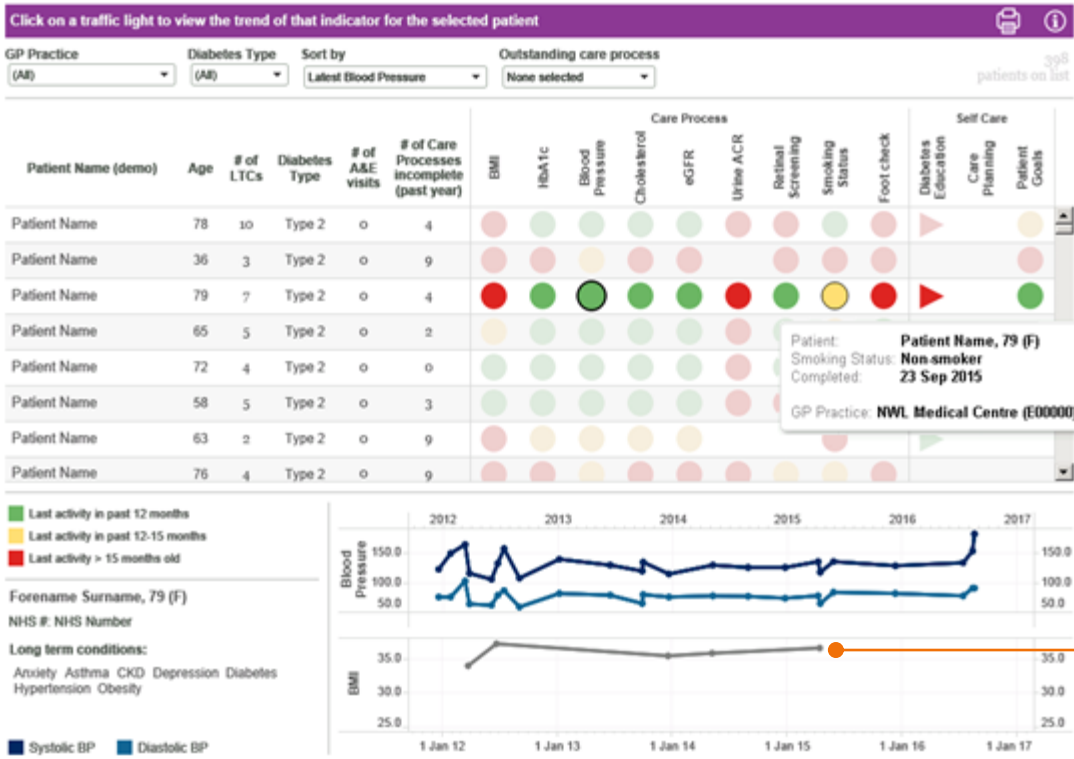
Patient Name	Age	# of LTCs	Diabetes Type	# of A&E visits (past 12 months)	# of Care Processes incomplete (past year)	Care Process									Self Care		Diagnosed only		
						HbA1c	Blood Pressure	Cholesterol	BMI	Urine ACR	eGFR	Foot check	Retinal Screening	Smoking Status	Diabetes Education	Care Plan		Patient Goals	
Patient 25388919	59 years	2	Type 2	0	1	●	●	●	●	●	●	●	●	●	●	●	✕	●	●
Patient 155047	52 years	4	Type 2	0	5	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Patient 983538	62 years	1	Type 2	0	9	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Patient 3929678	56 years	4	Type 2	0	3	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Patient 6969675	75 years	3	Type 2	1	8	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Patient 13953636	64 years	2	Type 2	1	5	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Patient 37462348	51 years	1	Type 2	1	3	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Patient 10962590	52 years	3	Type 2	0	1	●	●	●	●	●	●	●	●	●	●	●	●	●	●

- Last activity > 15 months old
- Last activity in past 12-15 months
- Last activity in past 12 months

Long term conditions:

Diabetes Radar | Usage

The Diabetes Radar displays traffic lights indicating how recently key processes were completed for each patient with diabetes.



Diabetes education icon meanings:

- ▶ Referred on
- ✘ Declined
- Blank – no code in clinical system

Total number of patients on list

Notes on usage

- Click on a traffic light to view patient details and a chart of past results against BMI below
- A missing traffic light indicates that no data is available for the process
- Hover over traffic lights to see when a care process was last completed and the most recent result

Hover over points on the graph to show the date and value of the reading

Diabetes Radar | Calculation Definitions

- Latest reading: each traffic light displays the latest event for that indicator which met the validity criteria, where latest does not account for time of day. Where multiple events took place for a single indicator on the same day, these are ranked by the read code used (to ensure that, for example, ambulatory systolic BP readings are correctly matched with ambulatory diastolic BP readings). If there are multiple instances of the highest 'ranked' read code, the minimum reading of these (meeting the validity criteria) is used.
- Diabetes Type (GP data) – This will be displayed as Type 1, Type 2, Autosomal dominant, Remission, or, in the absence of a read code denoting one of these, NOS. Where codes denoting different types are present for a patient, the latest type is used.
- Number of LTCs - The LTC list is produced by running the QOF 2014-15 algorithm on the primary care data for this patient.
- Number of A&E visits – Counts the number of A&E visits of a patient in the past 12 months as in:
 - Acute (SLAM) data, refreshed on a monthly basis, 6-8 week lag; and
 - Direct Provider A&E feeds (Hillingdon Hospital only), refreshed weekly, approximately 1 week lag.
- Number of care processes incomplete – the number of care processes not completed in the past 12 months

Diabetes Radar | Indicator CTV3/Read Codes

In general, codes have been chosen such that a process will only be marked as complete if a valid result has been recorded. For example, 'foot risk assessment' does not count towards completeness of a foot check as it does not indicate the result, but 'right foot risk - moderate' does.

A list of codes feeding each care process may be viewed on page 12.

Diabetes Radar | Data validation

Numerical results for BMI, BP, HbA1c, and Cholesterol are checked to ensure that they fall within a valid range. Results not falling within the valid range do not feed the traffic lights or feature on trend graphs. These checks are in place to prevent obviously erroneous results from distracting from true trends and to prevent the top and bottom of sorted lists being unrepresentative.

The thresholds of validity for each of these numerical indicators are below:

Systolic BP:	70 ≤ valid ≤ 300	Cholesterol:	0 ≤ valid ≤ 15
Diastolic BP:	30 ≤ valid ≤ 200	eGFR:	0 ≤ valid ≤ 200
BMI:	10 ≤ valid ≤ 150	HbA1c:	15 ≤ valid ≤ 200

Diabetes Radar | Sorting

The Radar may be sorted by different criteria using the dropdown menu at the top of the screen. Where multiple patients have the same value for the sort they are ordered by NHS number.

- Blood Pressure - Each patient with a blood pressure reading has both their latest systolic and diastolic readings rated as High, Medium or Low. Patients are ranked by the combination of the systolic and diastolic ratings: High-High > High-Medium > High-Low > Medium-Medium, etc. Within these groups, patients are ranked by the sum of their latest systolic and diastolic BPs.
- Number of care processes incomplete – Patients are ordered by the number of care processes incomplete in the past 12 months (as in the measure above), and then by the number of processes not complete in the past 18 months. Note that the sorting order does not differentiate between a process which has never been done and one done more than 18 months ago.

Diabetes Radar | Trend graphs

Trend graphs are available for HbA1c, BMI, BP, cholesterol, Urine ACR, and eGFR over a maximum of the past five years. Please note that the read coded events feeding the graph are a subset of those which may feed the traffic lights. Codes used for the traffic lights are excluded from plotting because:

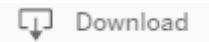
- The code is non-numeric; or

- The code denotes a result which is not representative of the indicator being plotted.
For example, a Urine PCR (protein to creatinine ratio) reading counts as completion of the Urine ACR (albumin to creatinine ratio), but will not be plotted on the trend graph as such readings will be systematically higher than ACR readings (as they measure all proteins, not just albumin) and may therefore skew the graph.

Diabetes Radar: Patient Summary

The Patient Diabetes Summary consolidates the information available on the Diabetes Radar for a single patient onto one page.

The summary may be exported as an A4 PDF for printing or sharing, e.g. with a patient on the Care Information Exchange (CIE), by choosing PDF from the download menu at the top right of the screen.



Hover over a point to view the date and value of that reading

Explanations of indicators for patients

Patient View | Patient Diabetes Summary

Review completion of the 9 key care processes for diabetic patients

Click on a traffic light to view the trend of that indicator for the selected patient

NHS Number: 1234567890 Latest available data ranges from 31/08/2016 to 26/09/2016. Hover over the "i" button below for more detail.

Patient Name	Age	# of LTCs	Diabetes Type	# of A&E visits	# of Care Processes Incomplete (past year)	Care Process									Self Care Planning at Goal
						Blood Pressure	BMI	Cholesterol	eGFR	Urine ACR	HbA1c	Retinal Screening Status	Foot Check	Diabetes Education	
Patient Name	77	5	Type 2	0	3	●	●	●	●	●	●	●	●	●	

■ Last activity in past 12 months

■ Last activity > 15 months old

Patient N : 77 (M)

NHS #: 123 456 7890

Smoking Status: Smoker (3 Feb 2015)

Long term conditions:

CHD Diabetes Hypertension
Ischaemic Heart Disease
Peripheral Arterial Disease

Indicators Explained

Blood pressure is recorded with two numbers. The systolic pressure (higher number) is the force at which your heart pumps blood around your body. The diastolic pressure (lower number) is the resistance to the blood flow in the blood vessels.

Cholesterol is a fatty substance known as a lipid and is vital for the normal functioning of the body. It's mainly made by the liver, but can also be found in some foods. Having an excessively high level of lipids in your blood (hyperlipidemia) can have an effect on your health.

HbA1c is a measure of blood sugar levels.

eGFR is the result of a blood test that's used to work out how well your kidneys are working. The test measures the levels of a waste product called creatinine in your blood.

Urine ACR (albumin to creatinine ratio), also known as urine microalbumin, helps identify kidney disease that can occur as a complication of diabetes.

Diabetes Radar | Codes

HbA1c

CTV3			Read Codes (Version 2)		
Used for...	Code	Code description	Code	Code description	
Results	XaPbt	Haemoglobin A1c level – IFCC standardised	42W5.	HbA1c level - IFCC standardised	
	42W5. .42W5				
Target	XaWP9	HbA1c target level - IFCC standardised	66Ae0	HbA1c target level - IFCC standardised	
	66Ae0				

BMI

CTV3			Read Codes (Version 2)				
Used for...	Code	Code description	Used for...	Code	Code description		
Results	.22K.		Results	22K..	Body Mass Index		
	22K..	Body mass index - observation					
	X76CO	Quetelet index					
Target	22KA.		Target	22KA.	Target body mass index		
	XaZMj	Target body mass index					

Blood Pressure (CTV3)

Used for...	Noted as...	Component	CTV3 Code	Code description
Results	24 hour average	Diastolic	.246V	
			246V.	
			XaF4b	Average 24 hour diastolic blood pressure
		Systolic	.246W	
			246W.	
			XaF4O	Average 24 hour systolic blood pressure
	Ambulatory	Diastolic	.246f	
			246f.	
			XaKjG	Ambulatory diastolic blood pressure
		Systolic	.246e	
			246e.	
			XaKjF	Ambulatory systolic blood pressure
Average	Diastolic	246m.		
		XaF4S	Average diastolic blood pressure	
		246l.		
	Systolic	XaF4F	Average systolic blood pressure	
		.246X		
		246X.		
Average day interval	Diastolic	XaF4a	Average day interval diastolic blood pressure	

Used for...	Noted as...	Component	CTV3 Code	Code description
Results	Average day interval	Systolic	.246Y	
			246Y.	
			XaF4L	Average day interval systolic blood pressure
	Average night interval	Diastolic	.246a	
			246a.	
			XaF4Z	Average night interval diastolic blood pressure
	Home average	Systolic	.246b	
			246b.	
			XaF4K	Average night interval systolic blood pressure
	Lying	Diastolic	.246c	
			246c.	
			XaKfw	Average home diastolic blood pressure
	Lying	Systolic	.246d	
			246d.	
			XaKfx	Average home systolic blood pressure
Lying	Diastolic	.246T		
		246T.		
		XaJ2H	Lying diastolic blood pressure	
Lying	Systolic	.246S		
		246S.		
		XaJ2G	Lying systolic blood pressure	

Used for...	Noted as...	Component	CTV3 Code	Code description
Results	Sitting	Diastolic	.246R	
			246R.	
			XaJ2F	Sitting diastolic blood pressure
		Systolic	.246Q	
			246Q.	
	Standing	Diastolic	XaJ2E	Sitting systolic blood pressure
			.246P	
			246P.	
		Systolic	XaIwk	Standing diastolic blood pressure
			.246N	
Target	Diastolic	246N.		
		XaIwj	Standing systolic blood pressure	
		.246L		
	Systolic	246L.		
		XaI9g	Target diastolic blood pressure	
		.246K		
		246K.		
XaI9f	Target systolic blood pressure			

Blood Pressure (Read Codes Version 2)

Noted as...	Component	Read Code V2	Code Description
24 hour average	Diastolic	246V.	Average 24 hour diastolic blood pressure
	Systolic	246W.	Average 24 hour systolic blood pressure
Ambulatory	Diastolic	246f.	Ambulatory diastolic blood pressure
	Systolic	246e.	Ambulatory systolic blood pressure
Average	Diastolic	246m.	Average diastolic blood pressure
	Systolic	246l.	Average systolic blood pressure
Average day interval	Diastolic	246X.	Average day interval diastolic blood pressure
	Systolic	246Y.	Average day interval systolic blood pressure
Average night interval	Diastolic	246a.	Average night interval diastolic blood pressure
	Systolic	246b.	Average night interval systolic blood pressure
Home average	Diastolic	246c.	Average home diastolic blood pressure
	Systolic	246d.	Average home systolic blood pressure
Lying	Diastolic	246T.	Lying diastolic blood pressure
	Systolic	246S.	Lying systolic blood pressure
Sitting	Diastolic	246R.	Sitting diastolic blood pressure
	Systolic	246Q.	Sitting systolic blood pressure
Standing	Diastolic	246P.	Standing diastolic blood pressure
	Systolic	246N.	Standing systolic blood pressure
Target	Diastolic	246L.	Target diastolic blood pressure
	Systolic	246K.	Target systolic blood pressure

Cholesterol

Read Codes, Version 2			CTV3	
	Code	Code Description	Code	Code Description
Fasting	44PK.	Serum fasting total cholesterol	XaLux	Serum fasting total cholesterol
			44PK.	
			.44PK	
Plasma total	44OE.	Plasma total cholesterol level	XaFs9	Fasting cholesterol level
			XaIRd	Plasma total cholesterol level
			44OE.	
			.44OE	
Serum	662a.	Pre-treatment serum cholesterol level	XaIqd	Pre-treatment serum cholesterol level
			662a.	
			.662a	
	44P..	Serum cholesterol	XE2eD	Serum cholesterol level
			44P..	
			.44P.	
44PZ.	Serum cholesterol NOS	44PZ.	Serum cholesterol NOS	
		.44PZ		
		X772L	Cholesterol level	
Serum total	44PJ.	Serum total cholesterol level	XaJe9	Serum total cholesterol level
			44PJ.	
			.44PJ	



Target	662X.	Target cholesterol level	XaIQb	Target cholesterol level
			662X.	
			.662X	
			XaXbu	Target serum total cholesterol level
			XaXeX	
			XaXeZ	Target serum low density lipoprotein cholesterol level
Total	44PH.	Total cholesterol measurement	XSK14	Total cholesterol measurement
			44PH.	
			.44PH	

Urine ACR (Albumin to Creatinine ratio)

Read Codes, Version 2		CTV3		Appears	
Code	Code Description	Code	Code Description	on graphs	
46TD.	Urine microalbumin:creatinine ratio	.46TD		Yes	
		46TD.		Yes	
		XE2n4	Urine microalbumin/creatinine ratio	Yes	
44J7.	Albumin / creatinine ratio	.44J7		Yes	
		44J7.		Yes	
		X773Y	Albumin/creatinine ratio	Yes	
46TC.	Urine albumin:creatinine ratio	XE2n3	Urine albumin/creatinine ratio	Yes	
		.46TC		Yes	
		46TC.		Yes	
PCR	44ID.	44ID.	Urine protein/creatinine ratio	No	
				44ID.	No
				XaEMS	Urine protein/creatinine ratio
	44IzX	Random urine protein:creatinine ratio	44IzX		No
			XaIz7	Urine protein/creatinine index	No
	46N7.	Urine protein/creatinine index	.46N7		No
46N7.				No	
XabrL			Random urine protein:creatinine ratio	No	
Urine albumin	46W..	46W..	Urine microalbumin level	No	
				.46W.	No
				46W..	No

Code	Code Description	Code	Code Description	Appears on graphs
46N8.	Urine microalbumin profile	.46N8		No
		46N8.		No
		XaJmI	Urine microalbumin profile	No

eGFR

	Read Codes, Version 2		CTV3	
Noted as...	Code	Code Description	Code	Code Description
CKD-EPI	451N.	Estimated glomerular filtration rate using creatinine Chronic Kidney Disease Epidemiology Collaboration equation per 1.73 square metres	451N.	
			XacUK	eGFR using creatinine (CKD-EPI) per 1.73 square metres
MDRD	451E.	Glomerular filtration rate calculated by abbreviated Modification of Diet in Renal Disease Study Group calculation	.451E	
			451E.	
	451F.	Glomerular filtration rate	XaK8y	GFR calculated abbreviated MDRD
			.451F	
			451F.	
			XSFyN	Glomerular filtration rate

Smoking Status

Read Codes, Version 2			CTV3	
	Code	Code Description	Code	Code Description
Ex-smoker	1377	Ex-trivial smoker (<1/day)	1377.	Ex-trivial smoker (<1/day)
			.1377	
	1378	Ex-light smoker (1-9/day)	1378.	Ex-light smoker (1-9/day)
			.1378	
	1379	Ex-moderate smoker (10-19/day)	1379.	Ex-moderate smoker (10-19/day)
			.1379	
	137A.	Ex-heavy smoker (20-39/day)	137A.	Ex-heavy smoker (20-39/day)
			.137A	
	137B.	Ex-very heavy smoker (40+/day)	137B.	Ex-very heavy smoker (40+/day)
			.137B	
	137F.	Ex-smoker - amount unknown	137F.	Ex-smoker - amount unknown
			.137F	
	137j.	Ex-cigarette smoker	137j.	
		.137j		
137K.	Stopped smoking	137K.	Stopped smoking	
		.137K		
137K0	Recently stopped smoking	137K0		
137I.	Ex roll-up cigarette smoker	137I.		
		.137I		

137N.	Ex pipe smoker	137N.	Ex-pipe smoker
		.137N	
137O.	Ex cigar smoker	137O.	Ex-cigar smoker
		.137O	
137S.	Ex smoker	Ub1na	Ex-smoker
		137S.	
		.137S	
137T.	Date ceased smoking	137T.	Date ceased smoking
		.137T	
		Xa1bv	Ex-cigarette smoker
		XaQ8V	Ex roll-up cigarette smoker
		XaQzw	Recently stopped smoking
		XaXP6	
		XaXP8	
		XE0oj	Ex-trivial cigarette smoker (<1/day)
		XE0ok	Ex-light cigarette smoker (1-9/day)
		XE0ol	Ex-moderate cigarette smoker (10-19/day)
		XE0om	Ex-heavy cigarette smoker (20-39/day)
		XE0on	Ex-very heavy cigarette smoker (40+/day)
		XE0op	Ex-cigarette smoker amount unknown
Non-smoker	1371 Never smoked tobacco	1371.	Non-smoker (& [never smoked tobacco])
		.1371	

Smoker	137L.	Current non-smoker	137L.	Current non-smoker
			.137L	
			Ub0oq	Non-smoker
			XE0oh	Never smoked tobacco
	137..	Tobacco consumption	XE0og	Tobacco smoking consumption
			137..	[Tobacco consumption] or [smoker - amount smoked]
			.137.	
	1372	Trivial smoker - < 1 cig/day	1372.	(Trivial smoker - < 1 cig/day) or (occasional smoker)
			.1372	
	1373	Light smoker - 1-9 cigs/day	1373.	Light cigarette smoker (1-9 cigs/day)
		.1373		
1374	Moderate smoker - 10-19 cigs/d	1374.	Moderate cigarette smoker (10-19 cigs/day)	
		.1374		
1375	Heavy smoker - 20-39 cigs/day	1375.	Heavy cigarette smoker (20-39 cigs/day)	
		.1375		
1376	Very heavy smoker - 40+cigs/d	1376.	Very heavy cigarette smoker (40+ cigs/day)	
		.1376		
137a.	Pipe tobacco consumption	Ub1tK	Pipe tobacco consumption	
		137a.		

		. 137a	
137b.	Ready to stop smoking	XalkX	Ready to stop smoking
		137b.	
		.137b	
137c.	Thinking about stopping smoking	XalkW	Thinking about stopping smoking
		137c.	
		.137c	
137d.	Not interested in stopping smoking	XalkY	Not interested in stopping smoking
		137d.	
		.137d	
137e.	Smoking restarted	XaBSp	Smoking restarted
		137e.	
		.137e	
137f.	Reason for restarting smoking	Xaltg	Reason for restarting smoking
		137f.	
		.137f	
137G.	Trying to give up smoking	137G.	Trying to give up smoking
		.137G	
137H.	Pipe smoker	137H.	Pipe smoker
		.137H	
137h.	Minutes from waking to first tobacco consumption	XaJX2	Minutes from waking to first tobacco consumption
		137h.	

		.137h		
137J.	Cigar smoker	137J.	Cigar smoker	
		.137J		
137m.	Failed attempt to stop smoking	137m.		
137o.	Waterpipe tobacco consumption	137o.		
137P.	Cigarette smoker	137P.	Smoker (& cigarette)	
		.137P		
137Q.	Smoking started	XE0or	Smoking started	
		137Q.		
		.137Q		
137R.	Current smoker	137R.	Smoker	
		.137R		
137V.	Smoking reduced	Xallu	Smoking reduced	
		137V.		
		.137V		
137X.	Cigarette consumption	Ub1tl	Cigarette consumption	
		137X.		
		.137X		
137Y.	Cigar consumption	Ub1tl	Cigar consumption	
		137Y.		
		.137Y		
137Z.	Tobacco consumption NOS	137Z.	Tobacco consumption NOS	
		.137Z		

	Ua28x	
	Ub0oo	Tobacco smoking behaviour
	Ub0p1	Time since stopped smoking
	Ub0p3	Age at starting smoking
	Ub1tR	Occasional cigarette smoker
	Ub1tS	Light cigarette smoker
	Ub1tT	Moderate cigarette smoker
	Ub1tU	Heavy cigarette smoker
	Ub1tV	Very heavy cigarette smoker
	Ub1tW	Chain smoker
	XaLQh	Wants to stop smoking
	XaWNE	Failed attempt to stop smoking
	XaXP9	Smoker before confirmation of pregnancy
	XaZIE	Waterpipe tobacco consumption
	XE0oi	Trivial cigarette smoker (less than one cigarette/day)
	XE0oq	Cigarette smoker
	XE0sl	Tobacco consumptn: [non-smoker] or [smoker - amount smoked]

Foot Risk (Read Codes, Version 2)

Risk	Foot	Read Code V2	Code Description
Low	left	2G5I.	O/E - Left diabetic foot at low risk
	right	2G5E.	O/E - Right diabetic foot at low risk
At risk	left	2G5B.	O/E - Left diabetic foot at risk
	right	2G5A.	O/E - Right diabetic foot at risk
Moderate	left	2G5J.	O/E - Left diabetic foot at moderate risk
	right	2G5F.	O/E - Right diabetic foot at moderate risk
Increased	left	2G5d.	O/E - Left diabetic foot at increased risk
	right	2G5e.	O/E - Right diabetic foot at increased risk
High	left	2G5K.	O/E - Left diabetic foot at high risk
	right	2G5G.	O/E - Right diabetic foot at high risk
Ulcerated	left	2G5L.	O/E - Left diabetic foot - ulcerated
	right	2G5H.	O/E - Right diabetic foot - ulcerated
Amputated	left	2G43.	O/E - Amputated left leg
	left	2G45.	O/E - Amputated left above knee
	left	2G47.	O/E - Amputated left below knee
	right	2G42.	O/E - Amputated right leg
	right	2G44.	O/E - Amputated right above knee
	right	2G46.	O/E - Amputated right below knee

Foot Risk (CTV3)

Risk	Foot	CTV3 Code	Code Description
Low	Left	.2G5I	
		2G5I.	
		XaleL	O/E - Left diabetic foot at low risk
	Right	.2G5E	
		2G5E.	
		XaleH	O/E - Right diabetic foot at low risk
At risk	Left	.2G5B	
		2G5B.	
		XaBLg	O/E - Left diabetic foot at risk
	Right	.2G5A	
		2G5A.	
		XaBLf	O/E - Right diabetic foot at risk
Increased	Left	2G5d.	
		XaX6K	O/E - Left diabetic foot at increased risk
	Right	2G5e.	
		XaX6J	O/E - Right diabetic foot at increased risk

Risk	Foot	CTV3 Code	Code Description
Moderate	left	.2G5J	
		2G5J.	
		XaleR	O/E - Left diabetic foot at moderate risk
	right	.2G5F	
		2G5F.	
		XaleS	O/E - Right diabetic foot at moderate risk
High	left	.2G5K	
		2G5K.	
		XaleM	O/E - Left diabetic foot at high risk
	right	.2G5G	
		2G5G.	
		XaleI	O/E - Right diabetic foot at high risk
Amputated	left	.2G43	
		.2G45	
		.2G47	
		2G43.	
		2G45.	
		2G47.	
		XaBLU	O/E - Amputated left leg
		XaBLW	O/E - Amputated left above knee
		XaBLY	O/E - Amputated left below knee

Risk	Foot	CTV3 Code	Code Description
Amputated	Right	.2G42	
		.2G44	
		.2G46	
		2G42.	
		2G44.	
		2G46.	
		XaBLT	O/E - Amputated right leg
		XaBLV	O/E - Amputated right above knee
		XaBLX	O/E - Amputated right below knee
Ulcerated	Left	.2G5L	
		2G5L.	
		XaleK	O/E - Left diabetic foot - ulcerated
	Right	.2G5H	
		2G5H.	
		XaleJ	O/E - Right diabetic foot - ulcerated

Retinal Screening

Read Codes, Version 2		CTV3	
Code	Code Description	Code	Code Description
3129.	Eye fundus photography	3129.	Fundus photography
		.3129	
31283	Camera fundoscopy	31283	
2BB..	O/E - retinal inspection	2BB..	O/E - retinal inspection
		.2BB.	
312F.	Camera fundoscopy	XaFrO	Camera fundoscopy
		312F.	
		.312F	
58C1.	Retinal photography	Xa1zl	Retinal photography
		58C1.	
		.58C1	
68A7.	Diabetic retinopathy screening	Xa1lj	Diabetic retinopathy screening
		68A7.	
		.68A7	
68A8.	Digital retinal screening	68A8.	
		.68A8	
9N2e.	Seen by ophthalmologist	XaATf	Seen by ophthalmologist
		9N2e.	
		.9N2e	



9N2f.	Seen by retinal screener	9N2f.
		.9N2f
		Ua1qM Retinal screening
		XaIPi Digital retinal screening
		XaIPm Seen by retinal screener
		XaJTL O/E - retinopathy

Diabetes Education

Sub-Category	Test	Status	ReadCode V2	Description
Diabetes Education	Diabetes Structured Education	Attended	8I81.	Did not complete diabetes structured education programme
Diabetes Education	DAFNE	Attended	8I82.	Did not complete DAFNE diabetes structured education program
Diabetes Education	DESMOND	Attended	8I83.	Did not complete DESMOND diabetes structured education programme
Diabetes Education	XPERT	Attended	8I84.	Did not complete XPERT diabetes structured education programme
Diabetes Education	XPERT	Attended	90LG.	Attended XPERT diabetes structured education programme
Diabetes Education	DAFNE	Attended	90LH.	Attended DAFNE diabetes structured education programme
Diabetes Education	Diabetes Structured Education	Attended	90LB.	Attended diabetes structured education programme
Diabetes Education	DESMOND	Attended	90LE.	Attended DESMOND structured programme

Diabetes Education	Diabetes Structured Education	Completed	9OLF.	Diabetes structured education programme completed
Diabetes Education	DAFNE	Completed	9OLJ.	DAFNE diabetes structured education programme completed
Diabetes Education	DESMOND	Completed	9OLK.	DESMOND diabetes structured education programme completed
Diabetes Education	XPERT	Completed	9OLL.	XPERT diabetes structured education programme completed
Diabetes Education	Diabetes Structured Education	Declined	9OLM.	Diabetes structured education programme declined
Diabetes Education	DESMOND	Declined	8IE9.	Referral to diabetes education and self-management for on-going and newly diagnosed structured programme declined
Diabetes Education	DAFNE	Declined	8IEa.	Referral to DAFNE diabetes structured education programme declined
Diabetes Education	Diabetes Structured Education	Did not attend	9NiA.	Did not attend diabetes structured education programme
Diabetes Education	DAFNE	Did not attend	9NiC.	Did not attend DAFNE diabetes structured education programme
Diabetes Education	DESMOND	Did not attend	9NiD.	Did not attend DESMOND diabetes structured education programme

Diabetes Education	XPERT	Did not attend	9NiE.	Did not attend XPERT diabetes structured education programme
Diabetes Education	Diabetes Structured Education	Referred	8Hj0.	Referral to diabetes structured education programme
Diabetes Education	DAFNE	Referred	8Hj3.	Referral to DAFNE diabetes structured education programme
Diabetes Education	DESMOND	Referred	8Hj4.	Referral to DESMOND diabetes structured education programme
Diabetes Education	XPERT	Referred	8Hj5.	Referral to XPERT diabetes structured education programme



For more information, please email

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