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What is the Data Completeness Report (DCR)?

The DCR has been created as a guide to help units track their progress throughout the audit year. It provides a clear, visual summary of the various audit measures for the NPDA.

The DCR uses the data that you have submitted for your unit onto the NPDA online data capture system via either patient questionnaire or CSV methods and is updated upon each new submission.

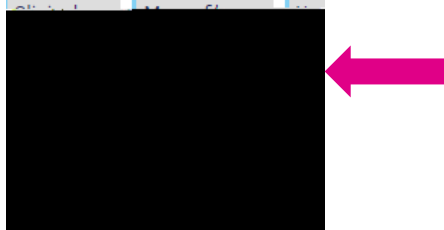
However, as the data needs to be cleaned, validated, and analysed, the results provided are to be used as a guide only and are not the official NPDA published results. All data extraction, cleaning, validation, and analysis is based on the raw data that each unit submits onto the data capture system, and not on the system generated reports.

Accessing the DCR

Step 1

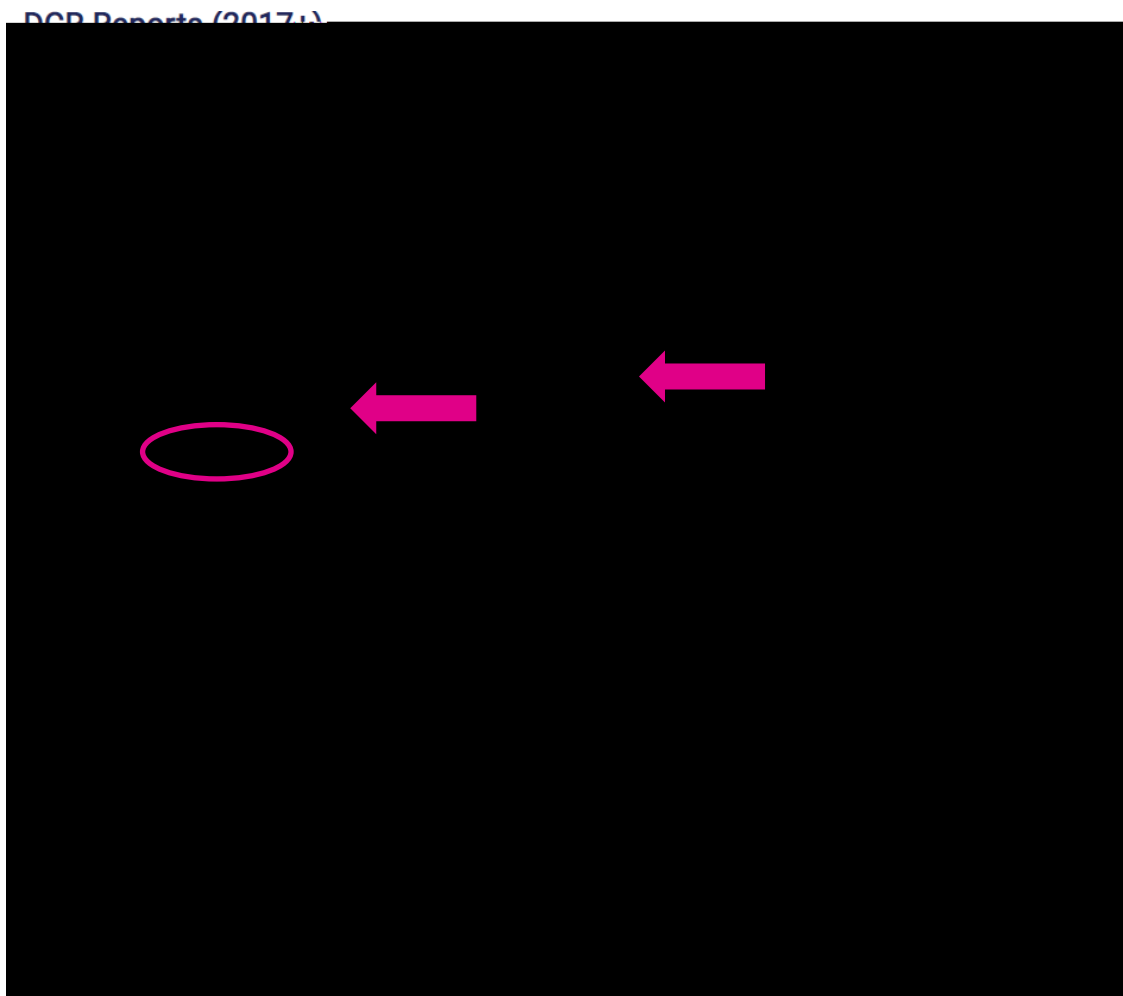
Once you have logged into the NPDA online data capture system:

Select the 'Clinical' tab at the top of the page which will release a drop-down menu.
Select 'DCR reports 2017+'



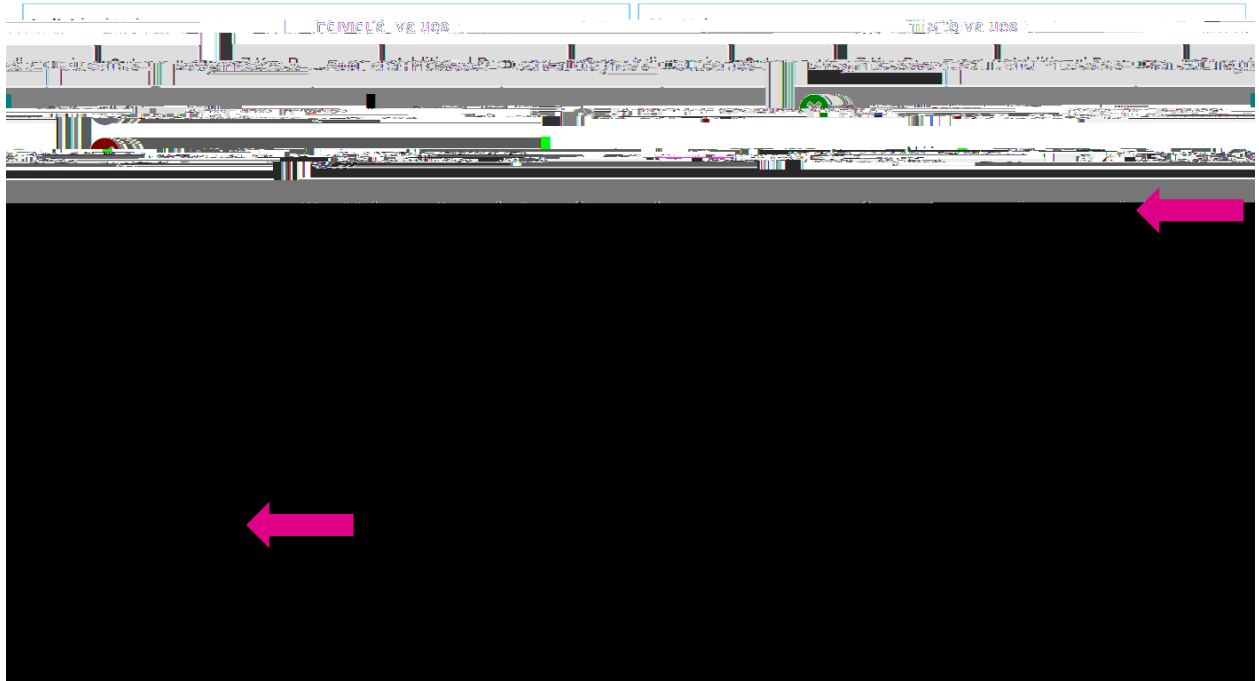
Step 2

Select the unit and the audit year, then click 'View overview' - this will bring up the following screen.



Step 3 - Viewing Site Values

You can view site values for 7 key processes, additional processes, care at diagnosis and outcomes. Clicking on each of these tabs, you will be presented with a screen like the image below showing **site percentages**. Please take note of the **description**, which will tell you which patients have been included for these measures.



Additional Processes

This includes additional care processes that are recommended by NICE or are included in the Best Practice Tariff criteria for England for children and young people with Type 1 diabetes.

For all children and young people with Type 1 diabetes who have received a complete year of care, this includes:

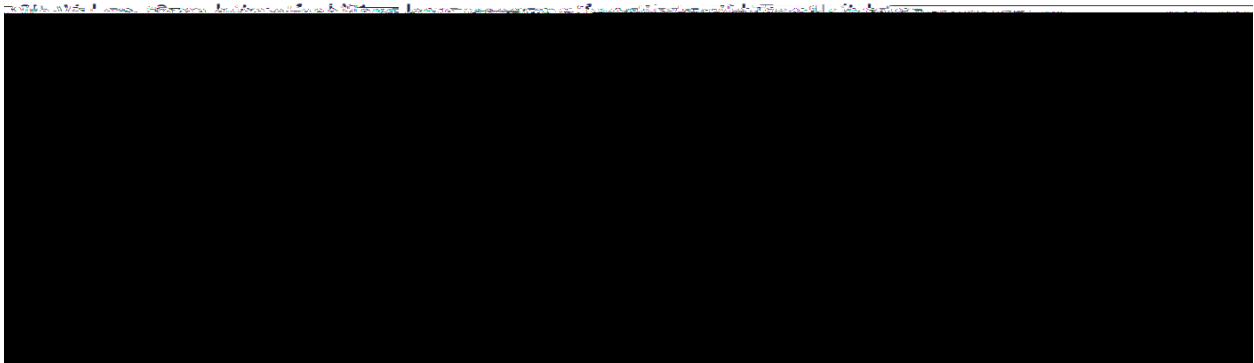
- Having four or more HbA1c checks
- Psychological screening
- Offers and uptake of dietetic appointments
- Recommendation of influenza immunisation
- Provision of sick day rules

For children who are 12 years and older, screening of smoking status is included as an additional process. Referral to cessation services is also included for all children aged 12 years and older who are screened as a current smoker.

Individual Values:



Site Values:



Care at Diagnosis

NICE have also recommended the following care processes to take place at the time of diagnosis.

For all children and young people with Type 1 diabetes who have been diagnosed within the audit year, this includes:

- Coeliac screening within 90 days of diagnosis (dates will be accepted up to 90 days after diagnosis date)
- Thyroid screening within 90 days of diagnosis (dates will be accepted up to 90 days after diagnosis date)
- Level 3 carbohydrate counting education within 14 days of diagnosis (dates will be

Outcomes

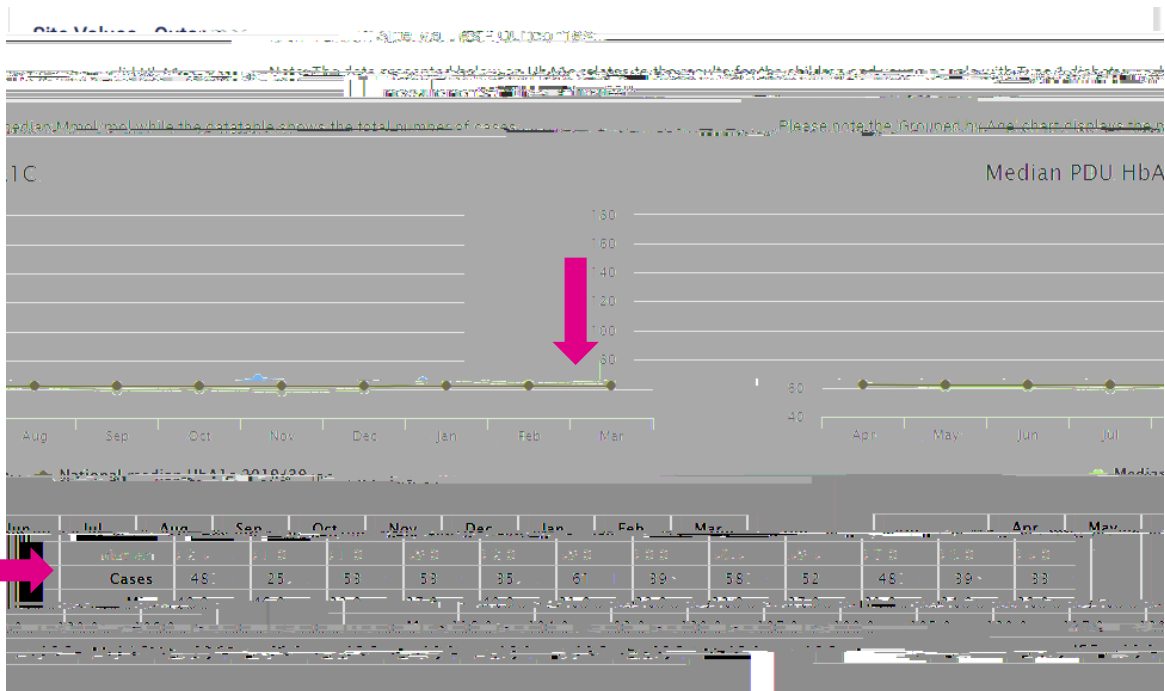
This section displays the various outcomes at both individual patient level, and also at site level, including:

- Mean and median HbA1c results at individual and site level
- Median HbA1c run charts by PDU and age
- Number of admissions in total (rather than per patient)
- Number of DKA admissions in total (rather than per patient)
- Number of patients who required additional psychological support.

Individual Values:

HbA1c	Median HbA1c	Number of admissions	Number of DKA admissions	Required additional psych support	NHS Number	Mean
	76.0	1	1	0	9800000001	76.0
	65.5	0	0	0	9800000002	67.0
58.2	0	0	0	0	9800000004	58.2

Site Values:



Further information

More information and guides can be found on the [NPDA Data Submission Information](#) page.

If you have any queries or comments, please contact the NPDA Team (npda@rcpch.ac.uk)