

The evolving quality circle: Using NICE Quality Standards to drive improvements in outcomes for children and young people with diabetes

The development of the NICE Quality Standard QS125 for type 1 and type 2 diabetes in children and young people (CYP; NICE, 2016) follows on from the publication of the NICE Guideline for CYP with diabetes last year (NICE, 2015). QS125 is a set of six concise statements that will contribute to the National Outcomes Framework and Public Health Outcomes Framework recently published by the Department of Health (DH, 2016a; 2016b), with a clear remit to be measured against the three dimensions of quality: safety, experience and effectiveness of care.

The Quality Standard emphasises the criteria set by the Best Practice Tariff (DH, 2013). Clear guidance is given for diabetes management that should contribute to improvements in the following outcomes:

- Prompt diagnosis of type 1 diabetes.
- Control of blood glucose and HbA_{1c} levels.
- Diabetes complications (e.g. prevention of diabetic ketoacidosis).
- Quality of life.
- Patient, parent and carer satisfaction.
- Life expectancy.

Although the commissioning process is constantly changing, commissioners and providers of health and social care continue to be guided by The Health and Social Care Act 2012, which clearly states that the design of high-quality services should consider NICE Quality Standards and must demonstrate continuous quality improvement. While NICE Quality Standards do not include recommendations on the training and competency levels of the healthcare professionals who deliver the care, there is an expectation that the Standards will be placed in a national/local context where appropriate training is provided to deliver a highly skilled

and competent workforce (Campbell and Waldron, 2013; Kime, 2014). The Standards also acknowledge the important role played by families and carers, with particular emphasis on shared decision-making in all aspects of care.

What are the six quality statements?

The NICE Quality Standard comprises six quality statements. Each of these provides a rationale, structure, process and description of expected outcomes and what the Standard means for service providers, healthcare professionals, commissioners, children and young people with diabetes, and their parents/carers. The six statements are as follows:

Statement 1. Children and young people presenting in primary care with suspected diabetes are referred to and seen by a multidisciplinary paediatric diabetes team on the same day.

Statement 2. Children and young people with type 1 or type 2 diabetes are offered a programme of diabetes education from diagnosis that is updated at least annually.

Statement 3. Children and young people with type 1 diabetes are offered intensive insulin therapy and level 3 carbohydrate-counting education at diagnosis.

Statement 4. Children and young people with type 1 diabetes who have frequent severe hypoglycaemia are offered ongoing real-time continuous glucose monitoring with alarms.

Statement 5. Children and young people with type 1 diabetes are offered blood ketone testing strips and a blood ketone meter.

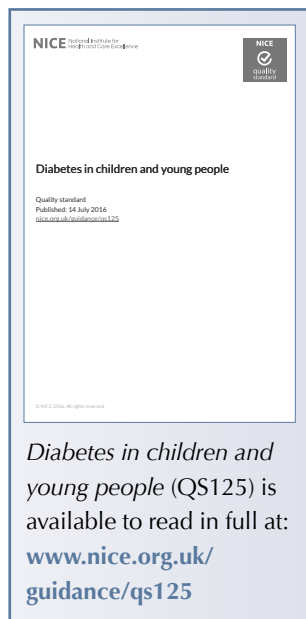
Statement 6. Children and young people with type 1 or type 2 diabetes are offered access to mental health professionals with an understanding of diabetes.



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Implementing the Quality Standard

The Quality Standard is not a new set of recommendations or targets, and the statements are very much based on the Best Practice Tariff and the recently updated measures that have just been used for self-assessment and external verification in the National Peer Review Programme (DQuINS, 2015). These measures are designed to drive quality improvements and, consequently, improve outcomes.

A key part of the Standard includes the quality measures that should be assessed to determine the outcome of each statement; these usually include local data and the most recent National Paediatric Diabetes Audit (NPDA) data (available at: <http://bit.ly/1CIVKRK>).

The quality measures within each quality statement aim to improve the structure, processes and outcomes of care in the areas identified as needing quality improvement, in a similar way to the Peer Review Programme. All three quality improvement initiatives – the Best Practice Tariff, the National Peer Review Programme and the NPDA – are used to assess service delivery, record-keeping, development of an action plan and monitoring against this plan, in order to deliver service improvements. These are then used to provide evidence of improved outcomes for commissioners and for children, young people and their parents/carers.

Conclusion

The National and Regional Children and Young People's Diabetes Networks have developed a shared vision for the delivery and development of

high-quality clinical care using the best available evidence, as outlined in the recently published NICE Guideline and Quality Standard. We are extremely fortunate to have the NPDA, which collects and analyses the data on care processes and outcomes in patients attending both paediatric and young adult services across England and Wales. The Best Practice Tariff has facilitated improved staffing levels within individual paediatric diabetes units in England, and the introduction of the National Peer Review Programme in England and Wales has allowed diabetes services to be quality-assured.

It is important that we continue to use all these quality improvement tools in our everyday clinical practice to enhance the efficiency and effectiveness of our services, alongside ensuring the best patient-centred care. ■

- Campbell F, Waldron S (2013) Can education of healthcare professionals address variation in outcomes in children and young people with diabetes? *Diabetes Care for Children & Young People* 2: 45
- Department of Health (2013) *Payment by Results Guidance for 2013–14*. DH, Leeds. Available at: <http://bit.ly/Ne19BP> (accessed 22.11.16)
- Department of Health (2016a) *NHS Outcomes Framework 2016 to 2017*. DH, Leeds. Available at: <http://bit.ly/1ZQJe3Y> (accessed 22.11.16)
- Department of Health (2016b) *Public Health Outcomes Framework 2016 to 2019*. DH, Leeds. Available at: <http://bit.ly/2aRy3Jf> (accessed 22.11.16)
- DQuINS (2015) *National Paediatric Diabetes Peer Review Programme*. NHS England. Available at: <http://bit.ly/1SMii4B> (accessed 22.11.16)
- Kime N (2014) The training of healthcare professionals: Time for change. *Diabetes Care for Children & Young People* 3: 47–8
- NICE (2015) *Diabetes (type 1 and type 2) in children and young people: diagnosis and management* (NG18). NICE, London. Available at: www.nice.org.uk/guidance/ng18 (accessed 22.11.16)
- NICE (2016) *Diabetes in children and young people* (QS125). NICE, London. Available at: www.nice.org.uk/guidance/qs125 (accessed 22.11.16)