

Paediatric diabetes: What will be your teams' new year's resolution?



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It's the time of year when most of us strive to make improvements in our lives through our New Year's resolution. This can also be a time to reflect on our professional lives, and for those of us working with children and young people (CYP) with diabetes, we can identify ways to improve outcomes for this group of people. So what will be your team's resolution for this year?

Resolution 1: Improve data quality?

Some of you may wish to improve data quality for the following reason: The National Paediatric Diabetes Audit (NPDA) published its report just before the Christmas break (Royal College of Paediatrics and Child Health [RCPCH], 2013). Coverage of CYP with diabetes by the NPDA has increased by 7.2%, with records from 25 390 CYP with diabetes from 177 paediatric diabetes units (PDUs) in England and Wales (RCPCH, 2013).

The percentage of CYP with diabetes achieving an HbA_{1c} <58 mmol/mol (7.5%) has increased from 14.5% in 2009/10 and 15.8% in 2010/11 to 17.4% in 2011/12. This is the first year multiple entries of HbA_{1c} have been used for the audit process. For HbA_{1c} to be included in the analysis the young person needed a valid date of diagnosis, a valid submitted HbA_{1c} value and a date of submission within the audit year. Values obtained less than 3 months from diagnosis were not included. Where more than one HbA_{1c} value was submitted for an individual, the median value was calculated for the audit year. As some PDUs may have submitted data for a low number of people or had a high proportion of their HbA_{1c} data excluded for data quality reasons, PDUs should exercise caution in comparing results against each other.

Despite improvements in the recording of some individual care processes from previous years, the percentage of CYP diagnosed with diabetes for at least one year and over the age of 12 years, with all care processes recorded, as recommended by NICE

(2004), has increased marginally from 5.8% in 2010/11 to 6.7% in 2011/12. This proportion falls well short of similar data from the 2011/12 national diabetes audit report for adults with diabetes, which shows, for England and Wales, the proportion receiving all eight adult care processes in 2011/12 is 60.5% for all diabetes and 42.4% for type 1 diabetes (Health and Social Care Information Centre, 2013).

So, why is this so important? With England's *Best Practice Tariff* and the first formal round of payment, we will be audited by our commissioners and we will have to prove we have completed the required care processes. For some, our selected auditors could be GPs, who will scrutinise our data by reviewing a set number of patient records. Primary care have had systems and processes for some time to ensure data is collected appropriately. This ensures that payment is received and substandard data collection could result in non-payment when audited.

Data quality is of paramount importance when submitting data for the NPDA, and PDUs are reminded to check the data quality report provided and act on any outstanding issues. Once data has been submitted you will receive a data quality report (DQR). The report generated will highlight whether there is a problem with the data and indicate whether the submission was successfully completed.

It is important to note that if your PDU submits data via comma-separated value (CSV) files, the validation email received is not the DQR, it is a notification. It is the responsibility of every unit to check their DQR before submitting. Data will need to be checked manually by each unit to ensure the correct values have been entered into the right fields, and that the fields are complete. The NPDA would urge participating PDUs to check their DQR carefully and use it as a basis for amending and completing their submission, to ensure the data are

complete ahead of the final data submission deadline of 31st January, 2014 at 17:00.

Resolution 2: Get all documentation ready for peer review?

It has been agreed all paediatric diabetes teams (PDTs) should be visited in 2013/14 for peer review. Each network will be allocated a fixed time when peer review visits will occur. The peer review schedule is very tight and teams will be expected to provide supporting documentation and evidence in a timely manner; details can be found on the Diabetes Quality Improvement Network System's website (available at: www.dquins.nhs.uk)

Resolution 3: Improve staff education?

The publication of the *National curriculum for the training of health care professionals who care for children and young people with diabetes mellitus* (NHS Diabetes, 2013) highlights the competencies that should be available for a fully functional multidisciplinary team (MDT). Thus, each MDT should have members who, between them, have been trained in all of the competencies. There is also an expectation that all members of the team are expected to achieve level 1, which is defined as the "core" curriculum. An e-learning module for level 1 (basic awareness) will be available later this year at Healthcare e-Academy (available at: www.nhsdiabetes.healthcareea.co.uk) It is a valuable exercise to benchmark each team member against these competencies in order to plan training needs.

Staff may wish to access the NHS Improving Quality insulin safety modules, as insulin safety training is now a requirement for all those who prescribe, prepare, handle or administer insulin. These modules can be found on the NHS Improving Quality website (<http://www.nhs.uk/8473.aspx>).

Healthcare teams are expected to deliver structured education taught by appropriately trained healthcare professionals. There are now courses available, ranging from 5-day courses to part-time MSc advanced diabetes educator courses. Teams need to decide what their priorities are at this time and whether they can enable staff to attend.

Resolution 4: Implementation of social support initiatives?

In my own practice, I have noticed the high number of CYP living between multiple households. This

provides challenges for the consistent management of the diabetes as, unfortunately, different households sometimes can have very different priorities. Schools management continues to be an issue for some but hopefully there are some national initiatives that will be influencing this. Following months of campaigning by Diabetes UK and a number of other charities, the Government has announced that it will amend the *Children and Families Bill* so that all schools, including free schools and academies, will be required by law to make appropriate arrangements for supporting pupils with long-term health needs. This will be supported by new statutory guidance that will be issued next year (Diabetes UK, 2013). If we do not consider the impact of social environments on self-management issues, we will continue, despite our best endeavours, to see CYP with poor diabetes control. In this month's supplement Joy Spencer and colleagues describe a qualitative study exploring the social environments of young people with type 1 diabetes and their potential influence on glycaemic control.

Whatever your team's new year's resolution, let us stick to them to help drive up standards and outcomes for CYP with diabetes. ■

Diabetes UK (2013) *Diabetes UK welcomes "major step" from Government to improve support for school children with health needs*. Diabetes UK, London. Available at: <http://bit.ly/19PLwuQ> (accessed 07.01.14)

Health & Social Care Information Centre (2013) *National Diabetes Audit 2011-2012*. HSCIC, Leeds. Available at: <http://bit.ly/1gdEej3> (accessed 07.01.14)

NHS Diabetes (2013) *National curriculum for the training of health care professionals who care for children and young people with diabetes mellitus*. NHS Diabetes. Available at: <http://bit.ly/1dcJDZC> (accessed 07.01.14)

NICE (2004) *Type 1 diabetes: Diagnosis and management of type 1 diabetes in children, young people and adults*. CG15. NICE, London. Available at: <http://www.nice.org.uk/cg15> (accessed 07.01.14)

Royal College of Paediatrics and Child Health (2013) *National paediatric diabetes audit annual report for 2011-12*. Available at: <http://bit.ly/1iOJLRh> (accessed 07.01.14)

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