

Our Ref: JP/RB Direct Line: 01633 435958 22nd March 2017

Mike Hedges AC/AM Chair Petitions Committee National Assembly for Wales

SenneddPetitions@assembly.wales

Dear Mr Hedges

Petition P-04-682 Routine Screening for Type 1 Diabetes in Children and Young People

Thank you for your recent letter with regard to the above petition and your request for information on diagnosis and referral pathways for Type 1 Diabetes and also Diabetic Ketoacidosis (DKA) in children and young people. I should be grateful if you would find below some outline information from Aneurin Bevan University Health Board in response to your request. On review of this information, if you require any further detail or wish to discuss this with lead clinicians within the Health Board, please do not hesitate to contact us.

Whilst the Health Board does not have any formal pathway for identifying and treating Type 1 Diabetes in children and young people (which appears to be the position for NHS organisations generally in Wales and the UK), we are nonetheless very active in promoting awareness and training our clinicians in primary/community settings and also in hospital based care. We have regular teaching sessions with our junior doctors, including GP trainees, to emphasise the importance of thinking about diabetes, the common presentations and the need to carry out a finger test glucose/or urine test.

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Information is provided on this to GP trainee days that are carried out via consultants and consultants also liaise closely with the Health Board's Neighbourhood Care Networks (GP Clusters) to raise further awareness. For instance, if any child who presents in DKA, and the Health Board knows the child has presented to a GP in the week or so prior to diagnosis, we also routinely write to ask the GP concerned to review the case to determine if there are any learning points.

It is our expectation that any child or young person that is considered to have Type 1 diabetes, are referred to our Children's Assessment Unit (CAU) and are seen on the same day. All our junior doctors and wider staff groups are made aware of this and this is included in our best practice guidelines, which is a key source of reference for them. These guidelines are available on line through the Health Board's intranet and electronic systems and have been circulated to primary care colleagues. These include criteria for referral to secondary care, which includes guidance for all (newly diagnosed) Type 1 Diabetes patients to be referred to secondary care and also include information on the management of DKA. The Health Board emphasises the importance of awareness of the 4 Ts for diabetes (Toilet, Thirst, Tiredness and Thinner). These signs and symptoms are emphasised to seek to ensure that children and young people get a quick diagnosis and early treatment and through this we seek to avoid them becoming seriously ill with DKA.

The Health Board is also supporting Diabetes UK with their awareness campaign for DKA. In partnership with Diabetes UK we are producing a pocket video for clinical staff and one of our GPs is featuring in this video. We are also developing an on-line learning module to promote further awareness and ensure there is further consistency of message across the organisation.

I hope the above information is helpful to you. Should you require any additional information, please do not hesitate to contact me.

Yours sincerely

Judith Paget

Prif Weithredwr/Chief Executive

Judith Paper