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DRW/Diabetes April 2017 7 April 2017 01443 744800 01443 744888 Robert.Williams@wales.nhs.uk **Corporate Services**

Mr M Hedges AM

Petitions Committee Chair National Assembly for Wales Cardiff Bay, Cardiff. **CF99 1NA**

Dear Mr Hegdes,

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

Thank you for your letter dated 23 February 2017, to Mrs A Williams Chief Executive, who has asked me to respond on behalf of the Health Board, as Executive Director lead for Diabetes. I apologise for the delay in responding.

I note your letter was specifically requesting information on our diagnosis and referral pathways for Type 1 Diabetes and Diabetic Ketoacidosis (DKA) in children and young people. I am grateful to Dr L Millar-Jones, Consultant Paediatrician and Clinical Director, who has provided the related information to help inform my response.

I am also aware that you have already received related correspondence from the Children and Young People's Wales Diabetes Network (& Brecon Group) on this subject matter and its important to note that Paediatric Consultants within Cwm Taf University Health Board are members.

Please find attached the newly diagnosed Type 1 admission pack which outlines the pathway to be following in the categories outlined above. This was implemented across Cwm Taf from last month and this is in addition to the All Wales DKA Pathway, which is in use within Cwm Taf UHB.

Return Address:

Ynysmeurig House, Navigation Park, Abercynon, CF45 4SN

As a Clinical Network of multi disciplinary professional involved in the clinical diagnosis and management of Diabetes, the Health Board strongly recommends that all NHS staff adhere to NICE guidelines, which state that the characteristics' of type 1 diabetes in children and young people, including polyuria, polydipsia, weight loss and tiredness, that children and young people suspected of type 1 diabetes, should be referred immediately (on the same day) to the Paediatric Diabetes team.

You will already be aware that there is not universal support for some of the recommendations made by the petitioners, e.g. 'a mandatory duty for all GPs and healthcare professionals in a primary care setting to carry out finger prick blood tests for all children who present to them with illness that could be masking Type 1', as mainly the evidence base of research is not supportive of such an approach. However, many of the recommendations made in the petition are already a key feature of the work of clinicians involved in diabetes services and the Health Board is also committed to taking them forward. The importance of education cannot be understated and this could be usefully targeted generally at the public and also in schools via school nurses and teachers.

I hope you find the attached helpful in the context of the work of the Committee on this specific petition.

Yours sincerely

Robert Williams

Director of Corporate Services & Governance / Board Secretary

CC Chief Executive

Dr L Millar-Jones, Consultant Paediatrician and Clinical Director