Ysbyty Athrofaol Cymru University Hospital of Wales UHB Headquarters

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Elch cyf/Your ref: P-04-682 Ein cyf/Our ref: LR-ns-08-6440 Welsh Health Telephone Network: Direct Line/Lline# uniongychol: 02920 745681

Len Richards
Chief Executive

31 August 2017

David J Rowlands AM
Chair
Petitions Committee
National Assembly for Wales
Cardiff Bay
Cardiff
CF99 1NA

Dear Mr Rowlands

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

Thank you for your letter dated 4 August 2017. I am pleased to be able to respond to your queries after consulting with the clinical leads in the UHB. Further information was requested regarding:

1. The policy of your Health Board in relation to point of care blood glucose testing in primary care settings, including quality assurance and governance arrangements

An All-Wales pathway for diagnosis of diabetes in children and young people is in the final stages of preparation. The pathway emphasises point of care blood glucose testing in all children where Diabetes might be suspected in accordance with NICE guidelines and specifies that laboratory test for glucose and HbA1C are not appropriate.

POCT UHB Policy Commitment

We are committed to ensuring that there are appropriate arrangements in place to provide guidance on the selection and procurement of devices, that all staff undertaking POCT are trained and competent, that quality assurance procedures are in place and that there are systems in place to ensure the effective collection, sharing and reporting of high quality data and information within a sound information governance framework.

The newly revised UHB Policy states that GPs as Independent Contractors can use the Policy as a framework for good practice, but are not mandated to follow it, unless undertaking a commissioned service. However, there are many GP practices which currently participate in our POCT Blood Glucose/Ketone EQA Scheme. Although,

there is no clear reporting/ governance route in place as of yet to follow-up non-compliant practices, we still maintain a log of compliance issues.

In addition, GMS regulation requires contractors:

- to ensure that the equipment used by the service provider for providing care or treatment to a service user is safe for such use and is used in a safe way;
- where equipment or medicines are supplied by the service provider, ensuring that there are sufficient quantities of these to ensure the safety of service users and to meet their needs.

The Clinical Governance Practice Self- Assessment Tool (GPSAT) 2015-2017 part of the contract has similar expectations regarding maintenance of equipment. With launch of the new guidance and newly revised UHB policy we would hope to see further improvements.

2. The availability of blood glucose testing equipment in GP practices and other primary care settings, and data in relation to the number of tests carried out and in what circumstances

We do help to provide Self- Monitoring Blood Glucose guidance around suitable PoCT meters to be used across Primary Care, to which most practices adhere. Thus, preventing acceptance of unknown meters being used, which may be unsuitable for use.

However, there is no formal mechanism for the UHB to be able routinely monitor independent contractors in this area and the policy can only be applied voluntarily. The policy does apply however to the Cardiff and Vale Out of Hours Service.

Current GP contract does not include routine screening for Type 1 Diabetes in children. Therefore the UHB cannot enforce any data collection in relation to the number of tests carried out and in what circumstances.

3. The arrangements in place to ensure effective dialogue between primary and secondary care. For example your policy in relation to carrying out case reviews in cases of late diagnosis of type 1 (such as when a child presents in DKA).

The Children and Young People's Wales Diabetes Network (CYPWDN), have been working in collaboration with colleagues in primary care to improve early diagnosis of diabetes in children. The primary objective is to reduce the number of children and young people who have life threatening DKA at the point of diagnosis with type 1 diabetes. The key partners in this project are The Children & Young People's Wales Diabetes Network, General Paediatricians, Cluster leads, Practices, RCGP Wales, GPC Wales and Diabetes UK Cymru.

The key areas we have targeted for improvement are:



An all Wales referral pathway for the diagnosis and timely referral of children and young people with diabetes. We have had discussions on the pathway in the PCIC meeting, primary secondary care interface group for Child Health and it has been presented at the Clinical Directors' forum. Feedback will be sought from the Local Medical Committee and we hope to pilot it in Cardiff and Vale UHB in October 2017.

The pathway emphasises point of care blood glucose testing in any child with a potential diagnosis of diabetes in accordance with NICE guidance and same day referral to the Children's Assessment Unit based in the Children's Hospital for Wales. The Children's assessment unit have protocols and pathways in place for the immediate assessment, diagnosis and management of a child with potential diabetes. Further ongoing care is provided by a specialist multidisciplinary team.

- Improved partnership working between primary care, General Paediatrics and Diabetes services in secondary care. We have commenced a policy in partnership with primary care to have a clear communication line when things go well and not as per standards (late diagnosis) via the incident reporting system. We are working on ways to close the loop following the incident reports. Feedback letters are also being sent to primary care following late diagnosis, highlighting NICE guidance as well as letters commending early diagnosis and prompt referral.
- Training CPET biannually, e-learning modules for type 1 diabetes in children, sustaining the training and targeting the education at different stages of training.
- 4) Behaviour change We are liaising with 1000 Lives to run behaviour change sessions for the CYPWDN and primary care health care professionals to further explore how to influence thinking.

If you require any further information, please do not hesitate to contact me.

Yours sincerely

Len Richards' Chief Executive



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