

P-04-682 Routine Screening for Type 1 Diabetes in Children and Young People – Correspondence – Betsi Cadwaladr University Health Board

Response to P-04-682 Correspondence from the Chair of the Petitions Committee

Dear Mr Mike Hedges,

Re: Response to 3828 – P-04-682 Correspondence from the Chair of the Petitions Committee

Thank you for your request for information on our diagnosis and referral pathways for Type 1 Diabetes and Diabetic Ketoacidosis (DKA) in children and young people. You asked for any information that we could provide which would help the committee in future discussions about the petition submitted by Anthony Cook.

The main issue is the recognition and diagnosis of diabetes in primary care. The pathway following diagnosis is straightforward and is an immediate referral directly to the local acute hospital paediatric team. At present we always admit patients directly to a children's ward if they have a suspected diagnosis of diabetes, whether they present as 'well' or in established Diabetic Ketoacidosis (DKA).

There is an All Wales Guideline (copy attached) used by all three area teams in North Wales for the assessment and initial management of a newly diagnosed patient and also an All Wales Clinical Pathway (copy attached) used for the management of those patients who are in established DKA. These two clinical processes are initiated immediately at the point of diagnosis by the acute team. Following on from these initial actions, there is the early involvement of the children's diabetes specialist team, who then take over the child's on-going care.

Within Primary Care services the main challenge is considering the possibility of diabetes, or DKA in a child presenting with generalised symptoms. The GP then needs to take prompt action by referring the child, as an emergency, to the local acute hospital paediatric team. There is a need for regular education and updates for GPs about possible presentations of new-onset diabetes. This can be done by the specialist children's diabetes team. Despite the recognised rising numbers of children and young people with type 1 diabetes, the actual number in total remains low, meaning that individual GPs do not see a child with possible diabetes very often.

This year the All Wales Diabetes Delivery Plan Refresh 2016 – 2020 has given Health Boards actions to review and implement wherever possible, which includes the early detection of diabetes. Currently our BCU Diabetes Planning and Delivery Group (DPDG), through our three local area delivery groups, are considering the necessary actions that are required to improve the early detection of diabetes. To achieve the actions, health boards will require support, not only of their own specialist diabetes staff and GPs, but also of community pharmacies, Public Health Wales and other organisations such as Diabetes UK. An awareness campaign is required to facilitate early diagnosis and to encourage timely presentations. We will also need to improve the knowledge of key staff to be able to identify risk factors, as well as the clinical features of diabetes and to be able to undertake diagnostic tests in a controlled and safe environment.

I hope that the above information is helpful. I can assure you that at all times our diabetes staff in BCU work closely with the Children and Young People's Wales Diabetes Network and the All Wales Implementation Group in order to advance diabetes services for our children and young people and their families. It is one of the areas of service delivery that we have significantly invested in for this current financial year.