



31 August 2017

Response to the National Assembly Petitions Committee - P-04-682 - Routine Screening for Type 1 Diabetes in Children and Young People

Thank you for approaching the Royal College of General Practitioners Wales to provide information concerning this petition. The Royal College of GPs Wales represents a network of around 2,000 GPs, aiming to improve care for patients. We work to encourage and maintain the highest standards of general medical practice and act as the voice of GPs on resources, education, training, research and clinical standards.

This petition has been raised following a tragic case and we sympathise with the family of Peter Baldwin. Most GPs will only see one child diagnosed with a new diabetes case in their career and we support the increase of awareness for both clinicians and the public.

The Petitions Committee is seeking the view of RCGP Wales on the following areas:

- **the role of primary care clinicians in improving early diagnosis of type 1 diabetes and any barriers or opportunities that (the College) can identify;**

General Practitioners are ideally placed within the community to make the diagnosis of Type 1 diabetes. School children visit the GP between two and three times a year, but this figure is doubled in the under-fives (who visit the GP an average of six times per year). We are frequently the first person an unwell child will see and like all other health care professionals it can be a challenge recognising the symptoms of Type 1 diabetes.

The incidence of childhood diabetes is varied in different populations and is gradually increasing. Asians have a higher prevalence. The incidence of new cases of Type 1 Diabetes is currently reported to be 22.8 per 100,000 children under 15 years with a peak age of diagnosis of 9-14 years. The prevalence or number of cases is 187/100,000 children under 15 years. This means that each individual surgery may not have a diabetic child. (HQIP & RCPCH: National Paediatric Diabetes Audit 2013/14: Report 1: Care Processes and Outcomes

<http://www.rcpch.ac.uk/system/files/protected/page/2014%20NPDA%20Report%201%202014%20FINAL.pdf>) Type 2 Diabetes is now being diagnosed in over weight teenagers but again the numbers are small. (HQIP and RCPCH: National Paediatric Audit

2012/13: <http://www.rcpch.ac.uk/system/files/protected/page/NPDA%202012-13%20Core%20Report%202nd%20FINAL%20v%203.3.pdf>)

The RCGP GP Training curriculum statements 3.04 and 3.17 include recognition of Paediatric emergencies (of which Diagnosis of Type 1 diabetes would be included) and the impact this has on the child and their family. Educational opportunities are provided both by RCGP and other agencies because there is recognition that it is important that GPs keep up to date with continued professional development, which includes the management of paediatric emergencies.

We cannot ignore, however, the challenging climate primary care currently finds itself in, with the increasing demand vs recruitment and retention difficulties, which puts at risk continuity of care and knowledge of the individual child and family as well as time restraints for each consultation.

The petition specifically asks for screening. Screening programmes involve testing populations for preclinical conditions. Screening is not appropriate for a symptomatic person or child as this is a diagnostic test. There are studies going on in the USA (Trialnet) looking at genetic markers in at risk populations but these are not proven and further research will need to be done before this is considered acceptable to fulfil the NHS population screening criteria. Screening programmes should:

- be capable of detecting a high proportion of disease in its preclinical state
- be safe to administer
- be reasonable in cost
- lead to demonstrated improved health outcomes
- be widely available, as must the interventions that follow a positive result

<https://www.gov.uk/government/publications/evidence-review-criteria-national-screening-programmes/criteria-for-appraising-the-viability-effectiveness-and-appropriateness-of-a-screening-programme>

• whether patients and parents/carers should be routinely asked about the ‘Four Ts’ symptoms of type 1 diabetes when unwell children present in primary care settings;

The four Ts are in our opinion, frequently considered in the assessment of the unwell child. The Four Ts – toilet a lot, thirst, thinner and tiredness - are all symptoms and should be taken seriously, particularly in young children. Unfortunately, they are non-specific symptoms and occur in other conditions such as gastroenteritis, chronic urinary infections, flu-like illness, alcohol intoxication or misuse. Sadly they may not always be present when a child presents with diabetes and or may be masked by another acute condition linked to the development of diabetes. Weight loss in particular is often missing or masked by dehydration in the acute presentation. Urine sugar testing is relative easy both in the surgery and on a home visit. Obtaining samples can be difficult especially in smaller children. There should be increased awareness in the population, particularly among parents and carers of the potential importance of bringing a urine sample to an appointment with an unwell child.

We agree that there needs to be increased awareness of diabetes and particularly ketoacidosis and the risks to children and young people for primary care clinicians. Doctors do continual professional development and endocrine problems and paediatric emergencies should form part of the continuous cycle.

- **the scope for point of care blood glucose testing to be carried out more routinely when unwell children present in primary care settings.**

Point of care blood glucose monitoring is routinely used in primary care in the assessment and management of Type1 and Type2 diabetes. It is important to recognise the importance of appropriate use of this, whether adult or child. Individual clinicians use their judgment regarding when to use this but we would not want testing to delay emergency treatment if needed. There may be scope to increase the use of point of care blood glucose testing in children, we feel that the use of this should be carefully considered in collaboration with other professional and clinical bodies. There is scope for increasing awareness in the use of point of care blood glucose testing in children along with an increased awareness of the 'Four Ts' not only among health care professionals but also amongst the general public.