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Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board

Our Ref: JP/RB/AS

Direct Line: 01633 435958

1st September 2017

David J Rowlands AC/AM
Cadeirydd/Chair
Cynulliad Cenedlaethol Cymru Y Pwllgor Deisebau/
National Assembly for Wales Petitions Committee

SeneddPetitions@assembly.wales

Dear Mr Rowlands

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

Thank you for your letter dated 4 August 2017 requesting further information in relation to the above petition with regard to:

- The policy of the Health Board in relation to point of care blood glucose testing in primary care settings, including quality assurance and governance arrangements;
- 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;
- The arrangements in place to ensure effective dialogue between primary and secondary care. For example the policy in relation to carrying out case reviews in cases of late diagnosis of type 1 (such as when a child presents in DKA).

Aneurin Bevan University Health Board expects point of care blood glucose testing to be available in all GP Practices and Out of Hours settings. The quality assurance and governance arrangements rest with the independent contractors and the Health Board requires appropriate arrangements to be in place in this regard.

Bwrdd Iechyd Prifysgol Aneurin Bevan

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Bwrdd Iechyd Prifysgol Aneurin Bevan yw enw gweithredol Bwrdd Iechyd Lleol Prifysgol Aneurin Bevan
Aneurin Bevan University Health Board is the operational name of Aneurin Bevan University Local Health Board

Point of care testing equipment is widely available across the GP Practices and other primary care settings, and the primary care diabetes team has been actively promoting the need for blood glucose monitoring equipment in each GP surgery room and for blood ketone testing meters to be available in each surgery.

The importance of ongoing education and training regarding the testing, diagnosis and management of diabetes in children and young people is well recognised and a learning event was held recently, which was well attended from a range of colleagues in primary care and across the Health Board area. The Health Board encourages all healthcare professionals working in areas where diabetes diagnosis and management forms part of their service provision to undertake the DIATIPs training programme. In addition Dr David Millar-Jones, one of our GPs has been directly involved in the development of the POCKET Medic films for diagnosing diabetes in children. These videos are an excellent resource for educating both the public and healthcare professionals and Dr Millar-Jones is currently developing an on-line learning module.

With regard to effective dialogue between primary and secondary care and learning around late diagnosis, our secondary care clinicians always ask families at the time of diagnosis whether they have had any contact with primary care or other healthcare professionals in the week or so prior to diagnosis. Where it is identified that this has been the case, the clinicians make contact with the GP to request a review of the case to identify lessons learnt. I have asked our Director of Therapies and Health Science, who is the executive lead for diabetes to facilitate a conversation at the next Diabetes Planning and Delivery Group to identify whether this audit process could be improved and further developed.

I trust that this response answers your queries. Please do not hesitate to contact me for further information if required.

Yours sincerely



Judith Paget
Chief Executive/Prif Weithredwr