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Bwrdd Iechyd Prifysgol
Cwm Taf
University Health Board

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Chair and Chief Executive

David J Rowlands
Chair of the Petitions Committee
National Assembly for Wales

Dear David,

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

Thank you for your letter dated the 4th August. In response to the queries posed to the health board from the National Assembly for Wales's Petitions Committee regarding the above Petition, please see the response below:

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;

At this present moment within Primary and Community setting only District nurses and Nursing homes are governed by Point of Care Testing (POCT) for Blood Glucose Monitoring (BGM). They are issued with the same meter and receive standardized training in its use including Quality Assurance: internal QA is documented in Log books kept with the meter, External QA is sent out via POCT who document the result and take action if required as per local policy.

This has yet to be completely rolled out into the GP practices due to the nature of GPs being independent contractors and complexity around the standardizing of the meters and the Quality Assurance. The issues being taken into consideration include the following:

- Each GP and Nurse within a practice tend to carry their own meter.
- Many practices now employ locums GPs, who also carry their meter, and these work within and across Local Health Board areas.
- Access to the testing strips can be problematic, as these need to be prescribed by the practice.
- Strips only have a 6 month shelf life, so the logistics of regulating the supply is complex and some would be out of date before there are used – due to the limited amount of times being used.

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- Every GP/Practice Nurse working within Cwm Taf would require the same training plus have to undertake yearly updates in addition to this.
- Internal and External Quality Assurance would need to be carried out by every individual who has a meter.

Discussions have commenced within the Health Board with regard to how the above issues can be overcome and support a full roll out. One possibility being explored is the option around the meter sitting within the Emergency bag/trolley along with a log book and designated persons to undertake the Quality Assurance.

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;

Blood glucose testing equipment is readily available in each GP Practice as they are provided with a list of meters recommended by Cwm Taf UHB, (ratified by the Point of Care Testing Team and Diabetes Nurse Specialists) for patient use and these are provided free to the GP practices. These are the meters the GP's and Practice nurses will use if required to perform a test on an ill patient.

As mentioned above GP's carry a meter within their own bag to use if on house calls.

There is no official data re the amount of tests undertaken, however an audit was performed a number of years ago requesting this information and it showed that the meters were used infrequently within the practices: once a month or less in most practices for use with an ill patient. Practice Nurses use them more frequently whilst educating people already diagnosed with diabetes, on how to self monitor. Circumstances where a meter may be required to be used to assess an ill patient: Vomiting/ abdominal pain in children, osmotic symptoms, Seizures, unconscious person, Confused/unwell person, etc.

District Nurses are provided with their own meters via the UHB, these meters are the same. Training for the meters is standardized with yearly updates; they perform both internal and external quality assurances which are governed by POCT.

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).

Cwm Taf has excellent communications within and between primary, community and secondary Care. Primary Care clinicians are advised if they have any concerns they should refer directly to Secondary Care immediately for a review by a Consultant Paediatrician.

This has been improved recently with the opening of opening of the Paediatric Assessment Unit within the Royal Glamorgan Hospital. All the referrals are received and triaged by a consultant paediatrician from 8 AM till 8 PM. This service has been welcomed by GPs.

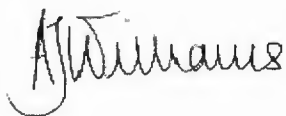
Cwm Taf has also invested in a Primary Care Diabetes Nurse Facilitator and 3 additional Primary Care Diabetes Nurse Specialists whose role it is to work closely with GP practices and teams. They are available to offer immediate support and advice to primary care teams on an individual case by case basis as well as general advice.

The Health Board holds a regular Diabetes Clinical Delivery & Planning Group on which there is representation from all stakeholders involved in delivering diabetes care. This includes consultants, GP and secondary care Diabetes Nurse Specialists, and also the Primary Care Diabetes Nurse Specialists to ensure effective dialogue between Primary and Secondary Care. The purpose of this group is to oversee the effective delivery of good quality care for patients with Diabetes in Cwm Taf. Blood Glucose Monitoring is a standard agenda item, along with patient / service user update and improvements against the delivery plan.

Where necessary individual case reviews are undertaken and lessons learnt are shared across the service. All clinicians have a responsibility to report significant incidents via Datix and every GP surgery is required to note, investigate and review significant incidents as well. Where necessary and appropriate, GPs are asked to include late diagnosis within their GP appraisal. The Primary Care Directorate produces a clinical governance newsletter which includes cases and lessons learnt from General Practice and from the Ombudsman reports and this is shared with all the GP contractors and their wider teams.

Any specific concerns are communicated from Consultant to GP via letter and updates sharing lessons learnt are offered to Practices as needed.

Yours sincerely



Mrs Allison Williams
Chief Executive/Prif Weithredydd

