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Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

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Via e-mail:

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Dyddiad / Date: 20th September 2017

Dear Clerk,

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

Further to your letter dated 4th August, in respect of the above Petition, I have discussed this with colleagues from the Diabetes Specialty Service who have sought advice from the Clinical Diabetes lead for Wales and the Diabetes National Specialist Advisory Group. The collective view is that NICE guidance should be adhered to and to ensure that diabetes education for Primary Care Health Professionals includes raising the awareness of the classic symptoms for Type 1 diabetes and prompts 'on the spot' finger prick blood glucose testing for any individual be that an adult, child or young person who presents with such symptoms. In support of this I can confirm that the Children & Young People's diabetes network in Wales corresponded on this matter in November last year as follows;

'As a Network we strongly recommend all NHS staff adhere to NICE guidelines, which state that the characteristics of type 1 diabetes in children and young people include polyuria, polydipsia, weight loss and tiredness and that children and young people with suspected type 1 diabetes should be referred immediately (on the same day) to the Paediatric Diabetes team.

Many of the recommendations the petitioners make in their correspondence to the committee are of excellent value and many are being pursued by ourselves, primary care colleagues and Diabetes UK Cymru. These include additional training for primary care staff, the provision of glucose meters to GP's / practice nurses and a need for health boards to be aware of and report on pathways of care and DKA rates at diagnosis'.

Furthermore, I have sought the views of Diabetes Specialist Leads on the practicalities of global Diabetes screening of all children who present at their GP surgery, regardless of whether they present with symptoms or not, and the consensus is that it is not a practical approach nor is it felt appropriate to finger prick test all children routinely, without any evidence that such screening is effective and this would not be desirable from the child's point who may object to such a procedure whenever presenting at a GP surgery.



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They do, however, agree with the importance of continuing efforts to educate all healthcare professionals of the early signs of Type 1 Diabetes in children and the need to undertake finger prick testing on the spot and it was suggested to include such training in the Diabetes LES. We therefore acknowledge the importance of supporting the awareness campaign to ensure that presenting symptoms are acted upon appropriately.

Whilst the primary care sector are not part of BCUHB's point of care blood glucose contract, there are regular supplies of new preferred formulary meters available in Primary Care. This enables all surgeries to have access to new glucose testing meters for self-monitoring of blood glucose and avoid any instances when a finger prick blood glucose measurement couldn't be undertaken in a GP surgery.

Furthermore, one of the meters also has the capability to measure blood ketone levels which would help to indicate a risk for Diabetic Keto-Acidosis (DKA). Whilst blips into the Diabetic Nursing Services are recorded, data is not routinely requested from primary care regarding the number of POC tests undertaken opportunistically based on presenting symptoms.

I trust this response is satisfactory in respect of the queries raised however, if you require any further information please do not hesitate to contact me

Yours sincerely

A handwritten signature in blue ink, appearing to read 'Gary Doherty'.

Gary Doherty
Prif Weithredwr
Chief Executive