



National Paediatric Diabetes Audit Core Dataset

Revised dataset to be collected from
1st April 2021

Guidance updated February 2024

Introduction

This document contains details of the core NPDA dataset to be collected for visits/appointments that take place from the 1st April 2021, and replaces the dataset in use since the 2017/18 audit year. The dataset has been revised in line with guidance associated with achievement of NHS Information Standard status. The majority of data items remain unchanged but there is one new item and some items have been renamed, or modifications made to their response options. Items are drawn from the most recent National Institute of Clinical Excellence (NICE) guidance on the management of children and young people with diabetes ([NG18](#)). Other items also cover Best Practice Tariff ([BPT](#)) requirements. Although the Best Practice Tariff does not apply to Welsh Paediatric Diabetes Units (PDUs), its requirements are considered to represent good practice in Wales and form part of Quality Assurance standards.

The dataset is split into four sections:

- Patient information
- Routine measurements
- Annual review/diagnosis
- In-patient entry

Permitted values are provided for every data item listed, along with a justification/reference for inclusion of the item within the dataset and guidance notes in some cases. The data item names will correspond with the column headers within the CSV template for submitting data to the audit from April 2021.

Following the COVID-19 pandemic, many appointments are taking place virtually (via phone/video). Items such as patient height, weight and blood pressure require an in-person clinic visit to be captured reliably, so while these may be recorded remotely for your own records and to support patient care, we request that only hospital validated data is submitted to the NPDA. Calculated HbA1c from downloads should also only be used for clinical management locally and not submitted to the audit as they will not be IFCC assured. For the remainder of items, providing the care process or check has been performed via a video or phone appointment to a standard that your team considers to be commensurate with in-person delivery, please continue to enter this information into the audit. Please review the guidance notes against each item for more information.

If you have any queries about the dataset please do not hesitate to contact the NPDA.

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PATIENT DETAILS

	Data item name	Permitted Values	Notes	Justification / Standard
1	NHS Number	10 digit numeric		This is a unique identifier and necessary to collect for linkage analysis with other databases such as Hospital Episode Statistics (HES) for England and the Patient Episode Database for Wales (PEDW).
2	Date of Birth	Format: DD/MM/YYYY		Full D.O.B. is required to calculate an accurate decimal age for each patient. This allows interpretation of data collected on height, weight, calculated BMI and BP since these are age and gender specific. This also allows case-mix adjustment.
3	Postcode of usual address	The patient's full postcode	Enter the postcode in upper case and with a space in the correct place i.e. 'E13 ORJ'.	This allows analysis of the effect of deprivation on outcome measures and analysis of population statistics.
4	Stated gender	1 = Male 2 = Female 3 = Not specified 99 = Unknown	'Not Specified' means indeterminate, i.e. the patient is unable to be classified as either male or female. 'Unknown' means that the sex of the patient has not been recorded.	To allow analysis of the effect of gender on outcomes and for interpretation of height, weight, calculated BMI and BP collected data. This also allows case-mix adjustment.



No change to data item from 2017/18 dataset document.



Response options/name changed from 2017/18 dataset document.



New item for 2021+

PATIENT DETAILS

	Data item name	Permitted Values	Notes	Justification / Standard
5	Ethnic Category	A = White - British B = White - Irish C = White - Any other White background D = Mixed - White and Black Caribbean E = Mixed - White and Black African F = Mixed - White and Asian G = Mixed - Any other Mixed Background H = Asian - Indian J = Asian - Pakistani K = Asian - Bangladeshi L = Asian - Any other Asian background M = Black - Caribbean N = Black - African P = Black - Any other Black background R = Chinese S = Other - Any other ethnic group Z = Not stated 99 = Not Known	<p>Ethnicity should be self-reported by the family.</p> <p>The Information Standards Board for Health and Social Care Dataset Change Notice (DSCN) 11/2008 states: "the national code of 'Z- not stated' means that the person had been asked and had declined, either refusing to provide this information, or a genuine inability to choose, and should only be used in this circumstance and not to represent an unknown ethnicity.</p> <p>'Not Known' should be used where the patient had not been asked or the patient was not in a condition to be asked, e.g. unconscious. If the ethnic category is 'Not Known' use code 99.</p> <p>In some hospitals this information is collected at registration and recorded on your Patient Management System (PMS). Therefore, this data should be available to you.</p>	Necessary to examine the influence of ethnic origin on outcomes. Also allows for case-mix adjustment.



No change to data item from 2017/18 dataset document.



Response options/name changed from 2017/18 dataset document.



New item for 2021+

PATIENT DETAILS

	Data item name	Permitted Values	Notes	Justification / Standard
6	Diabetes Type	1 = Type 1 Insulin-Dependent Diabetes Mellitus 2 = Type 2 Non-Insulin Dependent Diabetes Mellitus 3 = Cystic Fibrosis Related Diabetes 4 = MODY (monogenic forms of diabetes) 5 = Other specified Diabetes Mellitus 99 = Unknown/unspecified	If you are unable to classify your patient into any of the categories 1-4: Use category 5 where there is a recognised cause of diabetes (e.g. post organ transplantation, steroid induced diabetes, post pancreatitis/pancreatectomy) or related to a syndrome (e.g. Prader Willi or Lawrence Moon Biedl Syndrome). Use code 99 when the patient has diabetes but the cause is unknown.	Important to know about the heterogeneity of diabetes in children and young people.
7	Date of Diabetes Diagnosis	Format: DD/MM/YYYY	If you are unable to classify your patient's diagnosis date as they were diagnosed elsewhere and exact date cannot be ascertained, insert the first day in the month of diagnosis and year. E.g. diagnosed in March 2014, enter 01/03/2014.	Will allow accurate analysis of age bands. Will allow data from newly diagnosed patients to be analysed independently. Accurate date of diagnosis is required to provide relationships of outcome with duration of diabetes, and permits case-mix adjustment.
8	Date of leaving service	Format: DD/MM/YYYY	Enter date if patient left the service during the audit year otherwise leave blank.	
9	Reason for leaving service	1 = Transitioned to adult diabetes service 2 = Moved out of area 3 = Other	Enter reason for leaving if patient has left your service during the audit year.	#



No change to data item from 2017/18 dataset document.



Response options/name changed from 2017/18 dataset document.



New item for 2021+

PATIENT DETAILS

	Data item name	Permitted Values	Notes	Justification / Standard
10	Death Date	Format: DD/MM/YYYY	Mandatory if patient dies from any cause in audit year.	This is important information to collect to establish mortality rates in children and young people with diabetes.
11	GP Practice Code	Format X99999, where X can be A-H, J-N, P	<p>You can download GP Practice code data here:</p> <p>Once you have downloaded and opened the GP Practices full file (.csv) you will see that the GP Practice Codes are listed in Column A. You are able to search the Excel file by selecting Ctrl + F to search for Name, Address, Postcode etc. to look for the relevant GP Practice Code.</p>	Necessary to produce an atlas of variation for outcomes for GP practices across England and Wales and for reporting at CCG level in England and Health Board level in Wales.
12	PDU Number	Format: 000 (3 digit numeric)	This is the number used on your NPDA registration form as in previous years (previously PZ XXX) and is on your NPDA log in. If you do not know your organisation code, please find it here on the NPDA website under 'NPDA PZ numbers list'.	
13	Visit/Appointment Date	Format: DD/MM/YYYY	<p>Defines a row of data by a visit date.</p> <p>N.B. the date of any care process or outcome measure within a row may not always be identical to the visit date.</p>	



No change to data item from 2017/18 dataset document.



Response options/name changed from 2017/18 dataset document.



New item for 2021+

ROUTINE MEASUREMENTS

	Data item name	Permitted Values	Notes	Justification / Standard
14	Patient Height (cm)	Format: 999.9 cm	At least one height/weight measurement should be recorded during the audit year. BMI will be calculated centrally. Combined observation date for height and weight. If only height or weight measured still enter date.	<p>NG18: 1.2.45 At each clinic visit for children and young people with type 1 diabetes measure height and weight and plot on an appropriate growth chart. Check for normal growth and/or significant changes in weight because these may reflect changes in blood glucose control. [2004, amended 2015]</p> <p>NG18: 1.3.20 At each clinic visit for children and young people with type 2 diabetes:</p> <ul style="list-style-type: none"> measure height and weight and plot on an appropriate growth chart calculate BMI. <p>Check for normal growth and/or significant changes in weight because these may reflect changes in blood glucose control. [2004, amended 2015]</p>
15	Patient Weight (kg)	Format: 999.9 kg		
16	Observation Date (Height and weight)	Format: DD/MM/YYYY		
17	HbA1c Value	Format: 99.9	Collect and submit ALL the measurements with dates taken throughout the audit cycle.	By providing ALL measurements of HbA1c a more powerful data analysis can be performed centrally. Allows means/median values for the year to be calculated. Data from first 3 months following diagnosis should be supplied but will be analysed independently as early measurements of HbA1c are not representative of overall diabetes control.
18	HbA1c result format	1 = mmol/mol 2 = Percentage (%)	Use a new row for each with visit date for each measurement.	
19	Observation Date: HbA1c Value	Format: DD/MM/YYYY	<p>Values in either mmol/mol or % will be accepted.</p> <p>Date performed (within the audit year) is mandatory if observation value provided is to be accepted.</p>	



No change to data item from 2017/18 dataset document.



Response options/name changed from 2017/18 dataset document.



New item for 2021+

ROUTINE MEASUREMENTS

	Data item name	Permitted Values	Notes	Justification / Standard
20	Diabetes Treatment at time of HbA1c measurement	1 = One - three injections/day 2 = Four or more injections/day 3 = Insulin pump 4 = One - three injections/day plus other blood glucose lowering medication 5 = Four or more injections/day plus other blood glucose lowering medication 6 = Insulin pump therapy plus other blood glucose lowering medication 7 = Dietary management alone (no insulin or other diabetes related medication) 8 = Dietary management plus other blood glucose lowering medication (non Type-1 diabetes) 99 = Unknown	<p>Enter the treatment at the time of the visit for all types of diabetes.</p> <p>Options 1-6 usually will relate to children and young people with Type 1 diabetes.</p> <p>Options 7-8 usually will relate to children and young people with non-Type 1 diabetes.</p>	Important to get information that can relate intensification of insulin regimen to diabetes outcomes.
21	If treatment included insulin pump therapy (i.e. option 3 or 6 selected), was this as part of a closed loop system?	1 = No 2 = Closed loop system (licenced) 3 = Closed loop system (DIY, unlicenced) 4 = Closed loop system (licence status unknown)	Leave blank if insulin pump not used at time of HbA1c measurement.	Collected for national monitoring of diabetes related technology usage and associated outcomes.



No change to data item from 2017/18 dataset document.



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New item for 2021+

ROUTINE MEASUREMENTS

	Data item name	Permitted Values	Notes	Justification / Standard
22	At the time of HbA1c measurement, in addition to standard blood glucose monitoring (SBGM), was the patient using any other method of glucose monitoring?	1= No 2 = Flash glucose monitor 3 = Modified flash glucose monitor (e.g. with MiaoMiao, Blucon etc.) 4 = Real time continuous glucose monitor with alarms 5 = Other 99 = Unknown	Choose the modified flash glucose monitor option if the patient is using their flash monitor in combination with a separate device or app so that it functions as a continuous glucose monitor, with or without alarms. 2023 update: The Flash Libre 2 system can now be considered a rtCGM if used with a smart phone. However, if the patient is using the reader and scanning, it will still be considered as a flash monitor. Please code according to how the system is being used by the patient.	Collected for national monitoring of diabetes related technology usage and associated outcomes. NG18 : 1.2.62 Offer ongoing real-time continuous glucose monitoring with alarms to children and young people with type 1 diabetes who have: <ul style="list-style-type: none"> frequent severe hypoglycaemia or impaired awareness of hypoglycaemia associated with adverse consequences (for example, seizures or anxiety) or inability to recognise, or communicate about, symptoms of hypoglycaemia (for example, because of cognitive or neurological disabilities).



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New item for 2021+

ANNUAL REVIEW/DIAGNOSIS

	Data item name	Permitted Values	Notes	Justification / Standard
23	Systolic Blood Pressure	Format: 999 mm Hg	<p>Mandatory for Blood Pressure care process completion.</p> <p>Enter Systolic BP and Diastolic BP (if collected)</p> <p>Please use the methodology from the Diagnosis, Evaluation, and Treatment of High Blood Pressure in Children and Adolescents</p> <p>Report if performed.</p>	<p>To assess cardiovascular risk.</p> <p>NG18: 1.2.110 Offer children and young people with type 1 diabetes monitoring for: hypertension annually from 12 years.</p> <p>NG18: 1.3.43 Offer children and young people with type 2 diabetes annual monitoring for: hypertension starting at diagnosis.</p>
24	Diastolic Blood pressure	Format: 999 mm Hg	<p>Provide an observation date within the audit period. Date relates to both the systolic AND/OR diastolic pressure measurement.</p>	
25	Observation Date (Blood Pressure)	Format: DD/MM/YYYY		
26	Foot Assessment/ Examination Date	Format: DD/MM/YYYY	<p>Complete only if screen performed.</p> <p>Mandatory care process if 12 years or older.</p>	<p>NG19: 1.3.2 For young people with diabetes who are 12–17 years, the paediatric care team or the transitional care team should assess the young person's feet as part of their annual assessment, and provide information about foot care. If a diabetic foot problem is found or suspected, the paediatric care team or the transitional care team should refer the young person to an appropriate specialist.</p>
27	Retinal Screening date	Format: DD/MM/YYYY	<p>Complete only if screen performed.</p> <p>Mandatory care process if 12 years or older</p>	<p>NG18: 1.2.110 Offer children and young people with type 1 diabetes monitoring for:</p> <ul style="list-style-type: none"> diabetic retinopathy annually from 12 years
28	Retinal Screening Result	<p>1 = Normal</p> <p>2 = Abnormal</p> <p>99 = Unknown</p>	<p>Provide a result for retinal screening only if screen performed. Abnormal is defined as any level of retinopathy in either eye.</p>	<p>NG18: 1.3.43 Offer children and young people with type 2 diabetes annual monitoring for:</p> <ul style="list-style-type: none"> diabetic retinopathy from 12 years



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New item for 2021+

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	Data item name	Permitted Values	Notes	Justification / Standard
29	Urinary Albumin Level (ACR)	Format 9999.9		<p>Albuminuria is a marker for future microvascular complications and early mortality but is rare during pre-puberty. Its presence requires intensification of both monitoring and diabetes therapy which can result in lower albuminuria levels and reduced risk of future complications.</p> <p>NG18: 1.2.110 Offer children and young people with type 1 diabetes monitoring for moderately increased albuminuria (albumin:creatinine ratio [ACR] 3–30 mg/mmol; 'microalbuminuria') to detect diabetic kidney disease, annually from 12 years .</p> <p>NG18: 1.3.43 Offer children and young people with type 2 diabetes annual monitoring for moderately increased albuminuria (albumin:creatinine ratio [ACR] 3–30 mg/mmol; 'microalbuminuria') to detect diabetic kidney disease, starting at diagnosis.</p> <p>Necessary to determine national prevalence of albuminuria.</p>
30	Observation Date: Urinary Albumin Level	Format: DD/MM/YYYY	Mandatory for children with type 1 diabetes aged 12 years and above and optional before 12 years.	
31	Albuminuria Stage	1 = Normoalbuminuria 2 = Microalbuminuria 3 = Macroalbuminuria 99 = Unknown	<p>Mandatory for children with type 2 diabetes from diagnosis.</p> <p>Provide and observation date if a value provided.</p> <p>Submit your interpretation of the urinary albumin level based on your local laboratory reference ranges. Mandatory if level submitted.</p>	
32	Total Cholesterol Level (mmol/l)	Format 99.9 mmol/l	Mandatory only for children with type 2 diabetes annually from diagnosis.	<p>NG18: 1.3.43 Offer children and young people with type 2 diabetes annual monitoring for dyslipidaemia starting at diagnosis.</p>
33	Observation Date: Total Cholesterol level	Format: DD/MM/YYYY	<p>Entry for patient with type 1 s is optional and will not be included as an essential care process but will be reported as an outcome measure. Report if performed.</p> <p>Observation date mandatory if value provided.</p>	



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New item for 2021+

ANNUAL REVIEW/DIAGNOSIS

	Data item name	Permitted Values	Notes	Justification / Standard
34	Observation Date: Thyroid Function	Date: (format DD/MM/YYYY)	<p>This measure is for all children with type 1 diabetes annually.</p> <p>Mandatory to provide an observation date if performed.</p>	<p>Monitoring for complications and associated conditions of type 1 diabetes</p> <p>NG18: 1.2.110 Offer children and young people with type 1 diabetes monitoring for:</p> <ul style="list-style-type: none"> thyroid disease at diagnosis and annually thereafter until transfer to adult services (NG18).
35	At time of, or following measurement of thyroid function, was the patient prescribed any thyroid treatment?	<p>1 = No thyroid therapy</p> <p>2 = Thyroxine for hypothyroidism</p> <p>3 = Antithyroid medication for hyperthyroidism</p> <p>99 = Unknown</p>	<p>Mandatory if thyroid testing performed,</p> <p>Data for this item can be entered into the audit if prescribed at a video/telephone appointment.</p>	<p>Thyroid treatment allows prevalence of thyroid autoimmunity associated with Type 1 diabetes to be calculated.</p>
36	Observation Date: Coeliac Disease Screening	Format: DD/MM/YYYY	<p>Date of coeliac disease screening only to be completed if patient was diagnosed within audit year. Process complete if date is within 90 days of diagnosis for patient with Type 1 diabetes.</p> <p>Provide dietary status for all patients: A 'yes' response will be interpreted as the patient having a diagnosis of coeliac disease.</p> <p>Dietary status should be reported for every patient within each audit year to allow prevalence of coeliac disease to be calculated.</p> <p>Data for this item can be entered into the audit if a gluten-free diet was recommended at a video/telephone appointment.</p>	<p>NG 20: 1.1.1 Offer serological testing for coeliac disease to people with: Type 1 diabetes, at diagnosis.</p>
37	Has the patient been recommended a Gluten-free diet?	<p>1 = Yes</p> <p>2 = No</p> <p>99 = Unknown</p>		



No change to data item from 2017/18 dataset document.



Response options/name changed from 2017/18 dataset document.



New item for 2021+

ANNUAL REVIEW/DIAGNOSIS

	Data item name	Permitted Values	Notes	Justification / Standard
38	Observation Date - Psychological Screening Assessment	Format: DD/MM/YYYY	<p>Enter a date that a formal assessment has taken place for the 'need of additional psychological support' (beyond that which might be routinely be provided within clinic). An assumption will be made that no assessment has taken place if no date entered.</p> <p>If a patient is already receiving additional support, but their assessment was in the previous audit year, please enter a date of one of their psychological therapy appointments within the current audit year.</p> <p>N.B this is a process measure, establishing whether the patient has been assessed for psychological distress.</p> <p>Data for this item can be entered into the audit if an assessment was performed remotely e.g. via video/telephone.</p>	<p>Regular assessment of a broad range of psychological and behavioural problems in children and adults with type 1 diabetes is recommended.</p> <p>SIGN Guideline 16: In children this should include eating disorders, behavioural, emotional and family functioning problems (Management of diabetes, p5).</p> <p>NG18: 1.2.94. Diabetes teams should be aware that children and young people with type 1 diabetes have a greater risk of emotional and behavioural difficulties. [2004, amended 2015]</p> <p>NG18: 1.2.95 Offer children and young people with type 1 diabetes and their family members or carers (as appropriate) emotional support after diagnosis, which should be tailored to their emotional, social, cultural and age-dependent needs. [2004]</p>



No change to data item from 2017/18 dataset document.



Response options/name changed from 2017/18 dataset document.



New item for 2021+

ANNUAL REVIEW/DIAGNOSIS

39	<p>Was the patient assessed as requiring additional psychological/CAMHS support outside of MDT clinics?</p>	<p>1 = Yes 2 = No 99 = Unknown</p>	<p>Applicable if the patient was assessed as needing additional psychological support outside of routine clinical care provided by your PDU. If the patient is already receiving psychological support (including through CAMHS), record 'yes'.</p> <p>N.B. this is an outcome measure, following on from the process measure above (item 38), i.e. was the patient assessed as experiencing a level of psychological distress necessitating additional support (regardless of whether or not the patient has yet received support, and regardless of whether this distress is primarily related to their diabetes).</p> <p>Data for this item can be entered into the audit if determined following a remote assessment.</p>	<p>NG18: 1.2.96 Assess the emotional and psychological wellbeing of young people with type 1 diabetes who present with frequent episodes of diabetic ketoacidosis (DKA). [2004, amended 2015]</p> <p>NG18: 1.2.97 Be aware that a lack of adequate psychosocial support has a negative effect on various outcomes, including blood glucose control in children and young people with type 1 diabetes, and that it can also reduce their self-esteem. [2004, amended 2015]</p> <p>NG18: 1.2.98 Offer children and young people with type 1 diabetes and their family members or carers (as appropriate) timely and ongoing access to mental health professionals with an understanding of diabetes because they may experience psychological problems (such as anxiety, depression, behavioural and conduct disorders and family conflict) or psychosocial difficulties that can impact on the management of diabetes and wellbeing. [2004, amended 2015]</p> <p>NG18: 1.3.37 Offer children and young people with type 2 diabetes and their family members or carers (as appropriate) timely and ongoing access to mental health professionals with an understanding of diabetes because they may experience psychological problems (such as anxiety, depression, behavioural and conduct disorders and family conflict) or psychosocial difficulties that can impact on the management of diabetes and wellbeing. [2004, amended 2015]</p>
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New item for 2021+

ANNUAL REVIEW/DIAGNOSIS

	Data item name	Permitted Values	Notes	Justification / Standard
40	Does the patient smoke?	1 = Non-smoker 2 = Current smoker 99 = Unknown	Enter smoking status of the patient. Data for this item can be entered into the audit if collected at a video/telephone appointment.	Smoking plays a significant contribution to micro and macrovascular disease development. Important to ascertain prevalence of smoking amongst the diabetic population.
41	Date of offer of referral to smoking cessation service (if patient is a current smoker)	Format: DD/MM/YYYY	Leave blank if not made. Data for this item can be entered into the audit if offered at a video/telephone appointment.	NG18: 1.2.14 Offer smoking cessation programmes to children and young people with type 1 diabetes who smoke. See also the NICE guidelines on brief interventions and referral for smoking cessation, smoking cessation services, harm reduction approaches to smoking, and smoking cessation in secondary care. [2004, amended 2015] NG18: 1.3.10 Offer smoking cessation programmes to children and young people with type 2 diabetes who smoke. See also the NICE guidelines on brief interventions and referral for smoking cessation, smoking cessation services, harm reduction approaches to smoking, and smoking cessation in secondary care. [2004, amended 2015]
42	Date Level 3 carbohydrate counting education received	Format: DD/MM/YYYY	Level 3 carbohydrate counting is defined as carbohydrate counting with adjustment of insulin dosage according to an insulin:carbohydrate ratio. Enter date when provided. Process complete if date is within 14 days of diagnosis for patient with Type 1 diabetes. To be reported for patients diagnosed with type 1 diabetes during the audit year. If no date entered during the audit year then an assumption of incomplete care process will be made. Data for this item can be entered into the audit if received at a video/telephone appointment.	NG18: 1.2.37 Offer level 3 carbohydrate-counting education from diagnosis to children and young people with type 1 diabetes who are using a multiple daily insulin injection regimen or continuous subcutaneous insulin infusion (CSII or insulin pump) therapy, and to their family members or carers (as appropriate), and repeat the offer at intervals thereafter. Will be reported for patients diagnosed within audit year.



No change to data item from 2017/18 dataset document.



Response options/name changed from 2017/18 dataset document.



New item for 2021+

ANNUAL REVIEW/DIAGNOSIS

	Data item name	Permitted Values	Notes	Justification / Standard
43	Was the patient offered an additional appointment with a paediatric dietitian?	1 = Yes 2 = No 99 = Not known	The additional appointment could be 1:1 or group session, via phone call, video call or face to face.	BPT indicator: Each patient should be offered at least one additional appointment per year with a paediatric dietitian (outside of the MDT clinic) with training in diabetes (or equivalent appropriate experience).
44	Date of additional appointment with dietitian	Format: DD/MM/YYYY	Leave blank if appointment not attended. The additional appointment could be 1:1 or group session, via phone call, video call or face to face.	
45	Was the patient using (or trained to use) blood ketone testing equipment at time of visit?	1 = Yes 2 = No 99 = Unknown	Type 1 diabetes only Data for this item can be entered into the audit if collected at a video/telephone appointment.	NC18 : 1.2.74 Offer children and young people with type 1 diabetes blood ketone testing strips and a meter, and advise them and their family members or carers (as appropriate) to test for ketonaemia if they are ill or have hyperglycaemia.
46	Date that Influenza immunisation was recommended	Format: DD/MM/YYYY	If no date entered during the audit year then an assumption of incomplete care process will be made. Data for this item can be entered into the audit if the influenza immunisation was recommended at a video/telephone appointment.	NC18 : 1.2.16 Explain to children and young people with type 1 diabetes and their family members or carers (as appropriate) that the Department of Health's Green Book recommends annual immunisation against influenza for children and young people with diabetes over the age of 6months. [2004] NC18 : 1.3.12 Explain to children and young people with type 2 diabetes and their family members or carers (as appropriate) that the Department of Health's Green Book recommends annual immunisation against influenza for children and young people with diabetes. [2004, amended 2015]



No change to data item from 2017/18 dataset document.



Response options/name changed from 2017/18 dataset document.



New item for 2021+

ANNUAL REVIEW/DIAGNOSIS

	Data item name	Permitted Values	Notes	Justification / Standard
47	Date of provision of advice ('sick-day rules') about managing diabetes during intercurrent illness or episodes of hyperglycaemia	Format: DD/MM/YYYY	<p>Applies to patients with type 1 and type 2 diabetes. If no date entered during the audit year then an assumption of incomplete care process will be made.</p> <p>Data for this item can be entered into the audit if given at a video/telephone appointment.</p>	<p>NG18: 1.2.73 Provide each child and young person with type 1 diabetes and their family members or carers (as appropriate) with clear individualised oral and written advice ('sick-day rules') about managing type 1 diabetes during inter-current illness or episodes of hyperglycaemia, including:</p> <ul style="list-style-type: none"> • monitoring blood glucose • monitoring and interpreting blood ketones (beta-hydroxybutyrate) • adjusting their insulin regimen, food and fluid intake • when and where to seek further advice or help. <p>Revisit the advice with the child or young person and their family members or carers, (as appropriate) at least annually.</p> <p>NG18: 1.3.1 Offer children and young people with type 2 diabetes and their family members or carers (as appropriate) a continuing programme of education from diagnosis. Ensure that the programme includes the following core topics:</p> <ul style="list-style-type: none"> • HbA1c monitoring and targets • the effects of inter-current illness on blood glucose control • the aims of metformin therapy and possible adverse effects • the complications of type 2 diabetes and how to prevent them .



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Response options/name changed from 2017/18 dataset document.



New item for 2021+

IN-PATIENT ENTRY

	Data item name	Permitted Values	Notes	Justification / Standard
48	Start date (Hospital Provider Spell)	Format: DD/MM/YYYY	Please enter every diabetes-related hospital admission the patient has had (day case or longer) on separate rows. These should include admissions for stabilisation of diabetes (at diagnosis and/or in established patients), DKA (new and/or established patients), ketosis without acidosis, hypoglycaemia, surgical procedures or other causes.	
49	Discharge date (Hospital provider spell)	Format: DD/MM/YYYY		For calculating number of bed days.
50	Reason for admission	1 = Stabilisation of Diabetes 2 = DKA 3 = Ketosis without Acidosis 4 = Hypoglycaemia 5 = Surgical Procedures 6 = Other causes	Use option 1: Stabilisation of diabetes for new patients admitted without DKA or other admissions where the purpose was to stabilise blood glucose such as recurrent hyperglycaemia without acidosis.	Important to know why a child is admitted to hospital for reasons of having diabetes but not related to DKA or hypoglycaemia. Also to record incidence of DKA and hypoglycaemia complications. With Best Practice Tariff it is envisaged that this type of admission will decrease and this is of interest to commissioners. Please only record diabetes-related admissions.
51	Only complete if DKA selected in previous question: During this DKA admission did the patient receive any of the following therapies?	1 = Hypertonic saline 2 = Mannitol 3 = Bicarbonate infusion 4 = None of the above	Mandatory only if 'DKA' selected as Reason for admission.	
52	Only complete if OTHER selected: Reason for admission (free text)		Mandatory only if 'Other causes' selected as Reason for admission.	



No change to data item from 2017/18 dataset document.



Response options/name changed from 2017/18 dataset document.



New item for 2021+

REFERENCES

1. [Best Practice Tariff Criteria, NHSE](#)
2. [NG18: Diabetes \(type 1 and type 2\) in children and young people: diagnosis and management. NICE \(2015\)](#)
3. [NG19: Diabetic foot problems: prevention and management. NICE \(2015\)](#)
4. [NG20: Coeliac disease: recognition, assessment and management. NICE \(2015\)](#)
5. [Sign Guideline 116: Management of Diabetes \(2010\)](#)