



National Paediatric Diabetes Audit

UPCARE: Programme name - please do not change this field.*	National Paediatric Diabetes Audit
Workstream name (if applicable) - please do not change this field.*	Not applicable
Contract status	Ongoing
Audit or non-audit	Audit
HQIP commissioned*	Yes
HQIP AD	RS
HQIP PM	GC
1.0 Included in current NHS Quality Accounts*	Yes
1.1a Geographical coverage - HQIP agreement*	England; Wales
1.2a Topic - please select which ONE of the following best describes the topic area for the programme or workstream. If more than one apply, please select 'Other' and add comment to the next question.*	Long Term Conditions
1.3a Healthcare setting*	NHS secondary or tertiary care; Paediatric
1.4 Inclusion and exclusion criteria*	<p>For a child or young person with diabetes to be included in the NPDA, they must:</p> <ul style="list-style-type: none"> • have a valid NHS number • have a valid date of birth • be allocated to/receiving care from, a registered paediatric diabetes unit (PDU) in England or Wales, and • be below the age of 25 on the first day of the audit year (1 April 20XX) <p>Records are also excluded if a visit date (or admission date) is missing, invalid or outside of the audit cycle (1 April 20XX to 31 March 20XY).</p>
1.5 Methods of data submission*	Bespoke data submission by healthcare provider

1.6a 2023/24 data submission closes - please indicate date, series of dates or frequency.*	24 May 2022
1.6b 2024/25 data submission closes - please indicate date, series of dates or frequency.*	TBC
1.7 Data flow diagram	https://www.rcpch.ac.uk/sites/default/files/2023-12/npda_dataflow_diagram_for_cag_may_2022- april_2025_v3.pdf
1.8 Data quality & analysis plan	<p>Details of most recently published analysis:</p> <p>https://www.rcpch.ac.uk/sites/default/files/2023-12/npda_notes_on_data_analysis_202122.pdf</p>
1.9 Outlier policy	https://www.rcpch.ac.uk/sites/default/files/2024-02/npda_outlier_management_policy_from_2024.pdf
2.1 Outcome measures	<p>HbA1c results:</p> <ul style="list-style-type: none"> • Median HbA1c • Mean HbA1c (unadjusted) • Mean HbA1c (adjusted) <p>Percentage of patients at</p> <ul style="list-style-type: none"> • HbA1c <48 mmol/mol (unadjusted) • HbA1c <53 mmol/mol (unadjusted) • HbA1c <58 mmol/mol (unadjusted) • HbA1c <58 mmol/mol (adjusted) • HbA1c >69 mmol/mol (unadjusted) • HbA1c >75 mmol/mol (unadjusted) • HbA1c >80 mmol/mol (unadjusted) • HbA1c >80 mmol/mol (adjusted) <p>Percentage of patients with:</p> <ul style="list-style-type: none"> • Albuminuria • An abnormal eye screening result • High blood pressure • Total cholesterol <5mmol/mol • Total cholesterol <4mmol/mol • BMI - Underweight • BMI - Healthy weight • BMI - Obese • BMI - Overweight • Coeliac disease • Thyroid disease <p>Percentage of patients using different treatment regimens:</p>

- 1-3 insulin injections (including with other blood glucose lowering medications)
- Multiple daily insulin injections (including with other blood glucose lowering medications)
- Insulin pump therapy (including with other blood glucose lowering medications)
- Insulin pump therapy (including with other blood glucose lowering medications) as part of a closed loop system

Percentage of patients using:

- Methods of blood glucose monitoring - Flash, Modified flash, Real time continuous glucose monitor with alarms, Other

2.2 Process measures

Completion rates within the audit year for (percentage of patients who have had the seven key health checks):

- HbA1c health check
- Thyroid health check
- BMI health check
- Blood pressure health check
- Albuminuria health check
- Eye screen health check
- Foot examination health check
- Overall health check completion rate

Completion rates within the audit year for (percentage of patients who have had additional audited health checks):

- Had 4+ HbA1c measurements
- Received screening for coeliac disease at diagnosis (newly diagnosed within the audit year only)
- Received screening for thyroid disease at diagnosis (newly diagnosed within the audit year only)
- Received Level 3 carbohydrate counting education at diagnosis (newly diagnosed within the audit year only)
- Were assessed for need for psychological support
- Were recommended a flu vaccine
- Were given 'sick day rules' advice
- Were given blood ketone testing training
- Had their smoking status recorded

2.3 Organisational measures

N/A

2.4 Patient reported outcome measures

N/A

2.5 Patient reported experience measures

First year of Care PREM in 2023.

Measures as below plus:

- Number of nights admitted to hospital at diagnosis
- Whether patient had DKA at diagnosis
- Whether patient has been offered/accepted different treatment regimens
- Whether family receives positive and consistent guidance from our diabetes team
- Whether there been a disturbance to the parent's normal sleep pattern since their child was diagnosed with diabetes
- Whether the diabetes care needs of their child has impacted the parent/parent's partner's (if applicable) employment

See file uploads below for item specifications for the 2023 First Year of Care PREM and the 2021 and 2019 PREM surveys.

Qualitative measures:

- What do you find helpful about your clinic visits?
- What can your diabetes team do to make your clinic visits better?

Quantitative measures:

- Length of time living with diabetes
- Length of time attending current diabetes clinic
- Whether the clinic waiting area is rated as appropriate for patient's age
- How the diabetes team are seen at appointments (in one room or separately) and how the patient would prefer to be seen
- Whether patients are able to see the same doctor on most visits and whether this is important to them
- Whether patients are able to see a psychologist/dietitian/children's diabetes specialist nurse/diabetes doctor when coming to clinic and whether they would like to
- Whether patients have a positive relationship with the diabetes team
- Whether patients feel the diabetes team understand them and their individual needs
- Whether patients feel involved in decisions about treatment
- Whether patients feel talked to in a way they can understand
- Whether patients feel the team supports the whole family
- Whether patients receive their HbA1c results from their diabetes team with advice on how to manage blood glucose levels
- Whether patients are kept up to date with new technologies e.g. devices/pumps/apps to help manage their diabetes
- Whether patients have received enough information from their diabetes team to manage
 - High and low blood glucose
 - Illness
 - Carb counting
 - Exercise
 - Maintaining future health with diabetes
 - Managing emotional wellbeing
 - Continuous glucose monitoring
 - Managing diabetes at school/college
 - Flash glucose monitoring
 - Ketone monitoring
 - Insulin pumps
- Whether patients feel their diabetes team are providing them with the information, resources, and support needed to prepare for transfer to adult care

- How patients usually feel when they leave the clinic
- Whether patients are given ways to contact/spend time with other young people with diabetes by their diabetes team
- Whether patients' diabetes teams ensure staff at their schools/colleges have the necessary information about diabetes in order to help them
- Whether patients would recommend the clinic to a friend who has diabetes to be treated in

2.6a Do measures align with any of the following sources of evidence (select all that apply)	NICE clinical guideline; Other (please describe in next question); NICE technology appraisal
2.6b Evidence supplemental information	https://www.diabetes.org.uk/resources-s3/2017-09/Paediatric%20Diabetes%20Best%20Practice%20Tariff%20Criteria.pdf
3.1 Results visualisation	Interactive online portal (run charts available); Annual report; Static data files; Other
3.2a Levels of reporting*	National; Trust or health board; Hospital or specialist unit; Integrated care system (ICS); Other (please describe in next question); NHS region or other geographic area
3.3 Timeliness of results feedback	Within 1 year; Within 24 hours
3.4 Link to dynamic reporting*	https://npda-results.rcpch.ac.uk/
2023/24 Dataset covers the period FROM/TO (within financial year 01/04 to 31/03)*	04/01/2023 - 03/31/2024
2024/25 Dataset covers the period FROM/TO (within financial year 01/04 to 31/03)*	04/01/2024 - 03/31/2025
Dataset #1 name	NPDA Core Clinical Dataset
Dataset #1 type*	Clinical audit
Dataset #1 population coverage*	All eligible patients
Dataset #1 items collected (n)	52
Dataset #1 items from existing national datasets (n)	0

Dataset #1 use of existing national datasets	N/A
Dataset #1 specification	https://www.rcpch.ac.uk/sites/default/files/2024-02/npda_dataset_2021_guidance_updated_feb_2024.pdf
Dataset #2 name	NPDA Spotlight Audit - Type 2 Diabetes
Dataset #2 type*	Clinical audit
Dataset #2 population coverage*	Sample of eligible patients
Dataset #2 items collected (n)	108
Dataset #2 items from existing national datasets (n)	0
Dataset #2 use of existing national datasets	N/A
Dataset #2 specification	See file uploads below
Dataset #3 name	NPDA Spotlight Audit - Workforce in paediatric diabetes clinics
Dataset #3 type*	Organisational audit
Dataset #3 items collected (n)	43
Dataset #3 items from existing national datasets (n)	0
Dataset #3 use of existing national datasets	N/A
Dataset #3 specification	See file uploads below
Dataset #4 name	NPDA Spotlight Audit - Diabetes related technologies
Dataset #4 type*	Organisational audit
Dataset #4 items collected (n)	50
Dataset #4 items from existing national datasets	0

(n)

Dataset #4 use of existing national datasets	N/A
Dataset #4 specification	See file uploads below
When was your Healthcare Improvement Plan (sometimes referred to as a Quality Improvement Plan) last reviewed? Please upload under 'Files' below using naming convention ('yyyymmdd_PROGRAMME-Workstream-HIplan').	01/01/2022
National report publication date (within calendar year 01/01 - 31/12/2023)*	09 March 2023
Published/planned national report publication date (within calendar year 01/01 - 31/12/2024)*	11 April 2024
Planned national report publication date (within calendar year 01/01 - 31/12/2025)*	TBC
Please add the most recent date that you have reviewed and updated an online version of UPCARE Workstream section(s) on your project's website (click into the response to see pop-up guidance).	12/20/2023
Please add a hyperlink to UPCARE Workstream section(s) on your website (click into the response to see pop-up guidance).*	https://www.rcpch.ac.uk/work-we-do/clinical-audits/npda/about#upcare-tool
Files	Type 2 Diabetes Spotlight Audit Dataset_FINALv3.pdf NPDA workforce and diabetes-related technologies audit questions 2018.pdf PREM 2021 Final.pdf 2019 NPDA National PREM Survey Questions Final.pdf 2023 PREM Survey Final Adult..pdf

2023 PREM Survey Final CYP.pdf

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