National Paediatric Diabetes Audit

UPCARE: 0.01 Programme name - please do not change this field.*	National Paediatric Diabetes Audit
0.02 Workstream name (if applicable) - please do not change this field.*	Not applicable
0.1 Contract status	Ongoing
0.2 Audit or non-audit	Audit
0.3 HQIP commissioned*	Yes
0.41 HQIP AD	RS
0.42 HQIP PM	GC
1.0 Included in current NHS Quality Accounts*	Yes
1.1a Geographical coverage - HQIP agreement*	England; Wales; Jersey
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.*	Diabetes
1.2b If you selected 'Other' above, please provide details.*	Child & Adolescent, Long Term Conditions
1.3a Healthcare setting*	NHS secondary or tertiary care; Paediatric
1.4a Does your patient cohort include the following?*	Both adults and under 18s

1.4b Inclusion and exclusion criteria*	For a child or young person with diabetes to be included in the NPDA, they must: • 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 20*XX*) Records are also excluded if a visit date (or admission date) is missing, invalid or outside of the audit cycle (1 April 20*XX* to 31 March 20*XY*).
1.5 Methods of data submission*	Bespoke data submission by healthcare provider; Extraction from existing data source(s)
1.6a 2023/24 data submission closes - please indicate date, series of dates or frequency.*	24 May 2024
1.6b 2024/25 data submission closes - please indicate date, series of dates or frequency.*	Q1 - 05 July 2024 Q2 - 7 October 2024 Q3 - 15 January 2025 Q4 - 25 April 2025
1.6c 2025/26 data submission closes - please indicate date, series of dates or frequency.*	Q1 - 07 July 2025 Q2 - 07 October 2025 Q3 - 15 January 2026 Q4 - 17 April 2026
1.6d 2026/27 data submission closes - please indicate date, series of dates or frequency.*	Q1 - 07 July 2026 Q2 - 07 October 2026 Q3 - 15 January 2027 Q4 - 16 April 2027
1.7 Data flow diagram	https://www.rcpch.ac.uk/sites/default/files/2025-11/npda_data_flow_diagram_20251124.pdf

1.8 Data quality & analysis plan	Details of most recently published analysis:

npda_notes_on_data_analysis_202324.pdf

npda_notes_on_validation_and_cleaning_202324_0_0.pdf

1.9a Link to the outlier policy*   https://www.rcpch.ac.uk/work-we-do/clinical-audits/npda/outlier

1.9b Link to the cause for concern policy*   https://www.rcpch.ac.uk/sites/default/files/2025-03/npda_cause_for_concern_policy_20250303.pdf

2.1 Outcome measures   HbA1c results:

- Median HbA1c
- Mean HbA1c (unadjusted)
- Mean HbA1c (adjusted)

Percentage of patients at

- 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)

Percentage of patients with:

- 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

Percentage of patients using different treatment regimens:

- 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

2024/25 Workforce Spotlight Audit (To be published in 2026)

Clinic Attendance:

- Are all patients offered at least 4 appointments per year
- Was Not Brought rate
- Does the service routinely inform families of funding they may access for travel costs

Additional care needs:

- Number of patients that were a "child in need"
- Number of patients that were on the child protection register/had a child protection plan in place
- Number of patients that were a "child in care"
- Number of patients with a learning disability
- Number of patients with ASD or ADHD
- Number of patients with a diagnosed eating disorder
- Does the service provide tertiary-level diabetes support or provide peripheral, rural, or cross-site clinics

Safeguarding:

- Number of safeguarding referrals
- Team members responsible for safeguarding referrals and with protected time for safeguarding

Out of hours support:

- 24/7 support available
- Staff responsible for providing 24/7 support

Transition:

- Is there a dedicated transition clinic and what age does it accept young people
- Is there a dedicated young adult clinic
- How many young people have been transitioned by each method of transfer

Structured education

- What structured education programme is offered locally at diagnosis, and is it quality assured

Psychology

- Does the service routinely screen for emotional wellbeing and how?
- Does the service routinely screen for eating disorders and how?
- Does the service offer contact with a psychologist at diagnosis?
- Does the service have a high HbA1c or DKA protocol that involves assessment and intervention by a clinical psychologist?
- Does the service have a process for arranging cognitive assessments?

Funding

- Does the service receive BPT payments and how much of these payments go directly into diabetes care? (England only)
- Does the service receive at least £3,453 per patient

Workforce

- Staff headcount: Consultants
- Staff WTE: Consultants, other staff-grade doctors, doctors in training, PDSNs, dietitians, dietetic assistants, psychologists, assistant psychologists, other psychological practitioners, youth workers, family support workers, play specialists, social workers, technology assistants, healthcare assistants, administrative staff, data support
- Staff banding: PDSNs, dietitians, clinical psychologists,
- Staff training and competencies: Consultants, other staff-grade doctors, PDSNs, dietitians,
- Vacancies

2.4 Patient reported outcome measures	N/A
2.5 Patient reported experience measures	Diabetes at School PREM 2026 (to be published in 2027)

Quantitative:

- Stage of education
- Type of school (state funded, privately funded, home education)
- Reason for choosing home education
- Eligibility for free school meals

- School healthcare plans (P/C only)
- Does the plan cover all diabetes needs (P/C only)
- Does the school have direct contact with the diabetes team (P/C only)

- Insulin delivery method
- Glucose monitoring method
- Can parents monitor blood glucose remotely (P/C only)
- Are parents able to contact the school with any concerns during the day (P/C only)
- Access to smartphone/smartwatch
- Access to private room
- Able to manage diabetes in the classroom
- Is there a trained member of staff who can support
- Carb counting information for school meals

- Number of absences for hospital appointments and were these authorised
- Number of sick days
- Has the CYP ever moved schools due to difficulties managing diabetes
- Has the CYP ever been excluded from school activities because of their diabetes
- Does diabetes affect their performance in school and do teachers understand this
- Reasonable adjustments

- Ever felt left out or treated differently
- Lost income (P/C only)
- Anxiety and stress while at school
- How well has school/diabetes team supported them

Qualitative:

- What has worked well?
- What hasn't worked well?
- What could your school or diabetes team do differently to improve your/your child's experience?

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; NICE quality standard
2.6b Evidence supplemental information	https://www.england.nhs.uk/wp-content/uploads/2023/03/23-25NHSPS-amended_Annex-C-Best-practice-tariffs.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
3.2b If you selected 'Other' above, please provide details*	National CYP Diabetes Network
3.3 Timeliness of results feedback	Within 1 year; Within 24 hours; Within 3 months
3.4 Link to dynamic reporting*	https://www.rcpch.ac.uk/resources/NPDA-dashboard
4.01 2023/24 Dataset covers the period FROM/TO (within financial year 01/04 to 31/03)*	04/01/2023 - 03/31/2024
4.02 2024/25 Dataset covers the period FROM/TO (within financial year 01/04 to 31/03)*	04/01/2024 - 03/31/2025
4.03 2025/26 Dataset covers the period FROM/TO (within financial year 01/04 to 31/03)*	04/01/2025 - 03/31/2026
4.04 2026/27 Dataset covers the period FROM/TO (within financial year 01/04 to 31/03)*	04/01/2026 - 03/31/2027
4.10 Dataset #1 name	NPDA Core Clinical Dataset
4.11 Dataset #1 type	Clinical audit
4.12 Dataset #1 population coverage*	All eligible patients
4.13 Dataset #1 items collected (n)	52
4.14 Dataset #1 items from existing national datasets (n)	0

4.15 Dataset #1 use of existing national datasets	N/A
4.16 Dataset #1 specification	https://www.rcpch.ac.uk/sites/default/files/2024-02/npda_dataset_2021_guidance_updated_feb_2024.pdf
4.20 Dataset #2 name	NPDA Spotlight Audit - Workforce
4.21 Dataset #2 type	Organisational audit
4.23 Dataset #2 items collected (n)	67
4.24 Dataset #2 items from existing national datasets (n)	0
4.25 Dataset #2 use of existing national datasets	N/A
4.26 Dataset #2 specification	See file uploads below
4.30 Dataset #3 name	Diabetes at School PREM 2026
4.31 Dataset #3 type	Patient reported experience measure
4.32 Dataset #3 population coverage*	Sample of eligible patients
4.33 Dataset #3 items collected (n)	42
4.34 Dataset #3 items from existing national datasets (n)	0
4.35 Dataset #3 use of existing national datasets	N/A
4.36 Dataset #3 specification	See file uploads below
4.44 Dataset #4 items from existing national datasets (n)	0
5.00 When was your healthcare quality	05/31/2025

improvement plan (referred to as a QI Plan) last reviewed? Please upload under 'Files' below using the HQIP naming convention (click on response to see pop-up help text).	
5.10 When were your clinical performance indicators (referred to as metrics) signed off by funders? Please upload under 'Files' below using the HQIP template and naming convention (click on response to see pop-up help text).	11/15/2023
5.11 Please add the hyperlink to where your clinical performance indicators (referred to as metrics) are published on your project website.*	https://www.rcpch.ac.uk/resources/NPDA-dashboard
5.20 National report publication date (within calendar year 01/01 - 31/12/2023)*	09 March 2023
5.21 Published/planned national report publication date (within calendar year 01/01 - 31/12/2024)*	11 April 2024
5.22 Planned national report publication date (within calendar year 01/01 - 31/12/2025)*	13 March 2025
5.23 Planned national report publication date (within calendar year 01/01 - 31/12/2026)*	12 March 2026

5.24 Planned national report publication date (within calendar year 01/01 - 31/12/2027)* 18 March 2027

6.0 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). 01/29/2026

6.1 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