National Paediatric Diabetes Audit (NPDA)
Core Dataset

Revised dataset to be collected from
1st April 2026

Guidance updated April 2026

No change to data item from 2021+ dataset document.

Data item/guidance changed from 2021+ dataset document.

New item for 2026/27 onwards.

Introduction

This document contains details of the core NPDA dataset to be collected for visits/appointments that take place from the 1st April 2026, and replaces the dataset in use since the 2021/22 audit year. The majority of data items remain unchanged but there are substantial changes: there are ten new data times, eight modified items, and one item has been removed (HbA1c format: % or mmol/mol). Most notably, the treatment regimen item has been split up for clarity.

This new dataset is accompanied by an updated CSV template for those units submitting via bulk upload. The previous CSV template will no longer be accepted after 31st March 2026. If relevant, please work with your systems providers to update your data export format in time for the 2026/27 audit year. The NPDA will work with HiCom to facilitate this for Twinkle and Diamond users and WISDM for teams in Wales.

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 seven sections:

1. Patient details/information
2. Routine measurements
3. Treatment and monitoring
4. Annual review - health checks
5. Annual review - psychology
6. Annual review - dietetics
7. Hospital admissions and 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.

Following the COVID-19 pandemic, some appointments may still take 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 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.
Tel: 020 7092 6137, Email: npda@rcpch.ac.uk

No change to data item from 2021+ dataset document. Data item/guidance changed from 2021+ dataset document. New item for 2026/27 onwards.

Patient Details/Information

	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 and linkage with other databases. This allows interpretation of data collected on height, weight, calculated BMI and BP since these are age and gender specific.
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 0RJ'.	This allows analysis of the effect of deprivation on outcome measures and analysis of population statistics.
4	Sex assigned at birth	**1** = Male **2** = Female **3** = Not specified **99** = Unknown	Sex assigned at birth. '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 sex assigned at birth on outcomes and for interpretation of height, weight, calculated BMI and BP collected data.

No change to data item from 2021+ dataset document. Data item/guidance changed from 2021+ dataset document. New item for 2026/27 onwards.

Patient Details/Information

	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	Ethnicity should be self-reported by the family. 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. '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. 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.	Necessary to examine the influence of ethnic origin on outcomes.
6	Has the patient had a diagnosis of Attention Deficit Hyperactivity Disorder (ADHD) or Autism Spectrum Disorder (ASD)?	**1** = Yes, ADHD **2** = Yes, ASD **3** = Yes, both ADHD and ASD **4** = No, neither **99** = Unknown	This should only include diagnoses confirmed by a healthcare professional qualified to make such a diagnosis.	To examine the relationship between the presence of ADHD and/or ASD on care and outcomes.

No change to data item from 2021+ dataset document. Data item/guidance changed from 2021+ dataset document. New item for 2026/27 onwards.

Patient Details/Information

	Data item name	Permitted Values	Notes	Justification / Standard
7	Does the patient have a diagnosis of a learning disability?	**1** = Yes **2** = No **99** = Unknown	This refers to "a significantly reduced ability to understand new or complex information, to learn new skills (impaired intelligence), with a reduced ability to cope independently (impaired social functioning), which started before adulthood." (DHSC, 2001) This should only include diagnoses confirmed by a healthcare professional qualified to assess mental health conditions and/or learning disabilities. This includes intellectual disability, learning disabilities, and global developmental delay. A learning disability is different to a learning difficulty (e.g. dyslexia).	To examine the relationship between the presence of learning disabilities on care and outcomes
8	Diabetes Type	**1** = Type 1 Diabetes Mellitus **2** = Type 2 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. Do not include patients with preclinical type 1 diabetes (stages 1 and 2).	Important to know about the heterogeneity of types of diabetes in children and young people.

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Patient Details/Information

	Data item name	Permitted Values	Notes	Justification / Standard
9	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 data from newly diagnosed patients to be analysed independently. Accurate date of diagnosis is required to provide relationships of outcome with duration of diabetes.
10	Date of leaving service	Format: DD/MM/YYYY	Enter date if patient left the service during the audit year otherwise leave blank.	
11	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.	
12	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.
13	GP Practice Code	Format X99999, where X can be A-H, J-N, P	You can download GP Practice code data here: 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,	Necessary to produce an atlas of variation for outcomes for GP practices across England and Wales and for reporting at ICB level in England and Health Board level in Wales.

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Patient Details/Information

	Data item name	Permitted Values	Notes	Justification / Standard
			Address, Postcode etc. to look for the relevant GP Practice Code.	
14	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'.	
15	Visit/Appointment Date	Format: DD/MM/YYYY	Defines a row of data by a visit date. N.B. the date of any care process or outcome measure within a row may not always be identical to the visit date.	

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Routine Measurements

	Data item name	Permitted Values	Notes	Justification / Standard
16	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.	NG18: 1.2.46 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 or significant changes in weight because these may reflect changes in blood glucose control. [2004, amended 2015] NG18: 1.3.21 At each clinic visit for children and young people with type 2 diabetes: measure height and weight and plot on an appropriate growth chart and calculate BMI. Check for normal growth or significant changes in weight because these may reflect changes in blood glucose control. [2004, amended 2015]
17	Patient Weight (kg)	Format: 999.9 kg		
18	Observation Date (Height and weight)	Format: DD/MM/YYYY		
19	HbA1c Value	Format: 999.9	Collect and submit ALL the measurements with dates taken throughout the audit cycle. Use a new row for each with visit date for each measurement. Values in either mmol/mol or % will be accepted. Values between 3.98 and <20 will be treated as %, whereas values between 20 and 195 will be treated as mmol/mol. Date performed (within the audit year) is mandatory if observation value provided is to be accepted.	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. NG18: 1.2.80 Measure HbA1c level 4 times a year in children and young people with type 1 diabetes. Think about more frequent testing if they are having difficulty with blood glucose management. [2004, amended 2015] NG18: 1.3.35 Measure HbA1c levels every 3 months in children and young people with type 2 diabetes. [2015]
20	Observation Date: HbA1c Value	Format: DD/MM/YYYY		

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Treatment/Monitoring

	Data item name	Permitted Values	Notes	Justification / Standard
21	Insulin regime at time of visit	**1** = No insulin **2** = One – three injections/day **3** = Four or more injections/day **4** = Insulin pump (standalone) **5** = Hybrid closed loop **99** = Unknown	This question should be answered for all children and young people for all types of diabetes.	Important to get information that can relate intensification of insulin regime and insulin delivery methods to diabetes outcomes. Use of insulin as a treatment modality is no longer confined to just Type 1 diabetes.
22	Other (non-insulin) blood glucose lowering medication at time of visit	**1** = No medication **2** = Metformin only **3** = GLP-1 agonists **4** = SGTL2 inhibitors **5** = Other **99** = Unknown	This question will usually relate to children and young people with type 2 diabetes. Select GLP-1 agonist if it's prescribed alone or as an adjunct to metformin. GLP-1 agonists include liraglutide, dulaglutide, semaglutide, tirzepatide, exenatide, and lixisenatide. Select SGTL2 inhibitor if it's prescribed alone or as an adjunct to metformin. SGTL2 inhibitors include empagliflozin, dapagliflozin, canagliflozin, and ertugliflozin.	Important to get information that can relate medication regime to diabetes outcomes. NG18: 1.3.26: Four weeks after diagnosing type 2 diabetes and starting metformin in a child or young person, review data from glucose monitoring and, if needed, change treatment (see recommendations on adding liraglutide, dulaglutide, or empagliflozin for people on metformin only or for people on metformin and insulin). [2023] NG18: 1.3.24 Offer children and young people with type 2 diabetes a metformin monotherapy formulation in line with their own preferences
23	Has lifestyle and dietary modification been recommended to reduce blood glucose levels?	**1** = Yes **2** = No **99** = Unknown	This question will usually relate to children and young people with Type 2 and other forms of diabetes where dietary lifestyle modification has been advised. It does NOT refer to dietary advice related to carbohydrate counting and insulin dose adjustment.	Important to get information that can relate dietary management to diabetes outcomes. NG18: 1.3.24 Offer children and young people with type 2 diabetes: advice and support on dietary management.

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Treatment/Monitoring

	Data item name	Permitted Values	Notes	Justification / Standard
24	Was the patient using a continuous glucose monitor (CGM) at time of visit?	**1** = Yes **2** = No **99** = Unknown	This question should be answered for all children and young people for all types of diabetes. This can include all types of CGM which allow real time functionality.	Collected for national monitoring of diabetes related technology usage and associated outcomes. NG18: 1.2.60 Offer real-time continuous glucose monitoring (rtCGM) to all children and young people with type 1 diabetes, alongside education to support children and young people, and their families and carers, to use it. [2022] NG18:1.2.61 Offer intermittently scanned continuous glucose monitoring (isCGM, commonly referred to as 'flash') to children and young people with type 1 diabetes aged 4 years and over who are unable to use rtCGM or who express a clear preference for isCGM. [2022]
25	Was the patient using (or trained to use) blood ketone testing equipment at time of visit?	**1** = Yes **2** = No **99** = Unknown	Data for this item can be entered into the audit if collected at a video/telephone appointment.	NG18: 1.2.83 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. [2015]
26	Did the patient receive immunotherapy prior to or after the diagnosis of stage 3 Type 1 diabetes?	**1** = Yes **2** = No **99**= Not known	Complete for all newly diagnosed patients with Type 1 diabetes. Answer 'Yes' if immunotherapy was provided before or shortly after the diagnosis of stage 3 Type 1 diabetes, including as part of a trial or early adoption scheme. If immunotherapy may have been received as part of a double-blind trial and the clinical team are unaware if the child has received the drug or placebo, select **99 = Not known**. This can be updated at a later date once unblinded.	GID-TA10981: NICE is currently appraising the clinical and cost effectiveness of teplizumab for delaying the onset of stage 3 Type 1 diabetes in people aged 8 years and older. Will be reported for patients diagnosed with type 1 diabetes within the audit year.
27	Date immunotherapy started	Format: DD/MM/YYY		

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Annual Review – Health Checks

	Data item name	Permitted Values	Notes	Justification / Standard
28	Systolic Blood Pressure	Format: 999 mm Hg	Mandatory for Blood Pressure care process completion. Enter Systolic BP and Diastolic BP (if collected) Please use the methodology from the Diagnosis, Evaluation, and Treatment of High Blood Pressure in Children and Adolescents Report if performed. Provide an observation date within the audit period. Date relates to both the systolic AND/OR diastolic pressure measurement.	To assess cardiovascular risk. NG18: 1.2.119 Offer children and young people with type 1 diabetes monitoring for: hypertension annually from 12 years. [2015] NG18: 1.3.74 Offer children and young people with type 2 diabetes annual monitoring for: hypertension starting at diagnosis. [2015]
29	Diastolic Blood pressure	Format: 999 mm Hg		
30	Observation Date (Blood Pressure)	Format: DD/MM/YYYY		
31	Foot Assessment/ Examination Date	Format: DD/MM/YYYY	Complete only if screen performed. Mandatory care process if 12 years or older.	NG19: 1.3.2 For young people with diabetes who are 12 to 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. [2015]
32	Retinal Screening date	Format: DD/MM/YYYY	Complete only if screen performed. Mandatory care process if 12 years or older Provide a result for retinal screening only if screen performed. Abnormal is defined as any level of retinopathy in either eye.	NG18: 1.2.120 and 1.3.76 Refer children and young people with type 1/type 2 diabetes for diabetic retinopathy screening from 12 years. [2015]
33	Retinal Screening Result	**1** = Normal **2** = Abnormal **99** = Unknown		

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Annual Review – Health Checks

	Data item name	Permitted Values	Notes	Justification / Standard
34	Urinary Albumin Level (ACR)	Format 9999.9	Mandatory for children with type 1 diabetes aged 12 years and above and optional before 12 years. Mandatory for children with type 2 diabetes from diagnosis. Provide and observation date if a value provided. Submit your interpretation of the urinary albumin level based on your local laboratory reference ranges. Mandatory if level submitted.	Necessary to determine national prevalence of albuminuria. 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. NG18: 1.2.119 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. [2015] NG18: 1.3.74 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. [2015]
35	Observation Date: Urinary Albumin Level	Format: DD/MM/YYYY		
36	Albuminuria Stage	**1** = Normoalbuminuria **2** = Microalbuminuria **3** = Macroalbuminuria **99** = Unknown		
37	Total Cholesterol Level (mmol/l)	Format 99.9 mmol/l	Mandatory only for children with type 2 diabetes annually from diagnosis. Entry for patient with type 1 diabetes is optional and will not be included as an essential care process but will be reported as an outcome measure. Report if performed. Observation date mandatory if value provided.	NG18: 1.3.74 Offer children and young people with type 2 diabetes annual monitoring for dyslipidaemia starting at diagnosis. [2015]
38	Observation Date: Total Cholesterol level	Format: DD/MM/YYYY		

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Annual Review – Health Checks

	Data item name	Permitted Values	Notes	Justification / Standard
39	Observation Date: Thyroid Function	Date: (format DD/MM/YYYY)	This measure is for all children with type 1 diabetes annually. Mandatory to provide an observation date if performed.	Monitoring for complications and associated conditions of type 1 diabetes NG18: 1.2.119 Offer children and young people with type 1 diabetes monitoring for thyroid disease, at diagnosis and annually thereafter until transfer to adult services.
40	At time of, or following measurement of thyroid function, was the patient prescribed any thyroid treatment?	**1** = No thyroid therapy **2** = Thyroxine for hypothyroidism **3** = Antithyroid medication for hyperthyroidism **99** = Unknown	Mandatory if thyroid testing performed, Data for this item can be entered into the audit if prescribed at a video/telephone appointment.	Thyroid treatment allows prevalence of thyroid autoimmunity associated with Type 1 diabetes to be calculated.
41	Observation Date: Coeliac Disease Screening	Format: DD/MM/YYYY	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. Provide dietary status for all patients at least one per audit year, even if a screening wasn't completed.: A 'yes' response will be interpreted as the patient having a diagnosis of coeliac disease. Data for this item can be entered into the audit if a gluten-free diet was recommended at a video/telephone appointment.	NG 20: 1.1.1 Offer serological testing for coeliac disease to people with: Type 1 diabetes, at diagnosis.
42	Has the patient been recommended/prescribed a Gluten-free diet?	**1** = Yes **2** = No **99** = Unknown		

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Annual Review – Health Checks

	Data item name	Permitted Values	Notes	Justification / Standard
43	Does the patient smoke and/or vape?	**1** = Non-smoker and non-vaper **2** = Current smoker, non-vaper **3** = Current vaper, non-smoker **4** = Current smoker and vaper **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.
44	Date of offer of smoking cessation advice (if patient is a current smoker)	Format: DD/MM/YYYY	Complete if smoking cessation service referral or advice was offered, even if this was not completed. Data for this item can be entered into the audit if offered at a video/telephone appointment.	NG18: 1.2.14 and 1.3.12 Offer smoking cessation programmes to children and young people with type 1/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]
45	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.	NG18: 1.2.16 Explain to children and young people with type 1 diabetes and their families or carers that the UK Health Security Agency Green Book recommends they have annual immunisation against influenza, starting when they are 6 months old. [2004, amended 2015] NG18: 1.3.14 Explain to children and young people with type 2 diabetes and their families or carers that the UK Health Security Agency Green Book recommends they have: annual immunisation against influenza [2004, amended 2015]
46	Date of provision of advice ('sick-day rules') about managing diabetes during intercurrent illness or episodes of hyperglycaemia	Format: DD/MM/YYYY	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. Data for this item can be entered into the audit if given at a video/telephone appointment.	NG18: 1.2.82 Provide children and young people with type 1 diabetes and their families or carers with individualised oral and written advice ('sick-day rules') about managing type 1 diabetes during intercurrent illness or episodes of hyperglycaemia, including: monitoring blood glucose, monitoring and interpreting blood ketones, adjusting their insulin regimen, food and fluid intake, when and where to get further advice or help. Revisit the advice at least annually. [2015] NG18: 1.3.2 Offer children and young people with type 2 diabetes and their family members or carers a continuing programme of education from diagnosis. Include the following core topics: how diet, physical activity, body weight and intercurrent illness affects blood glucose levels. [2015]

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Annual Review - Psychology

	Data item name	Permitted Values	Notes	Justification / Standard
47	Date of Annual Psychological Screening Assessment	Format: DD/MM/YYYY	Enter a date that a formal assessment has taken place for the 'need of additional psychological support' ***(beyond that which might be routinely provided within clinic)***. An assumption will be made that no assessment has taken place if no date entered. Only include assessments performed by a member of the paediatric diabetes MDT. This can be performed remotely. **N.B this is a *process* measure**, establishing whether the patient has been screened annually for psychological distress.	Regular assessment of a broad range of psychological and behavioural problems in children and adults with type 1 diabetes is recommended. NG18: 1.2.103 and 1.3.64 Diabetes teams should be aware that children and young people with type 1/type 2 diabetes have a greater risk of emotional and behavioural difficulties. [2004, amended 2015] NG18: 1.2.104 and 1.3.65 Offer children and young people with type 1/type 2 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] NG18: 1.2.105 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] NG18: 1.2.106 and 1.3.67 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/type 2 diabetes, and that it can also reduce their self-esteem. [2004, amended 2015] NG18: 1.2.107 and 1.3.68 Offer children and young people with type 1/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]
48	Following annual psychological screening, was the patient assessed as requiring additional psychological support outside of routine care?	**1** = Yes **2** = No **99** = Unknown	Complete if annual psychological screening was performed at visit. Applicable if the patient was assessed as needing additional psychological support outside of routine clinical care provided by your PDU. 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).	

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Annual Review - Psychology

	Data item name	Permitted Values	Notes	Justification / Standard
			N.B. this is an *outcome* measure, following on from the process measure above (item 47),	NHS England Best Practice Tariff: Discussion of the mental health and wellbeing of a patient should be an integral part of a patient's review with their MDT. Each patient must be assessed at least annually by their MDT as to whether additional psychological support is needed. The provider of formal psychological support for diabetes related problems must be an integral part of the MDT.
49	Was the patient offered an additional appointment with a mental health professional as part of the diabetes MDT?	**1** = Offered and attended **2** = Offered and did not attend **3** = Offered and declined **4** = Not offered **5** = Mental health support accessed elsewhere **99** = Unknown	Answer 'Offered and attended' if the patient or a family member has received support from a mental health professional as part of the diabetes MDT at any point in the audit year. Only include appointments scheduled for this audit year. Include input as part of routine clinical care or additional support. 'Mental health professionals' as part of the diabetes MDT can include, but are not limited to, clinical psychologists, counselling psychologists, neuropsychologists, psychotherapists, CBT therapists, and family therapists. It does NOT include school counsellors or educational psychologists.	

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Annual Review - Dietetics

	Data item name	Permitted Values	Notes	Justification / Standard
50	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. Data for this item can be entered into the audit if received at a video/telephone appointment.	NG18: 1.2.38 For children and young people who are using a multiple daily insulin injection regimen or an insulin pump, offer level 3 carbohydrate counting education from diagnosis to them and their families or carers. Repeat this offer regularly. [2015] Will be reported for patients diagnosed within audit year.
51	Was the patient offered an additional appointment with a paediatric dietitian during the audit year?	**1** = Yes **2** = No **99**= Not known	This is an annual requirement. The additional appointment could be 1:1 or group session, via phone call, video call or face to face.	NHS England Best Practice Tariff: 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).
52	Date of additional appointment with dietitian	Format: DD/MM/YYYY	Leave blank if appointment not attended.	

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Admissions/Inpatient Entry

	Data item name	Permitted Values	Notes	Justification / Standard
53	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.	
54	Discharge date (Hospital provider spell)	Format: DD/MM/YYYY		For calculating number of bed days.
55	Reason for admission	**1** = Acute DKA **2** = Acute but not in DKA **3** = Hypoglycaemia **4** = Surgical procedure **5** = Routine admission for stabilisation/education **6** = Other causes	Record all diabetes related admissions. Option 1: Admissions for DKA either at the time of diagnosis or not at diagnosis Option 2: Acute admission, but not in DKA. This could include vomiting, diarrhoea, ketosis without acidosis, and unable to manage a sick child with diabetes at home. Option 3: Hypoglycaemia requiring hospital admission for management. Option 4: Surgical admissions either acute or routine. E.g. endoscopy for coeliac disease confirmation. Option 5: Routine admission to help stabilise diabetes, including diabetes education post-diagnosis. Option 6: Other causes	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.

 No change to data item from 2021+ dataset document.

 Data item/guidance changed from 2021+ dataset document.

 New item for 2026/27 onwards.

Admissions/Inpatient Entry

	Data item name	Permitted Values	Notes	Justification / Standard
56	Only complete if OTHER selected: Reason for admission (free text)		Mandatory only if 'Other causes' selected as Reason for admission.	
57	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' (option 2) selected as Reason for admission.	To assess if cerebral oedema in DKA was suspected.
58	Initial pH at admission	Format: 0.00	If a blood gas was performed during the admission, either in DKA or not, please enter the initial (first recoded during this admission) pH and standard bicarbonate results.. If multiple blood gas tests were performed, please enter the first one.	To assess whether an admission meets DKA diagnostic criteria. To assess the level of severity of DKA.
59	Initial Standard bicarbonate at admission (mmol/l)	Format: 00.0 mmol/l		

No change to data item from 2021+ dataset document. Data item/guidance changed from 2021+ dataset document. New item for 2026/27 onwards.

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)