ROYAL COLLEGE OF
PHYSICIANS AND
SURGEONS OF GLASGOW

CONSULTATION:	Draft quality standard on Diabetes in children and young people
ORIGINATING SOURCE:	National Institute for Health and Care Excellence (NICE)
CONTRIBUTORS:	Professor Hazel Scott, Honorary Secretary, RCPSG Dr Brian Kennon, Consultant Physician Dr Colin Perry, Consultant Physician
SUBMITTED:	14 March 2016

Diabetes in children and young people

NICE National Institute for Health and Care Excellence

Consultation on draft quality standard – deadline for comments 5pm on 14th March 2016 email: QSconsultations@nice.org.uk

	Please read the checklist for submitting comments at the end of this form. We cannot accept forms that are not filled in correctly. We would like to hear your views on these questions: 1. Does this draft quality standard accurately reflect the key areas for quality improvement? If the systems and structures were available, do you think it would be possible to collect the data for the proposed quality measures? Do you have an example from practice of implementing the NICE guideline(s) that underpins this quality standard? If so, please submit your example to the NICE local practice collection on the NICE website. Examples of using NICE quality standards can also be submitted. 2. [Insert any specific questions about the quality standard from the Developer, or delete if not needed]
Organisation name – stakeholder or respondent (if you are responding as an individual rather than a registered stakeholder please leave blank):	Royal College of Physicians and Surgeons Glasgow
Disclosure Please disclose any past or current, direct or indirect links to, or funding from, the tobacco industry.	Nil
Name of commentator person completing form:	Prof H R Scott, Honorary Secretary, with expert advice from Dr Brian Kennon, Dr Colin Perry
Supporting the quality standard - Would your organisation like to express an interest in formally supporting this quality standard? More information.	Yes
Type	[office use only]

Comment number	Section	Statement number	Comments
			Insert each comment in a new row. Do not paste other tables into this table because your comments could get lost – type directly into this table.

Please return to: QSconsultations@nice.org.uk

Consultation on draft quality standard – deadline for comments 5pm on 14th March 2016 email: QSconsultations@nice.org.uk

Example 1	Statement 1 (measure)		This statement may be hard to measure because…
1	Statement 1	1	We strongly agree. There is a national initiative in Scotland to reduce diabetes ketoacidosis at presentation of new onset type 1 diabetes to <10%. As it currently stands at 25% this standard will drive improvements in care. There is an ongoing drive nationally to collect this information via SCI-diabetes the national IT tool for diabetes information in Scotland. We believe this should be readily measurable. We also agree that early access to clinical psychology is identified as important in this group at this early stage in disease
2	Statement 2	2	We strongly agree. This is of vital importance. in particular the recommendation that all children have written advice on dealing with intercurrent illness. Structured education is the cornerstone of type 1 diabetes management and timely access for the individual and their families as well as ongoing support during transition and into adult care should be mandatory. Access to this at diagnosis including insulin intensification and carbohydrate counting are required to optimise care and in turn outcomes in the short, medium and long term. Collecting data in on this in paediatrics may be challenging as there isn't a unified structured education programme. This will be less of an issue in adult care as there are several accredited education programmes across Scotland and recording of this information is updated quarterly via the reporting system from Managed Clinical Networks.
3	Statement 3	3	We agree. This is becoming standard practice in most units. Some patients continue to start twice daily pre-mixed insulin and this recommendation should reduce this. Should also be easily measured.A recent Scottish wide meeting of paediatric and adult teams agreed that basal bolus regimens from diagnosis should be the norm. There are some exceptions and the evidence base for the best initial regimen is lacking. We hope to use data from our early intensification work in Scotland to assess if one starting insulin regimen in superior to others in terms of achieving optimal glycaemic control at 6 and 12 months post diagnosis as well as hypoglycaemia rates.
4	Statement 4	4	We strongly agree. This is one of the key components of T1DM care and should be introduced at diagnosis and repeatedly thereafter. Worth noting that statements 2,3 and 4 cover the same key areas and 3 and 4 could be combined.
5	Statement 5	5	We agree. However, this is a very ambitious target that may prove challenging to achieve. It is readily measurable and at present in Scotland we have regular reporting on glycaemic control. If need be this could be revised to indicate the % of individuals achieving an HbA1c of <48mmol/mol. At a national meeting recently it was felt a target of 53 mmol/mol may be more realistic and indeed appropriate. We feel it is worth noting that all glycaemic targets should be individualised.
6	Statement 6	6	We agree. Should be readily measured. A recent Health Technology Assessment highlighted the benefits of sensor

			augmented pump therapy in individuals with recurrent severe hypos. It is important to note that this should be part of a stepwise approach to type 1 diabetes management with structured education and then technologies such as insulin pump therapy +/- continuous glucose monitoring systems (CGMS) in those who require it. Advancing technologies should be part of mainstream T1DM management and used in those individuals who are likely to benefit and fulfil evidence based criteria. As there are significant advances in pump therapy and CGMS, including the likely introduction of 'closed loop' systems in the near future, it may be worth attempting to 'horizon scan' this guidance by highlighting that in those individuals who despite optimised insulin regimens continue to have recurrent severe hypoglycaemic episodes they get timely access to technologies such as CGMS. It is important pumps and CGMS are not considered in isolation but as part of the advancing technologies to manage T1DM. The number of individuals using CGMS should be measurable via SCI-diabetes. Cost implications of this need to be considered also.
7	Statement 7	7	We strongly agree. This is a mandatory requirement for appropriately managing type 1 diabetes. Ketone strips have an associated cost (more expensive than glucose strips) but are far better than glucose or urine ketone testing in monitoring response to therapy of mild ketosis at home and may reduce admissions, as well as identifying DKA requiring admission. A very useful development if implemented. This standard should also include that individuals are aware of the significance of ketone monitoring and the action they will take in the presence of ketones and during intercurrent illness. This can be readily measured from prescribing data.
8	Statement 8	8	We strongly agree. This is a welcome statement and one that should be fully supported. There is no doubt that access to psychological services is of great importance and should continue to be available through transition into young adulthood. Measurement of this statement may prove challenging and there may be resource implications and decisions made as to where these services lie (adult or paediatric, primary or secondary care). The Scottish Diabetes Group funded PID PAD (Psychology in Diabetes, Psychology and Diabetes) project provided useful insights into the challenges around providing mental health support within diabetes services and further information may be available from the Scottish Diabetes Group as to the projects outcomes.
9	Question 5	N/A	The five most important statements are: 1,2,4,7,8
10	Question 7	N/A	Arguably statements 2-4 and indeed 7 could be added together as structured education from diagnosis which includes a basal bolus regimen, carbohydrate counting and ketone monitoring should be standard care in type 1 diabetes right from diagnosis.

Insert extra rows as needed

Checklist for submitting comments

- Use this comment form and submit it as a Word document (not a PDF).
- Complete the disclosure about links with, or funding from, the tobacco industry.

Please return to: QSconsultations@nice.org.uk

Diabetes in children and young people

NICE National Institute for Health and Care Excellence

Consultation on draft quality standard – deadline for comments 5pm on 14th March 2016 email: QSconsultations@nice.org.uk

- Include section number of the text each comment is about eg. introduction; quality statement 1; quality statement 2 (measure).
- If commenting on a specific quality statement, please indicate the particular sub-section (for example, statement, measure or audience descriptor).
- Combine all comments from your organisation into 1 response. We cannot accept more than 1 response from each organisation.
- Do not paste other tables into this table – type directly into the table.
- Underline and highlight any confidential information or other material that you do not wish to be made public.
- Do not include medical information about yourself or another person from which you or the person could be identified.
- Spell out any abbreviations you use
- For copyright reasons, comment forms do not include attachments such as research articles, letters or leaflets (for copyright reasons).We return comments forms that have attachments without reading them. The stakeholder may resubmit the form without attachments, but it must be received by the deadline.

You can see any guidance and quality standards that we have produced on topics related to this quality standard by checking NICE Pathways.

Note: We reserve the right to summarise and edit comments received during consultations, or not to publish them at all, if we consider the comments are too long, or publication would be unlawful or otherwise inappropriate.

Comments received during our consultations are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The comments are published as a record of the comments we received, and are not endorsed by NICE, its officers or advisory Committees.

Please return to: QSconsultations@nice.org.uk