Vaughan Gething AC/AM Ysgrifennydd y Cabinet dros Iechyd, Llesiant a Chwaraeon Cabinet Secretary for Health, Well-being and Sport



Ein cyf/Our ref VG/02364/17

David J Rowlands AM Chair, Petitions Committee National Assembly for Wales Cardiff Bay CF99 1NA

6 October 2017

Dear David,

I understand you have deferred your previous invitation of 28 July to attend the Petitions Committee to respond to petition P-04-682 - Routine Screening for Type 1 Diabetes in Children and Young People.

I am grateful the Committee has agreed at this time to accept a written outline of action underway by the NHS in Wales to address points made by the petitioners.

I would like to set on record my condolences to the family of Peter Baldwin and thank the petitioners for raising these important matters for consideration. I understand the aims of the original petition have been considered and a consensus has emerged that there is insufficient evidence to introduce a whole population screening programme. The UK and Wales screening committees will of course be open to considering any robust evidence which emerges in future about the efficacy of introducing such a programme.

Having reviewed the petitioners more recent suggestions, I have considered what is feasible to take forward and how this can align with the work of the Diabetes Delivery Plan for Wales. I agree more can be done to raise awareness among the public and among healthcare professionals about the four 'T' symptoms. The Royal College of Paediatrics and Child Health made a similar point in its 2017 clinical audit report about raising awareness of diabetic ketoacidosis (DKA). The Diabetes Delivery Plan for Wales was updated in December 2016 and an action was specifically included to raise awareness, by work led by our implementation group partners Diabetes UK Cymru. I am pleased Diabetes UK Cymru has worked with the petitioners, using the funds they have raised, to develop and deliver such a campaign.

Bae Caerdydd • Cardiff Bay Caerdydd • Cardiff CF99 1NA Canolfan Cyswllt Cyntaf / First Point of Contact Centre:
0300 0604400
Gohebiaeth. Vaughan. Gething@llyw.cymru
Correspondence. Vaughan. Gething@goy. wales

Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

However, there is no feasible mechanism to legislate for the mandatory testing of all unwell children and asking of the four 'T' symptoms. Mandating would be very difficult to apply in practice and clinically inadvisable based on expert advice. In applying the prudent healthcare principles, I would be concerned about a significant number of unnecessary referrals and investigations, as well as patient anxiety and ultimately avoidable harm. It will also utilise finite resources and mask referrals for those with genuine clinical urgency.

Beyond this, the Children and Young People's Diabetes Network, in conjunction with the Diabetes Implementation Group, is considering the potential to use Datix reporting of delayed diagnosis of type 1 diabetes. Datix is a national system all NHS bodies in Wales use to report adverse healthcare incidents and a report in this instance would trigger reflection and investigation of the case handling and learning for all concerned. This may be supported further by encouraging clusters (grouped primary care providers) to use this shared learning and highlight good practice. Consideration is also being given to making available a Primary Care Diabetes Society's e-learning module and the potential for GP receptionist training on the symptoms of type 1 diabetes.

The network is working with Cardiff and Vale University Health Board to pilot a DKA pathway. A care pathway sets out a standardised approach across an organisation or healthcare system, based on evidence and good practice, for managing a person's healthcare journey. The DKA pathway will outline the correct procedure to follow when children and young people present with the symptoms of DKA in primary care. Should the pilot prove successful, the network will work with all health boards to embed the pathway and achieve a consistent approach across Wales.

The Diabetes Delivery Plan also emphasises to health boards the need to implement the National Institute for Health and Care Excellence recommended referral to specialist paediatric diabetes teams within 24 hours. Taken together, I am assured a proportionate level of focus and activity is in place to support NHS bodies in Wales to better identify, diagnose and treat children and young people with type 1 diabetes. However, I will ask the network to consider further the availability of glucose meters and electronic prompts for general practitioners.

Yours sincerely,

Vaughan Gething AC/AM

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