

- CQC have collaborated with the NPDA and agreed to present these ‘key’ metrics about the quality of services.
- The audit report may also be reviewed if necessary [here](#).
- Outliers are generated from both the Hospital Profile data and the Annual Report data.

What this measures & rationale for inclusion	Interpretation	CQC prompts for follow-up
Completion rate for key health checks for patients aged 12+ (Effective)		
<p>There are six key care processes recommended by NICE for children and young people aged 12 and above with Type 1 diabetes that should be performed at least once annually. This metric measures the percentage care processes performed by an organisation:</p> <ul style="list-style-type: none"> • HbA1c (blood test for diabetes control) • Body mass index (BMI; measure of cardiovascular risk) • Blood pressure (measure of cardiovascular risk) • Urinary albumin (urine test for kidney function) • Foot examination (for ulcer risk) • Thyroid screen (blood test for hyper/hypothyroidism) 	<p>A funnel plot analysis is used to detect high and low completion rates.</p> <p>This metric is not adjusted. Unadjusted scores mean that the comparison across units does not account for case-mix.</p> <p>This metric maps to NICE guidelines 182 and 193, but no standard is stated. Individual hospitals’ rates are compared against other hospitals’ and the national average. Higher values indicate better performance.</p>	<p>Paediatric diabetes units should review their NPDA results to identify priorities for quality improvement activities.</p> <p>Paediatric diabetes units need to ensure that families are made aware of the recommended annual health checks for diabetes by their diabetes care provider.</p> <p>How does the trust assure itself that children and young people with diabetes are receiving the key essential healthcare checks specific to their diabetes type?</p> <p>How does the trust identify barriers to this annual provision and develop quality improvement initiatives to mitigate these?</p> <p>How does the trust assure itself that screening for psychological co-morbidities in children and young people with diabetes occurs [such as eating disorders, anxiety, and depression]?</p>
Median HbA1c (Effective)		
<p>The HbA1c level is an indicator of how well an individual’s blood glucose level is controlled over the preceding six to eight weeks. This metric measures the median HbA1c levels for all children and young people with Type 1 diabetes only. Good blood glucose control is the key to preventing development of complications of diabetes and is likely to be influenced both by the quality of healthcare services (such as access to clinical review and provision of patient education) and by patient factors (such as patient age and socio-economic status).</p>	<p>This metric is provided to compare individual units’ performance between two time periods.</p> <p>Higher values indicate poorer blood glucose control.</p> <p>A change of more than 1 mmol/mol is a clinically significant change. Units with a decrease of more than 1 mmol/mol between years are therefore categorised as having an improvement in their median HbA1c level (i.e. their patients’ blood glucose control has improved). Similarly, those hospitals with an increase of more than 1 mmol/mol are categorised as deteriorating (i.e. their patients’ blood glucose control has worsened).</p>	<p>How does the trust assure itself that it is aiming for all children to achieve the HbA1c target set by NICE (individualised for the child) from diagnosis?</p> <p>How does the trust pay attention to the vulnerable subgroups (age, female gender, deprivation, non-white ethnicity and duration of diabetes) which continue to be associated with higher HbA1c levels?</p> <p>How do trusts pay particular attention to the vulnerable Black ethnic category and Afro-Caribbean ethnic subcategory subgroup with persistently consistently higher HbA1c levels compared with those in other ethnic categories?</p>
BMI: Body mass index		

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