



Attendees	Aim 1 Core Group Ma	Aim 1 Core Crown Members			Notwork/Organisation	
	Aim 1 Core Group Members Michael McGuigan (MM)		Role		Network/Organisation North West	
	Sanjay Gupta (SG)		Clinical Lead		Yorkshire and Humber	
	Jonathan Maiden (JM)		Clinical Lead			
			Data Quality Manager		North West	
	Margot Carson (MC)		Network Manager			
	Emma Savage (ES)	net	work Manager	Yorkshire and Humber		
	Name	Role		Network/Organisation		
	Kalika Shah-Enderby	PDSN		East of England Diabetes Network		
	Jude Reid (JR)	Consulta	ant	North East & No	rth Cumbria Diabetes Network	
	Carol Metcalfe (CM)	Advance Specialis Practitio	st	North West Diat	ates Network	
		Consulta				
	Tamsyn Nicole* Phillipa Bowen*			South West Diabetes Network		
	Shikha Jain*	Consultant Consultant Consultant		South West Diabetes Network		
	Ambika Shetty* (AS)			Wales Diabetes Network		
	Louise Collins	PDSN		West Midlands Diabetes Network Yorkshire and Humber Diabetes Network		
	Vicki Hemming	Consulta	ant			
	Nicky Moor** (NM)	PDSN				
	Katie Beddows**			Lead Nurse		
	(КВ)	PDSN Dietitian				
	Louise Salsbury			Lead Dietitian		
Apologies	Aim 1 Core Group Me	NameRoleSue RoachDietitian		2	Network/Organisation	
	• •			ical Support	London/SEC	
				Network/Organ	work/Organisation	
	Sue Roach			East Midlands		
	Craig Ticehurst			London/SEC		
	Peter Christian	Consulta	ant	London/SEC		
Agenda:	Welcome and Introductions All members introduced themselves to the subgroup					
	The Aim of the Subgroup - MM & SG					
	'By 2025, we can ensure	that ever	y chil	d with diabetes h	as equal access to the same level	
	of diabetes care and education, that allows effective self-management through the delivery of a national standard programme supported by diabetes teams that include psychologists and social workers' The core members have broken Aim 1 into 6 subgroups namely: 1. Type 1 2. Type 2					





- 3. Patient Education
- 4. Transition
- 5. Schools, Social Care and System Integration Group
- 6. Quality Improvement and Assurance Group

This subgroup will look at type 1 diabetes and how variation can be addressed and standardisation of the language and key messages nationally.

Discussion: First Year of Care

ES shared Leeds pathway, which was adopted and customised by Sheffield for their own needs. Very in-depth pathway outlining the care provided at what point in care for the CYP. There will be variation depending on local factors e.g caseload, availability of HCP etc.

Some units do not have an in-patient unit which would make the pathway difficult to adopt in these areas without amendments. **MM** stated as part of 5-year plan, we have more consistency across the nation of what the key components for care are. It may be that in-patient stay may not be part of the pathway, but what we want to achieve at this point in the care for the CYP, for example targets for each visit and introduction to technology etc. The importance of delivering these principles of care are what we are trying to achieve with this work.

Variation on delivering these outcomes is inevitable but the outline of principles and best practice is the target.

Barts have pathway developed as part of local QI project. Action: NM will share pathway SG advised all to share pathways used locally with the group which can be used to form a consensus on principles.

Discussion: DKA

No improvement over last 10 years on DKA at diagnosis, despite all the work done nationally. Variation regionally. At the start of Covid the North West Network carried out an audit on admissions. In 2019 32% of patients attended in DKA at diagnosis which increased in 2020 to 45%.

JR – Work done in North East and North Cumbria for quite some time. Recognition and referral pathway developed which is written for primary care. If suspected a CYP has symptoms of T1D it is a same day referral. PR campaigns over last year following increased DKA admissions during Covid, to get the pathway recognised. Looking at work looking at human factor of 111 calls and misdiagnosis of symptoms. DKA data is reported 6 monthly at network business meetings.

AS - Wales – Scoping exercise to get primary care on board. Referral pathway developed from an existing pathway from the South west. Alongside the pathway training was





	offered with real life examples including mortality and delayed admission/presentation along with good cases. During pandemic, 111 profiles changed to ensure CYP required a face to face examination. NM – on NPDA data and methodology working group and they are looking at recent submissions and increase in DKA and delayed admissions. Looking at raising awareness and potential to link with them. CM – Still on top of NICE standards, QS125 (2016) – Same day referral for all children should be done by GP's. Some GP's still not aware of this and needs highlighting. MM - Working group needed to meet regularly to discuss strategies learning from each other's experiences to try and make improvements. Will need various stakeholders, for example GP, Health Visitor, School Nurse, Nurse Practitioner (General Practice), DUK and NPDA (RCPCH). Potentially look at effectiveness of 4T's campaign. Volunteers for DKA Kalika Shah-Enderby Carol Metcalfe Ambika Shetty Phillipa Bowen/Tamsyn Nicole Michael McGuigan Volunteers for First Year of Care Pathway Nicky Moor/Katie Beddows Shikha Jain Louise Collins Louise Collins
	Victoria Hemming Sanjay Gupta
Actions	 MC to contact Fiona Campbell to identify possible stakeholders that would be interested in joining the working groups ES will send doodle poll for potential dates to meet again before the New Year NM will share Bart's pathway JR will approach the North East and North Cumbria Diabetes Network for a representative as JR is a core member of Aim 2 ** NM and KB acknowledged the 'Terms of Reference' and agreed that only 1 lead nurse would attend the meetings * Terms of Reference
Minutes	Kindly taken by Jonathan Maiden (JM) and signed off by core members in attendance (MM, SG, ES and MC)
Next	Time: 0930 - 1130 hours
Meeting	Date: 8 November 2021
	Venue: Virtually - via MSTeams



