

Improving HbA1c for children and young people in West Herts

West Herts Paediatric Diabetes Team



Background

- NPDA data from 2018/9: 44.2% receiving 4 or more HbA1c checks in the year, below national figure of 57.5% (Figure A)
- At West Herts, the adjusted mean HbA1c was 70.3 mmol/mol for children and young people with Type 1 diabetes. This is higher than the national figure of 65mmol/mol.
- West Hertfordshire Hospitals NHS Trust, on the performance indicator adjusted mean HbA1c for 2018/19, is identified as an outlier

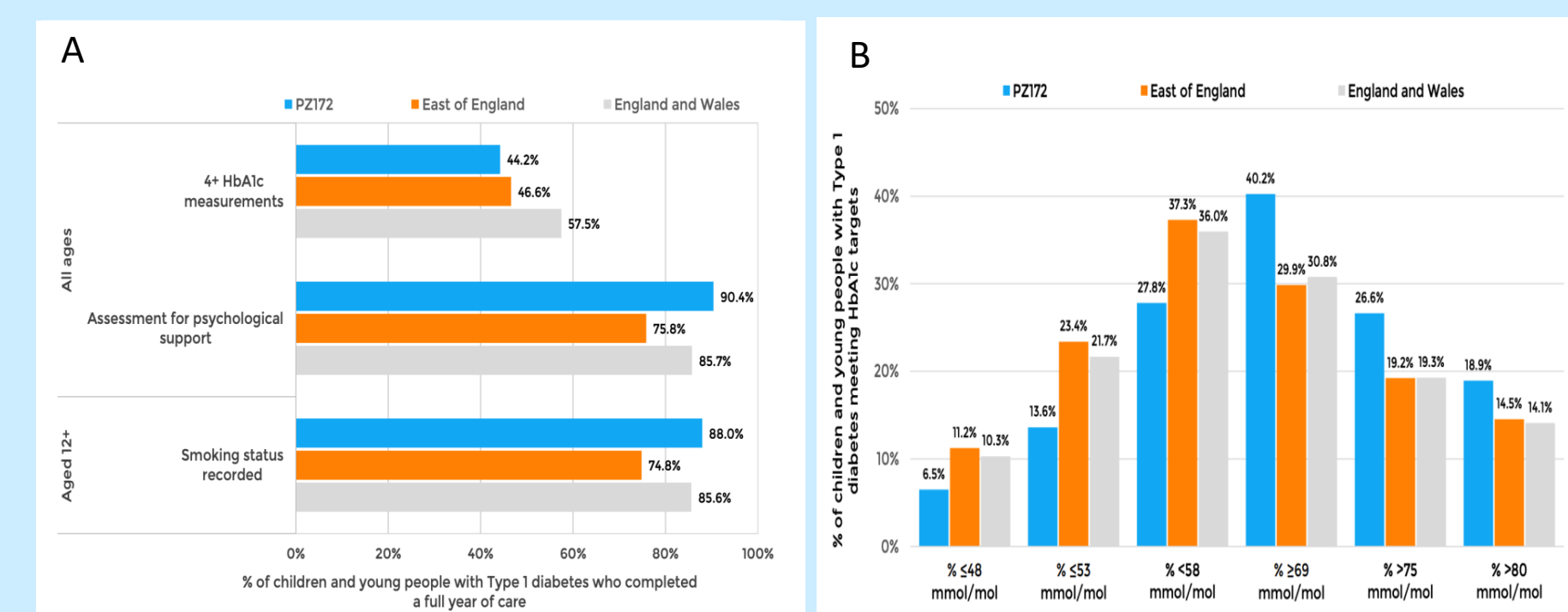
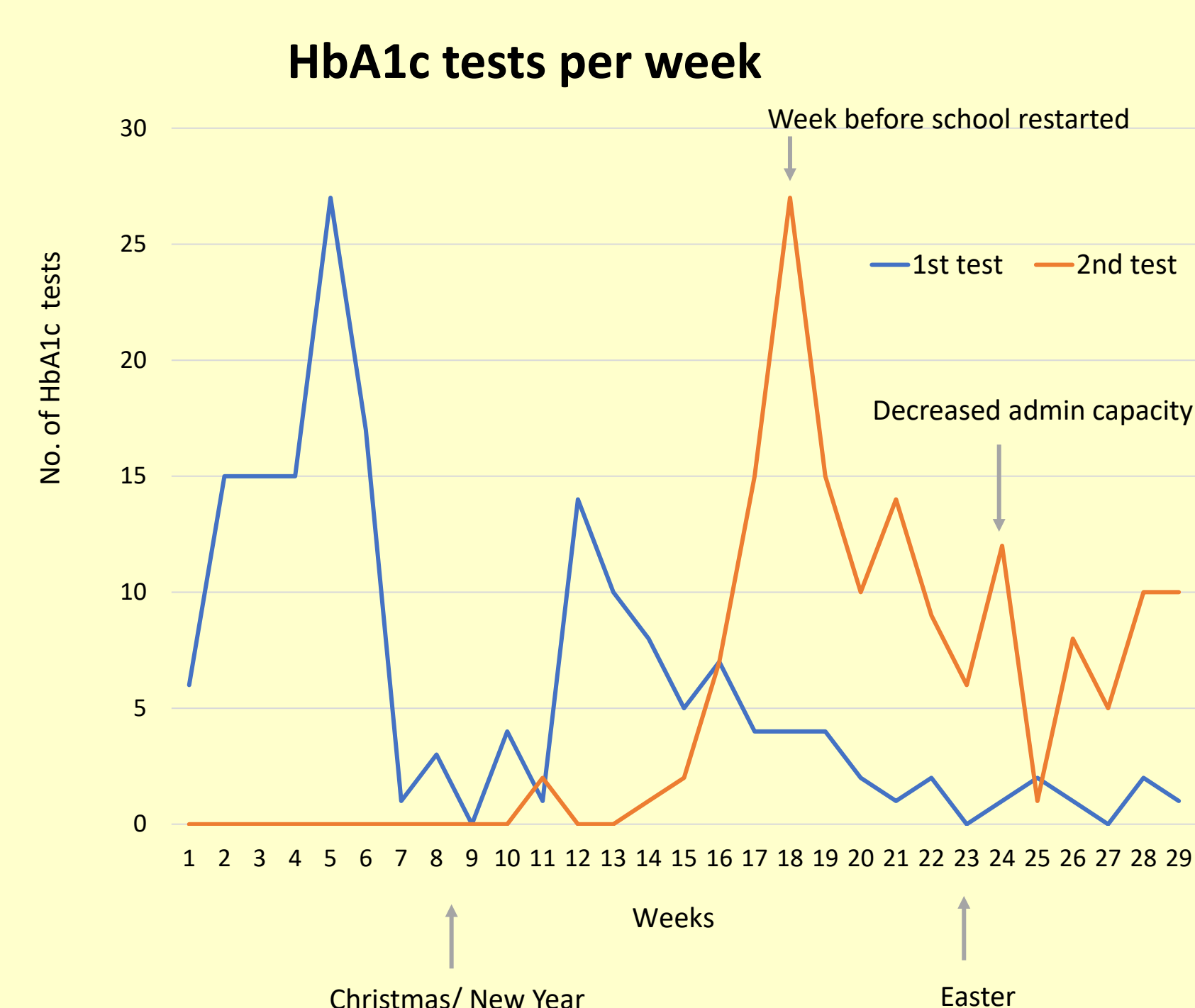


Figure A showing percentages of children receiving 4+ HbA1c checks per year
Figure B showing percentages of children in each HbA1c bracket

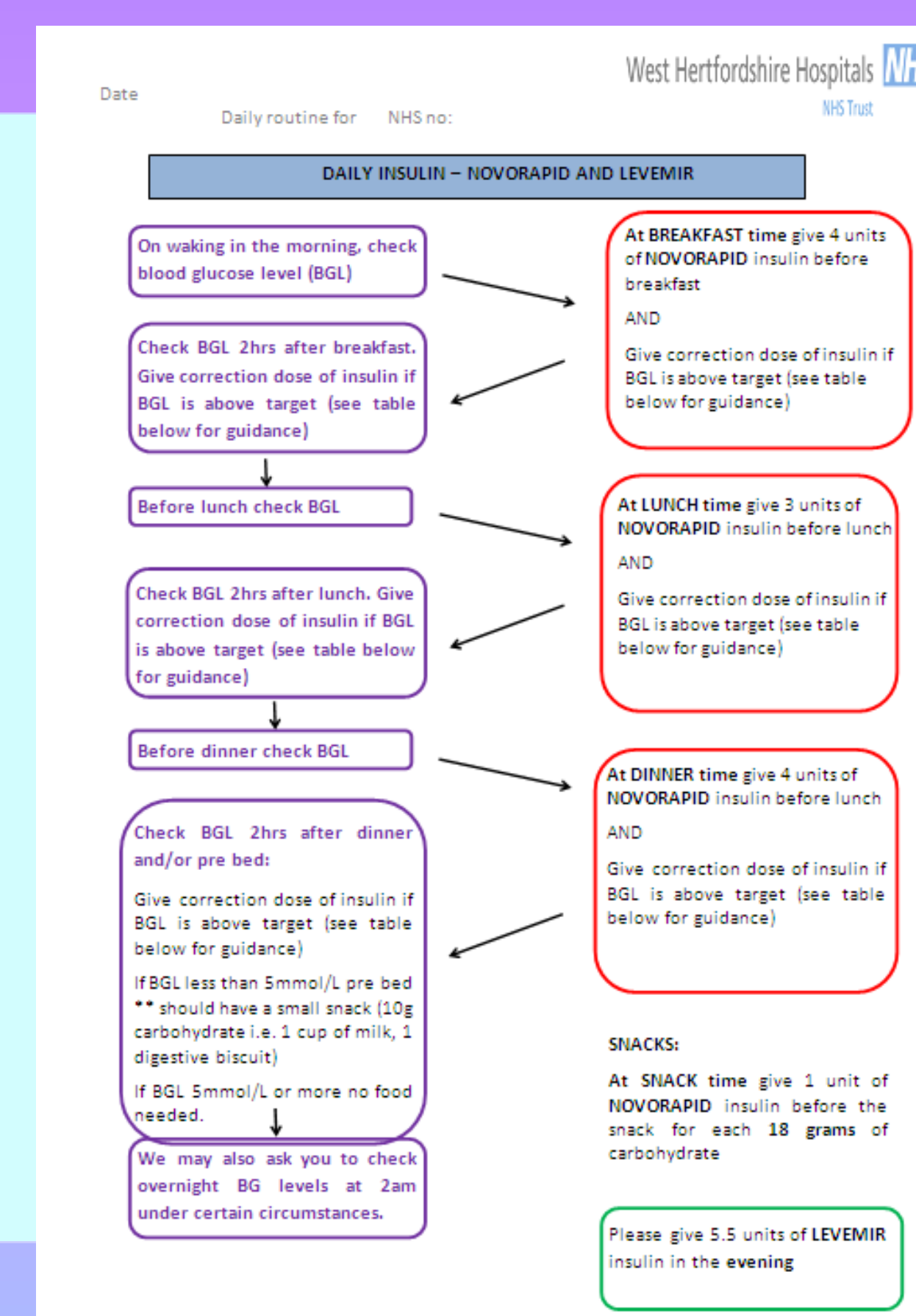
Phase 1 – measuring HbA1c

- Due to Covid -19 restrictions:
- Lack of F2F clinic contact where we traditionally did our HbA1c tests
- Unable to bring patients to hospital due to guidance on reducing footfall
- Aim to be doing 4 HbA1c checks per year
- Since Nov 2020 we have run:
- (a) drive thru checks,
- (b) HbA1c tests to be taken out of the window of OPD consulting room, so patients can stay outside due to restrictions of numbers in OPD
- (c) specific HbA1c clinics



Phase 2 – reducing mean adjusted HbA1c

- We have introduced:
- (a) New daily routine for newly diagnosed
- (b) High HbA1c policy
- (c) Focus on correcting high blood sugars
- We aim to audit this by analysing HbA1c at 3, 6, 9 and 12 months in patients newly diagnosed from March 2021 onwards
- We will compare this to the HbA1c progression in children and young people newly diagnosed with type 1 diabetes over the previous 2 years



Lessons learnt

- Using the “5 whys” – the need to prioritise: as a team we struggled to find time to develop new guidelines and/ or update existing ones; we have introduced protected time once a month specifically for guideline development
- Using the “thinking hats” – meeting deadlines: as a team we were good at postponing deadlines; we have started breaking down tasks into achievable chunks, so that progress is made over time
- Through the QI sessions we have learnt that implementation of changes needs to be considered early on and included in the change process



References:

- NICE Guideline NG18: Diabetes (type 1 and type 2) in children and young people: diagnosis and management.