

**NATIONAL INSTITUTE FOR HEALTH AND CARE
EXCELLENCE**

NICE menu indicator guidance

Indicator area: Diabetes in children and young people

Indicator ID: CCG66

Indicator CCG66: Proportion of children and young people with diabetes who receive the following individual care processes in the past 12 months:

- **Glycated Haemoglobin A1c (HbA1c) monitoring**
- **Body Mass Index (BMI)**
- **Blood pressure**
- **Urinary Albumin**
- **Eye screening**
- **Foot examination**
- **Smoking**
- **Screening for thyroid disease**
- **Psychological assessment**

Rationale

The risk of complications associated with diabetes in children and young people can be reduced by monitoring care by carrying out a number of care processes.

Reporting and verification

Evidence base

[Diabetes \(type 1 and type 2\) in children and young people](#) NG18 (2015)

1.2.4 Explain to children and young people with type 1 diabetes and their family members or carers (as appropriate) that like others they are advised to have:

- regular dental examinations
- an eye examination by an optician every 2 years

1.2.12 Explain to children and young people with type 1 diabetes and their family members or carers (as appropriate) about general health problems associated with smoking and in particular the risks of developing vascular complications

1.2.13 Encourage children and young people with type 1 diabetes not to start smoking. See also the NICE guidelines on preventing the uptake of smoking by children and young people and school-based interventions to prevent smoking.

1.2.14 Offer smoking cessation programmes to children and young people with type 1 diabetes who smoke

1.2.45 At each clinic visit for children and young people with type 1 diabetes measure height and weight and plot on an appropriate growth chart. Check for normal growth and/or significant changes in weight because these may reflect changes in blood glucose control.

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1.2.71 Offer children and young people with type 1 diabetes measurement of their HbA1c level 4 times a year (more frequent testing may be appropriate if there is concern about suboptimal blood glucose control).

1.2.95 Offer children and young people with type 1 diabetes and their family members or carers (as appropriate) emotional support after diagnosis, which should be tailored to their emotional, social, cultural and age-dependent needs.

1.2.98 Offer children and young people with type 1 diabetes and their family members or carers (as appropriate) timely and ongoing access to mental health professionals with an understanding of diabetes because they may experience psychological problems (such as anxiety, depression, behavioural and conduct disorders and family conflict) or psychosocial difficulties that can impact on the management of diabetes and wellbeing.

1.2.110 Offer children and young people with type 1 diabetes monitoring for:

- thyroid disease at diagnosis and annually thereafter until transfer to adult services
- diabetic retinopathy annually from 12 years
- moderately increased albuminuria (albumin:creatinine ratio [ACR] 3–30 mg/mmol; 'microalbuminuria') to detect diabetic kidney disease, annually from 12 years
- hypertension annually from 12 years.

1.3.2 For young people with diabetes who are 12–17 years, the paediatric care team or the transitional care team should assess the young person's feet as part of their annual assessment, and provide information about foot care. If a diabetic foot problem is found or suspected, the paediatric care team or the transitional care team should refer the young person to an appropriate specialist.

1.3.3 Explain to children and young people with type 2 diabetes and their family members or carers (as appropriate) that like others they are advised to have:

- regular dental examinations
- an eye examination by an optician every 2 years

1.3.8 Explain to children and young people with type 2 diabetes and their family members or carers (as appropriate) about general health problems associated with smoking and in particular the risks of developing vascular complications.

1.3.9 Encourage children and young people with type 2 diabetes not to start smoking.

1.3.10 Offer smoking cessation programmes to children and young people with type 2 diabetes who smoke

1.3.11 Depending on the person's risk of developing a diabetic foot problem, carry out reassessments at the following intervals:

- Annually for people who are at low risk.
- Frequently (for example, every 3–6 months) for people who are at moderate risk.
- More frequently (for example, every 1–2 months) for people who are at high risk, if there is no immediate concern.
- Very frequently (for example, every 1–2 weeks) for people who are at high risk, if there is immediate concern.

1.3.20 At each clinic visit for children and young people with type 2 diabetes:

- measure height and weight and plot on an appropriate growth chart
- calculate BMI.

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Check for normal growth and/or significant changes in weight because these may reflect changes in blood glucose control.

1.3.28 Measure HbA1c levels every 3 months in children and young people with type 2 diabetes.

1.3.34 Offer children and young people with type 2 diabetes and their family members or carers (as appropriate) emotional support after diagnosis, which should be tailored to their emotional, social, cultural and age-dependent needs.

1.3.37 Offer children and young people with type 2 diabetes and their family members or carers (as appropriate) timely and ongoing access to mental health professionals with an understanding of diabetes because they may experience psychological problems (such as anxiety, depression, behavioural and conduct disorders and family conflict) or psychosocial difficulties that can impact on the management of diabetes and wellbeing.

1.3.43 Offer children and young people with type 2 diabetes annual monitoring for:

- hypertension starting at diagnosis.
- dyslipidaemia starting at diagnosis
- diabetic retinopathy from 12 years
- moderately increased albuminuria (albumin:creatinine ratio [ACR] 3–30 mg/mmol; 'microalbuminuria') to detect diabetic kidney disease, starting at diagnosis.

[Coeliac disease: recognition, assessment and management](#) NG20 (2015)

1.1.1 Offer serological testing for coeliac disease to:

- people with any of the following:
- persistent unexplained abdominal or gastrointestinal symptoms

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- faltering growth
- prolonged fatigue
- unexpected weight loss
- severe or persistent mouth ulcers
- unexplained iron, vitamin B12 or folate deficiency
- type 1 diabetes, at diagnosis
- autoimmune thyroid disease

What is measured

Numerator: Of the denominator, the number who received each care process

Denominator: The number of children and young people with diabetes aged under 18.

Data source

[National Paediatrics Diabetes Audit \(NPDA\)](#)

Further information

This is a guidance document for a NICE menu indicator. The NICE menu of indicators is available online at <http://www.nice.org.uk/standards-and-indicators> .