

# Diabetes: annual blood pressure (children T1DM)

NICE indicator

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[www.nice.org.uk/indicators/ind302](https://www.nice.org.uk/indicators/ind302)

This other replaces IND51.

## Indicator

Proportion of children and young people aged 12 to 18 years with type 1 diabetes who have had their blood pressure recorded in the previous 12 months.

## Indicator type

Network / system level indicator. The indicator would be appropriate to understand and report on the performance of networks or systems of providers.

This document does not represent formal NICE guidance. For a full list of NICE indicators, see our [menu of indicators](#).

To find out how to use indicators and how we develop them, see our [NICE indicator process guide](#).

## Rationale

This indicator aims to help identify high blood pressure in young people aged 12 to 18 years with type 1 diabetes by monitoring blood pressure. Lowering blood pressure in children and young people with diabetes reduces the risk of microvascular and macrovascular disease.

## Source guidance

[Diabetes \(type 1 and type 2\) in children and young people: diagnosis and management. NICE guideline NG18](#) (2015, updated 2023), recommendation 1.2.119

## Specification

**Numerator:** The number of people in the denominator who had their blood pressure recorded in the previous 12 months.

**Denominator:** The number of children and young people aged 12 to 18 years with type 1 diabetes.

**Calculation:** Numerator divided by the denominator, multiplied by 100.

**Exclusions:** None

Personalised care adjustments or exception reporting should be considered to account for situations where the patient declines, does not attend or if blood pressure monitoring is not appropriate.

**Data source:** [National Paediatrics Diabetes Audit](#).

Expected population size: The National Paediatric Diabetes Audit for 2023 to 2024 shows that 0.03% of people in England are children and young people aged 12 plus years with type 1 diabetes: 3 per 10,000 patients served by a network. There is no minimum number of patients required for network level indicators. However, consideration should be given to whether the majority of results would require suppression because of small numbers.

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