



Diabetes: annual blood pressure (children T1DM)

NICE indicator

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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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