

# National Diabetes Transition Audit 2003-2014

England and Wales

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The National Diabetes Transition Audit (NDTA) is a joint enterprise between the National Diabetes Audit (NDA) and the National Paediatric Diabetes Audit (NPDA) measuring the care of young people with diabetes during the transition from paediatric diabetes services to adult diabetes services.

This is the first published report for the NDTA and contains linked data from the NPDA and NDA for the audit period 2003-04 to 2013-14. The report covers young people with Type 1 diabetes.

## Key Findings

### Annual Care Processes

Key Findings:



### Treatment Targets

### Risk Factors

#### HbA1c

#### Variation

#### HbA1c

#### Cholesterol & Blood Pressure

Annual measurement of HbA1c decreases **after transition**

The **least variation** in care process completion rates was found where transition occurred between the age of **16 and 19 years**. This may be because planned transition usually occurs during this time window. Planned movement from paediatric to adult care is **less likely** at younger and older ages.

The HbA1c target is more likely to be reached **pre transition** compared to post-transition; the difference is greatest at **younger ages**

The percentage of children achieving the targets are **higher pre transition** compared to post-transition

## Recommendations

A collaborative approach by Commissioners and Specialist Services is needed to improve diabetes care during the transition from paediatric diabetes services to adult diabetes services:

### Commissioning Groups & Local Health Boards

### Specialist Services



Must understand that transition from paediatric to adult care is a **vulnerable period**



**Adult and Paediatric Services** should have clear transition pathways designed to make the process user-friendly but focused on sustaining stable HbA1c and minimising DKA.



Should specifically contract Paediatric and Adult Multi disciplinary teams services to **deliver appropriate, joined-up services** during this period so essential key healthcare checks are not missed and DKA admissions do not increase.



**Paediatric Services** should ensure that children and young people with Type 1 diabetes remain in their care until at least 16 years of age before transition.



**Adult Services** should ensure that young people with diabetes have transitioned into their service by 19 years at the latest.