The Updated NICE Quality Standards for Diabetes in Adults and Type 1 Diabetes in Children and Young People.

Nice have updated their quality standards relating to Type 1 Diabetes. The following document highlights the recommendations that DWED feel are relevant to their demographic and our interpretation of how these may relate to those who have Type 1 and an Eating Disorder.

Quality Standard: Diabetes in Adults (QS6)

NICE SAYS:

> ***Quality statement 7: Inpatient care for adults with type 1 diabetes***
>
> *Quality statement*
>
> ***Adults with type 1 diabetes in hospital receive advice from a multidisciplinary team with expertise in diabetes. [2011, updated 2016]***
>
> *Rationale*
>
> *Adults with type 1 diabetes may be admitted to hospital for diabetes-related or unrelated conditions. This can disturb normal routines, affecting carbohydrate intake and insulin therapy, and special regimens may be needed in response to procedures that affect the usual management of diabetes. The person's expertise in managing their own diabetes should be respected, and the specialist multidisciplinary team has the knowledge to help the person understand how to best to adapt management when in hospital. The person should be supported to continue to self-manage their diabetes and administer their own insulin if they are willing and able and it is safe for them to do so. Input from a multidisciplinary specialist team can reduce the length of hospital stay for adults with type 1 diabetes and improve their experience of hospital.*

DWED SAYS: Many of our members are admitted to hospital, particularly emergency services because of Eating Disorders, specifically DKA associated with Insulin Omission. They may be initially treated with a sliding scale and then omit as soon as the responsibility for glucose control is transferred back to them and inpatient staff must be aware of this. They may even be eager to reclaim responsibility, appearing 'willing, able and safe' in order to facilitate this. A MDT without any psychological input or assessment will likely miss these aspects.

NICE SAYS:

> ***Definitions of terms used in this quality statement***
>
> *Multidisciplinary team with expertise in diabetes The basic structure of a specialist inpatient diabetes team should comprise:*
>
> - *for every 300 beds, at least 1 diabetes inpatient specialist nurse whose focus is predominantly on inpatient care*
> - *a consultant specialist in diabetes management.*
>
> *There should also be access to a diabetes specialist:*
>
> - *podiatrist*
> - *dietitian.*

DWED SAYS: We know that around 40% of women with Type 1 Diabetes will at some point deliberately induce hyperglycaemia/ DKA in order to lose weight and by the Age of 25 have a 60% chance of having experienced a clinically significant eating disorder. The fact that a specialist in psychological aspects of Diabetes is not in this team seems incredibly short sighted. What's more, many of our members who end up inpatient via Emergency services do so on a regular basis precisely *because* this MDT does not include anyone who understands or can screen for the presence of insulin omission for weight loss. A proactive approach would employ such a member to avoid the associated costs of frequent admissions that do not even touch on the underlying cause of service use, therefore virtually ensuring future stays.

Quality Standard: Diabetes in Children and Young People (QS125)

NICE SAYS:

> ***Quality statement 6: Access to mental health professionals with an understanding of type 1 or type 2 diabetes***
>
> *Quality statement*
>
> ***Children and young people with type 1 or type 2 diabetes are offered access to mental health professionals with an understanding of diabetes.***
>
> *Rationale*
>
> *Psychological issues (such as anxiety, depression, behavioural problems, eating disorders, conduct disorders and family conflict) and psychosocial issues have a significant and adverse impact on the management of type 1 and type 2 diabetes, and on the general wellbeing of children and young people and their family members or carers.*
>
> *Children and young people with diabetes are at high risk of anxiety and depression, and it is important that they have early access to mental health professionals when they need it. Mental health professionals who have an*

understanding of diabetes and the particular problems it causes are essential for delivering psychological interventions and engaging with children, young people and their families.

What the quality statement means for service providers, healthcare professionals and commissioners

Service providers (secondary care providers) ensure that systems are in place to offer children and young people with type 1 or type 2 diabetes access to mental health professionals with an understanding of diabetes.

Healthcare professionals (such as consultants) offer children and young people with type 1 or type 2 diabetes access to mental health professionals who have an understanding of diabetes and the particular problems it causes and can deliver psychological interventions and engage with children, young people and their families.

Commissioners (NHS England regional teams and clinical commissioning groups) commission services that offer children and young people with type 1 or type 2 diabetes access to mental health professionals with an understanding of diabetes.

What the quality statement means for children and young people and their parents and carers

Children and young people with type 1 or type 2 diabetes are able to see mental health professionals who understand the types of problems people with diabetes can have. The mental health professional should be one of the main members of the diabetes team.

Definition of terms used in this quality statement

Access

Multidisciplinary paediatric diabetes teams should include a psychologist, and provide access to them in an appropriate timeframe. Each child and young person with type 1 or type 2 diabetes should have an annual assessment by their multidisciplinary team to decide whether they need support from the psychologist.

DWED SAYS: Many Diabetes units do not have access to psychological services that have staff trained in diabetes. We have been speaking to those clinical psychologists who are attached to paediatric Diabetes units and they have all expressed concern over the lack of training surround Eating Disorders in Type 1 Diabetes. They are also massively underfunded with many on part time or fixed term contracts due to insufficient funding for psychological services. In other words, if a child or young person does gain access to a specialist service, the training for diabetes specific eating disorders in non-existent.