

Impact of Best Practice Tariff (BPT) for Accessing Psychological Service by Diabetic Children and Young People

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Introduction:

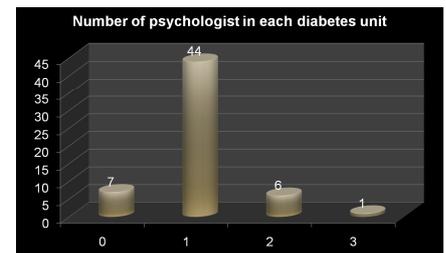
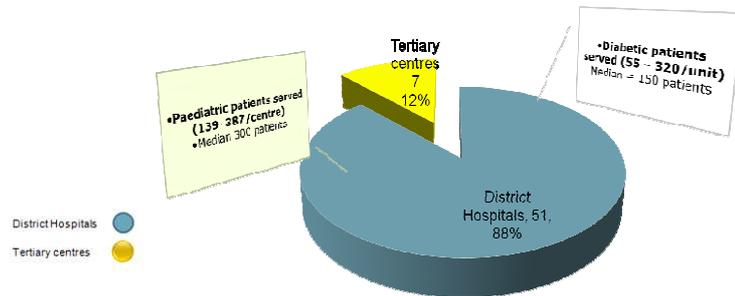
25,314 children and young people <18 years with diabetes in England and Wales have been looked after in 178 paediatric diabetic units (PDUs) across the country. In 2012-2013, BPT has been introduced with 13 mandatory requested criteria, one of them is; "each patient should have an annual assessment as to whether input to their care by a clinical psychology input is needed and access to psychological support as appropriate", therefore we aimed to study the impact of BPT on PDUs from this prospective.

Methodology:

Online survey was cascaded to diabetic lead consultants via diabetic network managers. Data collected in Spring 2014 and analysed in Summer 2014.

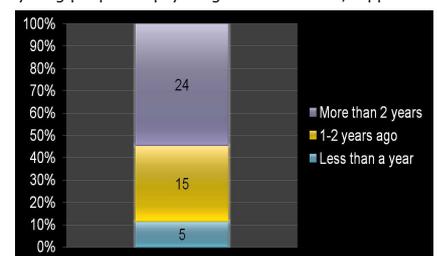
Results

Map shows distribution of diabetic units that responded to our survey with the number of diabetic children they look after

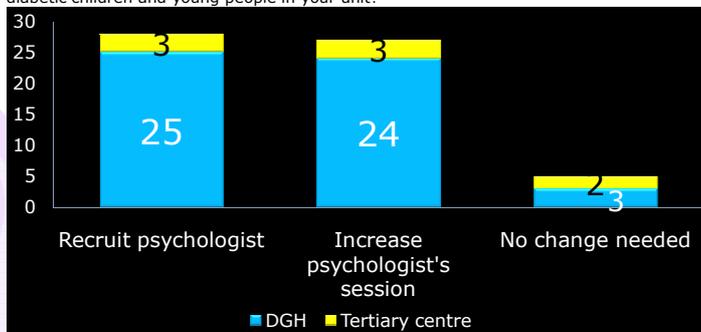


	District Hospital	Tertiary centre
Ratio of diabetic specialist (Consultant/associate specialist) to paediatric diabetic patients	(1:37 - 1:160) Median 1:83	(1:35 - 1:129) Median 1:78
Ratio of PDSN to paediatric diabetic patients	(1:30 - 1:130) Median 1:62	(1:66 - 1:129) Median 1:100
Ratio of Psychologist to paediatric diabetic patients	(0 - 1:280) Median 1:130	(1:69 - 1:350) Median 1:100

How long ago did you start referring diabetic children and young people for psychological assessment/support?

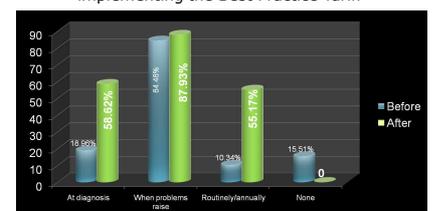


How will the Best Practice Tariff will change the access to psychology service by the diabetic children and young people in your unit?



BPT has made an impact on 53 units (91%)

Providing psychological input (before) and (after) implementing the Best Practice Tariff



Conclusion

Majority of units either recruited new psychologists or increased sessions following BPT. More impact on district hospitals compared to tertiary centres. The psychological support is going to be provided more at diagnosis and annually.