Evidence from Sweden, which has reduced its HbA1c levels markedly in recent years, demonstrates the impact that a programme of Quality Improvement can have on stimulating units to improve outcomes. In 2017, a Quality Improvement Collaborative model was developed in partnership with colleagues from Linkoping University Hospital in Sweden. 16 teams applied to participate in a pilot Quality Improvement Collaborative with 10 ultimately chosen to begin a 9-month programme of training from November 2017.

All members of the 10 successful multi-disciplinary teams were expected to attend the programme of training together; comprising 2 residential weekends and 2 one-day events, lunchtime webinars for team champions and access to a secure online platform to share resources and ideas between events.

Each of the teams highlighted very individual areas of focus ranging from the newly-diagnosed patient pathway, self-management resources in the community, Diasend download education and access, support for patients on pumps and the outpatient clinic experience (see Figure 3).

Initial run-chart data has shown up to 10% reduction in mean and median HbA1c post-Collaborative. As part of the new National Children and Young People’s Diabetes Quality Programme that includes annual self-assessment with external verification and a peer review process, the pilot Quality Improvement Collaborative model has now been adapted for rollout to over 100 units across England and Wales. It is our hope that this will be the stimulus to drive sustainable development of paediatric diabetes services in England and Wales and help bring transformative improvements to care of children and young people with diabetes and their families in the future (see Figure 4).