**National Institute for Health and Care Excellence**

**Quality Standards Advisory Committee 3 meeting**

**Date:** 23 November 2022

**Diabetes in adults type 2** –review of stakeholder feedback

**Minutes:** Final

**Quoracy:** The meeting was quorate

**Attendees**

**Quality Standards Advisory Committee 3 standing members:**

Jim Stephenson (Chair), Gita Bhutani (vice-chair), Deryn Bishop, Malcolm Fisk, Keith Lowe, David Pugh, Christine Camacho, Jane Dalton, Linda Parton, Umesh Chauhan, Tim Cooper

**Specialist committee members:**

Waqas Tahir, Sarah Alicea, Amanda Adler, Zoe Foster, Debasish Kar, Rachel Clayton, Parijat De, Kathryn Brenton

**NICE staff**

Mark Minchin (MM), Nicola Greenway (NG), Charlotte Fairclough (CF), Jamie Jason (JJ) notes, Emma Gordon (EG) Host

**Apologies**

Ivan Bennett, Madhavan Krishnaswamy, Ann Nevinson, Julia Thompson, Mark Devonald, Jane Scattergood, Hazel Trender.

1. **Welcome, introductions objectives of the meeting**

The Chair welcomed the attendees and public observers, and the quality standards advisory committee (QSAC) members introduced themselves. The Chair informed the committee of the apologies and outlined the objectives of the meeting, which was to review stakeholder feedback and agree the final statements.

1. **Confirmation of matter under discussion and declarations of interest**

The Chair confirmed that, for the purpose of managing conflicts of interest, the matter under discussion was the diabetes in adults type 2 specifically:

* Preventing type 2 diabetes.
* Structured education programmes.
* Continuous glucose monitoring.
* Treatment with SGLT2 inhibitors.
* Key care processes.
* Assessing for diabetic foot problems on admission to hospital.

The Chair asked standing QSAC members to declare verbally any interests that have arisen since the last meeting and all interests specifically related to the matters under discussion. The Chair asked the specialist committee members to verbally declare all interests.

1. **Recap of prioritisation meeting and discussion of stakeholder feedback**

CF provided a recap of the areas for quality improvement prioritised at the first QSAC meeting for potential inclusion in the diabetes in adults type 2 draft quality standard.

CF summarised the significant themes from the stakeholder comments received on the diabetes in adults type 2 draft quality standard and referred the committee to the full set of stakeholder comments provided in the papers.

General

The committee discussed general points including how the quality standard could be improved, concerns that were raised at consultation, data collection, barriers to implementation, resource impact and equality and diversity.

The committee agreed to include behavioural science in statements as appropriate.

The committee discussed stakeholder comments on a potential focus on younger people, the committee was aware that NICE have a quality standard for children and young people with diabetes (QS125). The committee agreed that consideration should be given to younger people in the quality standard as they highlighted improved outcomes with earlier interventions in this population.

The committee agreed that reasonable adjustments should be included in equality and diversity considerations for relevant quality statements.

**Discussion and agreement of amendments required to quality standard**

**Draft statement 1: Adults at high risk of type 2 diabetes are offered a referral to an NHS Diabetes Prevention Programme**

The committee queried whether prevention was within the scope of the quality standard and whether it would include people under 18 years. The NICE team confirmed that prevention of type 2 diabetes is within scope and noted the presence of QS125.

The committee discussed whether the statement should include a timeframe for referral to a diabetes prevention programme. The committee highlighted current low uptake and suggested that patient activation is an important factor in accepting a referral. They felt that referral should be appropriate and timely and suggested that the accompanying rationale and audience descriptors should emphasise this rather than include a timeframe in the quality statement.

The committee discussed the risk of complications and whether to highlight specific complications in the quality statement and accompanying measures. The committee noted a quality statement needs to be practical and achievable and agreed that the current definitions of ‘high-risk’ and ‘high-intensity lifestyle change programme’ are adequate.

The committee discussed the current outcome measures and suggested that HbA1c level could be explored as an alternative outcome measure.

The committee agreed that as there was support for the statement from stakeholders it should be progressed for inclusion in the final quality standard, with the following amendments and issues to be explored by the NICE team.

ACTION: NICE team to amend the rationale to emphasise the timing of the referral and explore potential inclusion of HbA1c as an outcome measure.

**Draft statement 2: Adults with type 2 diabetes are offered a structured education programme at diagnosis**

The committee discussed the need to include behavioural science within the quality statement and measures and suggested a link to NICE’s guideline on behaviour change.

The committee noted a difference in content of structured education and the Diabetes Prevention Programme and queried whether the statement should include annual reinforcement and education for families and carers. The committee also highlighted digital formats of the programme.

The committee suggested that the outcome measure should be on patient activation including use of confidence scaling.

The committee agreed that as there was support for the statement from stakeholders it should be progressed for inclusion in the final quality standard, with the following amendments and issues to be explored by the NICE team.

ACTION: NICE team to explore the wording of the outcome measure and the definition to include digital resources.

**Draft statement 3: Adults with type 2 diabetes and a learning disability or cognitive impairment who have multiple daily insulin injections, and adults with insulin-treated type 2 diabetes who need help from a care worker or healthcare professional to monitor their blood glucose, are offered intermittently scanned continuous glucose monitoring**

The committee suggested that the rationale sections should be amended for clarity. They highlighted that trials of CGM would likely not have included the population of the statement and the difference between the reasons for using CGM in people with type 1 diabetes and people with type 2 diabetes.

The committee noted the inclusion of adults with a learning disability in the population of the statement and suggested the statement be amended to focus on this population as data is available and the population can be defined. The committee suggested that the statement should be split into two separate statements focusing on two populations; adults with a learning disability or cognitive impairment and adults who require help to monitor their blood glucose. The second population would likely include people in a care home and could be large. The committee discussed some overlap between the populations in the two statements but advised these would be different cohorts and the statements could have a big impact of adverse events such as hospitalisations. There was a suggestion to include physical and sensory conditions in the population of the statement.

The committee agreed that as there was support for the statement from stakeholders it should be progressed for inclusion in the final quality standard, with the following amendments and issues to be explored by the NICE team.

ACTION: NICE team to review the statement and split into 2 statements.

**Draft statement 4: Adults with type 2 diabetes and chronic heart failure or established atherosclerotic cardiovascular disease, or chronic kidney disease (CKD) with an albumin to creatinine ratio (ACR) over 30 mg/mmol on optimised standard care, are offered an appropriate SGLT2 inhibitor**

The committee discussed the wording of the statement and advised that appropriate SGLT2 inhibitor be removed because there may be several suitable SGLT2 inhibitors and clinicians should choose one that is evidence based and with correct marketing authorization.

The committee discussed stakeholder comments on the definition of optimised standard care. They advised that this needs additional clarity.

The committee agreed that as there was support for the statement from stakeholders it should be progressed for inclusion in the final quality standard, with the following amendments and issues to be explored by the NICE team.

ACTION: NICE team to redraft the statement to remove the word appropriate and review optimised standard care wording and/or definition.

**Draft statement 5: Adults with type 2 diabetes have key care processes completed every 12 months**

The committee noted that key care processes are well recognised within diabetes care and across general practice. They discussed whether the quality statement should include the number of care processes but agreed that this was not needed as they are well recognised and may be offered by different services.

The committee discussed the inclusion of an annual foot check and advised that the statement should include reference to referral once a diabetic foot problem is identified or suspected.

The committee agreed that as there was support for the statement from stakeholders it should be progressed for inclusion in the final quality standard.

ACTION: NICE team to progress the statement.

**Draft statement 6: Adults with type 2 diabetes who are admitted to hospital are assessed for their risk of developing a diabetic foot problem.**

The committee discussed stakeholder comments on the draft quality statement. They discussed the focus on hospitalised patients and agreed this offers opportunity act on patient activation and to pick up active foot problems. The committee suggested that the rationale should include information on referral for a diabetic foot problem.

The committee agreed that statements on diabetic foot care should be consistent across the quality standards on type 1 and 2 diabetes in adults.

The committee agreed that as there was support for the statement from stakeholders it should be progressed for inclusion in the final quality standard.

ACTION: NICE team to progress the statement.

**Additional quality improvement areas suggested by stakeholders at consultation**

The following areas were not progressed for inclusion in the final quality standard.

* Improving access to and experience of care for people with a learning disability. The committee noted recommendation 1.1.3 in NG28 supports taking disabilities into account when planning care and the resources on reasonable adjustments suggested by stakeholders. It was agreed that reasonable adjustments should be included in equality and diversity considerations for relevant statements.
* Diagnosis of comorbidities. The committee noted the lack of NICE recommendations to support the areas suggested by stakeholders.
* GLP-1 receptor agonists. The committee advised that as recommendations 1.7.21 to 1.7.23 in NG28 are consider recommendations for a narrow population this is not a current priority area.
* Support for coexisting mental health disorders. The committee discussed stakeholder comments and agreed that this is an important area. There are no recommendations in NG28 to support a statement and other NICE guidelines lack specificity for diabetes. NICE team will forward stakeholder comments and committee discussion points to the surveillance team.
* Inpatient care. The committee noted the lack of recommendations in NG28 to support a statement in this area.

**Resource impact and overarching outcomes**

The committee considered the resource impact of the quality standard. They discussed comments on provision of translation and interpretation services and felt this would be provided in all services.

The committee discussed potential for cost savings and cost effectiveness associated with SGLT2 inhibitors.

**Equality and Diversity**

The committee discussed this area throughout the meeting and agreed amendments on age and reasonable adjustments for disability.

The committee noted the importance of making education programmes culturally relevant.

**Any other business**

None

**Close of meeting**