INDICATOR AREA: Diabetes

INDICATOR: NM158

INDICATOR TO BE REPLACED: Not applicable

DATE: October 2018

Indicator NM158:

The percentage of patients with diabetes with moderate or severe frailty, on the register, in whom the last IFCC-HbA1c is 75 mmol/mol or less in the preceding 12 months.

Introduction

Glycated haemoglobin (HbA1c) is commonly used to monitor glycaemic control as it provides a measure of average plasma glucose over the preceding 8 to 12 weeks. The evidence shows that rising levels of HbA1c increase the risk of mortality and developing macrovascular and microvascular complications.

The target in this indicator is higher than the HbA1c treatment targets presented in the NICE guidelines for people with type 1 or type 2 diabetes (NG17 and NG28). For the purpose of a pay-for-performance indicator an HbA1c target level of 75 mmol/mol has been used.

Rationale

Applying universal HbA1c target levels to all people with diabetes regardless of co-morbidities may inadvertently lead to both under-treatment and overtreatment (Kearney et al. 2017). People with diabetes and less complex care needs may be undertreated, whilst people with more complex care needs may be at risk of overtreatment. In addition, Strain et al. (2018)
highlight that intensive glucose lowering treatment may be dangerous for older people with type 2 diabetes.

The indicator allows for an individualised management approach that adjusts care according to an individual’s frailty status. It aims to reduce complications and improve quality of life for people with moderate or severe frailty.

**Source guidance and recommendations**

Type 1 diabetes in adults: diagnosis and management (2015) NICE guideline NG17

*Recommendation 1.6.7: Agree an individualised HbA1c target with each adult with type 1 diabetes, taking into account factors such as the person’s daily activities, aspirations, likelihood of complications, comorbidities, occupation and history of hypoglycaemia.*

Type 2 diabetes in adults: management (2015) NICE guideline NG28

*Recommendation 1.6.9: Consider relaxing the target HbA1c level (see recommendations 1.6.7 and 1.6.8) on a case-by-case basis, with particular consideration for people who are older or frail, for adults with type 2 diabetes:*

- who are unlikely to achieve longer-term risk-reduction benefits, for example, people with a reduced life expectancy
- for whom tight blood glucose control poses a high risk of the consequences of hypoglycaemia, for example, people who are at risk of falling, people who have impaired awareness of hypoglycaemia, and people who drive or operate machinery as part of their job
- for whom intensive management would not be appropriate, for example, people with significant comorbidities.
References


