**Indicator area:** Diabetes

**Indicator:** NM59

**Date:** August 2016

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The percentage of patients with diabetes who have a record of an albumin:creatinine ratio (ACR) test in the preceding 15 months

**Introduction**

Diabetes is a chronic metabolic disorder caused by defects in insulin secretion and action. Diabetes occurs when the insulin-producing cells in the pancreas are destroyed (type 1 diabetes), the pancreas does not produce enough insulin or when the body cannot effectively use the insulin it produces (type 2 diabetes).

Although type 2 diabetes is primarily managed in primary care it is common for people with type 2 diabetes to experience related complications and people with diabetes are admitted to hospital for both elective and emergency care. Much of the general care for type 2 diabetes is the same as for type 1 diabetes, although the initial management is different and many people with type 1 diabetes will attend secondary care clinics for their diabetes.

**Rationale**

This indicator measures the process of conducting an ACR test. Its intent is that people with diabetes are tested annually for the presence of microalbuminuria and diabetic nephropathy. Prompt detection and treatment of these complications of diabetes can lead to a reduction in important health outcomes such as end stage renal failure and cardiovascular morbidity and mortality. NICE diabetes guidelines recommend that all people with diabetes...
should have an ACR measured at diagnosis and at regular intervals, usually annually.

The NICE CKD guideline recommends that ACR should be used to detect and identify proteinuria. It has a greater sensitivity than protein:creatinine ratio (PCR) for low levels of proteinuria. ACR is also the recommended method for quantification and monitoring of proteinuria in people with diabetes.

Source guidance and recommendations

Type 1 diabetes in adults: diagnosis and management NICE guideline 17 (2016)

- Recommendation 1.1.6 At the time of diagnosis (or if necessary after the management of critically decompensated metabolism), the diabetes professional team should develop with and explain to the adult with type 1 diabetes a plan for their early care. To agree such a plan will generally require:

• medical assessment to:

  ◦ ensure security of diagnosis of type of diabetes

  ◦ ensure appropriate acute care is given when needed

  ◦ review and detect potentially confounding disease and medicines

  ◦ detect adverse vascular risk factors

• environmental assessment to understand:

  ◦ the social, home, work and recreational circumstances of the person and carers

  ◦ their preferences in nutrition and physical activity

  ◦ other relevant factors, such as substance use

• cultural and educational assessment to identify prior knowledge and to enable optimal advice and planning about:
• treatment modalities

• diabetes education programmes

• assessment of emotional state to determine the appropriate pace of education.

The results of the assessment should be used to agree a future care plan. Some items of the initial diabetes assessment:

• acute medical history

• social, cultural and educational history/lifestyle review

• complications history/symptoms

• long-term/recent diabetes history

• other medical history/systems

• family history of diabetes/cardiovascular disease

• medication history/current medicines

• vascular risk factors

• smoking

• general examination

• weight/BMI

• foot/eye/vision examination

• urine albumin excretion/urine protein/serum creatinine

• psychological wellbeing

• attitudes to medicine and self-care
• immediate family and social relationships and availability of informal support.


- Recommendation 1.1.18 To detect and identify proteinuria, use urine ACR in preference to protein:creatinine ratio (PCR), because it has greater sensitivity than PCR for low levels of proteinuria. For quantification and monitoring of levels of proteinuria of ACR 70 mg/mmol or more, PCR can be used as an alternative. ACR is the recommended method for people with diabetes.

Reporting and verification

The practice reports the percentage of patients on the diabetic register who have a record of an ACR test in the preceding 15 months

Further information

This is NICE indicator guidance for QOF, which is part of the NICE menu of indicators. This document does not represent formal NICE guidance. The NICE menu of indicators for QOF is available online at:

https://www.nice.org.uk/Standards-and-Indicators/index