National Institute for Health and Clinical Excellence

Hyperglycaemia
Scope Consultation Table
6th July 2010 – 3rd August 2010

Type	Stakeholder	Order No	Section No	Comments Please insert each new comment in a new row.	Developer's Response Please respond to each comment
SH	Abertawe Bro Morgannwg (ABM) University NHS Trust	1.00	3.2	Can the scope include use of other measures of glycaemia such as non-fasting samples and/or HbA1c rather than fasting glucose and GTTs?	Thank you. This section is making reference to a recommendation by the Joint British Societies.
SH	Association of British Clinical Diabetologists (ABCD)	6.00	4.1.1	Need to separate out those with STEMI and non-STEMI for recommendations as perceived to have different needs.	Thank you. The relevant evidence will be reviewed as per the review protocol based on the scope and sub-groups will be considered when appropriate.
SH	Association of British Clinical Diabetologists (ABCD)	6.02	4.1.1	MINAP data records differences in door to needle time and care of BME with hyperglycaemia and ACS – need to specify within population to be covered	Sub groups who are at higher risk of mortality and poorer outcomes associated with acute coronary syndrome will be considered as appropriate. The scope has been amended.
SH	Association of British Clinical Diabetologists (ABCD) & RCP	6.03	4.3.1	Hypoglycaemia incidence a critical measure	Thank you for your comment. We have included hypoglycaemia as an adverse event in section 4.4
SH	Association of British Clinical Diabetologists (ABCD) & RCP	6.04	4.3.1	Add - Assessment of DM co morbidity especially retinal status during intensification of glycaemia in established DM	Thank you. After careful consideration of the stakeholder holder comment and the remit from the department of health we feel we did not need to change the scope as this would not form part of the clinical pathway
SH	Association of British Clinical Diabetologists (ABCD) & RCP	6.05	4.3.1	Add - Place of glucose measurement and treatment for out of hospital-urgent hospital-hospital transfer for PCI	Thank you. After careful consideration of the stakeholder holder comment and the remit from the department of health we feel we did not need to change the scope as this would not form part of the clinical pathway
SH	Association of British Clinical Diabetologists (ABCD) & RCP	6.06	4.3.1	Add- DM specialist team input during period of hospitalisation	Thank you. After careful consideration of the stakeholder holder comment and the remit from the department of health we feel we did not need to

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					change the scope as this would not form part of the clinical pathway
SH	Association of British Clinical Diabetologists (ABCD) & RCP	6.07	4.3.1	Add - Post-discharge after care of insulin therapy and diabetes diagnosis	Thank you for your comment. We will be addressing the issue of referral for subsequent investigation post the acute phase as highlighted in 4.3.1d.
SH	Diabetes UK	4.00	4.3.1.(a)	It would be useful for the scope to clarify that service organisation issues will be covered, ensuring that professionals with the relevant expertise are involved in the care of the individual as appropriate. For example the role of diabetes specialist team members for people with diabetes.	Thank you. This issue may be discussed at the Guideline Development Group meetings and a recommendation will be made stating who does what if appropriate.
SH	Diabetes UK	4.01	4.3.1 (c)	This issue would also benefit from including method of blood glucose monitoring, considering factors such as the quality assurance of equipment and patient experience.	Thank you for your comment. We appreciate that there will be a variation in types of medical devices but assessing the medical devices would involve appraising their utilities in measuring blood sugar. That is not within the remit of this guideline.
SH	Diabetes UK	4.02	4.3.1 (d)	This issue would benefit from cross referral with the existing public health guidance work on preventing pre diabetes and progression from pre diabetes to Type 2 diabetes.	Thank you. Other related NICE guidance will be referred to where appropriate.
SH	Diabetes UK	4.03	4.3.1	Continuity of care is vital, therefore consideration should be given to discharge planning, and the involvement and provision of information to the individual, as part of the remit of the guideline. It is essential that people with diabetes are provided with information about any changes to their on going care or medication, and provided with information and education regarding any changes to their diabetes management. It is also vital that any changes are effectively communicated to a person's usual diabetes healthcare team. A person newly diagnosed with diabetes while in	Thank you. We will be addressing the issue of referral for subsequent investigation post the acute phase as highlighted in 4.3.1d.

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				hospital will also need to be involved in the development of their discharge plan and be given appropriate information, education and emotional support. http://www.diabetes.org.uk/Professionals/Publications-reports-and-resources/Reports-statistics-and-case-studies/Reports/Improving-Emergency-and-Inpatient-care-for-People-with-Diabetes/ *"I suffered a heart attack and to compound it I was diagnosed now to be Diabetic Type 2…I came to terms with the life changes that now faced me. The initial contact was very informative and the nurse answered all my questions clearly, so I understood what was being told to me…They showed me my blood sugar machine and demonstrated how to use it fully explained everything I needed to do and what to watch out for as I prepared to go home."* The following experiences from people with diabetes demonstrate the impact when individuals are not informed of changes to their medication: *"I consider that someone (nurse or consultant) should have advised me of the reason for the change of diabetes medication and the possibility of experiencing hypos…"* *"Everything that I read said that you did not experience hypos with Metformin. The nurse then*	

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				revealed that I had not been receiving Metfomin but another drug as Metformin reacted badly with…This was the first time anybody had mentioned that my medication had been changed."	
SH	Diabetes UK	4.04	4.4	Insulin errors would be a useful outcome to measure. Insulin safety is a significant area of concern, [1] and subject to two rapid response reports from the NPSA[2] 1. http://www.diabetes.nhs.uk/safe_use_of_insulin/ 2. http://www.nrls.npsa.nhs.uk/resources/?EntryId45=74287 http://www.nrls.npsa.nhs.uk/resources/?EntryId45=66720	Noted and while we understand the importance of insulin errors, this is beyond the scope of this guideline.
SH	Medtronic Ltd	8.00	General	Medtronic would wish to thank the Institute for the opportunity to feedback into this well thought out scope.	Thank you for your comment.
SH	Medtronic Ltd	8.01	4.3.1.c	The wording of this point appears to refer only to the discrete measurement of blood glucose at specific moments in time and does not take account of the availability of continuous glucose monitoring that can provide real time feedback of glucose levels. Could we suggest that the phrase is modified to clarify this ie: " *"Timing and frequency of tests for monitoring blood glucose in hospital including continuous glucose monitoring."*	Thank you for your comment. We anticipate that this issue will be covered but as this is only one type of monitoring, it has not been mentioned specifically.
SH	Medtronic Ltd	8.02	4.3.2.f	We agree that naming brands in the guideline would	Noted and while recommendations will not

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				be inappropriate however our concern is that this exclusion may prevent each modality of blood glucose monitoring being evaluated ie: finger stick, continuous monitoring, blood sample monitoring etc. Could the exclusion be worded to reflect that it means no brand names but will consider all modalities?	distinguish between medical devices, different modalities of testing will be considered.
SH	NHS direct	9.00	General	NHS Direct welcome the guidelines and have no comment on the content.	Thank you for your comment.
SH	Novo Nordisk Limited	2.00	3.1.a	We suggest that the term 'blood vessel' may not be specific enough, and could be replaced with 'artery'. Also, we suggest that the phrase 'blood clots forming on the plaque' is a little unclear, since it is the plaque rupture that leads to thrombus (clot) formation and subsequent vascular obstruction.	Thank you for your comment. This is a direct reference therefore we will not be making a change to the scope
SH	Novo Nordisk Limited	2.01	3.1.d	It may be helpful to quantify a range of 'persistently elevated blood glucose'.	Thank you. This is a direct reference and it is a reflection of the interpretation across several studies.
SH	Novo Nordisk Limited	2.02	3.2.b	It would be useful to clarify your definition of 'during the acute phase'	Thank you. This refers to a direct quote from the Joint British Societies' guidelines on prevention of cardiovascular disease.
SH	Novo Nordisk Limited	2.03	3.2.c	It may be helpful to add what the European Society of Cardiology defines as 'tight glucometabolic control'?	Thank you this is a direct recommendation from European Society Cardiology.
SH	Novo Nordisk Limited	2.04	4.1.1	It would be useful to consider elderly populations and Troponin T levels as specific subgroups, as they are both independent predictors of in-house mortality?	Thank you for your comment. The technical team will review the evidence for these different groups, and where appropriate, make specific recommendations.
SH	Novo Nordisk Limited	2.05	4.3.1	It may be helpful to clarify the threshold for hyperglycaemia, target glucose range, and the timeframe within which this should be achieved. *(e.g. levels between 4.0 and 7.0 mmol/l as rapidly as possible, usually within the first 4 hours)*.	Thank you. We will identify appropriate blood glucose levels as markers for hyperglycaemia and agree a working definition with the GDG.

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				We suggest that patients admitted to ICU may have different ranges/targets. It may be useful to clarify whether these will be addressed differently within this guidance, including potential different approaches to HONK (Hyperosmotic Non-Ketotic Acidosis) versus DKA (Diabetic keto-acidosis)?	
SH	Novo Nordisk Limited	2.06	4.3.2	We suggest that hyperglycaemia is associated with impaired left ventricular function and clinical evidence of left ventricular failure. It may be useful to clarify whether this will be addressed within the guidance.	Thank you. Cardiovascular events associated with hyperglycaemia are included in the outcomes and that would include all forms of heart failure. As far as clinical issues are concerned, we will be looking at ACS and hyperglycaemia. Therefore we feel the scope accurately covers these issues
SH	Royal College of General Practitioners Wales	8.00	General	This scoping exercise seems extensive and fit for purpose. It is mainly applicable to a secondary care setting and has limited application to general practice.	Thank you for your comment.
SH	Royal College of Nursing	5.00	General	The Royal College of Nursing welcomes proposals to develop this guideline. The draft scope is comprehensive.	Thank you for your comment.
SH	Royal College of Nursing	5.01	4.2	Healthcare setting; needs to include PRIMARY CARE SETTING. These patients will be discharged and need to be followed up – one example of which is detailed below. For preventative and anticipatory care, these patients will need to receive care across the pathway from secondary to primary care. *Fasting glucose should be measured during the acute phase of the illness. If there is evidence of impaired fasting glucose (more than 6.0 mmol/litre but less than 7.0 mmol/litre) or an indication of diabetes (more than 7.0 mmol/litre) fasting glucose should be measured twice (or an oral glucose tolerance test performed once)* ***between 8 and 12 weeks after discharge from hospital*****.**	Thank you for your comment. The management of Peri ACS hyperglycaemia cannot be done in primary care settings. We will be addressing the issue of referral for subsequent investigation post the acute phase as highlighted in 4.3.1d

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SH	Royal College of Nursing	5.02	4.4	We are very happy to see the use of oral glucose tolerance testing. Hopefully the following studies will be used as evidence for development of the guidelines: (Schnell et al., 2004) (Norhammar et al., 2002) (Wallander et al., 2008) (Bartnik et al., 2007)	Thank you. All the relevant evidence will be reviewed. This will include studies, systematic reviews, health technology assessments and previous related guidelines
SH	Royal College of Nursing	5.03	4.5	As stated, *the key health economic question is the cost effectiveness of intensive glucose control compared with conventional glucose control in inpatients ... however this is not inclusive of the follow-up care that will be required especially if the patient is diagnosed as diabetic*	Thank you for your comments. This guideline will be focussing on the management of glucometabolic management of hyperglycaemia during acute phase of ACS in secondary and tertiary care.
SH	Royal College of Nursing	5.04	General	In different parts of the health service, screening programmes (SIGN guidelines NI) are being introduced in care home settings to identify this type of patient so we wonder how this impacts...if at all...if by identifying the at risk population do you then reduce the incidence upstream?	Thank you-this guideline will focus on management issues and we cannot comment on the effects of screening programmes.
SH	South Asian Health Foundation	3.00	General	This is a much needed area for a standardised approach to management, to address significant clinical variation.	Thank you. One of the reasons for this guideline is to address the current variation in practice.
SH	South Asian Health Foundation	3.01	4.1.1	A Subgroup which merits specific attention are those with evidence of heart failure (there is a significant literature in this area and outcomes are different to those without heart failure, perhaps due to the volume effect of GIK therapy.	Thank you. S sub groups who are at higher risk of mortality and poorer outcomes associated with acute coronary syndrome will be considered as appropriate. The scope has been changed to reflect this.
SH	South Asian Health Foundation	3.02	4.1.1	A further subgroup which merits attention is the South Asian population, which has adverse outcome from premature CHD and also has a higher propensity to impaired glucose tolerance and	Thank you. Sub groups who are at higher risk of mortality and poorer outcomes associated with acute coronary syndrome will be considered as appropriate. The scope has been changed to reflect

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				diabetes. A question for NICE to answer would be whether this high risk population merits more aggressive therapy for glycaemic control or treatment at a lower threshold than the general population.	this.
SH	South Asian Health Foundation	3.03	General	Diabetes UK, at its annual conference in 2009 (Glasgow) and the subsequent publication of Hot Topics (Jiten Vora Editor) covered this field in a paper written by Roberts W and Patel KCR.	Thank you. All the relevant evidence will be reviewed. This will include studies, systematic reviews, health technology assessments and previous related guidelines.

These organisations were approached but did not respond:

Abbott Diabetes Care
Aintree University Hospitals NHS Foundation Trust
Airedale Acute Trust
Association for Clinical Biochemistry
Association of British Insurers (ABI)
Association of Clinical Pathologists
AstraZeneca UK Ltd
BMJ
Bristol-Myers Squibb Pharmaceuticals Ltd
British Dietetic Association
British Dietetic Association
British Dietetic Association
British Heart Foundation
British National Formulary (BNF)
British Society for Paediatric Endocrinology and Diabetes (BSPED)
Cambridge University Hospitals NHS Foundation Trust (Addenbrookes)
Care Quality Commission (CQC)
Commission for Social Care Inspection
Connecting for Health
Countess of Chester Hospital NHS Foundation Trust
Department for Communities and Local Government
Department for Education

Department of Health
Department of Health
Department of Health Advisory Committee on Antimicrobial Resistance and Healthcare Associated Infection (ARHAI)
Dudley Group of Hospitals NHS Trust
East and North Herts NHS Trust
Education for Health
Gloucestershire Hospitals NHS Trust
Humber Mental Health Teaching NHS Trust
Insitute of Biomedical Science
Institute Metabolic Science
Interhealth Canada
Johnson & Johnson Medical
Juvenile Diabetes Research Foundation
Kidney Research UK
Lambeth Community Health
Leeds PCT
Liverpool Community Health
Luton & Dunstable Hospital NHS Foundation Trust
Medicines and Healthcare Products Regulatory Agency (MHRA)
Merck Sharp & Dohme Ltd
Ministry of Defence (MoD)
Mother and Child Foundation
National Diabetes Inpatient Specialist Nurse (DISN) UK Group
National Patient Safety Agency (NPSA)
National Public Health Service for Wales
National Treatment Agency for Substance Misuse
NETSCC, Health Technology Assessment
NHS Clinical Knowledge Summaries Service (SCHIN)
NHS Direct
NHS Direct
NHS Plus
NHS Quality Improvement Scotland
NHS Sheffield
NHS Western Cheshire
Northumberland Hills Hospital, Ontario
Novartis Pharmaceuticals UK Ltd
Oxford Radcliffe Hospitals NHS Trust
PERIGON Healthcare Ltd

Pfizer Limited
Poole and Bournemouth PCT
Primary Care Cardiovascular Society
Roche Diagnostics
Royal Brompton & Harefield NHS Foundation Trust
Royal College of Anaesthetists
Royal College of General Practitioners
Royal College of Obstetricians and Gynaecologists
Royal College of Paediatrics and Child Health
Royal College of Pathologists
Royal College of Physicians London
Royal Society of Medicine
Royal United Hospital
Sanofi-Aventis
Scottish Intercollegiate Guidelines Network (SIGN)
Sheffield Children's NHS Foundation Trust
Sheffield Teaching Hospitals NHS Foundation Trust
Social Care Institute for Excellence (SCIE)
Social Exclusion Task Force
Society for Acute Medicine
Society of Chiropodists & Podiatrists
South Tees Hospitals NHS Trust
UK Clinical Pharmacy Association (UKCPA)
UK Ophthalmic Pharmacy Group
Verity - The PCOS Self Help Group
Welsh Assembly Government
Welsh Scientific Advisory Committee (WSAC)
Western Health and Social Care Trust
Worcestershire PCT
York NHS Foundation Trust