

Diabetes: IFCC-HbA1c 58mmol/mol or less

NICE indicator

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www.nice.org.uk/indicators/ind165

Indicator

The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 58 mmol/mol or less in the preceding 12 months.

Indicator type

General practice indicator suitable for use in the Quality and Outcomes Framework.

This document does not represent formal NICE guidance. For a full list of NICE indicators, see our [menu of indicators](#)

To find out how to use indicators and how we develop them, see our [NICE indicator process guide](#)

Rationale

Optimal blood glucose control is associated with a reduction in diabetes complications. An individual target for IFCC-HbA1c levels should be set to balance the benefits with harms.

For the purposes of primary care indicators, 3 separate clinical practice targets were adopted: HbA1c 58, 64 and 75 mmol/mol (IND164, IND135 and IND136). These targets are higher than the lower level recommended by the guidance, which may not be achievable or appropriate for all people. The 3 indicators aim to improve blood glucose control across the distribution of HbA1c values in the population with type 1 and type 2 diabetes.

Source guidance

- [Type 1 diabetes in adults: diagnosis and management. NICE guideline NG17](#) (2015, updated 2022), recommendations 1.6.6 and 1.6.9
- [Type 2 diabetes in adults: management. NICE guideline NG28](#) (2015, updated 2026), recommendations 1.5.8 and 1.5.9

Specification

Numerator: The number of patients in the denominator in whom the last IFCC-HbA1c is 58 mmol/mol or less in the preceding 12 months.

Denominator: The number of patients with diabetes, on the register.

Calculation: Numerator divided by the denominator, multiplied by 100.

Exclusions:

- patients who had measurement of serum fructosamine instead of HbA1c in previous 12 months
- patients who have a blood test exception code recorded in the preceding 12 months
- patients who are on maximum tolerated diabetes treatment in the preceding 12 months

Personalised care adjustments or exception reporting should be considered to account for situations where the patient declines, does not attend or if an IFCC-HbA1c 58 mmol/mol or less is not appropriate.

Expected population size: National Diabetes Audit data for 2023 to 2024 and ONS mid-year population data for 2024 shows that 6.1% of people in England are included in the audit and are included in the denominator for treatment target indicators (HbA1c 58 mmol/mol or less): 613 patients for an average practice with 10,000 patients. To be suitable for use in QOF, there should be more than 20 patients eligible for inclusion in the denominator, per average practice with 10,000 patients, prior to application of personalised care adjustments.

Update information

Minor changes since publication

February 2026: We updated the source guidance information to align with the update to NICE's guideline on type 2 diabetes in adults and added expected population size.

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