



# Diabetes: NDH register

NICE indicator

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[www.nice.org.uk/indicators/ind170](http://www.nice.org.uk/indicators/ind170)

## Indicator

The practice establishes and maintains a register of all patients with a diagnosis of non-diabetic hyperglycaemia.

## 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

Patients with an elevated HbA1c between 42 and 47 mmol/mol or a fasting plasma glucose

of 5.5 to 6.9 mmol/l are described as having non-diabetic hyperglycaemia and are at increased risk of developing type 2 diabetes. This risk can be reduced by identifying a person's particular risk factors that can be modified and making lifestyle changes. Maintaining a register of these patients at the general practice will support identifying and discussing risk factors, offering interventions and ongoing monitoring.

## Source guidance

Type 2 diabetes: prevention in people at high risk. NICE guideline PH38 (2012, updated 2017), recommendation 1.5.4

## Specification

A register of patients with a diagnosis of non-diabetic hyperglycaemia.

Historically, coding of patients with an elevated blood glucose level has been variable. To recognise this variability in coding and to ensure that all affected patients are included, the register will incorporate codes for non-diabetic hyperglycaemia, pre-diabetes, impaired glucose tolerance and 2 consecutive elevated HbA1c or FPG recordings in a 3-month window (in the absence of a diagnostic code).

Exclusions: Under 18s; patients with an unresolved diabetes diagnosis.

Expected population size: Quality and Outcomes Framework data for 2022 to 2023 (indicator NDH001) shows that 5.7% of people in England aged 18 and over have NDH: 569 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.

## Update information

### Minor changes since publication

**September 2024:** We replaced information about the minimum population with that of the expected population size. We added information on exclusions (none), personalised care adjustments and exception reporting.

**November 2020:** We added a specification and information about the minimum population. We removed the introduction section and added the recommendation number to the source guidance section. We also amended the rationale.

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