NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

INDICATOR DEVELOPMENT PROGRAMME

Consultation report

Indicator area: Gestational diabetes

Consultation period: 1 February – 29 February 2016

Date of Indicator Advisory Committee meeting: 6 June 2017

Contents

Summary of indicators

ID	Indicator	Evidence source
GP3	The percentage of women who have had gestational diabetes, diagnosed more than 12 months ago, who have had an HbA1c test in the preceding 12 months.	Diabetes in pregnancy (2016) NICE QS109 statement 7 Diabetes in pregnancy: management from preconception to the postnatal period (2015) NICE guideline NG3 recommendation 1.6.14

Notes

Consultation took place in February 2016 and was previously discussed at the June 2016 Indicator Advisory Committee.

The indicator published at consultation was as follows:

GP3: The proportion of women with a history of gestational diabetes who have had an HbA1c recorded in the preceding 12 months.

However, following committee deliberations, minor amendments were made to the wording prior to testing. Consultation comments are being presented to the June 2017 IAC for reference purposes only.

GP3: Women with a history of gestational diabetes

The percentage of women who have had gestational diabetes, diagnosed more than 12 months ago, who have had an HbA1c test in the preceding 12 months.

Rationale

This indicator aims to identify early type 2 diabetes through routine testing for HbA1c of women who had gestational diabetes.

Women who have had gestational diabetes are at increased risk of developing type 2 diabetes either in the immediate postnatal period or at a later point in time. Early detection of type 2 diabetes through annual HbA1c testing in primary care can delay disease progression and reduce the risk of complications.

Summary of consultation comments

Comments expressed support for this indicator as it will lead to the early identification and diagnosis of diabetes. However, some concerns included:

- HbA1c measurements are not beneficial when conducted on their own. An annual check of all care processes and lifestyle advice is required to prevent complications.
- Resource implications involved in implementing this indicator may be significant. Implementation of this indicator will increase the workload in general practice.
- This is effectively a screening indicator and is not recommended by the National Screening Committee (NSC).
- It is unclear for how many years after pregnancy monitoring should continue.
- Unintended consequences of this indicator could be that resources are diverted away from higher priorities, and women could be labelled as having a disease instead of being recognised as at risk of developing diabetes.

Considerations for the advisory committee

The committee is asked to consider consultation comments.

Appendix A: Consultation comments

ID	Proforma question no.	Stakeholder organisation	Comment
Question 12.1: Do you think there are any barriers to implementing the care described by this indicator?			
GP3	12.1	Association for the study of obesity	Uncertain
GP3	12.1	Association of British Clinical Diabetologists	No
GP3	12.1	British Holistic Medical Association	No comments
GP3	12.1	Cheshire and Merseyside Directors of Public Health, Champs Public Health Collaborative	Monitoring for diabetes is only one aspect of care. We need to consider impaired glucose regulation (IGR) pathway for lifestyle advice and education as well as annual follow up.
GP3	12.1	Individual comment	No
GP3	12.1	Individual comment	There remains poor coding of this in some GP practices. Processes to systematically assess these patients, differs greatly from practice to practice.
GP3	12.1	Individual comment	Increased workload for practices. HbA1C on it's own is not valuable - needs to be accompanied by relevant life-style advice/behaviour change advice.
GP3	12.1	Individual comment	patients don't see the need
GP3	12.1	Individual comment	This is a good marker but not a priority for limited resources
GP3	12.1	Individual comment	No
GP3	12.1	Individual comment	Staff and patient time
GP3	12.1	Individual comment	Need to have a lead in register for a couple of years to give time to troll through notes. Assumes that yearly HBA1c for rest of life is cost effective (has any one worked out the total costs and compared it with testing when symptoms or next pregnant.)

ID	Proforma question no.	Stakeholder organisation	Comment
GP3	12.1	Liverpool LA public health team	Monitoring for diabetes is only one aspect of care. We need to consider impaired glucose regulation (IGR) pathway for lifestyle advice and education as well as annual follow up.
GP3	12.1	London Borough of Redbridge	Call / recall of women with history of gestational diabetes since it is unlikely that these women will be accessing GP services on a regular basis.
GP3	12.1	London Diabetes Strategic Clinical Network	There remains poor coding of this in some GP practices. Processes to systematically assess these patients, differs greatly from practice to practice.
GP3	12.1	NHS Employers	It may be difficult to get these women in annually for a blood test.
GP3	12.1	NHS England	No, it will be a valuable incentive to identify diabetes in a high risk group.
GP3	12.1	Primary Care CVD Leadership Forum	No, it will be a valuable incentive to identify diabetes in a high risk group
GP3	12.1	Public Health England	No, it will be a valuable incentive to identify diabetes in a high risk group
GP3	12.1	RCGP	The RCGP notes that this indicator does not clarify for how many years after the pregnancy this should continue (Commentator 1) and that gathering data on this would be limited by the practice's information system and whether the patient stays with the practice (Commentator 2). We also feel that implementing this indicator would create an increased workload for practices. HbA1C on its own is not valuable – it needs to be accompanied by relevant life-style advice/behaviour change advice. (Commentator 3)

ID	Proforma question no.	Stakeholder organisation	Comment
GP3	12.1	Somerset CCG	Yes. An HbA1c check in the year following delivery could be seen as feasible. Calling all (well) women in every 12 months for a HbA1c review is not person-centred or an efficient/effective use of resources.
Question 12.2: Do you think there are potential unintended consequences to implementing / using this indicator?			
GP3	12.2	Association for the study of obesity	No
GP3	12.2	Association of British Clinical Diabetologists	No
GP3	12.2	Cheshire and Merseyside Directors of Public Health, Champs Public Health Collaborative	No
GP3	12.2	Individual comment	No
GP3	12.2	Individual comment	Capacity within GP Practices, antenatal and diabetes clinics.
GP3	12.2	Individual comment	Yes. I think that it will waste GP and nurse time
GP3	12.2	Individual comment	No
GP3	12.2	Individual comment	Labelling patients, uncertainty
GP3	12.2	Individual comment	Steals resources from elsewhere. The Salami can be sliced no thinner.
GP3	12.2	Liverpool LA public health team	No
GP3	12.2	London Borough of Redbridge	No
GP3	12.2	London Diabetes Strategic Clinical Network	Capacity within GP Practices, antenatal and diabetes clinics.

ID	Proforma question no.	Stakeholder organisation	Comment
GP3	12.2	RCGP	The RCGP feels that a potential unintended consequence to implementing this indicator will be that practices who are not copied in with electronic test results may end up taking duplicate blood samples driven by this metric. This will cause problems for the women involved but also means an unwise use of resources. (Commentator 1) The RCGP identifies as a consequence the waste of resources, especially time that will be diverted away from areas of higher priority. It can cause frustration to these women, with young families, to have to attend annual blood tests for the rest of their lives. We worry that this indicator will label women who have had gestational diabetes as having an illness when what they actually have is a risk factor for diabetes. (RCGP Overdiagnosis Group)
Question 12.3: Do you think there is potential for differential impact (in respect of age, disability, gender and gender reassignment, pregnancy and maternity, race, religion or belief, and sexual orientation)? If so, please state whether this is adverse or positive and for which group.			
GP3	12.3	Association for the study of obesity	No
GP3	12.3	Association of British Clinical Diabetologists	No
GP3	12.3	British Medical Association	This is a screening procedure and as such is excluded from provision under essential services as defined in the GMS contract. This can only be considered as a quality indicator in specific areas where this screening service is commissioned from GPs. Screening procedures should only take place within the NHS if they have been approved by the NSC and resources have been provided.

ID	Proforma question no.	Stakeholder organisation	Comment
GP3	12.3	Cheshire and Merseyside Directors of Public Health, Champs Public Health Collaborative	No
GP3	12.3	Individual comment	No
GP3	12.3	Individual comment	Women who are already 'difficult to engage'.
GP3	12.3	Individual comment	No
GP3	12.3	Individual comment	Don't know
GP3	12.3	Liverpool LA public health team	No
GP3	12.3	London Borough of Redbridge	No
GP3	12.3	London Diabetes Strategic Clinical Network	No
GP3	12.3	Medtronic Limited	Applies to all patient groups
GP3	12.3	RCGP	The RCGP has not identified any potential for differential impact for this indicator.
GP3	12.3	Somerset CCG	No
Question 12.4: Do you have any general comments on this indicator?			
GP3	12.4	Association for the study of obesity	BMI measurements would be of value in order to make certain those who are either overweight or obese are highlighted at this time
GP3	12.4	Association of British Clinical Diabetologists	ABCD supports this indicator, but would expand it to include the proportion of those screened with abnormally high results, and evidence that these were acted upon.
GP3	12.4	Cheshire and Merseyside Directors of Public Health, Champs Public Health Collaborative	This appears to be a good idea, as will potentially lead to early diagnosis of diabetes, but even better as part of CVD risk assessment or diabetes prevention programme.

ID	Proforma question no.	Stakeholder organisation	Comment
GP3	12.4	Diabetes UK	Diabetes UK support the inclusion of this indicator to emphasise the importance of annual HbA1c test for women with history of generational diabetes.
GP3	12.4	Individual comment	Should these women have more than an HbA1c test – why don't they have all care processes annually to prevent complications?
GP3	12.4	Individual comment	We all agree that gestational diabetes increases the risk of diabetes but where is the evidence that screening women in this way will improve outcomes? If there is no evidence we should not be doing it until there is.
GP3	12.4	Individual comment	labelling women for their whole lifetime nad anxieties this would cause; historical labelling of gestational diabetes likely to be incomplete and/or inaccurate
GP3	12.4	Individual comment - GP	I am not aware of any benefit of this type of follow up.
GP3	12.4	Liverpool LA public health team	This appears to be a good idea, as will potentially lead to early diagnosis of diabetes, but even better as part of CVD risk assessment or diabetes prevention programme.
GP3	12.4	London Borough of Redbridge	Although the indicator is welcome calling / recalling women have a history of gestational diabetes for HbA1C testing might have an impact on the already overstretched practices.
GP3	12.4	London Diabetes Strategic Clinical Network	Should these women have more than an HbA1c test – why don't they have all care processes annually to prevent complications?
GP3	12.4	NHS Employers	Will this be a rolling 12 month period or 12 months from a set point?

ID	Proforma question no.	Stakeholder organisation	Comment
GP3	12.4	NHS England	NHS England supports this indicator as this is an important group with long-term increased risk of developing type 2 diabetes. The newly commissioned national Diabetes Prevention Programme will provide practices with an evidence based service to offer women who develop non diabetic hyperglycaemia. HbA1c is not an appropriate measure in some people eg those with anaemia, haemoglobinopathy – fasting plasma glucose more appropriate here.
GP3	12.4	Primary Care CVD Leadership Forum	Yes we support this indicator as this is an important group with long-term increased risk of developing type 2 diabetes. The newly commissioned national Diabetes Prevention Programme will provide practices with an evidence based service to offer women who develop non diabetic hyperglycaemia. HbA1c is not an appropriate measure in some people eg those with anaemia, haemoglobinopathy – fasting plasma glucose more appropriate here.
GP3	12.4	Primary Care Diabetes Society	Agree use of annual hba1c. Consider number of diabetic women of fertile age who are given both pre conceptual advice & a medication review as an indicator
GP3	12.4	Public Health England	Yes we support this indicator as this is an important group with long-term increased risk of developing type 2 diabetes. The newly commissioned national Diabetes Prevention Programme will provide practices with an evidence based service to offer women who develop non diabetic hyperglycaemia. HbA1c is not an appropriate measure in some people eg those with anaemia, haemoglobinopathy – fasting plasma glucose more appropriate here.

ID	Proforma question no.	Stakeholder organisation	Comment
GP3	12.4	RCGP	The RCGP feels that annual testing may be excessive and would welcome statistics for how many women go on to develop diabetes. (Commentator 1) The RCGP highlights that this is a screening test for diabetes and is not recommended by the UK National Screening Committee. (RCGP Overdiagnosis Group)
GP3	12.4	Somerset CCG	Education of those that have gestational diabetes (during pregnancy) on reducing their risk of future diabetes would be sensible. Perhaps with guidance of when to seek attention in the future.
GP3	12.4	University of Surrey	We strongly support the addition of this indicator.

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Appendix B: Equality impact assessment

Protected characteristics		
• Age • Disability • Gender reassignment	• Pregnancy and maternity • Race • Religion or belief	• Sex • Sexual orientation
Note: 1) The characteristic of marriage and civil partnership is protected only from unlawful discrimination. There is no legal requirement to consider the need to advance equality and foster good relations. 2) The definition of direct discrimination includes less favourable treatment of someone associated with a person with a protected characteristic, such as the carer of a disabled person.		
Socioeconomic factors		
The relevance and nature of socioeconomic factors will vary according to the quality standard topic. They may include deprivation and disadvantage associated with particular geographical areas, or other geographical distinctions (for example, urban versus rural).		
Other definable characteristics		
Certain groups in the population experience poor health because of circumstances distinct from – though often affected by – sharing a protected characteristic or socioeconomic factors. The defining characteristics of groups of this sort will emerge from the evidence (although a quality standard topic will sometimes explicitly cover such a group). Examples of groups identified are: • looked-after children • people who are homeless • prisoners and young offenders.		

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Indicator Equality Impact Assessment

Development stage: Consultation

Topic: Gestational diabetes

1.1 Have any potential equality issues been identified during consultation, and, if so, what are they?
No equality issues have been identified at this stage.

1.2 Have any population groups, treatments or settings been excluded from coverage by the indicators at this stage in the process. Are these exclusions justified – that is, are the reasons legitimate and the exclusion proportionate?
The indicator relates to women who have had gestational diabetes. Other population groups are excluded. This reflects the scope of the quality standard and guidance on which it is based, and the topic-specific nature of the indicator.

1.3 Do any of the indicators make it more difficult in practice for a specific group to access services compared with another group? If so, what are the barriers to, or the difficulties with, access for the specific group?
No – comments from consultation do not suggest that the indicator will make it impossible or unreasonably difficult in practice for a specific group to access a test or intervention.

1.4 Is there potential for the indicators to have an adverse impact on people with disabilities because of something that is a consequence of the disability?
No – comments from consultation do not suggest that the indicator will have an adverse impact on people with disabilities.

Completed by lead technical analyst Paul Daly using the equalities impact form presented to committee in June 2016

Date 5 May 2017

Approved by NICE quality assurance lead

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Date_____