



Diabetes: HbA1c 58 mmol/mol

NICE indicator

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www.nice.org.uk/indicators/ind179

Indicator

The percentage of patients with diabetes without moderate or severe frailty, 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

Applying universal HbA1c target levels to all people with diabetes regardless of co-morbidities may inadvertently lead to both under-treatment and over-treatment ([Kearney et al. 2017](#)). People with diabetes and less complex care needs may be undertreated, whilst people with more complex care needs may be at risk of overtreatment. In addition, intensive glucose lowering treatment may be dangerous for older people with type 2 diabetes ([Strain et al. 2018](#)). This indicator allows for an individualized management approach that adjusts care according to an individual's frailty status. It aims to enable patients with little comorbidity to benefit from tighter glycaemic control whilst aiming to encourage the personalisation of care for people with moderate or severe frailty.

Source guidance

- [Type 1 diabetes in adults: diagnosis and management. NICE guideline NG17 \(2015, updated 2022\)](#), recommendations 1.6.6 and 1.6.7
- [Type 2 diabetes in adults: management. NICE guideline NG28 \(2015, updated 2026\)](#), recommendations 1.5.7 to 1.5.9

Specification

Numerator: The number of patients in the denominator with an HbA1c 58 mmol/mol or less (in the preceding 12 months).

Denominator: The number of patients with diabetes without moderate or severe frailty.

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

Exclusions: Patients with moderate or severe frailty. Patients who had measurement of serum fructosamine instead of HbA1c in previous 12 months. Patients on maximum tolerated diabetes treatment in the previous 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 of 58 mmol/mol or less is not appropriate.

Expected population size: Quality and Outcomes Framework data for indicator DM020 2024 to 2025 shows that 5.4% of people in England are on the diabetes register without moderate or severe frailty: 542 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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