

Entry and Exit Criteria for RD&E diabetes service

Type 2 diabetes - criteria for referral to secondary care and discharge back to primary care

General glycaemic control

Referral criteria

- Predominantly patients already on insulin, who require more appropriate insulin regimes.

Inclusion

- HbA1c above NICE target (7.5%)
- OR concerning hypoglycaemia
- OR active retinopathy (concern for deterioration with too-rapid improvement)

Exclusion

- Patients on oral therapy with further oral options, except if specific question about suitability. Drug ladder should be followed in primary care, with website and email support.
- Patients for initiation of insulin or incretins, where expertise does not currently exist in primary care. See pathway below.

Secondary care process

- Limited period to attain improvements (specified time frame or number of appointments)
- May include dietetic referral and group education
- Secondary care to emphasize time limits to patients

Exit criteria

- Meeting HbA1c target without concerning hypoglycaemia or worsening retinopathy
- OR clear management plan identified for patient to follow under the guidance of Primary Care
- OR glycaemic control not improving over two review appointments, and no clear alternative strategy acceptable to patient

Blood pressure management

Referral criteria

- Blood pressure above NICE target on several readings, AND
 - Concern for primary cause for hypertension (e.g. Cushing's, Conn's, phaeo, renal artery stenosis)
 - OR malignant hypertension
 - OR deteriorating renal function, albuminuria/proteinuria
 - OR cardiac failure or retinopathy
 - OR standard drug escalation completed without control
- Query about suitable BP target (e.g. high systolic, low diastolic in cardiac/renal disease)

Exit criteria

- Blood pressure to target
- OR defined plan of action for primary care to follow AND
 - no unstable hypertensive complications

Nephropathy

Entry criteria

- 'One stop clinic' for all microalbuminuria / proteinuria
- All T1DM with nephropathy
- T2DM with progressive disease (decline in GFR > 5ml/min/1.7/yr)
- Pts with GFR < 45mls/min/1.7/yr to assess for complications
- All patients who fail to reach risk factor targets
- Dialysis, pre and post transplant patients

Exit criteria (nephropathy)

- Stable GFR and risk factors to target
- No demonstrable difference over 12 months with agreed patient goals
- Dialysis patients with good glycaemic and risk factor control and no hypoglycaemia

Commencing exenatide and Liraglutide**Referral criteria**

- Meet NICE criteria for commencement of exenatide/liraglutide
 - AND no expertise to start in primary care
 - OR specific question re suitability, e.g. unsure if appropriate or considering use outside NICE guidance

Secondary care process

- Medical appointment to assess suitability
 - OR Specialist nurse appointment to initiate drug if GP has made decision to commence exenatide or liraglutide but requires specialist nurse input
- Medical follow up at 6 months to assess efficacy and alternatives if drug discontinued
 - OR Specialist nurse telephone contact at 1 month and discharge to primary care if G.P. requested exenatide/liraglutide start

Exit criteria

- Drug started and met criteria to continue at 6 months
- Drug not prescribed, or stopped due to lack of efficacy, and primary care able to commence alternative

Type 1 diabetes - criteria for referral to secondary care and discharge back to primary care**Referral criteria**

- All patients referred at diagnosis
- All patients new to area aged under 21
- All patients new to area aged over 21 unless clearly educated, self-managing and achieving targets.

Exit criteria

- Most type 1 patients are likely to continue to attend the hospital clinic
- Self-managing and achieving targets
- Complication free
- Completed DAFNE or equivalent complication programme

Specialty diabetes - criteria for referral to secondary care and discharge back to primary care**Insulin pump****Referral criteria**

- Meet NICE criteria
- Assessed as motivated and capable to start/continue pump therapy

Exit criteria

- Not suitable for pump therapy

Pre-pregnancy and Antenatal**Referral criteria**

- All women with diabetes to be referred before stopping contraception or urgently at the point they become pregnant (Telephone / fax)

Exit criteria

- No longer pregnant – return to primary or secondary care

Young people

Referral criteria

- All people with diabetes under age 21

Exit criteria

- Transfer to secondary care adult services at age 21 (or other age according to individual needs)
- Discharge from adult services as per standard criteria

Patient on R500 insulin

Referral criteria

- Patient on large doses of U100 insulin with poor glycaemic control

Exit criteria

- Patient no longer suitable for R500 insulin

Diabetes Foot Service

Referral criteria as per Integrated Foot Service guidelines

- Broadly, infected or non-healing ulcers, painful neuropathy, Charcot, requirement for footcare or ulceration with vascular disease

Exit criteria as per Integrated Foot Service guidelines

Atypical diabetes

Referral criteria

- Patient with known or suspected specific causes of diabetes that have specific treatment requirements eg single gene subtypes of diabetes,
- Patients with known or suspected types of secondary diabetes that require specialist treatment e.g. post pancreatectomy
- Patients where there is diagnostic uncertainty.

Exit criteria

- Established diagnosis
- Treatment stable and patient educated to be self caring

Cystic fibrosis

Referral criteria

- All people with CF and confirmed or suspected glucose intolerance
- At the request of the respiratory team (e.g. patient with CF losing weight)

Exit criteria

- None (unlikely ever to be suitable for primary care)

Diabetic Erectile Function Clinic

Referral criteria

- Patients with diabetes and erectile dysfunction in whom oral phosphodiesterase inhibitors are ineffective or contra-indicated (for example, patients on nitrates)

Exit criteria

- Successful treatment of the second line treatment for erectile dysfunction
- Second line treatment not affective