Letter to GP practices

Dear Colleague

RE: Improving monitoring for people with non-diabetic hyperglycaemia

Thank you for your hard work on preventing Type 2 diabetes in your practice population. The NHS Diabetes Prevention Programme (NHS DPP) has received over 300,000 referrals thus far. You may also be aware that, as part of the NHS Long Term Plan, capacity on the programme will double to 200,000 places per year by 2023/24.

Changes are underway to further enhance accessibility, particularly for people of working age and those from higher-risk groups, including provision of a digital programme for people who decline the standard face to face intervention. Alongside these improvements is a focus on processes for follow-up and monitoring of people at high risk of type 2 diabetes.

For people with non-diabetic hyperglycaemia (NDH), the preferred term for 'pre-diabetes', defined by a fasting plasma glucose of 5.5-6.9 mmol/l or HbA1c of 42-47 mmol/mol), NICE Guidance PH38 recommends:

- Offer a blood test at least once a year (preferably using the same type of test [as previously used to identify NDH]). Also offer to assess their weight or BMI;
- At least once a year, review the lifestyle changes people at high risk have made. Use the review to help reinforce their dietary and physical activity goals, as well as checking their risk factors. The review could also provide an opportunity to help people 'restart', if lifestyle changes have not been maintained.

People with NDH are at high risk for progression to type 2 diabetes and, as outlined by NICE, there is a clinical need to monitor glycaemic status. This not only informs discussions regarding improvement or deterioration and the impact of lifestyle change, but also allows for timely diagnosis of type 2 diabetes if progression has occurred. Taking action early to manage glycaemia and optimise cardiovascular risk factors in those with type 2 diabetes has significant impact on the future risk of complications.

Though clearly a full review as specified by NICE is optimal, we recognise that some practices are still in the process of moving to this operationally. **We are therefore encouraging compliance with the NICE guidelines, particularly the need to maintain a register of people with NDH to facilitate an annual call and recall process.** This should re-assess the glycaemic measure used to identify NDH originally (either fasting plasma glucose or HbA1c). The annual review is important for all people with NDH and should be offered irrespective of whether or not they have attended the NHS DPP.

You are likely to have received HbA1c results from the NHS DPP for people who have been referred by your practice. These results are from point-of-care HbA1c tests; it is important to note that the accuracy, precision and reproducibility of point-of-care-measured values may not be as good as laboratory-measured venous values. They should not be assumed to be equivalent to venous tests or relied upon in monitoring for progression to Type 2 diabetes. Further we would recommend that point-of-care tests results are not coded as venous results on the patient record. Guidelines state that point-of-care tests are only to track response to an intervention (such as the NHS DPP), rather than for categorisation / diagnosis. They do not replace the need for annual venous blood testing.

For further information on the need for regular glycaemic monitoring for people with NDH, please see NICE Guidance PH38 or contact (CCG/STP diabetes lead)

Thank you again for your work so far on preventing Type 2 diabetes. We hope you share our excitement about upcoming developments to the NHS DPP, including digital provision for people declining the face-to-face programme and doubling of programme capacity, and we look forward to continuing progress in addressing Type 2 diabetes incidence and promoting healthier lifestyles.

Yours sincerely,