

This statement is intended to set out the range of issues that should be included within a Type 1 diabetes management guideline to give a complete pathway of care — the evidence base and subsequent workload may be such that the scope may need to be reconsidered. It is a draft and further suggestions for additions, exclusions or more exact task definition are welcome. The format followed is that of the NICE provided template.

The method for producing the guideline is not included. It is expected that if the scope is accepted by NICE, a commissioning request will be made to one of the collaborating centres to produce the guideline following the guidance of the NICE guideline advisory committee.

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### **Scope for the development of a clinical guideline for the management of Type 1 Diabetes.**

#### **First Draft Version 1 b**

##### **1. Preamble**

The National Institute for Clinical Excellence is responsible for developing and disseminating clinical guidelines to provide advice on best practice for patients and health professionals in the NHS in England and Wales. This is an NHS guideline. Although it will comment on the interface with other services, such as those provided by social services and the voluntary sector, it will not include services exclusive to these sectors. This document has been prepared (using Institute guidelines) by the Clinical Effectiveness Collaboration for Chronic Conditions as a proposal for a clinical guideline for the management of type 1 Diabetes.

##### **2. Title**

The diagnosis and management of Type 1 Diabetes in primary and secondary care.

##### **3. Summary**

The guideline will be relevant to people of all ages (including children) with Type 1 Diabetes. It will include:

- A definition of what constitutes Type 1 Diabetes
- Appropriate steps to confirm the diagnosis
- Initial management at and after acute presentation
- Methods to optimise blood glucose control and quality of life (including pharmacological and non-pharmacological approaches)

- The management of acute complications (hypo- and hyper-glycaemic crises)
- Management of special situations (e.g. pregnancy, surgery, children, adolescence)
- Prevention and early management of long term complications
- Models of care delivery
- Educational support
- The late management of complications by other specialities is excluded

## 1. Status

This scoping statement is a first draft. It will be sent for consultation with stakeholders

## 2. Issues and objectives

5.1 Type 1 diabetes is a continuing hormonal deficiency disorder. It requires insulin replacement therapy, which has significant impact on lifestyle in the short term, major long term complications and reduced life expectancy. It affects around 3/1000 people over a lifetime in the UK, but the incidence is increasing.

5.2 Good blood glucose control is known to prevent or delay the long term complications of diabetes but the achievement of this with current insulin regimens often necessitates restriction in quality of life and a risk of hypoglycaemia. Successful management therefore depends upon optimal self care and educational support from a district wide diabetes team.

5.3 Where late complications do develop, effective means are available to prevent or delay further tissue damage. Therefore systems of surveillance to detect complications early are of importance.

5.3 The aims of the guidelines are:

- To summarise the epidemiology (in the UK) of Type 1 Diabetes and its complications to help define the scale of the problem and so inform service planning;
- To define the situations and processes which will ensure timely diagnosis;
- To define criteria for emergency hospital admission at first diagnosis or in a subsequent crisis;
- To define the goals of treatment in terms of appropriate monitoring tools (including a definition of good control, measurement of HbA<sub>1c</sub> and self blood glucose monitoring);
- To define the optimal systems for initial and continuing patient education;
- To define optimum individual management protocols for long-term insulin therapy including support from specialist nurses, dieticians, and where appropriate, psychologists;

- To define optimum individual management protocols for ketoacidosis and other hyper- and hypo-glycaemic emergencies;
- To define optimum individual management protocols for pregnancy, young children, adolescence, surgery and related procedures,
- To set out the organisational systems of surveillance required to detect retinopathy, nephropathy, feet at risk of ulceration, and cardiovascular disease
- To define best management of risk factors for complications when identified by surveillance and to define the specific management of complications as applicable within the diabetes service;
- To provide recommendations for referral to vascular surgery, cardiology, ophthalmology, or nephrology, and other intervention therapy.
- To recommend how best to provide integrated care spanning primary, adult and paediatric secondary, and tertiary services;
- Methods for monitoring the success of care.

The guideline will incorporate relevant existing NICE guidance.

## **1. Inclusions and exclusions**

1. The guidelines will apply to:

- All people with Type 1 Diabetes and those helping with their diabetes management.

6.2 The guidelines will not cover but will be of interest to:

- Social services and the voluntary sector
- Services supplied by other secondary and tertiary specialities for late complications of diabetes

## **7. Health care setting and professions**

7.1 The guidelines will address practice in primary/secondary care, and will be of direct relevance to health care professionals and service managers who have contact with people with Type 1 Diabetes.

7.2 Diabetes care requires a team-based multi-disciplinary approach. All related professions and patient representation will be included in the guideline development process.

## **8. Interventions and treatment modalities**

The guidelines will cover the full range of care that should be routinely provided by the NHS including:

8.1 *Diagnosis of disease*: including detection before deterioration to an emergency state, assessment of the degree of acute severity, and assurance of the type of diabetes

8.2 *Diagnostic and monitoring techniques*: including glycated haemoglobin, self-monitoring, testing for ketones, and systems of continuous glucose monitoring

8.3 *Pharmacological treatments*: including the different types and species of natural and synthetic insulins, and their combination in different insulin regimens, and means of insulin delivery, taking into account the needs of special groups

8.4 *Non-pharmacological management*: including dietary interventions and management, patient education techniques, other lifestyle management, role of different professional groups, taking into account the needs of special groups

8.5 *Special management needs*: including the unique features of organisation of care needed to ensure appropriate care delivery to pregnant women with diabetes, those people on non-diabetes hospital wards, those undergoing procedures, young children, and those in the teenage years, older people and those in institutional care

8.6 *Surveillance for developing complications and early management within the diabetes service*: including the organisation and provision of surveillance for developing retinopathy, foot risk factors including peripheral vascular disease and neuropathy, developing neuropathy, and cardiovascular risk factors and ischaemic heart disease

8.7 *Models of care*: To consider evidence on the optimal provision of care by professionals working together in the primary and secondary care sectors, and the integration within these of surveillance systems. This will include integrated services (secondary and community services) and provide recommendations about:

- Who should take the lead?
- How the emphasis might vary according to the needs of the individual
- Access to specific support services from primary care
- The role of diabetes clinics, specialist inpatient facilities and specialist nurses
- The role of joint specialist clinics
- Self management and self care by the patient

8.8 *Methods of monitoring the success of care*: Including methods applicable to care populations of different sizes, means of comparing intermediate and adverse health outcomes, the need for monitoring processes of care, and links with monitoring systems in other specialties

## **Consensus Reference Group (CRG)**

Members will be nominated by organisations but will hopefully all have knowledge and/or expertise in the field. They will be expected to keep their nominating body informed of the process throughout and to use their contacts and other networks to bring additional expertise to the group. Each member will be expected to have the time to read and comment on the documents circulated and to be able to suggest additional sources of evidence or resources as appropriate.

**Doctors:** from secondary and primary care

**Other health professionals:** nurses, dieticians, podiatrists, psychologists

### **Others:**

Relevant patient group (2)

### **Permanent staff of project:**

Information scientist; systematic reviewer, health economist, clinical subject expert, project manager, GDG chair.