## Criteria for Diabetes Community Services Tiers

### Tier 0 - Common Themes throughout all Tiers
- Patient self-management, Education programmes, Information, Support, Signposting, Prevention, Awareness-raising, Care planning, Retinal Screening Programme, Access to podiatry and dietetics

### Tier 1 - Normally managed in Primary Care
- No hyper or hypoglycaemic symptoms
- Stable micro or macro vascular complications, no planned/further intervention/investigation
- HbA1c 6.5 – 7.5*, eGFR>60, BP < 130/80, Lipids – TC/LDL/TG<4/<2/<2
- Good glycaemic control on diet +/- oral or injectable HAs (any combination at non-maximal doses)
- Supply and instruction in use of blood glucose meter where indicated
- Retinal screening up to date and no or stable retinopathy
- Started on insulin targets agreed and documented, Attends for annual reviews
- Offered DESMOND and has no extra educational needs
- Given basic healthy eating advice/dietary review by suitably trained HCP

### Tier 2 - Primary Care with assistance from Community DNS
- Symptoms of hyper/hypoglycaemia
- Deteriorating glycaemic control – HbA1c > 7.5 % and/or rise in HbA1c 0.5% in 6 months from any baseline – on maximal OHAs (including housebound)
- Initiation of insulin or change in insulin regimen and/or other injectable therapy
- Repeated DNA from retinal screening
- Discharged as an in-patient within past month or as an out-patient following pre-discharge or discharge clinic review
- Stable claudication (podiatry) Stable foot lesion (podiatry)
- Patient request or clinical indication for extra self-management and educational support
- Basic healthy eating advice/dietary review by suitable trained HCP with referral to dietician as required
- Learning/sensory difficulties

### Tier 3 - Managed in Community HUB Clinic
- Acute and persistent symptoms of hyper- / hypoglycaemia, Hypoglycaemic unawareness
- Progressive micro or macro vascular complications despite max therapy including retinopathy
- HbA1c > 10% despite max therapy and good compliance
- Failing eGFR 40-60 despite max therapy
- Unable to achieve BP target
- TC/LDL and/or TG >4/>2/>2 despite max therapy
- ACR=70 or ACR=30 with microscopic haematuria after UTI excluded
- Autonomic neuropathies, Planning pregnancy
- Persistently abnormal LFTs >3x upper limit after primary care medication & lifestyle review and appropriate first line investigations
- Treated TC/LDL and/or TG >4/>2/>2 with FH of premature (<55) CVD

### Tier 4 – Refer to Secondary Care
- Osmotic symptoms, weight loss and ketonuria (same day referral)
- eGFR persistently <40, Malignant Hypertension (AMU or A&E)
- Considering or already on insulin pump
- Starting on insulin or changing insulin regime when not practical in a community setting
- Acute visual loss (emergency eye clinic ophthalmology)
- Disabling autonomic and peripheral neuropathic symptoms
- Pregnancy (initiate referral on first contact)
- Worsening claudication, consider vascular referral
- Acute foot ischemia or progressive ulceration (same day)
- Diabetes complicating other endocrine disease, Charcot’s arthropathy
- Management of complex diabetes associated with other medical co-morbidities which cannot be appropriately managed in Tier 3