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## **Royal College of Physicians of Edinburgh Consultation Response. National Institute for Health and Care Excellence Diabetes in adults update - Type 1 only**

**Consultation on draft quality standard – deadline for comments 5pm on 18 October 2022**

**Please email your completed form to: [QualityStandards@nice.org.uk](mailto:QualityStandards@nice.org.uk)**

Please read the checklist for submitting comments at the end of this form. We cannot accept forms that are not filled in correctly.

Use the form to comment on the content of the quality standard (i.e. the statements and other sections e.g. rationale, measures etc.), as well as answer the following questions:

1. Does this draft quality standard accurately reflect the key areas for quality improvement? Should annual health checks for adults with type 1 diabetes be added as a new quality improvement area, either replacing one of the existing statements or as an additional statement?
2. Are local systems and structures in place to collect data for the proposed quality measures? If not, how feasible would it be for these to be put in place?
3. Do you think each of the statements in this draft quality standard would be achievable by local services given the net resources needed to deliver them? Please describe any resource requirements that you think would be necessary for any statement.
4. Questions about the individual quality statements
5. Do you have an example from practice of implementing the NICE guideline that underpins this quality standard? If so, please provide details.

### **Organisation details**

<b>Organisation name</b> (if you are responding as an individual rather than a registered stakeholder please leave blank)	<b>Royal College of Physicians of Edinburgh (RCPE)</b>
<b>Disclosure</b> Please disclose any past or current, direct or indirect links to, or funding from, the tobacco industry.	<b>The RCPE does not have direct or indirect links to, or receive funding from, the tobacco industry.</b>



<b>Name of person completing form</b>	<b>Douglas Pattullo, Policy &amp; Public Affairs Officer, RCPE.</b>
<b>Supporting the quality standard</b>  Would your organisation like to express an interest in formally supporting this quality standard? <a href="#">More information.</a>	
<b>Type</b>	<b>[Office use only]</b>

### Comments on the draft quality standard

<b>Comment number</b>	<b>Statement or question number</b> Or 'general' for comments on the whole document	<b>Comments</b> Insert each comment in a new row. Do not paste other tables into this table because your comments could get lost – type directly into this table.
		<b>FOR TYPE ONE DIABETES ONLY</b>
1	General	The Royal College of Physicians of Edinburgh (RCPE) welcomes this opportunity to comment on the new draft quality standard and generally welcomes the updates contained within it. Fellows of the Royal College of Physicians of Edinburgh have some concerns that the draft quality standard does not make sufficient mention of retinal screening. The RCPE considers that a generally first-class retinal screening services exists across the UK which has reduced the need for laser treatment and reduced blindness. The RCPE further considers that this must be kept as a priority in order to maintain and continue the excellent improvements in this area.
2	Question 1	The RCPE considers that annual screening for various blood tests, microalbuminuria, blood pressure, weight, and foot risk assessment are essential for early identification. Many of these tests have been simplified and do not necessarily need highly skilled personnel to perform them as before but the results are critical for optimal care and early warning of problems.
3	Question 2	Fellows wished to highlight the SCI-diabetes system as a highly effective tool which gathers information collected and operates as a clinical management system. While Covid has negatively impacted on the ability to collect simple but important information, the RCPE considers that such data is vital for good clinical care and that new ways of collecting this information must be developed.
4	Question 3	The RCPE considers that these statements are desirable but may be expensive. Fellows are concerned that staff shortages, with a significant number of vacancies existing in



		many areas, are a major challenge. Specialist nurses, doctors and podiatrists must be made use of as efficiently as possible and to the benefit of the maximum number of patients, with their time spent where it makes most difference. Efficiency and effectiveness could be improved with additional support staff, such as administrative support staff, and by aiming to use more junior staff to collect more basic clinical information- as referred to above- to free more senior staff to concentrate on more specialist work.
5	Question 4	We welcome the introduction of statins for primary prevention of future cardiovascular disease and would use on the principle of no further requirement of regular lipid monitoring as with other guidelines to minimise use of resources.
6	Question 5	
7	Statement 1	Fellows generally welcome the emphasis on structured education programmes, recognising they are an effective and cost efficient way of improving both short and long term outcomes. In addition consideration of adoption of the newer app technology integrating education and patient engagement should be considered.
8	Statement 2	
9	Statement 3	The RCPE welcomes the proposal to expand the use of real-time continuous glucose monitoring (rtCGM) which will increase choice and allow many individuals to respond more quickly to changes in blood glucose levels. It is also to be welcomed that there is a recognition of the equality and diversity considerations in relation to access to this technology and the need to address inequalities in CGM access and uptake.
10	Statement 4	
11	Statement 5	The RCPE believes that the prevention of foot ulcers is absolutely critical and that when ulcers develop it is often too late, leading to a hugely negative impact on patients. We consider that prevention of foot ulcers requires risk stratification and first class podiatric services for those at high risk.
12	Statement 6	The RCPE considers that the introduction of a quality statement on adults with type 1 diabetes being referred to specialist services if mental health problems interfere significantly with their wellbeing or diabetes self-management is appropriate and a positive development.

Insert more rows as needed

### Checklist for submitting comments

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- Combine all comments from your organisation into 1 response. We cannot accept more than 1 response from each organisation.
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- **Clearly mark any confidential information or other material that you do not wish to be made public. Also, ensure you state in your email to NICE that your submission includes confidential comments.**
- Do not include medical information about yourself or another person from which you or the person could be identified.
- Spell out any abbreviations you use

Please return to [QualityStandards@nice.org.uk](mailto:QualityStandards@nice.org.uk)

NICE reserves the right to summarise and edit comments received during consultations, or not to publish them at all, where in the reasonable opinion of NICE, the comments are voluminous, publication would be unlawful or publication would be otherwise inappropriate.

Comments received from registered stakeholders and respondents during our stakeholder engagements are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The comments are published as a record of the comments we received, and are not endorsed by NICE, its officers or advisory Committees.



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## **Royal College of Physicians of Edinburgh Consultation Response. National Institute for Health and Care Excellence Diabetes in adults update - Type 2 only**

**Consultation on draft quality standard – deadline for comments 5pm on 18 October 2022**

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1. Does this draft quality standard accurately reflect the key areas for quality improvement?
2. Are local systems and structures in place to collect data for the proposed quality measures? If not, how feasible would it be for these to be put in place?
3. Do you think each of the statements in this draft quality standard would be achievable by local services given the net resources needed to deliver them? Please describe any resource requirements that you think would be necessary for any statement.
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<b>Name of person completing form</b>	<b>Douglas Pattullo, Policy &amp; Public Affairs Officer.</b>



<p><b>Supporting the quality standard</b></p> <p>Would your organisation like to express an interest in formally supporting this quality standard? <a href="#">More information.</a></p>	
<p><b>Type</b></p>	<p><b>[Office use only]</b></p>

## Comments on the draft quality standard

<p><b>Comment number</b></p>	<p><b>Statement or question number</b> Or 'general' for comments on the whole document</p>	<p><b>Comments</b> Insert each comment in a new row. Do not paste other tables into this table because your comments could get lost – type directly into this table.</p>
		<p><b>Diabetes type 2 comments only</b></p>
<p>1</p>	<p>General</p>	<p>The Royal College of Physicians of Edinburgh (RCPE) welcomes this opportunity to comment on the new draft quality standard and generally welcomes the updates contained within it. Fellows of the Royal College of Physicians of Edinburgh welcome references to retinal screening rates. The RCPE considers that a generally first-class retinal screening services exists across the UK which has reduced the need for laser treatment and reduced blindness. The RCPE further considers that this must be kept as a priority in order to maintain and continue the excellent improvements in this area.</p>
<p>2</p>	<p>Question 1</p>	<p>The RCPE considers that annual screening for various blood tests, microalbuminuria, blood pressure, weight, and foot risk assessment are essential for early identification. Many of these tests have been simplified and do not necessarily need highly skilled personnel to perform them as before but the results are critical for optimal care and early warning of problems.</p>
<p>3</p>	<p>Question 2</p>	<p>Fellows wished to highlight the SCI-diabetes system as a highly effective tool which gathers information collected and operates as a clinical management system. While Covid has negatively impacted on the ability to collect simple but important information, the RCPE considers that such data is vital for good clinical care and that new ways of collecting this information must be developed.</p>
<p>4</p>	<p>Question 3</p>	<p>The RCPE considers that these statements are desirable but may be expensive. Fellows are concerned that staff shortages, with a significant number of vacancies existing in many areas, are a major challenge. Specialist nurses, doctors and podiatrists must be made use of as efficiently as possible and to the benefit of the maximum number of patients, with their time spent where it makes most difference. Efficiency</p>



		and effectiveness could be improved with additional support staff, such as administrative support staff, and by aiming to use more junior staff to collect more basic clinical information- as referred to above- to free more senior staff to concentrate on more specialist work.
5	Question 4	
6	Question 5	
7	Statement 1	The RCPE very much welcomes the focus on prevention here and considers that it is critically important that systems are in place for all adults at high risk of type 2 diabetes to be offered a referral to an NHS Diabetes Prevention Programme.
8	Statement 2	Fellows generally welcome the emphasis on structured education programmes, recognising they are an effective and cost efficient way of improving outcomes.
9	Statement 3	The offer of intermittently scanned CGM to adults with type 2 diabetes and a learning disability or cognitive impairment who have multiple daily insulin injections, and adults with insulin-treated type 2 diabetes who need help from a care worker or healthcare professional to monitor their blood glucose, is welcome.
10	Statement 4	Some Fellows wished to see reference to GLP1 Agonists which have been shown to have major benefit in patients with Cardiovascular disease.
11	Statement 5	The RCPE believes that the prevention of foot ulcers is absolutely critical and that when ulcers develop it is often too late. We consider that prevention of foot ulcers requires risk stratification and first class podiatric services for those at high risk.

Insert more rows as needed

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