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| **Tier 0**  **Common Themes Throughout all Tiers** | **Tier 1**  **Normally managed in Primary Care** | **Tier 2**  **Primary Care with assistance**  **from Community Diabetes Specialist Nurse** | **Tier 3**  **Managed in a Community Clinic** | **Tier 4**  **Refer to Secondary Care** |
| * Patient self management * Education programmes * Information * Support * Signposting * Prevention * Awareness- raising * Care planning * Retinal Screening Programme | * No hyper or hypoglycemic symptoms * Stable micro or macrovascular complications, no planned/further intervention/investigation * HbA1c 6.5 – 7.5[[1]](#endnote-1)\* * 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 * Personalised 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 | * Symptoms of hyper /hypoglycemia * Deteriorating glycaemic control – HbA1c > 7.5 % and/or rise in HbA1c 0.5% in 6 months from any baseline – on maximal OHAs (including housebound) * Initiated or change in insulin and/or other injectable therapy within past 6 months * 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 * Patient request or clinical indication for extra self-management and educational support * Given basic healthy eating advice/dietary review by suitable trained HCP with referral to dietician as required * Learning/ sensory difficulties | * Acute and persistent symptoms of hyper-   /hypoglycemia   * Progressive micro or macrovascular complications despite max therapy including retinopathy * HbA1c > 10% despite max therapy and good compliance * Falling eGFR<60 despite max therapy * Unable to achieve BP target * TC/LDL and/or TG >4/>2/>2 despite max therapy * Starting on insulin or changing insulin regime when not practical in a practice setting(Type 2 only) * ACR>70 or ACR>30 with microscopic hematuria after UTI excluded * Autonomic neuropathies * Planning pregnancy * Requires referral to dietician for specialist nutritional advice * Stable claudication (podiatry) * Stable foot lesion (podiatry) * Persistently abnormal   LFTs >3x upper limit after primary care medication & lifestyle review and appropriate first line investigations | * Hypoglycemic unawareness * Osmotic symptoms, weight loss and ketonuria ( same day referral) * Type 1 diabetes, by exception in lower tiers to ensure patients access diabetes services * eGFR persistently <45 * Malignant Hypertension (BPU or A&E) * Treated TC/LDL and/or TG >4/>2/>2 with FH of premature (<55) CVD * 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 opthalmology) * Disabling autonomic and peripheral neuropathic symptoms * Pregnancy (initiate referral on first contact) * Requires referral to Diabetes Specialist Dietician * Worsening claudication, consider vascular referral * Acute foot ischaemia or progressive ulceration ( same day) * Diabetes complicating other endocrine disease * Charcot’s * Severe erectile dysfunction continuing after first and second line treatment |

1. [↑](#endnote-ref-1)