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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
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1. [↑](#endnote-ref-1)