

Wandsworth Diabetes Referral Criteria Summary

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
<ul style="list-style-type: none"> • Patient self management • Education programmes • Information • Support • Signposting • Prevention • Awareness- raising • Care planning • Retinal Screening Programme 	<ul style="list-style-type: none"> • No hyper or hypoglycemic symptoms • Stable micro or macrovascular complications, no planned/further intervention/investigation • HbA1c 6.5 – 7.5ⁱ* • 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 	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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 ophthalmology) • 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

*HbA1c: individualised assessment and target setting. Reading of up to 8 acceptable in Tier 1 with discussion with specialist MDT

Red text: consider urgent or same day

Blue text: refer to associated specialty