



ROYAL COLLEGE OF  
PHYSICIANS AND  
SURGEONS OF GLASGOW

<b>CONSULTATION:</b>	Draft quality standard on Diabetes in adults
<b>ORIGINATING SOURCE:</b>	National Institute for Health and Care Excellence (NICE)
<b>CONTRIBUTORS:</b>	Professor Hazel Scott, Honorary Secretary, RCPSG Professor Miles Fisher, Consultant Physician Professor Martin McIntyre, Consultant Physician
<b>SUBMITTED:</b>	12 April 2016

## Diabetes in adults (update)

**Consultation on draft quality standard – deadline for comments** 5pm on 12/04/2016 **email:** [QSconsultations@nice.org.uk](mailto:QSconsultations@nice.org.uk)

	<p>Please read the checklist for submitting comments at the end of this form. We cannot accept forms that are not filled in correctly.</p> <p>We would like to hear your views on these questions:</p> <ol style="list-style-type: none"><li>1. Does this draft quality standard accurately reflect the key areas for quality improvement? If the systems and structures were available, do you think it would be possible to collect the data for the proposed quality measures? Do you have an example from practice of implementing the NICE guideline(s) that underpins this quality standard? If so, please submit your example to the <a href="#">NICE local practice collection</a> on the NICE website. Examples of using NICE quality standards can also be submitted.</li></ol>
<b>Organisation name – stakeholder or respondent</b> (if you are responding as an individual rather than a registered stakeholder please leave blank):	Royal College of Physicians and Surgeons of Glasgow
<b>Disclosure</b> Please disclose any past or current, direct or indirect links to, or funding from, the tobacco industry.	Nil
<b>Name of commentator person completing form:</b>	Professor Hazel Scott, Honorary Secretary in consultation with Fellows practicing in this field.

## Diabetes in adults (update)

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<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>		No	
<b>Type</b>		[office use only]	
<b>Comment number</b>	<b>Section</b>	<b>Statement number</b>	<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.			
Example 1	Statement 1 (measure)		This statement may be hard to measure because...
1	Statement 2	2	Our clinicians would wish to share that we have found that uptake of type 2 diabetes structured education was improved by giving sufficient information at the time of invitation, including an information leaflet, about what the session will involve and hopes to achieve.
2	Statement 4	4	We are concerned that self monitoring of blood glucose using strips is old technology and the quality standard should seek to increase usage of modern technology in people with type 1 diabetes e.g. continuous glucose monitoring or flash glucose monitoring.
3	Statement 5	5	This standard seeks to improve control and this is good. Many patients only get HbA1c checked on an annual basis so perhaps this should be expanded to recommend if HbA1c is over 58 mmmol/l on monotherapy, the HbA1c be repeated within 6 months and if it is over 58, the patient should be offered dual therapy.
4	Statement 6	6	We believe that this is a high priority standard which should have much more emphasis e.g. than statement 1.
5	Statement 7	7	Patients with high risk feet should be referred more urgently than moderate risk feet to orthotics, but both should be referred and assessed as quickly as possible.
6			
7			

Insert extra rows as needed

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**Checklist for submitting comments**

- Use this comment form and submit it as a Word document (not a PDF).
- Complete the disclosure about links with, or funding from, the tobacco industry.
- Include section number of the text each comment is about eg. introduction; quality statement 1; quality statement 2 (measure).
- If commenting on a specific quality statement, please indicate the particular sub-section (for example, statement, measure or audience descriptor).
- Combine all comments from your organisation into 1 response. We cannot accept more than 1 response from each organisation.
- Do not paste other tables into this table – type directly into the table.
- Underline and highlight any confidential information or other material that you do not wish to be made public.
- 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
- For copyright reasons, comment forms do not include attachments such as research articles, letters or leaflets (for copyright reasons). We return comment forms that have attachments without reading them. The stakeholder may resubmit the form without attachments, but it must be received by the deadline.

You can see any guidance and quality standards that we have produced on topics related to this quality standard by checking [NICE Pathways](#).

**Note:** We reserve the right to summarise and edit comments received during consultations, or not to publish them at all, if we consider the comments are too long, or publication would be unlawful or otherwise inappropriate.

Comments received during our consultations 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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