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**Service Specification for Glucose Tolerance Test (GTT)**

**Period: 1st April 2017 to 31st March 2018**

**Date of Review: Annual**

**Introduction**

All practices are expected to provide essential and those additional services they are contracted to provide to all their patients.

This specification outlines the more specialised services to be provided. The specification of this service is designed to cover the enhanced aspects of clinical care of the patient, all of which are beyond the scope of essential services.

No part of the specification by commission, omission or implication defines or redefines essential or additional services.

# Background

A glucose tolerance test measures how well the body is able to break down glucose. This test is now primarily used in the diagnosis and post-partum follow up of gestational diabetes. It has been largely replaced by HbA1c in the diagnosis of type 2 diabetes, as the test is more convenient for the patient and there is lower biological variability with HbA1c than plasma glucose.

The Doncaster Diabetes Guidelines are currently being updated to reflect the above. The [NICE Clinical Knowledge Summary](http://bit.ly/2ksp8Pj) provides a useful summary on the use of HbA1c, including the below situations where it should not be used or should be used with caution; in these scenarios a fasting glucose rather than a glucose tolerance test is nearly always sufficient:

HbA1c should not be used to diagnose diabetes mellitus in the following groups:

* Children and young people (younger than 18 years of age).
* Pregnant women or women who are two months postpartum.
* People with symptoms of diabetes for less than 2 months.
* People at high diabetes risk who are acutely ill.
* People taking medication that may cause hyperglycaemia (for example corticosteroids).
* People with acute pancreatic damage, including pancreatic surgery.
* People with end-stage chronic kidney disease.
* People with HIV infection.
	+ HbA1c should be interpreted with caution in people with:
* Abnormal haemoglobin.
* Anaemia (any cause).
* Altered red cell lifespan (for example post-splenectomy).
* A recent blood transfusion.

# Service Outline

The glucose tolerance test should be delivered according to the attached protocol. This has been updated from the previous specification to reflect the evidence review and guidance from the Doncaster Diabetes Network that the glucose tolerance test should be used in pregnant/post-partum patients and rarely in other situations

# Accreditation

The test can be performed by a GP, Nurse or Health Care Assistant with training and working to a protocol.

**Performance and Payment**

Activity data should be submitted on a monthly basis to the CCG

The practice will be required to submit audit information on request.

Activity should be submitted within 14 days of month end for activity undertaken in month.

Activity for March 2018 should be submitted within 7 days of month end. DCCG reserve the right to withhold payment on activity not received within these time scales

Glucose Tolerance Testing Flowchart

Patient is pregnant and needs testing for gestational diabetes or requires post-partum GTT\*

Results received in practice and appropriate steps taken with patient

Both blood tests sent to Path Lab together

2 hours later, further blood test taken

No eating or smoking during the 2 hours, can only drink water

Patient given 75 grams of glucose (equivalent to 394ml of Lucozade)

Sample checked on glucose meter to ensure reading is less than 11mM

Blood test taken

Patient attends surgery first thing

Patient fasts overnight -

drinks water only

\*There may be very occasional cases of diagnostic uncertainty where a non-pregnant patient requires a glucose tolerance test