

# Diabetes changes are coming

Effective **1 April 2026**, the national diagnostic thresholds for HbA1c are changing to:

- **Diabetes:** HbA1c  $\geq$  **48 mmol/mol** (lowered from the current  $\geq$  50 mmol/mol).
- **Prediabetes:** HbA1c **42 – 47 mmol/mol** (previously 41 – 49 mmol/mol)
- **Normal:** HbA1c  $<$  **42 mmol/mol**.
- **No confirmatory test required** if HbA1c  $>$  **53 mmol/mol**.

## What is changing?

Aotearoa New Zealand is changing its diagnostic threshold for diabetes to align with WHO guidance and international definitions. As a result, some people who have previously been classified as having prediabetes will now meet the criteria for diabetes.

This means an estimated 34,500 people nationally who were previously diagnosed with prediabetes may now fall into the diabetes category. That is around 3.45 per cent of those currently classified as prediabetic.

Across the Pinnacle network, practices currently care for 8,570 people with prediabetes. Based on the national estimate, this could equate to approximately 295 additional people across our 89 practices.

## What this means in practice

More information is expected, but we wanted to give practices early notice as this information is already circulating and teams may want to begin considering the implications locally.

It is worth keeping in mind that diabetes exists on a spectrum. Microvascular risk begins to increase above an HbA1c of 39 mmol/mol, which is the threshold used for prediabetes in some countries. At the borderline range, diabetes is not usually symptomatic.

We will work through the implications for dashboards and related tools over the coming weeks. At this stage, we do not expect this change to have a substantial funding impact.

## Talking with patients

Some patients may understandably have questions or concerns about the change in diagnosis.

We expect national guidance will include suggested “scripts” to help explain the change to patients. In the meantime, a simple explanation may be along the lines of:

“New Zealand has been out of step with some other countries for a number of years. From 1 April 2026 (no, it’s not an April Fool’s Day joke), the diagnostic criteria have changed. Your HbA1c result has not changed, and your risk of complications has not suddenly changed either, but the label in

your notes may now change from prediabetes to diabetes. We will review this with you and manage it in line with current guidance.”

## Frequently asked questions

*We then need to treat according to the current guidance. We have spoken to representatives from the advisory group and our clinical team will add to these Frequently Asked Questions as more information comes to hand.*

### How should I manage patients who recently had an HbA1c of 48–49 mmol/mol?

There are two possible options. We recommend reviewing these patients at their next consultation, which may be their annual prediabetes review in 11 months’ time, and then consider a repeat HbA1c, their overall risk profile, and any treatment implications.

Some practices may instead choose to identify everyone who has ever had an HbA1c in this range, send them a letter, and suggest they consider having a check-up. That may create significant work, so practices will need to weigh that against the relatively minor changes in actual risk and likely limited benefit from immediate treatment at this margin.

### How should I manage patients previously diagnosed with prediabetes on the basis of an HbA1c of 41 mmol/mol?

Again, there are two options. We recommend reviewing these patients at their next planned consultation (which may be their annual pre-diabetes review in 11 months’ time), consider a repeat HbA1c, assess their broader risk profile, and manage accordingly.

Some practices may choose to identify everyone who has ever had an HbA1c in this range and contact them to explain the change or offer a review. However, this could involve a large amount of work for limited likely benefit. People at this end of the spectrum, like all of us, benefit from healthy lifestyle measures and exercise. Some may also welcome no longer being labelled as prediabetic.

### Will this impact my funding?

Diabetes annual reviews were previously funded on a fee-for-service basis, but this stopped in 2012. Since then, practices have received “bulk” funding through Pinnacle’s collective flexible funding pool agreed with Te Whatu Ora Health NZ, including capacity and coverage or Health Care Home-related funding.

While some funding is linked to DAR and CVRA achievement, the expected increase in diabetes numbers is going to be relatively small, so it is unlikely this change will materially impact funding.

### How will the system cope with increased demand for retinal screening?

The National Clinical Network for Diabetes is making changes to recommendations on when retinal screening should begin and the frequency. These changes are expected to be released alongside the wider announcement.

The updated guidance will be reflected in Community HealthPathways. Changes affecting IT vendors and retinal screening providers are expected to be phased in after 1 April.

### Coding guidance: ideal codes for classifying “diabetes” and “pre-diabetes”, and when insulin is being used.

The majority of people should be coded as follows:

- SCTID 46635009 / READ C108 for type 1 diabetes
- SCTID 44054006 / READ C109 for type 2 diabetes
- SCTID 714628002 / READ R102 for prediabetes
- A small percentage of people with Maturity Onset Diabetes of the Young (MODY) should be coded as SCTID 609561005 / READ C10.
- People should not be labelled or coded as insulin-using/insulin-dependent (IDDM) or non-insulin-dependent (NIDDM). These are very outdated terms and codes.
- Using the correct codes is important because dashboards, and in future Pinnacle's sophisticated search tools, can filter and accurately identify people who may be eligible to access funded continuous glucose monitors (CGMs) and pumps for type 1 diabetes, and SGLT2 and GLP1 medicines for type 2 diabetes. Incorrect coding may result in people missing out.

## Summary

Aotearoa New Zealand is changing its diagnostic threshold for diabetes from 1 April 2026 to align with WHO guidance and international definitions. This is expected to move a small number of people currently classified as having prediabetes into the diabetes category. Across the Pinnacle network, this could affect approximately 295 people. Further guidance is expected from Te Whatu Ora Health NZ along with official resources leading up to 1 April, but we wanted to give practices early notice and share some initial advice.

Ngā manaakitanga  
Jo Scott-Jones, clinical director, Pinnacle