Berkshire West Clinical Commissioning Group
Buckinghamshire Clinical Commissioning Group
East Berkshire Clinical Commissioning Group
Oxfordshire Clinical Commissioning Group

Thames Valley Priorities Committee Commissioning Policy Statement

Policy No. 285b (TVPC73) **Flash Glucose Monitoring System (Freestyle Libre®)**

Recommendation made by the Priorities Committee: January 2018/Updated April 2019; November 2020[1]

Agreed by OCCG **June 2019, January 2021**

Date of issue: **February 2018, updated June 2019, January 2021**

Flash Glucose Monitoring System (FGS) is appropriate for certain people with diabetes alongside other technologies for people with differing diabetes management needs. A Consensus Guideline by NHS England has been developed setting out the appropriate clinical use of these technologies.

Criteria

Initiation of FGS should be by a specialist NHS diabetes service and will be on a 6 month trial basis initially followed by a review to assess its benefit and effectiveness.

FGS is for people with diabetes, (over the age of 4 years) attending a specialist clinic. It is recommended that patients must be well motivated to manage their condition. They need to have been assessed by the specialist clinician and deemed to meet one or more of the following criteria:

1. People with Type 1 diabetes

OR with any form of diabetes on haemodialysis and on insulin treatment

who, in either of the above, are clinically indicated as requiring intensive monitoring >8 times daily, as demonstrated on a meter download/review over the past 3 months

OR with diabetes associated with cystic fibrosis on insulin treatment

2. Pregnant women with Type 1 Diabetes - 12 months in total inclusive of post-delivery period.

3. People with Type 1 diabetes unable to routinely self-monitor blood glucose due to disability who require carers to support glucose monitoring and insulin management.

[1] Updated in line with latest NHS guidance for people with Type 1 diabetes or insulin treated Type 2 diabetes who are living with a learning disability. Updated to include patients with autism

[2] NHS England Flash Glucose Monitoring: National Arrangements for Funding of Relevant Diabetes Patients (2019, updated 2020 National-arrangements-for-funding-of-relevant-diabetes-patients-June-2020-Updated-final.pdf (england.nhs.uk)

4. People with Type 1 diabetes for whom the specialist diabetes MDT determines have occupational (e.g. working in insufficiently hygienic conditions to safely facilitate finger-prick testing) or psychosocial circumstances that warrant a 6-month trial of Libre with appropriate adjunct support.

5. People with Type 1 diabetes or insulin treated Type 2 diabetes who are living with a learning disability and recorded on their GP Learning Disability register. FGS for insulin treated Type 2 diabetes may be offered in primary care with specialist input.

6. People diagnosed with Autism Spectrum Disorder without a learning disability but who have either Type 1 Diabetes or Type 2 Diabetes controlled with insulin may be considered for a FGS if they have a care plan stating this is a reasonable adjustment required to contribute to controlling their blood glucose level.

7. Previous self-funders of Flash Glucose Monitors with Type 1 diabetes where those with clinical responsibility for their diabetes care are satisfied that their clinical history suggests that they would have satisfied one or more of these criteria prior to them commencing use of Flash Glucose Monitoring had these criteria been in place prior to April 2019 AND has shown improvement in HbA1c since self-funding.

8. For those with Type 1 diabetes and recurrent severe hypoglycaemia or impaired awareness of hypoglycaemia, NICE suggests that Continuous Glucose Monitoring with an alarm is the standard. Other evidence-based alternatives with NICE guidance or NICE TA support are pump therapy, psychological support, structured education, islet transplantation and whole pancreas transplantation. However, if the person with diabetes and their clinician consider that a Flash Glucose Monitoring system would be more appropriate for the individual's specific situation, then this can be considered.

9. Those who meet the current NICE criteria for insulin pump therapy (HbA1c ≥69mmol/mol (8.5%)) or disabling hypoglycaemia (as described in NICE TA151) where a successful trial of FGS may avoid the need for pump therapy. (Oxfordshire ONLY)

10. Frequent admissions (>2 per year) with either diabetic ketoacidosis (DKA) or hypoglycaemia. (Oxfordshire ONLY)

Additional criteria to the above:

11. For people initiated on NHS funded FGS4 prior to April 2019 and where those with clinical responsibility for their diabetes are satisfied that the target goals set have been met by the end of the trial period.

All patients or carers who are started on a 6 month trial for a FGS must complete and sign the trust approved agreement document which will set the target goals to be met by the end of the trial period. This will also require them to:

- Have a clearly defined agreed plan of care,
- Demonstrate a clear understanding of carbohydrate counting and glucose management, and have attended a structured education course or be willing to participate in one,
- Undertake locally approved FGS system training prior to starting the use of FGS to ensure that it's use and benefit are maximised,
- Commit to on-going regular follow-up and monitoring.

Adjunct blood glucose testing strips should be prescribed according to locally agreed best value guidelines with an expectation that demand/frequency of supply will be reduced, with allowance for increased numbers during periods of sickness.

It is recommended that if no improvement is demonstrated over a 6 month trial then the use of FGS should be discontinued and an alternative method of monitoring used.

General Requirements

1. Education on Flash Glucose Monitoring has been offered (online or in person)

2. Agree to scan glucose levels no less than 8 times per day and use the sensor >70% of the time.

3. Agree to regular reviews with the local clinical team.

4. Previous attendance, or due consideration given to future attendance, at a Type 1 diabetes structured education programme (DAFNE or equivalent if available locally).

General Continuation criteria for FGS (applicable to all patients)

Contingent upon evidence of meeting the above conditions AND that on-going use of the Flash Glucose Monitoring is demonstrably improving an individual's diabetes self-management, examples are given below:

- Reduction in severe/non- severe hypoglycaemia frequency by >1 episode per week
- Reduction in episodes of DKA
- Reversal of impaired awareness of hypoglycaemia
- HbA1c reduction of 6mmol/mol (0.5%) within 6 months
- Reduction in frequency of self-monitoring of blood glucose by finger prick testing
- Continued delay of pump therapy initiation due to sustained HbA1c < 69mmol/mol (8.5%) or reduction in disabling hypoglycaemia
- Improvement in Time In Range
- Improvement in psycho-social wellbeing.

Discontinuation criteria for FGS

- Failure to achieve the above criteria
- Failure to engage in diabetes clinic or failure to attend 2 consecutive specialist diabetes follow-up appointments.

NOTES:

- Potentially exceptional circumstances may be considered by a patient's CCG where there is evidence of significant health status impairment (e.g. inability to perform activities of daily living) and there is evidence that the intervention sought would improve the individual's health status.
- This policy will be reviewed in the light of new evidence or new national guidance, e.g., from NICE.
- Thames Valley clinical policies can be viewed at http://www.fundingrequests.cscsu.nhs.uk/
- Oxfordshire CCG clinical polices can be viewed at http://www.oxfordshireccg.nhs.uk/professional-resources/policies