NHSl Backburn with Darwen
NHS East Lancashire

Funding arrangements for Flash glucose monitoring- (abstract from policy available at www.elmmb.co.uk)

The CCG will only commission flash glucose monitoring devices in patients aged 4 years and above with type 1 diabetes mellitus or non-type 1, non-type 2 diabetes caused primarily by (near-) absence of insulin production, or with any form of diabetes on haemodialysis, who use insulin treatment, have been assessed by the clinician responsible for their wider diabetes care and treatment, fulfil the requirements of the policy and MEET ONE OR MORE OF THE FOLLOWING CRITERIA:

1. people who, in any 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
2. people with diabetes associated with cystic fibrosis on insulin treatment.

OR
3. pregnant women with Type 1 Diabetes - 12 months in total inclusive of the postdelivery period.

OR
4. 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.

OR
5. 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.

OR
6. 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.

OR
7. for those with Type 1 diabetes and recurrent severe hypoglycemia or impaired awareness of hypoglycemia, 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

OR
8. children who require third parties to carry out monitoring and where conventional blood testing is not possible. This includes children who are unable to test as frequently as clinically appropriate, once all other clinical options have been evaluated.

To secure continued funding of the flash glucose device sensors patients must:

1. agree to scan glucose levels no less than 8 times per day and use the sensor >70% of the time.
2. demonstrate a clearly documented achievement of targets for glycaemic control measures or improvements in fear / anxieties related to finger prick testing **at 6 months and at any subsequent review (frequency of review will be determined by the clinician responsible for the patients wider diabetes treatment and care based on the patient's clinical circumstances)** defined by an improvement in Quality of Life measures (e.g. NICE referenced EQ-5D assessment and / or DQoL questionnaire) and one or more of the following:

a. reduction in the rate of severe hypoglycaemia or hyperglycaemic episodes (including diabetic ketoacidosis)

b. reduction in frequency of non-severe hypoglycaemia by more than 1 episode per week

c. HbA1c reduction of 5mmol/mol [0.5%] from the baseline HbA1c within 6 months

d. significant reduction in testing strip usage

e. improvement in anxiety / fear using validated rating scales e.g. Hypoglycaemia Fear Survey-II (HSF-II) or an improvement in social occupational function.