NHS
South West London

Continuous Glucose Monitoring Policy in NHS South West London

Introduction

In May 2022, South West London Integrated Care Board (SWL ICB) approved funding of continuous glucose monitoring (CGM) for all adults, children and young people with type 1 diabetes (T1DM), in line with NICE NG17 and NG18. Funding for the use of CGM for people with type 2 diabetes (T2DM) is under review in SWL, further details on eligible cohorts currently is listed below.

What is CGM? Background

CGM enables a person to measure blood glucose levels throughout the day and night, as opposed to current self-monitoring of blood glucose (SMBG) via a 'finger-prick' test and a blood glucose meter. Whilst effective and relatively inexpensive, SMBG only provides fixed-point readings and is an invasive method that has a negative impact on patients' quality of life.

There is a very strong evidence base proving the clinical benefits of CGM for individuals with T1DM. CGM can:

- achieve clinically significant improvement in blood glucose control, reducing the risk of long-term complications with associated savings from reduction in the treatment costs, including hospital admissions, associated with these complications.
- achieve significant reductions in ambulance callouts due to severe hypoglycaemic episodes, Emergency Care visits due to DKA (Diabetic Ketoacidosis) and severe hypoglycaemia and a reduction in acute admissions for these conditions.
- reduce the fear of hypoglycaemia - hypoglycaemia can seriously disrupt activities of daily living and be life-threatening; fear of future episodes can lead to serious physical and psychological consequences.
- gives individuals with T1DM, their carers and their healthcare teams access to comprehensive data to inform their treatment decisions; potentially reducing reliance on healthcare teams' appointment frequency and duration.

CGM access in SWL

In line with NICE NG17 and the SWL CGM pathway for adults with type 1 diabetes (T1DM) all adults with T1DM in SWL should be offered CGM.

Funding of CGM for Children and Young People living with T1DM, has been approved in principle across SWL, in line with NICE NG 18, a pathway for local implementation is still under development.

Funding of CGM in people with type 2 diabetes is still under review and so in the interim, CGM should only be initiated for people with T2DM (**by an appropriate specialist or specialist team*)** who fall within one of the following cohorts:

- People on haemodialysis **and** on insulin treatment, who are clinically indicated, defined as those requiring monitoring more than 8 times daily, as demonstrated on a meter download or on review, in the last 3 months.
- People with diabetes associated with cystic fibrosis on insulin treatment.
- People who are living with a learning disability that is recorded on their GP learning disability register.
- Pregnant women who are on insulin therapy if:
    - they have problematic severe hypoglycaemia (with or without impaired awareness of hypoglycaemia) or
    - they have unstable blood glucose levels that are causing concern despite efforts to optimise glycaemic control.

Any requests for CGM that falls outside of these cohorts may **be considered on a case-by-case basis via Individual Funding Requests (IFRs).**

Recommended devices

The choice of devices approved for use is based on the London Diabetes Clinical Network Continuous Glucose Monitoring (CGM) device list.
The list classifies devices into three categories:

- **List 1:** Specialist Real-time continuous glucose monitoring (rtCGM) – available via NHS provider Trusts supply chain only.
- **List 2:** rtCGM available via NHS provider trusts and prescriptions in primary care.
- **List 3:** Intermittently-scanned continuous glucose monitoring (isCGM) available via NHS provider trusts and prescriptions in primary care.

Accessibility to devices

Detailed information can be found within the pan-London implementation document for continuous glucose sensors for adults with type 1 diabetes: written pathway

A flowchart to support decision making has also been produced for adults with T1DM.

In summary, access to List 1 CGM devices is reserved for the following situations:

- Problematic hypoglycaemia
- Current or planned future continuous subcutaneous insulin infusion (CSII) user, also known as an insulin pump

Problematic hypoglycaemia is defined as:

- One or more episodes of severe hypoglycaemia in preceding 12 months **and/or**
- Impaired hypoglycaemia awareness (Gold score ≥ 4) **and/or**
- More than one episode of asymptomatic hypoglycaemia per week **and/or**
- Fear of hypoglycaemia.

The following cohorts can be considered for a List 1 or 2 device:

- Pregnant women with T1DM
- Clinical need to share CGM data with family, friends or carers (e.g. physical impairment; learning difficulties; vulnerable or frail adult)

Please note if multiple devices meet their needs and preferences, offer the device with the lowest cost as per NICE recommendations, therefore list 2 devices should be offered unless needs or preferences are not met.

All other T1DM and T2DM patients who do not fall within any of the above cohorts can receive continuation prescriptions of List 2 or list 3 devices in primary care after a shared decision-making review and initiation by a specialist.

Initiation and prescribing responsibilities

For adults

In SWL, all CGM devices available on FP10 prescription (List 2 and 3) are listed as AMBER-2 on the SWL joint formulary; to be initiated by an 'appropriate specialist' or specialist team who will have experience and expertise in CGM use, be competent in initiating (including training on the use of the device) and provide ongoing support and monitoring.

The appropriate specialist will assess the suitability of the CGM device against the individual's clinical need. Whilst it is expected that the majority of initiations will be done through specialist diabetes teams within acute NHS Trusts, initiation can be undertaken by an 'appropriate specialist' in other settings where healthcare professionals are providing specialist care.

Where the specialist diabetes team initiates the device, a minimum of 4 weeks of sensors and transmitters (if needed) will be issued. A request for primary care to take over prescribing will be detailed in a standard clinic letter. There is no requirement for a shared care or transfer of prescribing form for CGM for adults living with diabetes.

For Children

At the time of writing this document, a SWL CGM implementation pathway had not been developed for children and young people with type 1 diabetes and so in the absence of this, continuation of CGM devices will remain the responsibility of the initiating specialist.

For Pregnant women with type 2 diabetes

Continuation of CGM in women who were initiated on a device, due to the fact they were pregnant, on insulin and either:

- Had problematic severe hypoglycaemia (with or without impaired awareness of hypoglycaemia) or
- Had unstable blood glucose levels that are causing concern despite efforts to optimise glycaemic control.

Should only be continued for 12 months in total inclusive of post-delivery period.

Changing between different CGM devices

For people with an isCGM device wishing to change to a rtCGM device, NHS specialist teams will review clinical needs and suitability at the next routine appointment; it is not necessary to make a referral solely for this purpose.

Prescribing of additional capillary blood glucose (CBG) test strips and lancets

All individuals with T1DM will require ongoing FP10 prescriptions for CBG testing (lancets and strips) as per NICE guidance. This is because:

- they will need to use capillary blood glucose measurements to check the accuracy of their CGM device.
- they will need capillary blood glucose monitoring as a back-up (for example, when their blood glucose levels are changing quickly or if the device stops working.

The quantity required will vary by individuals but is expected to be significantly lower than prior to using CGM (approximate usage of 200 strips per year for most patients, four issues of 50 strips).

However, some CGM devices also require additional adjunctive blood glucose testing or testing for calibration, or to confirm hypoglycaemia. These devices are clearly labelled in the device list.

Group 2 drivers (bus and lorry) must continue to use finger prick testing for the purpose of driving. Flash GM and real time continuous glucose monitoring systems are not legally permitted for the purpose of Group 2 driving and will therefore require ongoing BGTS. The recommended quantity of no more than four boxes per year does not apply to these patients. Supply these patients the quantity required, as clinically appropriate. More information, including required frequency of testing, can be found on the DVLA website.

The quantity required should be jointly reviewed regularly by the prescriber and the individual with diabetes to ensure an appropriate number of test strips and lancets are prescribed. Please note once opened, most test strips have an expiry date of between 3-6 months dependent on the brand and therefore it is recommended not to prescribe more than 3 months of test strips at any one time.

The preferred CBG and ketone meters to be used alongside the CGM device can be accessed via SWL Diabetes Blood glucose and ketone meters, testing strips and lancets position statement.

Continuation Criteria

Patients can continue with CGM if the patient has worn the device for at least 70% of the time e.g. a minimum of 5 days per week **AND** demonstrated an improvement in any of the following criteria:

- Reduction in episodes of severe hypoglycaemia.
- Improved awareness of hypoglycaemia.

- Reduction in episodes of frequent asymptomatic hypoglycaemia thereby resulting in an improvement in daily living.
- Reduction in patient's fear of hypoglycaemia, with supporting information e.g. a follow up hypoglycaemia Fear Survey.
- Improvement in persistent Hyperglycaemia - (HbA1c level of 75 mmol/mol or higher). HbA1c levels has been sustained at or below 53mmol/mol (7%) and/or there has been a fall in HbA1c of 27 mmol/mol (2.5%) or more.

An initial review of mutually agreed outcomes should take place at 6 months and then annually thereafter.

Provider trusts will no longer be expected to provide annual reports for patients receiving non-prescribable rtCGM to secure continued funding.

Tick-box form requirements for CGM

Tick-box forms will be required for List 1 CGM devices at initiation for audit purposes, and for demonstrating value for money/outcome benefits and reimbursement of CGM devices and consumables. Data will include baseline HbA1c, and other metrics agreed locally as being of clinical significant in determining benefit and value for money). These forms will provide clear communication between providers and commissioners, with sufficient information to confirm compliance with this policy for appropriate reimbursement.

The need for ongoing CGM should be reviewed every 12 months and a continuation Blueteq form will need to be completed for audit purposes.

Private/ Self-funding CGM

The ICB will not commission continuation of CGM commenced in the private sector (self-funded) either in the UK or abroad. However, exceptions are permissible when NHS funded treatment would normally be made available to NHS patients within the terms detailed in this policy.

The following statement(s) must apply:

- The patient must have demonstrably satisfied the initiation criteria detailed in this policy at the time of commencing the self-funded CGM as confirmed and documented by the specialist clinician through a review of the patient's medical history.
- At the point of device renewal, the patient must satisfy the continuation eligibility criteria as described in this policy at the time of commencing the CGM.

Document History

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