

CLINICAL COMMISSIONING POLICY

**COMMISSIONING OF FLASH GLUCOSE MONITORING FOR PATIENTS WITH DIABETES
MEETING THE NHS ENGLAND FUNDING CRITERIA.**

Version:	V 2.0
Ratified by:	Quality and Safety Committee
Name of originator/author:	Kate Arnold – v1.0
Name of revised update author:	Hanadi Alkhder – v2.0
Name of responsible committee/individual:	Executive Management Team
Name of executive lead:	Richard Mendelsohn
Date ratified:	23.10.18 – v1.0
Date update ratified:	26.3.19 – v2.0
Date issued:	28.3.19
Review date:	Two years after ratification
Target audience:	Commissioners and providers of NHS services for adult and paediatric patients (4 years and over) with diabetes

Review and amendment log

Version no	Type of change	Date	Description of change
0.1	Drafting		
0.2	Addition	26.09.18	Addition of Appendix 1 Final draft for approval by CPSG
1.0		05.10.18	Final draft for QSC ratification
2.0	Updated	18.03.19	Criteria updated in line with ‘NHS England funding arrangements for flash glucose monitoring’
		21.3.19	Approved by Chair of CPSG
	Ratification	22.3.19	Final draft for QSC ratification
2.0	Publication	26.3.19	

Contents

POLICY OVERVIEW.....	3
Purpose.....	3
Who this policy applies to	3
Key principles	3
Legal considerations.....	3
SUPPORTING PRINCIPLES	4
THE POLICY	4

Policy overview

Purpose

This policy sets out the criteria to be met for approval of funding for flash glucose monitoring for patients with diabetes.

Who this policy applies to

The policy applies to commissioners and providers of NHS services for adult and paediatric patients (4 years of age and over) with diabetes, the majority of whom will have Type 1 diabetes.

Key principles

The policy is based on the principle of providing high quality care for patients with Type 1 diabetes within the funds available to Birmingham and Solihull (BSol) Clinical Commissioning Group (CCG). Funding will be made available under this policy subject to the individual meeting the defined eligibility criteria.

It recognises that the CCG seeks to make decisions about which services to commission through a systematic approach. The intention of the CCG is to ensure access to NHS funding is equal and fair, whilst considering the needs of the overall population and evidence of clinical and cost effectiveness.

Given resource constraints, the CCG cannot meet every healthcare need of all patients within its area of responsibility. The fact that the CCG takes a decision not to commission a service to meet a specific healthcare need due to resource constraints is an inevitable fact of life in the NHS and does not indicate that the CCG is breaching its statutory obligations.

Legal considerations

The policy draws on the NHS England flash glucose monitoring funding agreement. This has the status of guidance for funding arrangements, and there is no legal obligation to make funding available. Flash glucose monitoring has been considered via the CCG Clinical Priorities Advisory Group which has recommended that it should be considered for commissioning, subject to the individual meeting the defined eligibility criteria.

Supporting principles

A [Position Statement](#) on the use of flash glucose monitoring (flash glucose monitoring) was published by the Regional Medicines Optimisation Committee in November 2017.

The Position statement was considered by the Birmingham, Sandwell and Solihull (BSS) Diabetes Medicines Management Advisory Group (DMMAG), and a refined version of the criteria was developed for submission to the Area Prescribing Committee (APC).

APC considered and agreed criteria for the use of flash glucose monitoring which were recommended to commissioners for funding.

NHS England set out patient eligibility criteria and [funding arrangements](#) to reimburse CCGs for the ongoing costs of flash glucose monitoring sensors. This funding will become available from 1 April 2019 and is time limited to 2019/20 and 2020/21. The criteria for those patients who will be eligible for NHS England funding is included within this policy.

These principles have been used to develop this policy.

The policy

Eligibility

Flash glucose monitoring devices should not be routinely offered to people with type 1 or type 2 diabetes.

The following **basic eligibility criteria** for flash glucose monitoring must be met before it may be considered for any patient:

- A flash glucose monitoring device should only be considered for patients, aged 4 years and above, who are attending specialist diabetes clinics, who are using multiple daily insulin injections or insulin pump therapy
- The patients must have either Type 1 diabetes, have any form of diabetes on haemodialysis and on insulin treatment, or have diabetes associated with cystic fibrosis on insulin treatment

And:

- The use of a flash glucose monitoring device must be supported by a multidisciplinary specialist diabetic team, and the device must be provided by a centre with expertise in its use. The decision to start a flash glucose monitoring device should only be made by the diabetes specialist.
- All patients must have followed the clinical pathway of usual interventions including regular and appropriate monitoring of blood glucose using a glucose meter and testing strips, dietetic care, structured education and, where necessary, specialist psychological support to manage their diabetes prior to being considered for a flash glucose monitoring device.
- Flash glucose monitoring should only be offered where there is a clear expectation of clinical benefit, and it is the clinician's judgement that standard ("finger prick") blood glucose monitoring will not meet the needs of the patient. It is recognised that patients and parents/carers may have strong opinions regarding the use of flash glucose monitoring, but the final decision must rest with the clinician and be on clinical grounds.
- All patients being initiated on flash glucose monitoring must be willing to commit to
 - Education on flash glucose monitoring (online or in person)
 - Agree to scan glucose levels >8 times a day and use the sensor >70% of the time
 - On-going regular follow-up and monitoring with their local clinical team
- Anonymised audit data from the use of flash glucose monitoring should be entered into the national database by the specialist initiating the device.

Patients will be considered for flash glucose monitoring if despite optimised use of insulin and conventional blood glucose monitoring they meet one or more of the following criteria:

1. Patients with type 1 diabetes who are clinically indicated as requiring intensive blood glucose monitoring > 8 times daily, demonstrated on a meter download/review over past 3 months.
2. Patients with any form of diabetes on haemodialysis and on insulin treatment requiring intensive blood glucose monitoring > 8 times daily, demonstrated on a meter download/review over past 3 months.
3. Patients with diabetes associated with cystic fibrosis on insulin treatment.
4. Pregnant women with type 1 diabetes – 12 months in total, inclusive of post-delivery period.
5. 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.
6. People with Type 1 diabetes for whom the specialist diabetes multidisciplinary team (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 flash glucose monitoring with appropriate adjunct support.
7. Previous self-funders of flash glucose monitoring 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 hypoglycemia or impaired awareness of hypoglycemia, NICE suggests that Continuous Glucose Monitoring (CGM) 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.
 - *NOTE: Patients meeting other criterion for using continuous glucose monitoring, such as a fear of hypoglycaemia, may also be better suited to flash glucose monitoring.*

For further information, relating to the commissioning of Continuous Glucose Monitoring please refer to the CCG policy “CONTINUOUS GLUCOSE MONITORING”

Initiation of flash glucose monitoring

Primary care clinicians who identify patients that satisfy the criteria for flash glucose monitoring should refer the patient to a specialist team (in secondary care or community care) for assessment and initiation. Note that consideration of whether patients satisfy the criteria for flash glucose monitoring is a separate matter to initiating them into use of the product.

Clinicians initiating flash glucose monitoring should have received appropriate training on the initiation and use of flash glucose monitoring products. Initiation should only occur after funding approval via the BlueTeq system. Initiation should not occur solely in primary care.

The patient should be reviewed one month after initiation of flash glucose monitoring by the specialist. This review should be scheduled by the specialist at the initiation appointment. If the patient is to continue on flash glucose monitoring after this initial review, a copy of the BlueTeq form should be sent to the GP with a request to continue prescribing of the sensors. The patient should remain under specialist care for a subsequent 6-month review.

Continuation criteria for Flash glucose monitoring

Flash glucose monitoring will initially be provided on a 6-month trial basis only. Supply will be extended beyond six months only if the criteria below are met, after assessment by the specialist:

- Clinically appropriate, objective measures of improvement should be agreed and documented for each patient individually prior to application for funding. As a minimum these should include:
 - 1) The patient (or carer in case of a child) is regularly scanning (>8 times a day and using sensor >70% of the time), and is accurately interpreting and appropriately acting on bio feedback information from the device, **and**
 - 2) Baseline HbA1c or Time in Range is improved, **and**
 - 3) One or more of the following
 - a) An agreed reduction in test strip usage is achieved and maintained
 - b) The patient no longer requires consideration for insulin pump therapy
 - c) Improvement in psycho-social wellbeing is demonstrated
 - d) A clinically significant reduction in episodes of hypoglycaemia is demonstrated
 - e) A clinically significant reduction in episodes of DKA is demonstrated
 - f) A reduction in diabetes related ambulance call-outs and/or admissions to hospital is demonstrated
- Patients using flash glucose monitoring will be assessed by their specialist at one month and six months to ensure that the benefits of flash glucose monitoring are being realized. If the continuation criteria have been met at the 6-month review, the specialist should seek

approval for ongoing funding via Blueteq and send a notification to the GP to support continued supply of the sensors, along with a copy of the completed Blueteq form.

- Ongoing benefit should be re-assessed regularly thereafter, at least on a six-monthly basis, by the clinician responsible for the patient's diabetes care.
- The flash glucose monitoring device will be withdrawn in patients where the agreed measures for improvement have not been achieved.

Supply mechanisms

Initiation of Flash glucose monitoring, including provision of the first 4-6 weeks supply of sensors, will be managed through the specialist centres. Funding for patients approved via BlueTeq will be the responsibility of the CCG.

General practitioners will be responsible for the ongoing prescribing of sensors and any additional blood glucose testing strips, with guidance from the specialist centre on appropriate monthly quantities.

Exceptional circumstances

The CCG recognises that there may be exceptional circumstances where it is clinically appropriate to fund flash glucose monitoring outside the terms of this policy. Funding for such cases will be considered by the CCG following application to the CCG's Individual Funding Request Panel, whereby the IFR process will be applied.

Guidance regarding IFRs, and an application form, can be found on the CCG website, [here](#). IFR contact information follows, however please refer to the CCG IFR policy for more information.

Individual Funding Request Case Manager

Floor Two, Kingston House, 438 High Street, West Bromwich, West Midlands, B70 9LD

Telephone: 0121 612 1660

Email address for Individual Funding Request team

ifr.bsol1@nhs.net

Equality Statement

The general equality duty requires public authorities (such as the CCG) to have due regard to the aims of the general equality duty when making decisions and setting policies. To do this, it is necessary for the organisation to understand the potential impact of its decision-making on different people. This can help to identify practical steps to tackle any negative impacts or discrimination, and to advance equality.

The CCG endeavours to challenge discrimination, promote equality and respect human rights and aims to design and implement policies, services and measures that meet the diverse needs of our population, workforce and patients, ensuring that none are placed at a disadvantage.

Equality Analysis

The CCG undertakes an Equality Analysis of policies, decisions, service design etc. to assess the impact of decision making against:

- the nine protected characteristics (age, disability, ethnic origin, sex, sexual orientation, gender reassignment, religion and belief, marriage or civil partnership, pregnancy or maternity status),
- other groups or communities known to suffer disadvantage, such as the homeless, carers, sex workers
- Human Rights
- Known health inequalities

The analysis also includes explores the potential to support the Social Value Act.

An Equality Analysis of this policy was undertaken on 02.10.18, and updated for version 2.0 of the policy on 26.3.19. This has been published on the CCG webpages under Equality, Diversity and Inclusion.