

## All age Continuous Glucose Monitoring for patients with Diabetes

### Commissioning decision

The ICB will provide funding for real time or intermittently scanned Continuous Glucose Monitoring for patients who meet the criteria defined within this policy.

### Policy statement:

#### Identification of patients appropriate for continuous Glucose Monitoring

Consideration of whether a person may be appropriate and meets the eligibility criteria for Continuous Glucose Monitoring CGM (either real time (rtCGM) or intermittently scanned (isCGM)) will form part of an individual's diabetes review.

#### Eligibility isCGM

In line with NICE Guidance Recommendations updated March 2022 - NG17, NG18, and NG28 this policy includes isCGM access to the following cohorts;

1. All individuals with T1 diabetes over the age of 4 years have the option to use either rtCGM or isCGM
2. All individuals with type 2 diabetes on a basal-bolus regimen with one or more of the following criteria (bullets below) will be offered isCGM
  - they have recurrent hypoglycaemia or severe hypoglycaemia.
  - they have impaired hypoglycaemia awareness.
  - they have a condition or disability (including a learning disability or cognitive impairment) that means they cannot self-monitor their blood glucose by capillary blood glucose monitoring but could use an isCGM device (or have it scanned for them)
  - they would otherwise be advised to self-measure at least 8 times a day.
  - adults with insulin-treated type 2 diabetes who would otherwise need help from a care worker or healthcare professional to monitor their blood glucose.

#### Eligibility rtCGM

In line with NICE Guidance Recommendations updated March 2022 - NG17, NG18, this policy includes rtCGM access to the following cohorts.

1. during pregnancy
2. where use of rtCGM will enable an individual to 'close the loop' with their insulin pump as part of a hybrid closed loop or insulin suspend function.
3. where an individual expresses a wish to use rtCGM for a specific personal reason and this reason is felt to justify the need on clinical basis. Clinician must choose a device that offers price parity to isCGM.
4. All children and young people with Type 1 diabetes will be offered the use of rtCGM
5. Any individuals with hypo unawareness will be offered technology that is compatible with pump therapy and offers predictive alerts and function for 'follow me' with real time alerts.
6. Offer rtCGM to children and young people with type 2 diabetes if any of the following apply.
  - they have a need, condition or disability (including a mental health need, learning disability or cognitive impairment) that means they cannot engage in monitoring their glucose levels by capillary blood glucose monitoring
  - they would otherwise be advised to self-monitor at least 8 times a day

- they have recurrent or severe hypoglycaemia.

#### Other requirements:

1. All individuals should be offered the opportunity to attend structured education, or have an update if previously attended, when commencing use of CGM.
2. Adequate education on continuous glucose monitoring is provided (online or in person)
3. Individuals using isCGM agree to scan glucose level at least 8 times per day. All individuals agree to use the sensor more than 70% of the time.
4. Individuals agree to regular reviews and sharing of their data with the local clinical team overseeing their diabetes care.

**Initiation isCGM or price parity rtCGM** can be initiated by a trained healthcare practitioner or Specialist Diabetes Clinicians providing they understand the eligibility criteria and have received adequate up to date training.

**Initiation rtCGM which offers price parity with pump compatible CGM** individuals can be only initiated on this form of rtCGM by Specialist Diabetes Clinicians providing they understand the eligibility criteria and have received adequate up to date training.

In line with recently published NICE Guidance this policy endorses the use of CGM alongside the provision of expert clinical support and the enrolment in a structured education offer, to achieve maximum benefits.

#### Prescribing

- In line with NICE recommendations this policy states that for any person who meets the criteria for CGM prescribing and whereby multiple devices meet their needs and preferences, clinicians will offer the device with the lowest cost.
- If manufacturers offer a starter pack containing a first sensor (and scanning device if needed) this offer must be exploited in the first instance. These can be ordered by the initiating Health Care Professional (HCP) or ordered directly by the patient if they have been invited by their HCP to be initiated online.
- Following initiation, the prescribing practitioner will send a request, for sensors to be added to repeat prescriptions, to the GP for all isCGM and price parity rtCGM.
- Pump Compatible rtCGM will be prescribed in secondary care.
- Clinicians must prescribe blood glucose test strips for clinical safety in line local policy. The amount prescribed in line with CGM manufacturers guidelines, clinical judgement and compliant with DVLA guidelines.

#### Continuation

Monitoring and review of the person's use of CGM will be undertaken as part of an individual's ongoing diabetes management, therefore adherence to regular clinical reviews is essential. At this review the choice of technology for individual needs and cost implications will form part of this review.

Failure to attend appointments may result in de-prescribing CGM a decision which will be made by the reviewing clinician. If the decision to de-prescribe is made this must be communicated to the GP. Continuing prescription for long-term use of continuous glucose monitoring after an initial 6 months would be contingent upon evidence of agreeing with the above conditions and that its use is demonstrably improving an individual's diabetes self-management- for example improvement of HbA1c or Time-in-range; improvement in symptoms such as DKA or hypoglycaemia; or improvement in psycho-social wellbeing.

**Policy Category:**

**CBA**

**Who usually applies for funding?**

**Not Applicable**

**Rationale:**

In March 2022, the NICE guidance for management of diabetes in adults and children was updated to include broader use of Continuous Glucose Monitoring (CGM) technology (NG17, NG18 and NG28). Increasing use of CGM should provide diabetes patients with increased control supporting a reduction in HbA1c levels and reducing risk of short-term complications including hypo and hyperglycaemia alongside reduction of longer-term complications including vascular and cardiac complications.

This policy has been developed by a system-wide task and finish group and details the commissioning policy outlines the local approach to the implementation of these changes.

**Plain English Summary:**

A continuous glucose monitor is a wearable sensor which relays blood glucose levels to a smartphone or e-reader, allowing people living with diabetes to better manage their condition.

The National Institute for Health and Care Excellence (NICE) has recommended that patients should be able to access CGM devices through the NHS in certain circumstances. This policy confirms that Gloucestershire patients can access NHS funded CGM devices in line with the NICE guidance recommendations.

**Evidence base:**

[NHS England » Glucose monitoring for patients living with diabetes](#)

NG 17 [Overview | Diabetes \(type 1 and type 2\) in children and young people: diagnosis and management | Guidance | NICE](#)

NG18 [Overview | Type 1 diabetes in adults: diagnosis and management | Guidance | NICE](#)

NG 28 [Overview | Type 2 diabetes in adults: management | Guidance | NICE](#)

For further information please contact [glicb.ifr@nhs.net](mailto:glicb.ifr@nhs.net)

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Policy Category:

CBA

Who usually applies for funding?

Not Applicable

**Consultation:**

Consultee	Date
Diabetes and Endocrinology Clinical Programme Group Membership	05/12/2022
Adele Jones Chief Pharmacist Primary Care & Associate Director	02/12/2022
Richard Thorn Senior Commissioning Programme Manager	02/12/2022

**Policy sign off:**

Reviewing Body	Date of review
ECCP Working Group	December 2022

**Version control:**

Version No	Type of change	Date	Description of change
2	Minor wording changes Review date change	1.12.23	Minor wording change to eligibility rtCGM for children and young people. Agreed by Executive Directors Mark Walkingshaw & Marion Andrews-Evans Review date changed to December 2024.