Position statement for the use of Flash Glucose Monitoring System (FGS) Berkshire West ICS

The NHS Long Term Plan announced that 'the NHS will ensure that, in line with clinical guidelines, patients with type 1 diabetes benefit from life changing flash glucose monitors from April 2019"1

NHS England has since released the national patient criteria for Flash Glucose Monitoring, which is in place form 1st April 2019. BWCCG's current policy has been updated to align with the new patient criteria. The process for initiating FGS is as follows;

- 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.
- If you have a patient who is interested in obtaining a NHS funded FreeStyle Libre®, ensure the patient's expectations are appropriate (see NHSE criteria below) and ask the patient to raise this at their next outpatient appointment with their specialist diabetes team.
- Once the GP receives a signed Patient/Carer Agreement Form (Appendix 1 within the BWCCG policy) along with an outpatient clinic letter from the specialist, the GP can prescribe the sensors in line with the 'GP Responsibilities' section.

FGS is for people with diabetes, (over the age of 4 years) who have been reviewed by 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 (Criteria for NHS England Flash Glucose Monitoring Reimbursement):

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.

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. 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.

6. 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.

All patients or carers who are started on a 6 month trial for a FGS must complete and sign approved agreement document (Appendix 1 within the BWCCG policy) 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 is maximised
- Commit to on-going regular follow-up and monitoring

Adjunct blood testing strips should be prescribed according to locally agreed best value guidelines with an expectation that demand/frequency of supply will be reduced to an estimated requirement of up to three tests per day, 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 Continuation criteria for FGS (applicable to all patients).

1. Education on Flash Glucose Monitoring has been provided (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 and up load results

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)

AND *that on-going use of the Flash Glucose Monitoring is demonstrably improving an individual's diabetes self-management*, examples 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 5mmol/mol (0.5%) within 6 months
- Reduction in frequency of self-monitoring of blood glucose by finger prick test
- 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 any of the above criteria
- Failure to engage in diabetes clinic or failure to attend 2 consecutive specialist diabetes follow-up appointments

FGS will be initiated by secondary care. The primary care team will then be provided with clearly documented criteria and a completed patient agreement between the diabetes consultant team and the patient or parent/carer. The patient will receive continued monitoring for the next 6 months by the secondary care team with prescriptions for sensors provided by the primary care team. At the 6 month review period it will be decided by the diabetes consultant team if FGS should be continued as part of the patient's care, depending on their improvement.

If it is decided that a patient should continue on FGS after the 6 month review, the patient should be monitored annual in line local standard monitoring for patients with Type 1 diabetes. Prescribing should remain with the patient's GP.

References:

1. NHS Long Term Plan https://www.longtermplan.nhs.uk/wp-content/uploads/2019/01/nhs-long-term-plan.pdf
2. NHS England Flash Glucose Monitoring: National Arrangements for Funding of Relevant Diabetes Patients https://www.england.nhs.uk/publication/flash-glucose-monitoring-national-arrangements-for-funding-of-relevant-diabetes-patients/
3. FreeStyle Libre for glucose monitoring (MOB110) https://www.nice.org.uk/advice/mib110/chapter/The-technology
4. North East Hants and Farnham CCG Recommendation for prescribing of "flash" glucose monitors (such as Freestyle Libre®) in diabetes in patients aged 4 years and above (Position Statement 030) Nov 2018