

Commissioning Policy

Final

Flash Glucose Monitors

April 2019

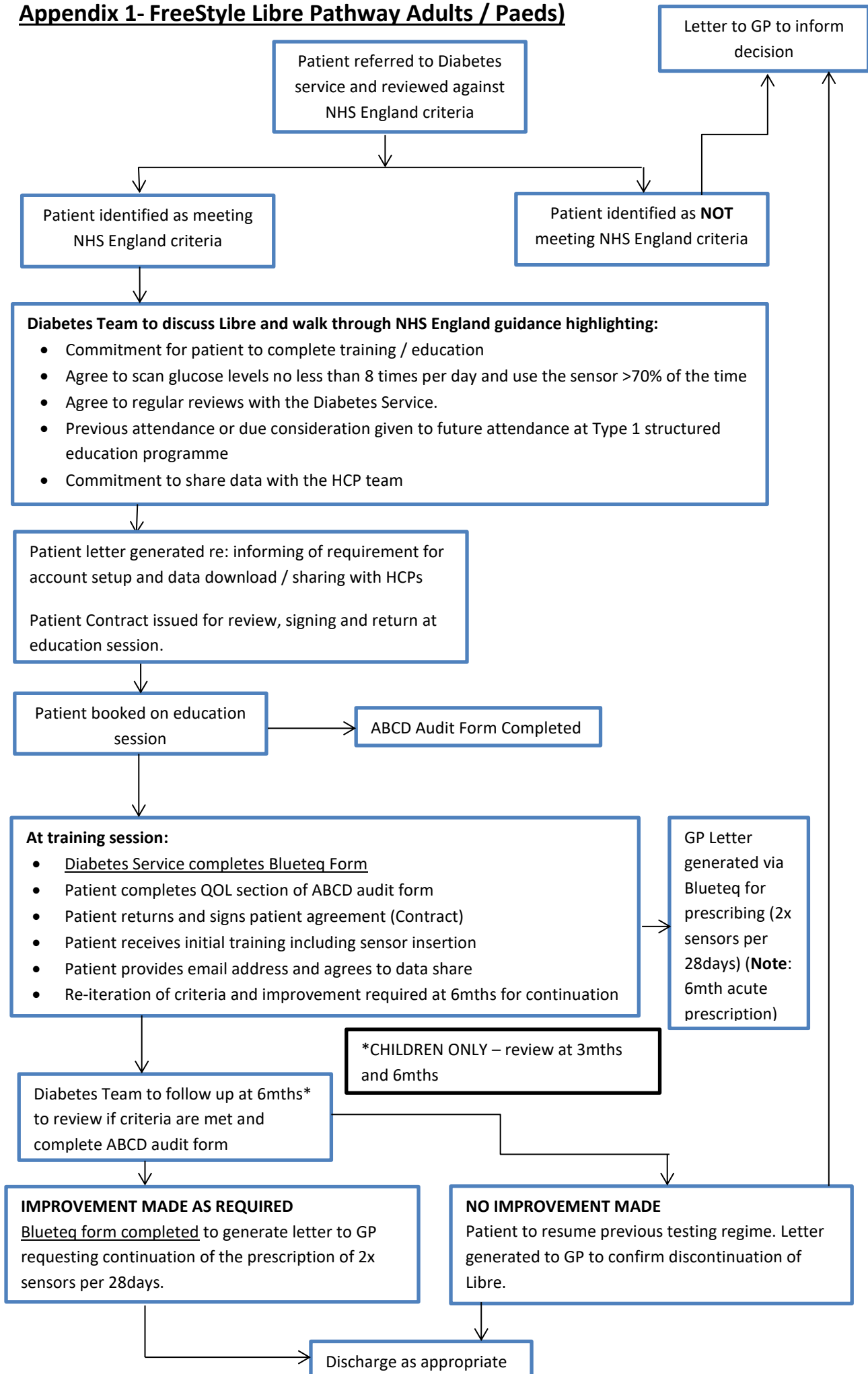
Name of Responsible Board / Committee for Ratification:	Staffordshire CCGs Governing Board Meeting in Common
Date Issued:	25 th April 2019
Review Date:	March 2021

1. Treatment	Flash Glucose Monitors
2. For the Treatment of	Type 1 diabetes mellitus.
3. Background	<p>Definition</p> <p>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, ending the variation some patients are facing’.</p> <p>Flash glucose monitoring systems measure the interstitial fluid glucose levels from a wearable sensor applied to the skin, this is designed to stay in place for 14days and is an alternative to routine finger-prick blood glucose testing. This produces a near-continuous record of measurements which are relayed to a smart phone or e-reader, allowing patients with Type 1 diabetes to better manage their condition. Devices can also indicate glucose level trends over time.</p> <p>The intended place in therapy is as an alternative to routine blood glucose monitoring in people with type 1 diabetes aged 4 years and over who use insulin injections; this will reduce the usage of test strips. The system does not completely eliminate the need for finger-prick blood glucose measurements as these on occasions will still be required (e.g. during periods of illness, if this shows hyperglycemia or impending hyperglycemia, when symptoms do not match readings).</p>
4. Scope	The scope of this policy is to outline eligibility criteria for flash glucose monitoring for patients diagnosed with type 1 diabetes mellitus.
5. Commissioning Position	<p><u>Commissioned Services</u></p> <p>Providers of flash glucose monitors are required to confirm a patient eligibility for the device through the completion of a Blueteq form both at initiation and following 6mth review.</p> <p>The only exception to this is patients residing on the borders, using University Hospitals of Derby & Burton or Royal Wolverhampton Trust who do not have access to Blueteq.</p> <p>Requests should be made by the Community Service / Specialist Team. Flash glucose monitors should be provided by a centre with expertise in its use, as part of strategies to optimise a person's HbA1c levels. Alongside the eligibility criteria the patient must meet other requirements:</p> <ul style="list-style-type: none"> • Education on flash glucose monitoring has been undertaken (online or in person) • Agreement to scan glucose levels no less than 8 times per day and use the sensor >70% of the time. • Agree to regular reviews with the clinical team • Previous attendance, or due consideration given to future attendance, at a Type 1 diabetes structured education programme. <p>Continuing prescription for long term use of flash glucose monitoring post initial 6 months is contingent upon demonstration of an improvement in an individual’s self-management (e.g. improvement in HbA1c or time in range, improvements in symptoms such as DKA or hypoglycaemia).</p>

	<p>For information a copy of the patient pathway is attached as Appendix 1, Blueteq Form as Appendix 2 and GP initiation letter Appendix 3</p> <p><u>Eligibility Criteria</u></p> <ol style="list-style-type: none"> 1. People with Type 1 diabetes (who are clinically indicated as requiring intensive monitoring >8 times per day; as demonstrated on a meter download/review over the last 3mths) OR 2. Any form of diabetes on hemodialysis AND on insulin (who are clinically indicated as requiring intensive monitoring >8 times per day; as demonstrated on a meter download/review over the last 3mths) 3. Diabetes associated with cystic fibrosis on insulin treatment. 4. Pregnant women with type 1 diabetes (see Pregnancy section below) 5. People with Type 1 diabetes unable to routinely self-monitor blood glucose levels due to disability that requires carers to support glucose monitoring and insulin management. 6. People with Type 1 diabetes for whom the specialist MDT team determines has occupational or psychosocial circumstances that warrant a 6 month trial with adjunct support. 7. Previous self-funders of flash glucose monitors with Type 1 diabetes where those with clinical responsibility for their care are satisfied that their clinical history suggests that they would have satisfied one or more of the criteria prior to them commencing use AND has shown improvement in HbA1c since self-funding. 8. For those with Type 1 diabetes and recurrent severe hypoglycaemia or impaired awareness of hypoglycaemia, NICE suggests that Continuous Glucose Monitoring (CGM) with an alarm is the standard. <u>Please refer to the separate Commissioning Policy for CGM.</u> However, if the person with diabetes and their clinician consider that a flash glucose monitor would be more appropriate for the individual's specific situation, then this can be considered. <p><u>Pregnancy</u></p> <p>For Type 1 Diabetic patients whom are pregnant sensors will only be prescribed for a maximum period of 12 months (inclusive of the post-partum period).</p> <p>Should funding be required post the 12 months period then a review further review against the eligibility criteria will be required through the completion of a Blueteq form both at initiation and 6 month review.</p> <p><u>Equality Impact Assessment</u></p> <p>This Commissioning Policy relates to the Commissioning of a device to aid the management of patients with Diabetes, it is an alternative to routine blood glucose monitoring in people with type 1 diabetes who use insulin injections who would usually undertake a finger prick test.</p> <p>In view that the eligibility criteria has taken into consideration the due regard of vulnerable patients and adjustments are in place for patients identified with disabilities, requiring support from a carer, pregnancy, occupational and psychosocial circumstances an Equality Impact Assessment is not required for this Policy.</p>
6. Indicative numbers	<p>Indicative Activity Numbers by CCG:</p> <p>Cannock Chase CCG – 134</p> <p>East Staffordshire CCG – 136</p>

	<p>North Staffordshire CCG – 198</p> <p>SE Staffs & Seisdon Peninsular CCG – 155</p> <p>Stafford & Surrounds CCG – 117</p> <p>Stoke on Trent CCG - 237</p>
7. Effective from	1 st May 2019
8. Summary of evidence/rationale	<p>NHSE Flash Glucose Monitoring: National Arrangements for Funding of Relevant Diabetes Patients – March 2019</p> <p>NICE Type 1 diabetes in adults: diagnosis and management –July 16 [NG17]</p> <p>NICE Diabetes (type 1 and type 2) in children and young people: diagnosis and management –November 2016 [NG18]</p> <p>NICE Diabetes in pregnancy: management from preconception to the postnatal period – August 2015 [NG3]</p>
9. Review Date	March 2021
10. Policy to be reviewed by	<p>Stafford and Surrounds Membership Board</p> <p>Cannock Chase Membership Board</p> <p>Seisdon Peninsula Membership Board</p> <p>North Divisional Committee</p> <p>Tamworth, Lichfield and Burntwood Membership Board</p> <p>East Staffs Steering Group</p>
11. Contact for this policy	<p>Sarah Evans – Commissioning Manager North Locality</p> <p>Kathryn Whitfield – Commissioning Manager South Locality</p> <p>Amanda Lovatt - Senior Medicines Optimisation Pharmacist</p>

Appendix 1- FreeStyle Libre Pathway Adults / Paeds)



Appendix 2 – Blueteq Form

Click here to access the guidelines/NICE algorithm

Freestyle Libre	
FUNDING APPLICATION FOR	
Drug	Freestyle Libre
Condition	Diabetes Mellitus
Funding request	Initiation
Treatment start/review date:	<input type="text"/>
Sub Type:	N/A
PATIENT & GP DETAIL	
Patient Initials:	Patient age:
Patient NH&S Number:	Practice Postcode:
Patient Hospital No:	GP Practice Code:
CCG:	
Prescription Method:	<input type="radio"/> Hospital <input type="radio"/> Homecare
CONSULTANT & TRUST DETAIL	
Consultant Name:	<input type="text"/>
Choose Prescriber:	<input type="text"/>
Prescriber Name:	Prescriber Role: <input type="text"/>
Notification Email Address:	(@NHS.net or @NHS.uk account ONLY)
Contact Telephone Number:	<input type="text"/>
FUNDING CRITERIA	
Only fully completed forms will be accepted for consideration. Click to expand.	

Please indicate whether patient meets the following Local policy:	Please tick
1. Patient is aged four and above	<input type="radio"/> Yes <input type="radio"/> No - Required
2. The patient has one of the NH&S criteria (please tick all that apply) <ul style="list-style-type: none"> <input type="radio"/> Patient has Type 1 diabetes (and requires intensive monitoring >8 times daily, as demonstrated on a meter download/review over the past 3 months) <input type="radio"/> Patient has any form of diabetes on haemodialysis AND on insulin treatment (and requires intensive monitoring >8 times daily, as demonstrated on a meter download/review over the past 3 months) <input type="radio"/> Patient has diabetes associated with cystic fibrosis on insulin treatment <input type="radio"/> Patient is pregnant with Type 1 diabetes <input type="radio"/> Patient has Type 1 diabetes and is unable to routinely self-monitor blood glucose due to disability and carers support glucose monitoring and insulin management <input type="radio"/> Patient has Type 1 diabetes and the specialist MDT determines that there is an occupational or psychosocial issue that warrants a 6 month trial of Freestyle Libre (please include reasons in the box below) <input type="radio"/> Patient has previously self-funded flash glucose monitors with Type 1 diabetes where the clinical history suggests that the patient would have met at least one criteria prior to them commencing use of FreeStyle Libre AND has shown improvement in HbA1c since self-funding <input type="radio"/> Patient has Type 1 diabetes and has recurrent severe hypoglycaemia or impaired awareness of hypoglycaemia where the patient and clinician think that it would be more appropriate for the individual than CGM with an alarm. - Required Reason for monitoring <input type="text"/>	
3. The patient has agreed to education	<input type="radio"/> Yes <input type="radio"/> No - Required
4. The patient has agreed to scan glucose levels no less than 8 times per day and use the sensor >70% of the time	<input type="radio"/> Yes <input type="radio"/> No - Required
5. The patient has agreed to regular reviews with the clinical team	<input type="radio"/> Yes <input type="radio"/> No - Required
6. The patient has attended or will attend DAFNE or equivalent	<input type="radio"/> Yes <input type="radio"/> No - Required
7. The patient has agreed to be reviewed at 6 months for continuation of FreeStyle Libre	<input type="radio"/> Yes <input type="radio"/> No - Required
APPROVAL FOR SUBMISSION FOR FUNDING BY TRUST	
Form completed by Name <input type="text"/>	Date <input type="text"/>

Appendix 3- GP Initiation Letter

GP Address

Date today

Dear GP

Patient NHS No:

Patient Hospital No:

Patient Initials and DOB:

Your patient has been reviewed today by the diabetes team and has met the NHS criteria for the initiation of FreeStyle Libre. It has been approved through the Blueteq system.

Your patient has agreed to the following:

1. To be educated on Flash Glucose Monitoring
2. To scan glucose levels no less than 8 times per day and use the sensor >70% of the time
3. To participate in regular reviews with the local clinical team and to share their data
4. A 6 month review to determine the continued prescribing of FreeStyle Libre
5. To sign a patient contract and agree personal target outcomes

Could you please add to the following to the patient's medication record:

FreeStyle Libre sensors x 2.

Your patient will be reviewed and followed up by the diabetes team in 6 months to ensure that the patient is still eligible to continue with FreeStyle Libre. You will be informed of the outcome of this review.

Yours sincerely