Commissioning Policy

All age Continuous Glucose Monitoring for patients with Diabetes

Criteria Based Access (CBA)

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Authorisation and document control

Name of policy:	All age Continuous Glucose Monitoring for patients with Diabetes
Job title of author:	Senior Commissioning Programme Manager
Name of sign off group:	Effective Clinical Commissioning Policies Working Group (ECCP)

Equality and Engagement Impact Assessment	
Date Equality and Engagement Impact Assessment was completed:	**Revised 29/10/24**

Consultation	
Name of group	**Date considered**
Diabetes CPG *CPG Clinical lead* *CGM clinical group*	Will be circulated in November 2024 for comment

Authorisation	
Name of group	**Date approved**
Commissioning Policy Review Group	10.12.2024
System Quality Committee	

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To be reviewed by (job title)	Commissioning Manager

Version control				
Version number	**Date**	**Summary of changes**	**Author/Editor**	**Approved by**

2	01.12.23	Minor wording changes Review date change		
3	10.12.24	Minor word changes to paragraph 2 under 'Eligibility' in policy statement which does not alter clinical access criteria. Review date of December 2027 agreed.		Commissioning Policy Review Group

1.0 Background

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 is to be read in conjunction with the CGM Prescribing guideline. These detail the local ICB approach to the implementation of CGM.

2.0 Policy statement

Policy category	Policy details
CBA	**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 multiple daily insulin injections with one or more of the following criteria: • 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 sufficient 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 undertaken by a trained healthcare practitioner or Specialist Diabetes Clinicians providing they understand the eligibility criteria and have received the necessary 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 the necessary 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 untaken 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.

3.0 Patients who are not eligible for treatment under this policy

Patients who are not eligible for treatment under this policy may be considered on an individual basis where their GP or consultant believes exceptional circumstances exist that warrant deviation from the rule of this policy.

Individual cases will be reviewed at the ICB's Individual Funding Request Panel upon receipt of a completed application form from the patient's GP, Consultant or Clinician. Applications cannot be considered from patients personally.

4.0 Connected policies

CGM prescribing guideline: Prescribing Guideline for CGM v4.3.pdf

5.0 References

NHS England » Glucose monitoring for patients living with diabetes
NG17 Overview | Type 1 diabetes in adults: diagnosis and management | Guidance | NICE
NG 18 Overview | Diabetes (type 1 and type 2) in children and young people: diagnosis and management | Guidance | NICE
NG 28 Overview | Type 2 diabetes in adults: management | Guidance | NICE