NHS Dorset

NHS Dorset Clinical Policy

Prescribable Continuous Glucose Monitoring for Adults, Children and Young People

Preface

This policy outlines the criteria for provision of **prescribable** continuous glucose monitoring (CGM) devices for persons with diabetes. It is based on National Health and Clinical Excellence (NICE) guidance NG17 (adults with type 1 diabetes), NG18 (children and young people with type 1 diabetes) and NG28 (Type 2 Diabetes in Adults: Management).

All managers and staff (at all levels) are responsible for ensuring that they are viewing and working to the current version of this policy. If this document is printed in hard copy or saved to another location, it must be checked that the version number in use matches with that of the live version on the NHS Dorset intranet.

All staff are responsible for implementing procedural documents as part of their normal responsibilities and are responsible for ensuring they maintain an up-to-date awareness of procedural documents.

A	Summary Points
	• Who is eligible to receive continuous glucose monitoring (CGM) devices on prescription • Who can initiate and prescribe CGM • The criteria for monitoring and review • The criteria for continuation of CGM, including audit.

B	Associated Documents
	• Provision of Continuous Glucose Morning Systems (CGMS) for Type 1 Diabetes 2021-2024

C	Document Details
Procedural Document Number	185
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Directorate	Medical
Recommending group	Dorset Diabetes Programme Board
Approving Committee	Deputies and Executive Directors
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D Consultation Process

Version No	Review Date	Author and Job Title	Level of consultation
1	14 December 2024	Gordana Groombridge, Senior Medicines Optimisation pharmacist	Dorset Diabetes Programme Board, CGM Task & Finish Group
1.2	12 September 2025	Gordana Groombridge, Senior Medicines Optimisation pharmacist	Dorset Diabetes Programme Board, DMAG
1.3	31 July 2024	Peter Cope, Head of Medicines Optimisation	CVD, Diabetes Clinical Network

E Version Control

Date of Issue	Version No	Date of Next Review	Nature of Change	Approval Date	Approval Committee /Group
Jan 23	**1**	Jan 2025	N/A		
Sept 23	**1.2**	Sept 2025	a) Add to **T2D** criteria frequent hypoglycaemia; children & young people. b) Update Appendix E ketone meters to NHSE recommended c) Update CGM prices	Sept 2023	Dorset Diabetes Programme Board, DMAG
July 24	1.3	01 July 26	a) Update CGM devices b) Review of T2D eligibility	July 2024	Diabetes Clinical Network

F Supporting Documents/ Evidenced Based References

Evidence	Hyperlink	Date
NICE guideline NG17. Type 1 diabetes in adults: diagnosis and management	Overview | Type 1 diabetes in adults: diagnosis and management | Guidance | NICE	26/08/2015. Updated 17/08/2022.

NICE guideline NG18. Diabetes (type 1 and type 2) in children and young people: diagnosis and management	Overview | Diabetes (type 1 and type 2) in children and young people: diagnosis and management | Guidance | NICE	01/08/2015. Updated 11/05/2023.
NICE guideline NG28. Type 2 Diabetes in Adults: Management	Overview | Type 2 diabetes in adults: management | Guidance | NICE	02/12/2015 Updated 29/06/2022
NICE guideline NG3. Diabetes in pregnancy: management from preconception to postnatal period	Overview | Diabetes in pregnancy: management from preconception to the postnatal period | Guidance | NICE	25/2/2015 Updated 16/12/20
NICE Resource impact report for continuous glucose monitoring	NG17, NG18 and NG28 Resource impact report for continuous glucose monitoring (nice.org.uk)	March 2022
Commissioning statement	Dorset Formulary (dorsetformulary.nhs.uk)	Updated July 2024

G	Distribution List		
NHS Dorset Internal Intranet	NHS Dorset Internet Website	Communications Bulletin	External Stakeholders
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Contents		Page

Prescribable Continuous Glucose Monitoring for Adults, Children and Young People

1.0 RELEVANT TO

1.1 This policy is relevant to NHS Dorset providers, Dorset GP practices, NHS Dorset Commissioning/Contracts teams.

2.0 INTRODUCTION

2.1 People living with type 1 diabetes are treated with insulin. Those living with type 2 diabetes are initially treated with lifestyle changes and oral hypoglycaemic drugs but may progress to needing insulin treatment.

2.2 Diabetes treated with insulin requires monitoring of glucose levels to inform treatment decisions. Glucose monitoring may be via self-monitoring of blood glucose using lancets and testing strips or using continuous glucose monitoring (CGM) devices.

2.3 People living with type 3c Diabetes (T3cD) develop symptoms later in life due to damage to the pancreas. This can be caused by conditions such as pancreatitis, pancreatic cancer, and cystic fibrosis. Patients living with T3cD are treated in a similar way to those living with type 2 but often progress to needing insulin treatment.

2.4 CGM devices use a sensor inserted under the skin to measure the level of glucose found in the interstitial fluid between the cells. Real time CGM (rtCGM) devices have a transmitter attached to the sensor which sends data to a display device.

2.5 CGM has been commissioned for several years in cohorts of type 1 diabetes and those with type 2 diabetes with learning difficulties, insulin treated diabetes with cystic fibrosis or undergoing haemodialysis.

2.6 The National Institute for Health and Care Excellence (NICE) committee concluded that there is sufficient evidence in key outcomes, such as long-term glycaemic control (HbA1c), time in range and severe or nocturnal hypoglycaemia, to demonstrate that CGM provides clinical benefits over standard self-monitoring of blood glucose. This policy outlines a change in clinical practice prioritising those groups with the highest clinical need.

2.7 NICE Guidance for adults with type 1 diabetes (NG17) and children and young adults with type 1 diabetes (NG18) changed in 2022 to include access to continuous glucose monitoring (CGM) technologies for all persons with type 1 diabetes. Additionally, people with type 2 diabetes fulfilling specific criteria may also be considered for CGM (NG28)

3.0 SCOPE

3.1 The scope of this policy is for adults, children and young people with type 1 diabetes, type 2 diabetes fulfilling specific criteria and other persons with conditions associated with type 3c diabetes or undergoing haemodialysis whilst treated with insulin.

3.2 This policy does not include cohorts with type 1 diabetes for whom procured (non-prescribable) CGM is recommended (e.g. young people with type 1 diabetes often require alternative devices).

4.0 PURPOSE

4.1 This is an implementation document which aims to identify patient groups who would benefit most from NICE guidance, empowering informed choice of device for individuals, ensuring equitable access for all groups, and considering clinical characteristics that may be important for the safety and effectiveness of CGM technologies.

4.2 Clinicians should make shared decisions with individuals matching the criteria within this policy prior to prescribing CGM. Prescribing should only be undertaken where the criteria have been met, where there is robust evidence that the CGM is effective, and the person has the potential to benefit from the device.

5.0 DEFINITIONS

5.1 Clinical Terms and acronyms

CGM: Continuous Glucose Monitoring. A continuous glucose monitor is a device that measures glucose levels via a sensor worn on the body and sends the readings to a display device (‘reader’) or smartphone via a transmitter. This allows a continuous display of real-time glucose readings via a display device. Scanning a sensor to display the glucose result is not required.

Gold score: A one question survey used to establish the level of awareness of an impending hypoglycaemic episode using a scoring system. (1 = always aware, 7 = never aware)

MMCHS: Minimally Modified Clarke Hypoglycaemia Survey. An eight-question survey used to establish the level of awareness of an impending hypoglycaemic episode coming using a scoring system. (1 = always aware, 7 = never aware)

6.0 ROLES AND RESPONSIBILITIES

6.1 It is the responsibility of the diabetes specialist healthcare professional to initiate the most appropriate CGM device after considering the person’s needs and preferences.

6.2 Prescribing clinicians must ensure each person receives education in the use of the CGM device from the healthcare professional prescribing it.

7.0 GENERAL RECOMMENDATIONS

7.1 It is expected that people will have either participated in an appropriate education either in person with specialist services, community diabetes service, on-line or have been assessed as an individual with high self-efficacy in their diabetes self-management prior to commencement of CGM.

7.2 It is expected that people receive education (see 7.1) in the use of the CGM device specific to their situation from the health care professional prescribing the device.

7.3 Shared decision making should be used to identify the individuals' needs and preference within the selection criteria to offer the most appropriate device.

7.4 If multiple devices meet the needs and preferences, the device with the lowest cost should be offered.

7.5 When initiating CGM, the person should agree to ensure that the CGM data is made available for the healthcare professional at reviews as part of their clinical care plan. This includes an expectation that people use the device at least 70% of the time and collect at least 70% of data. The criterion under which CGM is being initiated, and any continuation criteria (above the requirement to collect 70% of data) should be recorded at care reviews and shared decision made on future monitoring.

7.6 The suitability of the device should be assessed at each review, and consideration given to less intensive forms of glucose monitoring if clinically appropriate.

7.7 When monitoring is reviewed and changed to self-monitoring of blood glucose information must be shared with the primary care team.

People with type 1 diabetes

7.8 The offer of CGM devices is supported for all with type 1 diabetes

People with type 2 diabetes

7.9 The use of prescribable CGM should only be offered to patients with T2DM under **consultant led care, or advice from consultants in diabetes AND the specific circumstances detailed below**.

a) People prescribed multiple daily doses of insulin with severe, recurrent hypoglycaemia occurring weekly or monthly, or hypoglycaemia -unawareness despite a high level of care to include:

- regular finger prick testing,
- education by specialist diabetes teams,

- education to support insulin adjustment,
- and a medical review to exclude alternative causes.

CGM should only be prescribed continuously where it is effective in reducing hypoglycaemic episodes evidenced by change in hypoglycaemic scale score and stopped by the recommending specialist healthcare professional**.**

b) People prescribed multiple daily doses of insulin where patients are adjusting insulin doses AND the patient or carer cannot safely use finger prick testing, or where prescribable CGM enables significant independence to self-care in those with a physical disability (e.g. visual impairment) or learning disability.

c) People prescribed multiple daily doses of insulin who are advised by the specialist diabetes healthcare professional to monitor their blood sugars ≥8 times/day using finger prick testing and can evidence this over a 6-month period with subsequent sustained improvement in range or achievement of target HbA1c on commencement of prescribable CGM. Where no benefit is evidenced after 6 months then the device should be stopped by the recommending specialist healthcare professional**.**

d)Where a therapeutic trial 2-week trial is required to understand any new control issues that may have arisen and what may be causing them (i.e. through 2-week trial offer and equipment). Continuation is only supported where the commissioning criteria are met in 7.9 a,b,c.

7.10 The use of CGM devices may be considered for those with type 2 diabetes who are on and at least one of the following criteria:

- pregnant women with type 2 diabetes
- children with type 2 diabetes who are on insulin therapy.

People with other forms of diabetes

7.11 The use of prescribable CGM devices may be considered for those with type 3c diabetes who are on insulin therapy e.g., cystic fibrosis associated diabetes

7.12 People living with any form of diabetes and are on haemodialysis and insulin treatment. NHS Dorset formulary approved CGM available on FP10 prescription.

7.13 Devices include:

GlucoRx AiDEX - aged 14 years and over
Dexcom One & Decom ONE+ - ≥ 2 years of age

GlucoMen Day CGM - ≥ 6 years of age

Freestyle Libre 2 plus - ≥ 2 years of age

Freestyle Libre 2 sensors - ≥4 years of age

Freestyle Libre 3 sensors – Hybrid Closed Loop systems only

8.0 TRAINING

8.1 CGM must be initiated by or after consultation with a diabetes specialist healthcare professional who is familiar with the different CGM devices and is competent to assess device suitability.

8.2 The person must be shown how to use how to use the CGM device and use it to manage their diabetes to improve clinical outcomes e.g., HbA1c, time in range, avoidance of hyper/hypoglycaemia.

8.3 The person should be reviewed regularly to ensure they are using CGM optimally to improve control of diabetes and decrease the risk of clinical complications.

8.4 GPs, practice nurses and pharmacists involved in the person's care need upskilling to familiarise themselves with CGM devices and monitoring to optimise care and clinical outcomes.

9.0 CONSULTATION

9.1 The writing of the policy will be in conjunction with diabetes specialist teams, primary care diabetes teams.

9.2 This policy will be reviewed and agreed by the NHS Dorset Diabetes Clinical Network, comprising of multi-disciplinary diabetes specialist professionals in primary and secondary care, GPs, practice nurses and pharmacists.

10.0 RECOMMENDATION AND APPROVAL PROCESS

10.1 The policy will be agreed by NHS Dorset Clinical Network, Integrated Medicines Optimisation Committee.

10.2 Any subsequent updates to the policy will need to be agreed by the NHS Dorset Diabetes Clinical Network.

11.0 COMMUNICATION AND DISSEMINATION

11.1 The policy will be disseminated to all diabetes specialists in primary and secondary care and GP practices via direct communication, newsletters, NHS Dorset website and the NHS Dorset formulary.

12.0 IMPLEMENTATION

12.1 Suggested implementation for type 1 diabetes

12.2 Offer CGM to all people with type 1 diabetes

12.3 Prioritise individuals with type 1 diabetes in one or more of following clinical categories:

- Problematic hypoglycaemia
- Pregnancy
- People being converted to hybrid closed loop systems from continuous subcutaneous insulin infusion
- Where clinical need to share CGM data with family, friends, or carers (e.g., children and young people, physical impairment; learning difficulties; vulnerable or frail adult)

12.4 Identify people with type 1 diabetes using Dorset Intelligence Insight Service (DiiS) who have lower uptake of CGM and engage with groups to encourage people to consider CGM.

12.5 Type 2 diabetes - Consider CGM as an option with people with type 2 diabetes who qualify under section 7.9 - 7.10 **after consultant approval** who have persistently poorly controlled blood glucose.

12.6 If a patient or family has been funding procured CGM, they will only receive NHS funding within local commissioning guidance.

13.0 MONITORING COMPLIANCE AND EFFECTIVENESS OF THE DOCUMENT

13.1 Although prescribable CGM may be initiated by a diabetes specialist in primary or secondary care for type 1 diabetes and **by consultants only for type 2 diabetes**, continued prescribing of CGM will be in primary care.

13.2 Indication for CGM will be recorded in primary care and audited to assess compliance with prescribable CGM policy.

13.3 CGM data will be reviewed during planned clinical care reviews to ensure compliance and effectiveness.

13.4 The criterion under which CGM is being initiated, and any continuation criteria (above the requirement to collect 70% of data) that is expected to be met at clinical care follow ups should be recorded. If the person continues to achieve the agreed outcome, then continued prescribing is supported.

13.5 The suitability of device should be assessed at each review, and consideration given to less intensive forms of glucose monitoring if clinically appropriate. When a person's technology device is changed to a less intensive form of glucose monitoring this information must be shared with the primary care team.

13.6 Intermittent audits will undertake to monitor compliance and effectiveness.

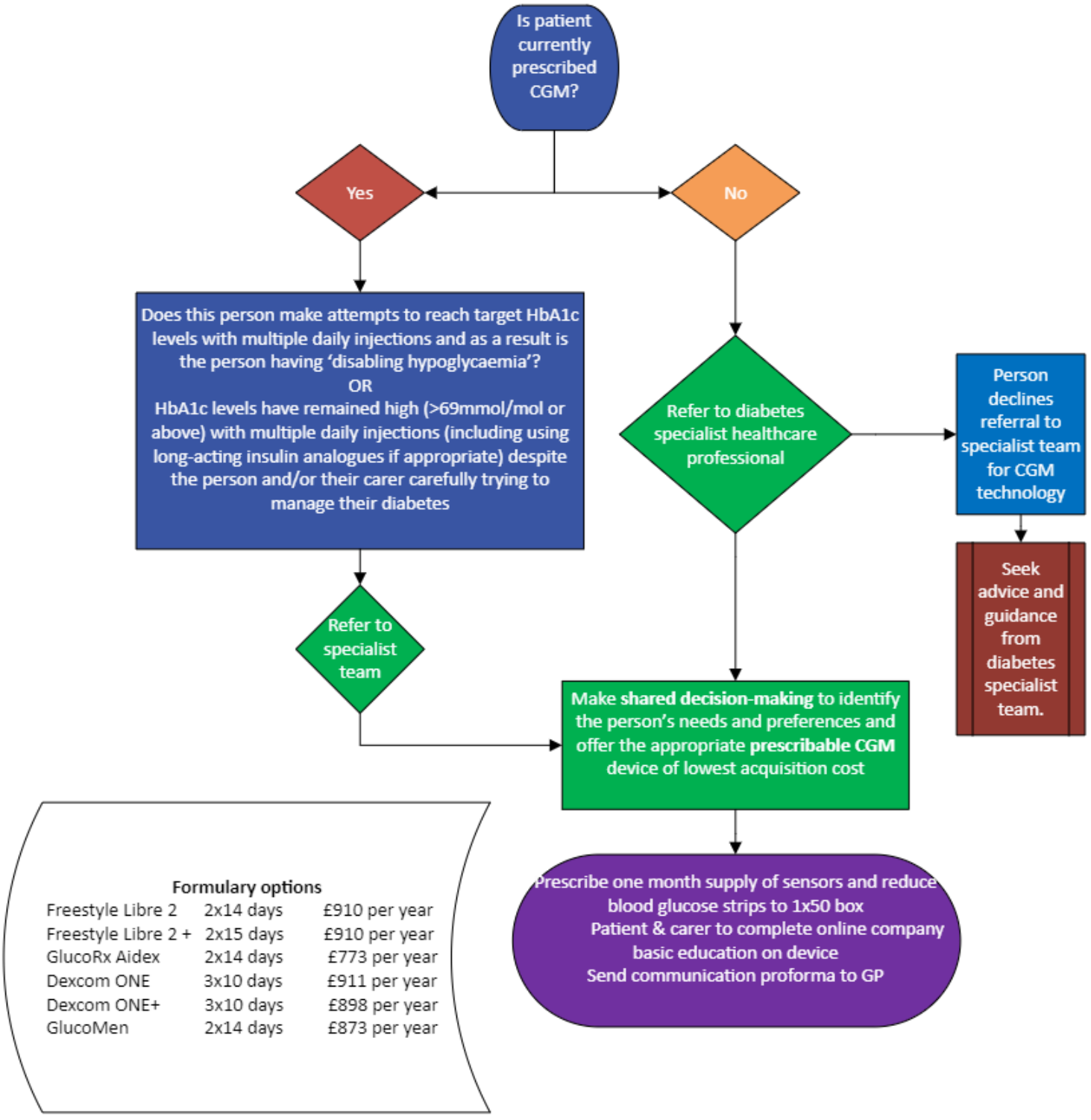
13.7 Prescribing data will be integrated into Dorset intelligence and insight service dashboards to monitor the impact of these technologies in deprived populations.

13.8 Any areas of non-compliance identified in the review must result in the production of an action plan and reviewed by the healthcare professional.

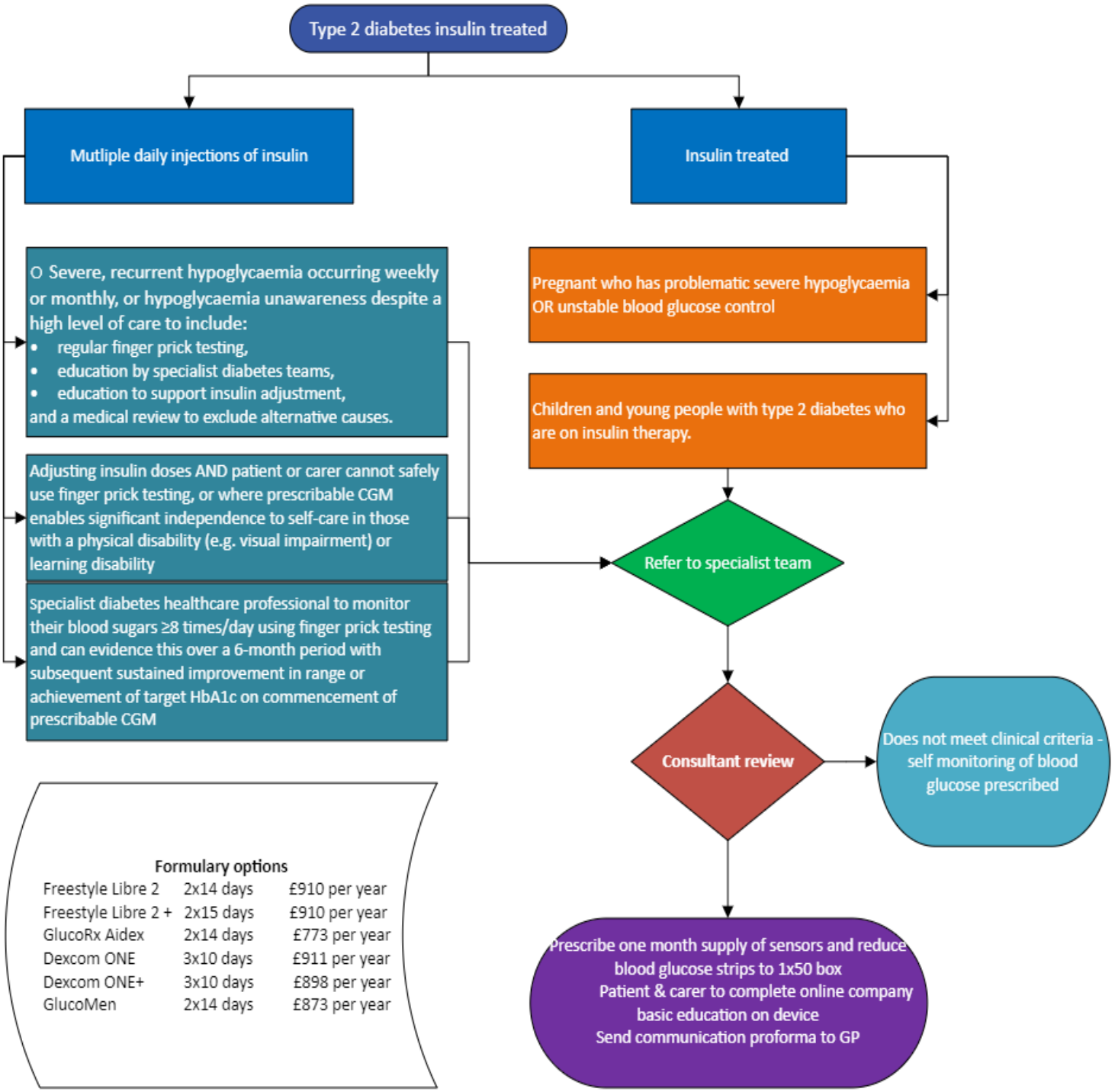
14.0 DOCUMENT REVIEW FREQUENCY AND VERSION CONTROL

14.1 This policy will be reviewed every two years or earlier to take account of any changes in national guidance. Necessary changes throughout the year will be issued as amendments to the framework. Such amendments will be clearly identifiable to the section to which they refer, and the date issued. The updates will be reviewed and approved by the Diabetes Clinical Network and will be clearly communicated via the NHS Dorset formulary.

Type 1 diabetes prescribable CGM pathway from primary care



Type 2 diabetes prescribable CGM pathway from primary care



Sample letter from specialist teams to general practice

CGM has been recommended by the Diabetes team and has been assessed as suitable for CGM in line with Dorset prescribable CGM Policy criteria and the 'Amber' Dorset Formulary classification.

CGM Trial: Diabetes specialist healthcare professional can recommend:

Two-week trial of CGM given. No further supply required by GP	☐

Offered CGM: Diabetes specialist healthcare professional can recommend

Type 1 diabetes	☐

Type 2 diabetes considered and suitable after <u>consultant</u> review:

Type 2 diabetes multiple daily injections (MDI)	• **under consultant led care, or advice given from <u>consultants in diabetes AND</u>** ○ Severe, recurrent hypoglycaemia occurring weekly or monthly, or hypoglycaemia unawareness despite a high level of care to include: • regular finger prick testing, • education by specialist diabetes teams, • education to support insulin adjustment, • and a medical review to exclude alternative causes.	☐
Type 2 diabetes MDI	Adjusting insulin doses AND patient or carer cannot safely use finger prick testing, or where prescribable CGM enables significant independence to self-care in those with a physical disability (e.g. visual impairment) or learning disability	☐
Type 2 diabetes MDI	Specialist diabetes healthcare professional to monitor their blood sugars ≥8 times/day using finger prick testing and can evidence this over a 6-month period with subsequent sustained improvement in range or achievement of target HbA1c on commencement of prescribable CGM	☐

Diabetes specialist healthcare professional can recommend:

Type 2 diabetes regime	Pregnancy	☐
Type 2 diabetes insulin regime	Children with type 2 diabetes who are on insulin therapy.	☐
Type 3c diabetes insulin regime e.g., cystic fibrosis, pancreatic cancer, pancreatitis		☐
Haemodialysis and insulin treatment		☐

We would be grateful if you could continue to provide the following:

Freestyle Libre 2 plus sensors	on 30-day basis 2 sensors	☐
GlucoRx AiDEX sensors	on four weekly basis 2 sensors	☐
Dexcom ONE+ sensors	on 30-day basis 3 sensor	☐
GlucoMen Day CGM censors	on four weekly basis 2 sensors	☐
Hybrid closed loop only Freestyle Libre 3 sensors	on 30-day basis 2 sensors	☐

Patients are still required to perform blood glucose tests (e.g., during periods of illness), so please keep their supply of blood glucose testing strips on prescription, although their use reduced.

Patients will be asked to upload the data and be in contact with the Diabetes team if they need support with their diabetes management. To contact the Diabetes team for advice and guidance on (Tel no.....)

Yours sincerely

NHS Dorset