Position Statement for Flash Glucose Monitoring
NHS North East London Clinical Commissioning Group
Barking & Dagenham, Havering and Redbridge Integrated Care Partnership (BHR ICP)

1. **Flash Glucose Monitoring is to be used on the NHS in accordance with the national recommendations from NHS England (NHSE) [1,2].**
2. **GPs should not initiate the prescribing of Flash Glucose Monitoring.**
3. **Initiation will only be carried out by a secondary care specialist diabetes team at an NHS Trust for patients who meet the recommended criteria. This includes patients previously self-funding on the device who meet the criteria.**
4. **There are no exceptions to these recommendations for use on the NHS.**

Flash Glucose Monitoring is a system which measures interstitial fluid glucose levels in people with diabetes using a sensor applied to the skin (interstitial fluid is the fluid which surrounds the body's cells below the skin). This is an alternative to finger-prick blood glucose testing, and can produce a near-continuous record of measurements which can be accessed on demand. Readings are taken by scanning the sensor with a reader. At present there are two Flash Glucose Monitoring sensors listed in the Drug Tariff for prescribing on the NHS: (i) FreeStyle Libre® Sensor and (ii) FreeStyle Libre 2 Sensor®[3].

Previously the London Regional Medicines Optimisation Committee members recommended the London Diabetes Clinical Network, working in collaboration with the NHS London Procurement Partnership (LPP) to produce a pan-London clinical consensus for the use of FreeStyle Libre® in the NHS for London[4]. The patient criteria has since been reviewed by NHSE and the cohort widened to include additional patient groups[1, 2].

Decision

In line with the patient criteria outlined by NHSE, the BHR ICP has agreed Flash Glucose Monitoring for the following patient groups[1, 2].

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 FreeStyle 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 they would have satisfied one or more of these criteria prior to commencing use of Flash Glucose Monitoring (had these criteria been in place prior to April 2019 AND use 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.

7. People with Type 1 diabetes or insulin treated Type 2 diabetes who are living with a learning disability and recorded on their GP Learning Disability register.

Other requirements:

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.
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)

The continued prescription for long-term use of FreeStyle Libre® would be contingent upon evidence of agreeing with the above conditions and that on-going use is demonstrably improving an individual's diabetes self-management as determined by Specialist review at 6 months.

FreeStyle Libre® and FreeStyle Libre 2®

It has been agreed from April 2021, patients starting on flash glucose monitoring will be initiated on Freestyle Libre 2® by their secondary care specialist diabetes team. Those patients on the original Freestyle Libre® product will be reviewed at their next appointment by their specialist and they will

communicate with the GP with a view to switching to Freestyle Libre 2®. Upon receiving this communication from the specialist, the GP can switch prescribing to Freestyle Libre 2®.

FreeStyle Libre 2® offers the same features as the original FreeStyle Libre® system, with two additional features: improved accuracy (removing the need for confirmatory finger prick tests when glucose is low, falling or rapidly changing) and optional glucose alarms. As in all cases, the reader will be provided free of charge to eligible patients. For NHS patients on the original FreeStyle Libre® system, Abbott will provide a free-of-charge reader exchange programme.

Exceptions

BHR ICP has agreed that no exceptions should apply to the recommendations outlined above.

Who will be prescribing Flash Glucose Monitoring sensors?

Initiation will only be carried out by the secondary care specialist diabetes team at an NHS Trust e.g. BHRUT. For these patients, prescribing is expected to be transferred to primary care at month 3 (i.e. prescribing for the first two months will be done by the secondary care specialist diabetes team). Transfer of prescribing must be accompanied by clear monitoring responsibilities and information on ongoing review using the transfer of care documents.

GPs should not initiate Flash Glucose Monitoring. This also includes patients previously self-funding who meet the recommendation criteria.

References

1. National England (NHSE). Flash Glucose Monitoring: National arrangements for funding of relevant diabetes patients, 7th March 2019 (updated 17th November 2020). Available online: https://www.england.nhs.uk/publication/flash-glucose-monitoring-national-arrangements-for-funding-of-relevant-diabetes-patients/ (accessed 1st December 2020)
2. London Procurement Partnership & London Diabetes Clinical Network: Guidance for the implementation of flash glucose monitoring prescribing across the NHS in London. Version 2.0, first published 1st May 2018 (updated 26th April 2019). Available online: https://www.england.nhs.uk/london/wp-content/uploads/sites/8/2020/03/Flash-Glucose-implementation-guidance-London-v2.0-May-19.pdf (accessed 10th July 2020)
3. Drug Tariff, December 2020. NHS BSA. Available online: https://www.nhsbsa.nhs.uk/sites/default/files/2020-11/Drug%20Tariff%20December%202020.pdf (accessed 1st December 2020)
4. London Procurement Partnership & London Diabetes Clinical Network: Implementation of FreeStyle Libre® prescribing guidance across the NHS in London. Version 1, 6th February 2018