North East London
Clinical Commissioning Group

Continuous Glucose Monitoring Devices (CGM) for Diabetes
Tower Hamlets, Newham and Waltham Forest (TNW) Position Statement

Summary

- CGM should only be initiated by specialists and those with expertise in its use as part of a Multidisciplinary Team (MDT) model of care.
- CGM should only be offered to patients who:
  - meet the eligibility criteria
  - are under the care of an NHS diabetes specialist service
  - could benefit from CGM use
- CGM should **not** be routinely offered to all patients with Type 1 Diabetes.
- NHS Funding for CGM will need to be obtained from the CCG via Blueteq prior to initiation. Trusts will need to ensure the patient meets required eligibility criteria prior to applying for funding, as this will need to be demonstrated when completing the relevant Blueteq form.

Continuous Glucose Monitoring (CGM) in adult patients with Type 1 Diabetes. In-light of the recommendations made by LPP/LDCN, Waltham Forest and East London Clinical Commissioning Groups (TNW) have adopted these recommendations and commissioned CGM in-line with LPP/LDCN recommendations.

In addition to the above recommendations for adults, the use of CGM in children and young people has also been reviewed and eligibility criteria for funding of CGM in children and young people is also outlined within this document.

TNW Position and Rationale

The TNW has agreed to commission the use of continuous glucose monitoring device for a defined cohort of patients outlined below and in-line with the relevant national and/or regional guidance. Trusts are required to obtain funding approval via Blueteq provided that eligibility criteria is met. CGM devices should be withdrawn in patients where glucose control has not sufficiently improved blood glucose control after a 6 month trial.
An annual review is required to determine continuation and Trusts are required to apply for continuous funding for the CGM device every 12 months through Blueteq.

TNW Funding Criteria for CGM Devices in Adults with Type 1 Diabetes ONLY

- CGM should **not** be routinely offered to all patients with Type 1 Diabetes.
- CGM should be provided by a NHS centre with expertise in its use, as part of strategies to optimise a person's HbA1c levels and reduce the frequency of hypoglycaemic episodes.

CGM will be funded for patients where:

- ✓ The use of CGM device is supported by a multidisciplinary specialist diabetic team.
- ✓ The clinical pathway of usual interventions such as dietetic care, structured education and, where necessary, specialist psychological support to manage their diabetes have been followed prior to being considered for a CGM device.
- ✓ The patient is committed to using the CGM device at least 70% of the time and to calibrate it as needed.

AND

The patient has any one or more of the following, despite optimised use of insulin and conventional blood glucose monitoring:

- ✓ More than 1 episode a year of severe hypoglycaemia with no obviously preventable precipitating cause.
- ✓ Complete loss of awareness of hypoglycaemia (measured using Clark or Gold Score questionnaire).
- ✓ Frequent (more than 2 episodes a week) asymptomatic hypoglycaemia, with no obviously preventable precipitating cause, that is causing problems with daily activities.
- ✓ Extreme fear of hypoglycaemia and failure of psychological therapy (Measured using 'Hypoglycaemia Fear Survey').
- ✓ Hyperglycaemia (HbA1c level of 75 mmol/mol [9%] or higher) that persists despite testing at least 10 times a day, despite insulin adjustment and additional support.
    - Continue real-time continuous glucose monitoring only if HbA1c can be sustained at or below 53 mmol/mol (7%) and/or there has been a fall in HbA1c of 27 mmol/mol (2.5%) or more.

Notes

- Severe hypoglycaemia is defined as having low blood glucose levels that requires assistance from another person to treat.
- Hypoglycaemia is defined as <4mmol/L
- CGM device should be withdrawn in patients where there is no sufficient improvement in glucose control after using the device for six months and/or have not used the device for at least 70% of the time.

References:

1. Type 1 diabetes in adults: diagnosis and management NICE guideline [NG17] Published date: Aug 2015, last updated: July 2016.
2. London Guidance: Recommended Commissioning Arrangements for Continuous Glucose Monitoring (CGM) in Adults with Type 1 Diabetes. LPP/LDCN. Version 1.0. Published: September 2018.

TNW Funding Criteria for CGM Devices in Children

- CGM should only be initiated by specialist paediatric diabetes teams trained in their use.
- A specialist paediatric diabetes team should normally comprise a physician with a specialist interest in insulin pump therapy, a diabetes specialist nurse and a dietician, and is defined as a unit that participates in National Peer Review and the National Paediatric Diabetes Audit. Any team claiming the Best Practice Tariff for Diabetes would participate in Peer Review.

CGM will be funded for children and young people with Type 1 diabetes who have any of the following:

- ✓ Frequent severe hypoglycaemia
- ✓ Impaired awareness of hypoglycaemia associated (evidenced by Gold or Clarke score) with adverse consequences (e.g. seizures or anxiety)
- ✓ Inability to recognise, or communicate about, symptoms of hypoglycaemia (e.g. due to cognitive or neurological disabilities)

OR

Children or Young people that fall within any of the following cohorts:

- ✓ neonates, infants and pre-school children
- ✓ children and young people who undertake high levels of physical activity (for example, sport at a regional, national or international level)
- ✓ children and young people who have comorbidities (for example anorexia nervosa) or who are receiving treatments (for example corticosteroids) that can make blood glucose control difficult

OR

- ✓ Patient continues to have hyperglycaemia with multiple daily injection insulin (HbA1c level of 75 mmol/mol [9%] or higher) that persists despite testing at least 10 times a day and hyperglycaemia cannot be managed following intermittent CGM.
    - Continue real-time continuous glucose monitoring if HbA1c can be sustained at or below 53 mmol/mol (7%) and/or there has been a fall in HbA1c of 27 mmol/mol (2.5%) or more.

References

1. Diabetes (type 1 and type 2) in children and young people: diagnosis and management NICE guideline [NG18] Published date: August 2015 Last updated: November 2016

2. Guidance on insulin Pumps ad Continuous Glucose Monitoring (CGM) for children and young people. South East Coast & London Paediatric Diabetes Network.

Acknowledgement

Adapted from guidance developed by London Diabetes Clinical Network and NHS London Procurement Partnership (Version 1.0, published 20 September 2018)

Document Control

Date	Version	Amendments
04.08.2020	1.0	New Position Statement

Document Management

Groups / Individuals who have overseen the development of this guidance:	WEL/TNW Medicines Optimisation Team NHS NEL Medicines Management Team
Groups which were consulted and have given approval:	WEL Medicines Optimisation and Commissioning Committee
Version Number:	1.1
Available on:	TNW CCG websites
Disseminated to:	Barts Health Trust and CCGs in TNW
Approval Committee	WEL Medicines Optimisation and Commissioning Committee
Approval date:	June 2021
Review date:	2 years from approved date