

Policy for Funding Flash Glucose Monitoring for People with Diabetes – Adults and Children aged over 4 years (Freestyle Libre®/Libre 2®)

RECOMMENDATION

It is recommended that funding for Flash Glucose Monitoring within NHS Bath and North East Somerset Swindon and Wiltshire CCG continues to follow the original national criteria [NHS England » Flash Glucose Monitoring: National arrangements for funding of relevant diabetes patients](#). Freestyle Libre® and Freestyle Libre 2® sensors* are classified as an amber traffic light within the local [BSW formulary](#).

Initiation Criteria

Flash Glucose Monitoring should only be used for people with diabetes who have been assessed by the specialist clinician (including specialist diabetes nurses in hospital or community diabetes services) and deemed to meet one or more of the following criteria:

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 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 that they would have satisfied one or more of these criteria prior to them commencing use of Flash Glucose Monitoring had these criteria been in place prior to April 2019 AND 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 (see our separate policy). 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.

All the following requirements must also be met:

- Education on Flash Glucose Monitoring has been provided (online or in person).
- An agreement to scan glucose levels no less than 8 times per day and use the sensor >70% of the time.
- Agreement to regular reviews with the local clinical team.
- Previous attendance, or due consideration given to future attendance, at a Type 1 diabetes structured education programme (DAFNE or equivalent if available locally).

People with diabetes not fulfilling the above criteria should not be prescribed Flash Glucose Monitoring at NHS expense.

Reference:	Policy Name	Review Date	Version
BSW-CPAPC1	Flash Glucose Monitoring for people with diabetes over 4 years of age	July 2022	1

RECOMMENDATION (continued)

Continuation Criteria

Post initial 6 months trial continuing prescription for long-term use of Flash Glucose Monitoring is contingent upon evidence of agreeing with the above conditions and that on-going use of the Flash Glucose Monitoring is demonstrably improving an individual's diabetes self-management by;

- improvement of HbA1c or Time In Range;
- improvement in symptoms such as DKA or hypoglycaemia;
- or improvement in psycho-social wellbeing.

Continued benefit and engagement with the criteria should be assessed annually thereafter.

Using the above criteria, where no improvement is demonstrated use of Flash Glucose Monitoring should be discontinued and an alternative method of monitoring used. People with diabetes should be informed of this possibility at the *outset* of the trial period by use of a written personal agreement on initiation of trial.

Reduction in finger prick testing: The specialist must inform the person that frequency of finger prick testing will be reduced and inform them how often and in what circumstances they should carry it out when using flash glucose monitoring. The specialist must also inform the person's GP. Unnecessary continuation of finger prick testing will greatly increase costs.

Full details of criteria for initiation and continuation of Flash Glucose Monitoring should be clearly evidenced and documented within specialist services clinical notes. This should be shared in writing with the GP practice at initiation and continuation.

Specialist services must use IT systems to support and allow implementation of the policy such as the ability to identify a list of patients currently using Flash Glucose Monitoring to allow monitoring of outcomes of treatment and decision to allow continued prescribing in line with this policy.

To support addressing inequalities in diabetes treatment. Specialist services must monitor uptake of Flash Glucose Monitoring by age, BAME groups and deprivation quintile.

NHSE information for further advice: [Improved Access to Diabetes Technologies](#)

**Note that Continuous Glucose Monitoring (CGM) NOT Flash Glucose Monitoring is the preferred option for pregnant women with type 1 diabetes. See NICE guidance [NG3 Diabetes-in-pregnancy-management-from-preconception-to-the-postnatal-period-pdf-51038446021](#) & [Improved Access to Diabetes Technologies](#)

* The new Freestyle Libre 2 system has the added feature of real-time glucose alarms which can be switched on to notify people if glucose goes too low or too high. People using the original Freestyle Libre system will move to Freestyle Libre 2 at routine review and all new initiations will be to the Freestyle Libre 2 system. People with diabetes should receive education on how to use the additional features provided by Freestyle Libre 2. See [Flash Glucose Monitoring - Frequently Asked Questions for Commissioners](#)

NICE Information

- <https://www.nice.org.uk/advice/mib110>
- <https://www.nice.org.uk/guidance/ng3/resources/diabetes-in-pregnancy-management-from-preconception-to-the-postnatal-period-pdf-51038446021>
- <https://pathways.nice.org.uk/pathways/diabetes>

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LOCAL PATHWAY

Key points:

- The decision to start FreeStyle Libre® system will only be made by the NHS specialist diabetes service for people currently under their care.
- There will be a 6 month trial.
- The FreeStyle Libre® device will be supplied by the specialist diabetes service (it is not prescribable on NHS prescription).
- The specialist diabetes service will provide a 2 week supply (1 sensor) at the start of the trial period.
- General Practice and primary care prescribers should not initiate FreeStyle Libre® .
- GPs and primary care prescribers should only start prescribing the sensors if they have received an Initiation Criteria Confirmation letter from the NHS diabetes specialist team.
- GPs and primary care prescribers should only continue prescribing the sensors beyond the 6 month trial period if they have received a 'Continuation Criteria Confirmation' letter from the secondary care NHS diabetes specialist team.
- After receipt of written confirmation from the specialist diabetes service, GP to prescribe 2 Freestyle Libre® sensors per month.
- It is not anticipated that people will require more than 26 sensors to be prescribed within a given year.
- It is recommended that no more than 2 sensors (1 month supply) are prescribed at a time.
- Blood glucose testing strips will still need to be prescribed but only in sufficient quantities to cover DVLA requirements, in the event of sensor failure, as required for bolus dosing or in inter-current illness when dehydration and rapid glucose concentration changes are occurring.
- If replacement readers or sensors are needed the person with diabetes will obtain one free of charge from manufacturer.

AUDIT

It is recommended data from all users be included in the national Association of British Clinical Diabetologists (ABCD) audit on flash glucose monitoring. [ABCD - Nationwide FreeStyle Libre Audit \(diabetologists-abcd.org.uk\)](http://diabetologists-abcd.org.uk)

Where the specialist service is not able to participate in the national Association of British Clinical Diabetologists (ABCD) audit, an annual audit should be undertaken in collaboration with the whole integrated care system.

To support addressing health inequalities in diabetes treatment the whole integrated care system (specialist services, GP practices, and commissioners) should collaborate to undertake a health equity audit to review uptake of Flash Glucose Monitoring by age, BAME groups and deprivation. The results of this should inform an action plan to facilitate improvements in uptake and retention amongst priority population groups identified locally [Improved Access to Diabetes Technologies](#)

The audit will be dependent on balancing priorities and capacity available. The integrated pharmacy and medicines optimisation team may be able to assist.

CLINICAL PRIORITIES

The CCG have a duty to prioritise spending of a finite resource locally and made a decision which it felt gave the most equitable and effective use of investment.

This policy will be reviewed in the light of any relevant national guidance that is published.

People with diabetes 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. In this situation, follow locally defined process for exceptional funding requests.

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