

**General Commissioning Policy**

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| **Equipment** | **Continuous Glucose Monitoring System****(CGMS) and Flash Glucose Monitoring (FGM)** |
| **For the****management of** | **Type 1 diabetes in adults and children** |
| **Background** | This commissioning policy reflects the criteria for CGMS/FGM stated in NICE Guidance NG17 (Adults), and NICE Guidance NG 18 (Children and Young People published in 2015.Prevision of such equipment requires support and education to the person or carer. Therefore this equipment and its supplies should only be initiated by the Diabetes Specialist Team, who will inform the GP practice of patients utilising the FGM which can be obtained on prescription. CGMS supplies can only be ordered via the acute trust. |
| **Commissioning position** | NHS Hull CCG will only commission the use of CGMS or FGM as an option for the management of Type 1 Diabetes Mellitus in adults and children in accordance with NICE Guidance (Ref 1 and 2) if any of the following criteria are fulfilled:**Adults** with type 1 diabetes who are willing to commit to using it at least 70% of the time and to calibrate it as needed, and who have any of the following despite optimised use of insulin therapy and conventional blood glucose monitoring:* More than 1 episode a year of severe hypoglycaemia (requiring the assistance of others) with no obviously preventable precipitating cause.
* Complete loss of awareness of hypoglycaemia.
* Frequent (more than 2 episodes a week) asymptomatic hypoglycaemia that is causing problems with daily activities.
* Extreme fear of hypoglycaemia.
* Hyperglycaemia (HbA1c level of 75mmol/mol [9%] or higher) that persists despite testing at least 10 times a day.
* 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.

**Children and Young People** Ongoing real‑time continuous glucose monitoring, with alarms if needed, will be offered to children and young people with Type1diabetes who have:* frequent severe hypoglycaemia or
* impaired awareness of hypoglycaemia associated with adverse consequences (for example, seizures or anxiety) or
* inability to recognise, or communicate about, symptoms of hypoglycaemia (for example, because of cognitive or neurological disabilities).

INICE state it may also be considered for:* 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.
* Consider intermittent (real‑time or retrospective) continuous glucose monitoring to help improve blood glucose control in children and young people who continue to have hyperglycaemia despite insulin adjustment and additional support.
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| **Effective from** | February 2017  |
| **Summary of****evidence /****rationale** | Revised in line with changes to FP10 to include Freestyle Libre (FGM) November 2017. |

**Notes**

1. This Policy will be reviewed in the light of new evidence, or guidance from NICE.

2. General Commissioning Policies are agreed by the Planning and Commissioning Committee on behalf of NHS Hull CCG.

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| **Date** | February 2017 |
| **Review Date** | February 2019  |
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**References:**

1. NICE NG17 Type 1 Diabetes in Adults: diagnosis and management (August 2015) (updatedJuly2016) <https://www.nice.org.uk/guidance/ng17/chapter/1-Recommendations>
2. NICE NG18 Diabetes (type1 and type 2) in Children and Young People: diagnosis and management (August 2015), (updated December 2015)
3. NICE QS125 (July2016) https://www.nice.org.uk/guidance/qs125/chapter/Quality-statement-4-Continuous-glucose-monitoring-in-type-1-diabetes
4. NHS England Letter re end of Specialised Commissioning of Insulin pumps and CGMS for some Paediatric patients.

