Hull & East Yorkshire NHS Trust September 2016

Newly Diagnosed Type 1 Diabetes

Commence MDI insulin regimen with education and support

Out of honeymoon.

Complete DAFNE structured education or equivalent CHO counting skills if unable to attend DAFNE

YES NO HbA1c >69\*

Problematic hypos

Problematic hypos

Annual review: Achieving target glucose control

YES NO YES NO

CSII\* or LIbre

Discuss pros/cons

Not testing – Libre trial may be more suitable as cheaper than pump and CSII without SBGM is unlikely to succeed.

No Change

No change

Regular SBGM conducted and reviewed.

Yes – trial CSII\*

No – trial Libre if HbA1c >84mmol

Offer

CSII \*

Major hypos persist

REAL-time CGMS with pump in accordance with NICE NG17

* Note - NICE criteria for CSII are met at these points. CSII with the requisite SBGM would cost around £3000pa compared to Libre £1304 (reduced to £650 if deduct SBGM costs). Therefore consideration should be given to a trial of Freestyle Libre in an individual who meets the criteria for CSII but declines CSII and funding continued if there is evidence of target goals being met.

**Flash freestyle Libre pathway**.

1)Clearly identify the clinical indication(s) to use Libre and what therapeutic measures have already been trialled/offered eg pump offered but patient does not want to use CSII

More than 1 episode a year of severe hypoglycaemia with no obviously preventable precipitating cause. YES/NO

Record current Hba1c, frequency of major hypo, date of last major hypo. Any recent ED/hospital attendance due to hypos. Obtain SBGM meter download for case notes. Current management.

Complete loss of awareness of hypoglycaemia YES/NO

Record current Hba1c, date of last major hypo. Obtain SBGM meter download for case notes . Current management.

Frequent (> 2 episodes a week) asymptomatic hypoglycaemia causing problems with daily activities YES/NO

Record current Hba1c, frequency of hypos. Any recent ED/hospital attendance due to hypos. Current management

Extreme fear of hypoglycaemia YES/NO

Record current HbA1c. Frequency of SBGM from meter download.

Hyperglycaemia (HbA1c level of 75mmol or higher) that persists despite testing at least 10 times a day YES/NO

Record current HbA1c. Obtain SBGM meter download for case notes. Current management.

Hyperglycaemia (HbA1c of 84mmol or higher in an individual and/or recurrent hospital admissions with DKA who is not achieving recommended traditional SBGM testing frequency but with flash glucose monitoring is able to **achieve and maintain** a drop in HbA1c of at least 15mmol/mol. YES/NO

Record current HbA1c. Obtain SBGM meter download for case notes. Document any hospital admissions in past 12mths. Current management.

2) Agree expected outcomes of Libre use with patient and time scale to achieve that.

Eg – drop in Hba1c, reduced hypo frequency, reduction in YAS callouts and/or admissions,

3) Repeat Hba1c at 3mths, 6mths and 12mths. Download Libre data and/or SBGM whichever patient is actively using. Document average frequency of Libre wear eg 52 weeks a year, 2 weeks a month, 2 weeks a quarter etc.

4) At 12mths reassess – are goals being met and is it appropriate to continue to fund Libre.