Northern Treatment Advisory Group

Northern (NHS) Treatment Advisory Group

Continuous glucose monitoring (CGM) position statement – November 2022

This statement covers the use of Flash also known as intermittently scanned continuous glucose monitoring devices (isCGM) and certain, named real-time CGM (rtCGM) devices for use in adults, young people and children, current examples include Freestyle Libre 2 sensors and Dexcom One.

NTAG recommends FreeStyle Libre 2 and Dexcom One as options for glucose monitoring in the North East and North Cumbria as follows:

The choice of device should be based on individual patient factors and following an informed discussion between patient and/or carer and their clinician.

NTAG approved criteria for isCGM and rtCGM (November 2022)

NTAG only recommends the use of CGM for as per the recommendations from NICE in:

- NICE NG17 - Type 1 diabetes in adults: diagnosis and management. Last updated: 31 March 2022
- NICE NG28 - Type 2 diabetes in adults: management. Last updated: 31 March 2022
- NICE NG18 - Diabetes (type 1 and type 2) in children and young people: diagnosis and management. Last updated: 31 March 2022
- NICE NG3 - Diabetes in pregnancy: management from preconception to the postnatal period - Last updated: 16 December 2020

Type 1 diabetes in adults

- Offer adults with type 1 diabetes a choice of real-time continuous glucose monitoring (rtCGM) or intermittently scanned continuous glucose monitoring (isCGM, commonly referred to as 'flash'), based on their individual preferences, needs, characteristics, and the functionality of the devices available.
- When choosing a continuous glucose monitoring device:
    - use shared decision making to identify the person's needs and preferences, and offer them an appropriate device
    - if multiple devices meet their needs and preferences, offer the device with the lowest cost.

Type 2 diabetes in adults

- Offer intermittently scanned continuous glucose monitoring (isCGM, commonly referred to as 'flash') to adults with type 2 diabetes on multiple daily insulin injections (2 or more) if any of the following apply:
    - they have recurrent hypoglycaemia or severe hypoglycaemia
    - they have impaired hypoglycaemia awareness
    - they have a condition or disability (including a learning disability or cognitive impairment) that means they cannot self-monitor their blood glucose by capillary blood glucose monitoring but could use an isCGM device (or have it scanned for them)
    - they would otherwise be advised to self-measure at least 8 times a day.
- Offer isCGM to adults with insulin-treated type 2 diabetes who would otherwise need help from a care worker or healthcare professional to monitor their blood glucose.
- Consider real-time continuous glucose monitoring (rtCGM) using a NTAG approved device as an alternative to isCGM for adults with insulin-treated type 2 diabetes if it is available for the same or lower cost.

Diabetes (type 1 and type 2) in children and young people

- Offer intermittently scanned continuous glucose monitoring (isCGM, commonly referred to as 'flash') to children and young people with type 1 diabetes aged 4 years and over who are unable to use rtCGM or who express a clear preference for isCGM.
- isCGM (Flash) is not recommended for use in children and young people with type 2 diabetes

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Diabetes in Pregnancy

- For those with pre-existing diabetes (type 1 & type 2) on insulin who are actively trying to conceive or are currently pregnant:
- Offer intermittently scanned continuous glucose monitoring (isCGM, commonly referred to as 'flash') to pregnant women with type 1 diabetes who are unable to use rtCGM or express a clear preference for isCGM.
- Offer intermittently scanned continuous glucose monitoring (isCGM, commonly referred to as 'flash') to pregnant women with type 2 diabetes treated with insulin.
- Consider rtCGM for pregnant women who are on insulin therapy but do not have type 1 diabetes, if:
    - they have problematic severe hypoglycaemia (with or without impaired awareness of hypoglycaemia) or
    - they have unstable blood glucose levels that are causing concern despite efforts to optimise glycaemic control.
- Total duration of CGM under these criteria will be for 12 months in total: inclusive of pre-conceptual period, pregnancy and the immediate post-partum period. Thereafter; patients will be expected to return to their previous method of blood glucose testing.
- Patients developing gestational diabetes are excluded from this recommendation.

Existing patients started on flash glucose monitoring under previous NTAG, RMOC or NHS England criteria remain eligible provided they continue to meet the agreed criteria for continuation.

Other requirements:

1. Education on isCGM or rtCGM has been provided (online or in person)
2. Agree to regular reviews with the local clinical team.
3. Previous attendance, or due consideration given to future attendance, at a type 1 diabetes structured education programme (DAFNE or equivalent if available locally).

Responsibility for Initiation of FreeStyle Libre 2 or Dexcom One

- For Adults: FreeStyle Libre 2 and Dexcom One can be initiated in in both primary & secondary care. However, it would be a good opportunity to refer patient back to specialist type 1 diabetes services if not already under their care, this should not delay the provision of isCGM pending Type 1 Specialist review.
- For children and young people under 16 years old: As all are under secondary care and rtCGM is the recommended first choice then refer to paediatric MDT to support initiation.
- For any child/young person with any form of diabetes aged 16-19yrs if not under secondary care then as well as supporting initiation in primary care take the opportunity to refer back into the Paediatric / Young Persons service to re-engage and support self-management and transition to adult services (be that secondary or primary care.)

Ongoing use should be reviewed as part of the standard patient review in each individual patient's diabetes care plan. When using FreeStyle Libre 2 a minimum of 3 scans per day is required (every 8 hours) in order to capture all glucose data. Sensor use of more than 70% is required to facilitate good diabetes management.

Adjunct blood glucose testing strips should continue to be prescribed based upon individual patient needs and according to locally agreed best value guidelines with an expectation that demand/frequency of supply will be reduced.

Used FreeStyle Libre 2 sensors should be disposed of in a sharps bin. There is no requirement to dispose of any Dexcom One waste in a sharps bin. 4L and 7L Sharpsafe disposal bins need to be available for the safe disposal of diabetes devices as per device company advice. This can be prescribed on an FP10 prescription by the GP. The collection and disposal of the full bins should be as per local arrangements applicable to that local authority.