BSW ICB Policy for diabetes wearable technology for adults and children living with Type 1 Diabetes (T1D)

Bath and North East Somerset, Swindon and Wiltshire
Integrated Care Board

BSW ICB commission the use of prescribable and non-prescribable real-time continuous glucose monitoring (rtCGM) and intermittently scanned CGM (isCGM) in the scenarios described on page 2 in people living with T1D.

On 31st March 2022, the National Institute for Health, and Care Excellence (NICE) updated the recommendations in their Diabetes guidance in relation to glucose monitoring. The guidance relates to CGM which is usually managed via the local Specialist Diabetes service:

- **NICE Type 1 diabetes in adults -**
  Recommendations | Type 1 diabetes in adults: diagnosis and management | Guidance | NICE
- **NICE Type 1 and Type 2 diabetes in Children and Young People –**
  Recommendations | Diabetes (type 1 and type 2) in children and young people: diagnosis and management | Guidance | NICE
- **NICE Type 2 Diabetes in Adults**
  Recommendations | Type 2 diabetes in adults: management | Guidance | NICE
- Prescribable rtCGM: e.g., Dexcom One (≥2 years), GlucoRx Aidex (≥14years), GlucoMen Day (≥6 years) and Prescribable isCGM: e.g., Freestyle Libre 2 (≥4 years) can be prescribed on FP10 via primary care after a shared decision-making review by a specialist (Defined as: Medical doctor/diabetes specialist nurse/practice diabetes nurse/specialist pharmacist) to determine which type of CGM is most appropriate.

Non-prescribable (procured) rtCGM e.g., Dexcom G6/7, Medtronic Guardian, will continue to be provided by secondary care trusts.

Existing patients on rtCGM:

Existing patients receiving non prescribable rtCGM prior to this policy may continue with their treatment on the recommendation of a consultant. Activity to be included within the contract arrangements in place with providers.

People living with Type 2 Diabetes:

The updated NICE guidance NG28 and its recommendations will be considered for funding in 23/24, but our historic policy continues whereby people living with T2 diabetes can receive prescribable rt or is CGM if they meet the criteria (All to have a documented review at 6 months, as per criteria on page 2. *Please note that further BSW ICB funding approval is not required, as this is a clinician/provider review only, to ensure the patient is utilising the wearable technology correctly and has proven benefit):

- Being treated with insulin and who are living with a learning disability as recorded on their GP Learning Disability register
- On haemodialysis and on insulin treatment who are clinically indicated as requiring intensive monitoring >8 times daily, as demonstrated on a meter download/review over the past 3 months
- Diabetes associated with cystic fibrosis on insulin treatment.
- NEW: Pregnant women with T2 diabetes on four times a day insulin regimen for 12 months inclusive of post-delivery period.

Patients and families currently funding CGM privately:

Patients & families that were previously funding non-prescribable or prescribable rtCGM or isCGM themselves will be assessed against the criteria below at their next appointment with their NHS specialist to see what form of CGM they are eligible for. If a patient or family has been funding non-

prescribable rtCGM, they will only receive NHS funding for it if they fulfil the criteria to receive it. If they do not fulfil the criteria, they will be offered prescribable CGM on the NHS.

Criteria for NHS commissioning of non-prescribable rtCGM in T1D in BSW

BSW ICB will routinely commission the choice of non-prescribable rtCGM for patients who fulfil one of the criteria below. If multiple devices meet their needs and preferences, offer the device with the lowest cost (as per NICE):

a) Have T1D and are pregnant. If they are unable to use non-prescribable rtCGM or express a clear preference for it, they can have prescribable rtCGM/isCGM – all for 12 months in total inclusive of post-delivery period:

OR

b) Have T1D and a Learning Disability (patient on their GP LD register) or autism and deemed unsuitable (after a shared decision-making review) for prescribable rtCGM/isCGM:

OR

c) Have T1D and frequent severe hypoglycaemia. People with T1D with ≥1 episode in the previous year of severe hypoglycaemia with no obviously preventable precipitating cause. For this policy, severe hypoglycaemia is defined as having low blood glucose levels (<4.0 mmol/litre) that precipitates recognised signs of severe hypoglycaemia (confusion and disorientation, convulsions / fitting / seizures, intense nightmares, loss of consciousness, coma) and requires third party intervention (assistance from another person to treat):

OR

d) Have T1D with impaired awareness of hypoglycaemia (IAH). For this policy, IAH is defined as reaching a glucose concentration of <3.0 mmol/litre without symptoms of hypoglycaemia on >2 occasions in a single week. Complete loss of awareness should be measured using the Gold or Clarke questionnaire and assessed in combination with clinical presentation:

OR

e) Have T1D and inability to recognise, or communicate about, symptoms of hypoglycaemia (e.g., due to cognitive or neurological disabilities) and including neonates, infants and pre-school children with inability to recognise or communicate about symptoms of hypoglycaemia.

Note: The child should be reviewed regularly (at least every six months) and the need for non-prescribable CGM re-evaluated once s/he is able to communicate effectively.

All other people living with T1D that do not fall within any of the above cohorts can receive prescribable rtCGM or isCGM from their GP on FP10 after a shared decision-making review by a specialist.

The criteria above also apply to those patients already using an insulin pump.

Provider trusts will no longer be expected to provide annual reports for patients receiving non-prescribable rtCGM to secure continued funding.

Criteria to review CGM (documented review by specialist at 6 months. *Please note that further BSW ICB funding approval is not required, as this is a clinician/provider review only, to ensure the patient is utilising the wearable technology correctly and has proven benefit):

1. CGM has not been used 70% of the time – every day or calibrated.
2. No evidence of benefit or sustained improvement (e.g., number of hypoglycaemia episodes)

It is recommended that Patient/carer/family should attend all recommended education sessions or clinic appointments.

Transition from paediatric to adult services:

Patients may continue being provided with non-prescribable rtCGM if they have demonstrated significant clinical benefit justifying on-going provision. All patients will have their diabetes technology use reviewed by the adult team when transitioning across to adult services. The NICE principal **"If multiple devices meet their needs and preferences, offer the device with the lowest cost"** should be followed.

Hybrid closed loop systems (via secondary care trusts):

NICE are currently reviewing the use of closed loop rtCGM systems https://www.nice.org.uk/guidance/indevelopment/gid-ta10845 with publication expected in 2023. The ICB will then review their publication and consider local commissioning implications.

In exceptional clinical circumstances, funding for non-prescribable rtCGM can be considered by submitting an application through the Exceptional Funding Request process as outlined in the Exceptional Funding Request policy and procedure: What we do and don't fund - Bath and North East Somerset, Swindon and Wiltshire ICB