

Sent via email

30 January 2023

Dear Sir,

RE: Request for information regarding local CGM/Flash policies for diabetes

Thank you for your letter dated 6 January 2023 sent on behalf of Diabetes UK (DUK) and JDRF requesting information about Lancashire and South Cumbria Integrated Care Board's (ICB's) local policies, specifically, regarding access to continuous glucose monitoring (CGM) and Flash glucose monitoring (also known as intermittently scanned CGM) for people with type 1 and type 2 diabetes, your email requested the following information:

- 1. Have you agreed and published a local policy for access to rtCGM and Flash (isCGM), in line with NICE guidelines (NG17, NG18 and NG28), for these groups of people?**
 - a) Adults with type 1 diabetes
 - b) Children with type 1 diabetes
 - c) Adults with type 2 diabetes who have more than one daily insulin injection **and**: experience problematic hypoglycaemia **or** need to fingerprick test 8+ times a day, cannot fingerprick test due to a condition or disability **and/or** require help from someone else to monitor their blood sugar levels
- 2. Do, or will these policies include:**
 - a) Details of how choice between real-time continuous glucose monitoring (rtCGM) and Flash (isCGM) will be enabled and supported for people with type 1 diabetes.
 - b) Guidance on how commissioners, providers and healthcare professionals should address inequalities in access and uptake.
- 3. Are there any specific challenges or issues you're facing writing and/or implementing the above policies (e.g. providing training, defining clear roles for primary and secondary services) we may be able to support with?**

Please find detailed below Lancashire and South Cumbria ICB's response to the requested information:

1. I can confirm that Lancashire and South Cumbria ICB adopted the Policy for Continuous Glucose Monitoring and Flash Glucose Monitoring to patients with Diabetes Mellitus in July 2022. This policy was updated and ratified by Clinical Commissioning Groups in April 2022 to align with the recommendations of NICE guidelines (NG17, NG18 and NG28) and covers the groups:
 - a. Adults with type 1 diabetes.
 - b. Children with type 1 diabetes.
 - c. Adults with type 2 diabetes who have more than one daily insulin injection **and**: experience problematic hypoglycaemia **or** need to fingerprick test 8+ times a day, cannot fingerprick test due to a condition or disability **and/or** require help from someone else to monitor their blood sugar levels.
2. Please refer to answer 1.

3. I can confirm that:

- a. In accordance with the NICE guidelines NG17 and NG18, the policy states:
 - isCGM (along with rtCGM) will be offered to all adults with type 1 diabetes based on individual preferences, needs characteristics and the functionality of the devices available.
 - rtCGM will be offered to all children, young people and adults with type 1 diabetes based on individual preferences, needs characteristics and the functionality of the devices available.
 - isCGM will be offered to all children and young people aged 4 years and over who are unable to use rtCGM or who express a clear preference for isCGM.
- b. The Lancashire and South Cumbria ICB have given due regard to the Public Sector Equality Duty and considered in depth, the potential impact of this policy on people from protected characteristic groups. The Policy for Continuous Glucose Monitoring and Flash Glucose Monitoring has been subject to an Equality and Health Inequality Impact and Risk Assessment (EHIIRA) which considered the potential impacts of this policy on protected characteristic groups and health inclusion groups who may be more likely to experience health inequalities. The policy was updated in April 2022 to reflect best practice and national guidance from NICE (NG 17, 18, 28) which should help to reduce variation and access to the policy across the country. Changes made to the policy as a result of the updated NICE guidance broaden the availability of continuous glucose monitors meaning that the policy is now less restrictive and could be expected to have a positive impact on those groups who were previously unable to access the policy. The Lancashire and South Cumbria policy content and criteria is now structured on patient characteristics (in terms of insulin need) rather than diagnosis with a focus on improving clinical outcomes for patients which should be positive in terms of reducing potential barriers to access and inequalities. Reference to clinical exceptionalism and the exceptionalism policy is built into the policy. If a Continuous Glucose Monitoring and/or Flash Glucose Monitoring device is not normally funded or a patient does not meet the access criteria, but their clinician (consultant/GP or other health professional) feels there are clinically exceptional circumstances and the patient would benefit from this treatment, then their clinician can submit an [Individual Funding Request \(IFR\)](#). This is submitted on the patient's behalf on the grounds of exceptionalism to the policy.

4. The North West Coast Clinical Network Diabetes Team (NWCCN) is working closely with ICB colleagues on the national diabetes programme deliverables. Whilst the Lancashire and South Cumbria ICB had agreed and ratified the CGM/Flash policies in April 2022 last year, we are aware that there are variations in the access to CCM/Flash adoption and uptake particularly in primary care. The ICB has recently agreed to focus on improving equitable access to these devices and we are planning to arrange a workshop in March/ April 2023; with subject matter experts, clinicians and those with an interest in improving access to technologies. The NWCCN Diabetes team are seeking to establish a technologies group chaired by a lead clinician with specialist interest in diabetes technology. We envisage that this Clinical Diabetes technology lead and the NWCCN diabetes team will develop a plan to reduce variation across the patch including education for clinicians working closely with key partners such as Medicines Management to maximise procurement of devices and improve patient safety. We have already asked DUK to work closely on this important area of diabetes care.

The steps we plan to roll out are:

- Recruit a Diabetes Technology Clinical Lead.
- Complete an audit gap analysis and insights.
- Develop a local workshop, including DUK representation.
- Establishment a technology group, including DUK representation.
- Develop a transformation plan to ensure equal access, improved education, cost effectiveness and improved patient outcomes.

Yours Sincerely

David Flory

**David Flory CBE
Chair**