**SHIP8 Clinical Commissioning Groups Priorities Committee**

No. 28

**Policy Recommendation: 'Flash' Glucose Monitoring in Diabetes**

**Date of Issue:** Jan 2018

**The prescribing of 'flash' glucose monitors in diabetes in patients 4 years and above**

'Flash' glucose monitoring systems such as the Freestyle Libre may be **recommended** in patients with Type 1 diabetes or those with Type 1 or 2 diabetes who are pregnant and who fulfil **one or more** of the criteria below:

- Patients who are **clinically required** to undertake intensive monitoring with 8 or more finger prick blood tests daily.
- Those who meet the current NICE criteria for insulin pump therapy (HbA1c >69.4mmol/mol) or disabling hypoglycaemia as described in NICE TA151 where a successful trial of flash glucose monitoring may avoid the need for pump therapy
- Those who have recently developed impaired awareness of hypoglycaemia, when it may be used as an initial tool in its management with a review at 6 months.
- Frequent (>2 per year) hospital admissions with diabetic keto-acidosis or hypoglycaemia where other management plans have failed.
- Those requiring third parties to carry out monitoring or where conventional blood testing is not possible.

This method of monitoring must not to be initiated in a primary care setting and should only be initiated or recommended by the **consultant-led** service.

The patient should have previously been through an advanced insulin self-management education course such as "DAFNE" (Dose adjustment for normal eating: DH, 2002)[1] or local accredited education programmes. The patient should be actively engaged in enrolling themselves into the management system and would be expected to go through a further course of education on the use and interpretation of the readings the management system delivers.

Primary care may be subsequently asked to prescribe the monitoring sensor packs in the community for people who fulfil the above criteria. This should lead to a reduction in use of prescribed Blood Glucose Testing Strips (see below)

If no improvement is demonstrated in one or more of the impact areas below over a 6 month trial period, then the use of Flash glucose monitoring should be reviewed with alternative methods of monitoring considered.

- Reductions in severe/non-severe hypoglycaemia
- Reversal of impaired awareness of hypoglycaemia
- Episodes of diabetic ketoacidosis
- Admissions to hospital
- Reduction in HbA1c by more than 0.5% where appropriate
- Blood Glucose Testing strip usage reduced
- Quality of Life changes using validated rating scales
- Commitment to regular scans and their use in self-management.

The use of Flash Glucose Monitoring systems for any other indication is **low priority**.
The committee is aware that this is an evolving field and that more evidence is being collected. Consequently this statement will be scheduled for further review in early 2019.

[1] Department of Health, Diabetes UK (2005) Structured patient education in diabetes: Report from the Patient Education Working Group. DH, London. Available at: http://bit.ly/d2U9DW

*Notes:*

***Whilst the panel recognised the considered expert advice of NICE in their recommendation the panel also had a duty to prioritise spending of a finite resource locally and made a decision which it felt gave the most equitable and effective use of investment.***