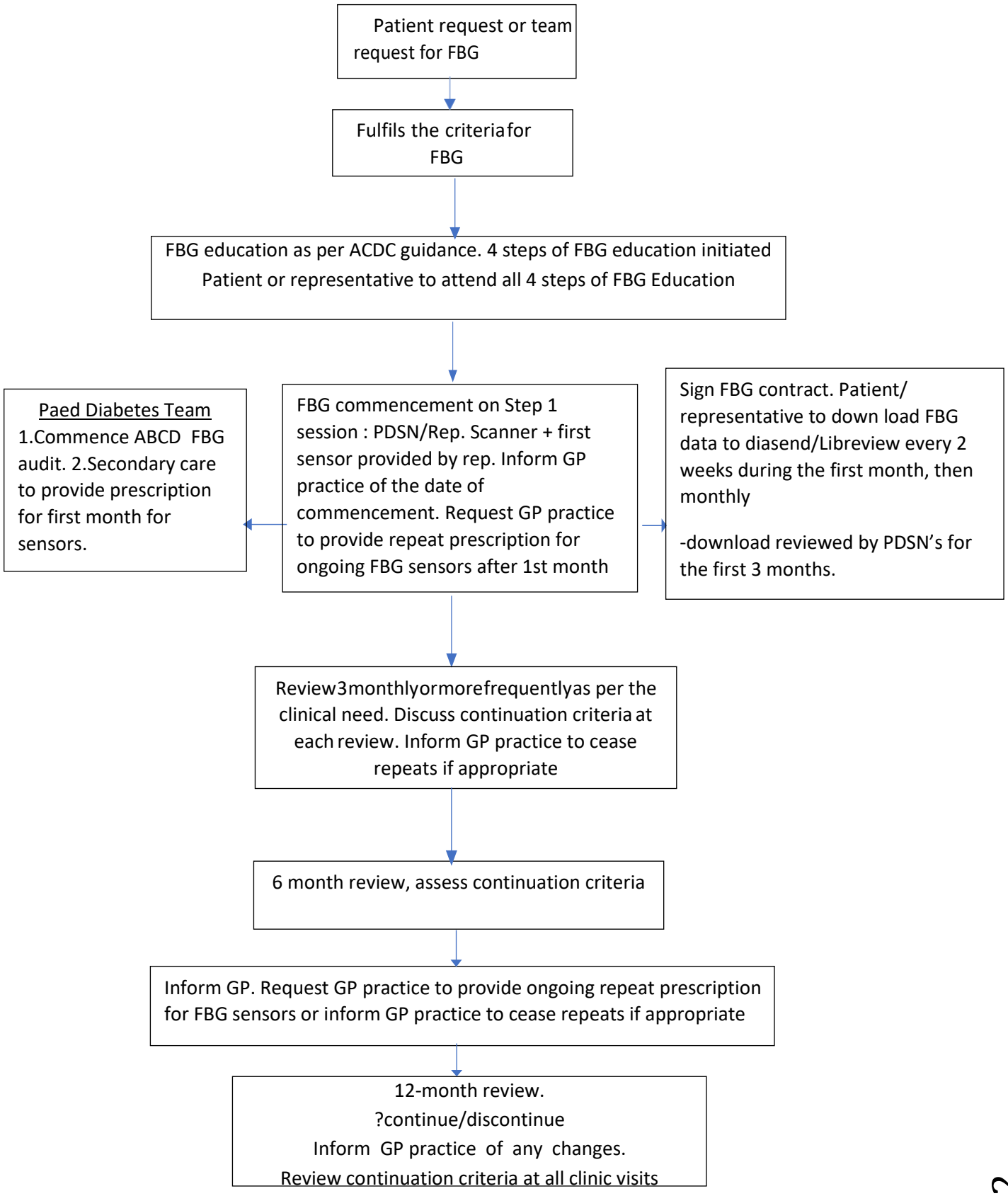
Flash Blood Glucose Monitoring Guidance

The scope of this guidance is the prescribing of Flash blood glucose monitoring (FBGM) sensors (such as the Freestyle Libre® range). This guidance does not cover the prescribing or supply of continuous glucose monitors (CGMs) such as Dexcom® or Medtronic®).

Contents

Flash Blood Glucose (FBG) monitoring pathway: Paediatrics



Flash Blood Glucose (FBG) monitoring pathway – Adults

DBTHFT diabetes team identifies patient.

Refer to DBTHFT

Primary Care/ RDaSH nursing team identifies a patient for FBG .

Fulfils the criteria for FBG

FBG commencement DSN/Rep Scanner + first sensor provided by Rep.
Inform GP practice of the date of commencement.
Request GP practice to provide repeat prescription for ongoing FBG sensors after 1st month

Secondary care Diabetes Team

1.Commence ABCD FBG audit. 2.Secondary care to provide prescription for first month for sensors.

FBG education as per the company guidance by DSN/Rep

Sign FBG contract. Patient to download FBG data on Diasend/Libreview every 2 weeks during the first month, then monthly -

Download reviewed by DSN's remotely for the first 3 months.

Review 3 monthly or more frequently as per the clinical need Discuss continuation criteria.
Inform GP practice to cease repeats if appropriate

6-month review
Assess continuation criteria

Inform GP practice. Request practice to provide ongoing repeat prescription for FBG sensors or

Inform GP practice to cease repeats if appropriate

Review continuation criteria at all clinic visits
12-month review
?continue/discontinue
Inform GP practice of any changes

If patient discharged to GP practice:

Use the discontinuation criteria based on improvement in HbA1c and the frequency of scanning. [Frequency of scanning can be obtained from the FBG scanner]

Eligibility Criteria:

For people living with Type 1 Diabetes:

1. Who are clinically indicated as requiring intensive monitoring >8 times daily, as demonstrated on a meter download/review over the past 3 months
2. Who are pregnant. This cohort of patients are eligible for 12 months supply of FBGM in total inclusive of post-delivery period.
3. Who are unable to routinely self-monitor blood glucose due to disability who require carers to support glucose monitoring and insulin management.
4. For whom the specialist diabetes MDT determines have occupational (e.g. working in insufficiently hygienic conditions to safely facilitate finger-prick testing) or psychosocial circumstances that warrant a 6-month trial of Libre with appropriate adjunct support.
5. Who previously self-funded Flash Glucose Monitors where those with clinical responsibility for their diabetes care are satisfied that their clinical history suggests that they would have satisfied one or more of these criteria prior to them commencing use of Flash Glucose Monitoring had these criteria been in place prior to April 2019 AND has shown improvement in HbA1c since self-funding.
6. Who have recurrent severe hypoglycemia or impaired awareness of hypoglycemia. NICE suggests that Continuous Glucose Monitoring with an alarm is the standard. Other evidence-based alternatives with NICE guidance or NICE TA support are pump therapy, psychological support, structured education, islet transplantation and whole pancreas transplantation. However, if the person with diabetes and their clinician consider that a Flash Glucose Monitoring system would be more appropriate for the individual's specific situation, then this can be considered.
7. who are living with a learning disability and recorded on their GP Learning Disability register.

For people living with other forms of diabetes:

1. Any form of diabetes, who are on hemodialysis and on insulin treatment and are clinically indicated as requiring intensive monitoring >8 times daily, as demonstrated on a meter download/review over the past 3 months
2. Any form of diabetes associated with cystic fibrosis on insulin treatment
3. Insulin treated Type 2 diabetes who are living with a learning disability and recorded on their GP Learning Disability register

Other requirements:

1. Education on Flash Glucose Monitoring has been provided (online or in person)
2. Agree to scan glucose levels no less than 8 times per day and use the sensor >70% of the time.
3. Agree to regular reviews with the local clinical team.
4. Previous attendance, or due consideration given to future attendance, at a Type 1 diabetes structured education programme (DAFNE or equivalent if available locally)

Note:

Continuing prescription for long-term use of Flash Glucose Monitoring-post initial 6 months- would be contingent upon evidence of agreeing with the above conditions and that on-going use of the Flash Glucose Monitoring is demonstrably improving an individual's diabetes self-management- for example improvement of HbA1c or Time In Range; improvement in symptoms such as DKA or hypoglycaemia; or improvement in psycho-social wellbeing.

Note 2:

Since September 2019, Driver and Vehicle Licensing Agency (DVLA) published their guidelines around the use of FBGM for insulin treated diabetes patients with a Group 1 license (car and motorcycle). In summary, whilst FBGM can be used for Class 1 drivers, the following conditions are applicable:

- *Drivers must get a confirmatory finger prick glucose level in the following circumstances*
  - *If glucose level is 4.0mmol/L or below.*
  - *If they have symptoms of hypoglycaemia.*
  - *If their glucose monitoring system gives a reading that is not consistent with their symptoms (that is they have symptoms of hypoglycaemia and their system reading does not indicate this).*
  - *If they are aware that they have become hypoglycaemic or have indication of impending hypoglycaemia.*
  - *At any other times recommended by the manufacturer of their glucose monitoring system.*

More information is available on the DVLA website