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St Helens CCG
The Gamble Building
Victoria Square
St Helens
WA10 1DY

Our Ref: FOI 7939

Date: 20th August 2019

Dear Sir/ Madam

Re: Freedom of Information Request

Further to your recent Freedom of Information request regarding Diabetes & Continuous Glucose Monitoring, please see below our response to your request.

Request/ Response:

As part of the Freedom of Information process, please provide the following information in electronic format for the last financial year (1st April 2018 and 31st March 2019):

1. How many people are living with Type 1 diabetes in your CCG? (Total number) The CCG can report that there are currently 990 Type 1 diabetics registered as 1st August 2019.
2. How many people with Type 1 Diabetes in your CCG use continuous glucose monitoring (CGM) (Total number) Unfortunately we are not able to answer this question as we are unable to pull the data; this is due to their being no 'Read code' for Continuous Glucose Monitoring.
3. Does your CCG have a policy on the funding of CGM? (Yes/No) Yes
4. If your CCG has a policy in place for CGM, please provide a copy of the policy or a link to the policy The CCG has adopted the draft policy (Appendix 1) as an interim policy
5. How is CGM currently funded within your CCG? (e.g. routinely commissioned/ routinely commissioned within the scope of the NICE guidance/Individual Funding Request/Patient self-funded/ Hospital funded/Other (please describe) etc.) Individual Funding Request
6. Does your CCG specify specific CGM systems? (Yes/No) Yes
7. If your CCG does specify specific CGM system, please provide a list of the CGM systems See policy at Appendix 1
8. How many IFR applications were received between 1st April 2018 and 31st March 2019 for CGM? (Total number) The IFR team received 9 applications for CGM during the period 1st April 2018 to 31st March 2019 for patients within the remit of NHS St Helens CCG.
9. How many people with Type 1 Diabetes in your CCG use Flash Glucose Monitoring? (Total number) 211.
10. Does your CCG have a policy on the use and funding of Flash Glucose Monitoring? (Yes/No) Yes

11. If your CCG has a policy in place for Flash Glucose Monitoring , please provide a copy of the policy or a link to the policy As per Pan Mersey Area Prescribing committee formulary – please see link below but currently under review: http://formulary.panmerseyapc.nhs.uk/chaptersSubDetails.asp?FormularySectionID=6&SubSectionRef=06.01.06&SubSectionID=A10
12. How is Flash Glucose Monitoring currently funded within your CCG? (E.g. routinely commissioned/ routinely commissioned within the scope of the NICE guidance/Individual Funding Request/Patient self-funded/ Hospital funded/ Other (please describe) etc.) Routinely commissioned for those who meet the Pan Mersey criteria.

Should you require any further information or clarification regarding this response or do not feel that your request has been answered as you would expect, please contact us to discuss.

We also wish to take this opportunity to inform you that a formal complaints and internal review process is available, which will be managed by a FOI Appeals Officer.

This can be formally requested and must be done within a reasonable period of time (3 calendar months) from the date this response was issued.

Where you are not satisfied with the response to a request for information that falls within the Environmental Information Regulations, you should make a representation for a review to FOI Appeals Officer, sthelensccg.foi@nhs.net within 40 days of receipt of the response.

If you are not satisfied with our review under the Freedom of Information Act or the Environmental Information Regulations, you may apply directly to the Information Commissioners Office (ICO) for a review of your appeal decision. Generally, the ICO cannot make a decision unless you have exhausted our complaints procedure.

The ICO can be contacted at;

ICO, Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF
www.ico.gov.uk

Should you need any further clarification or assistance, please do not hesitate to contact me quoting the above reference.

Yours sincerely,

Angela Delea

Angela Delea
Associate Director – Corporate Governance
NHS St Helens Clinical Commissioning Group

Appendix:

CGM Policy (Draft, updated July 2018)

Adults with type 1 diabetes

CGM is not routinely commissioned.

CGM will only be considered for patients when the following criteria are met:

Currently using a continuous subcutaneous insulin pump of high specification in strict accordance with NICE appraisal TAG 151 and the local insulin pump policy.
AND
Managed by a recognised adult specialist centre of expertise. This will have a multidisciplinary team comprising a trained diabetes nurse specialist, physician and dietician with all patients trained to count carbohydrates.
AND
Willing to commit to using CGM at least 70% of the time and to calibrate it as needed.

PLUS
HbA1c ≥75 mmol/mol (9%) that persists despite blood glucose testing at least 10 times a day**
OR
Experiencing more than one severe hypoglycaemic episode a year with no obviously preventable precipitating cause. (Severe hypoglycaemia is generally recognised as hypoglycaemia involving convulsions/ unconsciousness)
OR
Complete loss of awareness of hypoglycaemia
OR
Experiencing more than 2 episodes of hypoglycaemia per week that the patient has been unable to manage themselves and are causing problems with daily activities.
OR
Inability to recognise or communicate about symptoms of hypoglycaemia e.g. because of cognitive or neurological disabilities where other forms of glucose monitoring are not appropriate.

Pregnancy

CGM is not routinely commissioned in pregnancy unless all criteria for CGM in adults are met. Where CGM in pregnancy is used, funding is **only** for the duration of the pregnancy. Insulin doses are reduced to pre-pregnancy levels as soon as the baby is delivered and CGM should not be continued beyond this point.

FOR ALL PATIENTS

A CGM system with a low Mean Absolute Relative Difference (MARD) value should be chosen. Where there is a CGM system with alarm function that will integrate and communicate directly with the patient's established insulin pump, then this CGM system should generally be used. However, an appropriate real-time Dexcom CGM system with alarm function may be considered for patients

using other insulin pumps, or those individuals where the integrated system is not the most clinically appropriate CGM system.

The device should be withdrawn from patients who fail to achieve a clinically significant response after 6 months*.
There should also be an annual review to assure the clinically significant response is maintained and that CGM is still the most appropriate method of glucose monitoring for the patient.

Consideration should be given to switching to an integrated insulin pump/CGM system when seeking to replace the insulin pump at warranty expiry, if appropriate.

Children and young people with type 1 diabetes
CGM is not routinely commissioned.

CGM will only be considered for patients when the following criteria are met:

Currently using a continuous subcutaneous insulin pump of high specification, in strict accordance with NICE appraisal TAG 151 and the local insulin pump policy.
AND
When provided by a specialist centre with a multidisciplinary team including an active member who attends at least 67% (2/3) of the North West children and young people's diabetes network meetings. In addition, the specialist centre is achieving best practice tariff in paediatric diabetes and is also engaged with the national peer review programme in paediatric diabetes, to monitor the quality of its service.
AND
Willing to commit to using CGM at least 70% of the time and to calibrate it as needed.

PLUS
Experiencing more than 2 episodes per week of severe hypoglycaemia. This is defined as having low blood glucose levels that require assistance from another person to treat and that are happening often enough to have a **significant** impact on school work or quality of life.
OR
Inability to recognise or communicate about symptoms of hypoglycaemia e.g. because of cognitive or neurological disabilities, or less than 4 years of age.
OR
Impaired awareness of hypoglycaemia which is associated with significant adverse consequences e.g. seizures or severe anxiety.

Prior to transition to adult services, the child should be counselled on the transition process and advised that their CGM will be reviewed as part of the transition and their ongoing adult diabetes care. On transition to adult services there should be a review to assure there is still a clinically significant response* and that CGM is still the most appropriate method of glucose monitoring for the patient.

Ongoing continuation of CGM

* A clinically significant response is considered to be:
  - When the patient demonstrates wearing the sensor for at least 70% of the time.

PLUS

- A reduction in the frequency and/or severity of hypoglycaemic episodes.

OR

- A reduction in the need for third party intervention during hypoglycaemic episodes.

AND/OR

- Achievement of a clinically significant reduction in HbA1c, that demonstrates the patient is moving towards their individually agreed HbA1c target.
-

**Where CGM is initiated due to hyperglycaemia in adults, it should only be continued longer-term if HbA1c can be sustained at or below 53 mmol/mol (7%) and/or there has been a fall in HbA1c of 27 mmol/mol (2.5%) or more, in accordance with NICE NG17.