

Operations and Information Directorate
NHS England
Quarry House
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To:
CCG Accountable Officers
CCG Clinical Leaders
Directors of Commissioning Operations

cc: Regional Medical Directors

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Dear Colleague

We wanted to take this opportunity to write to CCGs about access to certain treatments for people with Type 1 diabetes.

A recent survey from Diabetes UK has suggested some limitations of **access to blood glucose test strips** across the country:

(<https://www.diabetes.org.uk/professionals/position-statements-reports/diagnosis-ongoing-management-monitoring/access-to-test-strips-a-postcode-lottery>).

The relevant NICE guidelines set out the importance of access to blood glucose test strips-in some circumstances in excess of 10 strips per day, but more usually between 4 and 10-in the care and management of Type 1 diabetes and would encourage CCGs to work with local clinicians to ensure appropriate numbers of test strips are made available. NICE guideline NG17: <https://www.nice.org.uk/guidance/ng17>

The Department of Health and Social Care has now authorised the flash glucose monitoring system **Freestyle Libre** to be made available on Part IX of the Drug Tariff from 1st November 2017. The process for including products in Part IX of the Drug Tariff and how NHS BSA administers it is published on their website at the following page: <https://www.nhsbsa.nhs.uk/manufacturers-and-suppliers/drug-tariff-part-ix-information>.

Reducing variation in the management and care of people with diabetes is a key objective for the NHS in England and we are therefore keen to ensure that technology is made available to those that guidelines suggest might benefit. Indications are that, taking into account the overall impact on healthcare costs from improved control of diabetes, the overall costs from the use of Flash Glucose monitoring can be less than those that arise from self-monitoring. However, the cost / benefit analysis only holds true provided that the device is used to treat particular cohorts of patients. It is therefore important that CCGs give careful consideration to the available evidence in developing their policies on funding FreeStyle Libre.

CCGs should engage with GPs and diabetes secondary care clinicians locally to ensure that there is common understanding on the local approaches being taken in relation to Freestyle Libre.

NHS England's Regional Medicines Optimisation Committee (RMOC) (North) reviewed the use of Freestyle Libre, at its meeting on October 26th 2017 and has issued the following advice to Area Prescribing Committees:
<https://www.sps.nhs.uk/articles/regional-medicines-optimisation-committee-freestyle-libre-position-statement>. The RMOC (North) considered the issue on behalf of all four RMOCs and we would encourage all CCGs to have regard to the advice that has been issued, although it is guidance and not mandatory.

NICE has developed a **medtech innovation briefing** (MIB) on FreeStyle Libre for glucose monitoring which is available at <https://www.nice.org.uk/advice/mib110>.

We also would like to draw attention to the NICE guidelines on use of **Insulin Pumps and Continuous Glucose Monitoring systems**, to optimise access when clinically indicated, and to try to minimize variation in access across the country:

Technology Appraisal: <https://www.nice.org.uk/guidance/ta151>
NICE guideline NG17: <https://www.nice.org.uk/guidance/ng17>
NICE guideline NG18: <https://www.nice.org.uk/guidance/ng18>

The NHS RightCare diabetes pathway shows the core components of an optimal diabetes service, as well as evidence of the opportunity to reduce variation. The diabetes pathway defines the core components of a diabetes service for people with Type 1 and Type 2 diabetes that delivers better value in terms of outcomes and cost. It also describes access to technology when indicated in those with Type 1 diabetes.

Further details can be found on the NHS England website and accessed via the following link: <https://www.england.nhs.uk/rightcare/products/pathways/diabetes-pathway/>

Yours faithfully



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