

## Flash Glucose Monitoring: National Arrangements for Funding of Relevant Diabetes Patients

1. The NHS Long Term Plan announced that ‘the NHS will ensure that, in line with clinical guidelines, patients with type 1 diabetes benefit from life changing flash glucose monitors from April 2019, ending the variation patients in some parts of the country are facing<sup>1</sup>.
2. There are two elements to the products used to support Flash Glucose Monitoring. One is the monitoring device itself. The other is the sensors, usually worn on the person’s arm, to which the monitor is applied to take a glucose reading. Each sensor lasts up to 14 days and so needs replacing after that time.
3. Flash Glucose Monitoring is appropriate for certain people with diabetes alongside other technologies for people with differing diabetes management needs. A Consensus Guideline<sup>2</sup> has been developed setting out the appropriate clinical use of these technologies. NICE has issued a Medtech Innovation Briefing<sup>3</sup> which highlights the potential for cost saving if use of the technology leads to better monitoring and control of glucose levels, and a subsequent reduction in hospital admissions to treat complications of diabetes.

### Funding arrangements

4. Within the above context, the criteria set out at annex A have been developed. From 1 April 2019, for patients who satisfy these criteria, NHS England will reimburse CCGs for the ongoing costs of flash glucose sensors. These criteria are estimated to represent up to 20% of England’s type 1 diabetes population. The national funding arrangements are time limited to include 2019/20 and 2020/21, which will allow time for CCGs and prescribers to implement NICE guidelines and recoup the financial benefits of Flash Glucose Monitoring usage.
5. Funding of CCGs for the costs of sensors is embedded within CCG baseline and CCGs will have already received their allocation. In line with NHS England financial procedures allocations will be reviewed and with a final reconciliation undertaken in month 12, allocations for the year will reflect total actual achievement. CCGs should continue to seek to improve their monitoring levels with the assurance that actual performance will be reimbursed in full by the end of financial year 2020/21.

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<sup>1</sup> <https://www.longtermplan.nhs.uk/wp-content/uploads/2019/01/nhs-long-term-plan.pdf>

<sup>2</sup> <https://www.diabetes.org.uk/resources-s3/2018-06/Diabetes%20UK%20consensus%20guideline.pdf>

<sup>3</sup> <https://www.nice.org.uk/advice/mib110/chapter/The-technology>

6. In 2020/21 CCGs will be reimbursed for each set of sensors prescribed for up to 20% of their type 1 diabetes population. This reimbursement is available to all CCGs regardless of the current level of usage of Flash Glucose Monitoring, and no adjustment has been made to the level of maximum reimbursement to take account of existing CCG expenditure on Flash Glucose Monitoring, CCGs will be reimbursed £28.56 for each sensor prescribed. This takes into account a proportion of the cost savings to CCGs from a reduced requirement to fund testing strips for finger-prick blood glucose monitoring<sup>4</sup>.
7. The Maximum amount a CCG is reimbursed has been calculated on the basis of 20% of their type 1 diabetes population (as set out in the 2017/18 National Diabetes Audit<sup>5</sup>) using sensors at an annual cost £742.56 per each patient's sensor sets.
8. CCGs may wish to agree to make Flash Glucose Monitoring available to additional groups of patients who are not covered within the national criteria (Annex A). These patients would not be covered by the reimbursement arrangements. CCGs should consider this provision for patients who do not fall within the criteria at annex A if they: fall within existing individual CCG criteria for its use, and; there have been observable improvements in their glucose management or psycho-social wellbeing.

### **Flash Glucose Monitoring is embedded within CCG baselines**

9. In line with wider arrangements for Health and Justice services, the funding for Flash Glucose Monitoring for these patients is within the overall Health and Justice allocations for 2019/20. Reflecting the importance of equity of access for Health and Justice patients, the criteria and approaches set out in this guidance should also be applied to this patient group. A dataset will be developed by the BSA and the NHS England Health and Justice team to support identification of assessment of access. Once a person leaves a Health & Justice setting, the relevant CCG will commence receiving reimbursement for that patient.

### **Identification of patients appropriate for Flash Glucose Monitoring**

10. Consideration of whether a person may be appropriate for Flash Glucose Monitoring and satisfies the criteria may form part of their annual diabetes review, or a review that takes place as a result of other changes in their diabetes needs.

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<sup>4</sup> The gross cost of each sensor was £32.47. This took into account pharmacy discount deduction. Effective from 1<sup>st</sup> July 2019, the Department of Health and Social Care moved the flash glucose sensors onto the 'Discount Not deducted' list in Part II of the Drug Tariff. This resulted in the gross cost of each sensor rising to £35.00. The reimbursement amount has been offset by modelling that, prior to using flash glucose monitoring, patients can be expected to have been using blood glucose testing strips, representing a cost to the CCG that will no longer be incurred. The savings from two testing strips per day have therefore been built into the reimbursement level.

<sup>5</sup> <https://digital.nhs.uk/data-and-information/publications/statistical/national-diabetes-audit/report-1-care-processes-and-treatment-targets-2017-18-short-report>. For further guidance on funding arrangements please contact your regional NHS finance contact.

11. In many areas people with type 1 diabetes have their care and treatment managed within secondary care. However, in some CCGs there are arrangements for type 1 diabetes to be managed in primary care. The setting in which consideration of whether a person satisfies the attached criteria is for local determination, but it may be desirable for this to take place in whichever setting these wider care management responsibilities are carried out for a given patient.
12. Consideration of whether patients satisfy the criteria for Flash Glucose Monitoring is a separate matter to initiating them into use of the product. Appropriate local arrangements should be used (or developed where they are not in place) for this, having regard to which staff and services have received appropriate training on the initiation and use of Flash Glucose Monitoring products.
13. Where Flash Glucose Monitoring is initiated in secondary care, long term prescribing responsibility is generally taken by primary care. This does not preclude, where appropriate, clinical oversight of a person's use of Flash Glucose Monitoring remaining within secondary care alongside wider management of their diabetes

## Annex A: Criteria for NHS England Flash Glucose Monitoring Reimbursement

1. People with Type 1 diabetes

OR with any form of diabetes on hemodialysis and on insulin treatment

*who, in either of the above, are clinically indicated as requiring intensive monitoring >8 times daily, as demonstrated on a meter download/review over the past 3 months*

OR with diabetes associated with cystic fibrosis on insulin treatment

2. Pregnant women with Type 1 Diabetes - 12 months in total inclusive of post-delivery period.
3. People with Type 1 diabetes unable to routinely self-monitor blood glucose due to disability who require carers to support glucose monitoring and insulin management.
4. People with Type 1 diabetes 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. Previous self-funders of Flash Glucose Monitors with Type 1 diabetes 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. For those with Type 1 diabetes and 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. People with Type 1 diabetes or 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*