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NHS Somerset Integrated Care Board

CONTINUOUS GLUCOSE MONITORING REALTIME (rtCGM) NON PRESCRIBABLE CRITERIA BASED ACCESS (CBA) POLICY

Version:	2223.v4b
Recommendation by:	NHS Somerset ICB Clinical Commissioning Policy Forum (CCPF)
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Target audience:	**NHS Somerset ICB**: • NHS Providers • GP Practices • Contracts Team **Medical Directors:** • Somerset Foundation Trust • Yeovil District Hospital NHS FT • Royal United Hospitals Bath NHS FT
Application Form	EBI Generic application form if appropriate to apply

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VERSION CONTROL

Document Status:	Current policy
Version:	2223.v4b

DOCUMENT CHANGE HISTORY		
Version	Date	Comments
1718.v1	October 2017	Inclusion of information
1920.v2	November 2019	Inclusion of NICE recommendations, template update
2021. v2.1	November 2020	Updated following national allocation to extend CGM to all Type1 pregnant women
2021 v2.1	June 2021	Inclusion of 2 additional cohorts of patients
2021.v3	May 2022	Policy title amended to include rtCGM non prescribable & inclusion of updated NICE guidance
2223.v4	July 2022	Amendment from SCCG to NHS Somerset ICB. New PALS email address
2223.v4a	March 2023	Wording change 3.5

Equality Impact Assessment (EIA)	N/A
Quality Impact Assessment (QIA)	July 2021
Sponsoring Director:	
Document Reference:	2223.v4b

1 GENERAL PRINCIPLES (CBA)

1.1 Treatment should only be given in line with these general principles. Where patients are unable to meet these principles, in addition to the specific treatment criteria set out in this policy, funding approval may be sought from the ICB's Evidence Based Interventions Service (EBI) by submission of an EBI application form

1.2 Clinicians should assess their patients against the criteria within this policy prior to a referral and/or treatment

1.3 Treatment should only be undertaken where the criteria have been met and there is evidence that the treatment requested is effective and the patient has the potential to benefit from the proposed treatment. Where the patient has previously been provided with the treatment with limited or diminishing benefit, it is unlikely that they will qualify for further treatment

1.4 Referring patients to secondary / community care without them meeting the criteria or funding approval not secured not only incurs significant costs in out-patient appointments for patients that may not qualify for surgery, but inappropriately raises the patient's expectation of treatment

1.5 On limited occasions, the ICB may approve funding for an assessment only in order to confirm or obtain evidence demonstrating whether a patient meets the criteria for funding. In such cases, patients should be made aware that the assessment does not mean that they will be provided with surgery and surgery will only be provided where it can be demonstrated that the patient meets the criteria to access treatment in this policy

1.6 Patients should be advised being referred does not confirm that they will receive treatment or surgery for a condition as a consent discussion will need to be undertaken with a clinician prior to treatment

1.7 The policy does not apply to patients with suspected malignancy who should continue to be referred under 2 week wait pathway rules for assessment and testing as appropriate

1.8 Patients with an elevated BMI of 30 or more may experience more post-surgical complications including post-surgical wound infection so should be encouraged to lose weight further prior to seeking surgery. https://www.sciencedirect.com/science/article/pii/S1198743X15007193 (Thelwall, 2015)

1.9 Patients who are smokers should be referred to smoking cessation services in order to reduce the risk of surgery and improve healing

2 CONTINUOUS GLUCOSE MONITORING REAL TIME (rtCGM) NON PRESCRIBABLE CRITERIA BASED ACCESS (CBA) POLICY CRITERIA

2.1 **Existing paediatric patients**
Existing paediatric patients receiving Continuous Glucose Monitoring (rtCGM) prior to the transfer of commissioning to the ICB may continue with the treatment on the recommendation of a consultant and the activity to be included within the contract arrangements in place with providers

2.2 Hybrid closed loop rtCGM is not routinely commissioned (pending NICE technology appraisal NICE's diagnostics guidance on integrated sensor-augmented pump therapy systems for managing blood glucose levels in type 1 diabetes. The guidance is being updated as a multiple technology appraisal and will assess hybrid closed loop systems

2.3 **THE ICB DOES NOT ROUTINELY COMMISSION** Non prescribable real time Continuous Glucose Monitoring (rtCGM) for any other group of patients other than those detailed under section 2.5

Patients who are not eligible for treatment under this policy, please refer to section 3 EVIDENCE BASED INTERVENTIONS APPLICATION PROCESS on how to apply for funding with evidence of clinical exceptionality

2.4 For recommendations on prescribable real time CGM (rtCGM) and intermittent scanning CGM (isCGM) refer to the Somerset Formulary Guidance

2.5 The ICB will routinely commission the choice of non prescribable rtCGM (Providing the CGM device does not exceed £2000* per patient for 12 months) for new patients who fulfil one of the criteria below:

a) Are pregnant with Type 1 diabetes and deemed not suitable after a shared decision-making review for prescribable rtCGM or isCGM: **OR**

b) Have type 1 diabetes and a Learning Disability (patient on their GP LD register) or Autism and are deemed unsuitable after a shared decision-making review for prescribable rtCGM or isCGM **OR**

c) Have Type 1 diabetes and during the 6-month trial have a been identified with a clinical (e.g., Sensitivities to the device, for example local skin reactions) or technological incompatibility with licensed prescribable rtCGM or isCGM **OR**

d) Have Type1 diabetes and are ineligible for a licensed prescribable rtCGM or isCGM due to age

*Subject to contractual position re procurement limit

https://www.supplychain.nhs.uk/product-information/contract-launch-brief/insulin-pumps-and-associated-products/

3 EVIDENCE BASE INTERVENTIONS APPLICATION PROCESS

3.1 Individual cases may be reviewed at the Commissioner's Evidence Base Interventions Panel where there is full support from a GP or Consultant for a treatment which is not commissioned by the Commissioner or where a patient is not eligible for a treatment under a specific policy

3.2 Completion of a **Generic EBI Application Form** by a patient's GP or Consultant is required

3.3 Applications cannot be considered from patients personally

3.4 It is expected that clinicians will have ensured that the patient, on behalf of who they are forwarding the application for, is appropriately informed about the existing policies prior to an application to the EBIP. This will reassure the Panel that the patient has a reasonable expectation of the outcome of the application and its context

3.5 EBI applications are reviewed and considered for clinical exceptionality

For further information on 'clinical exceptionality' please refer to the NHS Somerset ICB website and input into the 'Search this website' box clinical exceptionality.

Social, Emotional and Environmental factors *i.e., income, housing, environmental pollution, access to services, family, friends, ethnicity, life experiences etc.* CANNOT be considered with an application

3.6 In order for funding to be agreed there must be some unusual or unique clinical factor about the patient that suggests that they are exceptional as defined below:

- Significantly different to the general population of patients with the condition in question:

- Likely to gain significantly more benefit from the intervention than might be expected from the average patient with the condition

4 ACCESS TO POLICY

4.1 If you would like further copies of this policy or need it in another format, such as Braille or another language, please contact the Patient Advice and Liaison Service on Telephone number: 08000 851067

4.2 **Or write to us**: NHS Somerset ICB, Freepost RRKL-XKSC-ACSG, Yeovil, Somerset, BA22 8HR or **Email** us: somicb.pals@nhs.net

5 REFERENCES

The following sources have been considered when drafting this policy:

5.1 https://www.nice.org.uk/guidance/ng28
https://www.nice.org.uk/guidance/ng28/chapter/Recommendations#continuous-glucose-monitoring

5.2 https://www.nice.org.uk/guidance/ng17
https://www.nice.org.uk/guidance/ng17/chapter/Recommendations#continuous-glucose-monitoring

5.3 https://www.nice.org.uk/guidance/ng18
https://www.nice.org.uk/guidance/ng18/chapter/Recommendations#continuous-glucose-monitoring

5.4 https://www.nice.org.uk/guidance/ta151/resources/continuous-subcutaneous-insulin-infusion-for-the-treatment-of-diabetes-mellitus-pdf-82598309704645

5.5 https://www.diabetes.co.uk/news/2018/jul/nice-announces-guidelines-review-for-cgm-use-in-pregnant-women-with-type-1-diabetes-98166414.html

5.6 NHS England » Type 2 Diabetes Prevention Programme and Type 1 diabetes glucose monitoring: Letter from Professor Jonathan Valabhji, Professor Partha Kar and Tom Newbound