

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’¹.
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 Guideline² has been developed setting out the appropriate clinical use of these technologies. NICE has issued a Medtech Innovation Briefing³ 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 will be achieved by uplifting CCG resource allocation limits at each quarter end on the basis of prescribing data supplied by the Business Services Authority (BSA).
6. In 2019/20 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

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

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

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

account of existing CCG expenditure on Flash Glucose Monitoring, In 2019/20 CCGs will be reimbursed £26.03 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 monitoring⁴.

7. Annex B sets out the maximum amounts that will be reimbursed to CCGs under these arrangements. This has been calculated on the basis of 20% of their type 1 diabetes population (as set out in the 2017/18 National Diabetes Audit⁵) using sensors at an annual cost of £676.78 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.
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.
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,

⁴ The gross cost of each sensor is £32.47. 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.

⁵ <https://digital.nhs.uk/data-and-information/publications/statistical/national-diabetes-audit/report-1-care-processes-and-treatment-targets-2017-18-short-report>

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.

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.

Annex B-Maximum CCG reimbursement levels 2019/20

CCG	No. of patients with Type 1 Diabetes	20% of T1 patients	Implied total CCG reimbursement (£)
DARLINGTON CCG	560	112	75,799
DURHAM DALES, EASINGTON & SEDGEFIELD CCG	1,625	325	219,954
NORTH DURHAM CCG	1,485	297	201,004
HARTLEPOOL AND STOCKTON-ON-TEES CCG	1,430	286	193,559
NORTHUMBERLAND CCG	1,755	351	237,550
SOUTH TEES CCG	1,350	270	182,731
SOUTH TYNESIDE CCG	785	157	106,254
SUNDERLAND CCG	1,430	286	193,559
BLACKBURN WITH DARWEN CCG	635	127	85,951
BOLTON CCG	1,055	211	142,801
BURY CCG	775	155	104,901
CHORLEY AND SOUTH RIBBLE CCG	805	161	108,962
OLDHAM CCG	795	159	107,608
EAST LANCASHIRE CCG	1,625	325	219,954
EASTERN CHESHIRE CCG	885	177	119,790
HEYWOOD, MIDDLETON & ROCHDALE CCG	905	181	122,497
GREATER PRESTON CCG	885	177	119,790
HALTON CCG	615	123	83,244
SALFORD CCG	950	190	128,588
NORTH CUMBRIA CCG	1,860	372	251,762
KNOWSLEY CCG	785	157	106,254
MORECAMBE BAY CCG	1,605	321	217,246
SOUTH CHESHIRE CCG	785	157	106,254

CCG	No. of patients with Type 1 Diabetes	20% of T1 patients	Implied total CCG reimbursement (£)
SOUTH SEFTON CCG	730	146	98,810
SOUTHPORT AND FORMBY CCG	560	112	75,799
STOCKPORT CCG	1,360	272	184,084
ST HELENS CCG	1,000	200	135,356
TAMESIDE AND GLOSSOP CCG	950	190	128,588
TRAFFORD CCG	980	196	132,649
VALE ROYAL CCG	520	104	70,385
WARRINGTON CCG	1,030	206	139,417
WEST CHESHIRE CCG	1,095	219	148,215
WEST LANCASHIRE CCG	475	95	64,294
WIGAN BOROUGH CCG	1,460	292	197,620
FYLDE & WYRE CCG	630	126	85,274
AIREDALE, WHARFEDAILE AND CRAVEN CCG	640	128	86,628
BARNSLEY CCG	1,125	225	152,276
BASSETLAW CCG	490	98	66,324
BRADFORD DISTRICTS CCG	1,350	270	182,731
CALDERDALE CCG	880	176	119,113
BRADFORD CITY CCG	335	67	45,344
DONCASTER CCG	1,410	282	190,852
EAST RIDING OF YORKSHIRE CCG	845	169	114,376
GREATER HUDDERSFIELD CCG	1,475	295	199,650
HAMBLETON, RICHMONDSHIRE AND WHITBY CCG	620	124	83,921
HARROGATE AND RURAL DISTRICT CCG	785	157	106,254
HULL CCG	1,410	282	190,852
NORTH EAST LINCOLNSHIRE CCG	740	148	100,163

CCG	No. of patients with Type 1 Diabetes	20% of T1 patients	Implied total CCG reimbursement (£)
NORTH KIRKLEES CCG	675	135	91,365
NORTH LINCOLNSHIRE CCG	795	159	107,608
ROTHERHAM CCG	1,160	232	157,013
SCARBOROUGH AND RYEDALE CCG	535	107	72,415
SHEFFIELD CCG	2,705	541	366,138
VALE OF YORK CCG	1,635	327	221,307
WAKEFIELD CCG	1,700	340	230,105
LINCOLNSHIRE EAST CCG	1,045	209	141,447
CORBY CCG	320	64	43,314
EAST LEICESTERSHIRE AND RUTLAND CCG	1,565	313	211,832
EREWASH CCG	485	97	65,648
HARDWICK CCG	570	114	77,153
LEICESTER CITY CCG	1,505	301	203,711
LINCOLNSHIRE WEST CCG	1,010	202	136,710
MANSFIELD & ASHFIELD CCG	1,030	206	139,417
MILTON KEYNES CCG	1,175	235	159,043
NENE CCG	2,965	593	401,331
NEWARK & SHERWOOD CCG	620	124	83,921
NORTH DERBYSHIRE CCG	1,400	280	189,498
NOTTINGHAM CITY CCG	1,440	288	194,913
NOTTINGHAM NORTH & EAST CCG	760	152	102,871
NOTTINGHAM WEST CCG	435	87	58,880
RUSHCLIFFE CCG	510	102	69,032
SOUTH WEST LINCOLNSHIRE CCG	590	118	79,860
SOUTHERN DERBYSHIRE CCG	2,295	459	310,642
WEST LEICESTERSHIRE CCG	1,855	371	251,085

CCG	No. of patients with Type 1 Diabetes	20% of T1 patients	Implied total CCG reimbursement (£)
CANNOCK CHASE CCG	670	134	90,689
COVENTRY AND RUGBY CCG	2,005	401	271,389
DUDLEY CCG	1,410	282	190,852
EAST STAFFORDSHIRE CCG	680	136	92,042
HEREFORDSHIRE CCG	775	155	104,901
NORTH STAFFORDSHIRE CCG	990	198	134,002
WARWICKSHIRE NORTH CCG	680	136	92,042
REDDITCH & BROMSGROVE CCG	845	169	114,376
SANDWELL AND WEST BIRMINGHAM CCG	2,235	447	302,521
SHROPSHIRE CCG	1,430	286	193,559
SE STAFFS & SEISDON PENINSULAR CCG	775	155	104,901
SOUTH WARWICKSHIRE CCG	1,020	204	138,063
SOUTH WORCESTER CCG	1,475	295	199,650
STAFFORD AND SURROUNDS CCG	585	117	79,183
STOKE ON TRENT CCG	1,185	237	160,397
TELFORD & WREKIN CCG	830	166	112,345
WALSALL CCG	1,200	240	162,427
WOLVERHAMPTON CCG	1,255	251	169,872
WYRE FOREST CCG	555	111	75,123
BEDFORDSHIRE CCG	2,020	404	273,419
CAMBRIDGESHIRE AND PETERBOROUGH CCG	4,070	814	550,899
EAST AND NORTH HERTFORDSHIRE CCG	2,710	542	366,815
IPSWICH AND EAST SUFFOLK CCG	1,935	387	261,914

CCG	No. of patients with Type 1 Diabetes	20% of T1 patients	Implied total CCG reimbursement (£)
GREAT YARMOUTH & WAVENEY CCG	1,145	229	154,983
HERTS VALLEYS CCG	2,610	522	353,279
LUTON CCG	805	161	108,962
MID ESSEX CCG	1,915	383	259,207
NORTH EAST ESSEX CCG	1,685	337	228,075
NORTH NORFOLK CCG	840	168	113,699
NORWICH CCG	1,100	220	148,892
SOUTH NORFOLK CCG	890	178	120,467
THURROCK CCG	620	124	83,921
WEST ESSEX CCG	1,255	251	169,872
WEST NORFOLK CCG	945	189	127,911
WEST SUFFOLK CCG	1,145	229	154,983
BARKING & DAGENHAM CCG	570	114	77,153
BARNET CCG	1,220	244	165,134
BEXLEY CCG	910	182	123,174
BRENT CCG	995	199	134,679
BROMLEY CCG	1,430	286	193,559
CAMDEN CCG	700	140	94,749
CITY AND HACKNEY CCG	900	180	121,820
CROYDON CCG	1,285	257	173,932
EALING CCG	1,345	269	182,054
ENFIELD CCG	895	179	121,144
HOUNSLOW CCG	1,010	202	136,710
GREENWICH CCG	925	185	125,204
HAMMERSMITH AND FULHAM CCG	840	168	113,699
HARINGEY CCG	760	152	102,871

CCG	No. of patients with Type 1 Diabetes	20% of T1 patients	Implied total CCG reimbursement (£)
HARROW CCG	745	149	100,840
HAVERING CCG	1,120	224	151,599
HILLINGDON CCG	1,105	221	149,568
ISLINGTON CCG	760	152	102,871
KINGSTON CCG	685	137	92,719
LAMBETH CCG	1,215	243	164,458
LEWISHAM CCG	970	194	131,295
NEWHAM CCG	870	174	117,760
REDBRIDGE CCG	860	172	116,406
RICHMOND CCG	675	135	91,365
SOUTHWARK CCG	940	188	127,235
MERTON CCG	710	142	96,103
SUTTON CCG	710	142	96,103
TOWER HAMLETS CCG	780	156	105,578
WALTHAM FOREST CCG	980	196	132,649
WANDSWORTH CCG	1,170	234	158,367
WEST LONDON (K&C & QPP) CCG	830	166	112,345
CENTRAL LONDON (WESTMINSTER) CCG	655	131	88,658
ASHFORD CCG	640	128	86,628
BRIGHTON & HOVE CCG	1,315	263	177,993
CANTERBURY AND COASTAL CCG	1,155	231	156,336
EASTBOURNE, HAILSHAM AND SEAFORD CCG	865	173	117,083
COASTAL WEST SUSSEX CCG	2,340	468	316,733
CRAWLEY CCG	540	108	73,092
DARTFORD, GRAVESHAM AND SWANLEY CCG	1,215	243	164,458

CCG	No. of patients with Type 1 Diabetes	20% of T1 patients	Implied total CCG reimbursement (£)
EAST SURREY CCG	690	138	93,396
GUILDFORD AND WAVERLEY CCG	900	180	121,820
HASTINGS & ROTHER CCG	860	172	116,406
MEDWAY CCG	1,410	282	190,852
HORSHAM AND MID SUSSEX CCG	1,045	209	141,447
NORTH WEST SURREY CCG	1,405	281	190,175
SOUTH KENT COAST CCG	1,050	210	142,124
SURREY HEATH CCG	385	77	52,112
SWALE CCG	495	99	67,001
THANET CCG	655	131	88,658
NORTH HAMPSHIRE CCG	1,015	203	137,386
FAREHAM AND GOSPORT CCG	835	167	113,022
ISLE OF WIGHT CCG	830	166	112,345
OXFORDSHIRE CCG	2,930	586	396,593
PORTSMOUTH CCG	905	181	122,497
SOUTH EASTERN HAMPSHIRE CCG	940	188	127,235
SOUTHAMPTON CCG	1,190	238	161,074
WEST HAMPSHIRE CCG	2,520	504	341,097
BATH AND NORTH EAST SOMERSET CCG	945	189	127,911
DORSET CCG	3,595	719	486,605
GLOUCESTERSHIRE CCG	2,930	586	396,593
KERNOW CCG	3,215	643	435,170
SOMERSET CCG	2,695	539	364,784
SWINDON CCG	1,045	209	141,447
WIRRAL CCG	1,640	328	221,984
NEWCASTLE GATESHEAD CCG	2,395	479	324,178

CCG	No. of patients with Type 1 Diabetes	20% of T1 patients	Implied total CCG reimbursement (£)
MANCHESTER CCG	2,155	431	291,692
BUCKINGHAMSHIRE CCG	2,260	452	305,905
BERKSHIRE WEST CCG	2,100	420	284,248
BRISTOL, NORTH SOMERSET & S GLOS CCG	4,385	877	593,536
EAST BERKSHIRE CCG	1,730	346	234,166
BIRMINGHAM AND SOLIHULL CCG	4,780	956	647,002
LEEDS CCG	3,395	679	459,534
LIVERPOOL CCG	2,200	440	297,783
NORTH TYNESIDE CCG	1,140	228	154,306
SOUTH LINCOLNSHIRE CCG	675	135	91,365
BASILDON AND BRENTWOOD CCG	1,150	230	155,659
CASTLE POINT AND ROCHFORD CCG	850	170	115,053
SOUTHEND CCG	770	154	104,224
SURREY DOWNS CCG	1,140	228	154,306
WEST KENT CCG	2,260	452	305,905
HIGH WEALD LEWES HAVENS CCG	740	148	100,163
NORTH EAST HAMPSHIRE AND FARNHAM CCG	915	183	123,851
WILTSHIRE CCG	2,275	455	307,935
NORTH, EAST, WEST DEVON CCG	4,325	865	585,415
SOUTH DEVON AND TORBAY CCG	1,465	293	198,297