NHS
Warwickshire North
Clinical Commissioning Group

FreeStyle Libre® Flash Continuous Glucose Monitoring System

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VERSION CONTROL

Version:	1.0
Ratified by:	Governing Body Meetings in Common
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Name of originator/author:	Joint CCG Clinical Commissioning Policy Development Group
Name of responsible committees:	Commissioning, Finance and Performance Committee in Common
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VERSION HISTORY

Date	Version	Comment / Update
9 May 2018	1.0	Approved by Governing Body Meetings in Common

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Commissioning Policy: Warwickshire North CCG (WNCCG)

Treatment	FreeStyle Libre® Flash Continuous Glucose Monitoring System
Indication	Type I Diabetes
Criteria	**Prior approval must be requested from the Individual Funding Request (IFR) Department at NHS Coventry and Rugby CCG.** **Applications can be made by secondary care to** crccg.ardenifr@nhs.net **in line with the Prior Approval Process.**[1] It is recommended that FreeStyle Libre® should only be used for people with Type 1 diabetes, aged 4 and above, attending specialist Type 1 care using multiple daily injections or insulin pump therapy, who have been assessed by the specialist clinician and deemed to meet **two or more** of the below criteria. • Patients who undertake intensive monitoring, 8 or more times daily (and for whom this frequency of monitoring is deemed clinically appropriate); **AND at least one of the following** • Those who meet the current NICE criteria for insulin pump therapy (HbA1c >8.5% (69.4mmol/mol) or disabling hypoglycaemia as described in NICE TA 151) where a successful trial of FreeStyle Libre® may avoid the need for pump therapy; • Those who have recently developed impaired awareness of hypoglycaemia. It is noted that for hypoglycaemia unawareness, NICE recommend continuous glucose monitoring with alarms and FreeStyle Libre® does not currently have that function; • Frequent admissions (>2 per year) with DKA or hypoglycaemia; • Those who require third parties to carry out monitoring and where conventional blood testing is not possible; Additionally among children and young people aged 4 and over with Type 1 diabetes, the following groups may be appropriate for a FreeStyle Libre® trial despite optimised use of insulin therapy and conventional blood glucose monitoring: o Children and young people who undertake high levels of physical

[1] www.southwarwickshireccg.nhs.uk/About-Us/Publications-and-Policies/Commissioning-Policies

	activity (for example, sport at a regional, national or international level). o Children and young people who have co-morbidities (for example anorexia nervosa) or who are receiving treatments (for example corticosteroids) that can make blood glucose control difficult. o Children and young people who continue to have hyperglycaemia despite insulin adjustment and additional support. All patients (or carers) must be willing to undertake training in the use of FreeStyle Libre® and commit to ongoing regular follow-up and monitoring (including remote follow-up where this is offered). Adjunct blood testing strips should be prescribed according to locally agreed best value guidelines with an expectation that demand/frequency of supply will be reduced. **Review and continuation** For patients meeting the criteria FreeStyle Libre® should be initially prescribed for a maximum 6 month period during which time data should be collected on the below indicators. 1. Reductions in severe/non-severe hypoglycaemia 2. Reversal of impaired awareness of hypoglycaemia 3. Episodes of diabetic ketoacidosis 4. Admissions to hospital 5. Changes in HbA1c 6. Testing strip usage 7. Quality of Life changes using validated rating scales. 8. Commitment to regular scans and their use in self-management. A review should take place with the responsible clinician at the end of the initial trial period; if no improvement is demonstrated in one or more of these areas the use of Freestyle Libre® should discontinued and an alternative method of monitoring used. Expectations regarding patient compliance and continuation criteria should be made clear to the patient before initiation of the trial period.
Equality Impact	See EIA attached

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Equality Impact Assessment (EIA)

Policy/Service	FreeStyle Libre® Flash Continuous Glucose Monitoring System	**Person completing EIA**	Joint Policy Development Group
Date of EIA	February 2018	**Accountable CCG Lead**	Andrea Green NHS Warwickshire North Clinical Commissioning Group

Aim of Work	The Public Sector Equality Duty (PSED) requires us to eliminate discrimination, advance equality of opportunity, and foster good relations with protected groups. This EIA assesses the impact of the policy on protected groups.

Protected Group	Likely to be a differential impact?	Protected Group	Likely to be a differential impact?
Age	Yes	**Race**	Yes
Disability	Yes	**Religion or belief**	No
Gender reassignment	No	**Sex**	No
Marriage and civil partnership	No	**Sexual orientation**	No
Pregnancy and maternity	No		

Describe any potential or known adverse impacts or barriers for protected/vulnerable groups and what actions will be taken (if any) to mitigate. If there are no known adverse impacts, please explain.

Since CCGs operate within finite budgetary constraints the policies detailed in this document make explicit the need for the CCG to prioritise resources and provide interventions with the greatest proven health gain. **The intention is to ensure equity and fairness in respect of access to NHS funding for interventions and to ensure that interventions are provided within the context of the needs of the overall population and the evidence of clinical and cost effectiveness.** **The policy provides a consistent clinically based criteria for decision making, benefitting patients within the CCG area by providing consistency and equity of service provision. The policy provides an avenue through the 'Individual Funding Requests' policy to seek funding in exceptional clinical**

circumstances.

The impact of this policy has been discussed at length by the Coventry and Warwickshire Joint Policy Development group and all protected characteristics and Human Rights values given due regard and only patient demographic issues that could impact on individual risk and/or clinical effectiveness were taken into account when reaching a decision. All three local Clinical Commissioning Groups, Coventry and Rugby CCG; South Warwickshire CCG and Warwickshire North CCG, have a commissioning policy on FreeStyle Libre .Age: This policy relates only to child over 4 years of age.

Disability: This policy is expected to have a positive impact in terms of improving the ability of people with learning difficulties and certain mental health conditions to manage their diabetes, with potential consequences of reducing inequities in health outcomes related to Type 1 diabetes.

Race: Type 1 diabetes tends to be more prevalent in people of European origin, so there is potential for over-representation of this group in terms of uptake of this policy (compared to the general population distribution by ethnicity). This policy will be applied equally to all patients with diabetes Type 1 irrespective of ethnic background.

Please summarise where further action is required and when the projects/decision will be reviewed.
The policy will be reviewed 12 months after ratification by Governing Body, when evidence on patient outcomes will be reviewed.