

## CONTINUOUS GLUCOSE MONITORING CRITERIA BASED ACCESS (CBA) POLICY

Version:	2122.v3
Recommendation by:	Somerset CCG Clinical Commissioning Policy Forum (CCPF)
Date Ratified:	July 2021
Name of Originator/Author:	EBI Service
Approved by Responsible Committee/Individual:	Somerset CCG Clinical Executive Committee (CEC)
Publication/issue date:	July 2021
Review date:	Earliest of either NICE publication or 3 years from issue
Target audience:	<p><b>SCCG:</b></p> <ul style="list-style-type: none"> <li>• NHS Providers</li> <li>• GP Practices</li> <li>• Contracts Team</li> </ul> <p><b>Medical Directors:</b></p> <ul style="list-style-type: none"> <li>• Somerset Foundation Trust</li> <li>• Yeovil District Hospital NHS FT</li> <li>• Royal United Hospitals Bath NHS FT</li> </ul>
Application Form	EBI Generic application form if appropriate to apply

**CONTINUOUS GLUCOSE MONITORING  
CRITERIA BASED ACCESS (CBA) POLICY**

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**VERSION CONTROL**

<b>Document Status:</b>	Current policy
<b>Version:</b>	2122.v3

**DOCUMENT CHANGE HISTORY**

<b>Version</b>	<b>Date</b>	<b>Comments</b>
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

<b>Equality Impact Assessment (EIA)</b>	N/A
<b>Quality Impact Assessment (QIA)</b>	July 2021
<b>Sponsoring Director:</b>	Dr A Murray
<b>Document Reference:</b>	2122.v3

## **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 CCG'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 CCG 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 patients 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 POLICY CRITERIA BASED ACCESS (CBA)

**The CCG will routinely commission CGM for new patients who:**  
Providing the CGM device does not exceed £2000 per patient for 12 months **AND**

- 2.1.1 Are pregnant with Type 1 diabetes and are deemed unsuitable by a consultant for flash glucose monitoring
- 2.1.2 Are aged less than 4 years;
  - with type 1 diabetes **OR**
  - are not clinically suitable for Freestyle Libre 2
- 2.1.3 Have Type 1 diabetes and a Learning Disability (patient is on their GP LD register) or Autism and are deemed unsuitable by a consultant for flash glucose monitoring

### 2.2 Existing paediatric patients

Existing paediatric patients receiving Continuous Glucose Monitoring (CGM) prior to the transfer of commissioning to the CCG 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

### 2.3 Existing paediatric patients who become adults

Existing paediatric patients receiving Continuous Glucose Monitoring (CGM) prior to the transfer of commissioning to the CCG **who become adults** 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

### 2.4 THE CCG DOES NOT ROUTINELY COMMISSION (EBI) CONTINUOUS GLUCOSE MONITORING (CGM) FOR ANY OTHER GROUP OF PATIENTS OTHER THAN THOSE LISTED ABOVE

Please refer to Item 3 EVIDENCE BASED INTERVENTIONS APPLICATION PROCESS on how to apply for funding with evidence of clinical exceptionality

## 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 England IFR policy <https://www.england.nhs.uk/wp-content/uploads/2017/11/comm-policy-individual-funding-requests.pdf>

- 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 Clinical Commissioning Group, Freepost RRKL-XKSC-ACSG, Yeovil, Somerset, BA22 8HR or **Email us:** [somccg.pals@nhs.net](mailto:somccg.pals@nhs.net)

## 5 REFERENCES

The following sources have been considered when drafting this policy:

- 5.1 <https://www.nice.org.uk/guidance/ng28>
- 5.2 <https://www.nice.org.uk/guidance/ng17>
- 5.3 <https://www.nice.org.uk/guidance/ng18>
- 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 29 September 2020 Type 2 Diabetes Prevention Programme and Type 1 diabetes glucose monitoring