

## **Appendix 1: Continuous Glucose Monitors (CGM) - Frequently asked questions for Healthcare Professionals**

### **1. Which adults with diabetes will be eligible for a CGM in NHS Grampian?**

A CGM can be recommended for adult patients by the specialist diabetes service to be prescribed by a primary care clinician where one of the following primary eligibility criteria is met:

- Type 1 diabetes,
- Secondary diabetes which is treated with insulin (e.g. monogenic diabetes, cystic fibrosis related diabetes, post pancreatic resection)
- Type 2 diabetes on basal bolus insulin regimen (defined as a basal insulin injection(s) plus quick acting insulin for meals)
- Type 2 diabetes on multiple daily injections (defined as two or more insulin injections per day) plus any of the following additional criteria:
  - Recurrent hypoglycaemia or severe hypoglycaemia, or
  - Impaired hypoglycaemia awareness, or
  - A condition or disability which means that they cannot self-monitor their blood glucose by capillary blood glucose but can use a CGM device (or have it scanned for them).

Where an adult patient meets one of the above primary eligibility criteria they must then also meet all of the following criteria prior to the specialist diabetes service making a recommendation to primary care to prescribe a CGM:

- Be attending specialist diabetes clinic for their diabetes care (in NHS Grampian this can mean attending clinics in Dr Gray's, Aberdeen Royal Infirmary, Aberdeen Health Village, Kincardine Community Hospital or Fraserburgh Hospital), and
- Have completed appropriate training as directed by the appropriate specialist diabetes service to use insulin therapy and the CGM system safely and effectively, and
- Agrees to share their CGM data with the diabetes specialist service.

Where primary eligibility criteria is not met, or the patient cannot commit to the subsequent prerequisites a CGM will not be recommended and therefore should not be prescribed in Primary Care.

### **2. Which children with diabetes will be eligible for a CGM in NHS Grampian?**

All children with diabetes are encouraged, when appropriate, to move to CGM on completion of their new patient education pathway. Children with diabetes should not be initiated on a CGM without prior recommendation from the diabetes specialist service.

- FreeStyle Libre<sup>®</sup> 2 is currently licensed for children aged 4 years or above
- Dexcom ONE<sup>®</sup> is licensed for children aged 2 years or above.

Where a child has been deemed suitable for a CGM, the child and/or carer must also meet all of the following criteria prior to the specialist diabetes service making a recommendation to primary care to prescribe:

- Be attending specialist diabetes service clinics for diabetes care (in NHS Grampian this can mean attending clinics at Royal Aberdeen Children's Hospital or Dr Gray's Hospital), and
- Have completed appropriate training as directed by the specialist diabetes service relating to how to use insulin therapy and the CGM system safely and effectively, and
- Agrees to share CGM data with the specialist diabetes service.

### **3. What are the expectations and ongoing responsibilities of patients/ carers who have been approved for a CGM?**

Patients/carers should:

- Ensure all CGM data is available for each 24-hour period and use the information to optimise glucose levels.
- Share CGM data with the diabetes specialist service.
- Accept that continued availability of a CGM on prescription will depend on the ongoing effective use of the technology to improve self-management as assessed by the specialist diabetes service.
- Agree to switch capillary (fingertip) blood glucose and ketone monitoring products to the most cost effective choices (noting that the NHS Grampian preferred products may change over time).
- Agree to the discontinuation of CGM if the criteria for continuation are no longer met.

### **4. What are the expectations and ongoing responsibilities of Primary Care in relation to the prescribing of CGM's?**

Primary Care should:

- Prescribe CGM in accordance with diabetes specialist service recommendations.
- Report any concerns regarding CGM use to the appropriate diabetes specialist service.
- Support the rollout of any updates in the approved devices recommended by manufacturers or the regulators.

### **5. Are CGMs accepted by the DVLA?**

This is dependent on the type of driver's license held:

#### [Group 1 \(e.g. "normal" car licence\)](#)

- CGM may be used for monitoring glucose at times relevant to driving Group 1 vehicles.
- Users of these systems must carry finger prick capillary glucose testing equipment for driving purposes as there are times when a confirmatory finger prick blood glucose level is required.

- If using CGM blood glucose levels must be confirmed with a finger prick blood glucose reading in the following circumstances:
  - when the glucose level is 4.0 mmol/L or below,
  - when symptoms of hypoglycaemia are being experienced, or
  - when the CGM gives a reading that is not consistent with the symptoms being experienced (for example, symptoms of hypoglycaemia and the system reading does not indicate this)

### Group 2 (e.g. bus or lorry licences)

- There is a legal requirement for Group 2 drivers to monitor their blood glucose for the purpose of Group 2 driving.
- CGM is not permitted for the purposes of Group 2 driving and licensing.
- Group 2 drivers who use these devices must continue to monitor finger prick capillary blood glucose levels

For further information, patients should be referred to the [gov.uk](https://www.gov.uk) website which contains the most up to date guidance.

### **6. Under what circumstances might the specialist diabetes service recommend cessation of CGM prescribing?**

The specialist diabetes service may consider discontinuation if any one of the following occurs. This would normally be discussed with the patient/carer prior to action being taken:

- Failure to attend follow up appointments,
- Failure to share CGM data with their specialist diabetes service team,
- Failure to engage with the specialist diabetes service team to optimise issues with glycaemic control,
- Evidence of greater harm than benefit on clinical and psychological health (e.g. increased frequency of hypos, increased psychological morbidity).

### **7. Once a CGM has been recommended how will Primary Care be made aware of the ongoing prescribing requirements?**

- GP practices should only provide prescriptions for a CGM on the recommendation of the diabetes specialist service.
- Once a patient has been assessed by the specialist diabetes service as meeting the criteria for initiation, a letter recommending CGM prescribing will be sent to their GP practice.
- Quantities of sensors ordered by patients should not exceed what is required, this is monitored centrally within NHS Grampian and where excessive quantities are identified GP practices will be alerted. The table below provides details of annual quantities of CGM's.
- It is recommended that the prescribing of CGM's is done monthly or bi-monthly.

<b>CGM</b>	<b>Duration of use</b>	<b>Annual quantities</b>
FreeStyle Libre <sup>®</sup> 2	14 days	26 sensors
Dexcom ONE <sup>®</sup> sensor*	10 days	37 sensors
Dexcom ONE <sup>®</sup> transmitter*	90 days	4 sensors

\*Both Dexcom ONE<sup>®</sup> sensors and transmitters are required for the Dexcom ONE<sup>®</sup> CGM system to work.

### **8. Can a CGM be prescribed for a patient who has previously received via private prescription or self-funded purchase?**

It is recognised that a number of people with diabetes will have initiated a CGM privately (i.e. paid the cost of the CGM via private prescription or self-funding). No patient can be transferred to NHS prescribing of CGMs unless they have been assessed by the appropriate diabetes specialist team and meet all of the NHS Grampian criteria for initiation (see question 1 and 2).

### **9. If a patient believes they meet the criteria for CGM prescribing, how do they obtain a recommendation for prescribing?**

Primary Care should not prescribe a CGM without prior recommendation by the diabetes specialist service and confirmation of prerequisites having been met (see details above).

For patients who are attending hospital based diabetes clinic:

- Requests should be discussed at their next appointment with the diabetes specialist service.
- If patients have not attended clinic for a period of time they can check with the reception team of the clinic they attend (details below) to ascertain when their next appointment is likely to be.

<b>Clinic Address</b>	<b>Contact details</b>
JJR Macleod Diabetes Clinic, David Anderson Building, Aberdeen Royal Infirmary, Foresterhill Rd, Cornhill Rd, Aberdeen, AB25 2ZN	Reception – 01224 555700
Diabetes Clinic, Dr Gray's Hospital, Elgin. IV30 1SN	Reception – 01343 567882
Fraserburgh Hospital, Lochpots Road, Fraserburgh. AB43 9NF.	Reception – 01346 513151
Kincardine Hospital, Stonehaven. AB39 2NJ.	Reception – 01569 765150

For patients not currently attending a hospital based diabetes clinic:

- Requests can be discussed with primary care clinician and when appropriate referral made to one of the hospital based clinics.

## **10. Which CGM devices are currently available on prescription in NHS Grampian?**

Currently Freestyle Libre® 2 and Dexcom ONE® are the only CGMs supported for prescribing within NHS Grampian. Other CGM's are listed in the [Scottish Drug Tariff](#), but prescribing of these is not supported within NHS Grampian at this time. These recommendations may change in the future as other CGM's become available.