



*Berkshire West Clinical Commissioning Group
Buckinghamshire Clinical Commissioning Group
East Berkshire Clinical Commissioning Group
Oxfordshire Clinical Commissioning Group*

Thames Valley Priorities Committee Commissioning Policy Statement

Policy No. 297 (TVPC89) Real-time Continuous Glucose Monitors for Paediatric Patients with Type 1 Diabetes.

Recommendation made by the Priorities Committee: March 2019

Date agreed OCCG 9th June 2019

Date of issue: June 2019

The Thames Valley Priorities Committee has considered the evidence of clinical and cost effectiveness and NICE guidance for the use of real-time continuous glucose monitors (CGM) for paediatric patients aged 0-18 years with type 1 diabetes. The Committee supports the use of CGM, as per NICE Clinical Guidelines (NG18), as outlined below.¹

- Offer ongoing real-time continuous glucose monitoring with alarms to children and young people with type 1 diabetes who have: frequent severe hypoglycaemia or impaired awareness of hypoglycaemia associated with adverse consequences (for example, seizures or anxiety) or inability to recognise, or communicate about, symptoms of hypoglycaemia (for example, because of cognitive or neurological disabilities).
- Consider ongoing real-time continuous glucose monitoring for: neonates, infants and pre-school children; children and young people who undertake high levels of physical activity (for example, sport at a regional, national or international level); children and young people who have comorbidities (for example anorexia nervosa) or who are receiving treatments (for example corticosteroids) that can make blood glucose control difficult.
- Consider intermittent real-time continuous glucose monitoring to help improve blood glucose control in children and young people who continue to have hyperglycaemia despite insulin adjustment and additional support.

1. <https://www.nice.org.uk/guidance/ng18>

Additional notes:

- CGM will be offered to children who have had one episode of severe hypoglycaemia (requiring 3rd party assistance) without an obvious identifiable cause.
- CGM will be offered to children younger than 5 years as a routine standard of care.
- Patients who use CGM that is self-funded will receive NHS funding for CGM provided that they met the criteria within the policy at the start of their self-funded CGM use.

Withdrawal criteria as per Association of Children's Diabetes Clinicians (ACDC):²

CGM will be withdrawn after 1 month if:

- CGM has not been used 60-70% of the time – 5 days a week minimum.
or
- Family have not attended all 4 education step 1,2,3,4 sessions (4 step educational training package produced by ACDC)³ unless extenuating circumstances.

CGM will be reviewed at 3 months for withdrawal if:

- Child or young person (CYP) does not wear it for at least 5 days a week.
or
- There is no improvement in glycaemic control – eg HbA1c did not improve by >0.5% if it was >7.5% at start of CGM therapy.
or
- There is no improvement in scores on fear of hypoglycaemia scales where CGM was introduced for anxiety.
or
- Hypoglycaemia unawareness has resolved if CGM was introduced for hypoglycaemia unawareness.
or
- No reduction in frequency of hypoglycaemia – particularly nocturnal hypoglycaemia (assessed from CGM download).
or
- Its use for sport /exercise is not being optimised.

CGM will be withdrawn at six months if any of the above criteria are met.

In addition CGM will be reviewed for continued use at 12 years and on transition to adult services.

CGM does not need to be reviewed for withdrawal if it was introduced following hypoglycaemic seizures and provided it is being used > 5 days per week or in children under the age of 5 years providing it is in regular use.

2. <https://www.bsped.org.uk/media/1551/cgm-fgs-practical-approach-acdc-guideline-oct-2018.pdf>

3. <http://www.a-c-d-c.org/endorsed-guidelines/>

NOTES:

- Potentially exceptional circumstances may be considered by a patient's CCG where there is evidence of significant health status impairment (e.g. inability to perform activities of daily living) and there is evidence that the intervention sought would improve the individual's health status.
- This policy will be reviewed in the light of new evidence or new national guidance, e.g., from NICE.
- Thames Valley clinical policies can be viewed at <http://www.fundingrequests.ccsu.nhs.uk/>
- Oxfordshire CCG clinical policies can be viewed at <http://www.oxfordshireccg.nhs.uk/professional-resources/policies>