Surrey Heartlands Integrated Care System Area Prescribing Committee (APC)

INFORMATION SHEET – Blue Traffic Light Classification		
Name of technology	Continuous Glucose Monitoring (CGM) devices: Dexcom ONE (real time CGM) Dexcom One Plus (real time CGM) Freestyle Libre 2 (intermittent scanned CGM). Freestyle Libre 2 Plus (real time CGM)	
Indication	Adults & Children with Type 1 Diabetes	
Author(s): Liz Read, DSN and Helen Marlow (UPDATED July 2024 Perminder Oberai) **Organisation(s):** **Surrey Heartlands**		
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The information sheet is intended to facilitate the accessibility and safe prescribing of CGM devices across the secondary/primary care interface for medicines and devices classified by Area Prescribing Committee (APC) as **BLUE**

BLUE devices are considered suitable for prescribing in primary care, following initiation and education of the patient by a specialist, as ongoing monitoring can be undertaken in primary care without specialist support and WITHOUT the need for a formal shared care guideline.
For each device classified as **BLUE**, the Area Prescribing Committee will recommend the minimum supply and whether an information sheet is required or not. A minimum of one month supply of the device will be provided by the initiating specialist team.
This information sheet sets out the patient pathway relating to this device. Prescribing must be carried out with reference to those publications. A GP or Primary Care Prescriber must ensure they are familiar with the prescribing responsibilities. This information sheet is available on the internet **http://pad.res360.net/** forming part of the Prescribing Advisory Database (PAD) giving primary care teams appropriate advice / guidance and is not required to be sent to the GP with the clinic letter.

RESPONSIBILITIES and ROLES

Consultant / Specialist responsibilities
1. To assess the suitability of patient for the CGM device.
2. To discuss the aims, benefits, and appropriate use of the CGM device with the patient and/or carer as well as their role
3. Explain to the patient and/or carer the treatment plan including benefits of the sensor, reason for choice and request for transfer of care to GP. Advise the patient and/or carer when they will need to use capillary blood glucose monitoring.
4. Arrange for patient and/or carer to receive education on how to use the CGM device as part of their overall diabetes care.
5. Baseline monitoring: Clinic letter to state number of hypoglycaemia events each week. Hba1c. Consider Gold or Clarke score.
6. Monitor and evaluate use of the CGM device, including adverse skin reactions to device, with the patient and to continue / discontinue the CGM device in line with agreed treatment plan. Inform patient to contact specialist centre if they have a skin reaction to the adhesive.
7. Supply the patient with the first **28 days** of CGM and capillary test strips if required before transferring to GP.
8. Supply GP with summary of patient review (including anticipated length of treatment). In the GP letter include prescription recommendation for the minimum amount of capillary blood glucose strips (1 pot of 50 strips) and ketone test strip (one pot 10 strips). It is recommended that these strips are added to the variable use repeat prescription to reduce wastage and cost.
9. Use example template (Appendix A) within clinic letter to GP to ensure all information needed for prescribing and deprescribing is communicated.
10. Review within 12 months by a clinician at the diabetes centre or sooner if there is a clinical need.
11. Inform GP if patient does not attend planned follow-up.
12. Advise GP if use of CGM device is to discontinue or be changed to an alternative CGM device at any point.
13. Support the patient to link their CGM device with the Specialist Centre. This will allow the HCP to support the person's management of their diabetes during appointments or if the patient contacts the diabetes service with concerns.
14. Sensor and transmitter life differ for each product. Refer to reference table Appendix A. Ensure GP and patient and/or carer are aware of this. Document in the clinic letter how the patient can obtain a replacement transmitter.
15. Ensure the patient and/or carer has contact details for the CGM device care line in case of sensor malfunction, see Appendix A.
16. Provide ongoing diabetes care to the patient from the specialist diabetes team.

General Practitioner (GP) or Primary Care Prescriber responsibilities
17. Prescribe sensors on FP10 on a monthly prescription, and for Dexcom One and Dexcom One Plus prescribe transmitter every three months in addition to monthly sensors.
18. Prescribe a minimum of 1 pot (50 tests) capillary blood glucose strips on variable use repeat prescription (EMIS) or irregularly issued template (SystmOne) to reduce wastage and cost. One pot allows for up to 1 to 2 capillary blood glucose tests/day (Quantities will be different for Group 2 drivers as per DVLA advice). https://surreyccg.res-systems.net/PAD/Search/DrugConditionProfile/4609
19. Ensure 1 pot of ketone test strips are available to request on the patient's prescription as a variable use repeat prescription. https://surreyccg.res-systems.net/PAD/Search/DrugConditionProfile/4609
20. Update patient notes and amend medicines record with any changes to CGM devices notified by the specialist.
21. Consult specialist team if there are concerns identified e.g. skin reactions to sensor, not using CGM device, patient having difficulty interpreting CGM data, over or under ordering of sensors.
22. GP practice to have the contact details of CGM manufacturer/careline.

Patient / Carer role
1. Informing the specialist team, primary care prescriber or other healthcare professional if patient and/or carer has further questions or wants more information about the CGM device.
2. Tell the consultant / specialist or GP or Primary Care Prescriber of any other medication being taken, including over-the-counter products e.g. topical medications and creams.
3. Agree to complete the required CGM device training prior to its initiation.
4. Agreement from the patient and/or carer to link their CGM device data with the Specialist Centre such as the Glooko Platform.
5. Sharing any concerns about their diabetes treatment and problems they are having using their CGM device with the specialist team.
6. Be advised how to report any adverse effects to the specialist team, primary care prescriber or other healthcare professional involved in their care, and how adverse effects can be managed
7. To be available for monitoring as required
8. Attend follow-up appointments with the consultant / specialist / GP. **Non-attendance of appointments may result in treatment being stopped**
9. Know how to access to CGM device product website and careline telephone number – Appendix A.

Key information on the CGM devices

Please refer to the current CGM device information for detailed information and specific guidance on how to use the device.

Dexcom One	https://uk.provider.dexcom.com/products/dexcom-one
Freestyle Libre 2	https://pro.freestyle.abbott/uk-en/home/freestyle-portfolio/freestyle-libre-systems/freestyle-libre-2.html
Dexcom One +	The Dexcom ONE+ CGM (Continuous Glucose Montoring) system | Dexcom
Freestyle Libre 2 Plus	Home | FreeStyle Libre | Abbott

Background information:

CGM devices are recommended by NICE for use in adults NG17 and children and young people NG18 with Type 1 diabetes mellitus.

Type 1 diabetes affects over 370,000 adults in the UK. It results from destruction of the cells that normally make insulin. Loss of insulin secretion results in high blood glucose and other metabolic and haematological abnormalities, which have both short-term and long-term adverse effects on health. (NICE 2022)

A recent summary paper in the British Medical Journal on CGM provides further background information for primary care.
"Continuous Glucose Monitoring". Br Med J 2023;380:e072420. https://www.bmj.com/content/380/bmj-2022-072420. Accessed 6th March 2023.

Expected benefits:

Improved time in target range, reduction in diabetes complications i.e., renal, ophthalmic, cardiovascular, neuropathic, improved quality of life, reduced anxiety, and diabetes related distress, improved Gold or Clarke score, reduced time in hypoglycaemia range, and reduced admissions.

Glossary:

CGM Continuous glucose monitor, a sensor worn on the abdomen or arm and continuously measures glucose over 24 hours. The readings are sent to a display device via a transmitter.

Clarke Score: A score to check hypoglycemia perception using questions which have a score. ≤ 3 normal hypoglycaemia perception. ≤ 4 reduced hypoglycaemia perception.

Diabetes distress: When a person feels frustrated, defeated, or overwhelmed by diabetes. These feelings can turn into depression and diabetes burnout.

Gold Score: A Likert questionnaire asking respondents with diabetes to score their experience of detecting hypoglycemic events.

Hypoglycaemia: Imbalance between glucose supply, glucose utilization and existing insulin concentration. A blood glucose ≤ 3.9 mmols/l defines this.

isCGM intermittently scanned continuous glucose monitoring. Also known as 'Flash' glucose monitoring. The sensor continuously records glucose readings but the reader device or smartphone must be used by the individual to scan the sensor. Scanning will display the reading.

rtCGM Real time glucose monitoring. A continuous display of real time glucose readings via a display device.

Time in target: Percentage of time that the person with diabetes spends in target range. For example, between 4 and 10 mmols/l.

Appendix A – CGM Devices Information for Primary Care Prescribers

CGM Device FP10 Prescribed	Transmitter Life	Sensor Life	Monthly Sensor Prescription	Transmitter Prescription	Customer Care Telephone Number
Dexcom One (1 sensor every 10 days)	3 months	10 Days	3 kits (contains 1 sensor per kit)	1 Transmitter every 3 months.	0800 031 5761 Website
Freestyle Libre 2 (1 sensor every 14 days)	N/A	14 Days	2 kits (contains 1 sensor per kit)	N/A	0800 170 1177 Website
Dexcom One +	N/A	10Days	3 kits (contains 1 sensor per kit)	N/A	0800 031 5761 Website
Freestyle Libre 2 Plus	N/A	15 Days	2 kit (contains 1 sensor per kit)	N/A	0800 170 1177 Website

Recommended for all patients with Type 1 diabetes:

Capillary blood glucose strips	1 pot of 50 strips/month
Ketone test strips	1 pot 10 strips/month

Prescribe on variable use repeat prescription (EMIS) or irregularly issued template (SystmOne) to reduce wastage and cost

Suggested communication template for notification of sensor use/change and prescribing recommendations.

Specialist reviewed and initiating CGM?	Yes Device: For FP10 prescribed CGM, see table for quantity to prescribe	No
One-month CGM initiated	Yes Date of CGM start	No
Does the patient have an existing CGM sensor? If so which device?	Yes Device:	No
GP to discontinue existing sensor	Yes	No
Current blood glucose testing system	Yes	Test strip name
Prescriber's comments		