NHS
Suffolk and
North East Essex
Integrated Care Board

# Continuous Glucose Monitoring Information for Primary Care

In 2022, NICE published updated guidance for the management of diabetes (Type 1, Type 2, pregnant women, children and young people). The ICB launched their new Continuous Glucose Monitoring (CGM) Pathways on the 1st March 2023 which guided specialist teams on the initiation of CGM. These pathways have been updated due to changes in CGM technology.
The updated NICE guidance does also allow for initiation in primary care for CGM. This document is to provide you with the necessary information to be able to do so.

**What is Continuous Glucose Monitoring (CGM)?**
CGM is used to monitor a patient's glucose profile over a 24 hour period.
It is designed to reduce the need to perform finger stick blood glucose readings, whilst providing a more complete picture of a patient's glucose profile, allowing for greater glucose control and better treatment decisions.

All CGMs consist of a sensor worn on the skin, which then transmit the glucose data to a receiving device (most commonly the patient's smartphone). This information is available locally on the receiving device and can be uploaded to a web based system for storage and analysis.
The patient is able to share this data with their health care professionals by linking their accounts to the practice.
The glucose is tested in the interstitial fluid between cells, so there will be a slight variation from blood glucose gained via a finger prick capillary test. If any doubt around accuracy, finger prick test result should be used.
**Who can have CGM?**
Any patient living with Type 1 diabetes should be offered CGM***.**
Those living with Type 2 diabetes can be offered 'Flash' glucose monitoring if they meet the following criteria**:

- They are injecting insulin at least twice a day **AND**
- They are hypo unaware or are experiencing recurrent hypoglycaemia **OR**
- They have severe hypoglycaemia that has required the intervention of a third party (e.g. partner or paramedic call out) **OR**
- They have a high frequency of capillary blood glucose testing (>8 times a day) to either detect/avoid hypos, or due to their current treatment regime **OR**
- They are running their blood glucose artificially high to avoid hypoglycaemia

**This must be evidenced by capillary blood glucose meter download over the last 3 months

Continuous glucose monitoring can also be used in the following circumstances:

- Patients with recorded learning disabilities on the GP learning disability register with any blood glucose lowering therapy or insulin who cannot or will not self-monitor by capillary blood glucose monitoring
- Any patient with any type of diabetes who is undergoing dialysis

***Some patients living with type 1 diabetes may be using their sensors as part of a Hybrid Closed Loop system. It is imperative that these patients do not have any interruptions to their supply of these sensors.**

**How many devices are available for prescribing in primary care?**

- **Libre 2 –** being phased out
- **Libre 2 plus⁺ –** upgrade for Libre 2
- **Libre 3⁺ –** specialist initiation only not for use in patients with Type 2 diabetes. Do not initiate in primary care
- **Dexcom ONE –** being phased out
- **Dexcom ONE Plus –** upgrade for Dexcom ONE

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**+ Some patients will be using these devices as part of Hybrid Closed Loops. It is imperative that these patients do not have any interruptions to their supply of these sensors. Other brands of sensor are utilised via specialist teams to work alongside diabetes pumps and other technologies- currently primary care do not get involved with these pathways.**

**What does this mean for primary care?**

- Practices will now be receiving an increased number of requests for CGM devices from specialist settings.
- If a patient with a diagnosis of type 2 diabetes meets the local criteria for initiation of CGM, they can be initiated in primary care.
- Once the patient with type 2 diabetes has received the education from the manufacturer, they can be prescribed the CGM and be followed up/reviewed to ensure they are getting the benefit of the device as per primary care pathway.
- Primary care will provide the ongoing prescriptions.
- Devices must not be changed without a clinical need.

**I don't have time to initiate patients or look at their downloads, why should I do this?**

- There is a separate pathway that has the details on how to initiate a patient on a CGM. All onboarding can be undertaken by the relevant company, meaning that once you have identified a suitable patient, you won't need to do any more than refer them to Abbott or Dexcom (criteria must be met).
- Reviewing downloads using these devices is much simpler than reviewing a blood glucose diary, as all of the information is presented in a dashboard format. You will be able to better support your patient using these downloads compared to reviewing them annually and basing your advice on a single HbA1c measurement/written glucose diary.
- The aim of these devices is to improve diabetes management and reduce the risk of diabetes complications, all of which are very time consuming in themselves. CGM also empowers the patient and often re-engages them to self-manage their diabetes with more focus.

**How many sensors will I need to supply each month?**

- **Libre 2** – 2 sensors a month (Each sensor lasts 14 days) PIP Code 416-3416
- **Libre 2 plus** – 2 sensors per month (Each sensor lasts 15 days) PIP Code 428-0194
- **Libre 3** – 2 sensors per month (Each sensor lasts 14 days) PIP CODE 426-6391
- **Dexcom ONE** – 1x(3pack) sensors per month (Each sensor lasts 10 days) PIP code:421-4722
- **Dexcom ONE+** – 3 sensors per month (Each sensor lasts 10 days) PIP Code 426-8058

**How many transmitters will I be required to supply each month?**

- Only the Dexcom One requires a transmitter. Any patient using this sensor will require 1x Dexcom One Transmitter every 90 days (PIP code: 421-4730)

**This all sounds very confusing, there's so many sensors!**

- The number of sensors is high at the moment as Abbott and Dexcom are both introducing new sensors to the market. The Libre 2 and the Dexcom One will be discontinued in due course, and all new starts will be for either the Libre 2 Plus, or the Dexcom One Plus.
- The Libre 3 will only be able to be initiated by specialist teams, as this sensor will be used in combination with an insulin pump. You will not need to initiate this, we just ask that you provide the ongoing prescription

**Can I change a patient over from one brand of sensor to another?**

- Patients should be offered the Libre 2 Plus as the first line. This is because it has the simpler user interface, and clinical teams have the most familiarity with it.
- If a patient directly requests the Dexcom ONE Plus **OR**
- They have problems using the Libre 2 Plus **OR**
- They would benefit from wearing the sensor on an alternative site. Dexcom ONE Plus can be worn on the abdomen.
- The patient swims regularly for more than 30 minutes at 2.4 meters maximum. Dexcom ONE+ is waterproof at a max of 2.4 meters.

**Should I do a bulk change over now to the upgrades?**

No this can be done at routine reviews. Community pharmacies should be able to honour the current batch on their spine. Patients will be able to change over at their new batch. Patients should be encouraged to use up all their old stocks first.

In some circumstances you may be asked to change patients with a diagnosis of type 1 diabetes starting HCL to FreeStyle Libre 2 Plus instantly so in these circumstances, remainder prescriptions will be returned from the spine for cancellation by the pharmacy. You will need to inform the pharmacy of this. The letter from the specialists should make it clear that patients are using Libre 2 Plus as part of HCL.

**Will I still be required to supply test strips?**

- Yes there will a requirement however this will a reduced quantity approximately 50 per month so please ensure patients are able to request.
    - Group one drivers can use CGM for the purposes of driving.
    - Group two drivers, must continue to use finger prick testing for the purposes of driving. RT-CGM and flash glucose monitoring systems are not legally permitted for the purposes of Group 2 driving. So these patients may require the same amount of strips as before.
- Some patients will also require test strips if the sensors falls off so they can test until the next month's sensor supply.
- Please consider prescribing a formulary meter/strip if not already being used
- Please ensure that meters are less than 2 years old

**What do I do if the patient reports that the sensor has fallen off?**

- Patients will be required to let Abbott (Libre 2 plus patients) and Dexcom (Dexcom ONE Plus patients) know, and they may send a replacement
- Do not supply any extra sensors :-
    - Libre 2 Plus / Libre 3 – 2 sensors per month.
    - Dexcom ONE Plus – 3 sensors per month

Abbott Patient contact details
Telephone - 0800 170 1177
Mon-Fri 8:00am-8:00pm
Sat 9:00am-5.00pm
Customer Care Email
adchelpuk@abbott.com

Dexcom Technical Support Team
Telephone - 0800 0315763

**Can the patient wear the sensor if they are having a scan?**

- There is a contra indication for MRI/CT scanning equipment and patients should not wear a sensor under these conditions. Advise patient to contact the Technical Support Team's for their device as above.

**Do I need to provide a sharps bin?**

- Yes, patients will be required to dispose of their sensors in a sharps bin. Patients on CGM will require a 9L sharps bin.

**How will I know if the patient no longer requires CGM?**

- You will receive a letter from the specialists in the usual way. Please ensure you stop issuing the sensors as this will enable NHS funds are not being spent when not required.

**Should I be accepting requests from district nurses for CGM?**

- No; do not initiate any prescriptions requests for CGM by DNs unless the practice or specialist team have ascertained that the patient meets the criteria in the pathway.

**Can care home staff request initiation of CGM?**

- No; do not initiate any prescriptions requests for CGM by care home staff unless the practice or specialist team have ascertained that the patient meets the criteria in the pathway.

**If a patient is already on CGM from out of area, can primary care take them on?**

- Yes, you can take on this prescribing as long as it can be evidenced it was started by the specialist or GP with special interest or diabetes practice nurse. At next diabetes review you will be expected to review the patient as normal. Remind the patient they are required to share their data with you.

**If a patient wants to complain due to technology being stopped or not meeting criteria**

- Refer patients to PALS if they are unhappy with decisions about the technology
    - Email: pals@snee.nhs.uk or Telephone: 0800 389 6819

**How do patients dispose the Sensor components after use?**

- Used or unused Sensor packaging can go in general waste.
- Once the Sensor has been placed on the arm, the used applicator (which contains a needle) and the lid can be screwed back together and can be placed in a yellow biohazard bag or sharps box.
- The used Sensors are not sharps. The used sensor should be removed and wiped down with disinfectant, and then disposed of as electrical waste (the same as a battery).

**Where can I get further information?**

For FreeStyle Libre information, you can go to the following websites:

- https://pro.freestyle.abbott/uk-en/home/primary-care.html
- https://progress.freestylediabetes.co.uk
- DTN-UK Education: Flash Glucose Monitoring | ABCD (Diabetes Care) Ltd

You can also contact the Abbott primary care rep directly:

- Toby Davidson – toby.davidson@abbott.com

Toby will be able to arrange any specific training that you may require, including how to set up and use the LibreView website.

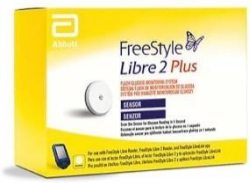
For Dexcom One Plus information, you can go to the following websites:

- https://www.dexcom.com/en-GB/learn
- https://uk-educationhub.dexcom.com

You can also contact the local rep directly:

Jill Gee jill.gee@dexcom.com
Jill will be able to arrange any specific training that you may require, including how to set up and use the Dexcom Clarity website.

SNEE has a diabetes technology lead, who can be contacted at: neale.wyard@esneft.nhs.uk
Neale will be happy to help with any questions you may have, especially regarding connecting your patients to your practices.

| | **FreeStyle Libre 2 Plus** | **Dexcom One+** | **FreeStyle Libre 3** |
|---|---|---|---|
| |   |   |   |
| Primary care initiation | Yes, first line | Yes, when alternative site such as abdomen is required for application or is needed for swimming ≥1 metre to ≤2.4metres | No, primary care continuation only |
| Real-time CGM | Yes* | Yes | Yes |
| Sensor life | 15 Days | 10 days | 14 Days |
| Sensor warm up time | 60 minutes | 30 minutes | 60 minutes |
| Separate transmitter | No | No | No |
| Smartphone app | LibreLink | Dexcom One+ | Libre 3 |
| Reader available | Yes | Yes | Yes |
| Capillary glucose calibration | No | No*** | No |
| High & low alarms | Yes | Yes | Yes |
| Predictive alarms | No | No | Yes HCL use only |
| Stand alone use | Yes | Yes | Yes |
| Pump/Hybrid closed loop compatibility | Omnipod 5 | No | YpsoPump |
| Bluetooth Range | 6 meters | 6 meters | 10 metres |
| Smart pen data connection | NovoPen 6<br>NovoPen Echo | NovoPen 6<br>NovoPen Echo^ | No |
| Data share HCP | LibreView | Clarity | LibreView |
| Data share friends/family app | LibreLinkUp (up to 20 followers) | Dexcom Follow (up to 10 followers) | LibreLinkUp (up to 20 followers) |
| UK approved wearable sites | Upper arm | Abdomen<br>Upper arm<br>Buttocks+ | Upper arm |

*Using Librelink app on smartphone. 'Scanning' still required if using reader device
**Different version of Simplera sensor required
***Not required for normal use, but available as an option
^Via Glooko