

7 November 2019		ITEM: 6
Health and Wellbeing Overview and Scrutiny Committee		
Flash Glucose Monitoring Report		
Wards and communities affected: Defined Type 1 and Type 2 Diabetic patients	Key Decision: Not applicable	
Report of: Mandy Ansell, Accountable Officer, Thurrock Clinical Commissioning Group		
Accountable Assistant Director: N/A		
Accountable Director: N/A		
This report is public		

Executive Summary

The [NHS Long Term Plan](#) announced that ‘the NHS will ensure that, in line with clinical guidelines, patients with type 1 diabetes benefit from life changing flash glucose monitors from April 2019, ending the variation patients in some parts of the country are facing’.

A Flash Glucose Scanning Commissioning Policy (for a single product FreeStyle Libre® (FSL)) was developed to facilitate the use of Flash Glucose Monitoring (FGM) in Mid and South Essex Sustainability and Transformation Partnerships (STP). This paper provides details of:

1. Current commissioning arrangements
2. The additional patient cohorts in which FSL is commissioned
3. The current financial expenditure

1. Recommendation(s)

1.1 The Health and Wellbeing Overview and Scrutiny Committee are invited to note the update.

2. Introduction and Background

2.1 FreeStyle Libre® is a type of ‘flash glucose monitoring system’ that measures glucose levels in people with diabetes using a sensor applied to the skin. Flash Glucose Scanning systems monitor blood glucose levels using interstitial fluid levels rather than capillary blood glucose from finger prick testing. It consists of a handheld reader and a sensor, which is sited on the

arm. When the reader unit is passed over the sensor, the reader shows a reading based on interstitial fluid glucose levels. The sensor lasts for up to 14 days and then needs to be replaced.

FreeStyle Libre® is an alternative to finger-prick blood glucose testing, and can produce a near-continuous record of measurements which can be accessed on demand. Readings are taken by scanning the sensor with a FreeStyle Libre® reader or some mobile phones. Diabetics using FreeStyle Libre® will still need to use some finger-prick blood glucose testing in certain circumstances, for example:

- when they feel unwell; for example when they have the flu, diarrhoea or are vomiting
- when the FreeStyle Libre® reader shows low glucose readings (hypoglycaemia) or warns that hypoglycaemia is likely
- when symptoms do not match meter readings
- before they drive and during driving (to meet DVLA requirements).

2.2 In March 2019:

- NHSE published a [guidance document](#) that set out the criteria for flash glucose monitoring (for a single product FreeStyle Libre® (FSL)) and the maximum amounts CCGs will be reimbursed for the ongoing costs of flash glucose sensors. The re-imburement figure has assumed that there will be a reduction in overall blood glucose testing strips and lancet spend.

- Agreement and support from diabetes specialists across Mid and South Essex STP led to the development and publication of a Mid and South Essex wide [Flash Glucose Scanning Commissioning Policy](#). The patient criteria are in line with NHSE guidance, with an extension of two patient cohorts:

1. Pregnant woman with type 2 diabetes requiring insulin; and
2. Insulin-treated type 2 diabetes unable to routinely self-monitor blood glucose at home due to severe mental or physical disability.

2.3 At present there is only one product where prescribing on the NHS is supported- FreeStyle Libre®.

2.4 Flash Glucose Scanning is not the same as continuous glucose monitoring.

3. Issues, Options and Analysis of Options

3.1 This is a monitoring report for noting, therefore there is no options analysis.

3.2 Summary of Funding mechanism

From 1 April 2019, for patients who satisfy NHS England criteria, CCGs are being reimbursed for the ongoing costs of flash glucose sensors for 2 years for only for up to 20% of their type 1 diabetes population

Organisation	No. of patients with Type 1 Diabetes	20% of T1 patients	Funding (£) by NHSE- A	Total annual cost of FreeStyle Libre® (in primary care)- B	19/20 CCG Deficit (B-A)	Minimum anticipated cost savings (£) BGTS + Lancets- 50%
THURROCK CCG	620	124	83,921	103,168	19,247	59,706

Table 1: Maximum anticipated reimbursement and savings levels 2019/20

3.3 Summary of Financial Spend

Organisation	Period	Total number of prescriptions	Spend
THURROCK CCG	April to July 2019	160	£9,010

Table 2: Freestyle Libre® Primary Care Prescribing Data April to July 2019

Current primary care prescribing FSL expenditure is below the anticipated NHSE trajectory for the first four months of 2019 financial year.

Organisation	Type of Product	Time period	Average Growth vs same period last year/%	Increase in cost/£
THURROCK CCG	Lancets	Dec 2018 to March 2019	10.20%	1,204
		Apr 2019 to Jul 2019	4%	433
	Blood Glucose Testing Strips (BGTS)	Dec 2018 to March 2019	1.20%	218
		Apr 2019 to Jul 2019	-2%	-3700

Table 3: Lancet and BGTS growth summary

Lancet usage costs for the last two quarter time periods show an increase in spend while BGTS data shows a small reduction in the most recent quarter.

At this point in time the correlation between an increase in FSL and an overall reduction in use of lancets and BGTS is uncertain. When August to November 2019 data is reviewed alongside other explanatory causes commissioners may be in a better position to have a better understanding of the correlation.

4. Reasons for Recommendation

4.1 It is good practice to produce a monitoring report to review overall usage. This report is for monitoring and noting.

5. Consultation (including Overview and Scrutiny, if applicable)

5.1 This report has been agreed with Denise Rabbette, Head of Medicines Management, Thurrock CCG.

6. Impact on corporate policies, priorities, performance and community impact

6.1 Reporting ensures that data is scrutinised alongside the [Flash Glucose Scanning Commissioning Policy](#) to provide feedback to service providers to support the goal of managing long term conditions which is part of the Health and Wellbeing Strategy.

7. Implications

7.1 Financial

Primary care expenditure for FSL is below the NHSE trajectory at this point in time. If usage exceeded the NHSE funding allocation a review of the commissioning arrangements for FSL is compulsory.

Implications verified by: **Thurrock CCG**

There are no specific financial implications arising from the report at this point in time

7.2 Legal

N/A

7.3 Diversity and Equality

To meet the monitoring requirements of the diabetic population who are less able to use recognised monitoring methods as outlined in appendix 1, high quality FSL is accessible.

7.4 Other implications (where significant) – i.e. Staff, Health, Sustainability, Crime and Disorder, or Impact on Looked After Children)

None

8. Background papers used in preparing the report (including their location on the Council's website or identification whether any are exempt or protected by copyright):

- Health and Wellbeing Strategy. Available from:

<https://www.thurrock.gov.uk/strategies/health-and-well-being-strategy>

- Flash Glucose Monitoring: National arrangements for funding of relevant diabetes patients. Available from:

<https://www.england.nhs.uk/publication/flash-glucose-monitoring-national-arrangements-for-funding-of-relevant-diabetes-patients/>

- The NHS Long Term Plan. Available from:

<https://www.longtermplan.nhs.uk/wp-content/uploads/2019/08/nhs-long-term-plan-version-1.2.pdf>

- Commissioning arrangements for Freestyle Libre. Available from:

<https://www.thurrockccg.nhs.uk/about-us/document-library/policies-and-procedures-1/service-restriction-policy/freestyle-libre/>

9. Appendices to the report

- Appendix 1: Flash Glucose Scanning, Policy Statement, Mid and South Essex Sustainability and Transformation Partnerships

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