

CONTINUOUS GLUCOSE MONITORING POLICY INDIVIDUAL FUNDING

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Application Form	Generic IFR application form

CONTINUOUS GLUCOSE MONITORING POLICY

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**CONTINUOUS GLUCOSE MONITORING POLICY
VERSION CONTROL**

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Sponsoring Director:	SANDRA CORRY
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CONTINUOUS GLUCOSE MONITORING

General Principles

Funding approval will only be given in line with these general principles. Where patients are unable to meet these principles in addition to the specific treatment criteria set out in this policy, funding approval will not be given.

1. The CCG does not commission surgery for cosmetic purposes alone.
2. Funding approval must be secured by primary care prior to referring patients seeking corrective surgery.
3. Referring patients to secondary care without funding approval having been secured not only incurs significant costs in out-patient appointments for patients that may not qualify for surgery, but inappropriately raises the patient's expectation of treatment.
4. On limited occasions, the CCG may approve funding for an assessment only in order to confirm or obtain evidence demonstrating whether a patient meets the criteria for funding. In such cases, patients should be made aware that the assessment does not mean that they will be provided with surgery and surgery will only be provided where it can be demonstrated that the patients meets the criteria to access treatment in this policy.
5. Funding approval will only be given where there is evidence that the treatment requested is effective and the patient has the potential to benefit from the proposed treatment. Where it is demonstrated that patients have previously been provided with the treatment with limited or diminishing benefit, funding approval is unlikely to be agreed.
6. Patients should be advised that receiving funding approval does not confirm that they will receive treatment or surgery for a condition as a consent discussion will need to be undertaken with a clinician prior to treatment.
7. Patients with an elevated BMI of 30 or more are likely to receive fewer benefits from surgery and should be encouraged to lose weight further prior to seeking surgery. In addition, the risks of surgery are significantly increased. (Thelwall, 2015)
8. Patients who are smokers should be referred to smoking cessation services in order to reduce the risk of surgery and improve healing. (Loof S., 2014)
9. Where funding approval is given by the Individual Funding Panel, it will be available for a specified period of time, normally one year.

Background

A Continuous glucose monitoring (CGM) system is used by patients with Diabetes for keeping track of their glucose levels. With a blood glucose monitor, the patient tests their blood whereas with a CGM the blood is not tested rather it measures the glucose levels in the interstitial fluid and testing is done continuously.

Continuous glucose monitoring (CGM) systems use a small needle-like sensor which is implanted subcutaneously.

A number of types of CGM are available and/or in development this policy covers all existing and future types.

POLICY – CRITERIA TO ACCESS TREATMENT - IFR

- 1. The CCG does not routinely commission Continuous Glucose Monitoring (CGM) for Adults or Paediatrics**
2. Existing paediatrics receiving Continuous Glucose Monitoring (CGM) prior to the date of this policy may continue with the treatment and the activity to be included within the contract arrangements in place

Individual cases will be reviewed at the Commissioner's Individual Funding Panel upon receipt of a completed application form from the patient's GP, Consultant or Clinician.

Applications cannot be considered from patients personally.

Provided these patients receive the full support of their general practitioner, or clinician, in pursuing their funding request an application may be made to the Individual Funding Request Panel for consideration.

In order for funding to be agreed there must be some unusual or unique clinical factor about the patient that suggests that they are exceptional as defined below:

- Significantly different to the general population of patients with the condition in question.
- Likely to gain significantly more benefit from the intervention than might be expected from the average patient with the condition.

It is expected that clinicians will have ensured that the patient, on behalf of who they are forwarding the application for, is appropriately informed about the existing policies prior to an application to the IFRP. This will reassure the Panel that the patient has a reasonable expectation of the outcome of the application and its context.

If you would like further copies of this policy or need it in another format, such as Braille or another language, please contact the Patient Advice and Liaison Service on Telephone number: 08000 851067.

Or write to us: NHS Somerset Clinical Commissioning Group, Freepost RRKL-XKSC-ACSG, Yeovil, Somerset, BA22 8HR or **Email us:** somccg.pals@nhs.net

References

1. <https://www.nice.org.uk/guidance/ng28>
2. <https://www.nice.org.uk/guidance/ng17>
3. <https://www.nice.org.uk/guidance/ng18>
4. <https://www.nice.org.uk/guidance/ta151/resources/continuous-subcutaneous-insulin-infusion-for-the-treatment-of-diabetes-mellitus-pdf-82598309704645>