



<b>Intervention</b>	<b>Continuous Glucose Monitoring</b>
<b>For the measurement of:</b>	Blood Glucose Levels: Individuals who have diabetes
<b>Commissioning Position</b>	<p>Humber and North Yorkshire Integrated Commissioning Board will commission access to continuous glucose monitoring technologies – consistent with the following NICE Guidance:</p> <p><b>NG3 Diabetes in Pregnancy: management from preconception to the postnatal period (published 25 February 2015/ referenced in updated NICE guidance NG17, NG18 and NG 28 – see below).</b></p> <p><b>NG17 Type 1 Diabetes in Adults: diagnosis and management (published 26 August 2015/ updated 17 August 2022).</b></p> <p><b>NG18 Diabetes (Type 1 and Type 2) in Children and Young People: diagnosis and management (published 26 August 2015/ updated 11 May 2023)</b></p> <p><b>NG28 Type 2 Diabetes in Adults: management (published 02 December 2015/ updated 29 June 2022)</b></p>
<b>Clinical Reference Documents</b>	<p>NG3 Diabetes in Pregnancy: <a href="http://www.nice.org.uk/guidance/ng3">http://www.nice.org.uk/guidance/ng3</a></p> <p>NG17 Type 1 Diabetes in Adults: <a href="http://www.nice.org.uk/guidance/ng17">http://www.nice.org.uk/guidance/ng17</a></p> <p>NG18 Diabetes (Type 1 and Type 2) in Children and Young People: <a href="http://www.nice.org.uk/guidance/ng18">http://www.nice.org.uk/guidance/ng18</a></p> <p>NG28 Type 2 Diabetes in Adults: <a href="http://www.nice.org.uk/guidance/ng28">http://www.nice.org.uk/guidance/ng28</a></p> <p>Saving Babies Lives v3: <a href="#">Saving Babies Lives v3</a></p>



<b>Inclusion Criteria</b>	
<p><b>NG3: Diabetes in Pregnancy</b>  (Sect. 1.3.17 - Sect. 1.3.19)</p>	<p>All pregnant women with type 1 diabetes should be offered real-time continuous glucose monitoring to help them meet their pregnancy blood glucose targets and improve neonatal outcomes.</p> <p>Pregnant women with type 1 diabetes who are unable to use real-time continuous glucose monitoring or express a clear preference for intermittently scanned continuous glucose monitoring should be offered intermittently scanned continuous glucose monitoring.</p> <p>Pregnant women who are on insulin therapy, but do not have type 1 diabetes, for the following reasons:</p> <ul style="list-style-type: none"><li>• They have problematic severe hypoglycaemia (with or without impaired awareness of hypoglycaemia) or</li><li>• They have unstable blood glucose levels that are causing concern despite efforts to optimise glycaemic control,</li></ul> <p>should be considered for real-time continuous glucose monitoring.</p>
<p><b>NG17: T1 Diabetes in Adults</b>  (Sect. 1.6.10 - Sect. 1.6.11)</p>	<p>Adults with type 1 diabetes to be offered a choice of real-time continuous glucose monitoring or intermittently scanned continuous glucose monitoring, commonly referred to as 'flash'), based on their individual preferences, needs, characteristics, and the functionality of the devices available. (See NG17 sect. 1.6.11 re factors to consider when choosing a continuous glucose monitoring device).</p> <p>If multiple devices meet their needs and preferences, offer the device with the lowest cost.</p>



**Inclusion Criteria**

**NG18:**  
Diabetes (T1 and T2) in Children and Young People  
  
(Sect. 1.2.60 - Sect. 1.2.63)

Real-time continuous glucose monitoring should be offered to all children and young people with type 1 diabetes, alongside education to support children and young people and their families and carers to use it.

Intermittently scanned continuous glucose monitoring should be offered to children and young people with type 1 diabetes aged 4 years and over who are unable to use real-time continuous glucose monitoring or who express a clear preference for intermittently scanned continuous glucose monitoring

Children and young people with type 1 diabetes should be offered a choice of a real-time continuous glucose monitoring device, based on their individual preferences, needs, characteristics, and the functionality of the devices available. When choosing a continuous glucose monitoring device:

- use shared decision making to identify the child or young person's needs and preferences and offer them an appropriate device
- if multiple devices meet their needs and preferences, offer the device with the lowest cost.  
(See NG18 sect. 1.2.63 re factors to consider when choosing a continuous glucose monitoring device)



**Inclusion Criteria**

**NG28: Type 2 Diabetes in Adults**

**(Sect. 1.6.17 - Sect. 1.6.19)**

Intermittently scanned continuous glucose monitoring to adults with type 2 diabetes on multiple daily insulin injections if any of the following apply:

- they have recurrent hypoglycaemia or severe hypoglycaemia;
- they have impaired hypoglycaemia awareness;
- they have a condition or disability (including a learning disability or cognitive impairment) that means they cannot self-monitor their blood glucose by capillary blood glucose monitoring but could use an isCGM device (or have it scanned for them);
- they would otherwise be advised to self-measure at least 8 times a day.

Intermittently scanned continuous glucose monitoring should be offered to adults with insulin-treated type 2 diabetes who would otherwise need help from a care worker or healthcare professional to monitor their blood glucose.

Consider real-time continuous glucose monitoring (rtCGM) as an alternative to isCGM for adults with insulin-treated type 2 diabetes if it is available for the same or lower cost.



<b>Initiation, Education, Support and Care Planning</b>	
<b>NG3: Diabetes in Pregnancy</b>  <b>(Sect. 1.3.20)</b>	For pregnant women who are using continuous glucose monitoring, a member of the joint diabetes and antenatal care team with expertise in these systems should provide education and support. <b>(NG3 sect. 1.3.20)</b>
<b>NG17: T1 Diabetes in Adults</b>  <b>(Sect. 1.6.13 – Sect. 1.6.17)</b>	<p>Continuous glucose monitoring should be provided by a team with expertise in its use, as part of supporting people to self-manage their diabetes.</p> <p>Advice should be offered to adults with type 1 diabetes who are using continuous glucose monitoring that they will still need to take capillary blood glucose measurements (although they can do this less often). Explain that this is because:</p> <ul style="list-style-type: none"><li>• they will need to use capillary blood glucose measurements to check the accuracy of their CGM device;</li><li>• they will need capillary blood glucose monitoring as a back-up (for example, when their blood glucose levels are changing quickly or if the device stops working).</li></ul> <p>Provide them with enough test strips to take capillary blood glucose measurements as needed.</p> <p>If a person cannot or does not want to use continuous glucose monitoring, offer capillary blood glucose monitoring.</p> <p>Include continuous glucose monitoring in the structured education programme provided to all adults with type 1 diabetes and ensure that people are empowered to use continuous glucose monitoring devices.</p> <p>Monitor and review the person's use of continuous glucose monitoring as part of reviewing their diabetes care plan.</p> <p>If there are concerns about the way a person is using the continuous glucose monitoring device:</p> <ul style="list-style-type: none"><li>• ask if they are having problems using their device;</li><li>• look at ways to address any problems or concerns to improve their use of the device, including further education and emotional and psychological support.</li></ul>



**NG18:** Diabetes (T1 and T2) in Children and Young People

**(Sect. 1.2.64 – Sect 1.2.69)**

Continuous glucose monitoring should be provided by a team with expertise in its use, as part of supporting children and young people to self-manage their diabetes.

Advice should be offered to children and young people with type 1 diabetes who are using continuous glucose monitoring (and their families or carers) that they will still need to take capillary blood glucose measurements (although they can do this less often). Explain that this is because:

- they will need to use capillary blood glucose measurements to check the accuracy of their CGM device;
- they will need capillary blood glucose monitoring as back-up (for example if their blood glucose levels are changing quickly or the device stops working).

Provide them with enough test strips to take capillary blood glucose measurements as needed.

If a person cannot or does not want to use continuous glucose monitoring, offer capillary blood glucose monitoring.

Include continuous glucose monitoring in the continuing programme of education provided to all children and young people with type 1 diabetes and their families or carers.

- Monitor and review the child or young person's use of continuous glucose monitoring as part of reviewing their diabetes care plan.

If the child or young person is not using their continuous glucose monitoring device at least 70% of the time:

- ask if they are having problems with their device;
- look at ways to address any problems or concerns to improve their use of the device, including further education and emotional and psychological support.



<p><b>NG28: Type 2 Diabetes in Adults</b></p> <p><b>(Sect. 1.6.20 – Sect. 1.6.25)</b></p>	<p>Continuous glucose monitoring should be provided by a team with expertise in its use, as part of supporting people to self-manage their diabetes.</p> <p>Advice should be given to adults with type 2 diabetes who are using continuous glucose monitoring that they will still need to take capillary blood glucose measurements (although they can do this less often). Explain that this is because:</p> <ul style="list-style-type: none"><li>• they will need to use capillary blood glucose measurements to check the accuracy of their continuous glucose monitoring device;</li><li>• they will need capillary blood glucose monitoring as a back-up (for example when their blood glucose levels are changing quickly or if the device stops working).</li></ul> <p>Provide them with enough test strips to take capillary blood glucose measurements as needed.</p> <p>If a person is offered continuous glucose monitoring but cannot or does not want to use any of these devices, offer capillary blood glucose monitoring.</p> <p>Ensure continuous glucose monitoring is part of the education provided to adults with type 2 diabetes who are using it.</p> <p>Monitor and review the person's use of continuous glucose monitoring as part of reviewing their diabetes care plan.</p> <p>If there are concerns about the way a person is using the continuous glucose monitoring device:</p> <ul style="list-style-type: none"><li>• ask if they are having problems using their device;</li><li>• look at ways to address any problems or concerns to improve their use of the device, including further education and emotional and psychological support.</li></ul>
<p><b>Effective From</b></p>	<p>01 July 2023</p>
<p><b>Policy Review Date</b></p>	<p>01 July 2025 (or earlier if further relevant guidance is published/ updated).</p>