

LETTERS

Variations in access to continuous glucose monitoring and flash glucose sensors for children and young people in England and Wales: a national survey

We write to report on the Association of Children's Diabetes Clinicians' (ACDC) national survey on access to continuous glucose monitoring (CGM) and Freestyle Libre Flash Glucose Sensors (FGS) for children and young people (CYP) with type 1 diabetes (T1DM) in England and Wales.

CGM and FGS allow continuous blood glucose monitoring for patients with T1DM, therefore reducing the need for finger-prick blood testing. CGM provides a continuous interstitial glucose reading, whereas FGS requires 8 hourly scans to provide data with no alarms.

Funding pathways for such devices are complex. While there is clear guidance from The National Institute of Health and Care Excellence (NICE) with regards to whom CGM should be prescribed,¹ access is determined locally by Clinical Commissioning Groups (CCGs). Some CCGs require individual funding applications (IFAs), whereas others have local policies on who should access devices. The recently published National Health Service (NHS)

Long-Term Plan, advises that all individuals meeting published clinical criteria should be able to access FGS devices from April 2019, with NHS England reimbursing CCGs for the ongoing costs.^{2,3}

To ascertain current access to CGM and FGS devices among CYP with T1DM, ACDC conducted a national survey between February and April 2019. All diabetes teams caring for CYP in England and Wales and submitting data to the National Paediatric Diabetes Audit (n=174) were asked to complete the survey. Responses were received from 116 (67%) centres.

Variation in prescribing practice (table 1) and access to funding (table 2) was seen both within and between the national diabetes network regions. The majority of teams (77%) reported prescribing CGM devices to those meeting the NICE criteria; however, only 53% of teams received funding for patients meeting the NICE criteria or a more widely accessible criteria (three teams were able to obtain funding without any restrictions). In all, 11 teams (9%) received no funding for CGM devices, despite attempts by clinicians to obtain funding through the relevant pathways, including making IFAs and appealing decisions.

Seventy-two percent (n=83) of teams had a criteria agreed with their CCG/Regional Medicines Optimisation Committee (RMOC) with regard to who they could prescribe FGS for. While 56% of teams received funding for devices for

all patients meeting the pre-agreed criteria and 4 (3%) teams had no prescribing restrictions (ie, no criteria had to be fulfilled), 17% of teams could not offer any funded devices. The remaining teams were able to obtain funding in special situations only. Teams reported the dilemma of being able to offer devices to selected patients dependent on which CCG their GP practice fell into, with others using Best Practice Tariff money to support patients.

This national survey highlights that the postcode lottery for access to diabetes technology previously described,² continues to exist. While we acknowledge that CGM and FGS are not appropriate for everyone, certain groups of patients clearly benefit from such devices, leading to improved diabetes control and quality of life with a long-term cost-benefit to the NHS likely.¹ At the time of this survey, a significant minority of teams were still struggling to access funding for FGS devices; however, we hope this should be resolved in a timely manner with the issuing of the NHS England mandate for FGS prescribing.

A national mandate for CGM prescribing does not currently exist. NICE guidance supports CGM prescribing¹ and recently published UK-based consensus guidelines support the use of CGM technology in appropriate circumstance,⁴ yet despite this, CGM funding remains inaccessible for many teams. The NHS long-term plan aims to tackle the inequalities

Table 1 Prescribing practices for continuous glucose monitoring and flash glucose sensors devices by region

Region	Continuous glucose monitoring (CGM)					Flash glucose sensors (FGS)			
	Number (%) of units returning survey	Number (%) of units prescribing for NICE criteria	Number (%) of units prescribing no devices	Number (%) of units prescribing for own/other criteria	Number (%) of units with no restrictions on prescribing	Number (%) of units prescribing for criteria agreed with RMOC/CCG	Number (%) of units prescribing no devices	Number (%) of units prescribing for own/other criteria	Number (%) of units with no restrictions on prescribing
East Midlands	6/10 (60)	4 (67)	1 (17)	1 (17)	0 (0)	5 (83)	1 (17)	0 (0)	0 (0)
East of England	10/17(59)	7 (70)	2 (20)	0 (0)	1 (10)	7 (70)	2 (20)	0 (0)	1 (10)
London and South East	25/40 (63)	19 (76)	1 (4)	4 (16)	1 (4)	16 (64)	3 (12)	5 (20)	1 (4)
North East and North Cumbria	8/11 (73)	7 (88)	0 (0)	1 (12.5)	0 (0)	7 (88)	0 (0)	1 (13)	0 (0)
North West	20/20 (100)	14 (70)	2 (10)	4 (20)	0 (0)	15 (75)	4 (20)	0 (0)	1 (5)
South Central	9/14 (64)	8 (89)	1 (11)	0 (0)	0 (0)	8 (89)	1 (11)	0 (0)	0 (0)
South West	5/11(45)	3 (60)	0 (0)	2 (40)	0 (0)	3 (60)	2 (40)	0 (0)	0 (0)
Wales	7/14 (50)	7 (100)	0 (0)	0 (0)	0 (0)	5 (71)	1 (14)	1 (14)	0 (0)
West Midlands	12/19 (63)	9 (75)	2 (17)	1 (8)	0 (0)	4 (33)	6 (50)	2 (17)	0 (0)
Yorkshire and Humber	14/18 (78)	11 (79)	0 (0)	2 (14)	1 (7)	13 (93)	0 (0)	0 (0)	1 (7)
Total	116/174 (67)	89 (77)	9 (8)	15 (13)	3 (3)	83 (72)	20 (17)	9 (8)	4 (3)

CCG, clinical commissioning group; NICE, National Institute for Health and Care Excellence; RMOC, regional medicines optimisation committee.

Table 2 Access to continuous glucose monitoring (CGM) and flash glucose sensors (FGS) funding by region

Region	Number (%) of units returning survey	Number (%) of units with access to CGM funding for patients meeting NICE or broader criteria	Number (%) of units with access to FGS funding for patients meeting pre-agreed criteria (eg, agreement with RMOC) or with no restrictions
East Midlands	6/10 (60)	3 (50)	3 (50)
East of England	10/17 (59)	4 (40)	5 (50)
London and South East	25/40 (63)	16 (64)	15 (63)
North East and North Cumbria	8/11 (73)	4 (50)	7 (88)
North West	20/20 (100)	9 (45)	10 (50)
South Central	9/14 (64)	5 (56)	7 (78)
South West	5/11 (45)	0 (0)	3 (60)
Wales	7/14 (50)	1 (14)	1 (14)
West Midlands	12/19 (63)	7 (58)	4 (33)
Yorkshire and Humber	14/18 (78)	13 (93)	13 (93)
Total	116/174 (67)	62(53)	69(59)

CCG, clinical commissioning group; NICE, National Institute for Health and Care Excellence; RMOC, regional medicines optimisation committee.

in diabetes technology access³ however, it is clear that variations in access and inequalities still exist for CYP in the UK. Other specialities have utilised alternative funding avenues such as the NHS England Innovation and Technology payment scheme to incentivise uptake of technologies that benefit patients.⁵ Perhaps we need to explore such funding routes. However, we would urge that a national mandate for CGM access is considered as a priority to address such inequalities.

Elspeth Clare Ferguson ,¹ Neil Wright ,¹ Fiona Regan,² Juliana Chizo Agwu ,^{3,4} Eleri Williams,⁵ Astha Soni,¹ Alison Timmis,⁶ Melanie Kershaw,⁷ Josephine Drew,⁸ Christopher Moudiotis,⁹ Sze May Ng,^{10,11} On behalf of the Association of Children's Diabetes Clinicians UK

¹Sheffield Children's NHS Foundation Trust, Sheffield, UK

²Wexham Park Hospital, Slough, UK

³Department of Paediatrics, Sandwell and West Birmingham NHS Trust, West Bromwich, UK

⁴Institute of Clinical Sciences, College of Medicine and Dental Sciences, University of Birmingham, Birmingham, UK

⁵Hampshire Hospitals NHS Foundation Trust, Winchester, UK

⁶Countess of Chester Hospital NHS Foundation Trust, Chester, UK

⁷Birmingham Children's Hospital NHS Foundation Trust, Birmingham, UK

⁸Department of Paediatrics, Nottingham University Hospitals NHS Trust, Nottingham, UK

⁹Department of Paediatrics, Royal Devon and Exeter NHS Foundation Trust, Exeter, UK

¹⁰Paediatric Department, Southport and Ormskirk NHS Trust, Ormskirk, UK

¹¹Department of Women's and Children's Health, University of Liverpool, Liverpool, UK

Correspondence to Dr Sze May Ng, Paediatric Department, Southport and Ormskirk NHS Trust, Ormskirk L39 2AZ, UK; may.ng@nhs.net

Acknowledgements We thank all paediatric diabetes units who have completed the survey on behalf of the Association of Children's Diabetes Clinicians (ACDC).

Collaborators On behalf of the Association of Children's Diabetes Clinicians, UK.

Contributors This work was conducted on behalf of the Association of Children's Diabetes Clinicians. UK. The concept for the survey was developed by the authors. ECF initially drafted the survey which was developed and approved by all the authors. ECF analysed the data and ECF and MN drafted the paper which was edited and approved by all the authors.

Funding The authors have not declared a specific grant for this research from any funding agency in the public, commercial or not-for-profit sectors.

Competing interests None declared.

Patient consent for publication Not required.

Provenance and peer review Not commissioned; internally peer reviewed.

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To cite Ferguson EC, Wright N, Regan F, *et al*. *Arch Dis Child* 2020;**105**:609–610.

Accepted 3 September 2019

Published Online First 16 September 2019

Arch Dis Child 2020;**105**:609–610.

doi:10.1136/archdischild-2019-317800

ORCID iDs

Elspeth Clare Ferguson <http://orcid.org/0000-0003-4021-6175>

Neil Wright <http://orcid.org/0000-0003-0524-594X>

Juliana Chizo Agwu <http://orcid.org/0000-0002-8593-187X>

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