Freedom of Information Request: Our Reference CTMUHB_265_26

You asked:

I am writing to request information under the Freedom of Information Act 2000.

Please could you provide the following information for your Health Board:

1. **Details of your current policy, guidance, or position on access to Continuous Glucose Monitoring (CGM) for people with diabetes.**

   Across CTMUHB acute sites we follow Health Technology Wales (HTW) and National Institute for Health and Care Excellence (NICE) guidance when considering initiation of continuous glucose monitoring (CGM) for the person living with diabetes.

2. **The patient groups who are currently eligible to access CGM (for example by diabetes type, treatment type, age, pregnancy, hypoglycaemia risk, or any other criteria used).**

   HTW advised the adoption of CGM for people living with any type of diabetes who require insulin therapy (type 1 and type 2). This statement is further supported by NICE guideline:NG28 Type 2 diabetes in adults: management which advocates the use of CGM for adults on multiple daily insulin injections who may experience hypos, hypo unawareness, learning disability or cognitive impairment affecting the ability to self-monitor glucose and requiring self-testing at least 8 times a day. This guideline also advocates the use of CGM to adults requiring insulin treatment who would need help from a care worker or health care professional to monitor their blood glucose. HTW expand on this further citing a range of scenarios in which CGM may also be of potential benefit such as: needle phobia, children and the elderly, for people requiring intensive glucose monitoring in order to assist treatment decisions and people who are unable to use current forms of glucose monitoring.

   CGM can be used from the ages 2 and up with no upper limit.

   NICE guideline:NG3 Diabetes in pregnancy: management from preconception to post-natal period and NICE Quality standard QS109 both advocate the use of CGM to all pregnant women with type 1 diabetes. In addition, it is recommended to offer CGM for pregnant women who are on insulin but do not have type 1 diabetes if they have problematic hypoglycaemia with or without impaired awareness and those having unstable blood glucose readings causing concern despite efforts to optimise glycaemic control.

3. **Copies of any relevant policies, guidelines, pathways, commissioning decisions, or other documents that describe or support CGM access criteria.**

   Below are links to documents cited in this response:

   https://healthtechnology.wales/wp-content/uploads/2021/09/GUI004-FlashGM-FINAL.pdf

   https://www.nice.org.uk/guidance/ng28

   https://www.nice.org.uk/guidance/ng17

   https://www.nice.org.uk/guidance/ng3

   https://www.nice.org.uk/guidance/qs109

4. **If no formal written policy exists, please confirm this and explain how decisions on CGM access are currently made and how clinicians are made aware of the groups that can access/ be prescribed CGM.**

   When considering commencement of CGM, all of the guidelines quoted are taken into consideration to ensure that the person with diabetes is eligible to start this form of monitoring.

   Clinicians are able to access these guideline documents as required to support decision making. However, guidance does not override the individual responsibility of the health care professional to make decisions in the exercise of their own clinical judgment in the circumstances of the individual person living with diabetes in consultation with the person and/or guardian or carer.

   In respect of CGM with Type 1 diabetes current guidelines are attached for reference (attachments 1 and 2).

   Ante natal guidelines are in place and currently in the process of being ratified.