

Flash Glucose Monitoring – Frequently asked questions for patients



FreeStyle Libre® device and sensors

What is flash glucose monitoring?

Flash glucose monitoring system is a device to help you self-monitor your glucose levels. Unlike traditional finger-prick devices (that measure glucose levels in the blood), flash glucose monitoring measures the glucose in your interstitial fluid. Interstitial fluid is a thin layer of fluid which surrounds the body's cells. Currently, FreeStyle Libre® is the only flash glucose monitoring system that is available for NHS prescribing.

FreeStyle Libre® can provide a near-continuous record of your glucose levels, which is produced by scanning the sensor with a reader-device (see image) or a smartphone (via the free to download FreeStyle LibreLink App). The sensor is the size of a two pound coin and is applied to the upper arm.

For more information, please visit www.freestylelibre.co.uk/libre/help/tutorials.html

Is this a replacement for finger-prick blood glucose testing?

No, it is not a complete substitute for finger-prick blood glucose testing. Finger-prick blood glucose measurements will still be required in certain circumstances, including:

- during times of rapidly changing glucose levels when interstitial fluid glucose levels may not accurately reflect blood glucose levels
- before and during driving to meet Driving and Vehicle Licensing Authority (DVLA) requirements for “Group 2” drivers (e.g. drivers of lorries or buses) www.gov.uk/diabetes-driving
- when scanned glucose results do not correspond with the user's symptoms of a low or high glucose level
- to use the bolus calculator function (e.g. on an insulin pump or app)
- where the flash glucose monitoring reader indicates a low glucose reading.

Who is eligible to receive NHS prescriptions for flash glucose monitoring?

The device is only available on the NHS for people with diabetes on insulin treatment, **aged four years or over, who meet one or more of the indications detailed below:**

Indication 1

People with type 1 diabetes on multiple daily injections or insulin pump therapy who test frequently (>8 times per day).

Indication 2

People with type 1 diabetes unable to routinely self-monitor blood glucose due to disability who require carers to support glucose monitoring and insulin management.

Indication 3

People with type 1 diabetes for whom the specialist diabetes team determines have occupational (e.g. working in insufficiently hygienic conditions to safely facilitate finger-prick testing) or psychosocial circumstances that warrant a 6 month trial of flash glucose monitoring with appropriate adjunct support.

Indication 4

People with any form of diabetes on haemodialysis and on insulin treatment and are clinically indicated as requiring intensive monitoring >8 times daily.

Indication 5

People with diabetes associated with cystic fibrosis on insulin treatment.

Indication 6

Pregnant women with type 1 diabetes (eligible for 12 months' supply of flash glucose monitoring inclusive of post-delivery period).

Indication 7

People with type 1 diabetes and recurrent severe hypoglycaemia (low glucose levels) or impaired awareness of hypoglycaemia, where the person with diabetes and their clinician consider that a flash glucose monitoring system would be more appropriate for the individual's specific situation.

Additionally, you must understand the basic principles of insulin dose adjustment, appropriate management of hypoglycaemia (low glucose levels) and hyperglycaemia (high glucose levels) **and** fulfil the criteria below:

- receive education on flash glucose monitoring online or in person
- agree to scan glucose levels no less than 8 times per day and have the sensor in place >70% of the time
- agree to regular reviews with your clinical team
- previous attendance, or due consideration given to future attendance, at a diabetes structured education programme

At your regular reviews with the diabetes specialist team or GP they will confirm that you are scanning glucose levels no less than 8 times a day and have the sensor attached >70% of the time.

They will also consider the following outcomes:

- Improvement in HbA1c
- Improved commitment to regular scans and their use in self-management
- Reduction in usage of blood glucose test strips
- Quality of Life improvement using validated rating scales
- Reductions in severe/non-severe hypoglycaemia
- Reduction in episodes of diabetic ketoacidosis
- Reduction in related admissions to hospital
- Reversal of impaired awareness of hypoglycaemia

If you have not been regularly scanning at least 8 times a day or no improvement is demonstrated in one or more of the above outcomes over a 3-6 month trial then the use of flash glucose monitoring could be discontinued and an alternative method of monitoring used.

Who decides if I am able to be prescribed the flash glucose monitoring?

A decision will be made by your local diabetes specialist team at your **next routine appointment**.

People with Type 1 diabetes or those under Indications 4 and 5 above, who are not currently under the care of a local diabetes specialist team, can discuss with their GP whether they should be referred for an eligibility assessment at a specialist centre.

Who will be able to prescribe flash glucose monitoring sensors?

Initially flash glucose monitoring sensors will be prescribed by your local diabetes specialist team, who will also monitor your progress and assess the benefits of you using the system. Prescribing will be transferred to your GP once your diabetes specialist team and your GP feel this is appropriate.

What if I am currently paying for the flash glucose monitoring sensors myself?

Your local diabetes specialist team will assess your eligibility for NHS prescribing at your **next routine appointment** and will recommend NHS prescribing of the sensors to your GP where:

- they are satisfied that your clinical history suggests that you would have satisfied one or more of the indications listed above prior to commencing use of flash glucose monitoring had these indications been in place prior to April 2019

AND

- there has been improvement in HbA1c since self-funding flash glucose monitoring.