Lancashire and South Cumbria Clinical Commissioning Groups Commissioning Policy Reviews

<table>
<tr><th colspan="4">Provision of Continuous/Flash Glucose Monitors Public Engagement Outcomes</th></tr>
<tr><td rowspan="2">When the public engagement took place</td><td>Start date</td><td>End date</td><td>Duration</td></tr>
<tr><td>14 May 2018</td><td>29 June 2018</td><td>6 weeks</td></tr>
<tr><td rowspan="4">Number of survey respondents – electronic or on paper</td><td>Total</td><td>By gender</td><td>By disability</td></tr>
<tr><td>174</td><td>Female: 46% Male:52%
Prefer not to say: 2%</td><td>No disability: 70%
Disability: 19%
Prefer not to say: 11%</td></tr>
<tr><td>By sexual orientation</td><td colspan="2">By ethnicity</td></tr>
<tr><td>Heterosexual: 86%
Gay/Lesbian: 2%
Bisexual: 1%
Prefer not to say: 11%</td><td colspan="2">White British: 82% Mixed ethnicity: 1.25%
Asian ethnicity: 7% Black ethnicity: 0%
Other: 1.75% Prefer not to say: 8%</td></tr>
<tr><td rowspan="2">Number of people seen face-to-face</td><td colspan="3">At dedicated focus group sessions</td></tr>
<tr><td colspan="3">20</td></tr>
<tr><td rowspan="2">Survey question response rates from patients and members of the public</td><td>Over 57% of respondents were Type 1 diabetics and a further 15% were Type 1 parents or carers</td><td>Over 69% of those who responded were on insulin or cared for someone on insulin; a further 11% were on insulin and pills</td><td>73% of survey respondents agreed with the criteria for the provision of continuous glucose monitors</td></tr>
<tr><td colspan="3">72.5% agreed with the criteria for the provision of flash glucose monitors, although a large proportion had reservations or caveats to their agreement on this.</td></tr>
<tr><td rowspan="2">Key issues/themes raised by patients and members of the public</td><td colspan="3">Patient feedback identified the problems of living with Type 1 diabetes, including the intense regime of finger-prick testing, and that targets (for the reduction of strips and finger-prick tests per day/month) in the policy were not based on the reality of day-to-day living with diabetes.</td></tr>
<tr><td colspan="3">Those who self-fund these monitors now, out of their own pockets, should not be excluded because they have achieved good or better control – if they had not done this, they would meet the criteria in the policy.</td></tr>
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	Type 2 diabetics who are on insulin and are in danger therefore, of having hypos and hypers, should be included; the policy should also include Type 3 diabetics.
	The criteria should reflect the reduced variance of highs and lows using the monitors brings and should reflect the need to achieve and maintain better control.
Responses to key issues/themes raised during public engagement	The timescales and targets were directly transcribed from or are consistent with NICE guidance
	CCGs will not fund treatment commenced in the private sector (including self-funding) unless the treatment would normally be provided within the standard NHS treatment pathways and unless the patient satisfies the eligibility criteria in any relevant CCG policy
	Neither the NICE clinical guidelines or the RMOC position statement recommend the use of Continuous Glucose Monitors (CGM) or Flash Glucose Monitors (FSM) in patients with type 2 diabetes as a cost-effective use of NHS resource
	Patients experiencing high or low blood glucose levels are those most likely to benefit from CGM or FSM interventions according to evidence from NICE, RMOC and clinical studies.
Key changes to the policy following public engagement (if applicable)	The wording was amended to clarify the use of the terms ‘intensive monitoring’ and ‘clinical purpose’.
	Other non-Type 2 diabetics were added, and the policy was amended to reflect patients who can demonstrate competence without attending a DAFNE course, including parents and carers.
	The policy was amended to clarify that privately funded patients (including those self-funding) would only be entitled to NHS funding for the continuation of treatment if they would have met the initiation criteria when they first self-funded and they meet the continuation criteria.
Policy ratified by the JCCCG on 5 October 2018 and can be found on all CCG websites	