

West Yorkshire & Harrogate
Joint Committee of Clinical Commissioning Groups
Meeting in public, Tuesday 2 July 2019
Written responses to questions not answered during the meeting

Question area

Agenda item 40/19 - Flash glucose monitoring

Question 1 - The Monitor's ability to show the trend in sugar levels over time for up to 8 hours previous is only an automated process for the traditional set of tests a diabetes person would carry out anyway, that would show trend in blood sugar levels over the day.

Response: When blood glucose is monitored using the traditional finger pricking method, the result shown only provides information about the individual's blood glucose level at that particular point in time. If this is repeated multiple times through the day the patient will have a trend over time, but it will not show the fluctuations in between testing.

The flash glucose monitoring system is continuously recording the sugar levels in the interstitial fluid (which has been shown to be a reliable 'proxy' for testing the blood) all of the time the sensor is being worn. When the individual passes the monitoring device over the sensor they are able to see the continuous record of their blood glucose levels for up to the past 8 hours, providing a level of detail that would never be achievable with finger pricking. It is this increased level of detail about blood sugar variability that helps people to understand their diabetes better and learn to control their blood sugar more effectively.

Question 2 - There is only limited published evidence for the benefits of Flash Glucose Monitoring and much of this is from the product manufacturer. Despite this NHS England is providing funding for CCGs to commission this. In whose interests is this?

Response: The published evidence shows that people with diabetes are able to keep their blood sugar level in the desired range for a longer time using Flash Glucose Monitoring systems than using traditional finger pricking. The evidence also showed that there was a decrease in the levels of hyperglycaemia (high blood sugar). Both of these mean that the diabetes is better controlled and this helps to prevent the secondary consequences of diabetes such as sight loss, poor circulation and amputation. It is very likely that these outcomes are achieved because people with diabetes are more likely to check their blood sugar levels more frequently, and have more information about their diabetic control because the way of checking is much less unpleasant with Flash Glucose Monitoring systems than with traditional methods. Arguably, the same outcomes could be achieved with finger pricking but people are unwilling to do this so frequently because it is painful, inconvenient and unpleasant.

The policy adopted for West Yorkshire and Harrogate is based on the guidance from NHS England. There is an expectation from NHS England that all places will introduce access to Flash Glucose Monitoring systems. This is based primarily on patient outcomes and cost effectiveness. As with many health care decisions there has been significant lobbying from individual patients, through MPs and from patient groups for this to happen. It is absolutely clear to the programme leadership team that should we determine that we would not implement this policy, then the funding which is being made available would not be forthcoming from NHS England and would be lost to the people of WYH.

Question 3 - It's funny that a potential psychosocial advantage resulting from not having to do finger prick testing is acceptable for a costly piece of kit that's going to generate profit for its manufacturer - but not for treatments like benign skin lesions that are now barred from routine NHS funding.

Response: The Flash Glucose Monitoring policy and the Evidence Based Interventions policy (benign skin lesions) are both policies from NHS England so we are not able to comment on their reasons for making these decisions. However it would be the view of the Programme Leadership that these two examples are quite different. If a benign skin lesion is not removed, there is no risk to the physical health of the individual. If, due to psychological reasons, a person with diabetes does not test their blood glucose levels the risks to the individual are significant and will lead to poor health outcomes and potentially serious and ultimately even fatal consequences.

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