

New NICE guidance is a great step forward

Following on from my [last editorial](#), we have now seen the release, as anticipated, of the latest NICE advice on glycaemic monitoring. The most welcome news is the extension of intermittently scanned continuous glucose monitoring (isCGM; frequently referred to as flash monitoring), to all people with type 1 diabetes. An increase in use of real-time CGM within the type 1 population is also recommended. This will make a real difference to the lives of many; prior to the publication of this guidance, only 50% of our type 1 population had access to CGM technology nationally.

We also welcome the news that now, for the first time, some people with type 2 diabetes will have access to these forms of glucose monitoring technology as well. Those who are on multiple daily insulin injections can have access to isCGM (or real-time if it is available for the same or lower cost) if they also experience any of the following:

- Recurrent or severe hypoglycaemia.
- Impaired awareness of hypoglycaemia.
- A learning disability or cognitive impairment (limiting their ability to self-monitor).
- They would otherwise need to self-monitor glucose at least eight times a day.
- They need the support of a healthcare professional to monitor their glucose levels.
- They are pregnant (in which case the NG3 guidance on diabetes in pregnancy should be followed).

These changes will make CGM technology available to a far greater population; however, as I stated in my previous editorial, this will increase the need for education and support for healthcare professionals who will be managing the diabetes of this expanded cohort. The ability to [understand and interpret the data](#), as well as to offer solutions to increase the person's "time in range", will be of paramount importance if we are to make the most of these tools.

In particular, for the frail elderly, those with cognitive decline and those who need our District Nursing colleagues to administer insulin and monitor glucose, the inclusion of this cohort of patients is a very long-awaited and welcome step

forward. The recognition of hypoglycaemia is very challenging in such groups, and getting the timing right for progressive de-escalation of therapy remains a constant challenge. The use of this CGM technology will help us identify previously undetected periods of avoidable low glucose levels and will allow us to make timely, proactive dose adjustments to prevent hypoglycaemia. As an example, I recommend reading [Sarah Gregory's article](#), which looks at her experience of using isCGM for this exact purpose, in this edition of the journal.

This change in advice comes hot on the heels of another long-awaited update to NICE guidance: the NG28 guideline on the management of type 2 diabetes in adults, which [I have reviewed](#) elsewhere in this issue. Taken together, I believe these updates will lead to real improvements in the care of our patients with diabetes.

The return of face-to-face

Since my last editorial, we have had the 2022 Diabetes UK Professional Conference. We have a brief summary of the [key highlights](#) of the conference included in this issue, and the option to view many of the sessions on catch-up remains available.

Whilst several conferences have started to return to face-to-face delivery, we are also seeing the rise of the hybrid meeting, in which some colleagues attend in person and others stream in online. I certainly feel that, although it is wonderful to return to that face-to-face interaction with our colleagues that we have all missed terribly, the hybrid format does allow, for those who cannot get away or do not have the time available to attend in person, the opportunity to access the latest research and learning. I see this new hybrid format as a real win-win and something I hope will continue to develop in format into the future.

So hopefully I will see some of our readers soon – in person or virtually – in our [upcoming events](#). In the meantime, I do hope many of you have been able to enjoy the recent good weather and spend some time over Easter with family and loved ones. ■



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Citation: Down S (2022) New NICE guidance is a great step forward. *Journal of Diabetes Nursing* 26: JDN230