

NICE draft consultation recommends that all children and adults with type 1 diabetes have access to CGM

The National Paediatric Diabetes Audit (NPDA) is a robust annual report comprising data from more than 90% of all children's diabetes units in England and Wales.

Continuous glucose monitoring

The recently published NPDA 2019–2020 (Royal College of Paediatrics and Children Health [RCPCH], 2021) reported significantly lower use of real-time continuous glucose monitoring (rtCGM) among children of black ethnic origin (11.7%), compared with children of white ethnic origin (20.2%). Furthermore, the report showed that there are widening gaps in rtCGM usage between the most and least deprived areas. This is highly concerning as data indicates that rtCGM use is more likely to achieve lower HbA_{1c} targets compared with those not using rtCGM, irrespective of mode of insulin delivery.

As shown in *Figure 1*, 14% of children and young people from the most deprived areas are using rtCGM, compared with 25.2% from the least deprived areas. The increasing trend of widening health inequalities year-on-year in the past 6 years is unacceptable and does a disservice to families entitled to the same levels of care under the NHS (Ng, 2021a).

Variations in access to rtCGM and intermittently scanned CGM (isCGM) for children and young people in England and Wales was reported in a national survey undertaken by the Association of Children's Diabetes Clinicians in 2019 (Ferguson et al, 2020). This included variation in prescribing practice and access to Clinical Commissioning Group funding both within and between the national diabetes network regions.

Successful technology adoption is dependent on a range of factors and is often influenced by commissioning and health policies, such as



Sze May Ng
Editor-in-Chief and Honorary Associate Professor,
University of Liverpool and
Southport & Ormskirk
NHS Trust

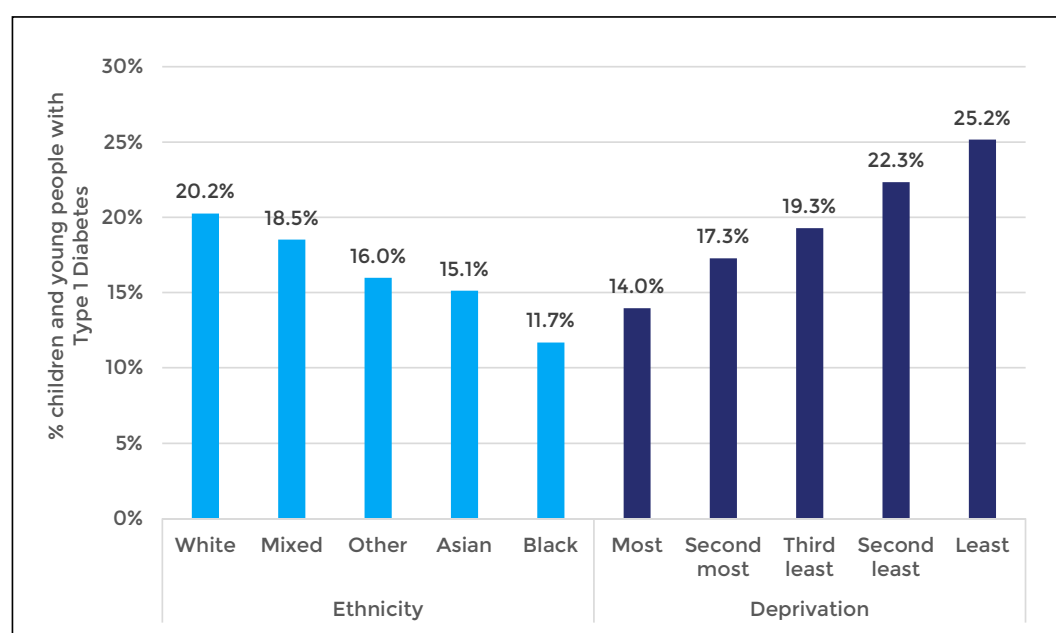
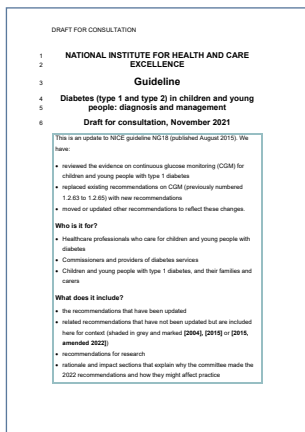


Figure 1. Percentage of children and young people with type 1 Diabetes using a rtCGM by ethnicity and level of deprivation (RCPCH, 2021).

Citation: Ng SM (2021) NICE draft consultation recommends that all children and adults with type 1 diabetes have access to CGM. *Diabetes Care for Children & Young People 11*: [Early view publication]



The draft guidance on continuous glucose monitoring is available for viewing and comment from stakeholders. The consultation closes on 22 December 2021. [Click here to view.](#)

NICE guidelines. These, in turn, are influenced by clinical evidence and research.

Lower socioeconomic groups and ethnic minority groups have long been recognised as “hard to reach” groups that are grossly under-represented in research and adoption of new treatments or technologies. It is likely that this under-representation filters through to policy and structural healthcare delivery. Perhaps this creates artificial barriers in access to diabetes technologies among these under-represented groups.

NICE draft guidance

In November 2021, NICE published draft guidelines on CGM and is currently in the consultation phase for stakeholder feedback.

The [draft update to NICE guideline NG18](#) (NICE, 2015a) for children and young people with diabetes offers the following advice:

- Offer rtCGM to all children and young people with type 1 diabetes, as long as it is provided alongside education to support children and young people, and their families and carers.
- Offer isCGM to children and young people (aged 4 years and over) with type 1 diabetes who are unable to use rtCGM or who express a clear preference for isCGM.
- Offer children and young people with type 1 diabetes a choice of rtCGM device based on their individual preferences, needs, characteristics, and the functionality of the devices available.

Similarly, the [update to NICE guideline NG17](#) (NICE, 2015b) for adults with type 1 diabetes states:

- Offer adults with type 1 diabetes a choice of rtCGM or isCGM based on their individual preferences, needs, characteristics and the functionality of the devices available.

These recommendations represent a positive and significant shift in improving access to rtCGM and isCGM, whereas the previous NICE guidelines in both children and adults with type 1 diabetes had stipulated that CGM would only be accessible if certain criteria were met.

The draft NICE guidelines are due to be updated in March 2022. If you are a stakeholder, do register and respond. While NICE guidance applies to England, it is likely to be adopted in Wales and has influence on Scottish and Northern Irish bodies.

Please do read [another article](#) I have written on the subject of NICE guidelines recently (Ng, 2021b). ■

Ferguson EC, Wright N, Regan F et al (2020) Variations in access to continuous glucose monitoring and flash glucose sensors for children and young people in England and Wales: A national survey. *Arch Dis Child* **105**: 609–10

Ng SM, Evans ML (2021a) Widening health inequalities related to type 1 diabetes care in children and young people in the UK: A time to act now. *Diabet Med* **38**: e14620

Ng, SM (2021b) NICE DKA guidelines are not just a discretionary or optional advice in the United Kingdom. *Diabet Med* 10 Nov [Epub ahead of print]. doi: 10.1111/dme.14740

Nice (2015a) *Diabetes (type 1 and type 2) in children and young people: diagnosis and management*. NG18 NICE, London. Available at: <https://www.nice.org.uk/guidance/ng18> (accessed 09.12.21)

Nice (2015b) *Type 1 diabetes in adults: diagnosis and management*. NG17 NICE, London. Available at: <https://www.nice.org.uk/guidance/ng17> (accessed 09.12.21)

Royal College of Paediatrics and Child Health (2021) *National Paediatric Diabetes Audit. Annual report 2019–20*. RCPCH, London. Available at: <https://bit.ly/3d63xt5> (accessed 09.12.21)