# Flash glucose monitoring: Can we avoid a postcode lottery?

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In September, Abbott announced that the Freestyle Libre blood glucose monitoring system had been approved by the NHS Business Services Authority for inclusion on the drug tariff. Depending on your local health authority, it should now be available for reimbursement.

This announcement led to great excitement and numerous phone calls from many patients who are keen to change to the Freestyle Libre, some who are currently self-funding. The excitement was short lived, however, when patients realised that the funding needs to be approved by local health authorities and this is likely to take some time. In my region, the Pan Mersey Area Prescribing Committee has advised that prescribing is not recommended until a decision on its use has been made. I have heard on the grapevine that this is the general response, although one or two areas have apparently approved prescribing from 1st November. Let's hope that this doesn't become a postcode lottery.

Diabetes UK has started a campaign to make sure that this technology is available to people with diabetes regardless of where they live. It is very possible, however, that access to the Freestyle Libre will be limited to specific patient groups.

## Flash glucose monitoring guidance

As well as campaigning, Diabetes UK has also published consensus guidelines for Flash glucose monitoring (Diabetes UK, 2017), which has been endorsed by a variety of organisations including the Association of British Clinical Diabetologists, Diabetes Inpatient Specialist Nurses UK Group and INPUT patient group.

Diabetes UK suggests that Flash Glucose Monitoring (Flash GM) can improve glucose control and reduce hypoglycaemia. The recommendations include:

- Flash GM can be used alongside finger-prick testing. It can also be used as a management tool to obtain a more detailed picture of the individual's glucose profile.
- Flash GM devices should be made available to any adult or child with type 1 diabetes and to people with other forms of diabetes when intensive insulin therapy becomes necessary.
- Short-term use of Flash GM as a management tool can be used to help individuals who are having difficulty reaching treatment targets, and those troubled by hyperglycaemia or hypoglycaemia.
- Flash GM would not be appropriate for those who have completely and irreversibly lost their hypoglycaemic awareness; however, those with recently developed unawareness could use Flash GM, with the support of their healthcare professional, to troubleshoot, which may help stabilise their blood glucose levels and re-establish hypoglycaemia awareness.
- Flash GM should not be used as an alternative to continuous glucose monitoring for those who meet the criteria for continuous glucose monitoring.
- Ongoing funding for Flash GM sensors should be available for the individual providing they demonstrates active management of blood glucose or make progress towards achieving treatment target.
- People who use Flash GM should have a good understanding of intensive insulin therapy and how to self-manage their diabetes. A structured education programme is recommended.
- Healthcare professionals will need education on how to interpret the information on glucose trends.

We have come a long way in technology to monitor blood glucose. Many of us will remember BM Test 1-44 (BM being an abbreviation for Boehringer Mannheim who made the strips and not blood monitoring as now commonly assumed), where capillary blood glucose samples needed to be timed, wiped off and visually read. This system was problematic as mistakes at each step could affect accuracy. These strips were also expensive and many people would cut them in half, making the results

even more difficult to interpret.

Let's hope that people with diabetes have appropriate access to both Flash GM and capillary blood glucose monitoring in the future and that Flash GM does not morph to Flash BM!

## Education supplement

This issue's education section covers structured education programmes and carbohydrate counting. In the first article, Julie Brake discusses the outcomes of a locally developed course in Liverpool on carbohydrate counting. Demand for the course has increased significantly since the publication of NICE guidelines for the management of type 1 diabetes (NICE, 2015); however, not all people with type 1 diabetes are able, or want, to attend face-to-face educational sessions and diabetes educators should consider providing online courses.

In the second article in this supplement, Helen Partridge and colleagues discuss the development of an online version of BERTIE (Beta Cell Education Resources for Training in Insulin and Eating). This is available free of charge to anyone with access to the internet and aims to complement face-to-face education, not to replace it. In the first 6 months since its launch, 1800 individuals have registered on the site.

As always, we are always keen to hear for any other diabetes centres that have developed innovative structured education programmes. You can get in touch with the editor via **jdn@omniamed.com** ■

Diabetes UK (2017) *Diabetes UK consensus guideline for flash glucose monitoring.* Diabetes UK, London. Available at: https://is.gd/M7Am9H (accessed 02.11.17)

NICE (2015) *Type 1 diabetes in adults: diagnosis and management.* NG17. Nice, London. Available at: https://www.nice.org.uk/guidance/ng17 (accessed 02.11.17)

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