

Decision aid for primary care prescribed glucose monitoring in adults with Type 2 diabetes

SCOPE

This document supports the decision-making process for adults with Type 2 diabetes to ensure they meet the NICE criteria. Primary care prescribed real-time CGM (rtCGM) and intermittently scanned (commonly known as Flash) glucose monitoring (isCGM) is Amber Recommended for eligible patients following the use of this decision aid in a primary care specialist setting. It is Black for those who do not meet the criteria.

For the purposes of this document, we should assume the NICE real time recommendations apply to secondary care provided CGM.

NICE

NICE NG28 was updated in March 2022. It states that adults with type 2 diabetes and on multiple daily insulin injections (2 or more injections per day) should be offered isCGM, if any of the following apply:

They have recurrent or severe hypoglycaemia

They have impaired hypoglycaemia awareness

They have a condition or disability (including a learning disability or cognitive impairment) that means they cannot self-monitor their blood glucose by capillary blood glucose monitoring but could use an isCGM device (or have it scanned for them)

They would otherwise be advised to self-measure at least 8 times a day.

They would otherwise need help from a care worker or healthcare professional to monitor their blood glucose.

DO NOT OFFER GLUCOSE MONITORING DEVICES TO THE FOLLOWING PEOPLE

Not using daily insulin injections.

Using insulin but not meeting any of the NICE criteria above.

Additional information

Primary care provided glucose monitoring (eg FreeStyle Libre 2, Dexcom One, Glucomen Day or Gluco Rx Aidex) should only be recommended by healthcare professionals who are trained to use these devices and patients need to be reviewed regularly by a practice or service with access to the blood glucose data provided via the manufacturers' data portals. All healthcare professionals

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Type 2 Diabetes Flash

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APC administration provided by [Midlands and Lancashire Commissioning Support Unit](#)

recommending and managing CGMS systems should have additional training in order to utilise these systems.

Please see the formulary for a full list of current devices available.

Advise adults with type 2 diabetes who are using CGM that they will still need to take capillary blood glucose measurements (although they should do this less frequently than they did previously with capillary blood glucose measurements alone). Explain that is because they will need to use capillary blood glucose measurements to check the accuracy of their CGM device and for use as a back-up (for example when their blood glucose levels are changing quickly or if the device stops working). Provide them with enough test strips to take capillary blood glucose measurements as needed.

If a person is offered secondary care provided CGM or primary care prescribed glucose monitoring but cannot or does not want to use any of these devices, offer capillary blood glucose monitoring.

References

1. NICE NG28 [Type 2 diabetes in adults: management](#). Published 2 December 2015 and updated 31 March 2022.