Flash Glucose Monitoring (Flash GM)
Frequently asked questions (April 2019)

What is Flash Glucose Monitoring (Flash GM)?
Flash glucose monitoring is a small sensor that you wear on your skin (usually upper arm). It stores your blood glucose (also known as blood sugar) levels continuously and you can access them by scanning the sensor whenever you want to – see link for more: https://www.diabetes.org.uk/Guide-to-diabetes/Managing-your-diabetes/Testing/Flash-glucose-monitoring/

Can I get it on the NHS?
Flash Glucose Monitoring (Flash GM) was made available, in principle, via the NHS across England, Wales, Scotland and Northern Ireland from November 2017. The device was included on the national NHS Drug Tariff as of 1st November 2017.

Since then, local decision makers have needed to agree policies on prescribing the technology for people with diabetes in their area. However, following our Fight For Flash campaign, from 1st April 2019, Flash should be available across the UK on prescription for those who meet the criteria.

The criteria differ across the UK:

- In Wales Flash is available on prescription, using national criteria. Information about criteria in Wales is available here. [link to pdf]

- In Northern Ireland Flash is available on prescription, using national criteria. You can find more information about the criteria in Northern Ireland here. [link to pdf]

- Availability in Scotland is decided upon by local decision makers. Currently Flash is available in all areas, but the criteria varies depending on where you live. [link to pdf]

- On 14th November 2018, NHS England announced they would end the postcode lottery access to Flash in England. From April 1st, this life-changing technology should be available on prescription across England to those who meet the criteria – no matter where they live. You can find the criteria for England here. [link to pdf]

If you think you meet the criteria but have been refused Flash on prescription, we’ve created this advocacy pack to help you access it, providing information on who you can contact and what things you should mention when you request Flash.
Who is Flash GM for?
The Diabetes UK consensus guideline recommends that Flash GM devices should be made available, as an additional option alongside routine finger prick testing, to any adult or child with Type 1 diabetes and to people with other forms of diabetes when intensive insulin therapy becomes necessary because of severely reduced pancreatic function. This recommendation has taken account of the scientific and clinical evidence, as well as the experiences of those using the technology and diabetes specialists.

Is there NICE, SIGN or other guidance?
No, Flash glucose monitoring technologies have not gone through any the NICE or SIGN processes that produce recommendations. NICE have however produced a technology briefing which is information that local decision makers might want to consider. This is available here. The Diabetes UK guideline provides guidance and recommendations for people with diabetes, healthcare professionals, planners and commissioners on how to access and prescribe flash monitoring. It has been widely accepted as the position people with diabetes and diabetes specialists would like to see.

And there is guidance from the Type 1 clinical collaborative includes a letter to all diabetes teams and information to make a case: https://abcd.care/getting-freestyle-libre-your-formulary

What does the evidence base for Flash GM say?
Flash GM has been shown to safely improve time in target glucose range, reduce hypoglycaemia and hyperglycaemia, and improve HbA1c. The evidence for this device is summarised in the NICE Med Tech briefing. In RCTs it significantly reduced hypoglycaemia in patients with both Type 1 and Type 2 diabetes. Five observational studies have reported improvements in HbA1c but to date no randomised controlled trials have been completed reporting improvements in HbA1c. The main adverse events are skin reactions in a minority of users and dislodging of sensors.

Is Flash GM as accurate as finger prick testing?
The Flash GM sensor measures interstitial fluid glucose levels, which correlate with blood glucose levels. There is a short (4-10 minutes) lag time between interstitial fluid and blood glucose, but users say that having the directional arrow – so that they know whether the glucose level is falling or rising – makes the reading more useful. It is recommended that someone checks with a finger prick test if the reading indicates that they need to act on the result – adjust medication or intake glucose. Flash GM also has a similar accuracy to real-time continuous glucose monitors which are currently on the market.

Does it get rid of the need for fingerpicking?
No, not completely, but it reduces the frequency of finger prick testing. Finger pricking is generally advised when blood sugar levels are fluctuating, when the scanned result indicates a hypo, or when somebody’s symptoms don’t match the result they get from the scanner.
What about using Flash when driving?
After months of campaigning by Diabetes UK, the DVLA and DVA have now agreed to allow drivers who treat their diabetes with insulin to have more choice in how they check their glucose (sugar) levels.

Changes to the guidelines now means that drivers can choose to use flash glucose monitoring and continuous glucose monitoring before they drive, or during breaks in driving. Until now, drivers had to check their sugar levels with a finger-prick test no more than two hours before driving and then every two hours whilst driving.

These new guidelines apply to car and motorcycle drivers who treat their diabetes with insulin. The requirements for checking sugar levels for bus and lorry drivers remains the same.

Drivers must also confirm their blood sugar levels with a finger-prick test if:

- Their sugar level is 4mmol/l or below
- They have symptoms of a hypo
- The glucose monitoring system gives a reading that is not consistent with the symptoms they are having (for example, they feel the symptoms of a hypo but the reading does not show this).

Get all the facts on this in our driving and diabetes guide.

How much does it cost?
We are campaigning to ensure that everyone who could benefit will be able to get Flash GM on prescription so there would be no cost to people with diabetes.

Within the NHS, local health economies will pay £35 per sensor; £910 annual acquisition costs (less than the commercial rate). The manufacturer (Abbott Diabetes Care) are willing to provide a free starter pack for those starting FSL. This will include a reader and 1 sensor, effectively supplying the first 2 weeks of usage without cost and the reader for ongoing use. This makes it cost effective (cost neutral) if someone is finger prick testing than 8 times a day (see: https://abccd.care/getting-freestyle-libre-your-formulary).

A recent study found that the Flash monitoring system has a modest impact on glucose monitoring costs for the UK NHS for patients with Type 1 diabetes using intensive insulin. And that for people requiring frequent tests, flash monitoring may be cost saving, especially when taking into account the potential reductions in the rate of severe hypoglycaemia R. Hellmund, R. Weitgasser, D Blissett, Cost calculation for a flash glucose monitoring system for UK adults with Type 1 diabetes mellitus receiving intensive insulin treatment, Diabetes Research and Clinical Practice (2018).
If you are not able to get Flash GM on prescription, it can also be bought directly from the manufacturer. A starter pack for the FreeStyle Libre (one reader and two sensors) costs around £170, and further sensors are about £60 each. These costs include VAT, which people living with diabetes are exempt from. Some pharmacies also sell the Freestyle Libre over the counter at varying prices.

(Latest update from July 19th 2018):
We understand that has been ongoing restrictions in private purchasing of sensors. This is due to increased demand and supply issues with the manufacturer Abbott. According to their most recent update, those who registered to order the FreeStyle Libre system since 1st April will be invited to purchase the product by e-mail invitation. Customers can now order 3 sensors every 25 days for the time being to ensure that current customers will have access, and all shipping charges will be waived. This is an increase on the previous 2 sensor restriction.

If you have not yet registered to purchase the FreeStyle Libre system, you can register using the link https://www.freestylelibre.co.uk/libre/sign-in.html. Abbott will notify you as soon as product becomes available.

These restrictions do not apply to sensors on the NHS via prescription, these are unaffected and sensors can still be prescribed.

Diabetes UK understands that many people are frustrated at these ongoing restrictions in supply, and we know that this can significantly impact people. We have expressed these concerns directly to the manufacturer and encouraged them to do everything possible to deal with their supply issues and relax restrictions. We are pleased that there has been progress, increasing the number of sensors that can be ordered at one time. But we know more needs to be done and will continue to share the views of people with diabetes with the manufacturer.

**Is Abbott’s Freestyle Libre Flash the only type of Flash monitoring available?**
There are other flash monitoring technologies being developed, but Freestyle Libre Flash is the only commercially available Flash GM device at the moment.

**Is Flash monitoring the same as CGM?**
Flash GM is different from CGM devices in that it only provides data on demand and, as such, is unable to provide alerts – it has no alarm feature and so is it not suitable for individuals who have a complete lack of hypo awareness. Flash GM is not a less expensive alternative for CGM, rather the different technologies have different uses for specific groups in particular circumstances, depending on the needs of the person. CGM is already available and NICE makes recommendations on who would be suitable, but not everyone who can benefit with diabetes can access it.
The main differences are summarised in the table below:

<table>
<thead>
<tr>
<th>Flash GM</th>
<th>Continuous Glucose Monitoring (CGM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Uses a sensor to measure glucose in interstitial fluid.</td>
<td>Uses a sensor to measure glucose in interstitial fluid.</td>
</tr>
<tr>
<td>Sensor records every minute and stores interstitial glucose levels every 15 minutes and when the user scans the sensor.</td>
<td>Sensor records and stores interstitial glucose levels every five minutes.</td>
</tr>
<tr>
<td>Sensor must be scanned in order to get the latest reading along with a trace from the last eight hours readings to a reader.</td>
<td>Automatically transmits readings to the receiver every five minutes. Display shows the latest reading along with a trace from the last three hours ( Dexcom).</td>
</tr>
<tr>
<td>To be able to detect when the glucose level is too low or too high the sensor must be scanned – there are no alerting alarms.</td>
<td>Alarms can be set to alert the user that their glucose levels are too low or too high.</td>
</tr>
<tr>
<td>Licensed for adults and children over the age of four years old.</td>
<td>Licensed for adults and children over the age of two years old.</td>
</tr>
<tr>
<td>Does not require finger prick calibration.</td>
<td>Requires twice daily calibration with a finger prick reading.</td>
</tr>
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**Why aren’t you campaigning on CGM?**
This current campaign is to ensure that Flash GM is available on the NHS everywhere. CGM is already available, but we do recognise that not all who could benefit from CGM are currently able to access the technology and there is a lot of variation across the UK. There is NICE guidance to support access to CGM see our [position statement on self monitoring of blood glucose](https://diabetes.org.uk/resources/position-statements/). We believe that people with diabetes should have access to the technology that could benefit them and we are working across the UK to address this. In England we worked with the NHS and a group of health care professionals to develop a [diabetes technology pathway including CGM](https://diabetes.org.uk/resources/position-statements/). This will increase access and reduce variation.

**Why does Diabetes UK not agree with those who say there should be blanket bans on Flash GM /no access until more evaluation is done?**
Diabetes UK agree that further evaluation and research needs to be conducted, to assess the full value to local health economies, but there is already sufficient demonstration of benefit to develop this evidence through further research and audit in a real life setting.
What is Diabetes UK doing?
We want to ensure that everyone who could benefit from using Flash GM has access to this potentially life changing technology. Working with you, other diabetes organisations and health professionals we made the first step forward in November 2017.

The Fight For Flash campaign called for Flash to be available on prescription on the NHS everywhere. From April 2019, Flash should be available across the UK on prescription if you meet the criteria. We have taken the campaign to parliament, town halls and local health decision makers. Thousands of you have joined the campaign and taken action, and we’ve made significant steps forward – with thousands now accessing the technology on prescription. We are continuing to work with local NHS decision makers and local people to ensure the roll out of Flash is equitable across the UK.

What’s Diabetes UK doing about widening the criteria for accessing Flash?
We appreciate that areas who have agreed a policy for access, have often introduced criteria about who can, and cannot get the device. This can be frustrating for people who are in an area that has agreed a policy, but they still miss out.

The Diabetes UK consensus guideline recommends that Flash GM devices should be made available, as an additional option alongside routine finger prick testing, to any adult or child with Type 1 diabetes and to people with other forms of diabetes when intensive insulin therapy becomes necessary because of severely reduced pancreatic function. This recommendation has taken account of the scientific and clinical evidence, as well as the experiences of those using the technology and diabetes specialists.

It is important that policies that have been agreed are reviewed regularly as more evidence and real world data about the benefits of flash become available. We believe that anyone who could benefit from the technology should have access.

We will also continue to work with local NHS decision makers to widen the scope of prohibitive criteria.

We will also continue to provide support and advice to people living with diabetes and their families who are trying to access Flash through our helpline in England on 0345 123 2399 or 0141 212 8710 in Scotland. We have a support pack that can help you make the case for flash which is on our website www.diabetes.org.uk/flash
What’s next?
The slow and uneven adoption of Flash has highlighted how the current process of providing access to new diabetes technologies isn’t working. But this is not just an issue with Flash, and affects existing trying to access pumps and CGM. It will be an increasing challenge in future as well, limiting the potential for future technologies too.

Diabetes is often a life-long condition, that requires significant self-management, and technology can be life-changing in helping with this challenge. We believe everyone with diabetes should have access to the best technology and treatments to manage their condition.

That is why we are also calling for changes to the way the NHS provides access to technologies. We think the Government should review this system, and the NHS should establish a new diabetes medical technology fund to support to roll out new, and existing technologies, and address growing inequalities of access.

How can I get involved?
We can only make change happen with your support, so if you haven’t already joined the campaign, sign up at: www.diabetes.org.uk/flash