Swindon and Wiltshire NHS BSW CCG Flowchart of progression through diabetes technologies for Type 1 Diabetes patients **Optimal Standard Care** Patients with Type 1 Diabetes; Multiple Daily Injections (MDI) Flow chart to be used in conjunction with the NHS BSW CCG CGM policy found on the Structured education EFR website at: https://bswccg.nhs.uk/your-• 4-10 self-monitoring blood glucose tests per day health/what-we-do-and-don-t-fund Download and review Dose optimisation This will be reviewed in line with updated • Support from a specialist team NICE guidance when published. Psychological support Flash GM2 (iCGM) NHS BSW CCG criteria (for full details see the policy found here Self-monitoring blood glucose ≥B/day Unable to perform self-monitor blood glucose due to disability or learning Self-funders who would have met these criteria if in place in April 19 and has shown disability/occupational/psychosocial circumstances the required improvement in HbA1C. Patients on haemodialysis Patients with recurrent severe hypoglycaemia or impaired awareness Patients with diabetes associated with cystic fibrosis Pregnancy (NOTE CGM is the preferred option for this cohort. See NHSE guidance). NOTE: Licensed in children 4 + years. If FSL is not appropriate move down to next step. Disabling hypoglycaemia Assess causes of disabling hypoglycaemia Make an informed joint decision on which technology is best suited to address the problem Agree expected outcomes Next step Flash GM2 (iCGM) CSII (NICE TA 151) RT-CGM (with alerts or alarms) NICE criteria: NHS BSW PRIOR APPROVAL criteria (fill in form found HERE): Due to suboptimal HbA1c ≥8.5% (69mmol/mol) Impaired awareness of hypos use of tech Experiencing disabling hypoglycaemia • Patients with Type 1 diabetes mellitus with inability to recognise, or communicate about, For example • Child <12 years' and MDI considered impractical or inappropriate symptoms of hypoglycaemia (for example, because of cognitive or neurological disabilities or <4 self-monitoring NOTE that children on pumps would be expected to undergo a trial of MDI therapy neonates/infants/pre-school children). blood glucose tests or between the ages of 12-18 years. • Frequent severe hypoglycaemia with no obviously preventable precipitating cause CSII therapy should only be continued if it results in a sustained improvement in bolus per day • CGM or iCGM used glycaemic control (HbA1C or decreased hypoglycaemic episodes). <70% of the time **Evaluate reasons** Explore Ongoing disabling hypoglycaemia: Assess causes of hypoglycaemia Diabetes distress Depression Assess engagement and optimisation of therapy Education Psychological support **RT-CGM CSII** NHS BSW PRIOR APPROVAL criteria if adding CGM to a pump (fill in form found Next step Consider stand alone or integrated system with automated features for: • Impaired awareness of hypos/ >one severe hypo per year/ inability to recognise, or communicate about, symptoms of hypoglycaemia Consider islet or pancreas transplant (commissioned by NHSE) if ongoing severe hypoglycaemia or awareness of hypoglycaemia