

The Review of Clinical Policies for Lancashire and South Cumbria Clinical Commissioning Groups (CCGs) – Frequently Asked Questions (FAQs)

Supplementary FAQ's

These frequently asked questions are supplementary to the FAQ's already identified as part of the clinical policy review process.

Policy for the funding and supply of insulin pumps for patients with diabetes mellitus

Policy for the provision of continuous glucose monitoring and flash glucose monitoring for patients with diabetes mellitus

Why are there no current policies for insulin pumps and continuous glucose monitoring devices?

Although insulin pumps and continuous glucose monitoring devices have been around for several years they have now become more widely available and more accurate. They have also become more acceptable to both patients and clinicians. As a result, it was felt appropriate that a policy, identifying the circumstances when the NHS would fund these devices and incorporating the latest clinical evidence and guidance, should be developed. This has led to the development of these two new policies which, if adopted, would apply to all the CCGs in Lancashire.

I saw a similar policy last year, but insulin pumps and glucose monitoring were part of the same policy. Why have these been separated to form two policies?

Following a public engagement exercise last year, it was felt that further development of the policy was needed. Insulin pumps are a medical device and can only be ordered and prescribed by doctors and specialists. Continuous glucose monitoring devices on the other hand, can be prescribed by doctors but can be ordered or bought directly by patients to help them monitor their blood sugar levels. Because of this difference and because they perform different functions, it was felt the policy should be separated to form two, distinct policies. In addition, recent developments in continuous glucose monitoring, particularly the development of flash glucose monitoring devices, meant this aspect of the policy needed significant changes and additions.

Will diabetes insulin pumps and continuous glucose monitoring devices be available to anyone with diabetes?

No, the new policy identifies that these devices are only available for patients with Type 1 diabetes. In addition, various criteria must be met before the NHS in Lancashire and South Cumbria will fund these devices for Type 1 diabetes. The purpose of these devices is to improve the control of diabetes in patients, but many patients can satisfactorily control their diabetes using alternative means, without the need for these devices. Where this is the case funding would not normally be allowed.

Are insulin pumps and continuous glucose monitoring devices available for all ages?

Yes, the new insulin pumps policy permits the funding of these devices for all age groups, although different funding criteria apply to children below the age of 12. If the various criteria are met the decision is still subject to patient choice (a patient may not want to use the device even if it is recommended) and to the patient complying with the use of the device.

Similarly, the policy for the provision of continuous glucose monitoring devices is for all ages, although this does not apply to flash glucose monitoring devices. This is due to the fact these devices are not legally licenced to be used below the age of 4.

The policy on continuous glucose monitoring seems more complex and much longer than the previous draft. Why is that?

This is because the redrafted policy now takes into account recent developments in technology and incorporates flash monitoring devices. These new devices do not test drops of blood directly and do not therefore, test blood in real time. Because of these differences, they needed separate criteria. As a result, the redrafted policy is longer and goes into more detail.

Policy for the management of back pain – spinal injections and radiofrequency denervation

The policy refers to spinal injections. Why is that?

The policy for the management of back pain is primarily concerned with the use of spinal injections as a treatment for lower back pain. It refers to other treatments or therapies because these should be tried first, before using spinal injections. Spinal injections are what is termed an invasive procedure (clinicians must 'invade' or 'enter' a part of the body in order to carry out the treatment) and any invasive procedure carries risk of harming the patient.

The policy also offers, under certain circumstances, a treatment called radiofrequency denervation, such as epidurals. What is a radiofrequency denervation?

Radiofrequency denervation is a very specific and specialised treatment/injection process. It uses x-ray guided needles to direct heat (radiofrequency waves, a form of electricity) onto nerves around the spinal facet joints, destroying the nerve ends. This means the nerves should not be able to send feelings of pain back to the brain. This can last over 12 months. Nerve endings can regenerate themselves, but radiofrequency denervation can be repeated as required.

What type of back pain is this policy concerned with?

This policy on managing back pain is concerned primarily with lower back pain around the lumbar spine area but, depending on the cause, may also relate to leg pain (sciatica) and neck pain, both of which may be linked to pain in the lumbar spine region.

I have back pain, but no-one knows what is causing it. Is this covered in the policy?

This is called non-specific back pain (or non-specific lower back pain). It is covered by this clinical policy but only in relation to whether non-specific back ailments are suitable for spinal injections. Unfortunately, there is no evidence to support that spinal injections are successful in the treatment of non-specific back pain. Indeed, more harm can be caused by giving spinal injections which will not treat the problem.

What kind of back pain, if any, would I need to have to be eligible for spinal injections?

There are two types or groupings of back pain that under this new and revised policy spinal injections would be considered, where the criteria are met. As mentioned above, other treatments and procedures would be offered first.

The kinds of back pain where spinal injections may be considered are:

- Radicular pain – where patients have nerve root compression and/or inflammation. These patients typically have leg pain or sciatica.
- Specific low back pain, where the cause is identifiable - this is a smaller group of patients, but they may have pain amenable to injection treatment.

Patients with either of these types of back pain/ailments need to go through the assessments identified in the policy and must satisfy the criteria before spinal injections are considered.