

**WRITTEN QUESTION TO THE MINISTER FOR HEALTH AND SOCIAL SERVICES  
BY DEPUTY M.R. LE HEGARAT OF ST. HELIER  
ANSWER TO BE TABLED ON TUESDAY 18th JUNE 2019**

**Question**

Will the Minister make funding available in order for patients with Type 1 diabetes to have access to Continuous Glucose Monitors (CGMs) such as Freestyle Libre or Dexcom, as requested by those who signed the e-petition entitled 'Provide CGM devices and insulin pumps on prescription to all Type 1 diabetics'; and will he ensure that children with Type 1 diabetes are offered insulin pumps, as is currently the case for adults?

**Answer**

FGM and Continuous Glucose Monitoring (CGM) [also known as Dexcom] are not the same.

The Diabetes Service offers access to FreeStyle Libre® FlashGlucose monitoring (FGM) to those persons with Type 1 diabetes. Eligibility for FGM is based on set criteria (in line with published guidelines by NHS England). In adults, the cost of consumables is paid for by the user. In children, funding is through Diabetes Jersey.

FGM differs in that it has greater good quality evidence for reducing duration of low glucose, does not routinely require calibration finger prick glucose testing and is also considerably less expensive. Using a device such as FGM can be cost neutral when compared to the cost of finger prick testing strips. The cost of FGM is approximately £1,200 per year per person.

Compared with FGM, CGM provides alarms to the patient when their glucose is low or is falling quickly. For this reason, CGM is recommended over FGM in select clinical scenarios only. The current cost per year per child for CGM is £2,650. Diabetes Jersey is providing funding for those children on CGM.

The Diabetes Centre does not offer insulin pumps to adults for free; individuals have to pay a reduced yearly charge. Presently we have no children on insulin pump therapy.

Health and Community Services is currently developing an island-wide strategy for the diabetes service in Jersey. This strategy aims to set out a business case for investment in the service that improves the lives for all those with diabetes, including better access to relevant devices/consumables. Officers are working with Diabetes Jersey and local primary care practitioners to understand patient needs and to improve the service offered to people with diabetes. If new technologies are to be made available at public expense, it is important that criteria are developed so that funding can be directed at those for whom investment will have most clinical benefit.