

## SCHEDULE 2 – THE SERVICES

### Blood Glucose Meter Review For Type 2 Diabetic Patients

<b>Service Specification No.</b>	
<b>Service</b>	Blood Glucose Meter Review Local Enhanced Service (LES)
<b>Commissioner Lead</b>	Stuart Lakin, Head of Medicines Management / Paula Whitehurst Senior Medicines Management Technician
<b>Provider Lead</b>	As signed
<b>Period</b>	1 August 2018 to 31 <sup>st</sup> March 2019
<b>Date of Review</b>	Annually

#### 1. Background

##### 1.1 National/local context and evidence base

In 2016 NHS Rotherham CCG's Medicines Management Team (MMT) implemented a Self-Monitoring Blood Glucose Monitoring Formulary for Type 2 Diabetes, with the aim to review all Type 2 diabetic patients and switch them to a formulary meter where appropriate.

The formulary has been produced in collaboration with TRFT. Diabetes services, acute and community services are all recommending and supplying the same blood glucose meters.

The formulary meters are also compliant with the most recent ISO standards.

<https://www.diabetes.co.uk/blood-glucose-meters/iso-accuracy-standards.html>

The standardisations of blood glucose meters allows health care staff to offer greater support to patients as they become more familiar with the more limited range of meters (Over 40 different devices are in use across Rotherham). The formulary allows patients a choice from a limited range of thereby ensuring that the meter the patient chooses is suitable for the patients needs.

The formulary also delivers a cost reduction to the CCG.

Over the last two years the MMT have run a range blood glucose swap shops mostly in GP practices but also in other locations. Practice nurses, Rotherham diabetic specialist nurses and acute services are also all initiating newly diagnosed patients on a formulary diabetic self-monitoring meters. Previously patients were supplied a meter from "free stock" supplied either to TRFT or the practice. Blood glucose meters cannot be prescribed on the NHS, they are supplied free to patients from the manufacturer. The consumables are allowed on prescription and the cost of these covers the cost of the meter.

In 2017/18 NHS Rotherham CCG spent £822,740 on self-monitoring of blood glucose this is an -8.63% reduction on 2016/17.

51% of SMBG equipped prescribed in Rotherham costs less than £10/item this compares well against other SYB CCGs but national data would indicate that there is an opportunity for further cost efficiencies.

<b>CCG</b>	<b>% of SBGM equipment that costs less than £10/item</b>
Bassetlaw	31%
Doncaster	38%
Sheffield	38%
Rotherham	51%
Barnsley	52%
Yorks & Humber	54%
England	57%
Wakefield	72%

The practiced based meter-swap sessions have been very successful however, it is recognised that this will not reach all of the Rotherham diabetic community.

## **2. Scope**

The proposal is to commission the Community Pharmacists across Rotherham to undertake reviews, and after instruction to switch patients to a formulary recommended meter.

The community pharmacist will :

- Identify patients with a prescription for a non-formulary meter
- Engage with the patient about a meter upgrade
- If the patient wishes to upgrade their meter, offer the patient a choice of meter from the formulary range of meters
- Help the patient make an informed choice as to which meter will be best for them
- Supply of a formulary meter;
- Complete all relevant paperwork
- Advise the patients practice that a new meter has been supplied.

## **2. Outcomes**

### **2.1 NHS Outcomes Framework Domains & Indicators**

<b>Domain 1</b>	<b>Preventing people from dying prematurely</b>	N/A
<b>Domain 2</b>	<b>Enhancing quality of life for people with long-term conditions</b>	Yes
<b>Domain 3</b>	<b>Helping people to recover from episodes of ill-health or following injury</b>	N/A
<b>Domain 4</b>	<b>Ensuring people have a positive experience of care</b>	Yes
<b>Domain 5</b>	<b>Treating and caring for people in safe environment and protecting them from avoidable harm</b>	Yes

## **3. Scope**

### **3.1 Aims and objectives of service**

The aim of this LES is for type 2 patients to be reviewed in an alternative primary care setting other than their GP practice.

### **3.2 Service description/care pathway**

The community pharmacist will :

Pharmacies must attend a SMBG training event before they can participate in this scheme

- Identify patients with a prescription for a non-formulary meter

- Engage with the patient about a meter upgrade
- If the patient wishes to upgrade their meter, offer the patient a choice of meter from the formulary range of meters
- Help the patient make an informed choice as to which meter will be best for them and instruct them how to use their chosen device.
- Supply of a formulary meter.
- Complete all relevant paperwork
- Advise the patients practice that a new meter has been supplied.

### 3.3 Blood Glucose Monitoring Formulary for Type 2 Diabetes

<http://www.rotherhamccg.nhs.uk/Downloads/Top%20Tips%20and%20Therapeutic%20Guidelines/Blood%20Glucose%20Monitoring%20Guidelines%20V4%20updated%20Jan%202018.pdf>

### 3.6 Activity reporting

Pharmacies will only be paid upon the submission of a completed patient form indicating that a the patient has received an alternative meter

### 3.7 Patient satisfaction

As no changes will occur without the patient's agreement, patient satisfaction will not be actively monitored.

### 3.8 Stock Of Formulary Meters

The Pharmacy will be required to hold the following stock;

Gluco RX Nexus – 3

Gluco RX Nexus Mini – 2

Glucomen Areo - 3

Performa Nano - 3

The company representatives will be the point of contact for supply and delivery of meters.

### 3.9 Remuneration

The community pharmacy will receive a payment of £50 for every patient successfully switched to a formulary blood glucose meter.

Bases of payment structure.

Average cost of a non-formulary	= £15/item
Average cost a formulary meter	= £9/meter
Annual cost efficiency	= £72

The £50/successful switch = 62% of the potential saving. A typical gain share agreements with acute trusts allow the acute trust to retain 80% of the annual saving for switching a patient to a preferred drug.

The fee also recognises that the community pharmacist will have to engage with number of patients and not all will agree to a product switch.

### 4.0 Termination of agreement

2 months' notice is required in writing by either party if they wish to terminate this agreement.