

Dexcom ONE Frequently Asked Questions (FAQs) – West Essex

Summary

This document provides key information about Dexcom ONE and is designed for patients and/or members of the public. It includes answers to the following questions:

1. What is Dexcom ONE?
2. What is the main difference between Dexcom ONE and FreeStyle Libre 2®?
3. How do I get Dexcom ONE on the NHS?
4. My review is not due for several months - can I request an earlier review by my specialist?
5. How do I request an earlier review if my diabetes needs have significantly changed?
6. Can my GP prescribe Dexcom ONE before I have been seen by the specialist?
7. Once I have been seen by the specialist, how soon will I get Dexcom ONE?
8. Is there anything else I need to do?
9. If I have further questions on how to use Dexcom ONE, who do I ask?
10. How many sensors and transmitters will I be supplied with?
11. What happens if I do not have access to a replacement sensor/transmitter and I am unable to use Dexcom ONE?
12. What smart devices are compatible with Dexcom ONE?
13. How should the Dexcom ONE components be disposed of after use?
14. Will GPs continue to prescribe glucose testing strips for me if I meet the criteria for Dexcom ONE?
15. Can drivers use Dexcom ONE to monitor blood glucose levels prior to driving?
16. What if I am already self-funding Dexcom ONE?
17. What if I want to use (or continue using) Dexcom ONE but do not meet the criteria for funding?
18. Will the recommendations for funding be reviewed?
19. How can I switch from FreeStyle Libre 2® to Dexcom ONE?

This document contains electronic links and web addresses to supporting information. If you would like paper copies of these documents, please contact Hertfordshire and West Essex Integrated Care Board (ICB). Our contact details are given below:

Tel: 01992 566122 Email: hweicbwe.patientfeedback@nhs.net

Please note that any clinical questions about Dexcom ONE should be directed to a member of a Specialist Diabetes Team.

1. What is Dexcom ONE?

Dexcom ONE is a system that tracks glucose levels throughout the day and night and can alert you if your levels become too high or low.

2. What is the main difference between Dexcom ONE and FreeStyle Libre 2®?

Dexcom ONE is a continuous glucose monitoring (CGM) system which consists of a sensor and a transmitter. The Dexcom ONE sensor continuously measures glucose levels and the transmitter automatically sends measurements to a compatible smart device* every 5 minutes.

Freestyle Libre 2® is a flash glucose monitoring system which consists of a sensor that continuously measures glucose levels. Measurements are obtained by scanning the sensor with a compatible smart device.

**See section 12 for further information on smart devices compatible with Dexcom ONE*

3. How do I get Dexcom ONE on the NHS?

Dexcom ONE is recommended for restricted use as an alternative CGM option for patients who satisfy the NHS England funding criteria (March 2019) for flash glucose monitoring systems – see Appendix 1 on the last page of these FAQs for the full criteria.

If you are already under the care of the Specialist Diabetes Team, they will discuss your eligibility at your next routine review and if you meet the criteria, you will receive Dexcom ONE funded by the NHS. If you are not under the care of the Specialist Diabetes Team but you clearly meet the strict criteria, you will need to ask to be referred to the Specialist Diabetes Team for assessment and you will be seen at the next available routine appointment.

4. My review is not due for several months - can I request an earlier review by my specialist?

Only patients whose diabetes needs have significantly changed since their last review and clearly meet the strict criteria for NHS funded Dexcom ONE, should ask for an earlier appointment. Our diabetes specialists have limited capacity and must prioritise the patients with highest clinical needs.

If you are unsure whether changes in your diabetes needs require an earlier review, please contact your diabetes specialist for advice.

5. How do I request an earlier review if my diabetes needs have significantly changed?

If you are already under the care of the Specialist Diabetes Team, please contact them directly using the contact details they provided. You do not need your GP or Practice Diabetes Nurse to make a referral. If you are not already under the care of the Specialist Diabetes Team, please contact your GP Practice.

6. Can my GP prescribe Dexcom ONE before I have been seen by the specialist?

No - GPs are only permitted to prescribe Dexcom ONE once you have been assessed by the specialist as someone meeting the strict criteria for NHS funding. One of the reasons for this is that patients obtain most benefit from using Dexcom ONE with the focussed educational support of specialist teams. Use of the device relies on educational support on how to interpret and act on the results it generates. The specialist team will also ensure that patients with diabetes who meet the funding criteria will attend, or give due consideration to attending, an appropriate diabetes education programme.

7. Once I have been seen by the specialist, how soon will I get Dexcom ONE?

In order to use the system correctly, all patients must attend a training session, which lasts approximately one hour. At this session, you will receive an initial supply of one sensor and one transmitter. The training session usually takes place within a month of your assessment but may take longer owing to the anticipated high demand for training.

8. Is there anything else I need to do?

You will be expected to use the system regularly to improve your diabetes management, share data for central monitoring, participate in audits to assess outcomes and attend, or give due consideration to attending, a diabetes structured education programme - if you have not already done so. A copy of the patient information letter can be found at this [link](#).

9. If I have further questions on how to use Dexcom ONE, who do I ask?

Contact your Specialist Diabetes Team using the details they have provided to you. Dexcom ONE is a complex device, therefore specialist support is needed.

10. How many sensors and transmitters will I be supplied with?

A maximum of 6 months of Dexcom ONE will initially be funded for each patient. ONE sensor and ONE transmitter will be provided by the Specialist Diabetes Team. Up to a maximum of 6 further prescriptions for 3 sensors (18 in total) and 1 further prescription for 1 transmitter will be issued by your GP.

Continuation after 6 months will be at the discretion of your specialist, and GPs will need to have confirmation from the specialist before they can continue to prescribe. Then a maximum of 37 sensors and 4 transmitters will be provided over a 12-month period. You will be regularly reassessed to ensure you are deriving benefit from continued use of Dexcom ONE and your prescription may be stopped in the future following assessment by your specialist.

If the sensor or transmitter is suspected to be defective or if the sensor falls off before it is due to be changed, you will need to contact the manufacturer to obtain a replacement. Your specialist and GP cannot issue prescriptions to replace defective sensors/transmitters or sensors that have fallen off.

You should contact the Dexcom Technical Support Line, on 0800 031 5763, on the day that the Dexcom ONE sensor falls off or the sensor/transmitter is suspected to be defective or, if it is closed, when the office is next open. Details of office opening hours can be found at:

<https://www.dexcom.com/en-gb/contact-us-direct>. You will need to keep the defective Dexcom ONE sensor/transmitter and follow the instructions given by the Dexcom Technical Support Line representative.

11. What happens if I do not have access to a replacement sensor/transmitter and I am unable to use Dexcom ONE?

You should return to monitoring your glucose levels using blood glucose testing strips, increasing the frequency of testing as necessary and as advised by your specialist.

12. What smart devices are compatible with Dexcom ONE?

A full list of compatible smartphones is available on the Dexcom website at the following [link](#).

Dexcom ONE can also be used with an optional receiver, however, this is not supplied on the NHS and will need to be purchased directly from the manufacturer ([link](#)) if you wish to use one.

13. How should the Dexcom ONE components be disposed of after use?

Packaging can go in general waste.

The used applicator (which contains a needle) must be placed in a sharps bin.

The used sensor and transmitter must be placed in a yellow biohazard bag.

14. Will GPs continue to prescribe glucose testing strips for me if I meet the criteria for Dexcom ONE?

Yes - however it is anticipated that the use of these strips will be reduced (maximum 3 pots per month). You may be asked to change to a lower cost meter and strip if you are not already using one.

15. Can drivers use Dexcom ONE to monitor blood glucose levels prior to driving?

The Driver and Vehicle Licensing Agency (DVLA) has updated the guidance on glucose testing prior to driving which now permits the use of real time CGM devices such as Dexcom ONE **for group 1 drivers only**. [CLICK HERE FOR FULL INFORMATION](#) as finger prick tests are still required (even for group 1 drivers) under certain circumstances (for example if your glucose level is 4.0 millimoles per litre or below or you have symptoms of hypoglycaemia).

All pre-existing DVLA requirements and responsibilities for safe driving still lie with the patients.

The DVLA must be informed by any patient if there is any significant change in their driving status in accordance with these national DVLA guidelines.

16. What if I am already self-funding Dexcom ONE?

If you have been buying Dexcom ONE directly from the manufacturer (and wish to continue using the device) you should still purchase your sensors/transmitters in this way until you are reviewed, if appropriate, by the Specialist Diabetes Team at your next routine clinic appointment. Hertfordshire and West Essex ICB will only fund Dexcom ONE for new patients who fulfil the eligibility criteria set out in Appendix 1.

17. What if I want to use (or continue using) Dexcom ONE but do not meet the criteria for funding?

You can buy Dexcom ONE directly from the manufacturer - <https://uk.store.dexcom.com/> or Tel: 0800 031 5761.

18. Will the recommendations for funding be reviewed?

Yes, these recommendations will be kept under review.

19. How can I switch from FreeStyle Libre 2® to Dexcom ONE?

If you are currently receiving NHS-funded FreeStyle Libre 2® and you feel Dexcom ONE is better suited to managing your diabetes, please discuss this with your diabetes specialist at your next routine appointment. **Please note that your GP will not be able to switch your prescription to Dexcom ONE until advised to do so by your diabetes specialist.**

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Date approved / updated	Updated in March 2023 following Drug Tariff inclusion of Dexcom ONE transmitters Approved in December 2022
Developed by:	Developed by pharmacy and medicines optimisation team Hertfordshire and West Essex (HWE) ICB with relevant HWE ICS stakeholders.
Review date	<i>This recommendation is based upon the evidence available at the time of publication. This recommendation will be reviewed upon request in the light of new evidence becoming available.</i>

Appendix 1 - Criteria for NHS England Flash Glucose Monitoring (March 2019)

Patients must meet at least one of the following criteria to be eligible for NHS funding:

1. People with Type 1 diabetes
OR with any form of diabetes on haemodialysis and on insulin treatment
who, in either of the above, are clinically indicated as requiring intensive monitoring >8 times daily, as demonstrated on a meter download/review over the past 3 months
OR with diabetes associated with cystic fibrosis on insulin treatment.
2. Pregnant women with Type 1 Diabetes - 12 months in total inclusive of post-delivery period.
3. People with Type 1 diabetes unable to routinely self-monitor blood glucose due to disability who require carers to support glucose monitoring and insulin management.
4. People with Type 1 diabetes for whom the specialist diabetes multidisciplinary team (MDT) determines have occupational (e.g. working in insufficiently hygienic conditions to safely facilitate finger-prick testing) or psychosocial circumstances that warrant a 6-month trial of Libre with appropriate additional support.
5. Previous self-funders of Flash Glucose Monitors with Type 1 diabetes where those with clinical responsibility for their diabetes care are satisfied that their clinical history suggests that they would have satisfied one or more of the funding criteria prior to them commencing use of Flash Glucose Monitoring, had these criteria been in place prior to April 2019 AND have shown improvement in glycated haemoglobin (HbA1c) since self-funding.
6. For those with Type 1 diabetes and recurrent severe hypoglycaemia or impaired awareness of hypoglycaemia, the National Institute for Health and Care Excellence (NICE) suggests that Continuous Glucose Monitoring with an alarm is the standard. Other evidence-based alternatives with NICE guidance or NICE technology appraisal (TA) support are pump therapy, psychological support, structured education, islet transplantation and whole pancreas transplantation. However, if the person with diabetes and their clinician consider that a Flash Glucose Monitoring system would be more appropriate for the individual's specific situation, then this can be considered.
7. People with Type 1 diabetes or insulin treated Type 2 diabetes who are living with a learning disability and recorded on their GP Learning Disability register.

Other requirements:

Patients must meet all of the following criteria to be eligible for continued NHS funding:

1. Education on Flash Glucose Monitoring has been provided (online or in person).
2. Agreement to scan glucose levels no less than 8 times per day and use the sensor >70% of the time.
3. Agreement to regular reviews with the local clinical team.
4. Previous attendance, or due consideration given to future attendance, at a Type 1 diabetes structured education programme (DAFNE or equivalent if available locally).

Note:

Continuing prescription for long-term use of Flash Glucose Monitoring, after the initial six months, would depend on evidence of agreement with the above conditions and that on-going use of the Flash Glucose Monitoring is demonstrably improving an individual's diabetes self-management - for example, improvement of HbA1c or Time In Range; improvement in symptoms such as diabetic ketoacidosis (DKA) or hypoglycaemia; or improvement in psycho-social wellbeing.