NHS
Telford and Wrekin
Clinical Commissioning Group

IMPLEMENTATION OF GUIDANCE ISSUED BY NHS England (NHSE)

Flash Glucose Monitoring (INITIATION)

Before providing patient identifiable data on this form, please confirm that the patient (or in the case of a minor or vulnerable adult, the parent/legal guardian/carer) has given appropriate **explicit** consent for sensitive personal information on this form to be passed to the CCG and/or CSU for processing this funding request and validating subsequent invoices.

Consent given: Yes ☐

To ensure that the Trust is reimbursed for this treatment, the following template must be completed and forwarded to the commissioning CCG.

Commissioning Policy

From 1st April 2019, Telford and Wrekin CCG and Shropshire CCG will commission Flash Glucose Monitoring for patients who meet the nationally defined criteria outlined below.

Requests to initiate Flash Glucose Monitoring should be submitted via Blueteq (secondary care) or the CCG's prior approval template (community diabetes team) which should be completed and forwarded to the relevant CCG.

The use of flash glucose monitoring systems is not routinely commissioned outside these criteria and funding requests will only be considered through the Individual Funding Request process if there are clear grounds for clinical exceptionality.

Full details of this guidance is available from NHSE

To be completed by a Consultant Endocrinologist, Specialist Registrar in endocrinology or Diabetic Nurse Specialist (DNS) OR General Practitioner (GP):

Patient's initials: _____ **Date of Birth:** _____

NHS number (must be provided):_____

Secondary care / community trust	**Primary Care**
NHS Trust:	**Surgery:**
Address:	**Address:**
Consultant/DSN:	**GP:**
Contact name:	**Contact name:**
Telephone:	**Telephone:**

1. Please indicate which of the following criteria are fulfilled:	tick
a) Patient has type 1 diabetes and has a clinical need for intensive glucose monitoring (>8 times daily), as demonstrated on meter download/review over the past 3 months	
b) Patient has any form of diabetes **and** is on haemodialysis **and** on insulin treatment **and** has a clinical need for intensive glucose monitoring (>8 times daily), as demonstrated on meter download/review over the past 3 months.	
c) Patient has type 1 diabetes and is pregnant	
d) Patient has type 1 diabetes and is unable to routinely self-monitor blood glucose due to a disability and therefore requires carer support to monitor glucose and manage insulin	
e) Patient has type 1 diabetes and it has been determined by specialist diabetes MDT that there are occupational (e.g. work in insufficiently hygienic conditions to safely facilitate finger prick testing) or psychosocial circumstances, which warrant a 6 month trial period with support	
f) Patient has diabetes associated with cystic fibrosis, which requires insulin treatment	
g) Patient has type 1 diabetes and is a previous self-funder of flash glucose monitoring **and** their clinical history suggests that they would have met one or more of the criteria for initiation if the criteria had been in place prior to commencing self-funding **and** they have shown an improvement in HbA1c since self-funding commenced	
h) Patient has type 1 diabetes and recurrent severe hypoglycaemia or impaired awareness of hypoglycaemia and flash glucose monitoring is considered more appropriate than other evidence based alternatives (e.g. CGM)	

2. Has the patient been provided with education on flash glucose monitoring? (online or in person)	Yes ☐ No ☐
3. Is the patient committed to scanning glucose levels at least 8 times per day and to using the sensor more than 70% of the time?	Yes ☐ No ☐
4. Has the patient demonstrated a willingness to commit to regular follow-up with the clinical team?	Yes ☐ No ☐
5. Has the patient attended or do they plan to attend an appropriate structured training program such as STILE, DAFNE or X-PERT? Please give details below (including if such a course is deemed unsuitable)	Yes ☐ No ☐
Consultant/ SpR / DNS / GP Signature : **Print Consultant/ SpR / DNS/ GP Name:**	**Date:**

This template must be used to obtain approval BEFORE treatment is started - please forward to: telford.ifr@nhs.net

Requests sent to this email address MUST be sent from a NHS.net account.

Jacqui Seaton, Head of Medicines Management, NHS Telford and Wrekin CCG, Halesfield 6, TF7 4BF
Tel: 01952 580434