

IMPLEMENTATION OF GUIDANCE ISSUED BY NHS England (NHSE)

Flash Glucose Monitoring (CONTINUATION AFTER 6 MONTH TRIAL)

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,
 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. Has the patient used the scanner no less than 8 times per day for at least 70% of the time during the trial period? (i.e. at least 5 days per week as demonstrated by a meter download at treatment review?)	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Has the patient attended regular reviews with the local clinical team and agreed to continue to do so?	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Has the patient been able to accurately interpret and act appropriately on the feedback from the flash glucose monitor?	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Has the patient demonstrated an improvement in one or more of the following areas of their diabetes self-management? Please tick all which apply: a) An improvement in HbA1c or time in range b) An improvement in symptoms such as diabetic ketoacidosis or hypoglycaemia c) An improvement in psycho-social wellbeing, Quality of life should be assessed using a validated rating scale	Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
5. Has the patient completed an appropriate diabetes structured education programme (either face to face or on-line)? If not, please explain why: <div data-bbox="137 1037 1093 1216" style="border: 1px solid black; height: 80px; width: 100%;"></div>	Yes <input type="checkbox"/> No <input type="checkbox"/>
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
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