

Implementation of guidance issued by NHS England (NHSE)

Flash Glucose Monitoring Continuation Form (following six 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.

Informed patient consent must be provided. Only fully completed forms will be accepted for consideration.

Please tick to indicate that the patient has given explicit consent ☐

Requests to continue Flash Glucose Monitoring should be submitted via Blueteq. If the provider does not have access to Blueteq this Flash Glucose Monitoring Continuation Form should be completed and forwarded to the relevant CCG.

Commissioning Statement

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

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 Diabetes Specialist Nurse (DSN):

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

NHS number (must be provided): _____

Secondary Care / Community Trust	GP Details
NHS Trust:	GP:
Address:	Surgery:
Consultant/DSN:	Address:
Contact name:	Contact name:
Telephone:	Telephone:

Consultant / SpR / DSN Signature :	
Consultant / SpR / DSN Name: Please PRINT	

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: <ul style="list-style-type: none"> a) An improvement in HbA1c or time in range <input type="checkbox"/> b) An improvement in symptoms such as diabetic ketoacidosis or hypoglycaemia <input type="checkbox"/> c) An improvement in psycho-social wellbeing, quality of life should be assessed using a validated rating scale <input type="checkbox"/> 	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? If not, please explain why:	Yes <input type="checkbox"/> No <input type="checkbox"/>

This form must be used to obtain approval - please forward to: stwccg.nicefunding@nhs.net

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

Or post to: Justin Rutherford, Medicines Management Team, NHS Shropshire, Telford and Wrekin CCG, Halesfield 6, Telford, TF7 4QQ