

Implementation of guidance issued by NHS England (NHSE)

Flash Glucose Monitoring Previously Self-Funding Form

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 ☐

This form must be completed and forwarded to the commissioning CCG for approval BEFORE treatment with NHS funding commences.

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.

People who currently self-fund Flash Glucose Monitoring will only be considered for NHS provision, if they meet the nationally defined NHS England criteria for NHS funding. This can be assessed by their GP. Patients who do not meet these criteria will have to continue to self-fund.

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](https://www.nhs.uk)

To be completed by a Consultant Endocrinologist, Specialist Registrar in endocrinology or Diabetes Specialist Nurse (DSN) or GP:

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

1. Is the patient a previous self-funder of Flash Glucose Monitoring AND does 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?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Please indicate which of the following criteria would have been fulfilled:	
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.	<input type="checkbox"/>
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.	<input type="checkbox"/>
c) Patient has Type 1 diabetes and is pregnant. NB Funding will only be approved for 12 months in total (including antenatal and post delivery period).	<input type="checkbox"/>
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.	<input type="checkbox"/>
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.	<input type="checkbox"/>
f) Patient has diabetes associated with cystic fibrosis, which requires insulin treatment.	<input type="checkbox"/>
g) 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).	<input type="checkbox"/>
h) People with Type 1 diabetes or insulin treated Type 2 diabetes who are living with a learning disability and are recorded on their GP Learning Disability register.	<input type="checkbox"/>
3. Has the patient shown an improvement in HbA1c since self-funding commenced?	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. 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 <input type="checkbox"/> No <input type="checkbox"/>
5. Is the patient willing to commit to regular ongoing follow ups with the clinical team?	Yes <input type="checkbox"/> No <input type="checkbox"/>

This form must be used to obtain approval BEFORE treatment with NHS funding is started - 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