NHS
Shropshire, Telford and Wrekin
Clinical Commissioning Group

Implementation of guidance issued by NHS England (NHSE)
Flash Glucose Monitoring Prior Approval Initiation 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 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.

Requests to initiate flash glucose monitoring should be submitted via Blueteq. If the provider does not have access to Blueteq this Flash Glucose Monitoring Prior Approval Initiation Form 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 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. Please indicate which of the following criteria are 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	☐
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)	☐
i) Patient 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.	☐
2. Has the patient and/or their families or carers (if appropriate) been provided with education on flash glucose monitoring? Are they able to accurately interpret and act appropriately on the feedback from the Flash Glucose Monitor?	Yes ☐ No ☐
3. Is the patient and/or their families or carers (if appropriate) 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 and/or their families or carers (if appropriate) demonstrated a willingness to commit to regular follow-up with the clinical team (including remote follow-up where this is offered)?	Yes ☐ No ☐
5. Has the patient and/or their families or carers (if appropriate) attended or do they plan to attend an appropriate structured training program such as DAFNE? Please give details below (including if such a course is deemed unsuitable).	Yes ☐ No ☐
6. Has the patient and/or their families or carers (if appropriate) been informed that flash glucose monitoring will be supplied for an initial 6 month trial and that on-going use will be determined by evidence that it has improved the individual's diabetes self-management? If offered during pregnancy, has the patient been informed that flash glucose monitoring will be supplied for a total of 12 months only? (This includes the antenatal and postnatal period)	Yes ☐ No ☐

This form must be used to obtain approval BEFORE treatment 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 9, Telford. TF7 4QQ