NHS
North West London
Collaboration of
Clinical Commissioning Groups

Flash Glucose Monitoring (Form FS2)

REQUEST TO GP FOR REPEAT PRESCRIBING

- **the patient has been reviewed 3-6 months post initiation and meets the criteria to receive repeat NHS prescriptions for flash glucose monitoring OR**
- **the patient has been self-funding and meets the criteria to receive repeat NHS prescriptions for flash glucose monitoring**

Patient Details	**GP Details**
Surname:	GP Practice:
Forename:	GP name:
Address:	Address:
Postcode:	Postcode:
Email :	Tel:
NHS No:	Fax:
DOB:	NHS.net email:
SEX: Male / Female	Blueteq patient ID no.:

To be completed by the initiating diabetes specialist clinic		
Ensure a Blueteq form has been submitted		**Blueteq patient ID no.:**
Tick (√) indication that applies	**Approved indication for flash glucose monitoring**	
	Indication 1: People with type 1 diabetes on multiple daily injections or insulin pump therapy who test frequently (>8 times per day).	**Outcomes achieved:** Reduction in test strips/day use:
	Indication 2: People with type 1 diabetes unable to routinely self-monitor blood glucose due to disability who require carers to support glucose monitoring and insulin management.	**Outcomes achieved:** Reduction in test strips/day use:

	Indication 3: People with type 1 diabetes for whom the specialist diabetes MDT determines have occupational (e.g. working in insufficiently hygienic conditions to safely facilitate finger-prick testing) or psychosocial circumstances that warrant a 6 month trial of flash glucose monitoring with appropriate adjunct support.	**Outcomes achieved:** Reduction in test strips/day use:
	Indication 4: People with any form of diabetes on haemodialysis and on insulin treatment and are clinically indicated as requiring intensive monitoring >8 times daily	**Outcomes achieved:** Reduction in test strips/day use:
	Indication 5: People with diabetes associated with cystic fibrosis on insulin treatment	**Outcomes achieved:**
	Indication 6: Pregnant women with type 1 diabetes (eligible for 12 months' supply of flash glucose monitoring inclusive of post-delivery period).	**Outcomes achieved:**
	Indication 7: People with type 1 diabetes and recurrent severe hypoglycaemia or impaired awareness of hypoglycaemia where flash glucose monitoring system would be more appropriate for the individual's specific situation.	**Outcomes achieved:**
	Self-funding patient	Patients has been reviewed and would have satisfied one or more of the criteria listed above prior to them commencing use of flash glucose monitoring had these criteria been in place prior to April 2019 **AND** that they have shown improvement in HbA1c since using flash glucose monitoring.
Clinician name and title:		
Clinic name and address:		
Tel number:		

Fax number:	
NHS.net email:	
Signature:	

Notes to General Practice:

TO BE COMPLETED / ACTIONED BY GP:

General Practice: Please complete and send this form back to the diabetes specialist clinic confirming whether or not you agree to prescribe flash glucose monitoring sensors long-term. Retain a copy in the patient record.
This is to confirm I am agreeing to take on repeat prescribing of flash glucose monitoring sensors for this patient **Name: …… Signature: ……Date: ……/……./…...**
This is to confirm that I am **NOT** willing to accept prescribing responsibility of flash glucose monitoring sensors for this patient ***for the following reason***: **Name: …… Signature: ……Date: ……/……./…...**

Please review the patient 1 to 2 months after transferring to long term repeat prescriptions to establish current frequency of testing with conventional blood glucose testing strips and continued appropriate use of the flash glucose monitoring system:

- **Ensure the blood glucose test strips, ketone test strips and lancets prescribed are in line with the CCG guidance**
- **Amend the quantity of blood glucose test strips and lancets prescribed to meet current usage levels**
- **Confirm appropriate use of the flash glucose monitoring system**