SOUTH EAST LONDON TRANSFER OF PRESCRIBING REQUEST AND PATIENT-PRESCRIBER AGREEMENT- FLASH GLUCOSE (FG)

This form is not required for adults living with type 1 diabetes. For guidance on continuous glucose monitoring (including flash glucose) in adults living with type 1 diabetes, please see updated guidance here

This is a request to transfer prescribing. The specialist diabetes team have provided FG sensors for the first 6 weeks. This completed form should be sent to the GP (and copy provided to the patient/carer) after FG has been initiated. Patient to be reviewed at 6-9 months.

Patient Details	GP Details
Surname	Name
Forename	Address
Address	
	Tel
Postcode	
NHS No:	NHS.net email
DOB:	
SEX: Male / Female	

Tick the relevant indication for FG monitoring as per NHS England criteria		
INDICATIONS	**Yes**	**No**
1. **A**. People with T1DM who are clinically indicated as requiring intensive monitoring >8 times daily, as demonstrated on a meter download/review over the past 3 months **OR**		
B. People with any form of diabetes on haemodialysis and on insulin treatment who are clinically indicated as requiring intensive monitoring >8 times daily, as demonstrated on a meter download/review over the past 3 months **OR**		
C. People with diabetes associated with cystic fibrosis on insulin treatment		
2. Pregnant women with T1DM - 12 months in total inclusive of post-delivery period.		
3. People with T1DM unable to routinely self-monitor blood glucose due to disability who require carers to support glucose monitoring and insulin management.		
4. People with T1DM for whom the specialist diabetes MDT determines have occupational or psychosocial circumstances that warrant 6 month trial of FG with appropriate adjunct support.		
5. **Previous self-funders** of FG monitoring with T1DM where those with clinical responsibility for their diabetes care are satisfied that their clinical history suggests that they would have satisfied one or more of these criteria prior to them commencing use of FG monitoring had these criteria been in place prior to April 2019 AND has shown improvement in HbA1c since self-funding.		
6. T1DM and recurrent severe hypoglycaemia or impaired hypoglycaemia awareness where the person with diabetes and their clinician consider that FG monitoring would be more suitable at this time than NICE guidance/technology appraisals recommendations (e.g. Continuous Glucose Monitoring with an alarm, pump therapy, psychological support, structured education, islet transplantation and whole pancreas transplantation).		
7. People with Type 1 diabetes or insulin treated Type 2 diabetes who are living with a learning disability and recorded on their GP Learning Disability Register		
8. For pregnant women who are on insulin therapy but do not have type 1 diabetes (12 months sensors in total inclusive of post-delivery period), if they have: a. problematic severe hypoglycaemia (with or without impaired awareness of hypoglycaemia) **OR** b. unstable blood glucose levels that are causing concern despite efforts to optimise glycaemic control.		

Requirements

Tick 'Yes' or 'No' (only proceed if answered Yes)	Yes	No
FG education has been provided (online or in person)		
Patient agrees to: a. Scan glucose levels no less than 8 times per day and use the sensor >70% of the time b. Regular reviews with the local clinical teams		
The patient has previously attended, or due consideration given to future attendance, at a T1DM structured education programme (DAFNE or equivalent)		

South East London Integrated Medicines Optimisation Committee (SEL IMOC). A partnership between NHS organisations in South East London Integrated Care System: NHS South East London (covering the boroughs of Bexley/Bromley/Greenwich/ Lambeth/Lewisham and Southwark) and GSTFT/KCH /SLaM/ Oxleas NHS Foundation Trusts and Lewisham & Greenwich NHS Trust

Adapted with permission from the London Medicines Information Service (Specialist Pharmacy Service)/NHS London Procurement Partnership/NHSE London Diabetes Clinical Network and Dartford and Gravesham NHS Trust templates.

The patient is aware that continuing prescriptions for long-term use of FG monitoring post initial 6 -9 months is contingent on agreeing with the above conditions and that ongoing use of FG is demonstrably improving an individual's diabetes self-management e.g. improvement in: • HbA1c or time in range • Symptoms such as diabetic ketoacidosis or hypoglycaemia • Psycho-social wellbeing		
Self-Funders: Competence assessed by clinician as per indication 5 and appropriate candidate for continuation of FG (still to be reviewed under specialist annually)		

Cautions

Tick all boxes that apply (if any answers Yes, proceed with caution)	Yes	No
Impaired awareness of hypoglycaemia/ frequent asymptomatic hypoglycaemic episodes		
A history of severe hypoglycaemia		
Please detail any additional safety information provided to the patient if FG is initiated and one of the cautions above is applicable:		

Clinician signature

Specialist undertaking assessment, please complete and send this form to the GP after the 1 month review has been completed. A copy should be retained in the patient record and a further copy given to the patient for their records.			
Signature:		**Date:**	
Print name:			
Position:			
Clinic name and address:			
Contact number:		**Contact Email:**	

GP PRACTICE INFORMATION	
Date of flash glucose initiation	
HbA1C level baseline Date:	
Psychosocial wellbeing score used:	
Psychosocial score (baseline) Date:	
Number of test strips used per day on average (baseline)	
Expected number of packs of blood glucose test strips (units of 50 strips) to prescribe in addition to FG sensors	……/month. NB this may change, please see SEL FG Pathway for advice on when finger-prick testing is recommended.
Please contact the specialist diabetes team if: ○ Use of FG is not in line with the agreement stated above **OR** ○ The patient is using significantly more blood glucose test strips than stated above **AND** FG sensors continue to be prescribed **OR** ○ You have any queries about the use of FG monitoring for this patient	
TRANSFER TO REPEAT PRESCRIBING Please add the following to the patients repeat medication list: 1. FreeStyle Libre 2® sensors (each sensor will last 2 weeks) 2. Sharps bin (unless other local arrangements are in place – refer to disposal guidance) See South East London Integrated Medicines Optimisation Committee website for more information on FG monitoring.	

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Please document any additional notes to the GP below:

Areas of responsibility	
Specialist clinic - the following terms must be met before issuing this form: • FG monitoring prescribed in accordance with the NHS England FG prescribing implementation guidance • Provide patient with training and information, and ensure they are competent to use FG monitoring • Provide FreeStyle Libre 2® handset, sensor starter pack and 3 sensors at initiation (6 weeks supply) • Send the GP the '*FG initiation letter - notification'* after FG initiation and education group (or add content to clinic letter). • Undertake virtual or face to face review of the patient at one month and send 'T*ransfer of Prescribing Request and Patient-Prescriber Agreement - Flash Glucose'* to the GP • Monitor and review progress of NHSE continuation criteria and clinical outcomes for the individual patient above, 6 -9 months after initiation of FG. Discontinue FG if the agreed benefits and outcomes not achieved. Send '*Flash Glucose Monitoring 6-9 month Review'* letter to the GP highlighting whether outcomes have been met and whether the GP should continue/discontinue FG NHS prescriptions • Complete all relevant data collection forms. **By issuing this form, the specialist acknowledges the following ongoing responsibilities:** • Continue to review patient at clinic – including use of device and review ongoing need for device – at least annually. • To communicate promptly with the GP if treatment is changed. • Continue to complete data collection forms, as required.	**Primary care practitioners are asked to consider the following:** • Return this form to specialist clinic if the practice is not willing to accept prescribing responsibility. Please complete within 2 weeks of receipt. • Issue repeat prescriptions for sensors as agreed for long term prescribing after 6 weeks of use. • Follow specialist advice on any changes in treatment. • Refer back to the specialist if there any concerns regarding the use of FG monitoring. **Patient responsibilities** • Use the sensor >70% of the time and scan glucose levels no less than 8 times per day. • Share FG data with the specialist team • Read and understand the continuation criteria • Have previously attended or giving due consideration to attending a T1DM structured education programme • Engage in the one month virtual review and 6-9 month appointment after starting FG monitoring and at least annual appointments thereafter. • Engage with the GP practice as required by the practice • Inform the specialist clinic if they have any problems in the use of FG monitoring

Primary care healthcare professional (HCP): Please complete and send this form back to the specialist diabetes clinic if the practice DOES NOT AGREE to prescribe FG sensors long-term. A copy should be retained in the patient record
This is to confirm that the practice is **NOT** willing to accept prescribing responsibility of FG monitoring sensors for this patient ***for the following reason***: …… **HCP name: …… HCP signature: ……Date: ……/……./…....**