**Report Summary to General Practitioner from Diabetes Specialist about your Patient (Initiation of Dexcom ONE Continuous Glucose Monitoring System Technology)**

**NHS Number: ..…………………………………………………………………..**

**Name: ……………………………………………………………………**

**D.O.B.: ……………………………………………………………………**

Dear Doctor

Your patient was seen on …../…../………. by the diabetes specialist team for assessment of suitability for the commencement of Dexcom ONE Continuous Glucose Monitoring (CGM) System and **is deemed suitable for NHS funding of the Dexcom ONE CGM system**; criteria met:

 Type 1 diabetes and clinically indicated as requiring intensive monitoring >8 times daily

 Any form of diabetes, on haemodialysis and insulin treatment, requiring intensive monitoring >8 times daily

 Diabetes associated with cystic fibrosis on insulin treatment

 Diabetes Type 1 and pregnant

 Type 1 diabetes unable to routinely self-monitor blood glucose due to disability

 Type 1 diabetes with occupational or psychosocial circumstances that warrant 6-month trial of Dexcom ONE

 Type 1 diabetes with recurrent severe hypoglycemia or impaired awareness of hypoglycaemia

 Type 1 diabetes or insulin treated Type 2 diabetes who are living with a learning disability and recorded on their GP Learning Disability register.

 Frequent (more than 2 episodes a week) asymptomatic hypoglycaemia that is causing problems with daily activities.

 Extreme fear of hypoglycaemia.

 Hyperglycaemia (HbA1c level of 75 mmol/mol [9%] or higher) that persists despite testing at least 10 times a day. Continue real time continuous glucose monitoring only if HbA1c can be sustained at or below 53 mmol/mol (7%) and/or there has been a fall in HbA1c of 27 mmol/mol (2.5%) or more.

Use of the Dexcom ONE CGM systemwill initially be for a 6-month trial period and will only be continued at the discretion of the diabetes specialist team if there is sustained benefit in patient outcomes whilst they are using the device and upon ICB funding approval. Your patient/their carer understands that NHS funding may be withdrawn if no benefit is seen but they will have the option to continue to self-fund use of the device.

**The initial 2-months’ supply of Dexcom ONE sensors will be provided by the specialist team. Please prescribe Dexcom ONE sensors for your patient starting from** …../…../……….
We will review your patient again in 2-4 weeks, 2-3 months and 5-6 months, and will contact you to advise not to start/to discontinue Dexcom ONE if at any point during the initial 6-month trial a decision is made to stop Dexcom ONE.Your patient will be reviewed by the specialist team before 6 months and following this review you will be contacted to confirm if your patient meets the continuation criteria for Dexcom ONE and is to continue or stop treatment.

Please also be aware that your patient will continue to require blood glucose test strips, possibly in a reduced quantity (as they become more competent in using Dexcom ONE).

**a)** I would be grateful if you would make the following changes to your patient’s prescription items, at your earliest convenience. This *has been* discussed with the patient.

**Please add to acute prescribing**

1. **Dexcom ONE sensors (****PIP CODE: 421-4722) - 1 pack of 3 sensors**

(This should be sufficient for a 30-day supply and should be supplied as monthly prescriptions)

1. **Dexcom ONE transmitter (PIP CODE: 421-4730) – 1 pack of 1 transmitter**

(This should be sufficient for a 90-day supply and should be supplied every 3 months. Please note the initial transmitter will be provided by the specialist team.)

Please continue to supply the above **until you receive confirmation of the outcome of the continuation review** (after approximately 6 months). We will advise you if/when to discontinue, **therefore please do not discontinue Dexcom ONE unless instructed to do so**.

**b)** Please continue all other items as currently prescribed (including blood glucose testing strips).

**c)** Your patient will be followed up by the specialist team and will be required to share their CGM data via Dexcom Clarity, as advised by their diabetes specialist team, for ongoing support.

Please see our local Dexcom ONE [FAQs document](https://www.hweclinicalguidance.nhs.uk/all-clinical-areas-documents/download?cid=1236&checksum=7bccfde7714a1ebadf06c5f4cea752c1) for further information.

Thank you for your help. Yours sincerely

**Diabetes Specialist Team**