**Initiation of CGM available on FP10 for patients under 19 years**

**NHS Number:** Click or tap here to enter text.

**Name:** Click or tap here to enter text.

**D.O.B.:** Click or tap here to enter text.

Dear Doctor

Your patient was seen on Click or tap to enter a date. at the Diabetes Specialist Clinic andthe decision has been made to initiate Choose an item.

NHS funding for CGM has been approved by Hertfordshire & West Essex ICB as the patient meets the following criteria:

|  |
| --- |
|[ ]  T1DM (standalone CGM). NOTE: Freestyle Libre 3 is restricted for use in children who have tried and failed Freestyle libre 2 plus and Dexcom One + (as the child is unable to wear the sensor due to the size and requires a smaller sensor).  |
| [ ]  | T1DM (Freestyle Libre 2 plus or Freestyle Libre 3 for use with an insulin pump [hybrid closed loop system]) |
|[ ]  Insulin-treated T2DM who are living with a learning disability and it is recorded on their GP Learning Disability register. |
|[ ]  Diabetes on haemodialysis and on insulin treatment and clinically indicated as requiring intensive monitoring >8 times daily, as demonstrated on a meter download/review over the past 3 months. |
|[ ]  Diabetes associated with cystic fibrosis on insulin treatment. |

Use of this devicewill 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. Your patient/their carer understands that NHS funding may be withdrawn if no benefit is seen but they will have the option to self-fund the device.

If at any point a decision is made to stop the device, we will contact you to advise to discontinue the device. **Please do not discontinue the device unless instructed to do so**.

**Please prescribe:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Product | PIP Code | Quantity | Supply duration | Frequency | Date 1st prescription due |
| [ ]  | Dexcom ONE+ sensor | 426-8058 | 3 packs of 1 sensor | 30 days | Monthly | Click or tap to enter a date. |
|[ ]  FreeStyle Libre 2 Plus sensor | 428-0194 | 2 packs of 1 sensor | 30 days | Monthly | Click or tap to enter a date. |
|[ ]  FreeStyle Libre 3 sensor  | 426-6391 | 2 packs of 1 sensor  | 28 days  | Monthly  | Click or tap to enter a date. |
|[ ]  Sharpsguard 5 litre sharps bin | As required | Click or tap to enter a date. |

**Blood glucose self-monitoring**

Please be aware that your patient will require a **reduced quantity** of blood glucose test strips and lancets.

**Quantity:** Click or tap here to enter text. **every** Click or tap here to enter text. **month(s)**

Thank you for your help.

Yours sincerely

Click or tap here to enter text.