**Initiation of low-cost CGM for patients 19 years and above**

**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:

Standalone low cost CGM

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| --- |
|[ ]  T1DM and clinically indicated as requiring intensive monitoring >8 times daily as demonstrated on a meter download/review over the past 3 months. |
|[ ]  T1DM and unable to routinely self-monitor blood glucose due to disability. |
|[ ]  T1DM whom the specialist diabetes MDT determines have occupational or psychosocial circumstances that warrant a 6-month trial of CGM. |
|[ ]  T1DM with impaired or complete loss of awareness of hypoglycaemia. |
|[ ]  T1DM and >1 episode a year of severe hypoglycaemia with no obviously preventable precipitating cause. |
|[ ]  T1DM and frequent (>2 episodes a week) asymptomatic hypoglycaemia that is causing problems with daily activities. |
|[ ]  T1DM with extreme fear of hypoglycaemia. |
|[ ]  Insulin-treated diabetes 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. |
|[ ]  T1DM and pregnant (12 months in total inclusive of post-delivery period)**Please specify stop date:** Click or tap to enter a date. |

Hybrid Closed Loop System

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| --- |
|[ ]  T1DM (Freestyle Libre 2 plus or Freestyle Libre 3 for use with an insulin pump.) |

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 Your patient/their carer understands that NHS funding may be withdrawn if no benefit is seen but they will have the option to self-fund the device.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 | 22/07/2024 |
|[ ]  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**

**A new meter has been supplied** [ ]  **No change to existing meter** [ ]

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

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

**Name of blood glucose test strips:** Click or tap here to enter text.

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

**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.