**Report Summary to General Practitioner from Diabetes Specialist about your Patient (Continuation 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 continuation of Dexcom ONE Continuous Glucose Monitoring (CGM) System.

Your patient has been using their Dexcom ONE CGM system since …./…../………. and has subsequently been reviewed, the patient has clinically benefitted from using this device and ICB funding has been approved for …… months.

**Please can you commence repeat prescriptions for Dexcom ONE** **as detailed in the letter below.**

For this patient, on-going use of the Dexcom ONE CGM system is demonstrably improving diabetes self-management as indicated by:

 Reduction in HbA1c of 0.5%/5mmol/mol or more

 Improvement of Time in Range

 Reduction in episodes of DKA

 Reduction in hypoglycaemia episodes

 Improved hypoglycaemia awareness

 Reduction in admissions to hospital

 Clear benefit to carer support and glucose monitoring for type 1 diabetes patients unable to self-monitor blood glucose due to disability

 Improvement in psychosocial wellbeing as indicated by ……………………………

……………………………………………………………………………………………..

Use of the Dexcom ONE CGM system will only be continued at the discretion of the diabetes specialist team if there is continuing sustained benefit in patient outcomes whilst they are using the device. Your patient will have regular ongoing reviews with the diabetes specialist team and has agreed to these terms and understands that NHS funding may be withdrawn if no on-going benefit is seen. Under these circumstances they would then have the option to continue to self-fund use of the device. You will be contacted by the diabetes specialist team in the future if NHS prescriptions for Dexcom ONE are to be stopped.

Although quantities required may have reduced, please be aware that your patient will continue to require blood glucose test strips.

**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 change Dexcom ONE from **acute** to **repeat prescribing,** i.e.

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

This should be sufficient for a 30-day supply – please allow up to 6 to 12 repeat prescriptions.

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

This should be sufficient for a 90-day supply – please allow up to 4 repeat prescriptions

We will advise you if/when to discontinue.

**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 regularly and is still 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**