



WEL CCGs/Barts Health NHS Trust
FREESTYLE LIBRE® (FSL) MONITORING 6-9 MONTH REVIEW FORM

This completed form should be sent to the GP (copy provided to the patient/carer) after the 6-9 month review

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

Specialist Clinic Details	
Clinician Name	Contact tel. number
Clinic Name/Responsible Consultant Name	Hospital Name
NHS.net email	
Signature (can be typed if completing electronically)	
Next clinic appointment	Date FSL initiated

The above patient has been reviewed 6-9 months after starting FSL monitoring and has: (please fully complete either Box A or Box B):

BOX A – Not met NHS England continuation criteria. Please stop prescribing FSL sensors. Alternative monitoring has been advised and the patient will be followed up at their next routine appointment	(✓ or x)
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BOX B – Met NHS England continuation criteria. Please continue to prescribe FSL sensors	(✓ or x)	
OUTCOMES - After 6-9 months of use, one or more of the following has been achieved:	Yes	No
Improvement in HbA1c of $\geq 0.4\%$ (4mmol/mol), or time in range		
Baseline HbA1C	HbA1C at 6 – 9 month review	
Date	Date	
Any reduction in episodes of diabetic ketoacidosis or any reduction in hypoglycaemia		
Improvement in psychosocial wellbeing (where applicable): psychosocial score used:		
Baseline score	Score at 6-9 month review	
Date	Date	

Version: 1.1
Approved By: Waltham Forest and East London Medicines
 Optimisation and Commissioning Committee (WELMOCC)

Date approved: 27/01/2021
Review date: 01/2024 or sooner if evidence of practice
 changes

Acknowledgements: Adapted with kind permission from the South East London Area Prescribing Committee (SEL APC) Guidance for Flash Glucose Monitoring



Significant reduction in test strip use: safe and appropriate reduction of 8/day for adults or 7/day for children		
Other outcomes as agreed by Type 1 Specialist Diabetes MDT at initiation (<i>please specify</i>):		
OTHER REQUIREMENTS:	Yes	No
I confirm that the patient has: <ul style="list-style-type: none"> 1. Completed FSL monitoring education (online or in person) 2. Scanned glucose levels no less than 8 times per day and use the sensor >70% of the time 3. Attended regular reviews with the local clinical team 4. Previously attended, or due consideration given to future attendance, at a T1DM structured education programme (DAFNE or equivalent) 		

At all subsequent routine face-to-face appointments, we will review progress against the agreed starting criteria. The patient has been informed and has signed an agreement to say that they understand that should there be sustained improvement against the agreed criteria that ongoing FSL sensor prescriptions will be recommended.

Yours sincerely
Diabetes Specialist Team,

(Name of organisation)

cc Patient

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