



WEL CCGs/Barts Health NHS Trust
TRANSFER OF PRESCRIBING REQUEST AND PATIENT-PRESCRIBER AGREEMENT-
Flash Glucose Monitoring - Freestyle Libre 2® (FSL)

This is a request to transfer prescribing. The specialist diabetes team have provided FSL sensors for the first 2 months. This completed form should be sent to the GP (and copy provided to the patient/carer) after FSL has been initiated. Patient to be reviewed at 6-9 months.

From January 2021 patients starting on flash glucose monitoring will be initiated on **FreeStyle Libre 2®**. Patients on the original FreeStyle Libre product will be reviewed at their next appointment, with a view to switching to FreeStyle Libre 2®. See position statement for further detail.

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

Tick the relevant indication for FSL monitoring as per NHS England criteria¹

INDICATIONS	Yes	No
1. A. People with T1DM who are clinically indicated as requiring intensive monitoring >8 times daily, as demonstrated on a meter download/review over the past 3 months OR B. People with any form of diabetes on haemodialysis and on insulin treatment who are clinically indicated as requiring intensive monitoring >8 times daily, as demonstrated on a meter download/review over the past 3 months OR C. People with diabetes associated with cystic fibrosis on insulin treatment		
2. Pregnant women with T1DM - 12 months in total inclusive of post-delivery period.		
3. People with T1DM unable to routinely self-monitor blood glucose due to disability who require carers to support glucose monitoring and insulin management.		
4. People with T1DM for whom the specialist diabetes MDT determines have occupational (e.g. working in insufficiently hygienic conditions to safely facilitate finger-prick testing) or psychosocial circumstances that warrant 6 month trial of FSL with appropriate adjunct support.		
5. Previous self-funders of FSL monitoring with T1DM where those with clinical responsibility for their diabetes care are satisfied that their clinical history suggests that they would have satisfied one or more of these criteria prior to them commencing use of FSL monitoring had these criteria been in place prior to April 2019 AND has shown improvement in HbA1c since self-funding.		

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6. T1DM and recurrent severe hypoglycaemia or impaired hypoglycaemia awareness where the person with diabetes and their clinician consider that FSL monitoring would be more suitable at this time than NICE guidance/technology appraisals recommendations (e.g. Continuous Glucose Monitoring with an alarm, pump therapy, psychological support, structured education, islet transplantation and whole pancreas transplantation).		
7. People with Type 1 diabetes or insulin treated Type 2 diabetes who are living with a learning disability and recorded on their GP Learning Disability register.		

Requirements

Tick 'Yes' or 'No' (only proceed if answered Yes)	Yes	No
FSL education has been provided (online or in person)		
Patient agrees to: <ol style="list-style-type: none"> Scan glucose levels no less than 8 times per day and use the sensor >70% of the time Regular reviews with the local clinical teams 		
The patient has previously attended, or due consideration given to future attendance, at a T1DM structured education programme (DAFNE or equivalent)		
The patient is aware that continuing prescriptions for long-term use of FSL monitoring post initial 6 -9 months is contingent on agreeing with the above conditions and that ongoing use of FSL is demonstrably improving an individual's diabetes self-management e.g improvement in: <ul style="list-style-type: none"> HbA1c or time in range Symptoms such as diabetic ketoacidosis or hypoglycaemia Psycho-social wellbeing (where applicable) 		
Self-Funders: Competence assessed by clinician as per indication 5 and appropriate candidate for continuation of FSL (still to be reviewed under specialist annually)		
Other requirements as agreed by the Type 1 Specialist Diabetes MDT (<i>please specify</i>)		

Cautions

Tick all boxes that apply (if any answers Yes, proceed with caution)	Yes	No
Impaired awareness of hypoglycaemia/ frequent asymptomatic hypoglycaemic episodes		
A history of severe hypoglycaemia		
Please detail any additional safety information provided to the patient if FSL is initiated and one of the cautions above is applicable:		

Clinician signature

Specialist undertaking assessment, please complete and send this form to the GP after the 1 month review has been completed. A copy should be retained in the patient record and a further copy given to the patient for their records.

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Signature:		Date:
Print name:		
Position:		
Clinic name and address:		
Contact number:		Contact Email:
GP PRACTICE INFORMATION		
Date of FSL initiation		
HbA1C level baseline Date:		
Psychosocial wellbeing score used:		
Psychosocial score (baseline) – <i>where applicable</i> Date:		
Number of test strips used per day on average (baseline)		
Expected number of packs of blood glucose test strips (units of 50 strips) to prescribe in addition to FSL sensors	<p>...../month. NB this may change, please refer to full implementation guidance² for advice on when finger-prick testing is recommended.</p>	
<p>Please contact the specialist diabetes team if:</p> <ul style="list-style-type: none"> ○ Use of FSL is not in line with the agreement stated above OR ○ The patient is using significantly more blood glucose test strips than stated above AND FSL sensors continue to be prescribed OR ○ You have any queries about the use of FSL monitoring for this patient 		
TRANSFER TO REPEAT PRESCRIBING		
<p>Please add the following to the patients repeat medication list:</p> <ol style="list-style-type: none"> 1. FreeStyle Libre® sensors (each sensor will last 2 weeks). <ul style="list-style-type: none"> • Sensor to prescribe: FreeStyle Libre 2 Sensor (PIP CODE: 416-3416) 2. Sharps bin (for disposal guidance and local arrangements please refer to your Medicines Optimisation Team portal/intranet page). 		

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Please document any additional notes to the GP below:

Areas of responsibility

Specialist clinic - the following terms must be met before issuing this form:

- FSL monitoring prescribed in accordance with the NHS England FSL prescribing implementation guidance
- Provide patient with training and information, and ensure they are competent to use FSL monitoring
- Provide FreeStyle Libre® handset, sensor starter pack at initiation. An additional 3 sensors will be provided by the clinic following this.
- Send the GP notification of FSL initiation after FSL initiation and education group.
- Undertake virtual or face to face review of the patient at one month and send '*Transfer of Prescribing Request and Patient-Prescriber Agreement - Flash Glucose*' to the GP
- Monitor and review progress of NHSE continuation criteria and clinical outcomes for the individual patient above, 6 -9 months after initiation of FSL. Discontinue FSL if the agreed benefits and outcomes not achieved. Send '*Flash Glucose Monitoring 6-9 month Review*' letter to the GP highlighting whether outcomes have been met and whether the GP should continue/discontinue FSL NHS prescriptions
- Complete all relevant data collection forms.

By issuing this form, the specialist acknowledges the following ongoing responsibilities:

- Continue to review patient at clinic – including use of device and review ongoing need for device – at least annually.
- To communicate promptly with the GP if treatment is changed.
- Continue to complete data collection forms, as required.

Primary care practitioners are asked to consider the following:

- Return this form to specialist clinic if the practice is not willing to accept prescribing responsibility. Please complete within 2 weeks of receipt.
- Issue repeat prescriptions for sensors as agreed for long term prescribing after 2 months.
- Follow specialist advice on any changes in treatment.
- Refer back to the specialist if there any concerns regarding the use of FSL monitoring.

Patient responsibilities

- Use the sensor >70% of the time and scan glucose levels no less than 8 times per day.
- Share FSL data with the specialist team
- Read and understand the continuation criteria
- Have previously attended or giving due consideration to attending a T1DM structured education programme
- Engage in the one month review and 6-9 month appointment after starting FSL monitoring and at least annual appointments thereafter.
- Engage with the GP practice as required by the practice
- Inform the specialist clinic if they have any problems in the use of FSL monitoring

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Patient agreement: The information above has been explained to me. I agree to do everything described above under 'patient responsibilities'. I understand that I will receive flash glucose sensors on NHS prescription for a trial of 6-9 months and that NHS funding will only be continued if I have achieved the agreed continuation criteria and fulfilled the 'patient responsibilities'.

Patient/ carer signature

Print name.....

Date.....

Primary care healthcare professional (HCP): Please complete and send this form back to the specialist diabetes clinic if the practice DOES NOT AGREE to prescribe FSL sensors long-term. A copy should be retained in the patient record

This is to confirm that the practice is **NOT** willing to accept prescribing responsibility of FSL monitoring sensors for this patient **for the following reason:**

.....

HCP name: **HCP signature:** **Date:**/...../.....

References

1. National England (NHSE). Flash Glucose Monitoring: National arrangements for funding of relevant diabetes patients, 7th March 2019 (updated 17th November 2020). Available online: <https://www.england.nhs.uk/publication/flash-glucose-monitoring-national-arrangements-for-funding-of-relevant-diabetes-patients/> (accessed 1st December 2020)
2. London Procurement Partnership & London Diabetes Clinical Network: Guidance for the implementation of flash glucose monitoring prescribing across the NHS in London. Version 2.0, first published 1st May 2018 (updated 26th April 2019). Available online: <https://www.england.nhs.uk/london/wp-content/uploads/sites/8/2020/03/Flash-Glucose-implementation-guidance-London-v2.0-May-19.pdf> (accessed 10th July 2020)

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