

## Flash Glucose Monitoring system (FGMS) agreement For Patients aged 4 years and over

This form should be completed by the patient and/or their carer and an NHS diabetes specialist.

### Agreement to use the flash glucose monitoring system (FGMS)

You have been given an FGMS system and the Diabetes Team expect you to take responsibility for using it correctly.

|  |  |
|--|--|
| <b>Patient's name</b>                  |  |
| <b>Consultant name</b>                 |  |
| <b>Unit/Hospital number</b>            |  |
| <b>Diabetes specialist nurse (DSN)</b> |  |

#### I/We agree to:

- Attend all appointments as required by the Specialist Diabetes Team and GP.
- Attend the recommended FGMS training and take the advice of the diabetes team to understand what the device is showing and what action to take.
- Upload data from either the FreeStyle Libre®/FreeStyle Libre 2® handset or via LibreLink® app on to Libreview at least once every 2 weeks unless the Diabetes Team are downloading this data for you at review.
- Share your data with your diabetes specialist team by adding the Practice ID code given to your LibreView® account settings unless the Diabetes Team are downloading this data for you at review.
- Agree to your data being shared for the purposes of audit.
- Attend (or have attended) a Type 1 diabetes structured education programme (DAFNE or equivalent if available locally) unless this is clinically inappropriate.
- Perform at least eight scans per day as well as using standard blood glucose testing strips as advised by the diabetes team.
- Agree to change to a more cost effective blood glucose testing meter and strip, if clinically appropriate.

I/We understand that the sensors will no longer be provided if (the above conditions are not met) and:

- The sensor is worn for less than 70% of the time
- Appropriate actions, as advised by the diabetes team are not carried out.
- The results below have not been achieved by the **six-month review** or improvement is not maintained at each **annual review** *[Delete as appropriate]*
  - A reduction in the number of hypoglycaemic events
  - Improvement in Time in Range
  - A reduction in the number of diabetic ketoacidosis events
  - An improvement in HbA1c
  - Improvement in psycho-social wellbeing
- For patients who are pregnant, the supply of sensors will be stopped:
  - After 12 months total treatment period (inclusive of post-delivery period) – unless the patient fulfils any of the other criteria for funding.

## Flash Glucose Monitoring system (FGMS) agreement For Patients aged 4 years and over

- I no longer fulfil the criteria for funding.

Funding for sensors is for a time-limited period. FGMS are a developing technology and therefore the current funding agreement will be reviewed regularly.

I/We understand that:

- A maximum of 26 sensors will be provided over a 12-month period. (**NB.** If a sensor proves to be defective, you must contact the manufacturer to arrange a replacement).
- Funding for treatment may be stopped in the future

|            | Patient | Carer | Consultant/DSN |
|------------|---------|-------|----------------|
| Signed     |         |       |                |
| Print name |         |       |                |
| Date       |         |       |                |

## Flash Glucose Scanning (FGMS) system agreement For Patients aged 4 years and over

This form should be completed by the patient and/or their carer and an NHS diabetes specialist.

### Agreement to use the flash glucose scanning (FGMS) system

You have been given an FGMS system and the Diabetes Team expect you to take responsibility for using it correctly.

|  |  |
|--|--|
| <b>Patient's name</b>                  |  |
| <b>Consultant name</b>                 |  |
| <b>Unit/Hospital number</b>            |  |
| <b>Diabetes specialist nurse (DSN)</b> |  |

#### I/We agree to:

- Attend all appointments as required by the Specialist Diabetes Team and GP.
- Attend the recommended FGMS training and take the advice of the diabetes team to understand what the device is showing and what action to take.
- Upload data from either the FreeStyle Libre®/FreeStyle Libre 2® handset or via LibreLink® app on to Libreview at least once every 2 weeks unless the Diabetes Team are downloading this data for you at review.
- Share your data with your diabetes specialist team by adding the Practice ID code given to your LibreView® account settings unless the Diabetes Team are downloading this data for you at review.
- Agree to your data being shared for the purposes of audit.
- Attend (or have attended) a Type 1 diabetes structured education programme (DAFNE or equivalent if available locally) unless this is clinically inappropriate.
- Perform at least eight scans per day as well as using standard blood glucose testing strips as advised by the diabetes team.
- Agree to change to a more cost effective blood glucose testing meter and strip, if clinically appropriate.

I/We understand that the sensors will no longer be provided if (the above conditions are not met) and:

- The sensor is worn for less than 70% of the time
- Appropriate actions, as advised by the diabetes team are not carried out.
- The results below have not been achieved by the **six-month review** or improvement is not maintained at each annual review *[Delete as appropriate]*
  - A reduction in the number of hypoglycaemic events
  - Improvement in Time in Range
  - A reduction in the number of diabetic ketoacidosis events
  - An improvement in HbA1c
  - Improvement in psycho-social wellbeing
- For patients who are pregnant, the supply of sensors will be stopped:
  - After 12 months total treatment period (inclusive of post-delivery period) – unless the patient fulfils any of the other criteria for funding.
- I no longer fulfil the criteria for funding.

Bedfordshire Clinical Commissioning Group  
Luton Clinical Commissioning Group  
Bedfordshire Hospitals NHS Foundation Trust

1<sup>st</sup> copy to Diabetes Department  
2<sup>nd</sup> copy – Patient Copy

## Flash Glucose Scanning (FGMS) system agreement For Patients aged 4 years and over

Funding for sensors is for a time-limited period. FGMS are a developing technology and therefore the current funding agreement will be reviewed regularly.

I/We understand that:

- A maximum of 26 sensors will be provided over a 12-month period. (**NB.** If a sensor proves to be defective, you must contact the manufacturer to arrange a replacement).
- Funding for treatment may be stopped in the future

|            | Patient | Carer | Consultant/DSN |
|------------|---------|-------|----------------|
| Signed     |         |       |                |
| Print name |         |       |                |
| Date       |         |       |                |