

**Report Summary to General Practitioner from Diabetes Specialist about your Patient
(Continuation of Flash 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 NHS funding of FreeStyle Libre/Libre 2® Flash Glucose Monitoring System.

Your patient has **previously self-funded** their FreeStyle Libre/Libre 2® Flash Glucose Monitoring System, and has been using since/...../.....

I can confirm that we have assessed your patient against the NHS England initiation and continuation criteria, **and can confirm that they meet both sets of criteria**, and that CCG funding has been approved. **Please can you commence repeat prescriptions for FreeStyle Libre/Libre 2® as detailed in the letter below.**

For this patient, on-going use of the Flash Glucose Monitoring 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 Freestyle Libre/Libre 2® 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ongoing reviews with the diabetes specialist team and has agreed to these terms and understands that NHS funding may be withdrawn if no on-going benefit is seen.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 FreeStyle Libre/Libre 2® 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 repeat prescription items, at your earliest convenience. This *has been* discussed with the patient.

FreeStyle Libre/Libre 2® sensors x 2 packs/kits (see below for which sensors to prescribe):

- Original** FreeStyle Libre® sensors (PIP CODE: 405-9028)
- FreeStyle Libre 2® sensors (PIP CODE: 416-3416)

This should be sufficient for a 1 month supply – please allow up to 6 to 12 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 in a specialist team regularly and is still required to regularly upload the device data to LibreView®, as advised by their diabetes specialist team, for ongoing support and to honour the arrangements stated in the patient agreement.

Please see our local Flash Glucose Monitoring FreeStyle Libre [FAQs document](#) for further information.

Thank you for your help.

Yours sincerely

Diabetes Specialist Team