**Template Primary care information – flash glucose monitoring.**

Prescribing of flash glucose monitoring has been recommended for prescribing on the NHS by Pan Mersey APC for people with diabetes on insulin only in the following circumstances.

* Diabetes in cystic fibrosis on insulin treatment
* Type 1 diabetes, or any form of diabetes requiring insulin and on haemodialysis and clinically routinely requires more than 8 blood glucose tests per day
* Type 1 diabetes currently pregnant (total 12 months treatment anticipated including post-natal period)
* Type 1 diabetes unable to self-monitor due to disability and requires carer support to do so.
* Type 1 diabetes and occupational circumstances (working in insufficiently hygienic conditions to safely facilitate finger-prick testing or where it is highly impractical to conduct finger-prick testing due to the practical requirements of their occupation) that warrant use of flash glucose monitoring.
* Type 1 diabetes transitioning between paediatric and adult services with psychosocial circumstances that warrant flash glucose monitoring, with appropriate adjunct support from a formal service that manages these issues.
* Type 1 diabetes with impaired awareness of hypoglycaemia (Gold score 3 - 5) and it is anticipated that use of flash glucose monitoring is the most appropriate option.
* Type 1 diabetes with recurrent severe hypoglycaemia.
* Type 1 diabetes - previous self-funders where clinical history suggests that they would have satisfied one or more of the above criteria prior to them commencing use of flash glucose monitoring had these criteria been in place prior to April 2019 AND have shown improvement in HbA1c since self-funding.
* People with diabetes and a learning disability who use insulin to treat their diabetes.
* **Flash glucose monitoring has been designated as AMBER – INITIATED and prescribing should not be started in primary care.**
* **People must be initially assessed to ensure they fulfil the criteria for a trial of** **flash glucose monitoring and assessed after the trial period that they fulfil the continuation criteria, with both these assessments being carried out by a specialist diabetes service.**
* **GPs can be requested by the specialist diabetes service to commence prescribing after the initial 2-week supply has been made by the specialist at the beginning of the trial period.**
* **People directly requesting primary care to prescribe flash glucose monitoring should be referred to a specialist diabetes service in order to be assessed that they fulfil the initiation criteria before being initiated on it by the specialist diabetes service, for an initial trial period of up to 6 months.** 
  + **People directly requesting primary care to prescribe** **flash glucose monitoring may already be managed by a specialist diabetes service and, if so, they should be directed to that specialist diabetes service for assessment.**
  + **People who are not already managed by a specialist diabetes service who directly request primary care to prescribe flash glucose monitoring should be referred to the specialist diabetes service if it appears likely they might fulfil the criteria, with an indication of why they might fulfil the criteria. If they appear unlikely to fulfil the criteria consideration should be given to not referring the person to the specialist service solely for assessment for flash glucose monitoring.**
* **If assessed by the specialist diabetes service as fulfilling the criteria, the person’s GP will be asked by the specialist service to prescribe further supplies during this trial period once it has been initiated by the specialist, who will provide written confirmation of this (do not prescribe until this confirmation has been received). After the trial period the specialist service will provide written confirmation whether or not the person has fulfilled the response criteria to continue receiving flash glucose monitoring prescribed on the NHS (do not continue to prescribe beyond the trial period unless this confirmation has been received).**
* **Flash glucose monitoring should not be prescribed on the NHS for people who have previously been purchasing it themselves unless they have been assessed as fulfilling the criteria as above.**
* **Flash glucose monitoring should not be prescribed on the NHS for people with Type 2 diabetes, unless treated with insulin and on haemodialysis and clinically routinely require more than 8 blood glucose tests per day, and have been assessed by a specialist as above.**

**Prescribing instructions for GP**: The specialist diabetes service will make a 2-week supply at the commencement of the trial period. After receipt of written confirmation from the specialist diabetes service, GP to prescribe 2 x Freestyle Libre 2® sensors per month. The Freestyle Libre 2® device will be supplied by the specialist diabetes service (it is not prescribable on FP10) and should any replacement device be needed the individual may obtain one free of charge from manufacturer or from the specialist diabetes service.

Blood glucose strips will still need to be prescribed but in significantly lower quantities than previously.

**Reduction in** **finger prick testing**: The specialist must inform the person that frequency of finger prick testing will be reduced and inform them how often they should carry it out when using flash glucose monitoring. The specialist must also inform the person’s GP. **Unnecessary continuation of finger prick testing will greatly increase costs.**

**Freestyle Libre sensors – Please note if any problems are experienced with the sensor falling off or it is faulty, the manufacturer should be contacted by the individual on 0800 170 1177 in the first instance to resolve the issue and receive replacement sensor(s), rather than a new prescription being issued.**