

PATIENT-PRESCRIBER AGREEMENT/ NOTIFICATION FORM FOR FREESTYLE LIBRE®

This completed form should be sent to the GP (and a copy provided to the patient/carer) after Freestyle Libre® is initiated in the specialist clinic

Specialist clinicians and patients/carers should be aware that if Freestyle Libre® is prescribed for patients that do not meet the agreed criteria, prescribing responsibility will remain with the initiating specialist team and should not be transferred to primary care at any point

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

Date of FreeStyle Libre® initiation:				
Has the patient been self-funding the use of FreeStyle Libre® prior to this appointment? (NB must still fulfil criteria as detailed in main document)		Yes / No		
Current insulin regimen:				
Indicate values for the following parameters PRIOR to initiation of FreeStyle Libre®				
Average number of self-monitoring blood glucose (SMBG) tests per day. Please state how many months this number of test strips was used daily before Libre® was started.	strips per day overmonths		
If high frequency testing has been for less than 3 months, please note why Libre® is indicated.				
Has the number of test strips used been confirmed with data download from meter and/or prescribing data?		Yes	No	n/a
	Meter download			
	Prescribing data			
Most recent HbA1c result and at least one preceding test		Result 1		Result 2
	Value			
	Date			
Number of severe hypoglycaemic episodes in the last year (defined as requiring the assistance of another person)	 episodes		
Any barriers to monitoring prior to FreeStyle Libre® initiation e.g. disabilities. How are these currently dealt with?				

Eligibility criteria

Tick the relevant indication for Freestyle Libre® as per London implementation guidance	Yes	No
1. Patients with type 1 diabetes on multiple daily injections (MDI) or insulin pump therapy who test frequently		
2. Patients with type 1 diabetes with HbA1c > 8.5% (69.4 mmol/mol) or disabling hypoglycaemia who are eligible for insulin pump therapy as per NICE TA151		
3. Patients with type 1 diabetes on MDI or insulin pump therapy where conventional monitoring is not possible with SMBG testing		

Agreed outcomes (tick all that apply)

Reduce SMBG tests by at least 8 strips a day for adults /7 for children aged 0-19 years (over a period of 6 weeks)	
Reduce HbA1c by at least 0.6% (6.6 mmol/mol) within months	
Reduction in severe hypoglycaemic episodes by 75% within months	
Achieve conventional monitoring as agreed between patient and specialist (over a period of 6 weeks) – define this in the box below.	
Please provide further detail for the outcome(s) ticked (e.g. reduction by 8 strips, HbA1c reduction by 6.6 mmol/mol, reduction in severe hypoglycaemic episodes from 4 a year to 1, to test glucose levels at least 6 times a day with the Libre®):	

Cautions

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

Further information for the patient/carer – this should be completed after training session

Before you can start **Freestyle Libre®**, you must read and sign this patient-prescriber agreement. By signing, you are confirming:

- The process below has been explained and you agree to attend all necessary appointments and use the device as directed.
- You have a good understanding as to how the device works and your own target outcomes, which should be achieved for continued NHS prescribing.
- If any of the points outlined in this agreement are not met, then the prescribing of FreeStyle Libre® sensors on the NHS may be discontinued.

If you have any concerns about the use of this device at any point, please contact your specialist team (contact details provided at the end of this document).

Please sign to confirm you agree to the following:	Patient initials
I have undertaken a Freestyle Libre® training session on..... I have completed the training competency sheet and been supplied with a reader and two sensors.	
I will wear the sensor continuously (14 days at a time) and scan at leasttimes a day to provide continuous glucose readings for hours per day.	
I will attend a follow up session at my specialist clinic on the (one month after initiation) to discuss the use of this device and continued prescribing. If we agree I should continue using this device, two more sensors will be supplied via a prescription from the specialist team (NOT from the GP). Attendance is mandatory for continuation.	
The first 2 months of treatment will be prescribed and supplied by the specialist clinic and prescriptions should be collected from the clinic when I attend for my clinic sessions. Hospital outpatient prescriptions should NOT be taken to the GP or community pharmacy for collection and must be dispensed at the hospital.	
<p><i>ONLY COMPLETE IF INITIATED UNDER INDICATION 1 (test frequently) or 3 (where conventional monitoring is not possible with SMBG testing). Otherwise state "n/a".</i></p> <p>I will book a follow-up appointment with my GP at week 6 (w/c) to confirm how often I am checking my glucose levels (both with the Libre® and my SMBG meter). My GP will then update my specialist and confirm if they can supply further prescriptions until my next clinic appointment.</p>	
<p><i>ONLY COMPLETE IF INITIATED UNDER INDICATION 2. Otherwise state "n/a".</i></p> <p>My GP may agree to provide short-term prescriptions after the first two months, until my next clinic appointment.</p>	
I will attend specialist care for a follow up appointment on..... to discuss my diabetes management, including any improvements in the outcomes listed above.	
Although my GP may take over prescribing after two months this will not be automatically put onto my repeats. I can have up to 3 months of short-term prescriptions from my GP until the specialist needs to notify them about the discussions in our appointment regarding outcomes and the continued use of Libre®.	
If the outcome criteria as described above is not achieved by months, I understand the FreeStyle Libre® sensors may be discontinued on NHS prescription and my specialist will explore other management options with me.	
I will continue to attend quarterly/bi-annual/annual appointments, thereafter.	
Patient/carer signature:	Print name:

Communication and support

Specialist clinic contact:	

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

Signature:	
Print name:	
Position:	
Clinic name and address:	
Contact number:	
Date:	