

Flash Glucose Scanning (FGS) system agreement

Adults (19 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 (FGS) system

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

Patient's name	
Consultant name	
Unit/Hospital number	
Diabetes specialist nurse (DSN)	

I/We agree to:

- Attend all appointments as required by the Specialist Diabetes Team.
- Attend the recommended FGS training and take the advice of the diabetes team to understand what the device is showing and what action to take.
- Perform at least four scans per day as well as using standard blood glucose testing strips as advised by the diabetes team.
- Undertake blood glucose testing (finger prick test) in line with the DVLA guidelines (<https://www.gov.uk/guidance/diabetes-mellitus-assessing-fitness-to-drive>), if driving.

I/We understand that the sensors will no longer be provided if:

- The sensor is worn for less than 70% of the time
- Scans are carried out less than four times per day
- 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. All criterion specified in the FGS policy for the relevant indication must remain*]
 - A reduction in the number of hypoglycaemic events
 - A reduction in the number of diabetic ketoacidosis events
 - An improvement in HbA1c ≥ 5 mmol/mol

For patients who are pregnant/hoping to become pregnant funding will be stopped:

- 6 months post-partum
- If I am no longer being treated in a Pre-Pregnancy Care pathway
- I no longer fulfil the criteria for funding in adults.

Funding for sensors is for a time-limited period. FGS 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.
- Funding for treatment may be stopped in the future

	Patient	Carer	Consultant/DSN
Signed			
Print name			
Date			