NHS
West Essex
Clinical Commissioning Group

Flash Glucose Scanning (FGS) system agreement
For Patients Aged 4 to 19 years old

This form should be completed by the patient and/or their parent/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	
Paediatric diabetes specialist nurse (PDSN)	

I/We agree to:

- 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 eight scans per day as well as using standard blood glucose testing strips as advised by the diabetes team and upload data are requested at least once every 2 weeks.
- Agree to your data being shared for purposes of audit

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 eight 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.*
    - Improved hypo awareness
    - A reduction in the number of hypoglycaemic events
    - A reduction in the number of diabetic ketoacidosis events
    - An improvement in HbA1c ≥ 0.5%/5 mmol/mol or more within 6 months
    - Reduction in number of hospital admissions
    - Improvement in psycho-social wellbeing
    - In severe disability a clear benefit to the carer support for the patient
- I do not fulfil the criteria for funding in people over the age of 19 on transition to adult services.

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	Parent/carer	Consultant/PDSN
Signed			
Print name			
Date			