**Report Summary to General Practitioner**

**From Diabetes Specialist about your patient**

**NHS Number: ..………………………………………………………………..**

**Name: ……………………………………………………………………**

**D.O.B.: ……………………………………………………………………**

Dear Doctor

Your patient was seen on …………………………………. whilst attending the Diabetes Clinic for assessment of suitability for a commencement of Freestyle Libre® Flash Glucose monitoring system and fulfils one or more of the NHS Milton Keynes criteria for NHS funding as set out on the attached sheet.

Use of the Freestyle Libre® will initially be for a 6 month trial period and will only be continued at the discretion of the diabetes specialist team if there is sustained benefit in patient outcomes whilst they are using the device. Your patient has agreed to these terms and understands that NHS funding may be withdrawn after 6 months if no benefit is seen but they will have the option to continue to self-fund use of the device.

Please be aware that they will continue to require blood glucose test strips for driving.

I would be grateful if you would make the following changes to their repeat prescription items, at your earliest convenience. *This has been discussed with the patient.*

**Please add:** Freestyle Libre® sensors x 2

 (This should be sufficient for a 1 month supply –

 please allow up to 6 repeat prescriptions)

**Please continue:** Patient’s current glucose and/or Ketone testing strips (frequency of use should decrease)

Your patient will be followed up in a specialist clinic regularly and will be required to regularly upload the device data to LibreView® every 2 weeks for ongoing support.

Thank you for your help

Yours sincerely

**Cc Milton Keynes CCG Medicines Management Team**