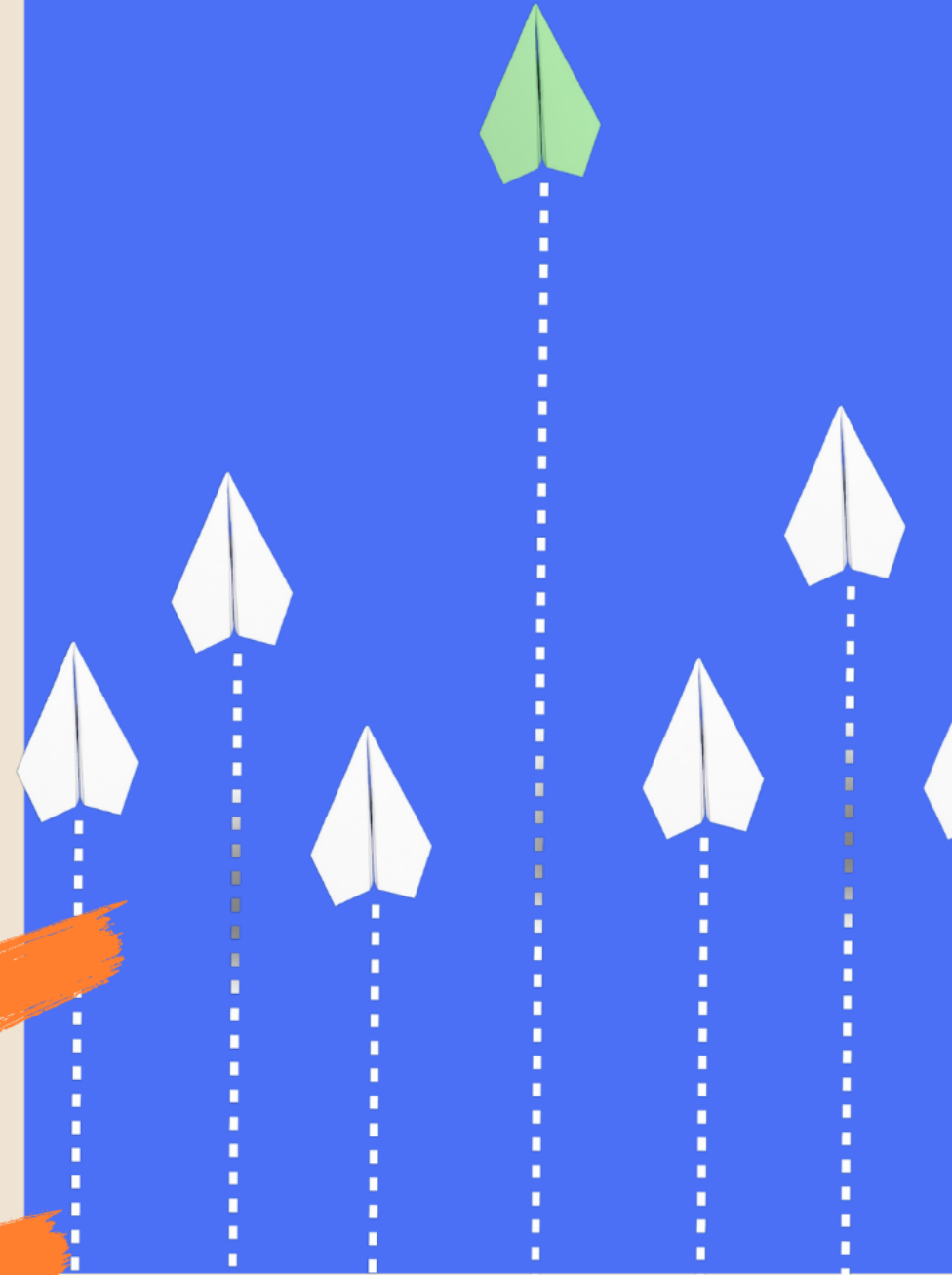


way





British Association for Romantic Studies

@BARS_official



! BARS Conference 2024 Programme Announced !

Check out this update from the BARS Conference Committee for more information on the upcoming conferences in Glasgow and Online:

bars.ac.uk/blog/?p=5270



Jane Cansfield..



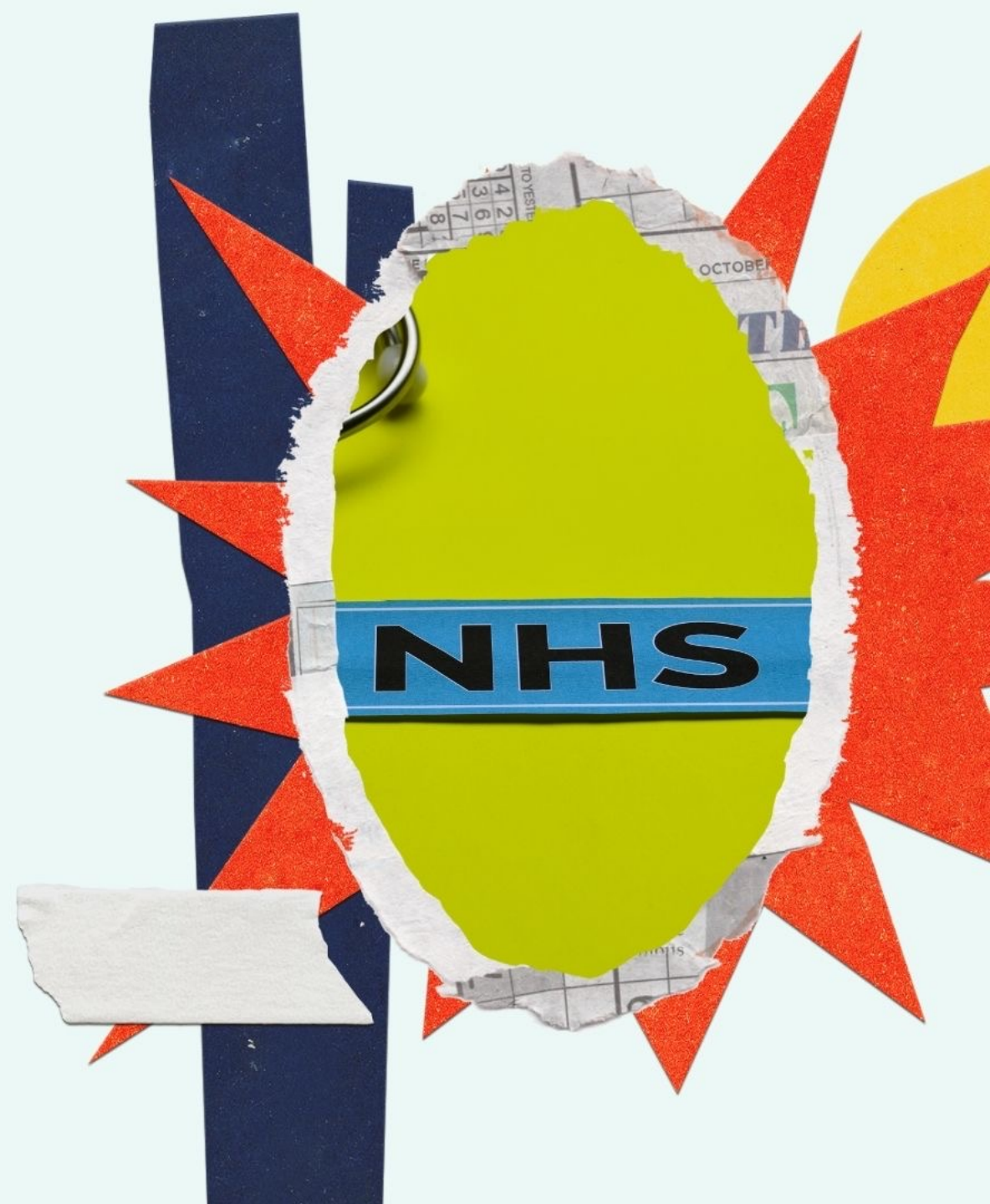
THE BACK STORY

- Parents –doctors– early 70s in UK
- Returned: 5 years old
- School: Kolkata, India
- College: NRS Medical College, Kolkata
- PLAB/IELTS
- UK: 1998



FAST FORWARD:

- Consultant Diabetes & Endocrinology, Portsmouth 2008
- Clinical Director 2009
- Super Six Model of Care 2011
- National lead, Diabetes, NHSE 2016
- GIRFT co-lead, Diabetes 2018
- Director of Equality, Medicine, NHSE 2021



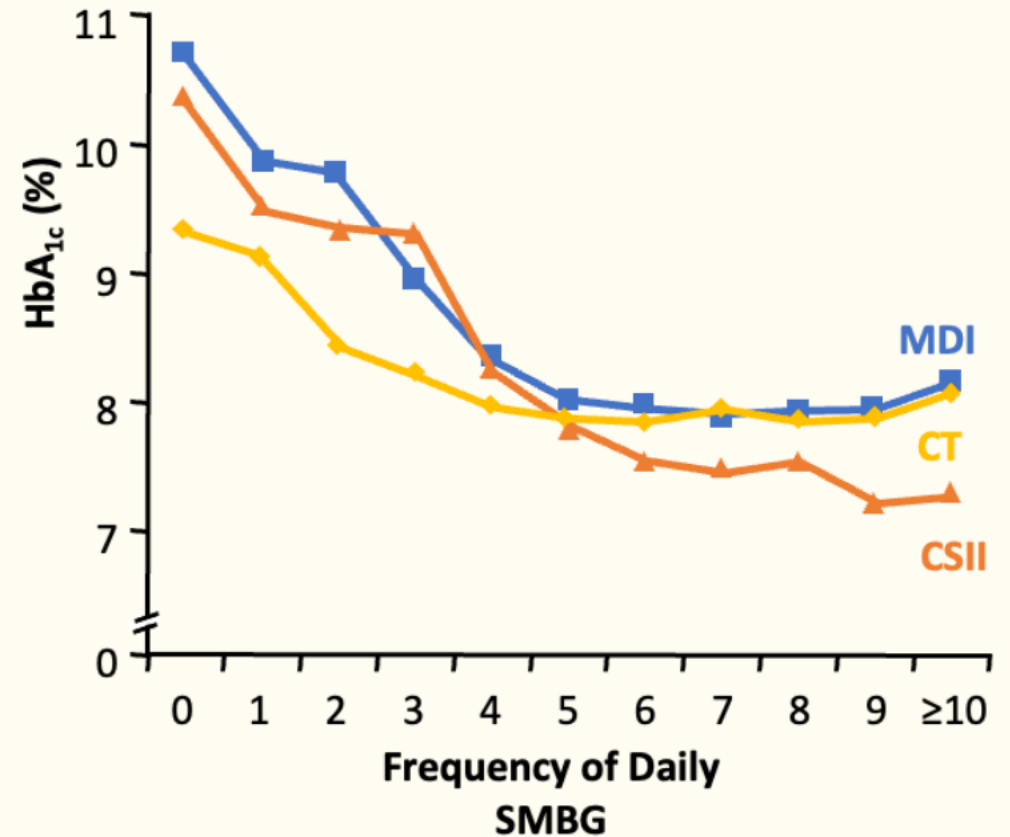


THAT NUMBER..

0.02 to 0.01%



8-10 glucose measurements / day [likely CGM]
6-8 doses / day [Likely CSII]
Frequent adjustments
Pre-attention to snacks, exercise Accurate carb counting
Luck / skill / motivation / perseverance / support/ education
For the rest of your life.....



Diabetes / Chronic Condition

**SELF
MANAGEMENT**



PEER SUPPORT



**ACCESS TO A
TRAINED
PROFESSIONAL**



The story of 2017 in the NHS



No Freestyle Libre

Type 1 Diabetes not a national focus

Dexcom Uptake
around 4%

Insulin Pumps - Children
27%; Adults 8%

No lack of evidence

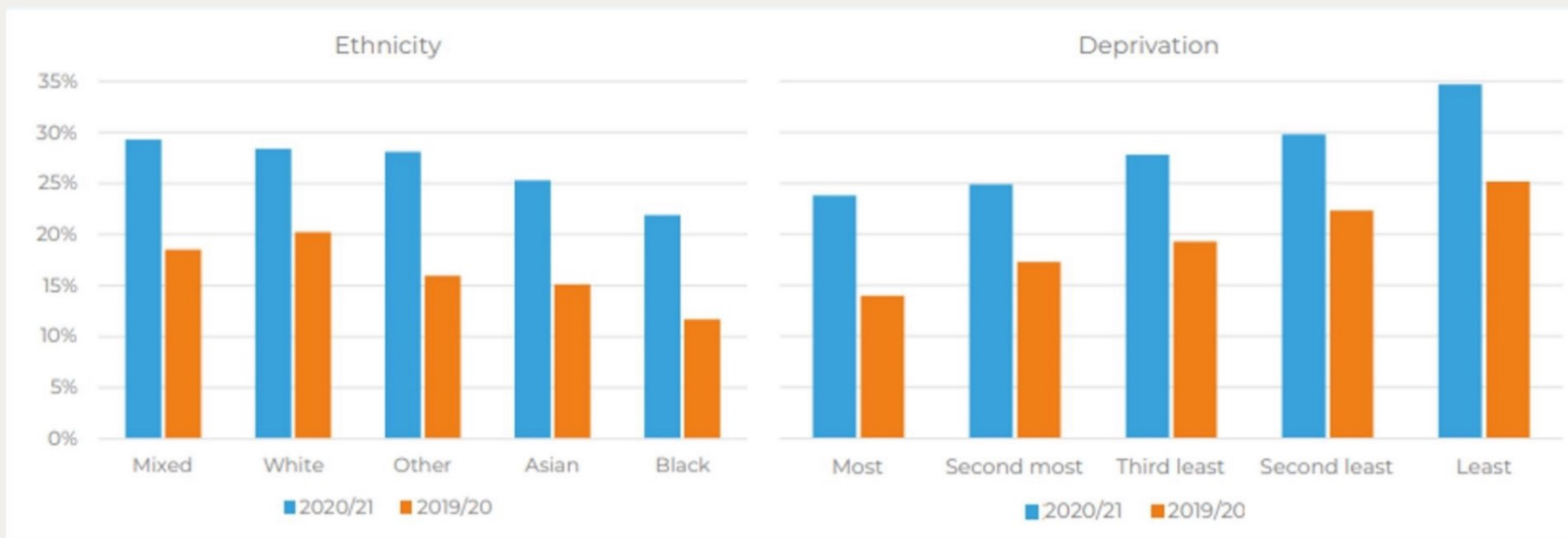
No specific Audits

NICE TA 2008

A thick, orange, hand-drawn brushstroke graphic that starts from the bottom right and extends towards the center of the slide.

INEQUITY IN USAGE OF DIABETES TREATMENT TECHNOLOGIES - RTCGM

Percentage of children and young people with Type 1 Diabetes using a rtCGM by ethnic group and deprivation quintine, 2019/20 - 2020-21

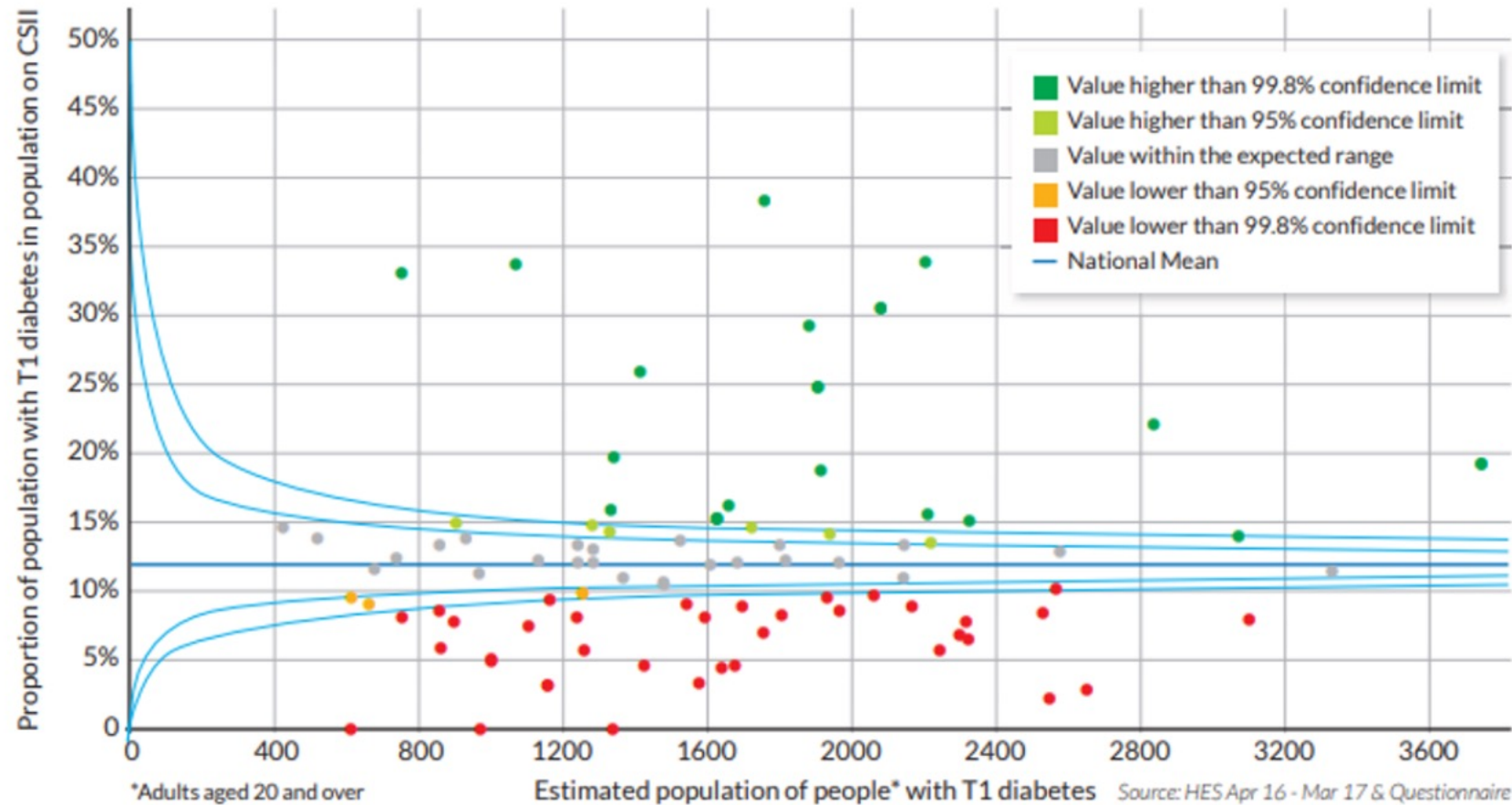




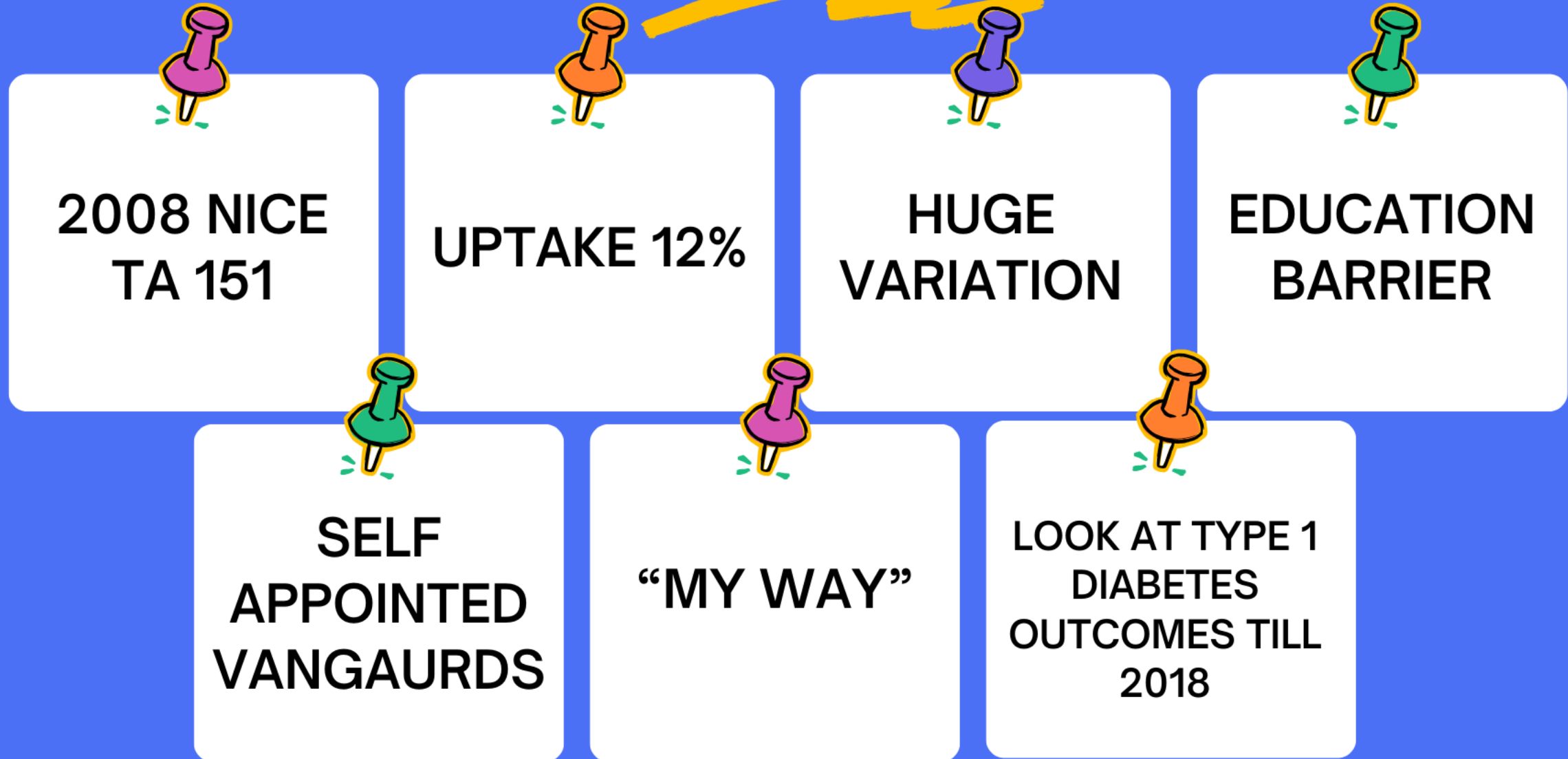
**WE HAVE TO CHANGE,
FROM DOUBTERS TO
BELIEVERS**

The problem....

Figure 3: Proportion of people* with T1 diabetes in population on CSII, by trust



The problem with a Specialist only approach





Changing Strategy

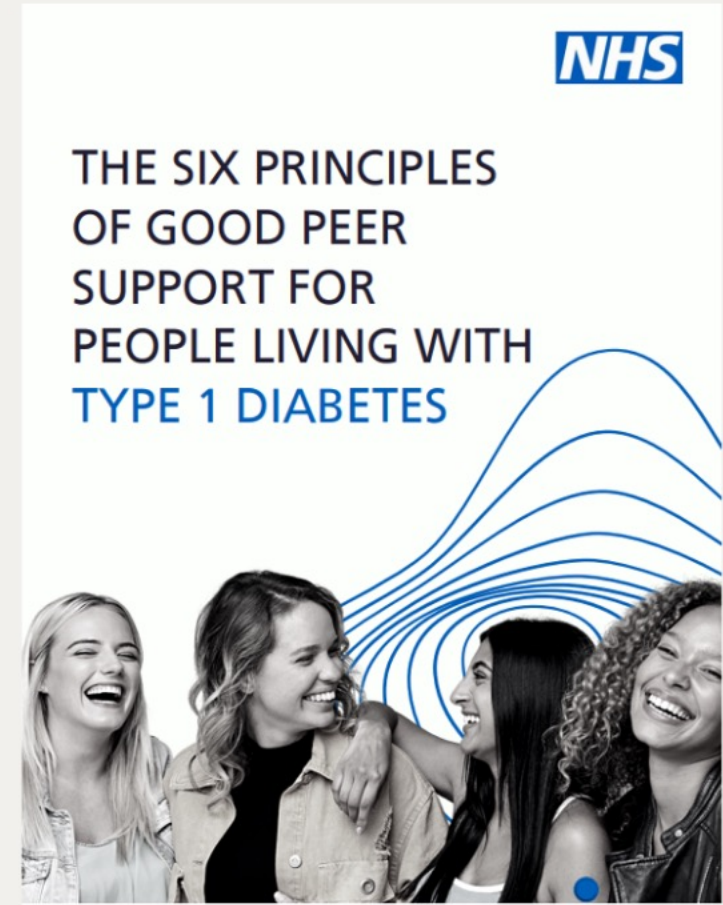
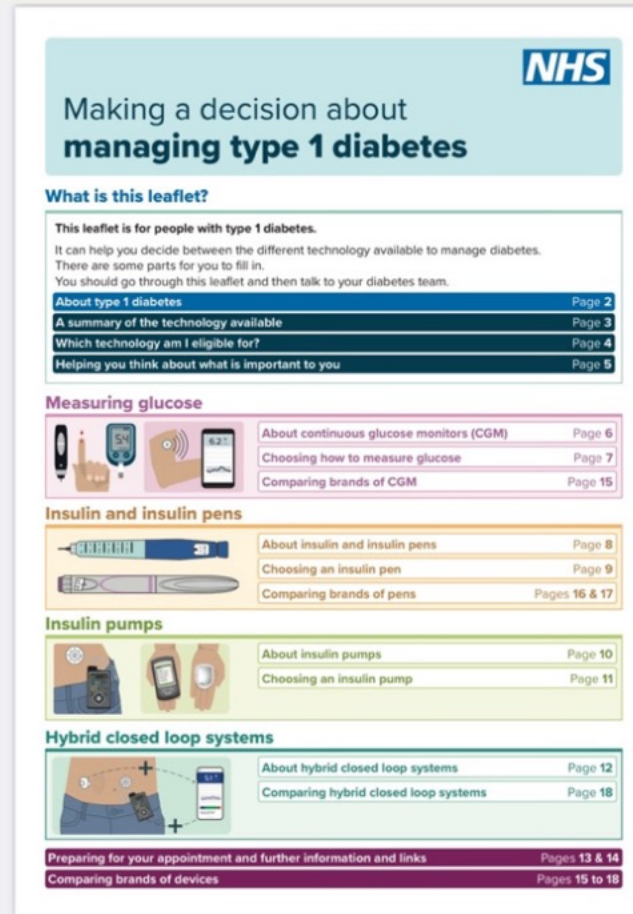
- Here is some data”- can you do better is NOT a strategy
- Accountability
- Data
- Understanding Psychology
- Patient Power



THE CONCEPT OF A COMMUNITY...

- Principles of building a community
 - Enabling & being a guide
- Giving strength to the community to have a voice
 - Cuts across deprivation and ethnicity issues

Some national strategy work

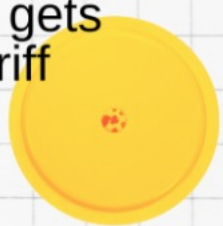


THE TYPE 1 DIABETES

TECHNOLOGY TIMELINE

2017

Libre gets on tariff



Roll out starts

Wide variation in access and criteria across England

2018

2019

NHS Long Term Plan

Commitment to get to 20% of T1D population.

CGM to all T1D pregnancy

April: 10.7% - T1 adoption (%)

August: 17.6% - T1 adoption (%)



August: 32% T1 adoption
ABCD audit shows HbA1c change in population using Libre

November: NICE guidelines updated re CGM in T1 pregnancy

2020



2021

April: CGM in T1D pregnancy starts

June: HCL pilots start across country

Nov: 55% T1D adoption Libre

December: 88% Adoption T1D pregnancy CGM
HCL pilot recruitment ends >800 patients



THE TYPE 1 DIABETES

TECHNOLOGY TIMELINE

2022

May: NG18 published

August: NG17 and NG28 published Dexcom One on Tariff HCL pilot data sent to NICE

November: 96% offered CGM in T1D pregnancy

86% access to CGM T1D



January: HCL TA 1st draft published

April: 94% CGM uptake T1D
98% CGM in T1D pregnancy offered

December: HCL Final version TA published

Audits: Pregnancy Data;
Population data

2023



2024

Mobilisation Fund
5-year Implementation Plan
Funds/ Training
Baseline Data

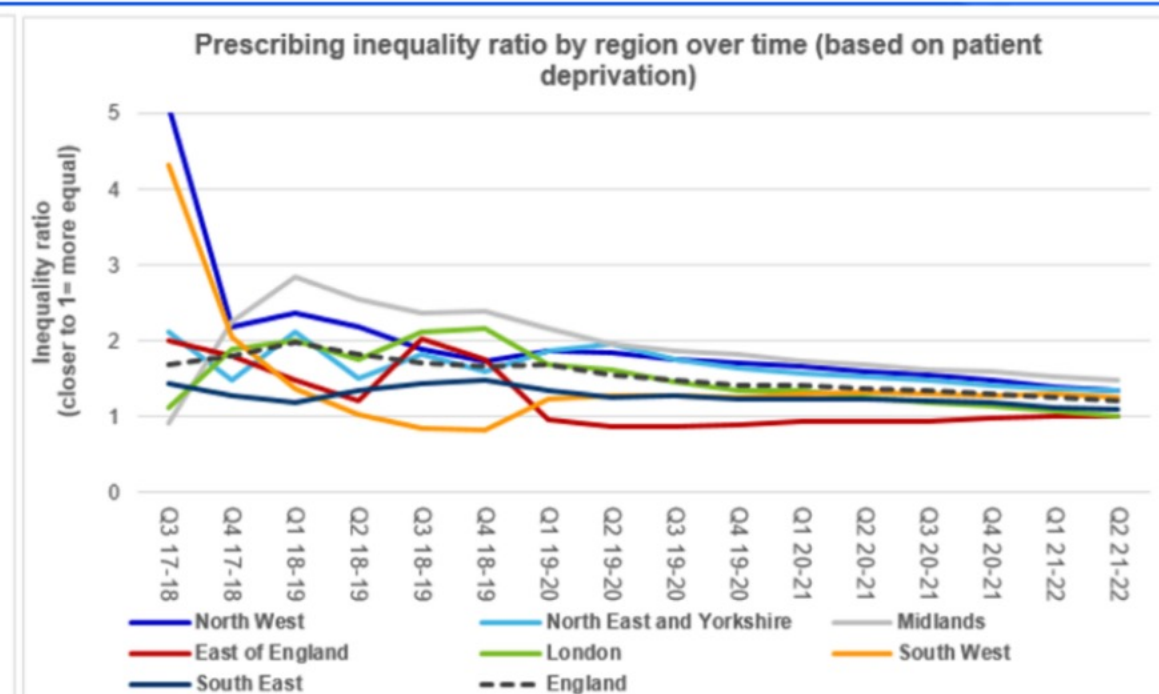
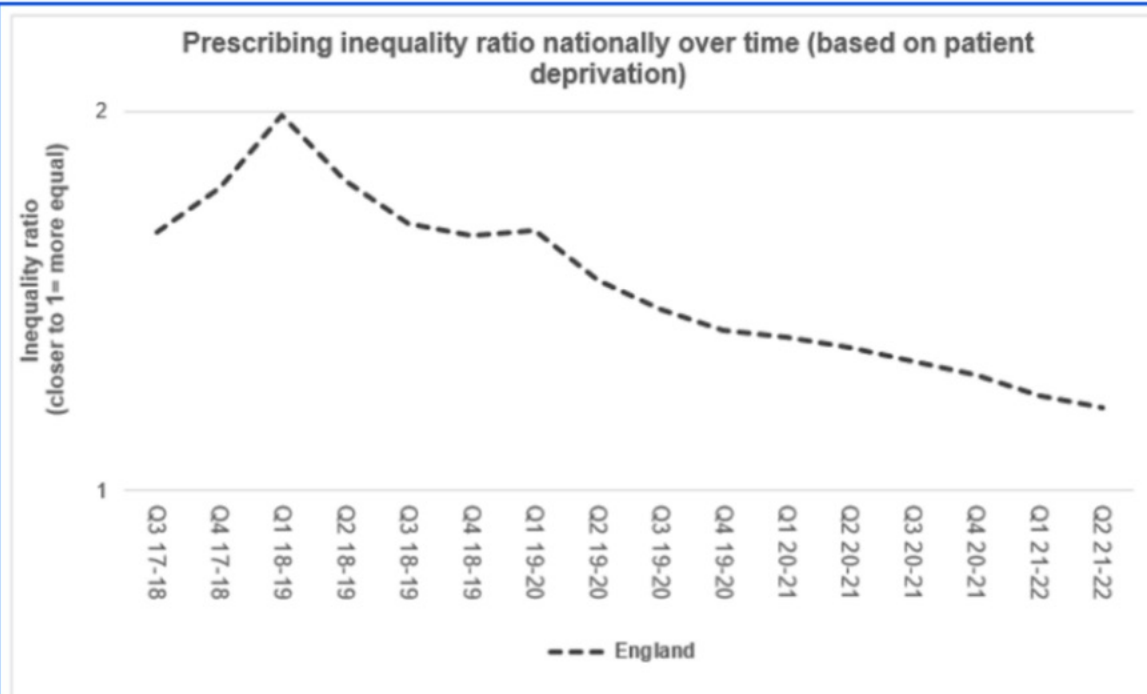


The story of 2024

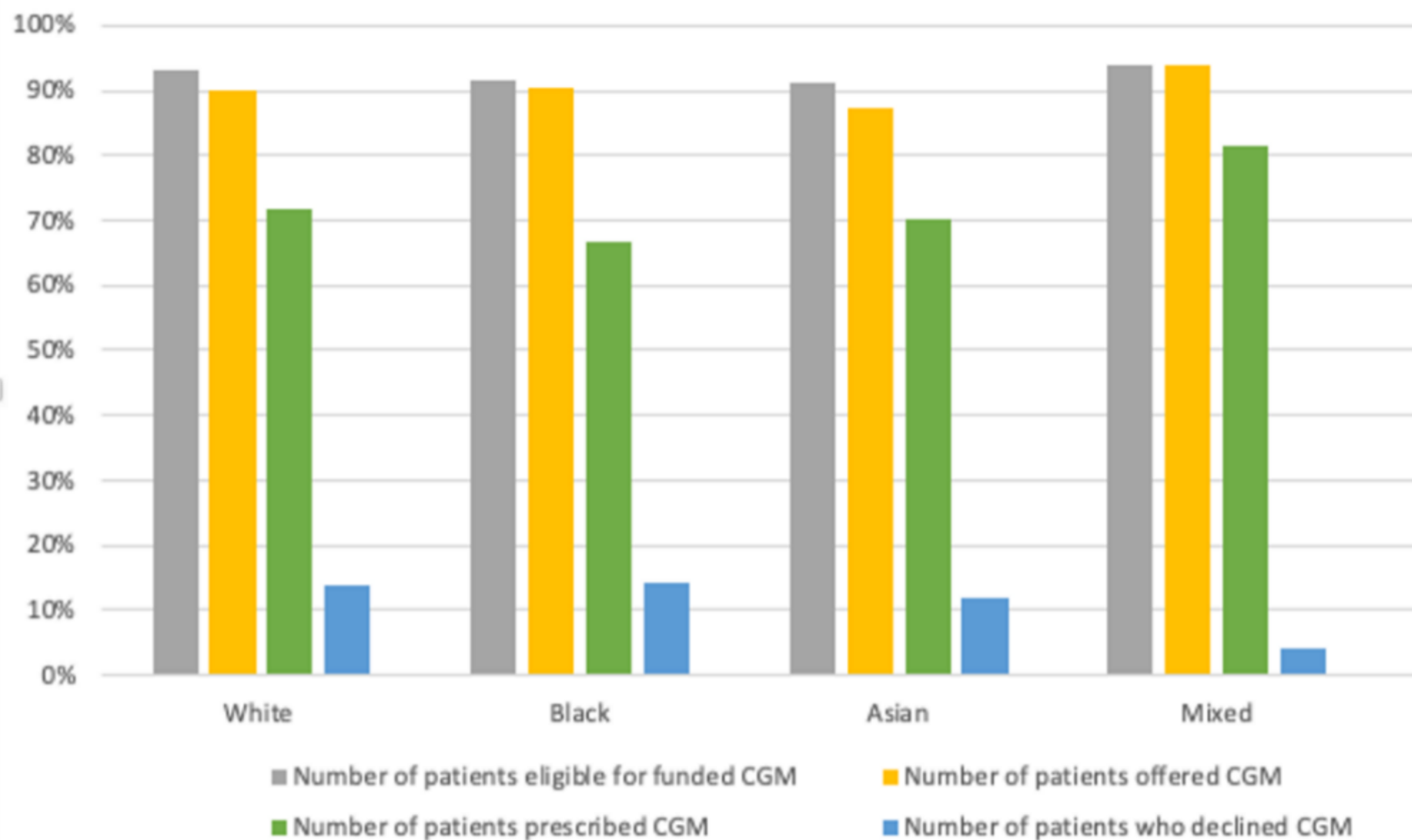
- ✓ 97% of T1Diabetes have CGM
- ✓ 98% of T1Diabetes pregnancy have CGM
- ✓ Pediatric HbA1c attainments best since records began
- ✓ Adults HbA1c attainments best since records began
- ✓ T1Diabetes pregnancy outcomes - improvement on all markers



Is it possible?

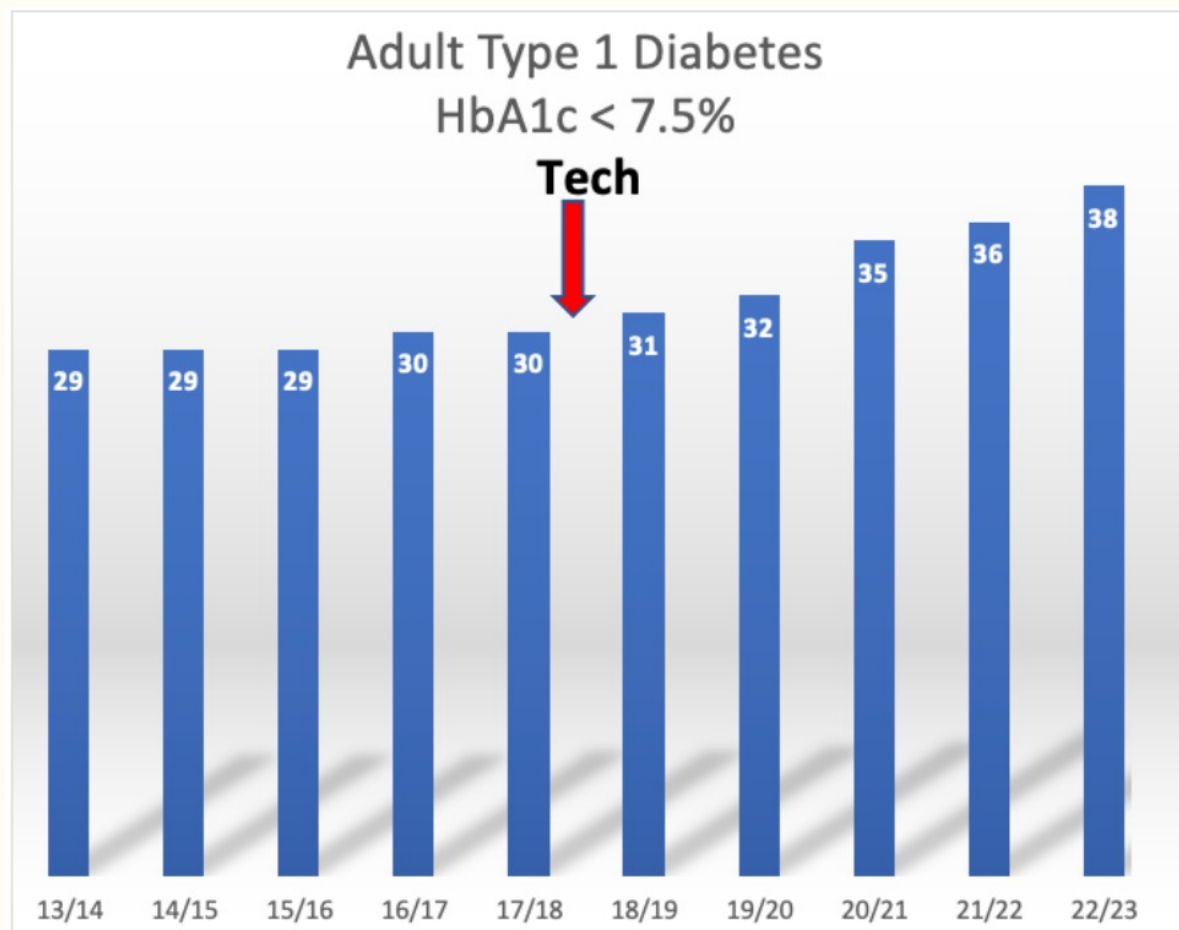
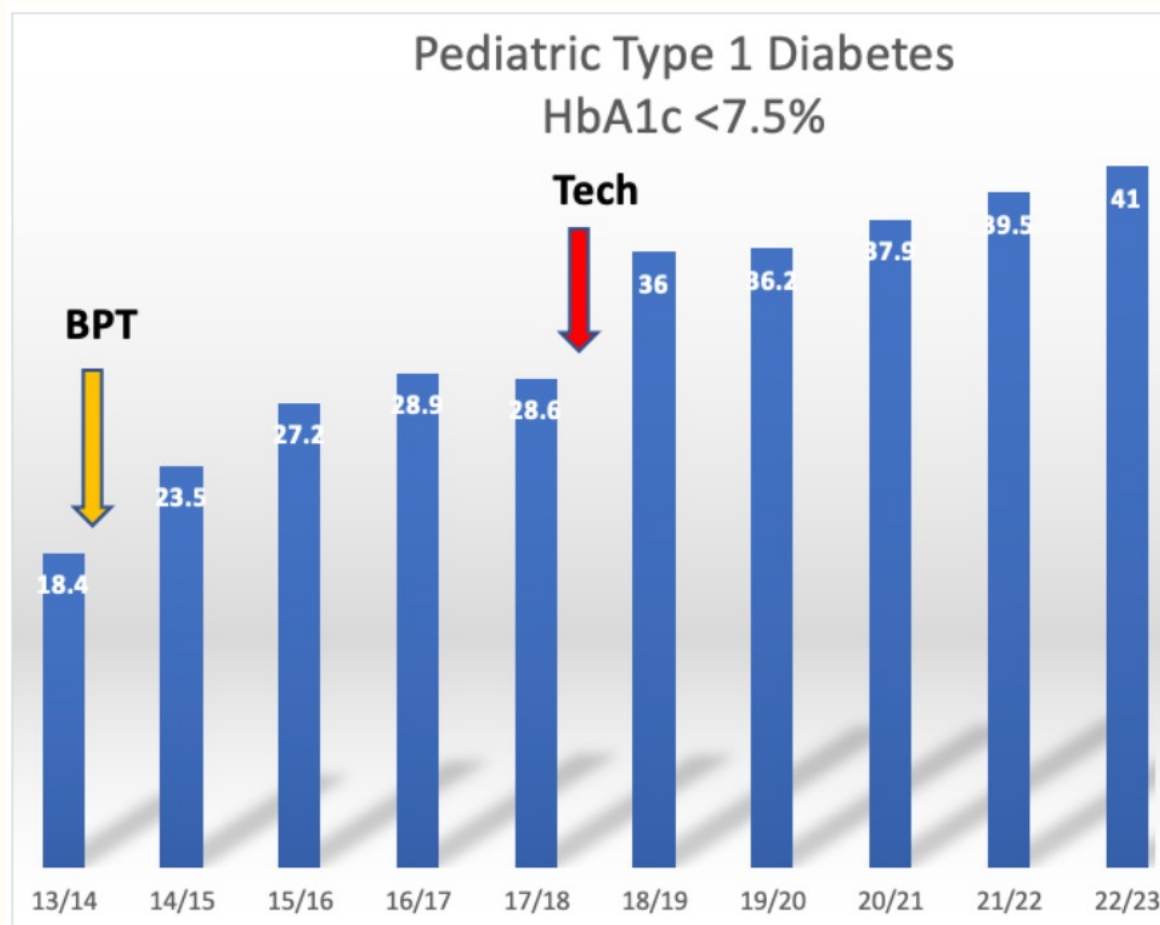


Proportion of CGM Activity split by ethnicity, England



The impact of Technology in Type 1 Diabetes Care





AMAZING

YUP?



- * Secret Sauce...
- * The brand of 'Partha Kar'?
- * Academic and clinical support?
- * Good management team?
- * Let's break it down...

**THERE IS
ONLY 1
FACTOR.**



**THOSE LIVING
WITH T1D**

INDICATOR 1

INDICATOR 2

INDICATOR 3

INDICATOR 4

INDICATOR 5

INDICATOR 6

INDICATOR 7

INDICATOR 8

INDICATOR 9

INDICATOR 10

INDICATOR 11



Medical Workforce Race Equality Standard (MWRES)

WRES indicators for the medical workforce 2020

July 2021

TOP HEADLINES

01. GMC Referrals

02. Senior
Leadership Posts

03. Consultant Posts

04. Trainee
Progression

05. Bullied &
Harrassed

06. Feeling Valued

01.
I AM IN



4 GROUPS
OF PEOPLE



02.
CONVINCE
ME, I AM IN



03.
TOO TIRED, WHAT
DO YOU WANT ME
TO DO?

04.
THERE ISN'T
A PROBLEM

NICE RECOMMENDS LIFE CHANGING TECHNOLOGY IS ROLLED OUT TO PEOPLE WITH TYPE 1 DIABETES

PRESS RELEASE

NICE recommends life changing technology is rolled out to people with type 1 diabetes

An announcement of the recommendations was made today (Tuesday 7 November) at NICE's annual conference in Manchester by NICE chief executive Dr Sam Roberts



Thousands of people with type 1 diabetes could be offered wearable technology to help them manage their condition following the publication of final draft guidance by NICE.

An independent NICE committee has recommended people whose diabetes is not controlled with their current device despite best possible management with an insulin pump, or real-time or intermittently scanned continuous glucose monitoring, are offered a hybrid closed loop system.

ABOUT THE RECOMMENDATIONS

1. Hybrid closed loop systems are recommended as an option for managing blood glucose levels in type 1 diabetes for adults who have an HbA1c of 58 mmol/mol (7.5%) or more, or have disabling hypoglycaemia, despite best possible management with at least 1 of the following:

- continuous subcutaneous insulin infusion (CSII)
- real-time continuous glucose monitoring
- intermittently scanned continuous glucose monitoring.

2. Hybrid closed loop systems are recommended as an option for managing blood glucose levels in type 1 diabetes for children and young people.



3. Hybrid closed loop systems are recommended as an option for managing blood glucose levels in type 1 diabetes for people who are pregnant or planning a pregnancy.

07 November 2023

Time Line



TA 943 published 19 Dec 2023

2.5 Million £ Preparation Fund
released 24 Dec 2023

Data collection exercise for rough
estimates

All centers keen to be part of work

Time Line



NICE sets a cost-effective price

Discussion with NHS England
finance to stretch it (Added Value)

7 possible HCL combinations

5 outside price to be paid for: Jan 24

Negotiations continue till July 24

Hybrid Closed Loop (HCL) Systems Comparison Chart

Diabetes Specialist Nurse Forum UK	Medtronic	Tandem	Advanced Therapeutics	Ypsomed	Insulet
HCL algorithm	SmartGuard	Control IQ	CamAPS FX	mylife Loop (mylife CamAPS FX)	SmartAdjust
Location of algorithm	Pump-integrated	Pump-integrated	App based (Android)	App based (Android)	Pod-integrated
Pump	Medtronic 780g	T-slim X2	DANA-i	mylife YpsoPump	Omnipod 5
Pump type	Tethered (tubed)	Tethered (tubed)	Tethered (tubed)	Tethered (tubed)	Patch (tubeless)
Continuous glucose monitor (CGM)	Guardian 4 (no calibration)	Dexcom G6, Dexcom G7	Dexcom G6	Dexcom G6, FreeStyle Libre 3	Dexcom G6, FreeStyle Libre 2 Plus
Control & bolus delivery operation	Pump	Pump	Android smartphone	Android smartphone	Omnipod 5 Controller (PDM)
Pump charging mechanism	AA battery	Rechargeable	AAA battery	AAA battery	Battery within each pod Controller is rechargeable
Target glucose	5.5, 6.1 or 6.7 mmol/L (default 5.5)	6.25-8.9 mmol/L	Customisable from 4.4 to 11.1 (default 5.8)	Customisable from 4.4 to 11.1 (default 5.8)	6.1, 6.7, 7.2, 7.8, or 8.3 mmol/L
Exercise mode target glucose	8.3 mmols/L	7.8-8.9 mmol/L	No specific target. Ease off mode can be used for exercise	No specific target. Ease off mode can be used for exercise	8.3 mmol/L & less insulin delivery
Sleep mode target glucose	No	6.25-6.7 mmols/L	Customisable glucose target can be adjusted overnight	Customisable glucose target can be adjusted overnight	Customisable glucose target or exercise feature (see above)
Bolus calculator based on	CGM value, glucose trend data and bolus calculator settings	CGM value only with bolus calculator settings	CGM value only with bolus calculator settings	CGM value only with bolus calculator settings	CGM value, glucose trend data and bolus calculator settings
Automated correction bolus settings	If predictive glucose > 6.7 mmols/L and if max basal rate is reached	If predicted glucose in 30 mins >10 mmols/L & increasing/max delivery is reached	Incorporated into continuous insulin delivery. Adjusts insulin delivery every 8-12 minutes	Incorporated into continuous insulin delivery. Adjusts insulin delivery every 8-12 minutes	Automated micro-boluses every 5 mins. Plus user initiated correction bolus
Active insulin time	Adjustable	Not adjustable (set at 5 hrs)	Adjustable	Adjustable	Adjustable
Set up requirements	Basal rates, ICR, ISF & AIT	TDD, body weight, basal rates, ICR & ISF	TDD & body weight	TDD & body weight	Basal rates, ICR, ISF & AIT
Learning mechanisms	Uses TDD over past 2-6 days. Requires 48 hours of manual mode to learn user profile	Uses body weight & TDD. Predicts glucose 30 mins ahead	Overall insulin needs, diurnal, post meal	Overall insulin needs, diurnal, post meal	Adapts with each pod using previous TDDs. Predicts glucose 60 mins ahead
Remote monitoring for parents/ carers	Glucose and insulin data via CareLink Connect app	Glucose via Dexcom follow app	Glucose via Dexcom follow app	Glucose and insulin data via 'companion' in mylife CamAPS FX app	Glucose via Dexcom follow app if using G6
Data share with HCPs	CareLink (via app in real-time)	Glooko (download needed)	Glooko (real-time)	Glooko (real-time)	Glooko (real-time)
Minimum and maximum daily dose	8-250 units per day	10-100 units per day	5-350 units	5-350 units	Min 5 units per day Min 85 units to activate pod
Pump capacity	300 units	300 units	300 units	160 units	200 units
Insulin compatibility	NovoRapid & Humalog	NovoRapid & Humalog	Any rapid and ultra-rapid acting	NovoRapid, Humalog, Fiasp, Apidra & Lyumjev	NovoRapid, Humalog & Admelog
Licensed in pregnancy	No	No	Yes	Yes	No
Age Range	7-80 years	6 years & over	1 years & over	1 years & over	2 years & over
Demo pump app/simulator	Yes	Yes	?	Yes	Yes

Indicative
funding
Till end
March 25



To: Regional Diabetes Leads

19 July 2024

Dear colleagues

ICB funding allocations to support rollout of Hybrid Closed Loops in 2024/25

As part of NHS England's Hybrid Closed Loop (HCL) implementation strategy in response to NICE TA 943, ICBs are being offered the opportunity to receive a contribution towards the **incremental** costs of implementing HCL.

Please find below a breakdown of the maximum revenue funding available for all ICBs in the East of England region, in the first year of HCL implementation, and covering the 2024/25 financial year. The national diabetes team would appreciate the regional team's support in communicating with each ICB details of their allocation envelope as soon as possible.

It is important to emphasise that these allocations are indicative, and reimbursement funding will be calculated based on activity reported through the quarterly National Diabetes Audit (NDA) and/or the National Paediatric Diabetes (NPDA) collections, and paid to the ICBs retrospectively.

Qualifying payment process

- HCL systems have been purchased through the national procurement framework hosted by NHS Supply Chain and only from suppliers who have successfully met the cost-effective criteria.
- HCL systems have been provided to eligible populations by trusts commissioned by the ICB to provide diabetes services.
- Individual patient-level information has been reported to either the NDA HCL quarterly collection (for adults) or the NPDA quarterly audit (for children and young people).
- The information reported will be used to calculate the eligible cohort and associated contribution on a quarterly basis and this contribution will be paid to the ICB.
- It is the responsibility of the ICB to ensure the funds are allocated to the respective NHS organisation that has incurred the costs of prescribing HCL.

An overview of the reimbursement funding and payment criteria is available in [section 3.2](#) of NHS England's implementation strategy published in January 2024.

Further information on the ICB allocations and payment process will follow in due course. This will include additional information on the *HCL Pregnancy Pump Switching Allocation*.

For further information or assistance contact Mark Brodigan on markbrodigan@nhs.net

Yours faithfully

Shaun Crowe

Diabetes Programme Director
NHS England

Professor Partha Kar

GIRFT Type 1 Diabetes Technology Clinical Lead
NHS England



ICB code	ICB name	Region
England	ENGLAND	ENGLAND
QM7	NHS Hertfordshire and West Essex ICB	East of England
QMM	NHS Norfolk and Waveney ICB	East of England
QH8	NHS Mid and South Essex ICB	East of England
QJG	NHS Suffolk and North East Essex ICB	East of England
QUE	NHS Cambridgeshire and Peterborough ICB	East of England
QHG	NHS Bedfordshire, Luton and Milton Keynes ICB	East of England

- 1.Ensure your system signed up to NHS Supply Chain
- 2.Pregnancy pot separate
- 3.Total investment from NHS
England– Year 1? 14.1 Million £
- 4.25% from systems – Total NHS investment approx. 19 Million £
- 5.Priority Area: CYP & Pregnancy

Basic Principles

Top Tips



- Ask for money allocated values / Pricing as needed
 - Only confirmed source - NHS England
 - Big jump in funding in subsequent years- so plan ahead
 - Staffing plans
 - Clinical Person? Me- ask me / involve me
- 
- 

Retinopathy Categories:

No diabetic retinopathy (R0M0) or background diabetic retinopathy (R1M0)

= screening grades R0,M0 or R1,M0

= non-referrable retinopathy (as per NHSDES Common Pathway)

Non-proliferative or proliferative retinopathy or diabetic maculopathy

= screening grades R2, M0 or R2,M1 or R3,M0 or R3,M1

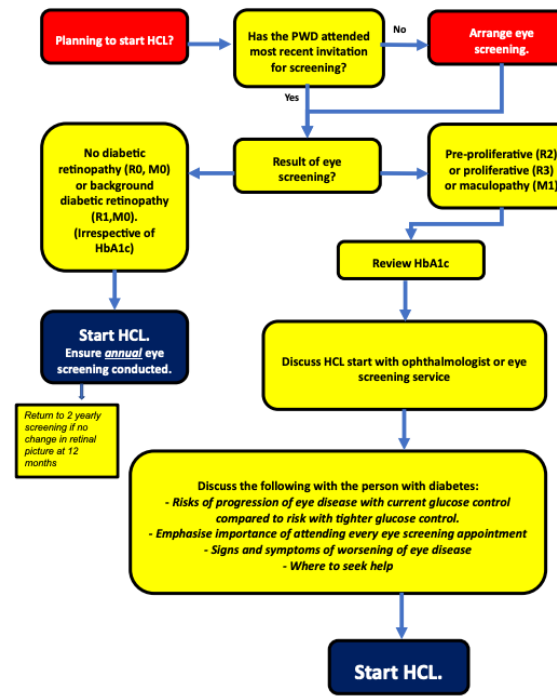
= referable retinopathy (as per NHSDES Common Pathway)

Numbers of people in each category 2022-23. NHS DES data linked to NDA.

'Not screened' defined as per pre-October 2023 screening guidance i.e. annual screening for all aged 12 years or more.

Age Band	HbA1c band	Not screened in 2022-23		Referrable Retinopathy Grades R2,R3,M1	
		Proportion	Number	Proportion	Number
<19yr	All	55%	16635	0.2%	50
19-29yr	>58 (7.5%)	49%	15740	9%	3825
30-59yr	>58 (7.5%)	47%	43595	19%	17735
60+yr	>58 (7.5%)	41%	17305	17%	7355

Pathway for diabetic eye disease when starting HCL



Mission Statement

Type 1 Diabetes and Hybrid Closed Loops..

The final frontier

These are the voyages of the Starship NHS Enterprise...

Its 5-year mission- to explore strange new centres

To seek out new leaders....and new initiatives

To boldly go where no one has gone before...





"It's not so important what people think when you come in, it's much more important what people think when you leave."

- Jurgen Klopp

Thank You

