

Reference:	FOI.14190.24
Subject:	Hybrid Closed Loop (HCL) systems
Date of Request:	10 April 2024

Requested:

NICE have announced TA943 supporting Hybrid Closed Loop systems in people living with T1 diabetes to have access to this technology. NHS England have asked ICBs to set out their plans on how they are going to deliver this.

Please can you tell me:

- When is the ICB going to implement NICE TA943 and if not what would be the reason for not doing so?
- What policy is currently in place within the ICB for use of Hybrid Closed Loop Systems?
- When does the ICB plan to have a policy in place in line with TA943
- Will this policy promote patient choice - drawing your attention to NICE FAQ document on local formularies and ensuring that full choice of TA treatments is not restricted <https://www.nice.org.uk/Media/Default/About/what-we-do/NICE-guidance/NICE-technology-appraisals/Frequently-asked-questions-on-NICE-compliance.pdf>
- Please can you also share a copy of the implementation plan that was submitted to NHS England

Response:

Integrated Care Boards (ICBs) are a feature of the NHS in England. Hywel Dda University Health Board (UHB) is part of NHS Wales and is an integrated Local Health Board responsible for the planning and provision of primary, community and in hospital services, based on the needs of the local community across three (3) counties. Therefore, the information relating to the UHB is provided below.

In Wales, there is a National Diabetes Strategic Network and as part of this network, all Health Boards, including the UHB, work together to implement national guidelines and policies. The network is supported by the NHS Executive, and the Welsh Government (WG) has tasked them with developing a five (5) year implementation plan.

The UHB and the All Wales Diabetes Strategy Group are working towards delivering the plan, and the UHB provides details of the current suggestions below. However, no formal response has been submitted to WG.

Priority groups for adults have been identified and agreed:

- People with type 1 diabetes aged less than twenty-five (25).
The rationale is that this may be a vulnerable group, who may have specific issues that result in suboptimal diabetes control. The younger the onset of diabetes, the greater the risk of complications.
- Pregnant people and those planning a pregnancy.
When pre-existing diabetes complicates a pregnancy there is a 1 in 2 risk of a complication. Technology use in pregnancy has demonstrated improved outcomes, such as reduced admission to neonatal intensive care.
- Those with type 1 diabetes diagnosed since January 2020.

The rationale for this group is that early good management of diabetes has a “legacy” effect to protect people against complications of diabetes for up to 30 years. It is recognised that those diagnosed during the COVID-19 pandemic received compromised care and these are included in the priority groups.

- Those on non-hybrid closed loops may be switched to hybrid closed loops if their management is suboptimal, and staff and equipment costs may be minimised.
- “Traditional” priority groups – those who have severe hypoglycaemia that threatens life and livelihood.

Recommendation:

- The National Diabetes Strategic Network should continue to undertake actions to support the implementation of the National Institute for Health and Care Excellence (NICE) Technology Appraisals (TA) such as the development of national training programmes.
- Health Boards need to review the staff specialised in insulin pump management. The staff with expertise will need to focus on this area, with backfill to more general areas. It is expected that new posts will be required in Diabetes Nursing and Diabetes Dietetics.
- Existing diabetes staff to be encouraged and supported to undertake the National HCL Training Programme.
- Appropriate administration staff to undertake the administrative duties.
- Encourage staff to implement a streamlined patient pathway and to embed a process to reduce inequality into insulin pump services.
- Remove the need for business cases for pumps and individual patient funding requests, as this causes unnecessary work inefficiency.

From paediatric services:

- Development of an All Wales paediatric diabetes pathway for initiating HCL training, including advice on team structure.
- Use of National Paediatric Diabetes Audit (NPDA) data to measure current team numbers, to inform workforce planning to deliver HCL training as per NICE guidance.
- Funding to develop a quality assured structured education programme for families to ensure appropriate use of HCL, maximising efficient and effective clinical benefits and use of resource.
- Development of live dashboard to track progress, including clinical outcomes such as Haemoglobin A1C (HbA1c); review of current HCL use by location to remove inequity across Wales.

Additionally, the UHB is currently in the process of undertaking a full review of its Diabetes Services, across all three (3) counties, utilising quality improvement methodology, specifically using the safe, effective care model. As soon as the needs of the service have been identified and reviewed, a plan will be formulated and implemented.