

Norfolk and Waveney ICB

Implementation Plan

Title	Hybrid Closed Loop Systems for managing blood glue adults	cose levels in T	ype 1 Diabetes -
Approval and Date	Medicines Optimisation Programme Board – April 2025	Review Date	April 2027



Document Control Sheet

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Name of document	Hybrid Closed Loop Systems for managing blood glucose levels in Type 1 Diabetes - Implementation Plan: Adults (aged 19 and
	above), including pathway for new and pre-existing insulin pump users
Version	1.0
Date of this version	March 2025
Produced by	Clinical Diabetes Teams of all three Hospital Trusts across Norfolk and Waveney ICS and Norfolk and Waveney Integrated Care Board (NWICB).
What is it for?	To explain how adult patients will be prioritised when accessing Hybrid Closed Loop Systems.
Evidence base	
Who is it aimed at and which settings?	Primary and secondary care
Consultation	
Impact Assessment:	
Other relevant approved documents	
References:	
Monitoring and Evaluation	
Training and competences	
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Contact for Review:	Clinical Diabetes Teams

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Version Control

Date	Summary of changes	Author(s)	Version Number
March 2025	New implementation plan for adults	Clinical Diabetes Teams at local Hospital Trusts and NWICB.	1.0

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Norfolk and Waveney ICS

Hybrid Closed Loop Systems for managing blood glucose levels in Type 1 Diabetes

Implementation Plan: Adults (aged 19 and above), including pathway for new and preexisting insulin pump users.

Introduction

Patients will be offered Hybrid Closed Loop (HCL) in accordance with <u>NICE Guidance NG 17:</u> <u>Recommendations | Type 1 diabetes in adults: diagnosis and management ,</u> <u>NICE Technology Appraisal</u> (TA943): Hybrid closed loop systems for managing blood glucose levels in type 1 diabetes (2023) and <u>NHS</u> <u>England Strategy: HCL technologies 5-year implementation (2024)</u>. This document covers the implementation plan for adults with Type 1 Diabetes aged 19 years and above.

NICE recommends HCL for adults living with type 1 diabetes who have an HbA1c of 58 mmol/mol (7.5%) or more. NICE's recommendations on blood and plasma glucose in people with diabetes recommend that people with type 1 diabetes should aim for a target HbA1c level of 48 mmol/mol (6.5%) or lower, or an individualised target set in pregnancy, to minimise the risk of long-term complications from diabetes. In practice, an individualised HbA1c target, considering factors such as their daily activities, aspirations, likelihood of complications, comorbidities, occupation and history of hypoglycaemia may be agreed with people with diabetes. (ref NICE NG17: 1.6.7)

This implementation plan was agreed between Clinical Diabetes Teams of all three Hospital Trusts¹ across Norfolk and Waveney ICS (NWICS), and with Norfolk and Waveney Integrated Care Board (NWICB).

Prioritisation

Prioritisation for the start of new HCL (pump naïve) or upgrade the existing pump therapy to HCL system in adult diabetes services, will be based on clinical need and assessment. People with Type 1 diabetes (≥19 years old) will be offered the technology within the next 5 years in line with NHSE's HCL implementation plan. NHSE has recommended that children and pregnant women (including planning pregnancy) are given the priority.

Cohort	Priority Group
Cohort 1	Adults with Type 1 Diabetes aged ≥ 19 years
	 People who are pregnant or planning a pregnancy Adults with problematic Hypoglycaemia¹ and deemed by Multi-Disciplinary Team (MDT) to be at high risk of developing severe hypoglycaemia Adults already using insulin pumps who want to transition to an HCL system Young people (19 to 25 years old) who want to transition to an HCL system Adults with significant distress /burden of managing diabetes as deemed by MDT to benefit from HCL Adults with significant diabetes related complications such as troublesome gastroparesis, rapidly declining renal function etc. as deemed by MDT to benefit from HCL Adults with history of hospital admissions related to Diabetes Ketoacidosis in whom the MDT consider initiation of HCL to be safe

Patients will be prioritised for Hybrid Closed Loop technology in the following cohorts:

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	8. Adults with Learning Disability (LD), autism spectrum disorder (ASD) or any other
	significant health-related disability deemed by MDT to benefit from HCL system
Cohort 2	All other adults with Type 1 diabetes with HbA1c level > 58 mmol/mol (7.5%) who want to
	transition to an HCL system that are not covered within the above categories ² .

Appendix:

- 1. Problematic hypoglycaemia defined as:
 - ≥ 1episode of severe hypoglycaemia needing third party assistance in preceding 12 months
 - Impaired hypoglycaemia awareness (Clarke Score/ Gold score ≥4)
 - Extreme fear of hypoglycaemia as determined by MDT
- 2. Cohort 2: Local team may set priority groups within cohort 2 based on their resources and capacity.
- 3. As a part HCL implementation plan, patients may be offered face-to-face or digital structured education programmes
- HCL systems should only be offered if the person on MDI (Multiple Daily Injections)
 -is competent in insulin dosing and adjustments, and
 -is able to use pump/HCL system effectively
- 5. Young people transitioning from paediatric to adult services may be advised to switch to alternative pump/HCL system if clinical need identified e.g. if planning pregnancy or on OP5 system but requiring a pod change more frequently than every 3 days.
- 6. Omnipod 5 (OP5): If a patient is requiring a pod change more frequently than every 3 days, this is outside of the NHS England cost-effective pricing framework and not supported under NICE TA 943. The local team will have this conversation with all patients and explain that they may have to switch to another HCL system. In general, anyone using more than 65 units of insulin daily will potentially need a pod change more often than every 3 days. However, rarely there might be special circumstances (people with severe behaviour problems, mental health problems etc.) where the team might consider that OP5 is the best option for those people even if they require a pod change more often than every 3 days. All such decisions should be made by the MDT and documented.

Broad pathway for HCL starts:

- Clinicians will discuss the most clinically appropriate pump/HCL choices with patients during clinic appointments or provide them with a copy of the 'Patient Information Leaflet'.
- Once a patient has made an informed choice regarding the pump/HCL system, the local team will follow the pathway: following MDT agreement, patients will be added to a pump start waiting list and be offered a dietetic review if the person requiring HCL cannot attend /complete either of the educational courses. All patients will complete system-specific pre-HCL education. The MDT coordinator will arrange the start date/ venue and order the pump, consumables and appropriate Continuous Glucose Monitoring (CGM) system. etc.
- Pump starts can be done face-to-face or virtually, either as a group or 1:1 depending on clinical need and availability of facilities. It is expected that local teams will work with industry representatives to support this.

Current HCL systems: Please refer to NHS Supply Chain

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