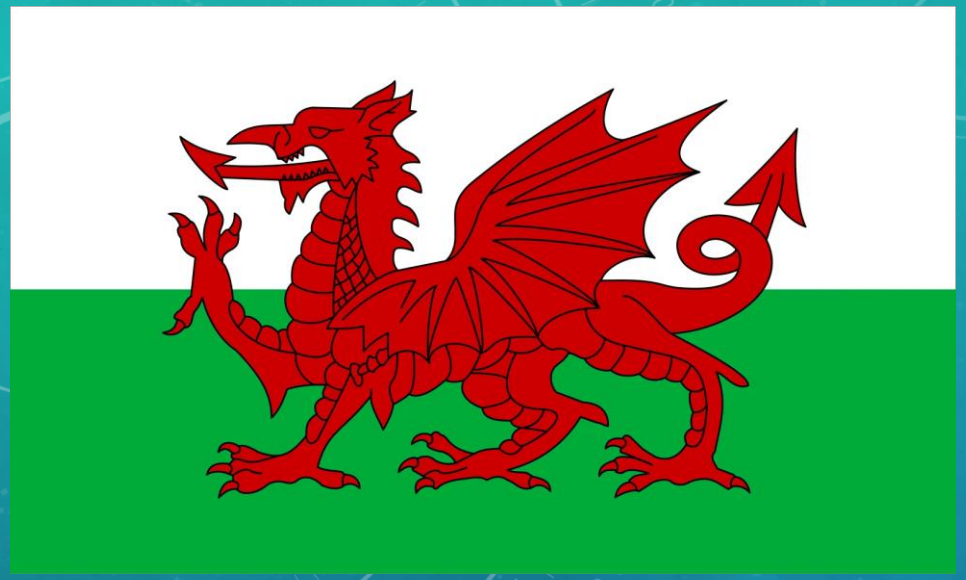


THE TECHNOLOGY SITUATION IN WALES

DR JULIA PLATTS

NATIONAL CLINICAL LEAD FOR DIABETES IN WALES

DECLARATIONS

I have received honoraria for speaker fees and advisory boards from Medtronic, Dexcom, Abbott, Insulet, Lilly, Astra Zeneca, Sanofi

CGMS, PUMPS, HCL

Wales adopts NICE guidance but also has Health Technology Wales, a group to assess and recommend technology adoption in Wales

Seven Health Boards (6 with secondary care services)

HTW APPRAISAL ON FLASH GLUCOSE MONITORING:

"The evidence supports the routine adoption of Freestyle Libre flash glucose monitoring to guide blood glucose regulation in people with diabetes who require treatment with insulin."

Plus:

- people who cannot use current forms of glucose monitoring, or for whom use may be distressing, such as those with dementia, learning disabilities or needle phobias
- people who need extra care or assistance with glucose monitoring, such as children or the elderly
- people who need a course of intensive glucose monitoring in order to assist treatment decisions

VERY VARIABLE PUMP BASELINE FOR TECHNOLOGY IN WALES

- Some services have few barriers to tech (beyond staff resource, ubiquitous barrier in Wales)
- Other services with multiple barriers – business cases for pumps or exceptional funding applications
- Highest proportion 23% (86% HCL)
- Lowest proportion 8.5 % on pumps (19% HCL)

PRIORITIES FOR HCL IN WALES (YEAR 1 TO 2)

- Children and young people below the age of 25
- Pregnant people / people planning pregnancy
- Those diagnosed since the advent of the pandemic – January 2020
- Traditional priority groups – life threatening / job threatening hypoglycaemia
- 2,431 in adult services in Wales in above priority groups not already on pumps (plus 756 children)

HCL IN WALES

NO CENTRAL FUNDING!

All Health Board CEOs, planners, financial directors are aware / on board with the rationale for this and the “we can’t afford not to do this” mantra

Most centres have completed / are writing business cases for staff and equipment

For example, in my Health Board it would take 17 years to on board priority groups alone with existing resources

HCL IN WALES

- Stream-lining existing pathways
- DAFNE availability has been a barrier – removed
- New type 1 pathway where all should have DAFNE in first year after diagnosis
- Reduced form-filling by patients
- 2 sessions of education incorporating carbohydrate counting and pump awareness

EDUCATION IN HCL

- Commenced a programme to upskill specialist diabetes doctors, nurses and dietitians in HCL therapy – pre-learning, face-to-face learning, post learning plus competencies
- Webinars to educate inpatient staff and primary care staff on what they need to know
- Clinical case discussions to support less experienced centres

PROCUREMENT OF HCL

This has been centralized for pumps for some years

Different costs depending on volume purchased

Central annual ordering to reduce costs

Financial units have noted the different costs of systems so some discussions around “preferred systems”

INEQUALITIES IN HCL

Similar to other health systems there are unacceptable inequalities in pump use based on deprivation and ethnicity

Actively addressing this

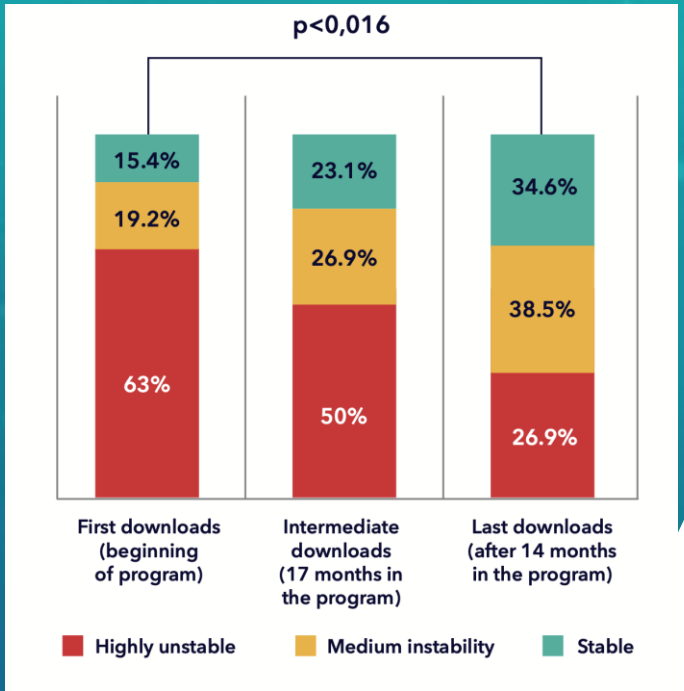
Reducing paperwork / form filling

Finding those lost to follow up from secondary care (most frequent in the most deprived, ethnic minority background and age) and encouraging referral

Working in different languages, accessing tech and expenses

Individualising approach in those who would struggle with carb counting, literacy and have additional support needs

HCL FOLLOW UP



We need to get maximum benefit from these systems for each patient

In Cardiff we are using Medtronic Care Connect to triage our patients into red / amber / green and exploring how this can improve our follow up and outcomes

Another Health Board is working on a trial of the Diabeter system to improve outcomes

Nuñez et al, IMPLEMENTATION OF AN INTEGRATED MANAGEMENT PROGRAM FOR TYPE 1 DIABETES ENABLED BY DIGITAL TECHNOLOGIES IN A SPANISH TERTIARY-LEVEL HOSPITAL, ICHOM virtual Congress 16-19 November 2020

CONCLUSION

The chief barriers in Wales are finance and availability of staff with appropriate expertise

We must overcome these and achieve parity with our UK neighbours