

# National Update on Hybrid Closed Loop

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# Background and strategic context



- **NICE TA 943 mandated the provision of hybrid closed loop (HCL) systems** by ICBs for use in key segments of the type 1 diabetes population including children and young people and adults meeting defined eligibility criteria.
- To support systems with their responsibilities in delivering the NICE TA and promote equitable access for eligible people, **a funding variation was agreed** with NICE alongside a phased 5-year implementation period.
- The **national funding contribution is intended to supplement rather than represent the totality of local funding**. It covers 75% of the incremental costs of providing HCL - ICBs should be transferring the actual cost of devices and delivery to trusts, supplementing the national contribution with local funding as required.
- The national reimbursement payments are spread over four years, with the first payment being made following a reported HCL start and three subsequent payments made to ICBs on the anniversary of that initial HCL start.
- **ICBs are responsible for putting in place their own local strategies** for the use of the national funding and local budgets to provide HCL, distribution of the funding across providers and for how they balance use of funds.
- **Securing funding in the longer term will be the role of ICBs** who should be starting to think about sustainable provision beyond the current implementation period and covering the costs of maintaining individuals on HCL beyond the four-year warrantee period.
- **The national team will support this by improving access to data and sharing emerging evidence** about the impacts of HCL.



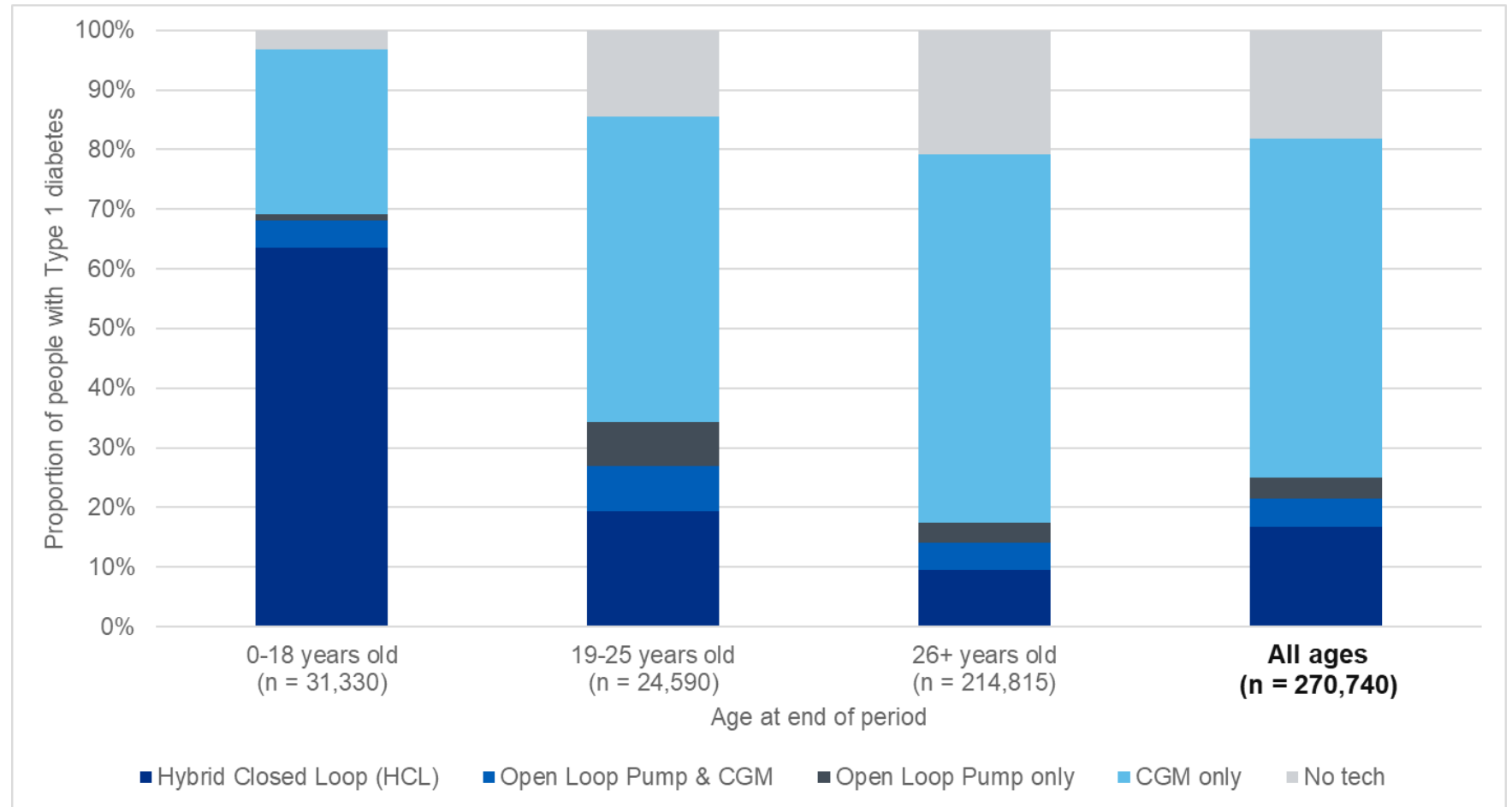
## Implementation progress: Hybrid Closed Loop usage has increased in all age groups compared to the baseline in 2023/24

- The roll out of HCL continues to follow a positive trajectory.
- **Paediatric population < 19 years:**
  - **Usage** increased from 36% in 2023/24 to 62% at the end of 2024/25.
  - Data for Q2 2025/26 is still subject to updates but shows further improvement with **70% of <19s now reported as using HCL.**
  - The national funding was modelled on coverage assumptions of 90% in the 0-12 year age group and 75% in the 13-19 age group over 5 years.
- **Adult population > 19yrs :**
  - Usage increased from 4.4% in 2023/24 to 9.7% at the end of 2024/25.
  - Data for Q2 2025/26 is still subject to updates but shows further improvement with **11% of adults now reported as using HCL.**
  - The national funding was modelled on coverage assumptions of 30% in the eligible adult population over 5 years, with ~75% of existing adult pump users transferring to HCL.

# Usage levels of all types of tech at the end of 2024/25.

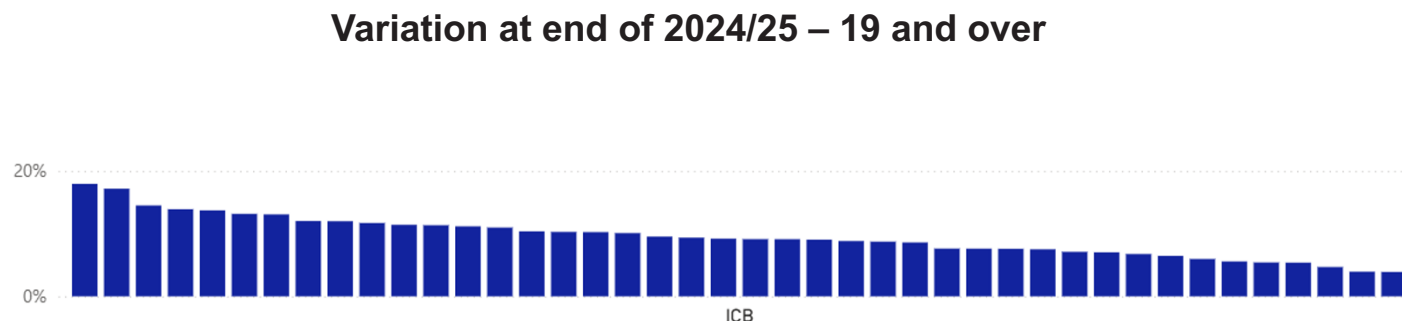
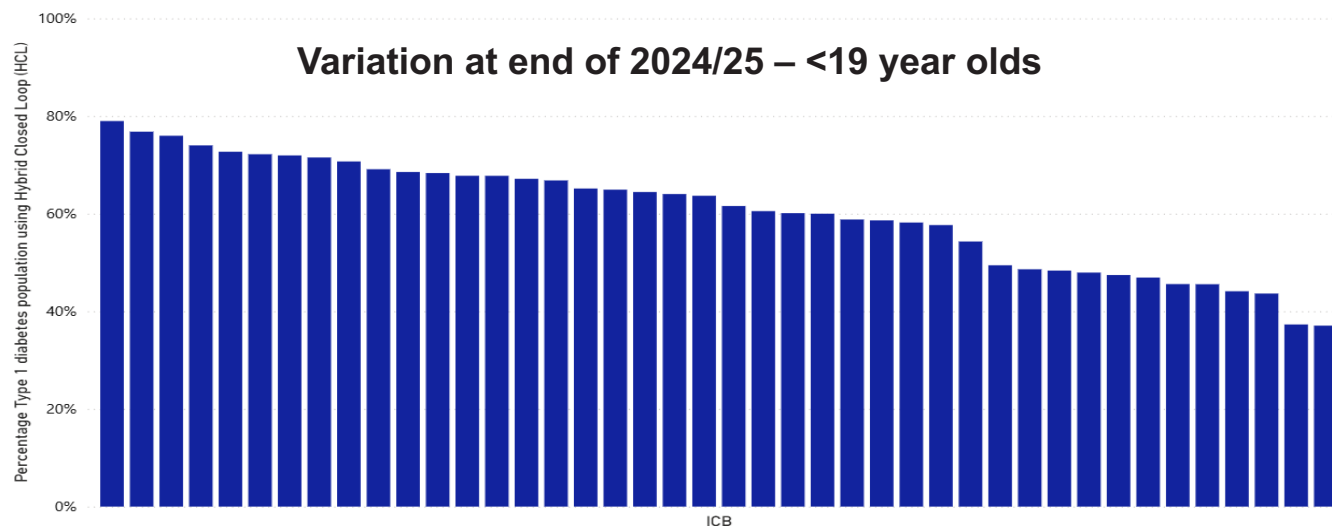
- HCL represents the highest proportion of overall tech use in 0-18 year olds.
- 'CGM only' remains the highest tech in use in 19-25 and 26+ age groups

Proportion of people with Type 1 diabetes using different types of diabetes treatment technology, as of end of 2024/25

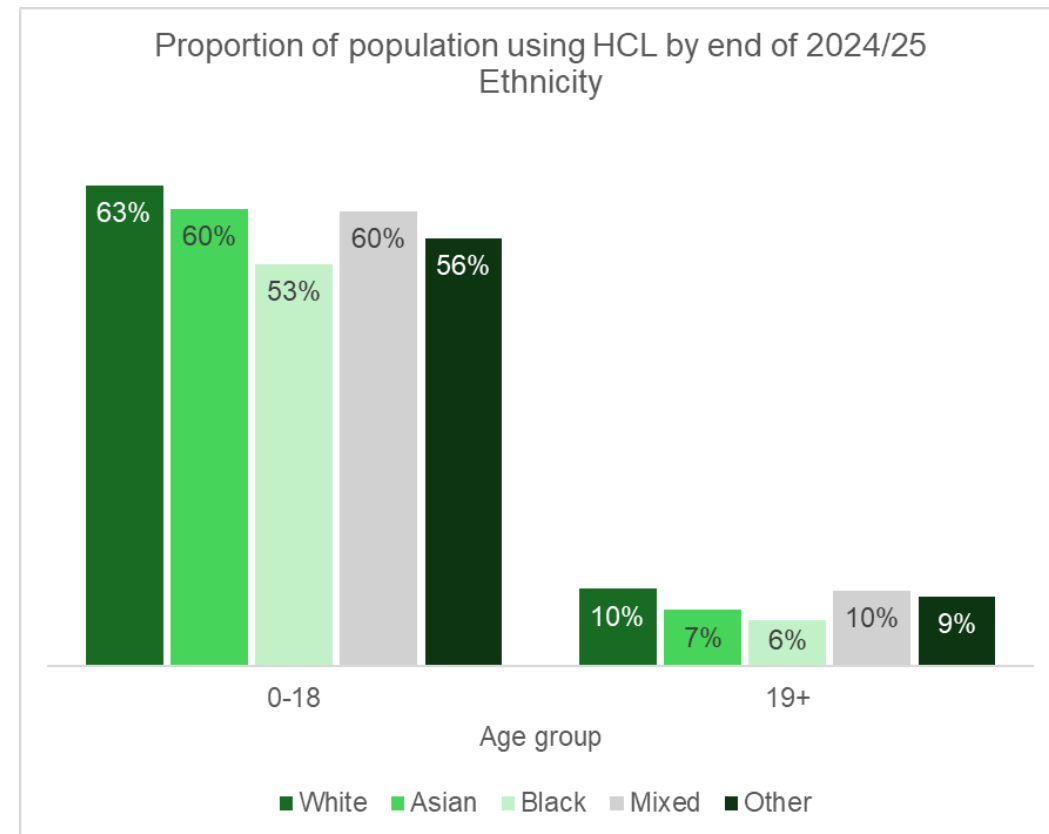
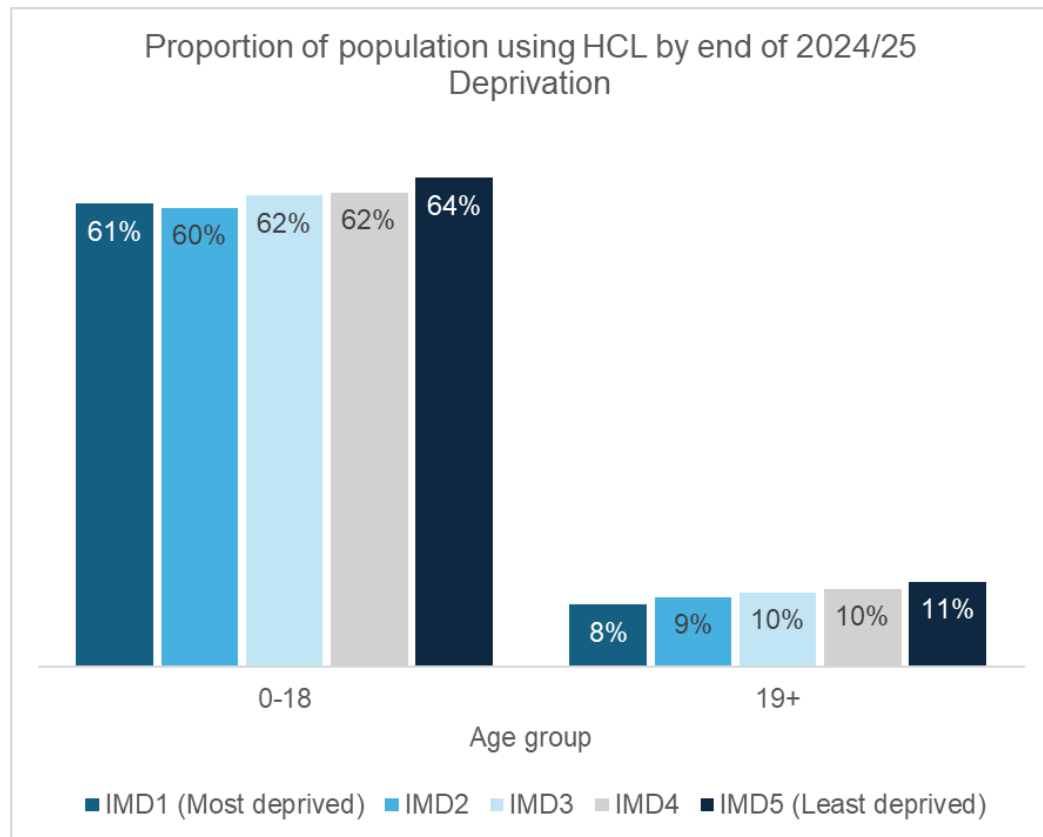


# Variation in Hybrid Closed Loop usage by ICB exists

- Despite improvement overall in usage there is significant variation between ICBs.
- HCL usage in those aged <19yrs varies by **79% to 37%**
- HCL usage in adults >19 by **18% to 4%**
- This may reflect the fact that pump and HCL provision was varied before the implementation of TA 943 but does require attention to ensure varied usage doesn't proliferate inequality in outcomes.



# Inequalities – deprivation and ethnicity



- Data up to the end of 2024/25 shows that the difference in HCL usage by IMD is minimal. There is some inequity by ethnicity. However, this is more positive than trends seen with roll out of previous tech
- Lower uptake in black ethnicity correlates with previous inequity in pump usage for this group so may not be a direct result HCL implementation.

# Hybrid Closed Loop starts due to pregnancy and pregnancy planning

	Total Q1-Q4 2024/25		
HCL start meets criteria:	All	<i>Pump to HCL</i>	<i>No pump to HCL</i>
Pregnancy	655	136	519
Pregnancy Planning	531	125	406
Other Adult HCL starts	8,421	3,891	4,530
Proportion of adult HCL starts due to pregnancy and pregnancy planning criteria	12.3%	6.3%	17.0%

- There are usually approximately 2,000 Type 1 pregnancies a year reported to the National Pregnancy in Diabetes (NPID) Audit.
- Pregnancy was recorded as the reason for 655 HCL starts in 2024/25 which was equivalent to **~33% of type 1 diabetes pregnancies**. The Saving Babies Lives Care Bundle (SBLCB) incentivises trusts to put safety measures in place now includes targets for providers to offer HCL to 60% of type 1 diabetes pregnancies in 2025/26 rising to 90% in 2026/27.

**Source:** GIRFT analysis of NDA and NPDA data - England only.

**Please note:** Data reflects recording of the criteria as a reason for a HCL start. Where an adult met other criteria e.g HbA1c >58mmol/mol and the pregnancy questions weren't answered, or where HCL starts were due to pregnancy / pregnancy planning, but trust sites did not correctly record and submit data, they won't be included in these counts. They are therefore likely to be underestimates of HCL use in pregnancy.

# National support to systems in 2025/26



- £59.5m national funding is available to support HCL implementation in 2025/26
- The ICB budgets for 2025/26 were confirmed at the beginning of March, ahead of the start of the financial Year to support planning
- The 2025/26 allocations included a fixed allocation (paid to ICBs in May 2025) – to accommodate for activity not captured by the national reporting, such as HCL starts in adults with disabling hypoglycaemia and pregnancy pump switches
- Refreshed funding guidance and FAQs have been shared and published
- A pregnancy step by step guide for ICBs has been published following a series of regional pregnancy webinars
- Quarterly activity and data reports shared, to feedback to systems on HCL delivery, funding and data quality
- A series of data support calls have been offered to support provider data submissions and we have working with the central NDA service desk to provide standard lines for common queries.
- NDA submission helper tool to enable better and easier reporting



# Commercial Update

- A new Hybrid Closed Loop framework 2025-2028 has been established and will go live December 2025.
- This framework is set for 3 years, but has a break clause after 18 months.
- All supplier contracts have been successfully re-negotiated, with all HCL products available to hospital trusts and people with diabetes.
- Prices have maintained at the same rates negotiated in 2023 / 2024 financial year.
- NHS Supply Chain will be issuing updated Unique Reference Numbers (URNs) to hospital trusts through November, to allow trusts to purchase HCL products from the supplier at the prices agreed.
- Suppliers will continue to offer additional patient support services and NHS staff training as part of the product offer.
- Current suppliers can introduce new or upgraded CGM and Pumps onto the framework at any time, provided they meet the cost-effective threshold.

## The 2025-28 HCL purchasing Framework



Framework starts December 2025. All approved suppliers remain on the framework offering Cost effective prices. NHS Supply Chain successfully negotiated with all suppliers, with no increased cost to the NHS.

# Next steps for the HCL programme

- We will continue to provide **quarterly data reports to ICBs and Trusts** to support local planning. Q2 reports will be shared in December.
- A new **national diabetes tech dashboard** will be published in November with data on diabetes tech use at ICB, trust and PDU levels cut by age, ethnicity and IMD (where numbers allow),
- We will be **communicating directly to ICBs** where national modelling suggests they are on course to meet or exceed the national reimbursement cap should they continue to deliver at the same pace that was reported in Q1 2025/26. within this we will also highlight where there have been low levels of reporting and explain that there may be knock on budget implications when reporting improves throughout the year
- We are continuing to work with ABHI and suppliers on **equity** across the programme, particularly following on from the Patient Safety Commissioners report which included a recommendation to improve accessibility for people with sensory impairment.
- We are exploring opportunities to further **support the operational delivery** of HCL. Focusing on key areas such as workforce, funding and equitable access.
- Collaborating with NHS England Green Agenda team to **assess opportunities to support delivery of Net Zero** through HCL policy.
- Planning a **national evaluation** of HCL implementation, which will include economic aspects.
- Sharing **emerging evidence** about the impacts of HCL

# Emerging evidence of the impact of HCL in Adults



- 12-month follow up data from the **Adult NHS England HCL pilots<sup>i</sup>** is now available:
  - 420 adult HCL users across 30 diabetes centres (68% female median age 40 yrs)
  - Over a median follow-up of 12 months (range 6–38 months), mean adjusted **HbA1c significantly reduced by 1.4 percentage points (or 16 mmol/mol)**.
  - The proportion of individuals achieving HbA1c  $\leq 7.5\%$  (the 58 mmol/mol NICE treatment target) increased significantly 0% to 33.1%
  - **Diabetes distress score and Gold score reduced significantly**
  - Almost all participants stated that HCL had a positive impact on quality of life (94.5%; 361/382).
  - The number of hospital admissions was low. This meant the impact on admissions could not be determined.
- A **systematic review and meta-analysis** of RCTs published up to January 2025 <sup>ii</sup>
  - Pooled analysis of 20 RCTs using HCL found a 0.7 percentage point (**or 8mmol/mol**) reduction in HbA1c with HCL, compared to insulin pump therapy.
  - Pooled analysis of 25 RCTS using Advanced HCL\* found a 1 percentage point (**or 11mmol/mol**) reduction in HbA1c with Advanced HCL, compared to insulin pump therapy.

i. Liarakos AL, Crabtree TSJ, Griffin TP, Hussain S, Gallen G, Elliott J, Furlong N, Narendran P, Thabit H, Leelarathna L, Evans ML, Philbey C, Cranston I, Kamaruddin S, Htike ZZ, Sawyer L, Curtis L, Kirby J, Douek I, Chakera AJ, Saunders S, Bickerton A, Bawlichhim Z, Soar C, Wadham C, Williams C, Levitt M, Weston P, Kar P, Ryder REJ, Lumb A, Choudhary P, Wilmot EG (2025) Hybrid Closed-Loop Therapy in Adults with Type 1 Diabetes in England: Long-Term Outcomes from a Real-World Observational Study. Diabetes Technol Ther. 27(10):820-830.

ii. Stahl-Pehe A, Shokri-Mashhadi N, Wirth M, Schlesinger S, Kuss O, Holl RW, Bächle C, Warz KD, Bürger-Büsing J, Spörkel O, Rosenbauer J (2025) Efficacy of automated insulin delivery systems in people with type 1 diabetes: a systematic review and network meta-analysis of outpatient randomised controlled trials. EClinicalMedicine 82:103190

\* The researchers defined 'Advanced HCL' as systems that have the capacity to automatically deliver correction bolus and they include the MiniMed780G and Tandem Control-IQ system. Both are available on the NHS Supply Chain framework