



# Diabetes Technology Network UK

Collaborate • Evolve • Support

## Educator Day 2026

# Facilitators.....



**Mrs. Amy Jolley**

Educator



**Mrs. Geraldine Gallen**

Educator and Co-Vice Chair



**Dr. Alistair Lumb**

Chair

# Disclosures.....

- AJ – Consultancy services for Medtronic and Ypsomed; previous recipient of personal fees from Roche and Dexcom
- GG- Consultancy and speaker fees- Insulet, Dexcom, Abbott Diabetes Care, Medtronic & Ypsomed

# Agenda

Day 1  
08:30 - 09:00 **Registration**

Day 1  
09:00 - 10:00 **Welcome and Update**

Mrs. Amy Jolley, Salford Care Organisation  
Mrs. Geraldine Gallen, Kings College Hospital NHS Trust

Day 1  
10:00 - 10:45 **Tiered skill framework, Competency and Mentorship**

Mrs. Amy Jolley, Salford Care Organisation  
Mrs. Erica Richardson, Leicester Diabetes Centre  
Mrs. Geraldine Gallen, Kings College Hospital NHS Trust

Day 1  
10:45 - 11:05 **Refreshments and exhibition**

**CGM - does 70% time-in-range mean the same thing on all systems?**  
Mr. John Pemberton, Birmingham Women's and Children's Foundation Trust

Day 1  
11:45 - 12:00 **Case study**  
Presentation of a submitted case study for discussion  
Mrs. Geraldine Gallen, Kings College Hospital NHS Trust

Day 1  
12:00 - 12:30 **DAFNE update**  
Mrs. Liesl Richardson, DAFNE, Northumbria Healthcare NHS Foundation Trust

Day 1  
12:30 - 13:00 **Case Studies**  
Case studies submitted for discussion  
Mrs. Geraldine Gallen, Kings College Hospital NHS Trust

Day 1  
13:00 - 14:00 **Lunch and exhibition**

Day 1  
14:00 - 14:45 **Emerging evidence in Type 2**  
Dr. Alistair Lumb, OCDEM, Oxford University Hospitals NHS Foundation Trust

# Agenda

Day 1  
14:45 - 15:30

## Workshop session 1

Delegates to select one workshop from those below;

- Meal Management
- Hard to reach populations- Frailty
- Emerging Topics in HCL

Mrs. Amy Jolley, Salford Care Organisation

Mrs. Geraldine Gallen, Kings College Hospital NHS Trust

Ms. Katie Hards, Oxford Hospital University Trust

Day 1  
15:30 - 15:45

## Refreshments and exhibition

Day 1  
15:45 - 16:30

## Workshop session 2

Delegates to select from the following workshops;

- Meal Management
- Hard to reach populations- Frailty
- Emerging Topics in HCL

Mrs. Amy Jolley, Salford Care Organisation

Mrs. Geraldine Gallen, Kings College Hospital NHS Trust

Ms. Katie Hards, Oxford Hospital University Trust

Day 1  
16:30 - 17:15

## Sharing best practice and Open discussion

Onboarding debate

- Small groups vs large groups
- In house starts vs industry starts

Funding discussions

Open discussion

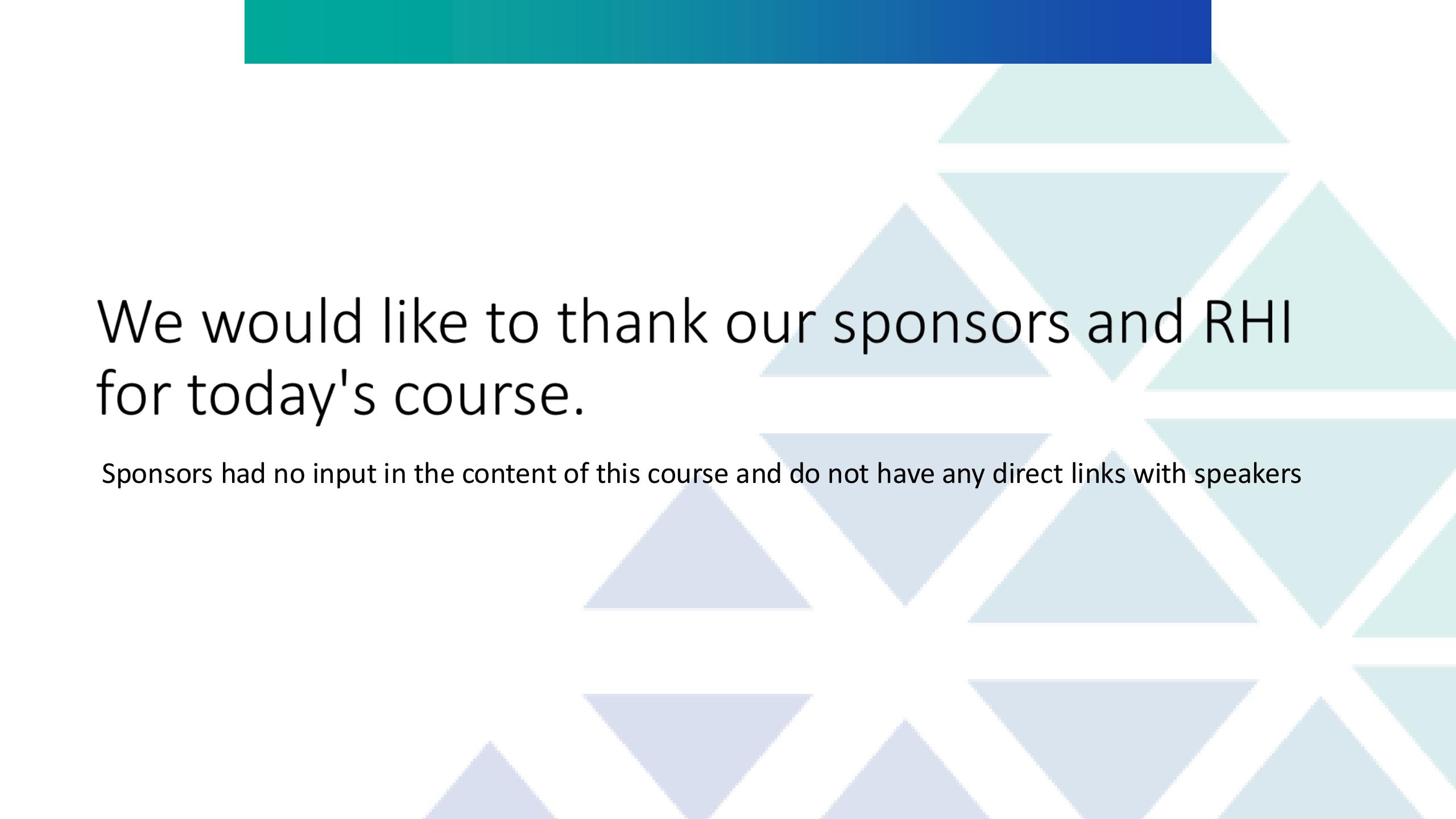
Mrs. Amy Jolley, Salford Care Organisation

Mrs. Geraldine Gallen, Kings College Hospital NHS Trust

Day 1  
17:15 - 17:30

## Close

Mrs. Geraldine Gallen, Kings College Hospital NHS Trust

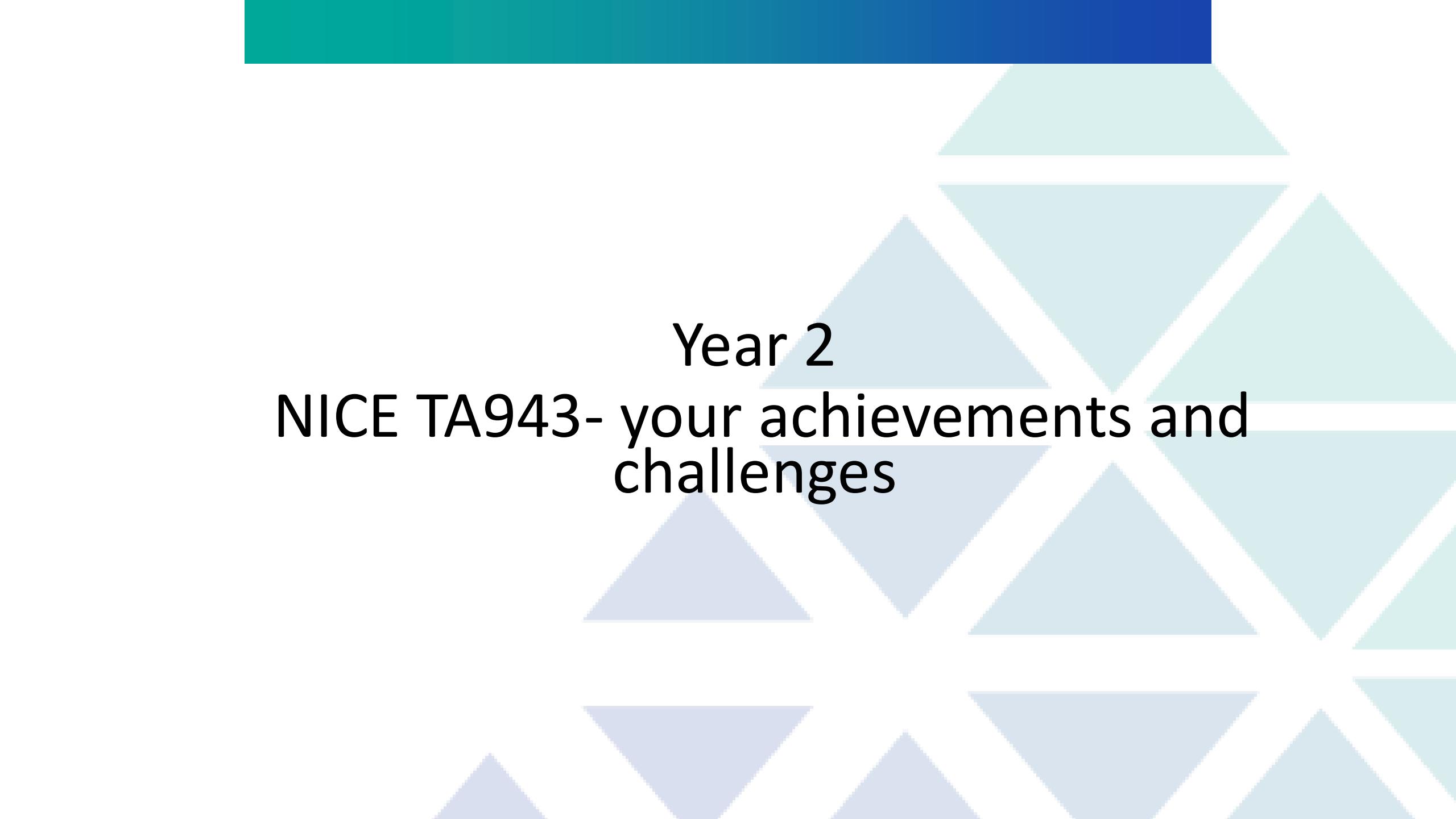


We would like to thank our sponsors and RHI  
for today's course.

Sponsors had no input in the content of this course and do not have any direct links with speakers

# Housekeeping

- Fire alarms and procedure
- Breaks : sponsors and networking
- Workshops
- Social media : [@DTN\\_UK](https://twitter.com/DTN_UK)



# Year 2 NICE TA943- your achievements and challenges

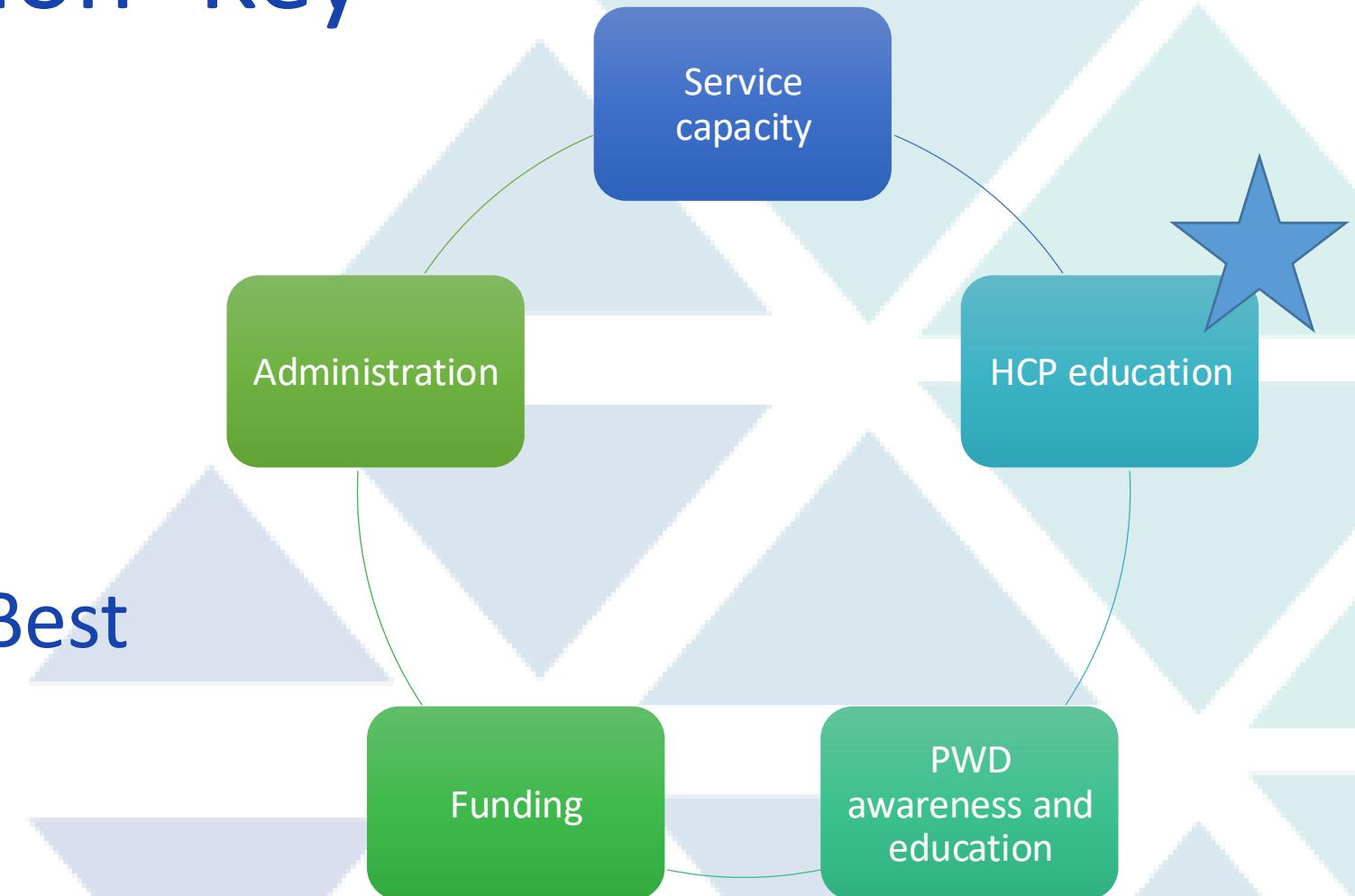
# National Institute for Health & Care Excellence (NICE) Technology Appraisal Guidance on HCL technology - 2023

Hybrid closed loop (HCL) systems are recommended as an option for managing blood glucose levels in type 1 diabetes for:

- **children & young people**,
- **people who are pregnant or planning a pregnancy**, and
- **adults who have an HbA1c of  $\geq 58$  mmol/ mol ( $\geq 7.5\%$ ), 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

# HCL implementation- Key considerations.....

Education and Sharing Best Practice



# What is the challenge?

- Based on NDA report 2021 – there are **236,000 people** aged 19 and over living with T1D
  - **137,765 are in primary care only**
- Data from the NDA suggests that approximately **140 000 adults** across England and Wales may be eligible for HCL treatment based on the HbA1c criteria alone.
- NICE TA151 for insulin pump therapy in people with type 1 diabetes was published in July 2008
  - **26 000** have accessed insulin pump therapy over a 15-year period.
  - Estimated that just under **60 000** people met HbA1c criteria for insulin pump therapy
- To roll out HCL to the eligible population who would like to access it, the pace of offering access to technology will need to increase rapidly.
- This represents a significant challenge to services keen to offer access to this life-changing technology.
- We have 5 years to do this.....

# Where are we now?

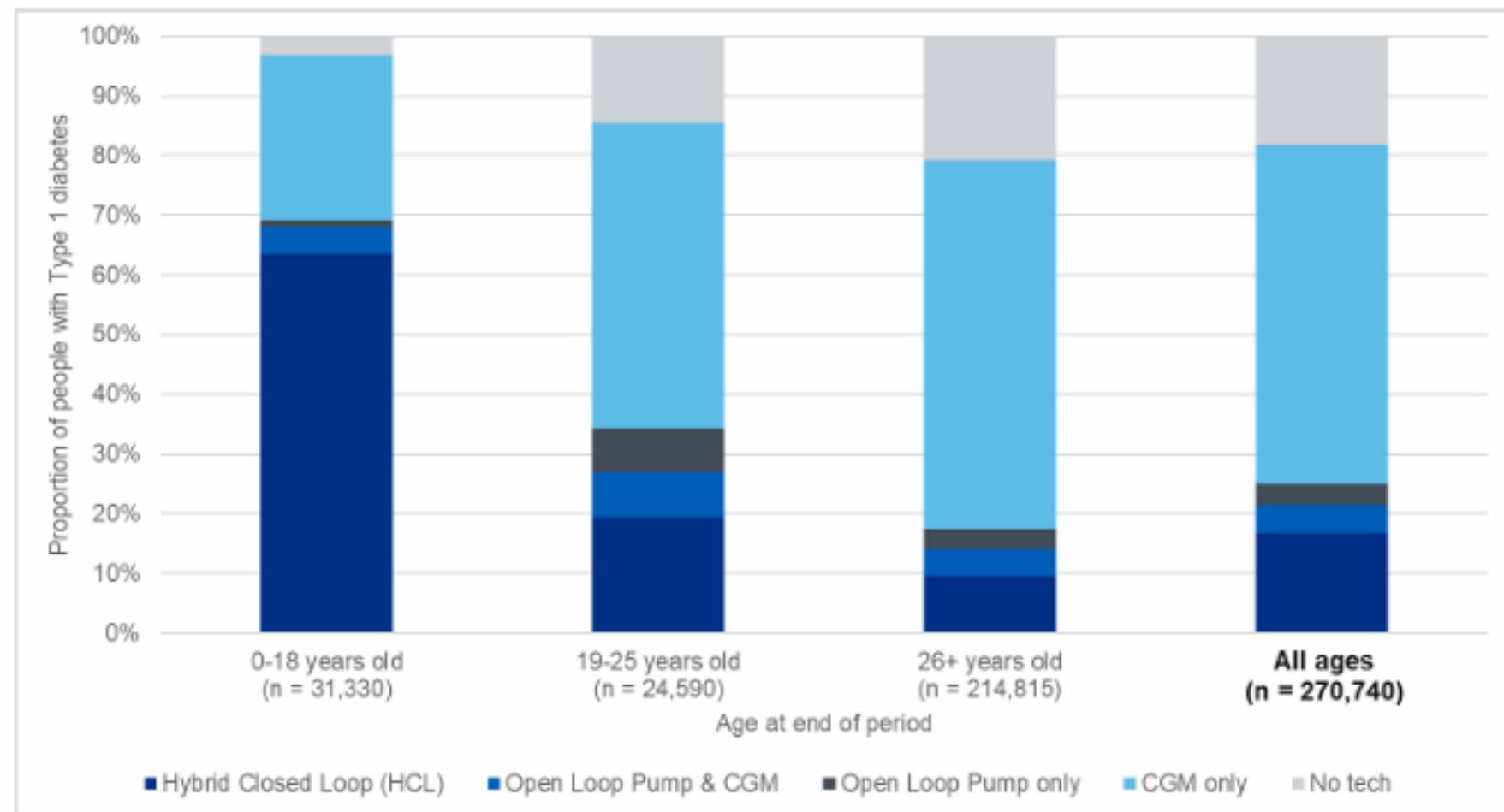
## Implementation progress: Hybrid Closed Loop usage has increased in all age groups compared to the baseline in 2023/24

- 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.

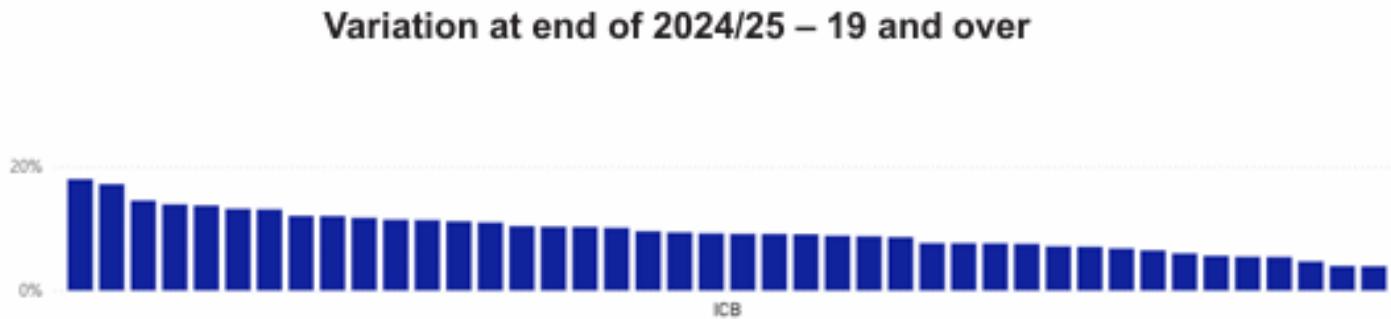
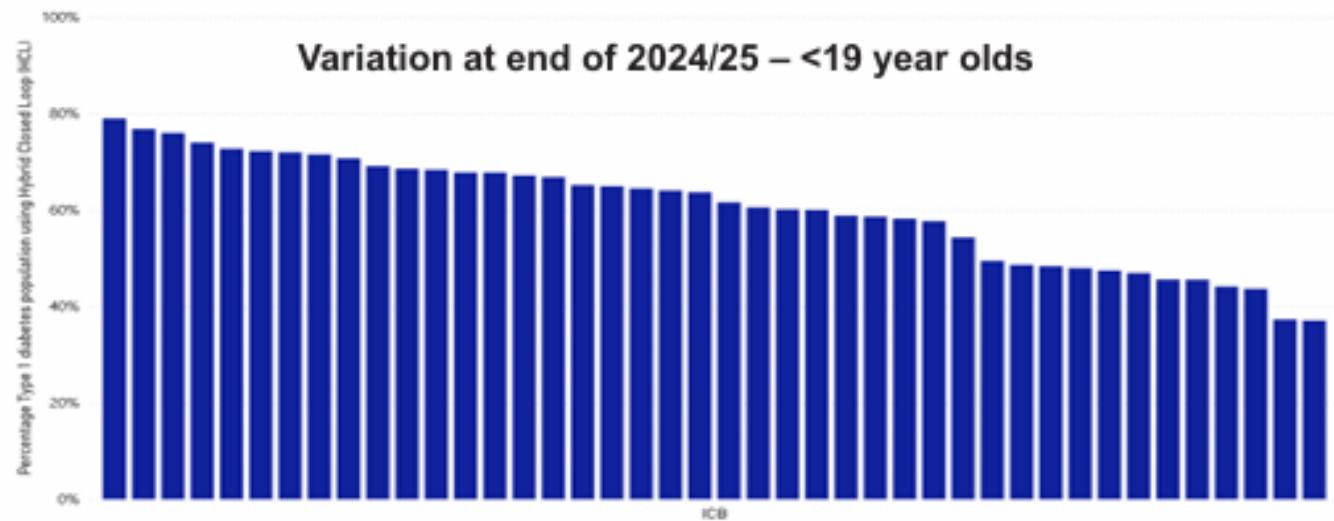
Proportion of people with Type 1 diabetes using different types of diabetes treatment technology, as of end of 2024/25

- 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

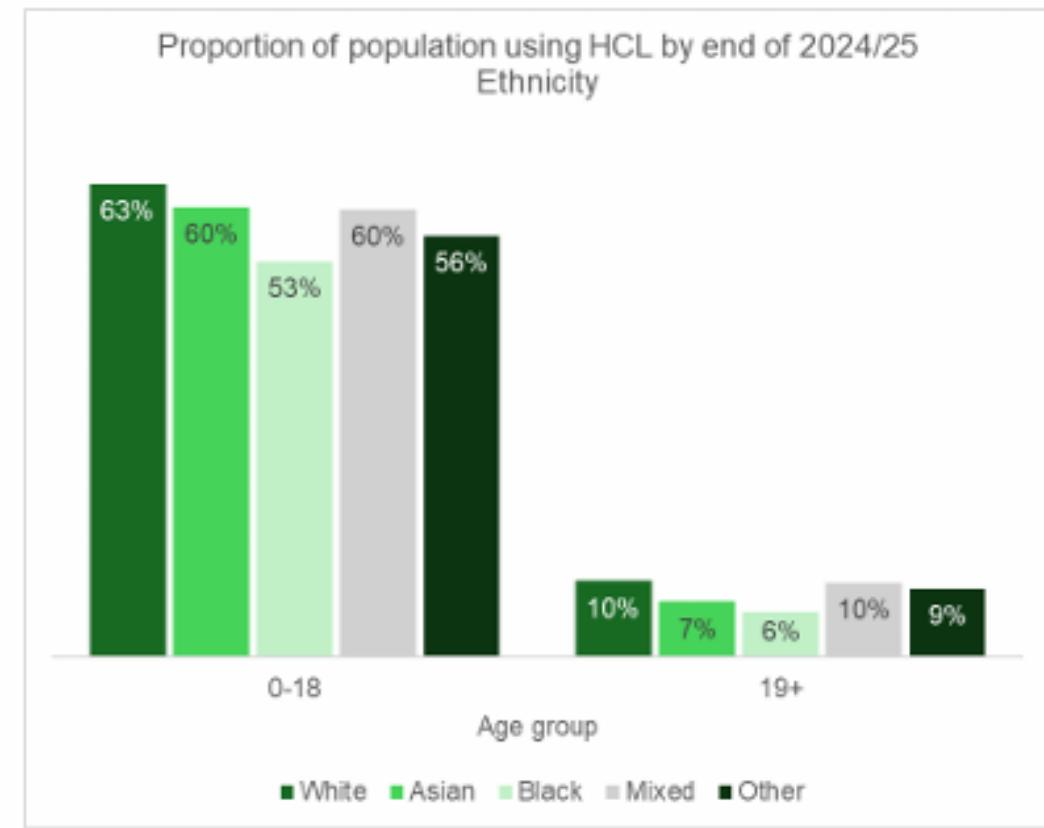
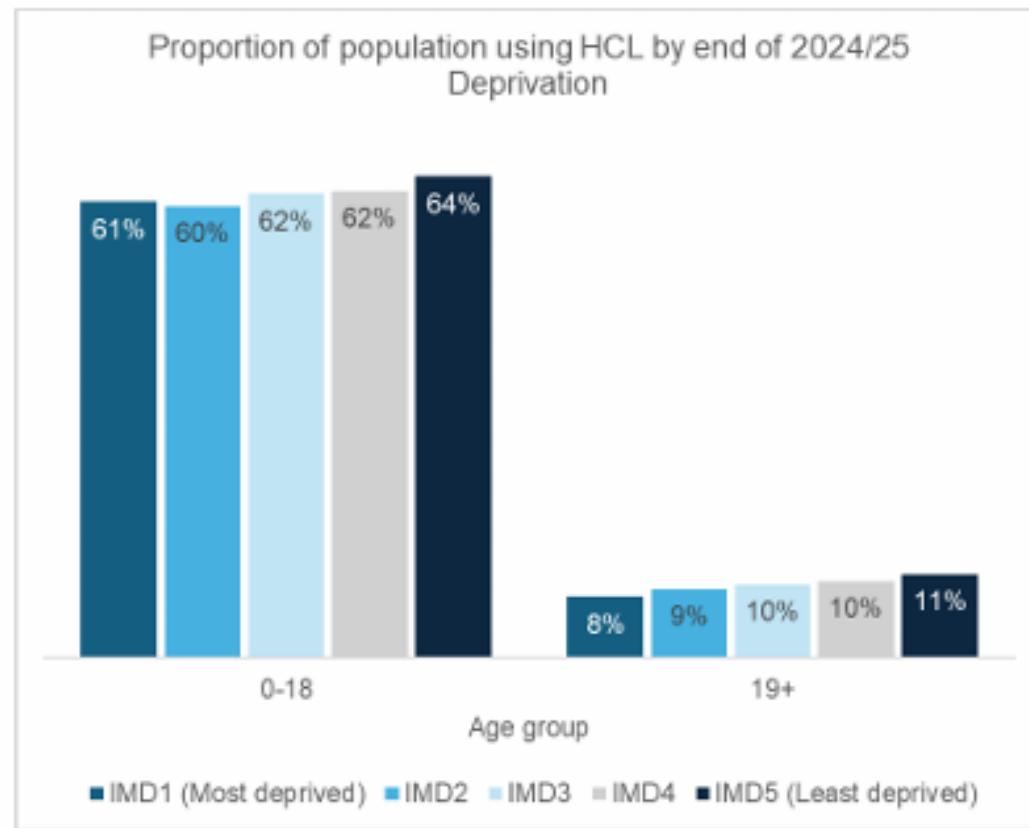


# Variation in Hybrid Closed Loop usage by ICB exists

- 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.

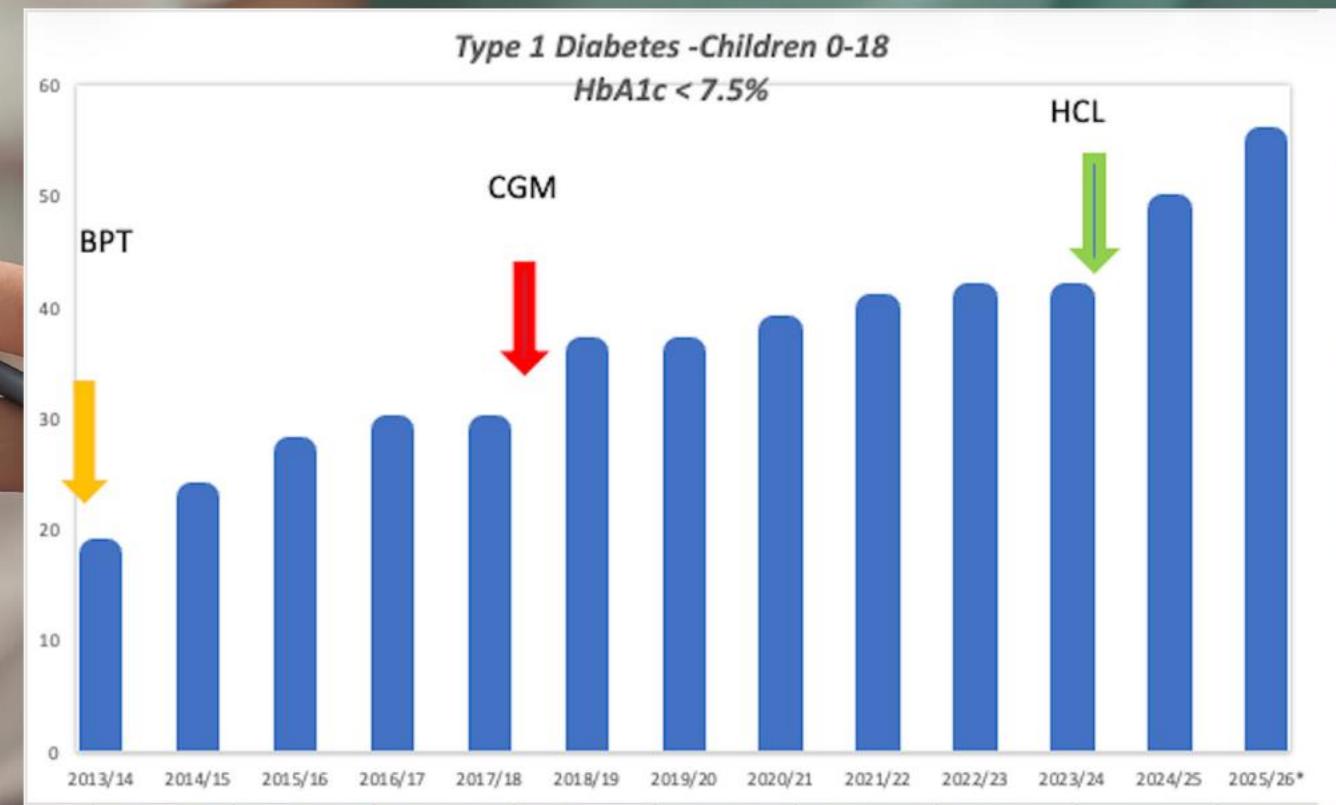


# Inequalities – deprivation and ethnicity

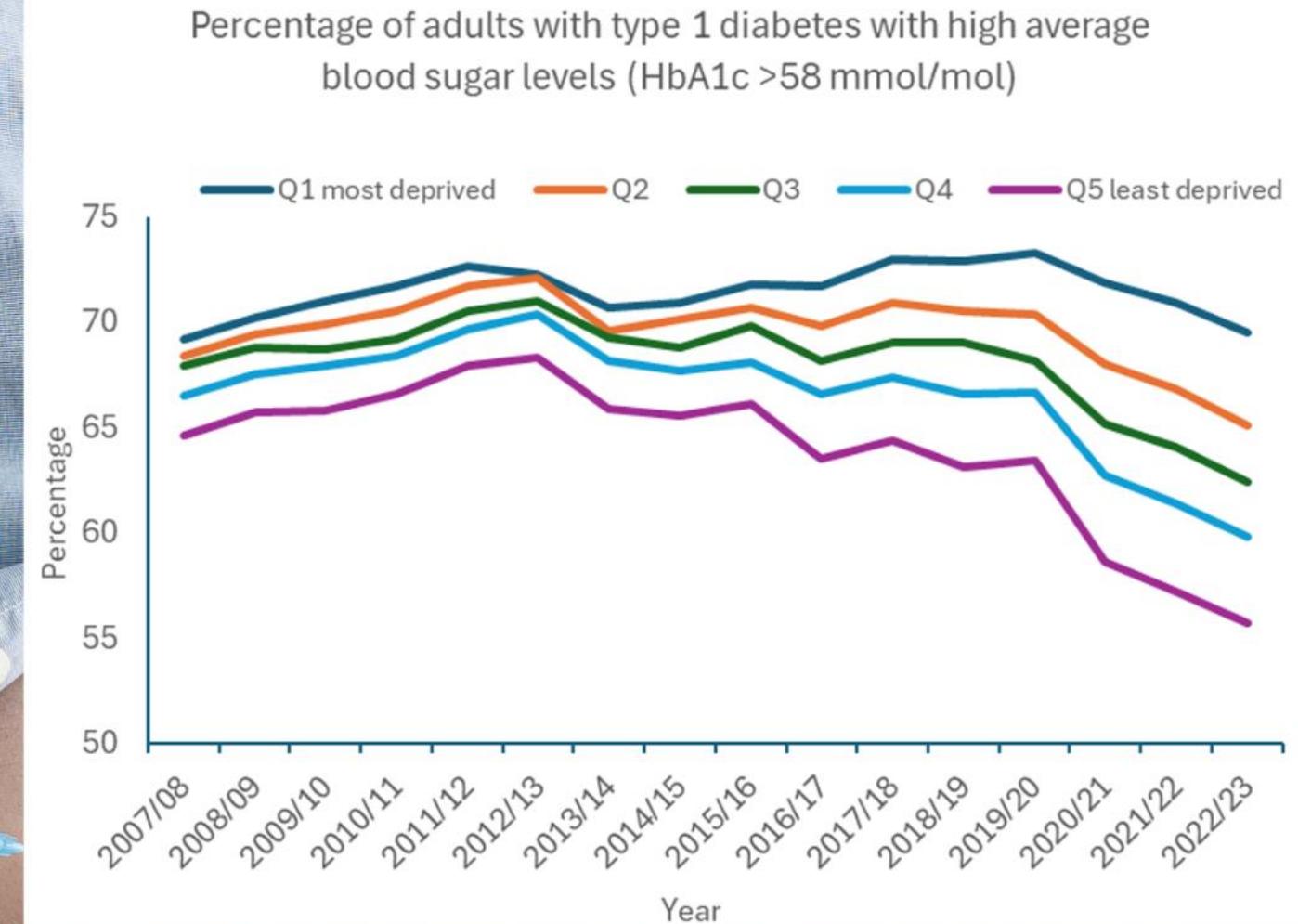


- Data up to the end of 2024/25 shows that the difference in HCL usage by IMD is minimal. There is some inequity by ethnicity. However, this is more positive than trends seen with roll out of previous tech
- Lower uptake in black ethnicity correlates with previous inequity in pump usage for this group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

# the world of pediatrics



*the world of*  
**adults**



# Slido

- What successes are you proud of in the last 2 years with the Implementation of HCL?



**What successes are you proud of in the last 2 years with the Implementation of HCL?**

- ⓘ The Slido app must be installed on every computer you're presenting from

# Slido

What blocks/challenges are you facing in your area with the implementation of HCL?



**What blocks/challenges are you facing  
in your area with the implementation of  
HCL?**

- ⓘ The Slido app must be installed on every computer you're presenting from

# Hybrid Closed Loop Workforce Capacity Modelling Tool.



The HCL Workforce Capacity Modelling Tool is designed to assist with:

**a) Forecasting:**

- Type 1 diabetes caseloads
- HCL uptake rates
- Outpatient clinic requirements
- Education class needs

**b) Capacity Planning:**

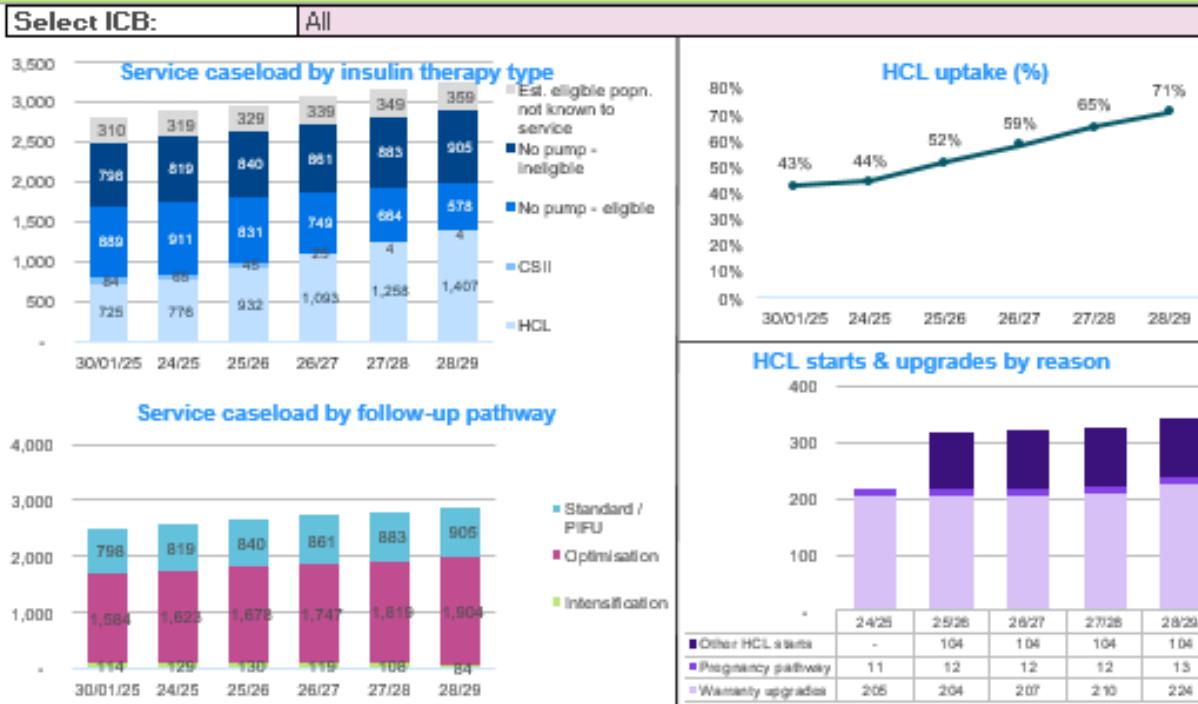
- Estimating educator and administrative workforce requirements across the HCL pathway, including structured education sessions.

# Explore the tool here:

- <https://healthinnovationnetwork.com/resources/hybrid-closed-loop-workforce-capacity-modelling-tool/>
- This tool is a free resource, and we encourage you to download and share it with Type 1 Diabetes services and commissioners across the country.
- *To access the tool, you'll be asked to provide some brief information about yourself and grant consent to receive updates. This will ensure you are notified of future versions of the tool, which we plan to update as guidance evolves or new devices are added to the framework.*

This page shows the impact on caseload, mix of therapy types and activity, and the capacity, workforce and devices needed to support the HCL starts & upgrades profile configured by the user.

## Caseload



## Capacity &amp; Workforce

Capacity type	24/25	25/26	26/27	27/28	28/29
<b>Clinical capacity</b>					
F2F outpatient clinic	266	295	303	309	314
Nursing telephone support session	50	232	232	231	195
Telehealth clinic	544	564	580	595	607
N/a	-	-	-	-	-
DAFNE essentials - F2F education session	5	13	12	12	8
Industry-led education session	5	5	5	5	0
In-house F2F 1-2-1 education session	81	143	143	143	81
In-house F2F group education session	16	76	76	76	79
In-house F2F group education session	44	44	44	45	57
<b>Workforce</b>					
Educator	3.8	4.9	5.1	5.3	5.3
Administration	2.3	2.9	3.0	3.0	2.9
<b>Annual capacity requirement</b>					
Telehealth clinic	544	564	580	595	607
F2F outpatient clinic	266	295	303	309	314
<b>Workforce</b>					
Administration	1.5	2.0	2.1	2.3	2.4
Educator	2.3	2.9	3.0	3.0	2.9

## Activity

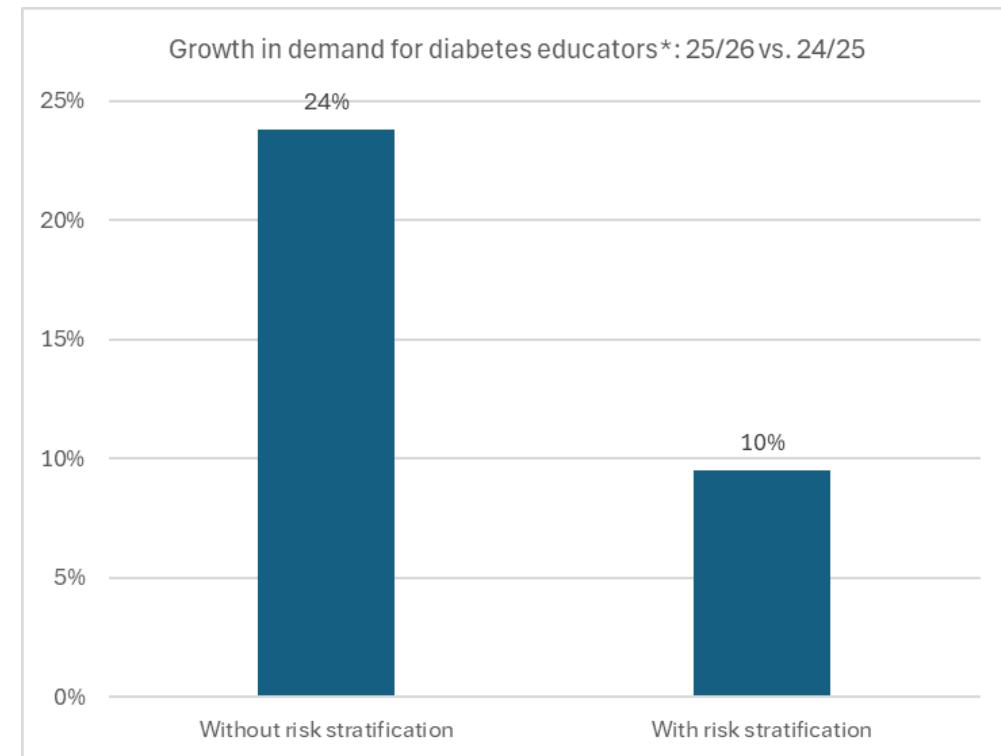
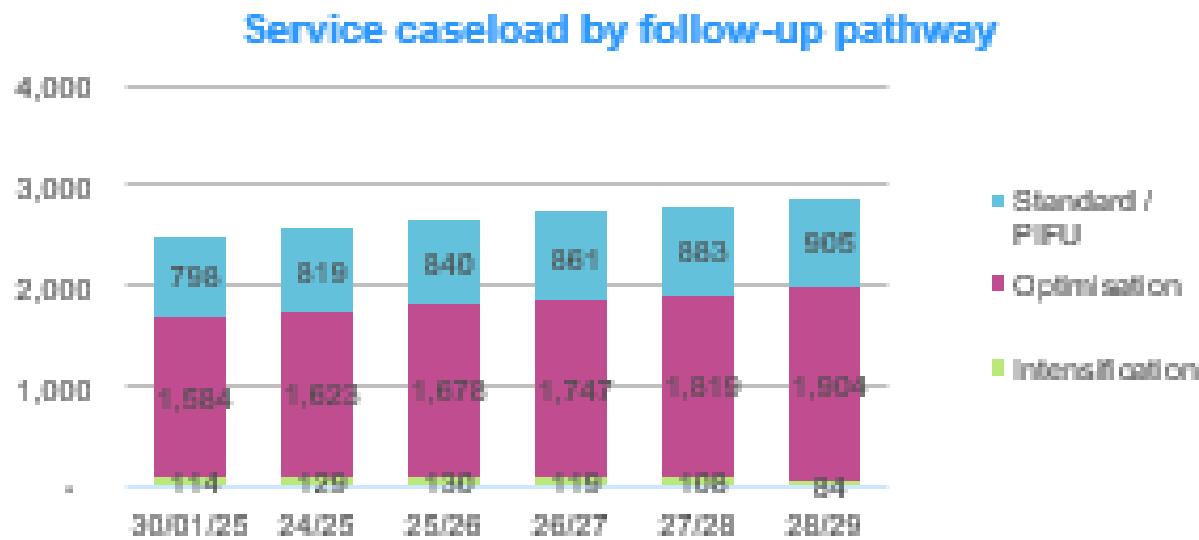
Activity type	24/25	25/26	26/27	27/28	28/29
F2F Outpatient attendance	1,329	1,473	1,513	1,543	1,570
Telephone support	199	928	927	925	779
Telehealth clinic attendance	2,720	2,818	2,902	2,976	3,037
DAFNE essentials - self-directed online learning	22	95	94	94	78
DAFNE essentials - F2F education session attendance	19	50	50	50	33
Industry-led education session attendance	20	20	20	20	0
In-house F2F 1-2-1 education session attendance	81	143	143	143	81

## Devices

Activity type	24/25	25/26	26/27	27/28	28/29
Dexcom G6 transmitter PLUS sensor	144	214	216	218	228
Abbott Freestyle Libre 3	30	45	45	46	48
Medtronic G4	23	34	34	34	36
Simplera Sync	8	11	11	11	12
ALL OTHER CGM SENSORS	11	17	17	17	18
<b>TOTAL CGM SENSORS</b>	<b>216</b>	<b>320</b>	<b>323</b>	<b>326</b>	<b>341</b>
Insulet Omnipod 5	129	190	192	194	203

# Risk Stratification

- The model predicts that, without risk stratification, demand for diabetes educators will grow by 24% from 2024/25 to 2025/26. Successful risk stratification approaches might reduce this by more than half.



# Comprehensive resources to support healthcare teams, including:



## Workforce Capacity Modelling Tool

We recommend reading the PDF user guide thoroughly before attempting to generate insights.

[Download](#)

## User guide

We have provided step-by-step instructions for how to use the modelling tool effectively. Please read this guide prior to using the modelling tool, and ensure you have the required data available to access the full functionality of the model.

[Download](#)

## Video tutorial

A thorough walkthrough of the tool's features and functionality, and how to use the model with the support of the user guide.

[Watch](#)

## Lunch and learn: session recording

Recording of the model's launch event, with expert insights on using the tool for HCL implementation and a Q&A session with NHS service users.

[Watch](#)