

DTN-UK Webinar - Update and discussion of current position of the HCL rollout – February 2026 – Q&A Transcript

Question: Just to confirm LADA & Type 3c are not eligible?

Answer: Garry Tan: Type 3c is not eligible. If someone with LADA can be appropriately labelled as having T1 diabetes in the NDA data submission, they WOULD be eligible.

Question: does the reimbursement start from April 2024 or when ICB had agreement to implement / start?

Answer: Fiona Earnshaw: Reimbursement has been available from April 2024. However, 2024/25 is now closed (i.e. if the data wasn't submitted it is too late). 2025/26 is partially closed, if Q1-Q3 2025/26 starts haven't been reported yet it is too late for them to release the year 1 (1 of 4 payments over 4 years) but as long as the 2025/26 start is reported before July 2026 the years 2-4 payments will flow.

Follow up: we started April 2024 and submitted data but have been informed was too early for reimbursement

Answer: Fiona Earnshaw: Can you send your query to england.digitaldiabetes@nhs.net - we are focused on data today but the HCL team can help unpick this.

Question: If HCL has been started in patients without T1DM, how reimbursement will be obtained? (if at all)

Answer: Alistair Lumb: This won't be reimbursed directly. However, remember that a portion of the reimbursement is put aside for ICBs to apply for those where HCL is started and eligibility won't be identified from the NDA submission. This should be used for those where the indication is hypoglycaemia as Garry says, and also haemoglobinopathies, and may also be applied to those treated as having type 1 e.g. following total pancreatectomy

Question: Apologies, please can you advise if the slides will become available after the session has ended? Many thanks

Answer: Alistair Lumb: Yes, the webinar will be recorded and shared post event and we will circulate the slides where permission is given.

Question: What percentage is allocated for those with Type 3, for example, and what reimbursement is claimed for pre-existing pumpers?

Answer: Alistair Lumb: No reimbursement is allocated for those with type 3c diabetes, or any type of diabetes other than that coded as type 1 diabetes. The admin reimbursement can be claimed for those already on a pump, but no reimbursement for hardware.

Question: Will the full cost of the HCL pump and consumables get reimbursed if they meet the criteria?

Answer: Fiona Earnshaw: NHS England's reimbursement is 75% of the estimated average incremental cost of HCL tech and consumables for someone being started on HCL. Providers and ICBs need to ensure actual costs are reimbursed to providers. Though we call it reimbursement it is more an "allocation release" to the ICB of a contribution from NHS England.

Question: is the admin fee for the upgrades for everyone who is upgraded or only those who will fit the criteria? (e.g., T1, pregnant, etc)

Answer: Fiona Earnshaw: Only those who meet the criteria.

Question: Could you clarify the pre-pregnancy attendance clinic? I am confused - slightly conflicting info. I thought they had to ATTEND a pre-pregnancy session within 6 months of starting HCL?

Answer: David Caldwell: We just need an observation date of planning pregnancy within 6 months prior to HCL start date, they don't have to have attended the pre-pregnancy clinic in that time.

Follow up: Thanks. So, to clarify - if they attended a pre-pregnancy counselling session 12 months ago - but when we are submitting the data and have reviewed this, we use the observation date as the day we submitted the data - this is acceptable?

Answer: David Caldwell: Yes, this would be acceptable. The observation date in this case is not the date of the clinic attendance but the date you confirmed the patient is planning pregnancy (a pre-requisite being attendance of this clinic).

Question: NICE guidelines suggest that disabling hypo is an indication of CSII. In 2026, how can we justify starting patients on CSII without HCL, even when they are using a CGM system? This is putting the clinicians in a difficult situation.

Answer: Alistair Lumb: This is also an indication for HCL, and HCL should be prioritised.

Question: Does the funding allocation for 2026/27 include costs for patients already initiated in 2024/25 and 2025/26?

Answer: Alistair Lumb: Yes, this is my understanding.

Question: Is there a cap on the number of T1 DM on MDI to commence on HCL per year for each Trust within the ICB, please?

Answer: Alistair Lumb: There is a cap on the funding available to each ICB but remember that the reimbursement is to support the roll-out and is not intended to provide all of the funding. Decisions at the level of an individual Trust will be taken at the level of the ICB.

Question: The modelling of 30% of adults meeting criteria for HCL by five years, is much lower than calculations that ~70% are likely to meet NICE TA criteria for HCL. Is the reimbursement going to be capped if we reach 30%? What happens (financially) if/when go over this amount.

Answer: Alistair Lumb: The reimbursement is capped - baseline estimates were that 50% of eligible adults would take up HCL. However, HCL is cost-effective, and so is judged by NICE as being worth the investment. Usually, there would be an expectation that a NICE TA would be implemented without any additional reimbursement, so the reimbursement we are currently getting is designed to promote implementation but there is an expectation that ICBs will also contribute.

Question: What happens at the end of the 5 years in terms of funding as the bill to the trusts/ ICB's will be quite significant for HCL going forward re upgrades etc?

Answer: Garry Tan: Absolutely. There is no guaranteed funding beyond 2029. Many places are starting those conversations with their ICBs to ensure that ICBs understand the financial implications

Question: Is the definition of 'young person' therefore under 19? We've included our young adults (under 25); so, if they don't meet HbA1c criterion will we not get reimbursement?

Answer: Garry Tan: The definition is U19 at the start of the quarter of HCL start. Sorry - this means that 19-25 y olds won't get funding from NHSE unless meeting other criteria.

Garry Tan: But as Alistair says, this is about central funding. Local ICB/Trust arrangements vary around the country.

Question: is the diagnosis verified via the GP or is our data submission what is accepted?

Answer: Garry Tan: From your data submission.

Question: How about the patients after total pancreatectomy (i.e. Whipple's procedure): they are missing the pancreatic insulin secretion also the pancreatic glucagon secretion. The glycaemia management could be challenging. Does it not qualify the HCL. Thank you.

Answer: Alistair Lumb: As discussed previously, these people do not qualify specifically for reimbursement.