University Hospitals of Derby and Burton NHS Foundation Trust

ABCD ABCD

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Where are we going?

www.DTN-UK.care

@dtn_uk

Dr Emma Wilmot

Consultant Diabetologist, University Hospitals of Derby & Burton Honorary Assistant Professor, University of Nottingham Chair, ABCD Diabetes Technology Network UK Gold Sponsors:





Silver Sponsors:

Medtronic

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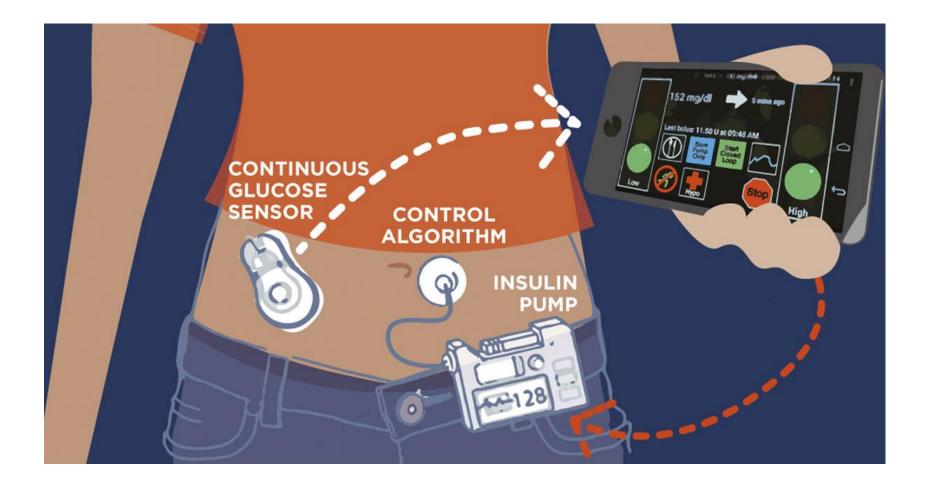


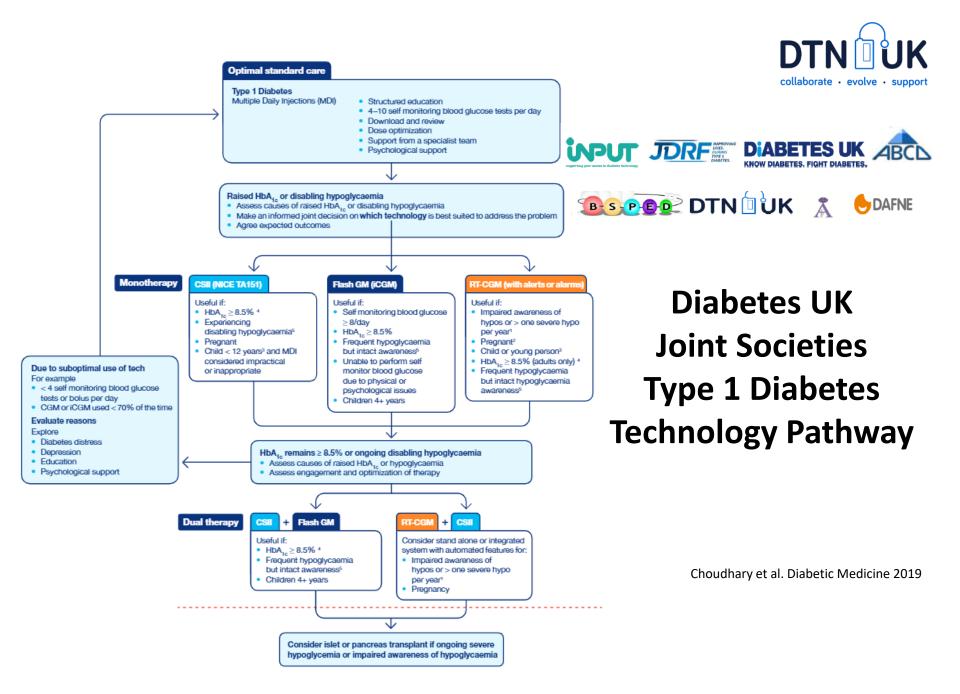
Disclosures

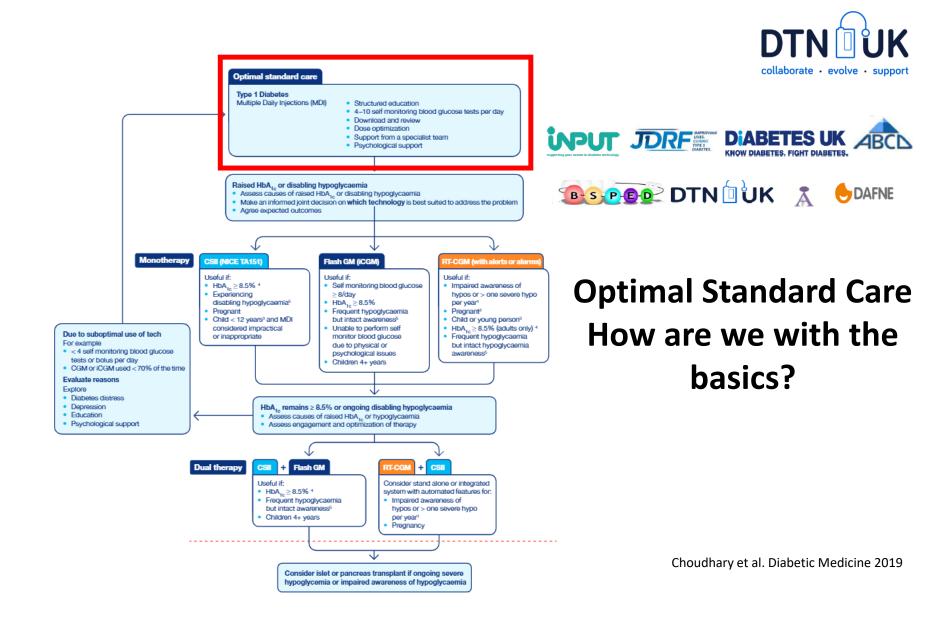
- Honoraria for speaker engagement: Abbott Diabetes Care, Dexcom, Eli Lilly, Medtronic, Novo Nordisk, Sanofi Aventis
- Advisory panel member: Abbott Diabetes Care, Dexcom, Eli Lilly, Medtronic, Novo Nordisk
- Funding for attending conference: Novo Nordisk, Sanofi



Where are we going?









Optimal standard care

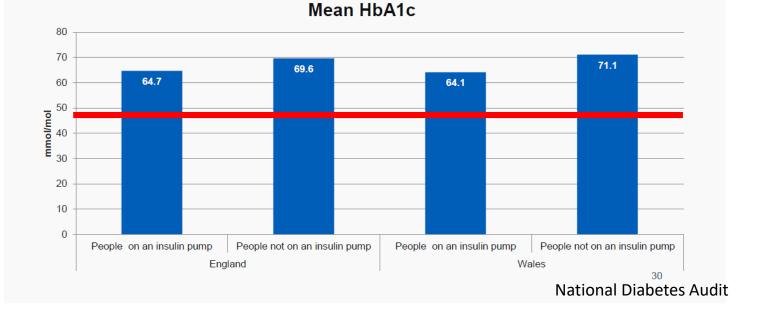
- Structured education
- SMBG 4-10/day
- Download and review
- Dose optimisation
- Specialist team support
- Psychology support



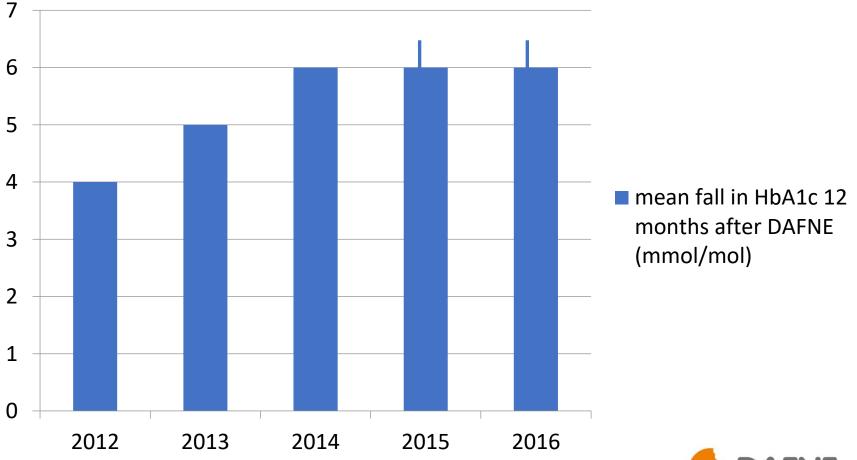
Treatment Targets – Mean HbA1c

Mean HbA1c is lower for Type 1 patients treated with an insulin pump. Analysis for the first Insulin Pump Audit looked at the change in HbA1c after starting pump therapy: <u>https://digital.nhs.uk/catalogue/PUB20436</u>.

Figure 15: Mean HbA1c (mmol/mol) for those with Type 1 diabetes on an insulin pump compared to those not on a pump, by country, England and Wales, 2016-2017



Achieving a reduction in HbA1c







Type 1 Diabetes: Less guesswork. More freedom. Better health.



Emergency treatment costs



Risk of DKA reduced by 61%



Risk of severe hypoglycaemia reduced by 72%



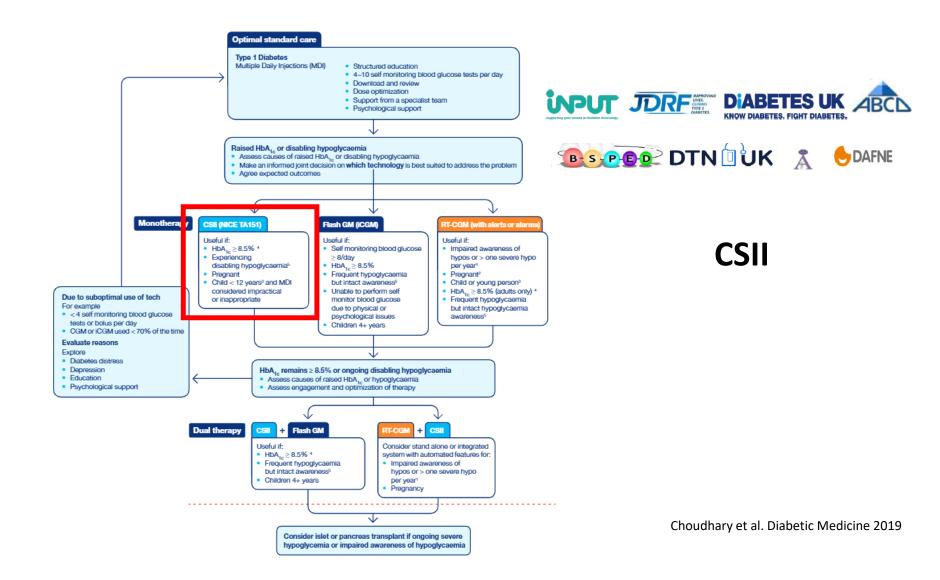
Costs of emergency treatments reduced by 64%

Elliott et al., Diab Med 2014



NDA 2017

	Type 1			
	2013	2014	2015	2016
Offered Structured Education within 12 months of diagnosis	20.8	30.5	34.0	37.8
<u>Attended</u> Structured Education within 12 months of diagnosis	2.6	3.6	3.6	4.3





NICE TA 151 (2008)

Insulin pump therapy is recommended for those with T1DM provided:

 attempts to achieve target HbA1c levels with MDI has result in the person experiencing disabling hypoglycaemia

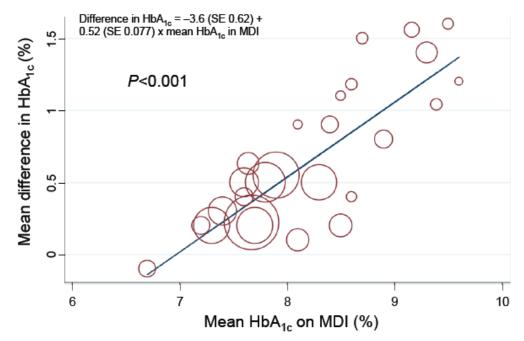
or

 HbA1c levels have remained high (8.5% (69mmol/mol) or above) on MDI therapy despite a high level of care



Anticipated HbA1c reduction

Meta-analysis CSII vs MDI: HbA_{1c}



CSII = continuous subcutaneous insulin infusion; MDI = multiple daily injections

Pickup JC. Diabetic Medicine 2008 Jul;25(7):765-74.



UK CSII uptake

SCOTLAND

In Scotland just over 11% of individuals w approximately 35% of under 18s and 9% of appropriate access to technology to impro parliament to increase access to insulin p Scotland. Challenges remain around time use of these technologies. The appointme technologies will help ensure teams have n insulin pump therapy. This equates to mmitment from Scottish government to ensure OM has been secured over the lifetime of this sh continuous glucose monitoring services across lucation and ensuring staff are skilled in the ator to support clinical teams to upskill in these to support individuals to manage their diabetes.

ENGLAND

The percentage of adults with Type 1 diabetes on pumps in England has

15% of ce 15% in th num the c

is hi 4 nations, there is huge variation between centres with some providing the technology to <5% while other centres have in excess of 30% on insulin pumps, DTN-UK is actively working with NHS England, NHS Digital and ABCD to investigate and address these variations in care.

6% in 2012

www.DTN-UK.care

NORTHERN IRELAND In Northern Ireland 10% (4-13%) of adults with Type 1 dia the of the fur tim

ofp Ireland has now established a Diabetes Network inclusive of a Technologies Subgroup to address these challenges.

WALES

In Wales NICE TA151 applies and therefore funding for insulin pumps rently 6% sho of a tes are

of the lan the

on i thei bety Wal Wel identified CSII therapy as one of its core priorities to improve the uptake, decrease the inequalities to access and also ensure that services that are delivered are consistent and safe.







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In every consultation with someone with Type 1 diabetes

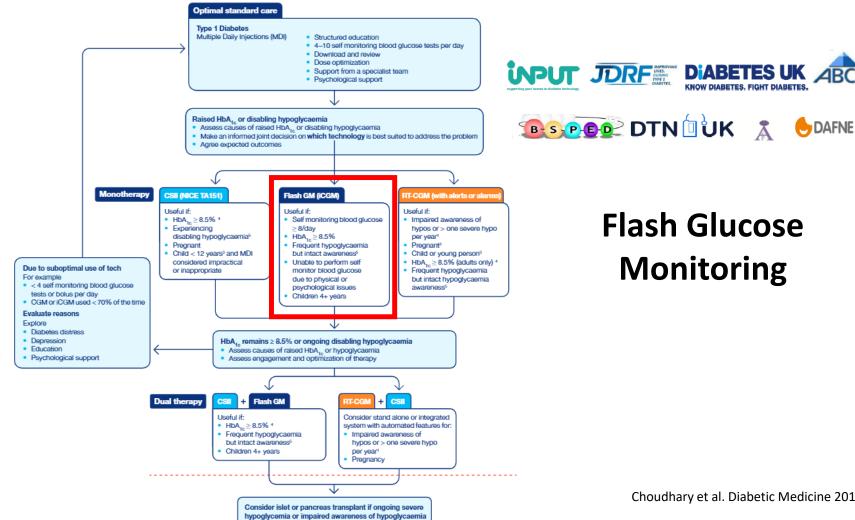
THINK PUMP



Best Practice Guides www.DTN-UK.care



DTN-UK will continue to support CSII service by running educational events across the country

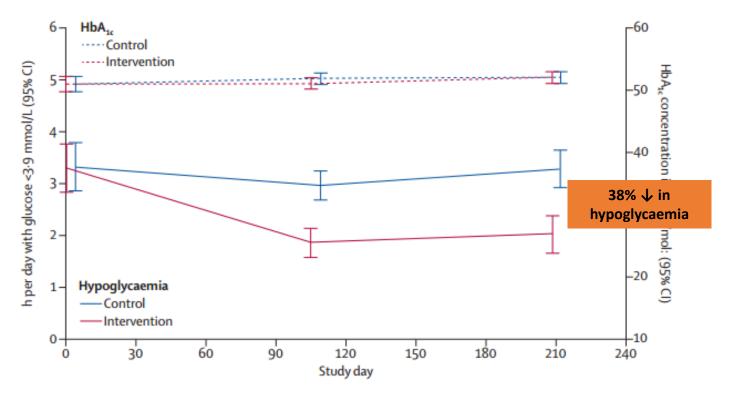


Flash Glucose Monitoring

Choudhary et al. Diabetic Medicine 2019

Results: HbA1c and Hypoglycaemia





Bolinder et al. Lancet Sept 2016



Diabetes glucose monitors 'available to thousands more'

() 14 November 2018

🛉 😒 😏 🗹 < Share



NHS to provide life changing glucose monitors for Type 1 diabetes patients

14 November 2018

Diabetes Digital Long term conditions

Tens of thousands of people with Type 1 diabetes across the country will benefit from life changing glucose monitors on the NHS.

To coincide with <u>World Diabetes Day</u>, Simon Stevens, Chief Executive of NHS England, is announcing action to end the current variation patients in some parts of the country are facing to access Freestyle Libre.

The wearable sensor does away with the need for inconvenient and sometimes painful finger prick blood tests by relaying glucose levels to a smart phone or e-reader.

Updated NHSE FreeStyle Libre Criteria

- Insulin treated diabetes and on haemodialysis
- CFRD
- T1
 - monitoring >8/day
 - Pregnant women
 - Unable to self monitor
 - Occupational or psychosocial indications for a trial
 - Problematic hypos (SH or IAH) (NB CGM preferred)



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FREESTYLE LIBRE EDUCATION PROGRAMME

This series of engaging videos is designed for people with Type 1 diabetes who use the FreeStyle Libre and the health care professionals supporting them.















DR. EMMA WILMOT

DR. PETER HAMMOND

GERALDINE GALLEN

NICOLA TAYLOR

DR. JACKIE ELLIOTT

DR. PARTH NARENDREN



DR. FRASER GIBB



DR. IAIN CRANSTON



MIKE KENDALL

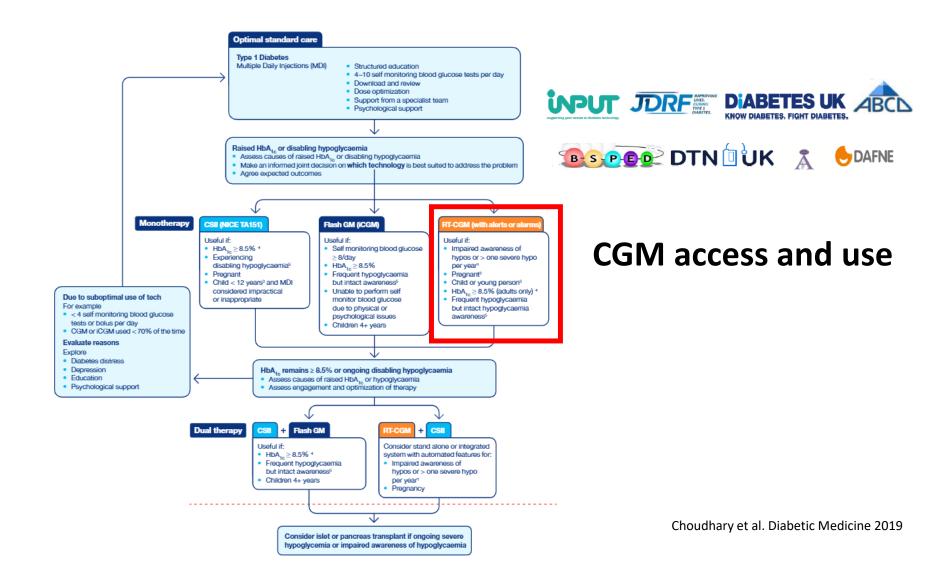


NICK RYCROFT



DR. ROB ANDREWS

Register at www.abcd.care/dtn/education



rtCGM funding: NICE NG17

- Consider real-time continuous glucose monitoring for adults with type 1 diabetes:
 - 1. More than 1 episode a year of **severe hypoglycaemia** with no obviously preventable precipitating cause.
 - 2. Complete loss of awareness of hypoglycaemia.
 - 3. Frequent (more than 2 episodes a week) **asymptomatic hypoglycaemia** that is causing problems with daily activities.
 - 4. Extreme **fear** of hypoglycaemia.



Access to CGM

- Roche commissioned FOI to determine whether CGGs in England have policies for the reimbursement of CGM
- Responses 99% (205/207) CCGs
- 45% (92/205) had policy on funding of CGM
- 21% (43/205) commission CGM in-line with NICE guidance

Perera R, Oliver N, Wilmot EG, Marriott C. Diabetic Medicine 2018.

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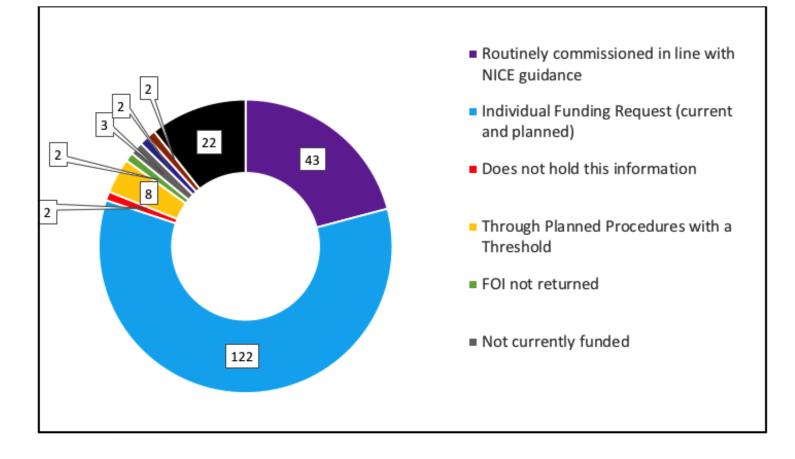


Figure 1: Current routes to funding for continuous glucose monitoring (CGM) Response to the question "How is CGM currently funded within your CCG?" n=205. Main route to

reimbursing CGM was through Individual Funding Requests (IFRs) 60% (122/205).

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Control

1

3

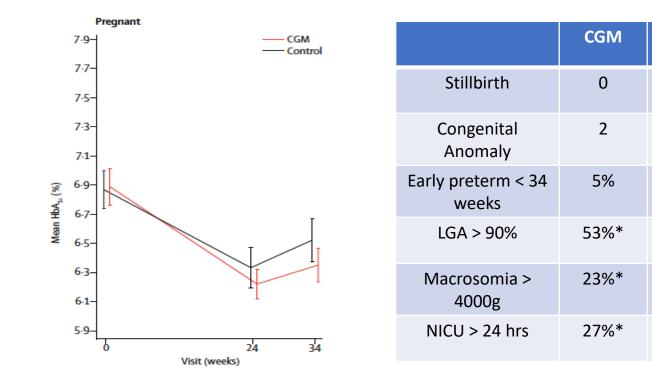
7%

69%

27%

43%

Continuous glucose monitoring in pregnant women with type 1 diabetes (CONCEPTT): a multicentre international randomised controlled trial



CGM in pregnancy implementation group





- Roadshows throughout 2020
- Online webinar
- Online modules
- Aim to support the universal uptake of CGM in pregnancy

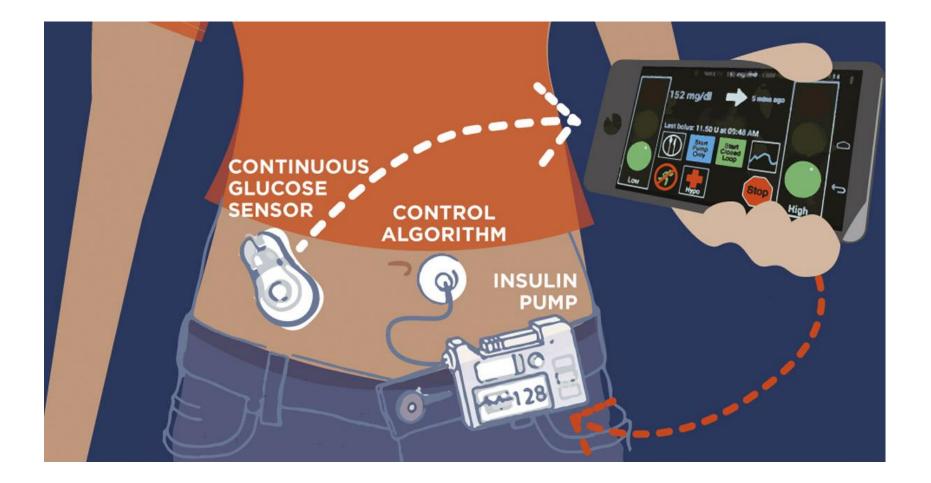




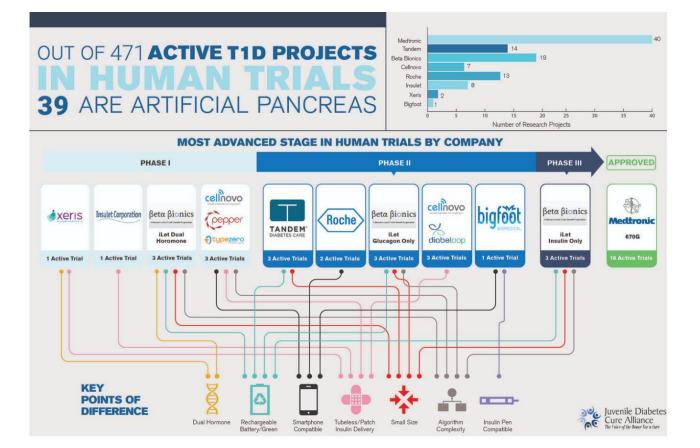


Diabetes Technology: the future

Where are we going?



Commercial development of the artificial pancreas







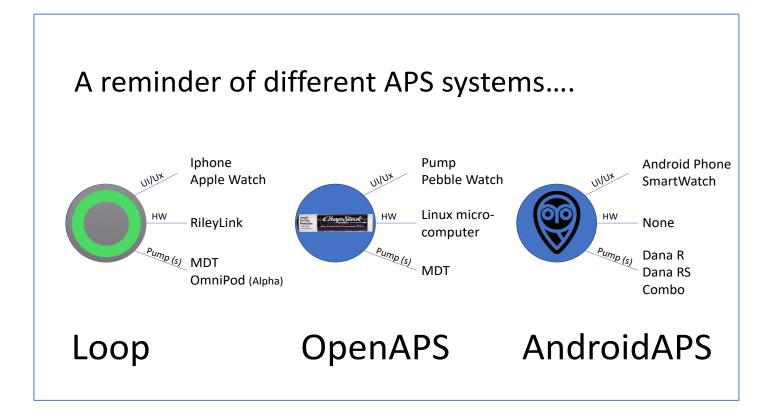


The rise of the 'DIY' artificial pancreas system

#wearenotwaiting



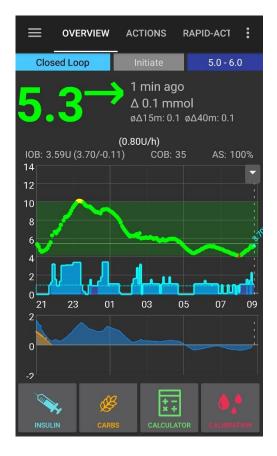
DIY APS





DIY Artificial Pancreas System

- Controversial area: unregulated
- Risks unknown: need for objective outcome data
- ABCD national audit of DIY APS users planned





Summary

- Technology moving fast
 - New players in the CSII and CGM markets but access to both remains sub-optimal
- Which presents challenges for future closed loops
- Need to get the basics right

Priorities 2019



Technology Pathway delivery

- Focus on delivery of CGM in pregnancy
- Increase access to CGM and CSII

Education

- Educational events
- 3 further national Best Practice Guides: pregnancy, CGM, primary care
- DTN-UK CGM in pregnancy education programme (events and online)

• National Diabetes Type 1 Service Audit

• Highlight the key barriers to technology access

Pave the way for access to the artificial pancreas

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The future



Dr Pratik Choudhary DTN-UK Chair



Dr Alistair Lumb DTN-UK Vice Chair

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The committee

- Emma Wilmot (Derby)
- Pratik Choudhary (London)
- Peter Hammond (Harrogate)
- Alastair Lumb (Oxford)
- Dinesh Nagi (ABCD chair, Mid Yorks)
- Geraldine Gallen (London)
- Eleanor Scott (Leeds)
- Sufyan Hussain (London)
- Iain Cranston (Portsmouth)
- Fraser Gibb (Edinburgh)
- Jackie Elliott (Sheffield)
- Sara Hartnell (Cambridge)
- Nick Oliver (London)
- Mark Evans (Cambridge)
- Fiona Campbell (Leeds)
- Philip Weston (Liverpool)
- Julia Platts (Cardiff)

Patient reps

- Mike Kendall (patient rep)
- Joanna Mullineaux (patient rep)
- Liam McMorrow (patient rep)



Thank you



Dr Peter Hammond, Harrogate



Dr Rob Gregory Ex ABCD Chair

DTNUK Thank you

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