

Reference: FOI.ICB-2425/019

Subject: NICE TA943 Supporting Hybrid Closed Loop Systems for Type 1 Diabetes

I can confirm that the ICB does hold the information requested; please see responses below:

QUESTION	RESPONSE
<p>NICE have announced TA943 supporting Hybrid Closed Loop systems in people living with T1 diabetes to have access to this technology. NHS England have asked ICBs to set out their plans on how they are going to deliver this.</p>	
<p>1. When is the ICB going to implement NICE TA943 and if not what would be the reason for not doing so?</p>	<p>We are working with diabetes clinicians across BNSSG to implement hybrid closed loops through a 5-year phased roll out in line with NHS England's implementation plan and as recommended under NICE TA943. We are in the process of understanding what infrastructure is required to safely deliver hybrid closed loop systems and awaiting further information from NHS England on the device commercial framework and additional funding that may be available.</p>
<p>2. What policy is currently in place within the ICB for use of Hybrid Closed Loop Systems?</p>	<p>BNSSG Clinical Pathway for the use of diabetes technologies in all patients with Type 1 Diabetes 6. Endocrine System Guidelines (Remedy BNSSG ICB) This document will be reviewed by Q3 2024/25</p>
<p>3. When does the ICB plan to have a policy in place in line with TA943</p>	<p>We do not anticipate holding a policy for hybrid closed loops but a locally agreed 5-year phased implementation plan rollout. We expect this to begin by Q2 2024/25</p>

<p>4. Will this policy promote patient choice - drawing your attention to NICE FAQ document on local formularies and ensuring that full choice of TA treatments is not restricted https://www.nice.org.uk/Media/Default/About/what-we-do/NICE-guidance/NICE-technology-appraisals/Frequently-asked-questions-on-NICE-compliance.pdf</p>	<p>Patient device choice will be in line with the NHS England & NICE recommendations for cost-effective pricing within the NHS commercial framework.</p>
<p>5. Please can you also share a copy of the implementation plan that was submitted to NHS England</p>	<p> BNSSG HCL delivery plan template_Febr</p>

The information provided in this response is accurate as of 16th April 2024 and has been approved for release by Jo Medhurst, Chief Medical Officer for NHS Bristol, North Somerset and South Gloucestershire ICB.

Hybrid Closed Loop technologies: ICB Delivery Plan

Following release of the NICE Technology Appraisal on 19 December, NHS England has published its [5 year implementation strategy](#) and released mobilisation funding to support the development of ICB delivery plans. ICB leads are asked to return local plans to Lynn Sawyer/Bev Bishop at england.diabetessw@nhs.net in their regional team by **1pm 29th February 2024** who will collate the regional response and return back to the national team. ICBs might find this template helpful to use to formulate their delivery plan. We respect the fact that each system will have their own governance and procedures for local sign-off so are prepared to receive advanced draft versions within the given timeframe if further time is required for formal ICB approvals.

1. Local leadership and key contacts

Name of ICB	BNSSG	
Clinical Lead (adult services) UHB	Name	Email
Clinical Lead (adult services) Weston	Name	Email
Clinical Lead (adult services) NBT	Name	Email
Clinical Lead (children and young people services)	Name	Email
Finance Lead (for HCL mobilisation fund administration)	Name	Email

2. State of local readiness to implement the NICE Technology Appraisal

Confirm the names of the acute trusts within the ICB area that intend to provide HCL in the early phase of mobilisation	Diabetes Paediatric Unit(s) University Hospitals Bristol and Weston NHS Foundation Trust	Adult Diabetes Centre(s) University Hospitals Bristol and Weston NHS Foundation Trust North Bristol NHS Trust
State of readiness of local diabetes centres and diabetes paediatric units	<p><i>Please confirm if all diabetes paediatric units and adult diabetes centres are already providing or will be in a position to offer HCL access within the early phase of national HCL programme implementation (e.g. April or May 2024). If there are local diabetes centres/ units within your ICB geography that will not be able to provide HCL within this timeframe, please summarise how and when the needs of the eligible adult population will be served. This could involve the establishment of a hub and spoke approach at either a local, sub-regional or regional level.</i></p> <p>All are already providing.</p>	
HCL and risks of retinopathy	<p><i>Has a dialogue started between local trusts and diabetes eye screening services regarding HCL, risks of retinopathy and the need for a local pathway?</i></p> <p>Yes</p>	

Mobilisation funding	<p><i>Please briefly summarise how the mobilisation funding is being used to support the implementation of HCL</i></p> <p><i>Plan to split the funding equally between UHBW adult (with funding split between BRI and Weston), UHBW Paediatric and NBT adult services.</i></p> <p>Adult services plan:</p> <p>Funding will be split to support the submission of the baseline data to the National Diabetes Audit by funding additional admin hours, shared education activities (using funding to deliver the training and backfill staff to allow team members to attend training sessions) and funding to release Clinician time to help finalise the local implementation plans.</p> <p>Paediatric plan:</p> <p>1. Provide dedicated space for pump starts</p> <p><i>Room booking for off-site pump starts approx.: 1 per week at below price would cost approx. £5200 PA</i></p> <p><i>Options include:</i></p> <p><i>E5 Bristol City Church BS2 £110 per 4-hour pump start session</i></p> <p><i>Elm grove Centre BS6 £60 per 4-hour pump start session</i></p> <p><i>Hamiton House BS1 £120 per 4-hour pump start session</i></p> <p>2. Purchase additional CHO training materials to initiate inpatient newly diagnosed patient on pump therapy</p> <p><i>CHO from diagnosis kits, education material, scales, carbs and cals books for ward. Estimated cost £2500</i></p> <p>3. Additional hours staffing for weekend/evening pump starts e.g. 1x Saturday start covers 10 patient starts</p> <p><i>PDSN B6 Saturday pay rate: 216.12</i></p> <p><i>PDSN B7 Saturday pay rate: £253.55</i></p> <p>4. Admin support to ensure HCL database up to date Including inputting pump pathway appointment achieved and technology commenced. Ordering/receipting/invoicing tech. Room bookings, patient invites and rep organisation</p> <p><i>Band 2 day rate: approx.: £81.75</i></p> <p><i>We are in the process of reviewing the regional request for HIN funding to support a regional project post as requested. It was not possible to complete the review of and therefore finalise the ICB's position regarding the regional project by the deadline of 29/2/24 due to multiple clinician absences at the current time. There are plans to further review this in the coming weeks with colleagues across the system through further discussion and a meeting to be held 14/3/24 - time to be confirmed.</i></p>
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3. Local population need and insights from tech adoption

Estimated local type 1 diabetes population	5646
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Local population need	<p><i>Estimated number of local people living with diabetes who:</i></p> <ul style="list-style-type: none"> • are adults - 5127 • are children are younger people - 519 • have a HbA1c of 7.5% or more – 3333 • are insulin pump users; 839 • are CGM users - Prescribed CGM 4030 Procured CGM 869
Observed local trends from roll-out of other diabetes technologies	<p><i>Please describe any observed trends in local type 1 diabetes technology access derived from the data that should be factored into local plans for delivery of HCL. This should include positive and negative observations and may relate to age, ethnicity, indices of multiple deprivation and sex.</i></p> <p>Adults service: Traditionally uptake of diabetes technology (CSII in particular) has been greater in the population with higher educational attainment, and lower deprivation index. There are also a number of hard to reach groups which have been identified including the Somali and South Bristol Community catchment area. Uptake in the younger adult population has been greater and it is hoped that the NICE criteria will enable more people from our aging population to access the technology, however experience within the older age group suggests there are implications in terms of increased clinic time and frequency of future visits with this age group that will need to be considered as part of the ICB implementation. The cohort with the most elevated glycaemic indices have also been under-represented due to historical views on the safety of these devices for this cohort. This is true at a national and not purely local level. The current criteria for prioritisation (national) again risk propagating the same bias against the population that has the likelihood of gaining the greatest improvements in glycaemic control and possibly quality of life.</p> <p>UHBW Paediatric service : Prior to our NHS England Pilot we had a clear disparity with regard pump and CGMS uptake. Before the pilot, across Bristol and Weston, compared to those living in the most affluent communities (IMD 9&10), children from the poorest communities (IMD 1&2) have;</p> <ul style="list-style-type: none"> • a higher HbA1c (69.5 vs. 58 mmol/mol, p<0.0001), • are less likely to be managed with an insulin pump (Pump use 11% vs. 32%, p<0.0001), • are less likely to use CGMS (46% vs. 70%, p<0.0001), • likely to be brought to clinic
Prioritised populations during the early stages of roll-out	<p><i>Please confirm population cohorts to be prioritised in the early stages of mobilisation if different to the populations set out by NICE</i></p> <p>As per NICE</p>
Achieving equality of access	<p><i>Please summarise how equality of access will be achieved during the 5-year implementation phase. What evidence or learning from good practice are you looking to adopt locally to help achieve equality of access?</i></p> <p>Plan to review and update the local pathway for the use of Diabetes Technology in patients with Type 1 diabetes with consideration of the NICE HCL TA and UK's Association of British Clinical Diabetologist's Diabetes Technology Network (ABCD-DTN): Best practice guide for hybrid closed-loop therapy and associated guides</p>

	<p><i>Aim to take learning from the Bristol Children's Hospital project to increase diabetes technology uptake within all demographics using a community-based approach to support areas with greater health inequalities.</i></p> <p>For both adult and paediatric services group starts have worked well although virtual starts tend to work less well within the paediatric cohort for whom clinics held in community settings have been successful.</p> <p>Additional resources to support patients for whom English is not their first language are vital to support implementation in some of the harder to reach cohorts. Consideration is being given to ways that working with specific charities to help reach certain populations e.g. Caafi Health alongside scoping evening and weekend clinics in addition to community approaches</p> <p>Working with companies e.g. Dana/Advanced Therapeutics who provide Sim only android phones for those with non-compatible models (CAM-APS) has also supported access for patients for whom technology is the limiting factor to pump use in the past and can be further utilised and expanded.</p>
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4. Confirmation of local leadership sign-up to the plan

Trust leadership

- i. Adult diabetes service clinical lead(s)

Name:

Position: Consultants and DSN's & Trust leads for HCL in BNSSG

Signature:

- ii. Children and young people clinical lead(s)

Name:

Position: Consultant and Trust lead for Paediatric diabetes

Signature

ICB leadership

- iii. Diabetes Lead

Name:

Position: Senior Medicines Optimisation Pharmacist – Diabetes Lead

Signature

- iv. Finance Lead

Name:

Position: Head of Finance Acute and Mental Health

Signature

NHS England

- v. Regional programme lead or SRO

Name:
Position: Clinical Network Manager
Signature