Herefordshire and Worcestershire Integrated Care System

NHS Herefordshire and Worcestershire

Clinical Commissioning Position Statement
Hybrid Closed Loop Systems for Managing Type 1 Diabetes

	This Position Summary is part of the NHS Herefordshire & Worcestershire Integrated Care Board (ICB) suite of Clinical Commissioning Policies, Prescribing Policies and Formulary If this is a printed version of this policy, please check the website to make sure it is current.
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Indication	**Hybrid closed loop systems for managing blood glucose levels in type 1 diabetes – 5-year phased implementation period**
Commissioning Position	Hybrid closed loop (HCL) systems are **supported for NHS use** only in line with NICE TA943 Hybrid closed loop systems for managing blood glucose levels in type 1 diabetes and the NHS England's implementation plan. Herefordshire and Worcestershire ICS are currently prioritising HCL initiation in the following groups, which have been nationally identified to have the greatest need and most likely to benefit: **1. Children and Young People:** HCL systems are recommended as an option for managing blood glucose levels for children and young people living with type 1 diabetes. **2. Pregnancy or planning for Pregnancy:** HCL systems are recommended as an option for managing blood glucose levels for women, trans men and non-binary people living with type 1 diabetes who are pregnant or planning to become pregnant. **Notes:** a. Full implementation of NICE TA943 is expected to take 5 years. The principles for the implementation strategy are included overleaf. b. HCL systems are only recommended: i. If they are included within the NHS procurement framework, procured at a cost-effective price agreed by the companies and NHS England. ii. With the support of a trained multidisciplinary team experienced in CSII and continuous glucose monitoring in type 1 diabetes. iii. If the person or their carer: • can use them, and • is offered approved face-to-face or digital structured education programmes, and • is competent in insulin dosing and adjustments. **c. Potentially eligible adults:** i. Routine adult initiation (non-pregnancy related) will only occur after all eligible paediatric patients have been started, and not before April 2025. ii. Implementation is dependent on national funding and will be phased over the 5-year period, prioritising adults with highest clinical need. iii. Adult eligibility for HCL systems includes those living with type 1 diabetes, who despite best possible management have: • an HbA1c of 58 mmol/mol (7.5%) or more, or • disabling hypoglycaemia, defined as more than 1 episode a year necessitating injectable glucagon or third-party assistance. Note: Best possible management should include input from specialist diabetes services to optimise insulin treatment and use of ONE of the following for at least 6 months: • intermittently scanned continuous glucose monitoring • real-time continuous glucose monitoring • continuous subcutaneous insulin infusion (CSII)

Background	Standard care for type 1 diabetes involves regularly measuring blood glucose levels by self-monitoring (blood testing) or by using a continuous glucose monitor (real-time or intermittently scanned). Blood glucose levels are managed with multiple daily insulin injections or by using a pump to inject insulin under the skin (CSII). The aim of treatment is to decrease blood glucose levels and keep them within a healthy range. Continuously managing blood glucose levels is a substantial mental burden for people with type 1 diabetes and their families or carers. HCL systems deliver insulin automatically using a calculation based on continuous glucose measurements. The systems do not need as much input from the person, but manual insulin dosing is still needed sometimes, for example, around mealtimes. HCL may reduce the mental burden and improve quality of life. Clinical trial and real-world evidence show that HCL systems are more effective than standard care at maintaining blood glucose levels within a healthy range.
Summary of Evidence	NICE Evidence - Hybrid closed loop systems for managing blood glucose levels in type 1 diabetes provides details of the evidence reviewed by NICE.
Equality & Diversity	An Equality Impact Assessment (EIA) has been used to inform the development of this document. No negative impacts were identified.
Other Considerations	**Overarching principles for the HCL implementation strategy:** **Principle 1:** HCL technologies will be initially rolled out to type 1 diabetes patients where the need is greatest and to those who are likely to benefit most. The initial focus on the following populations in the early stages of HCL implementation: • children • young people • people who are pregnant or planning a pregnancy • adults already using insulin pumps who want to transition to HCL. **Principle 2:** HCL technologies will be delivered from specialist centres, with paediatric units regarded as the optimal place to start implementation. **Principle 3:** Education and training is a vital component in supporting wider access to HCL technologies and will be at the heart of the rollout. **Principle 4:** HCL technologies will be phased into the NHS in both an equitable and sustainable manner to avoid exacerbation of existing health inequalities. **Principle 5:** NHS bodies will only purchase HCL technologies in line with the recommendation set out in the NICE technology appraisal. NHS England reserves the right to undertake further commercial activity to ensure HCL systems continue to deliver value for the NHS as new technology emerges. **Principle 6:** The phased implementation of HCL will be transparent and supported by data. A robust process for monitoring and reporting uptake will be formalised through the National Diabetes Audit and National Paediatric Diabetes Audit.
Acknowledgement	NA
References	Included within the document.

Document Governance Summary:

Engagement	**Individual or Group Name**	**Date**	**Version Reviewed**
	HWICS HCL Working Group	26/04/2024	1
	HWICS HCL Working Group	14/08/2024	2

Version Control	**Version No**	**Details**	**Date**
	1	New document	26/04/2024
	2	Updated to emphasise children and pregnancy as priority in early phase of implementation.	04/09/2024

Documents will be reviewed as indicated. Earlier revisions may be made in light of published updates to local and national evidence of effectiveness and cost effectiveness and/or recommendations and guidelines from local, national and international clinical professional bodies.