**Q&A NICE Technology Appraisal TA943 Hybrid Closed Loop**

Q: **I’ve heard that NICE have approved Hybrid Closed Loop technology for patients living with type 1 diabetes, when can I be started on this?**

A: NICE have recommended that Hybrid Closed Loop (HCL) technology should be offered as an option for managing blood glucose in type 1 diabetes if other methods have not achieved the desired results. This means that if a diabetes specialist feels that you would benefit from a HCL, this will be discussed with you at a routine appointment. NICE guidance also comes with a 5-year national implementation strategy. It will take time to implement this strategy and incorporate it into local services. Clinical risk and individual circumstances will be taken into consideration.

**Q:** **How long may I have to wait to be offered hybrid closed-loop, even if I’m eligible?**

A: It is likely it will take up to a few years for some people who are eligible to be offered HCL. The rollout will be over 5 years. This means that within that 5 years we have to put systems into place to enable us to support people with diabetes in starting up and continuing HCL. Clinicians require time to do this safely and effectively.

We plan to provide this to those in most clinical need first, starting with children and young people, those who are pregnant, and those with the most need for improved control as per NHS England guidelines. However, if a person is outside of those priority groups and a clinician feels that they would benefit from the technology sooner, it may still be offered during a routine appointment. We are following the national approach to guard against inequities in access.

**Q: Do I need to contact my specialist or Diabetes team?**

A: No, your specialist knows who you are and will either contact you or review your eligibility at your next appointment.

**Q:** **What is the reason for phasing the rollout over a five-year implementation period in this way?**

A: In normal circumstances the NHS would have to implement technical appraisal recommendations within three months but there currently isn’t the clinical capacity to do this – with additional recruitment and training of specialist staff required to establish a diabetes workforce sufficiently trained to manage a rollout of this scale.

As healthcare teams would be unable to offer HCL to everyone eligible straight away, steps need to be taken to start the rollout whilst allowing for more time to recruit to diabetes teams and equip them with skills to help people to use the technology effectively.

Doing so will also help tackle health inequalities, which is another important part of the strategy. An unplanned rollout which does not address these foundational issues around staff capacity and variation in what services can offer would have a greater risk of making gaps in access to tech worse.

**Q:** **Will all people with type 1 diabetes have access to the technology?**

A: No, these recommendations don’t include everyone with type 1 diabetes and there are additional criteria for adults over 18 years old who aren’t pregnant or planning to become pregnant will have to meet before being offered the HCL system.

**Q: Which pumps/HCL will you be offering?**

A: NICE and NHS England have negotiated a national deal to provide cost effective Hybrid Closed Loop systems. This process was able to identify a small selection of systems that we are able to select from. As new devices come to market, technology progresses and if prices change, the cost effectiveness point may change, therefore the range of devices will be under constant review. This means that the devices/systems available for us, to offer you, may change over time. We will review our selection locally based on the needs of our population and the devices made available by the above process. As the rest of the NHS, we will be restricted to the devices on the national system.

**Q: I have been contacted my diabetes devices (CGM or pump) company or representative who told me that I am eligible for HCL and to contact my clinical team and ICB, what should I do?**

A: No action needed, your usual clinical team will contact you or discuss at your next planned review. If you are contacted again by the company you can request, they stop, contact you and advise them to speak with the NHS England national team as your local area is following their guidance. If eligible you should not have to pay for any of your pump therapy costs, the NHS cover this, so please do not agree to buy direct from the company before checking with your clinical team.

**Q: Will I be able to pick the hybrid closed loop system I want?**

A: Yes, you will be able to choose from the HCL systems that become available to the NHS at a cost-effective price. This will be determined by the national team. ICBs and clinicians will be expected to follow this.

This means that you will be offered what has been identified as the most cost-effective solution for you and your individual needs. As part of the implementation plan, a national framework of available systems on the NHS which meet cost-effective price set by NICE during appraisal is being developed.

This is still being finalised and we will share more details when they are available. The framework is also being designed so that it can be adapted over time to keep up with changes in the tech as systems develop and new ones are launched.

**Q. Will patients in our region or nationally be offered HCL system immediately?**

Each area has varying levels of pump clinician staffing, expertise and capacity. Part of the plan is to equalise this in line with local demands.

In the meantime, we have set up a HCL steering and implementation group to work together across Suffolk and North East Essex to support each other so patients in are able to access HCL from the start of the rollout.

This guidance is welcomed by local services, we have been looking forward to this for a long time, however we are only at the very beginning of a very long road. There is a lot of planning that will need to be put into place before we can start implementing it. We are still awaiting many of the details of the national strategy, which means that we cannot plan for these details as yet.

We are working very hard to ensure that our systems will be able to provide the most efficient, cost effective, and above all fair process to ensure that those who will benefit from this technology are offered it as soon as possible. Please be patient with your diabetes team.

If you would like to understand Hybrid closed loop systems more and prepare yourselves in the interim there is lots of information available online. We advise starting here:

<https://www.diabetes.org.uk/guide-to-diabetes/diabetes-technology/closed-loop-systems>

<https://jdrf.org.uk/knowledge-support/managing-type-1-diabetes/guide-to-type-1-diabetes-technology/hybrid-closed-loop-technology-artificial-pancreas/>