



South Yorkshire Integrated Care Board (SYICB) Interim Position Statement (January 2025):

Hybrid Closed Loop (HCL) Systems for Managing Blood Glucose Levels in Type 1 Diabetes.

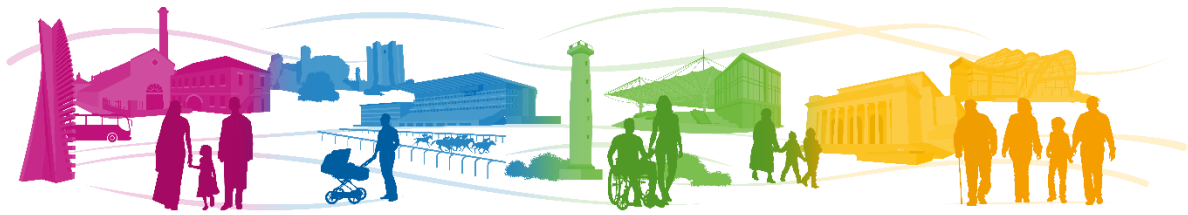
Approved by – SY Integrated Medicines Optimisation
Committee (August 2024) and endorsed by the SY Diabetes
Programme Group

July 2024

Interim update approved by IMOC :October 2024 and March
2025

Interim update for IMOC approval: October 2026

Review Date March 2027



South Yorkshire Integrated Care Board (SYICB) Interim Position Statement on Hybrid Closed Loop Systems (HCL) for Managing Blood Glucose Levels in Type 1 diabetes.

In April 2024 NICE published a NICE technology appraisal [TA943](#) which recommends;

Hybrid closed loop (HCL) systems are an option for managing blood glucose levels in type 1 diabetes for adults who have an HbA1c of 58 mmol/mol (7.5%) or more, or have disabling hypoglycaemia, despite best possible management with at least 1 of the following:

- continuous subcutaneous insulin infusion (CSII)
- real-time continuous glucose monitoring
- intermittently scanned continuous glucose monitoring.

HCL systems are recommended as an option for managing blood glucose levels in type 1 diabetes for children and young people.

HCL systems are recommended as an option for managing blood glucose levels in type 1 diabetes for women, trans men and non-binary people who are pregnant or planning to become pregnant.

Only use HCL systems with the support of a trained multidisciplinary team experienced in CSII and continuous glucose monitoring in type 1 diabetes.

HCL systems are only recommended if they are procured at a cost-effective price agreed by the companies and NHS England, and implemented following [NHS England's implementation plan](#).

Only use HCL systems if the person or their carer:

- is able to use them, and
- is offered approved face-to-face or digital structured education programmes, or
- is competent in insulin dosing and adjustments.

Due to the complexities and system changes needed, access to hybrid closed loop systems will be through a 5 -year phased roll out in line with [NHS England's implementation plan](#).

The South Yorkshire Integrated Care Board and lead diabetes clinicians across South Yorkshire have agreed local delivery plans to support equitable roll out across South Yorkshire in line with the NHS England's implementation. As part of this roll out those that will be offered HCL from the latest prioritisation cohorts are summarised in Table 1 below.

Table 1: Patients in Cohort 2 currently eligible for HCL in SYB

Current Groups of Patients eligible for HCL in SYB	Changes from cohort 1
1. All Children and young people <=18	
2. All those pregnant or planning to become pregnant	
3. Adults where despite best possible management with at least 1 of the following: •continuous subcutaneous insulin infusion (CSII) •continuous glucose monitoring AND One or more of the following:	
a) Aged 19 to 25 with HbA1c >= 58 mmol/mol	HbA1c reduced from ≥70mmol/mol (8.6%)
b) Aged 26 and over where specialist diabetes clinical judgement is that the patient is at immediate high clinical risk AND has one or more of the following: • HbA1c ≥ 64mmol/mol (8 %) AND established UACR > 3mg/mmol (30mg/g). • HbA1c ≥ 64 mmol/mol (8 %) AND has diabetic retinopathy of grade M1 or R2 and above. Clinical judgement will be required as to whether the patient should wait until any eye treatment is completed before starting HCL and to ensure that the patient has adequate ophthalmological follow up as their HbA1c falls.	Lowered HbA1c from ≥ 70 mmol/mol (8.6%) AND removed need to have optimised hypertension management and use of reno-protective drugs where appropriate. Lowered HbAc1 threshold from ≥ 70 mmol/mol (8.6%) AND removed having to be having specialist ophthalmological review and treatment
c) HbA1c ≥ 58 mmol/mol(7.5%) AND Gastroparesis	

d) Disabling hypoglycaemia that has led to serious adverse clinical events.	
4. On Pump that is due for renewal (any HbA1c)	
Children and young people commenced on HCL by paediatric services can continue HCL after being transferred to the adults services. Women who have started HCL during pregnancy can continue HCL after the end of their pregnancy. If patients are already on a waiting list to start HCL but do not meet the above criteria they should be placed on a 'holding list' until the criteria are reviewed or their needs change such that they meet the criteria. If clinician feels the person has an urgent clinical need to commence HCL but do not meet the above criteria, then an individual funding request can be made.	

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Further work is underway to agree the ongoing prioritisation and offer of HCL to other eligible patients using the following principles;

- 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.
- 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. Professional and patient representative groups, specialist centres and manufacturers will all need to align to provide this.
- 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.

Specialists will assess patients under their care and prioritise those with greatest need in line with locally agreed plans.

Suggested action for primary care

NHS systems have been given five years starting from 1 April 2024, to fully implement the recommendations in the NICE guidelines. During the first two years, specialist diabetes clinical teams will be focussing on identifying those Type 1 diabetes patients with the greatest clinical need who meet the criteria stipulated in NICE TA 943, to ensure they are provided with this technology first. This approach is in line with NHS England's national implementation strategy. In order to maximise benefits, the SY system have agreed patient cohorts who will be prioritised, see [table one](#) above.

Patients under secondary care teams:

Those patients with type one diabetes already under secondary care, offer reassurance that there are roll out plans in place and that whether they are eligible for HCL can be discussed at their next routine hospital specialist appointment. To help manage patient expectations it would be helpful if you could let them know that the roll out will take five years.

Please also encourage them to attend their routine eye screening appointments.

Improvements in blood glucose control decrease the risk of diabetic eye disease. But a rapid reduction from high levels of HbA1c can be associated with early progression of pre-existing diabetic retinopathy and maculopathy. Patients therefore need to have their eyes checked before HCL initiation and if needed, any ophthalmology treatment concluded before the HCL is started.¹

NHSE advise that:

“When high glucose concentrations are reduced over 6 months (or less) the risk that moderate/severe retinopathy worsens is increased from 8% to 13%. By 18 months, there is no difference in eye disease. After 6 years those with reduced glucose levels have halved the risk of developing sight threatening retinopathy.”

Patients only under primary care team:

Nationally one third of people living with type 1 diabetes do not access specialist services.

Patients with type one diabetes who are under the sole care of primary care should be referred to local consultant led hospital specialist diabetes services (paediatric, transition or adult services depending on the patient's age and local referral age cut offs). This is in line with national guidance that all patients with type one should receive

¹ NHSE Diabetic eye disease and starting hybrid closed loop (HCL) systems, 2024 and supporting letter

specialist care. The services will optimise the person's diabetes management before assessing whether HCL is appropriate.

In 24/25 and 25/26 please identify patients who are not under the care of specialist services opportunistically when they have their annual review or are attending the practice for other reasons and refer to secondary care.

The importance of all 9 care processes being up to date should be discussed with the patient before a referral is made and the patient encouraged to attend their next eye screening appointment.

As the HCL roll out progresses we may ask practices in the future to systematically identify patients to ensure that we are not exacerbating health inequalities.

Please note that paediatric services recommend that all patients under the age of 18 both Type 1 or Type 2 diabetes service should be referred to hospital paediatric services.

Further Information:

Fact sheet outlining what primary care team need to know can be found here:

<https://diabetesonthenet.com/diabetes-primary-care/factsheet-hybrid-closed-loop-therapy/>

Diabetes UK information on HCL

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

FAQ and further information for the public can be found here;

NICE [Information for the public | Hybrid closed loop systems for managing blood glucose levels in type 1 diabetes | Guidance | NICE](#)

Diabetes UK - [NICE announces final appraisal recommendations on hybrid closed-loop systems for type 1 diabetes](#)