

Levelling up the adoption of Continuous Glucose Monitors across the Newcastle Inner West PCN

The Newcastle Inner West Primary Care Network (PCN) serves a diverse population of approximately 53,000 patients across five practices in Newcastle's West End, including some of the most socioeconomically challenged areas of the city, such as Fenham¹ and Elswick². Approximately 3,700 of these patients are registered with Type 2 diabetes but according to prescription data³, the uptake of Continuous Glucose Monitoring (CGM) across the PCN is lower in comparison to other areas in Newcastle, underscoring the need for more innovative and equitable diabetes management solutions.

While NICE and NHS guidelines recommend CGM for a range of individuals, including some living with Type 2 diabetes^{4,5}, uptake of the technology has remained low, particularly among communities in deprived areas and across ethnic minority groups, who make up a significant portion of the registered patients within the network^{6,7}.

People from ethnic minority groups, especially those from South Asian, African, and Caribbean communities, tend to develop Type 2 diabetes at younger ages and at lower weight thresholds than white populations⁸, demonstrating further need to engage and support equitable access to diabetes management tools among these populations.



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IDENTIFYING DISPARITIES IN DIABETES CARE AMONGST A DIVERSE POPULATION

There are several interconnected challenges that could have affected equal access to CGM across the PCN, particularly among the communities facing socioeconomic and structural barriers.

Many of the practices are in deprived areas, where inconvenient access and limited appointment availability⁹, in combination with higher prevalence of health issues among patients, can restrict opportunities for conversations between patients and clinicians¹⁰. These structural issues are often compounded by deeper-rooted factors such as language and cultural barriers which further limit engagement, with practices such as Prospect Medical Group reporting that English is not a first language for more than half of their patient population⁶. In such cases, traditional English language NHS leaflets and technology demonstrations can be less effective than in other areas.

PROVIDING TAILORED SOLUTIONS TO ENGAGE THE COMMUNITY IN THEIR DIABETES MANAGEMENT

To address some of these challenges and level up the area, the Newcastle Inner West PCN entered a collaboration with Abbott to launch a targeted pilot programme, to increase uptake of CGM across their patient populations.

With access to baseline data on CGM uptake, the practices were able to identify and highlight the areas with the greatest unmet need and areas that required improvement. This was supported by staff training and multilingual patient materials, including cultural and language guides, and informed a tailored implementation strategy which involved Carolyn Jackson, Lead Primary Care Network Dietitian, and a full multidisciplinary team to ensure a holistic approach.

The PCN's pharmacy team used their available patient database to identify eligible patients for CGMs, who were then invited to attend a mix of group and one-to-one sessions, adapted to meet individual needs including religious considerations.



To reach patients with limited clinical contact, the network also engaged local care homes where residents were offered CGM access alongside technical assistance to resolve early challenges, such as mobile phone compatibility. Finally, our PCN Dietitian educated and upskilled the District Nurse teams to ensure that housebound patients also had the opportunity to benefit from CGM, lessening another potential source of inequality of access.

Rachel Vincent, Senior Lead Clinical Pharmacist Inner West PCN, said:

“The Abbott language support guides were instrumental in helping us implement CGM across the PCN. For patients whose first language isn’t English or who require an interpreter, we also found that more frequent face-to-face appointments are essential to ensure clear communication and effective support.

Being able to reach individuals who were previously harder to engage, such as care home residents, some of whom have dementia and can struggle with finger-prick testing, has also added real value to our approach and these communities.”

IMPROVING PATIENT OUTCOMES WITH INCREASED ADOPTION OF CGM

Over the course of one year, the network’s approach led to a marked increase in CGM uptake, with patients reporting greater confidence in managing their diabetes and more effective insulin titration and diabetes management across multidisciplinary teams.

Across the five practices, CGM adoption rose significantly. For example, Dilston Medical Centre baseline rates increased from 21% to 54% and Betts Avenue Medical Centre increased from 53% to 84%. This has also led to a significant reduction in baseline HbA1c levels across the PCN with an average decrease of 8%. Some practices, such as Prospect Medical Centre

and Dilston Medical Centre, have reported even greater reductions of up to 18% and 12% respectively.

Notably, patients across the PCN from ethnic minority groups have experienced the most substantial improvements since introducing the FreeStyle Libre 2 system, with average HbA1c reductions of 33% among African patients, 27% among White & Black African patients, 55% among Indian or British Indian patients, and 17% among those from other Asian ethnicities.

Dr Ojechi, Senior partner at Dilston Medical Group and Diabetes Lead IW PCN, said:

“Patients have found the FreeStyle Libre 2 system empowering and educational as it provides them with a visual aid to understand their diabetes and their glucose levels. Many feel relieved that they don’t have to finger prick regularly and can manage their diabetes more effectively with real-time readings. Patients who have been fatigued with their diabetes monitoring and engagement have been re-enthused.”

Given the success of the implementation, there are now plans for continued education and training to upskill staff, and it further highlights the importance of locally tailored, responsive interventions in improving access to innovative diabetes care. By building trust, addressing cultural barriers, and engaging both clinicians and communities, the Newcastle Inner West PCN has laid the groundwork for more equitable access to CGM, supporting patients to take proactive control of their health.

The NHS 10-Year Plan envisions a move towards “neighbourhood health”, where PCNs will play a key role in delivering care closer to home, by building on existing relationships in general practice. This shift will involve integrating services, improving coordination, and focusing on population health management, all while addressing health inequalities. Increasing use of CGM for diabetes management showcases how the 10-Year Plan can be achieved.

Images are for illustrative purposes only. Not real patient.

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