

West Yorkshire Integrated Care Board (ICB) expands primary care prescribing for diabetes technology

The West Yorkshire ICB serves 2.4 million people¹ living within Bradford District and Craven, Calderdale, Kirklees, Leeds, and Wakefield District.

Bradford has a highly diverse, multi-ethnic population, with the highest Asian population in the West Yorkshire and Harrogate region, and a 30% non-European population overall.²

Type 2 diabetes is up to six times more common in people of South Asian descent compared with white populations. Type 2 diabetes is also more likely to develop at lower weight thresholds for these groups, compared to people of White ethnicity.³

Bradford has the UK's highest prevalence of diabetes, with just under one in ten people (8.9 per cent) living with a diagnosis.⁴

ACCESS TO DIABETES TECHNOLOGY

In an article for the National Health Executive, Dr Waqas Tahir, the ICB Clinical Lead for Diabetes, described Bradford as a 'symbolic doughnut'. The centre is hollow where there is maximum deprivation, the highest ethnic minority rates, and the highest diabetes prevalence. This is where we see lower uptake of technology, in areas such as Manningham, where uptake is as low as 30%.⁵

According to IQVIA prescribing data⁶, there are large inequalities in access to the FreeStyle Libre 2 system across Bradford. GP practices with a higher proportion of registered patients from ethnic minority communities also report a lower uptake of the FreeStyle Libre 2 system. This information was shared with Dr Tahir, and Alison Graham, Community Diabetes Specialist Nurse (DSN). Although previous NHS-led initiatives in Bradford had already uncovered this disparity, there were some concerns about how the issue could be addressed effectively.

In 2020, an initial meeting took place between Abbott and local healthcare professionals, which identified several potential reasons why barriers to access may exist. These included language barriers, a lack of educational materials in foreign languages, community DSNs not having the ability to initiate the FreeStyle Libre 2 system, and patients having to visit a specialist care team in a hospital to be initiated onto the device.



After learning about the potential language barriers and recognising that most information up to that point was only provided in English, Abbott extended the accessibility of its educational resources by including materials in seven additional languages.

OVERCOMING BARRIERS TO ACCESS

After the first meeting, it was identified that a policy change would need to occur to enable the community DSNs to initiate the FreeStyle Libre 2 system. A number of meetings were held locally, to agree that the community DSN team would be considered as 'specialist care'. This was then agreed with the lead community DSN and specialist care team, before being implemented in what was then Bradford and Craven CCG.

As a result, this was combined with significant training and support from the local Abbott team, including hosting a community DSN lunch meeting where the team looked at prescribing data for uptake in Bradford, addressed changes in the policy and completed product training – with each DSN being offered the opportunity to trial a FreeStyle Libre 2 sensor. Follow-up support was provided on demand, and community DSNs became confident and able to initiate the device for eligible people living with diabetes.

Community DSNs also aligned themselves to PCNs, enabling continuity of care and regularly working from primary care practices to offer clinics. The impact of this was an uplift in overall prescribing of the FreeStyle Libre 2 system with some improvements seen in the inequity in access.

CGM=continuous glucose monitoring.

Images are for illustrative purposes only. Not real patient.

1. <https://www.westyorkshire.icb.nhs.uk/about-west-yorkshire-integrated-care-board>. 2. <https://www.wypartnership.co.uk/application/files/7116/0284/2929/bame-review-report.pdf>. 3. <https://diabetesjournals.org/care/article/37/9/2500/29021/Ethnic-Specific-Obesity-Cutoffs-for-Diabetes-Risk> 4. <https://www.diabetes.org.uk/about-us/news-and-views/bradford-district-and-craven-beating-diabetes-through-ground-breaking-alliance>. 5. <https://www.nationalhealthexecutive.com/articles/addressing-diabetes-health-inequalities-through-access-technology-insights-west-yorkshire>. 6. Data on file, Abbott Diabetes Care (Dec 22 – Sep 23).

For example, from December 2022 to September 2023, prescribed FreeStyle Libre 2 system uptake had increased from 67 to 83% uptake in the type 1 diabetes population. Bradford City six PCNs had the lowest uptake last December at 37%, but is now at 61%, indicating that the interventions are supporting more people to access diabetes technology. In addition, the direct interventions also encouraged a team of community DSNs who previously were not initiating the FreeStyle Libre 2 system, to offer it to eligible patients.

It was also recognised that there should be an allowance for some primary care healthcare professionals to be able to initiate the FreeStyle Libre 2 system. Thus, training sessions were organised by the local team in conjunction with primary care healthcare professionals to improve their knowledge base and enable them to offer the device to eligible people living with diabetes.

POLICY UPDATE FOR PRIMARY CARE INITIATION

However, to see greater access improvements across Bradford, the policy needed to be amended to give primary care healthcare professionals confidence to initiate, so that care could be delivered closer to home to enable those who found it difficult to get to hospitals or specific practices to access the FreeStyle Libre 2 system through the community DSN. Healthcare professionals also recognised that patients may not be able to access care due to working jobs that did not have the necessary flexibility to allow them to be away for a couple of hours to attend a clinic.

In 2023, the ICB policy for continuous glucose monitoring (CGM) was ratified and encouraged primary care, where skilled and competent, to initiate the FreeStyle Libre 2 system. This would ensure that healthcare professionals understood the key concepts of the device, how to apply and activate the sensor, an understanding of the reports on the FreeStyle LibreLink app⁷, the FreeStyle Libre 2 reader and LibreView⁸, understanding of interstitial glucose measurement as opposed to blood glucose measurement, licensed use, contraindications, and where to access further support.

As a result, there was an increase in requests for support, and throughout 2023, the local team have been hosting regular meetings with primary care healthcare professionals to upskill them on the technology.

This involved Abbott Medical Education Associates supporting healthcare professionals when they were reviewing patients, and the Secondary Care Territory Manager working in conjunction with the Primary Care Territory Manager to ensure all meeting requests were fulfilled.

The team played an active role in managing relationships, from informing of primary care uptake to ensuring

any concerns were appropriately fed back to the relevant healthcare professionals.

Further to this, Abbott's Market Access Specialists worked closely with commissioners to ensure they were fully up to speed on the cost implications of implementing the updated NICE guidance⁹, and any technical queries or documents were addressed and actioned in a timely manner.

LONG-TERM COMMITMENT TO IMPROVING ACCESS

Whilst disparity in access still exists, several work programmes designed for primary care, including a series of webinars and supportive face-to-face meetings took place for the remainder of 2023. These were delivered in conjunction with the ICB Lead for Diabetes, who is also a local GP with a specialist interest in diabetes. The teams understood that to address the inequalities, there are no short cuts, and it will take time to implement all the necessary training and skills development in the primary care workforce.

Within these meetings, the IQVIA data will be presented to highlight to the attendees the inequity of access to drive the conversation around increasing inclusivity and overcoming this barrier. The local team will continue to support the primary care work force to achieve their goal of reducing inequity in access for both those living with type 1 and type 2 diabetes.

Dr Waqas Tahir, ICB Clinical Lead for Diabetes, said:

"We have witnessed the importance and benefit of harnessing the power of technology, self-care and collaboration for our population. System activation and engagement through a dedicated 'Libre week' has made us focus on the challenges of health inequalities and equity of access. We started not with goals in mind, but by understanding the challenge and finding its crux. It has allowed us to avoid spreading our resources too thinly and not trying to do everything at once."

"The IQVIA data⁶ shows that between December 2022 and September 2023, there has been a 16% increase in uptake of the FreeStyle Libre 2 system across Bradford & Craven place. Our inner city PCNs (centre of doughnut analogy) have shown increases of 22%, 13% and 24% uptake during this period. We have championed this technology across my own PCN (Affinity Care) which has shown an increased uptake of the FreeStyle Libre 2 system of 47%. This is an incredible feat for our health system and people living with diabetes across our ethnic communities."

This article was developed in collaboration with Dr Waqas Tahir in a personal capacity. Bradford District and Craven Health and Care Partnership and NHS West Yorkshire do not endorse any specific products or companies.

CGM=continuous glucose monitoring.

Images are for illustrative purposes only.

6. Data on file, Abbott Diabetes Care (Dec 22 - Sep 23). 7. The FreeStyle LibreLink app works with FreeStyle Libre 2 sensor. The FreeStyle LibreLink app is only compatible with certain mobile devices and operating systems. Please check the website for more information about device compatibility before using the app. Use of FreeStyle LibreLink may require registration with LibreView. 8. The LibreView data management software is intended for use by both patients and healthcare professionals to assist people with diabetes and their healthcare professionals in the review, analysis and evaluation of historical glucose device data to support effective diabetes management. The LibreView software is not intended to provide treatment decisions or to be used as a substitute for professional healthcare advice. 9. NICE guideline NG28 (2015, updated 2022) available at <https://www.nice.org.uk/guidance/ng28>. Accessed February 2024.

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