NHS
North East and
North Cumbria

Increasing access to diabetes technology across North East and North Cumbria

North East and North Cumbria Integrated Care Board (ICB) was established in July 2022, and is one of the largest in the country. It cares for around 2.09 million people, with a workforce of 170,000 across the healthcare system.[1]

According to a report by the North East and North Cumbria Integrated Care Partnership (ICP),[2] life expectancy at birth in the area was lower than the England average in 2018-20. Poor social and economic circumstances have affected health throughout life, leading to greater risks of serious illnesses and a greater proportion of the population living with long-term conditions.

Around 200,000 adults in North East and North Cumbria are living with diabetes,[3] and the area has historically experienced some challenges related to variation in the uptake of continuous glucose monitoring (CGM) technology – especially in more deprived areas of the region.

The ICB was keen to address variation in access and ensure the National Institute of Health Care and Excellence (NICE) policy in relation to management of type 2 diabetes in adults[4] was implemented effectively. In July 2022, the Northern Treatment Advisory Group (NTAG)[5] adopted the NICE guidelines, enabling the ICB to implement use of CGM in line with national recommendations.

The NTAG is a subgroup of the North East and North Cumbria ICB Medicines Subcommittee, and makes recommendations on the clinical benefits and cost-effectiveness of treatments, ensuring equitable access to a clinically defined and appropriate range of treatments for the relevant patient population.

REDUCING HEALTH INEQUALITIES

As part of an initiative to accelerate the implementation of NICE guidelines for type 1 and type 2 diabetes and increase uptake of CGM, Abbott partnered with the ICB to develop a programme called 'Flash Week'. This targeted the upskilling of local practices within Northumbria to address health inequalities, the burden on NHS resource and clinical need.

The purpose of the week was to educate healthcare professionals in line with recent NICE policy guidelines which enabled GP practices to initiate continuous glucose monitoring (CGM). Abbott's market access team was able to deliver bespoke training to meet local needs, working closely with diabetes specialist nurses and community teams across the ICB, with support from non-medical administrative and managerial staff including Sandra Fleming, Danielle Rippon, Fenwick Sewell and Jennifer Craig from Northumbria, demonstrating how partnering with the NHS can effectively support rapid roll-out of education in primary care settings.

Flash Week took place in March 2023, and included a recurring daily webinar led by the NHS, delivered by Jane Morgan, Lead Nurse for Diabetes and Endocrinology and an Abbott representative, with local commissioners in attendance. The webinar ran for one hour during lunchtime, over a period of five consecutive days. All practices were strongly encouraged to attend at least one session, so that the teams were trained on how to make the FreeStyle Libre 2 system available to people living with diabetes in line with NICE guidelines.

1. https://northeastnorthcumbria.nhs.uk/news/posts/icb-kick-starts-plans-to-support-communities-to-live-happier-and-healthier-lives/. **2.** https://northeastnorthcumbria.nhs.uk/media/40zfe2wk/icp-integrated-care-strategy-draft-20221021-003.pdf. **3.** https://www.bhf.org.uk/-/media/files/health-intelligence/4/cumbria-and-north-east-bhf-statistics.pdf. **4.** https://www.nice.org.uk/guidance/ng28. **5.** https://ntag.nhs.uk/.

Over the course of the week, 95 healthcare professionals across 35 practices were trained; those who were unable to attend were identified and followed up with by the local Abbott representative.

Jane Morgan, Lead Nurse, Diabetes & Endocrinology, Northumbria Healthcare NHS Foundation Trust, said:

"Northumbria NHS Trust provides diabetes care to people living in Northumberland and North Tyneside which is the widest geographical area in England.

"Working collaboratively with our Abbott colleagues to roll out "Flash Week" and deliver quality training and support for community colleagues has enabled our patients to access is-CGM* technology locally and promptly. Patient feedback has been extremely positive and we are excited to watch and learn how community services continue to progress.

"Bringing us together has been a satisfying and motivating experience for everyone involved, and as a result we have planned further new learning opportunities for healthcare professionals."

The success of the first event resulted in plans for wider roll-out across the region in collaboration with commissioner Helen O'Neil, ICB Lead Diabetes Pharmacist, and Dr Patrick Holmes, GP Network Lead Diabetes, supporting the initiative with a focus on reducing health inequalities and variation in access to technology across the most deprived areas.

Helen O'Neil, Senior Medicines Optimisation Pharmacist – Tees Valley, said:

"CGM technology can be life changing for people living with diabetes, improving diabetes control and for many reducing the fear of hypoglycaemia.

"The aim of this project was to ensure as many healthcare professionals as possible were aware of the technology and how to initiate it. By doing this we hoped that all patients who are entitled to receive this technology have the opportunity to access it and benefit from it.

"The sessions were well attended, and it was a great first step into creating more access to CGM technology for people living with diabetes in Tees Valley."

As a result, Flash Week was subsequently delivered in Sunderland and Tees Valley localities, with 51 and 100 healthcare professionals in attendance respectively.

Local stakeholders played a key role in the success of the initiative, including diabetes community specialist nurses Vikkie Abbott and Jill Nelson, who were supported by Dr Neil Devlin, GPwSi.

INCREASING EQUITABLE ACCESS TO TECHNOLOGY

Nadia Malik, a local pharmacist who worked in the North Stockton Primary Care Network (PCN), based within the North East and North Cumbria ICB, recognised the need to improve access to sensor-based technology for patients living with diabetes in the local area.

With a special interest in type 2 diabetes, Nadia led on the local implementation of the FreeStyle Libre 2 system after reviewing data around the uptake of the technology in the area, which showed that the levels of FreeStyle Libre 2 system use in the North Stockton PCN area were at 40%, compared to the national average of 51%.

Keen to support the way diabetes was managed in the community, Nadia decided to work with local GPs and nurses in the North Stockton PCN practices to run simple searches using Ardens, a system used to identify eligible patients for the technology, inviting them into a clinic to get started on a sensor.

Patients were invited to attend a face-to-face clinic to receive a sensor and understand how to use it. The onboarding was delivered by Nadia alongside Abbott's local primary care team. They worked alongside North Stockton's PCN healthcare team to support them in their understanding of sensor technology and how to use the FreeStyle Libre 2 system, improving access to patient pathways.

As part of the programme to further increase accessibility, the team understood that English was not the first language of 95% of the patients identified via Ardens. As a result, the team needed to be able to communicate in different languages and reach out to a more challenging demographic which was made possible by Nadia speaking the patients' languages such as Punjabi and Urdu.

However, now using Abbott's accessible formats and foreign languages materials, Nadia finds supporting these patients simpler.

Nadia Malik, PCN Pharmacist, North Stockton, said:

"Using CGM with my patients has allowed me to support and empower them to self-manage their diabetes. My patients have found this technology life-changing."

As a result of this intervention, there was a higher-than-average uptake of sensor technology in North Stockton PCN, and by 2023, usage of the FreeStyle Libre 2 system had increased to 61%, significantly improving the equity of access across areas of high deprivation.

*is-CGM: intermittently scanned continuous glucose monitoring (commonly referred to as 'flash'). NICE terms used in NG17; https://www.nice.org.uk/guidance/ng17.

IDENTIFYING ADDITIONAL INTERVENTIONS

As part of this primary care roll-out, the local team also had the opportunity to re-engage with patients living with type 1 diabetes, which in turn helped get patients back into the clinic. It gave healthcare professionals the opportunity to communicate effectively with their patients around any misconceptions they had about their eligibility and how to access a sensor. Despite funding being available on the NHS, some people believed there would be a personal contribution.

This joined-up approach ensured that diabetes care was at the forefront of developing, delivering and embedding technological solutions within everyday clinical practice. It helped to encourage primary care professionals to view these changes as simple and highlight how easy the technology is to use for all who need it.

LONG-TERM BENEFITS

Although the initial set-up requires a level of time and resource, the long-term benefits include a more sustainable workload, allowing primary care healthcare professionals to see the technology as an asset to free up clinical time through an effective digital health solution.

As a result, North Stockton PCN has been able to deliver the technology equitably, despite the high levels of deprivation, health inequalities, language barriers and cultural differences.

Following this success, the North East and North Cumbria ICB plans to expand this model to the Tees Valley to help overcome the growing health inequalities faced in the area.

Dr Patrick Holmes, GP Partner SGMP, Darlington, NENC Primary Care Diabetes Network Lead, said:

"It is sometimes said the biggest untapped resource in healthcare is disengaged patients. This device can activate and motivate my patients in a way I couldn't imagine. Amazing technology. That is why we need to develop systems to deliver these innovations to the most in need. Wherever they are."

Images are for illustrative purposes only. Not real patient or data.