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QUALITATIVE RESEARCH



- Data collected from 2023 to 2024
- Focus groups of people living with diabetes (type 1 and type 2)
- One-on-one interviews with Health Care Professionals
- Review of the current evidence provision and access to diabetes technology (UK)

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LIVED EXPERIENCE

Qualitative Study of Focus Groups: Talking to People Living with Diabetes:

- Access to diabetes technology
- Types of technology used and their impact
- Impact of technology on quality life/diabetes care
- Further thoughts on developing technologies (like HCL introduction)
- What needs to change? (if anything)

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EXPERIENCE OF CARE DELIVERY

Talking to healthcare professionals (HCPs) individually.

- Do patients have access to the most appropriate technology?
- Policies around the use of the current provision of diabetes technology
- Concerns with new technologies and implementation, such as Hybrid Closed-Loop (HCL)
- Ideas or solutions to address concerns in current service provision (if any)

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REPORT FOCUS

Access to Hybrid Closed Loop in Wales

- Starting in 2023, the Welsh Government committed to implementing new NICE Guidelines for Hybrid Closed Loop Systems, deviating from the usual 2-month implementation timeframe with no dedicated funding.
- Priority groups for adults have been identified as:
 - People with type 1 diabetes who are aged less than twenty-five (25).
 - Pregnant people and those planning a pregnancy.
 - Those with type 1 diabetes diagnosed since January 2020.

Those on non-hybrid closed loops may be switched to hybrid closed loops if their management is suboptimal, and staff and equipment costs may be minimised.

"Traditional" priority groups – those who have severe hypoglycaemia that threatens life and livelihood.



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OTHER TYPES OF TECHNOLOGY IN USE

Generally good access in Wales

- CGMs
- Insulin pumps
- Smart Insulin pens
- FLASH Glucose Monitoring Systems
- Mobile Health Apps
- Telemedicine Platforms




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FINDINGS

Tech Can't Wait



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VARIABILITY IN ACCESS



Inconsistency Across Health Boards
 Variability in access to essential diabetes management technologies (e.g., CGMs and insulin pumps) across different health board regions.

Disparities in Healthcare Outcomes
 Uneven access places an undue burden on patients to advocate for necessary care and support.

Supply Issues
 Challenges in accessing necessary supplies, such as CGM sensor refills, due to limited supply and several failures, particularly during exercise (the sensor falling off).

Need for Consistent Policies
 Establishing consistent policies, infrastructure, and funding mechanisms is critical to addressing these access issues.

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INCONSISTENCIES IN DIABETES CARE

Continuity of Care
 Participants reported disruptions in care due to seeing different providers unfamiliar with their individual needs.

Communication Issues
 Concerns about unanswered questions and dismissive attitudes regarding insulin management.

Variability in Routine Reviews
 Inconsistent frequency of diabetes reviews and screenings, with long wait times for critical checks.

Need for Standardisation
 Standardising policies and practices across healthcare regions is essential for optimal diabetes management.



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MENTAL HEALTH & PSYCHOLOGICAL IMPACTS

Mental Health
 Participants reported high levels of stress, depression, and diabetes-related distress due to self-management demands.

Isolation
 The isolating nature of diabetes exacerbates mental health issues, highlighting the need for peer connections, wanting a space to speak to others living with diabetes.

Integration of Support
 Emphasising the importance of mental health support, peer connections, and training on emotional self-management aspects.



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BENEFITS AND CHALLENGES OF DIABETES TECHNOLOGIES

Positive Experiences
Advancements in diabetes technologies, such as CGMs and insulin pumps, improve glycaemic control and lifestyle flexibility.

Access Challenges
Inconsistent access to devices due to variable funding and policies creates frustration and inequality.

Barriers to Effective Use
Inadequate guidance from healthcare teams, financial costs (new smartphones), and the need for constant data tracking create significant challenges.

Need for Equitable Access
Ensuring equitable access and comprehensive training is critical to maximising the benefits of diabetes technologies.



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HEALTHCARE PROFESSIONAL EXPERIENCES



General Access
Professionals noted good access to diabetes technologies in adult services but identified barriers.

Resource Limitations
Limited resources and staffing, inconsistent primary care involvement, and the absence of formal policies hinder equitable care.

Concerns About New Technologies
Potential strain on healthcare services from new technologies requires strategic planning and investment for sustainable access.

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LIVED EXPERIENCE OF LIVING WITH DIABETES

"I remember that like I am a burden to my family I know I'm not, but it can feel that way at times. What [diabetes] technology really helps to do is not only support me but also reduce my family's concerns about my wellbeing."
Participant living with type 1 diabetes

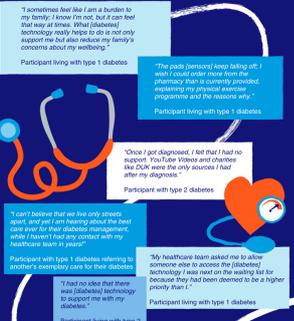
"The pods [podcasts] keep falling off, I wish I could order them from the pharmacy that is currently provided, mentioning my physical exercise programme and the reasons why."
Participant living with type 1 diabetes

"Once I got diagnosed, I felt that I had no support. YouTube videos and charities like DASH were the only sources I had after my diagnosis."
Participant with type 2 diabetes

"I can't believe that we live only once apart, and yet I am hearing about the best care ever for their diabetes management, while I haven't had any contact with my healthcare team in years."
Participant with type 1 diabetes referring to another's exemplary care for their diabetes

"I had no idea that there was diabetes technology to support me with my diabetes."
Participant living with type 2 diabetes

"My healthcare team asked me to allow someone else to access the diabetes technology I was next on the waiting list for because they had been deemed to be a higher priority than I."
Participant living with type 1 diabetes



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PERSPECTIVES FROM HEALTH CARE PROFESSIONALS

It's good to have other sets of diabetes technology experts in our teams who are not necessarily health experts."
—Gwen Jones, HCP Manager

"I believe (diabetes) technology providers (companies) could do more within the procurement framework to provide regular safety updates for pump users."
—Gwen Jones, HCP Manager

"We have no existing funding in GPs or community care, but maybe Primary Care needs funding on who can access the technology, do and secure training for (the) people that can be managed in Primary Care. Therefore, more on how many individuals in Primary Care who are eligible for these devices and are not aware of it."
—Gwen Jones, HCP Manager

"Our main issue is our waiting list. Although we offer this diabetes technology, it is not covered by our policy. This is because of insufficient staffing, which means we find it hard to provide the diabetes education and follow-up needed."
—Gwen Jones, HCP Manager

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ACROSS THE BORDER

Access to Diabetes Technologies

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CURRENT STATUS OF HYBRID CLOSED LOOP TECHNOLOGY IN WALES

Lack of Dedicated Funding
Wales currently has no dedicated funding for the implementation of Hybrid Closed Loop (HCL) technology.

Welsh Government Commitment
The Welsh Government aims to roll out HCL technology and increase access to wearable tech for people with diabetes (types 1 and 2) within five years.

Challenges
Despite the ambition, the absence of a dedicated funding stream or national plan poses significant challenges to achieving this goal.

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ACROSS THE BORDER, ENGLAND



- NHS England has launched a five-year strategy to provide HCL technology to all eligible individuals with type 1 diabetes.
- The aim is that the technology will be offered to all people eligible under national guidance, and focus on improving outcomes for those with the greatest unmet need
- **£14.6 million allocated in the first year** to local health systems to improve access.

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SCOTLAND

- NHS Scotland recommends proactive discussions about HCL systems for all type 1 patients, especially those at high risk.
- **The Scottish Government allocated up to £8.3 million for 2024/25** to enhance access for children and adults.
- Funding the national diabetes closed-loop system onboarding team to support health boards with delivery.



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NORTHERN IRELAND



- Following the endorsement of NICE guidance, the Diabetes Network is assessing the commissioning framework.
- Ongoing evaluation of priority groups and workforce needs to guide implementation decisions.

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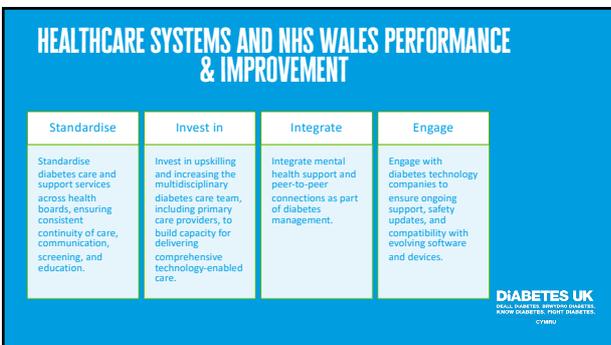
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RECOMMENDATIONS FOR WELSH GOVERNMENT

- Provide dedicated and sustained funding to support the implementation of diabetes technologies, including resources for training, staffing, and ongoing patient support, as has been done in Scotland and England.
- Promote public awareness campaigns to reduce stigma and improve understanding of diabetes in the broader community.

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