

**TECH CAN'T
WAIT**

**Access to Diabetes
Technology for Adults
in Wales, July 2025**

DiABETES UK
DEALL DIABETES. BRWYDRO DIABETES.
KNOW DIABETES. FIGHT DIABETES.

CYMRU

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TECH CAN'T WAIT

Access to diabetes technology is not a choice or a luxury; it is life-changing. For people living with diabetes, it is relentless; there is no break, no time off. Diabetes demands constant attention and management, but the technologies available today have the power to lessen the immense burden it places on someone's everyday life.

Continuous glucose monitors, insulin pumps, and hybrid closed-loop systems; these are not just gadgets like the newest smartphone or tablet; they are transformative tools that empower people to take control of their health like never before. They provide real-time data, precise insulin delivery, and the ability to proactively manage blood sugar levels. This doesn't just improve clinical outcomes; it transforms quality of life.

But access to these life-changing technologies remains inconsistent and inequitable throughout Wales, with no ringfenced funding to roll out NICE guidelines around hybrid closed loop access. Through talking to people with diabetes, we even discovered disparities in access for individuals living mere streets apart from one another. As we shift towards a more digital-first approach, these advancements provide invaluable data that informs and empowers healthcare professionals to deliver better, more personalised care. They enable patients to make informed decisions and take an active role in managing their own health, while improving long-term outcomes and reducing the risk of diabetes complications.

This is a monumental step forward in diabetes care, but the people of Wales cannot be left behind. Technology cannot wait. This report looks at qualitative information gathered from the experiences of real people, highlighting gaps and variations in access. We are calling for immediate action to improve the provision of diabetes technologies.

Every person living with diabetes deserves the best possible care and the tools to live well. It's our responsibility to ensure that happens.

So let's heed the calls of this report, let's listen to the voices of those affected, and let's work together to make access to diabetes technology a reality for all.

*Rachel Burr,
Director of Diabetes UK Cymru*



ABOUT DIABETES UK

Diabetes UK has been a force for improving diabetes care for 91 years, driving advancements in treatment and understanding of the condition.

As the leading charitable funder of diabetes research in the UK, we have supported groundbreaking work and advocated for its implementation, including type 2 diabetes prevention programmes, wearable technologies and innovations to drive down complications, including CVD, sight loss and amputations. We are now funding pioneering research into beta cell and immunotherapy treatments for type 1 diabetes.

Beyond research, Diabetes UK provides direct support through an extensive range of information resources, an online learning platform to support self-care, a forum, a helpline, and local peer groups, ensuring people with diabetes have access to reliable information and community support.



The charity also collaborates with healthcare professionals through training, leadership initiatives, and system change programmes. Diabetes UK Cymru are key partners with the NHS Wales Performance and Improvement and Public Health Wales supporting data-led improvement initiatives across health systems, champions better care models and creates positive change for people living with and at risk of diabetes at a national and local level.

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DIABETES TECHNOLOGY

Continuous Glucose Monitors (CGMs)

Devices that provide real-time glucose readings, allowing users to track their blood sugar levels continuously throughout the day and night.

Insulin Pumps

Are devices that deliver insulin continuously through a small catheter placed under the skin. They allow for more precise insulin delivery than traditional injections.

Hybrid Closed-Loop Systems

These systems combine insulin pumps with continuous glucose monitoring to adjust insulin delivery based on glucose levels, aiming to keep blood sugar levels within a target range.

Smart Insulin Pens

These devices help users track their insulin doses and provide reminders for injections. Some models can connect to smartphone apps for better management and data tracking.

Flash Glucose Monitoring Systems

Allow users to scan a sensor worn on the skin to get real-time glucose readings. They are less invasive than traditional finger-pricking.



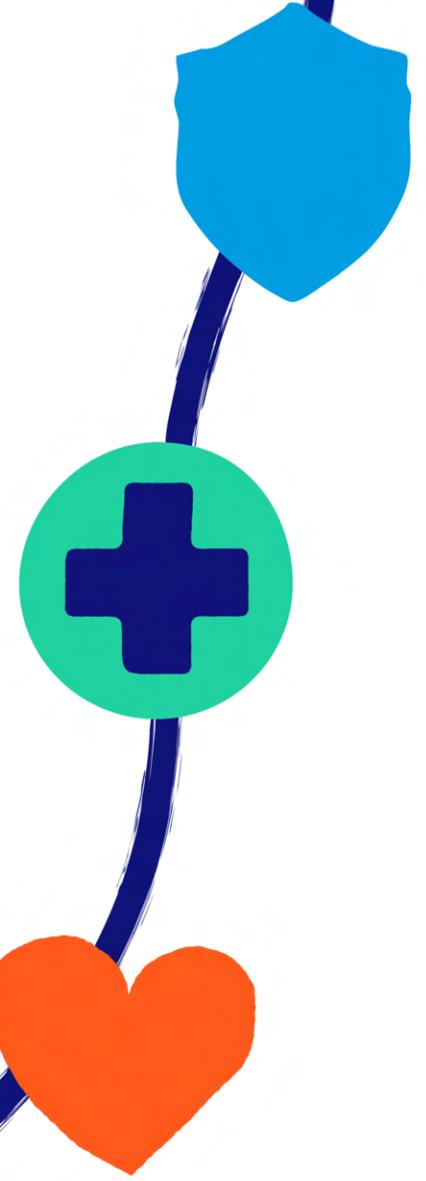
Mobile Health Apps

Help individuals track their blood glucose levels, food intake, activity, and medication. They often integrate with other diabetes technologies to provide a comprehensive view of their management.

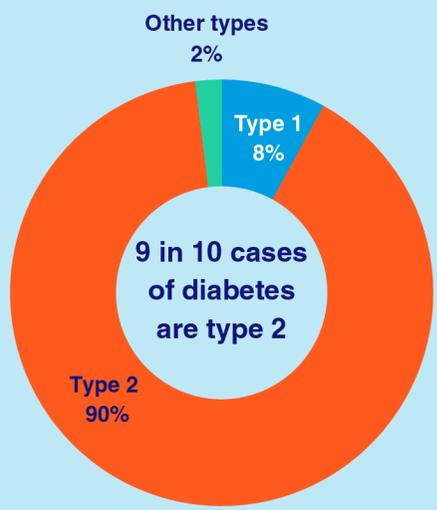
Telemedicine Platforms

These services enable remote consultations with healthcare professionals, allowing for regular monitoring and adjustments to diabetes management plans without the need to visit clinics.

These technologies are crucial in improving diabetes management, enhancing patient outcomes, and providing greater autonomy for people living with diabetes.



ACCESS IN WALES ...



Just over 550,000 people, equivalent to

1 IN 5 ADULTS

now have diabetes or pre-diabetes in Wales

*Diabetes UK, 2025

5 YEARS...

Starting in 2023, the Welsh Government committed to implementation of new NICE Guidelines to implement Hybrid Closed Loop Systems, deviating from the usual 2 month implementation time frame with no dedicated funding.

Priority groups for adults have been identified as:

- People with type 1 diabetes 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.

*FOI Request, Hywel Dda 2024

*Diabetes UK, 2025

JUST... 16%

Of people living with Type 1 diabetes are receiving their annual checks.

AND 30%

Of people living with Type 2 diabetes are receiving their annual checks.

*Most up to date data available, NDA 2022

85%

Of people living with diabetes using technology agreed it helped them manage their condition better.

Also in previous surveys we have found:

70% people living with diabetes, use Flash Glucose Monitoring.

31% use Continuous Glucose Monitoring

8% use a Hybrid closed-loop system.

2% use open source/DIY Closed-loop technology.

*Diabetes UK Cymru, 2023



10%

People with black ethnicity were insulin pump users compared to 17.2% of White ethnicity

*NHS Digital, 2022

Lower HbA1c levels were associated with use of insulin pumps.

In Wales, insulin pumps were being used by 20.3% of people with HbA1c<=53 mmol/mol and by 10.5% of people with HbA1c>69 mmol/mol.

Younger people had the highest rates of insulin pump use, with 21.5% of people aged 19 to 29 using insulin pumps, compared to 16.7% of the overall population of adults with type 1 diabetes in Wales.

People with white ethnicity and less deprived groups were more likely to be using insulin pumps. 15.6% of people living in the most deprived areas were insulin pump users, compared to 18.8% of people in the least deprived areas.

There were variations in insulin pump use across LHBs, spanning 7.9% to 29.9%.

*NHS Digital, 2022



Research was conducted through interviews with healthcare professionals and roundtables (in-person and online) with individuals (adults) living with diabetes in 2024. The goal was to capture the perspectives and experiences of both groups to provide a comprehensive understanding of the current landscape and identify critical recommendations for improving access to diabetes technologies.

Key Findings

1. Variability in Access to Diabetes Technologies

The research found significant inconsistency in the provision and accessibility of essential diabetes management technologies, such as continuous glucose monitors (CGMs) and insulin pumps, across different health board regions in Wales. This uneven access creates disparities in healthcare outcomes and places an undue burden on patients to advocate for themselves to receive the necessary care and support.

Participants reported issues with accessing necessary supplies, such as sensor refills for CGM systems, due to shortages and poor coordination between the NHS and technology companies. Experiences using diabetes apps and connecting devices to smartphones were also varied, with some reporting compatibility issues requiring the purchase of a new smartphone every 2-3 years.



Establishing consistent policies, infrastructure, and funding mechanisms across health boards is critical to addressing the variability in access to diabetes technologies.

2. Gaps and Inconsistencies in Diabetes Care and Support

The research highlighted significant gaps and inconsistencies in the diabetes care and support experienced by participants across Wales. Participants reported differences in the continuity of care, with some seeing different healthcare providers at each appointment who were unfamiliar with their individual needs and diabetes. This disrupted the patient-provider relationship and made receiving tailored, coordinated care difficult.

Communication issues with healthcare teams were also highlighted, with some participants feeling their questions were not adequately answered, and concerns about insulin management were dismissed. The frequency of routine diabetes reviews and screenings varied, with some participants waiting more than a year between appointments for important checks like eye and foot exams.

WHAT WE LEARNED...

First hand experiences from people living with diabetes

"I sometimes feel 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 pads [sensors] keep falling off; I wish I could order more from the pharmacy than is currently provided, explaining 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 DUK were the only sources I had after my diagnosis."

Participant with type 2 diabetes

"I can't believe that we live only streets 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

"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

"I had no idea that there was [diabetes] technology to support me with my diabetes."

Participant living with type 2 diabetes



Participants also identified gaps in diabetes education and training, expressing a need for more support, both at diagnosis and on an ongoing basis, to fully understand diabetes management. Proper training on effectively using diabetes technologies was seen as particularly important, both at the patient and healthcare professional level.

Standardising policies, practices, and service provision across healthcare regions is essential to ensuring that all individuals can access and effectively utilise the technologies and support necessary for optimal diabetes management and well-being.

3. Mental Health and Psychological Impacts

The research underscores the critical importance of addressing the mental health and psychological needs of individuals living with diabetes. Participants voiced significant concerns about the substantial levels of stress, depression, and diabetes-related distress they experience, primarily associated with the relentless demands of self-management.

The isolating nature of living with diabetes further exacerbated these mental health challenges. Participants emphasised the value of connecting with in-person and online peers to reduce feelings of loneliness and share coping strategies.

Integrating mental health support, facilitating peer connections, and providing training and resources on the emotional aspects of self-management are all essential to improving the quality of life for people living with diabetes.

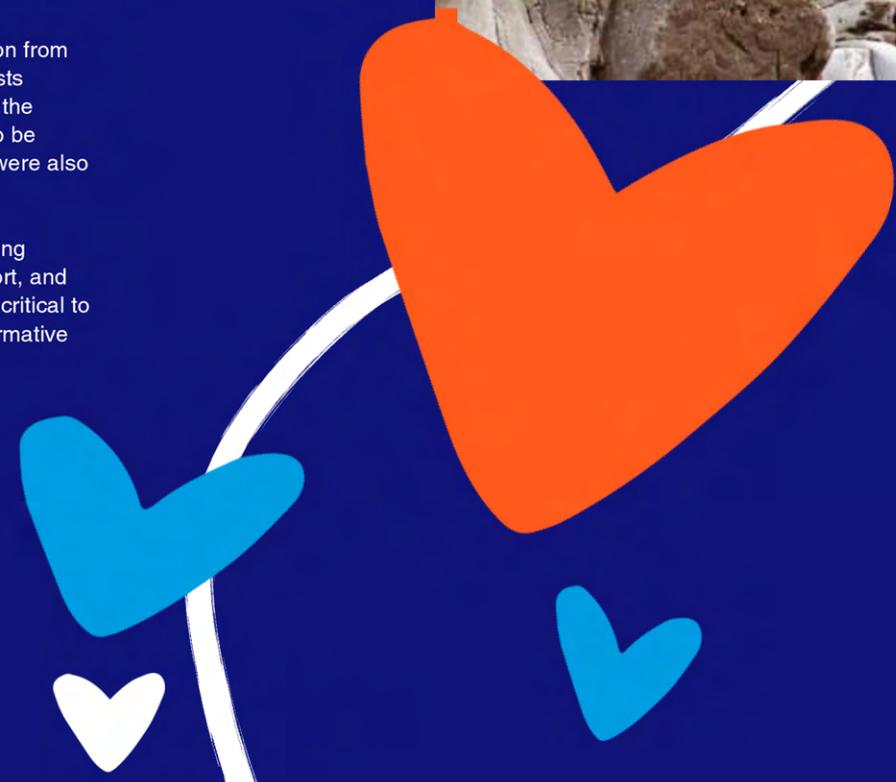
4. Benefits and Challenges of Diabetes Technologies

The research revealed mixed experiences of people living with diabetes regarding the use of various technologies to manage their condition. On the positive side, participants described how advancements in diabetes technologies, such as CGMs and insulin pumps, have significantly improved their ability to achieve better glycemic control and live more flexible, spontaneous lifestyles.

However, the focus groups also revealed significant challenges and barriers to accessing and effectively using diabetes technologies. Inconsistent access to devices like CGMs, often due to variable funding and prescribing policies across different health boards, was a major source of frustration and inequality.

Inadequate guidance and education from healthcare teams, the financial costs associated with technologies, and the constant data tracking and need to be “connected” to their devices 24/7 were also highlighted as significant barriers.

Ensuring equitable access, providing comprehensive training and support, and addressing the financial burden is critical to maximising the benefits of transformative diabetes technologies.



"There remains inequality in [diabetes] technology uptake, with those living in deprivation and those who do not attend clinics as often being disadvantaged. As a result, discussions about using the [diabetes] technology cannot take place. Although this is challenging to resolve, we make efforts to provide access whenever possible and educate our families about the available [diabetes] technology and its benefits."

**Quote from a Healthcare Professional (HCP) Participant*

Perspectives from Health Care Professionals

5. Healthcare Professional Perspectives

Healthcare professionals acknowledged the generally good access to diabetes technologies in adult services but identified several significant barriers. These include limited resources and staffing, inconsistent involvement from primary care providers, and the absence of formal policies and guidance to ensure equitable care provision.

Healthcare professionals also expressed concerns about the potential strain on healthcare services posed by introducing new diabetes technologies, such as hybrid closed-loop systems. They emphasised the need for strategic planning and ringfenced investment to address resource limitations and ensure sustainable and equitable access to diabetes care and technologies.

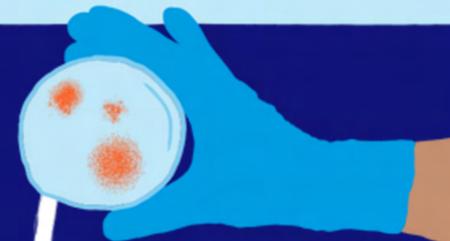


"We could make better use of [diabetes] technology experts in our teams who are not necessarily health experts."

**Quote from a HCP Participant*

"I believe [diabetes] technology providers (companies) could do more within the procurement framework to provide regular safety updates for pump users."

**Quote from a HCP Participant*



"We have no issues accessing Flash or CGM in secondary care, but I believe Primary Care needs training on who can access this technology, as we still receive referrals for Libre/Dexcom starts that can be managed in Primary Care. Therefore, there are likely many individuals in Primary Care who are eligible for these devices but are not known to us."

**Quote from a HCP Participant*



"Our main issue is our waiting list. Although we offer this [diabetes] technology to all, we cannot do so quickly. This is because of insufficient staffing, which means we find it hard to provide the detailed education and follow-up needed."

**Quote from a HCP Participant*





ACROSS THE BORDER

SCOTLAND

Wales is without dedicated funding for Hybrid Closed Loop implementation.

The Welsh Government has committed to rolling out hybrid closed-loop technology and increasing the number of people with diabetes who can access wearable tech (types 1 and 2). There is an ambition for this to be completed within five years, but there is currently no dedicated funding stream or national plan.

ENGLAND

NHS England has launched a five-year implementation strategy outlining how people with type 1 diabetes will be able to access hybrid closed-loop (HCL) technology.

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 first and reducing health inequalities in access.

NHS England is providing £14.6m to local health systems to improve access for the first year. It has further committed to contributing to the local health system's costs of delivering diabetes technology through a reimbursement process.

The mass rollout of HCL builds on a successful pilot of the technology by NHS England, which saw 835 adults and children with type 1 diabetes given devices to improve the management of their condition.

New appraisals for new medicines are devolved. NHS Scotland has recommended that hybrid closed loop systems should be pro-actively discussed with all patients with type 1, particularly those who have: Suboptimal blood glucose management, a high risk of severe hypoglycaemia and Impaired awareness of hypoglycaemia.

In June 2024, the Scottish Government allocated up to £8.8 million of funding to increase access to diabetes technology in the 2024/25 financial year. This funding will allow all children living with diabetes to access hybrid closed loop systems and also increase provision for adults.

The majority of this investment will be used to centrally purchase diabetes technology, but it will also fund the national diabetes closed loop system onboarding team to support health boards with delivery.

NORTHERN IRELAND

After the Department of Health formally endorsed the NICE guidance in February 2024, the Diabetes Network is assessing the commissioning framework for Northern Ireland.

Efforts are underway to evaluate priority groups, system costs, workforce needs, and communication strategies to facilitate and support the process. This data will guide the commissioning arrangements for Northern Ireland and influence final implementation decisions.

RECOMMENDATIONS

These recommendations can help to improve the lives of people in Wales living with diabetes. Access to diabetes technology should not be a postcode lottery, and neither should it depend on the individual's ability to either self-fund or persist in gaining access to new diabetes technologies. It shouldn't be a minefield to obtain medical care and devices that we know can potentially radically change someone's life.

Recommendations for Advocates, Charities and Policymakers

1. Expand the provision of local peer support groups and educational programs to address the mental health and psychological needs of people living with diabetes.
2. Advocate for policy changes and increased funding to improve access to diabetes technologies and comprehensive care services.
3. Collaborate with healthcare systems to develop and disseminate educational resources on the effective use of diabetes technologies for patients and healthcare professionals.
4. Facilitate sharing best practices and patient experiences across Wales to drive continuous improvement in diabetes care and support.

Recommendations for Healthcare Systems and NHS Wales Performance & Improvement

5. Standardise diabetes care and support services across health boards, ensuring consistent continuity of care, communication, screening, and education.
6. Invest in upskilling and increasing the multidisciplinary diabetes care team, including primary care providers, to build capacity for delivering comprehensive technology-enabled care.
7. Integrate mental health support and peer-to-peer connections as part of diabetes management.
8. Engage with diabetes technology companies to ensure ongoing support, safety updates, and compatibility with evolving software and devices.

Recommendations for Welsh Government

9. 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.
10. Promote public awareness campaigns to reduce stigma and improve understanding of diabetes in the broader community.



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