



Professional  
Record  
Standards  
Body

**Better records  
for better care**

# **Wearables and Sensors, Adoption at Scale**

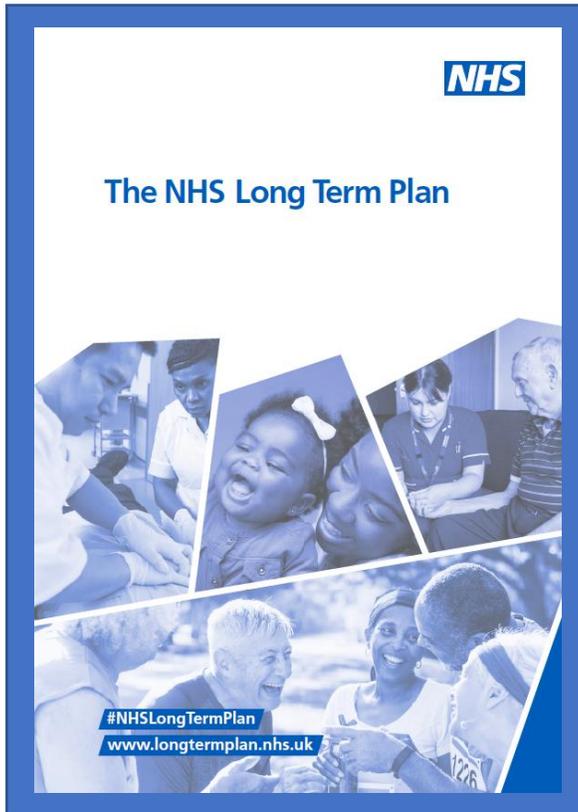
**Ben McGough** - Programme Lead, NHS England

**Dr Iain Cranston** - Consultant Physician, Portsmouth Hospitals NHS Trust

**Dr Neel Basudev** - GP Lambeth, Clinical Director Diabetes Health Innovation Network

**Matt Guy** - Parent Carer / Consultant Clinical Scientist, University Hospital Southampton NHS FT

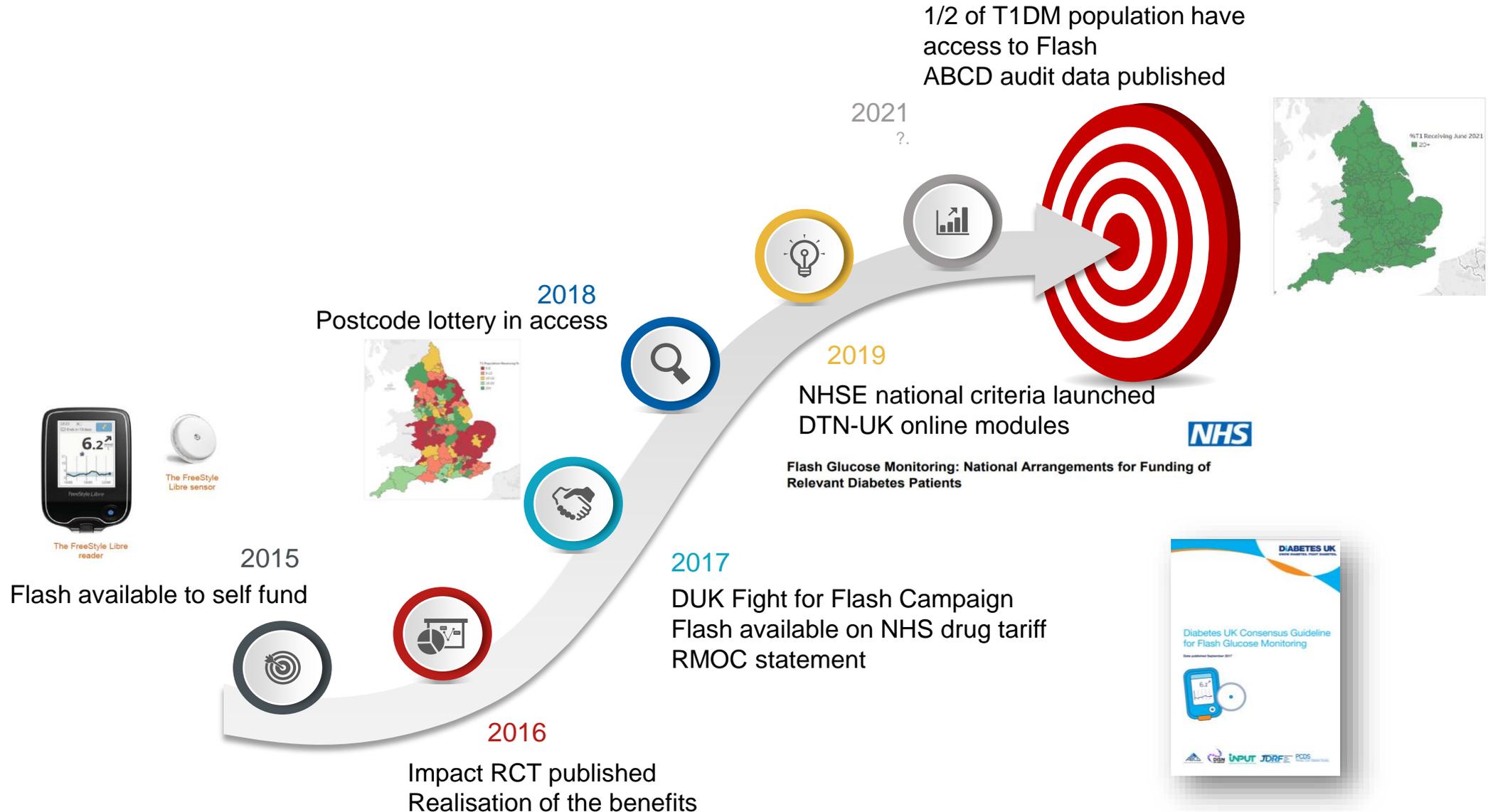
# Our commitment



“by 2020/21, all pregnant women with type 1 diabetes will be offered continuous glucose monitoring, helping to improve neonatal outcomes”

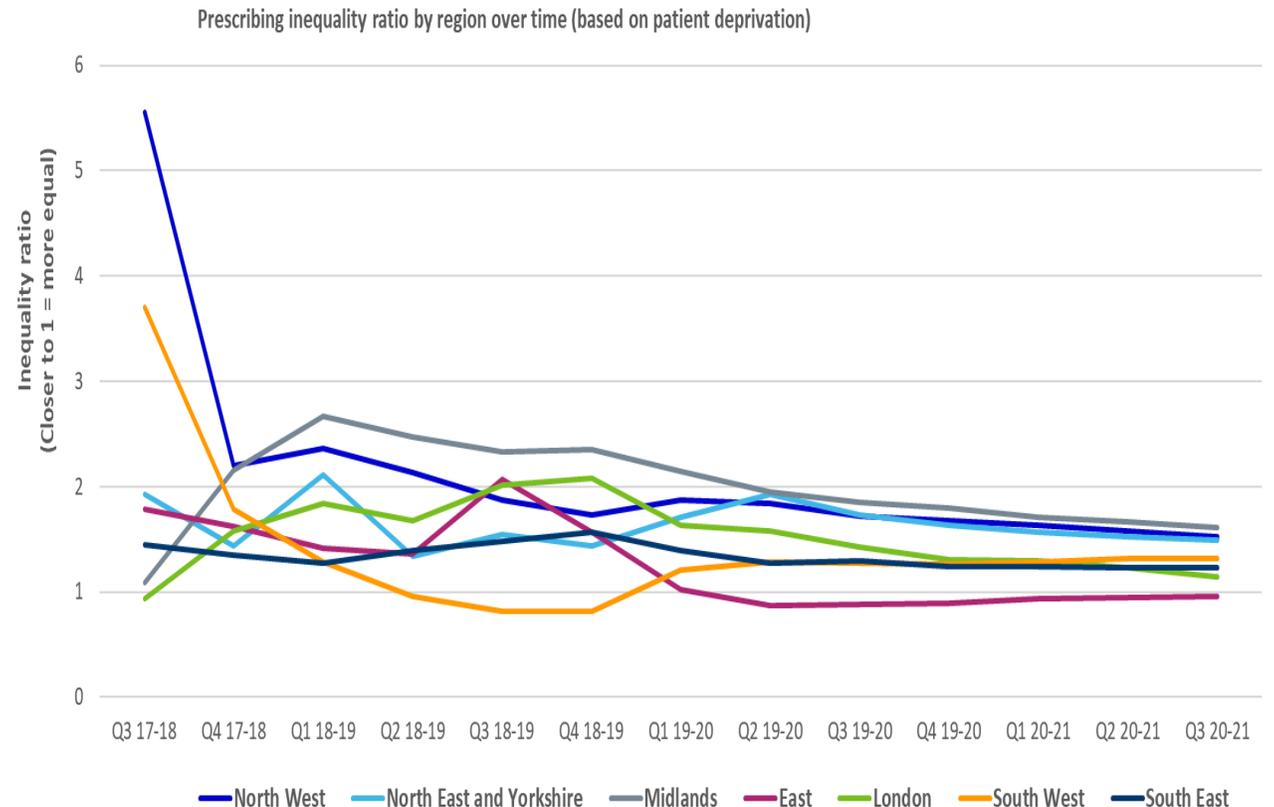
“ensure patients with type 1 diabetes benefit from life changing flash glucose monitors, ending the variation patients in some parts of the country are facing”

# The story of Flash glucose monitors adoption



# Equity of Access

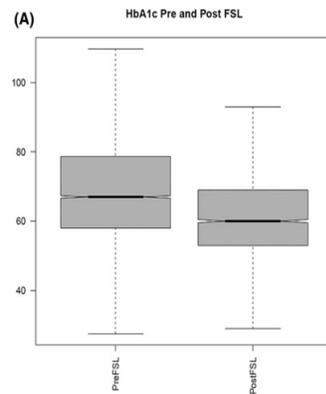
- Inequality in prescribing across the IMD deciles has improved over the life of the programme.
- More than 20% of eligible patients in every quintile benefitting from flash. In addition the ratio between the more affluent to least affluent benefiting has reduced in every region.



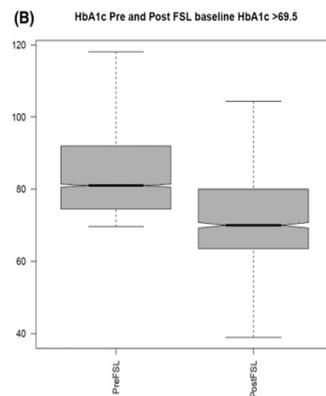
# Impact

Distribution of HbA1c Change Pre- and Post-FSL Use in the ABCD Nationwide Audit of FSL

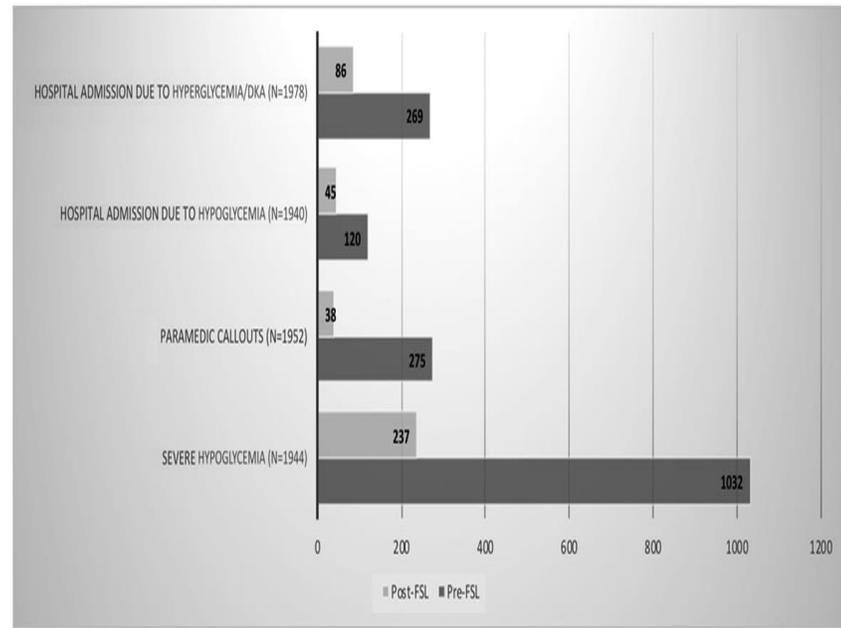
(A) study population



(B) Baseline HbA1c of  $\geq 69.5$  mmol/mol



The 12 months before and the 7.5 months of follow-up using FSL in the ABCD nationwide audit.



# CGM in Pregnancy activity by region April – September 2021/22

| Region                   | Number of eligible patients |  | Number of patients offered CGM |            | Number of patients prescribed CGM |            | Number of patients who declined CGM |            |
|--------------------------|-----------------------------|--|--------------------------------|------------|-----------------------------------|------------|-------------------------------------|------------|
|                          | n                           |  | n                              | %          | n                                 | %          | n                                   | %          |
| North West               | 92                          |  | 71                             | 77%        | 60                                | 65%        | 11                                  | 12%        |
| North East and Yorkshire | 200                         |  | 197                            | 99%        | 136                               | 68%        | 50                                  | 25%        |
| Midlands                 | 203                         |  | 168                            | 83%        | 135                               | 67%        | 28                                  | 14%        |
| East of England          | 170                         |  | 134                            | 79%        | 104                               | 61%        | 23                                  | 14%        |
| London                   | 164                         |  | 157                            | 96%        | 127                               | 77%        | 30                                  | 18%        |
| South West               | 113                         |  | 108                            | 96%        | 77                                | 68%        | 22                                  | 19%        |
| South East               | 208                         |  | 179                            | 86%        | 128                               | 62%        | 48                                  | 23%        |
| <b>England</b>           | <b>1,150</b>                |  | <b>1,014</b>                   | <b>88%</b> | <b>767</b>                        | <b>67%</b> | <b>212</b>                          | <b>18%</b> |

## Notes

1. The difference in patients eligible and offered CGM is likely to be patients benefitting from CGM already and are funded through alternative means.
2. The number of patients prescribed and declined CGM may not always equal to the number offered. This is due to A number of factors including delays in prescribing and the possibility of miscarriages occurring between the offer and actual prescribing taking place.

# Future development and widening access



**DIABETES UK**  
KNOW DIABETES. FIGHT DIABETES.

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Home > about us > news > nice draft guidelines recommend wider use for flash and cgm

Save for later

## NICE DRAFT GUIDELINES RECOMMEND WIDER USE OF FLASH AND CGM

2022-02-21

Guidance NICE Pathways Standards and indicators Life sciences BNF BNFC CKS About More

Read about our approach to COVID-19

Home > NICE Guidance > Conditions and diseases > Diabetes and other endocrinal, nutritional and metabolic conditions > Diabetes

## Type 1 diabetes in adults: diagnosis and management - glucose monitoring and diagnosis

In development [GID-NG10265] Expected publication date: 31 March 2022 [Register as a stakeholder](#)

Project information Project documents

This guidance will partially update the following:

- Type 1 diabetes in adults: diagnosis and management (NG17)

|        |             |
|--------|-------------|
| Status | In progress |
|--------|-------------|

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Read about our approach to COVID-19

Home > NICE Guidance > Conditions and diseases > Diabetes and other endocrinal, nutritional and metabolic conditions > Diabetes

## Hybrid closed loop systems for managing blood glucose levels in type 1 diabetes

In development [GID-TA10845] Expected publication date: TBC [Register as a stakeholder](#)

Project information Project documents

|           |             |
|-----------|-------------|
| Status    | In progress |
| Decision  | Selected    |
| Process   | MTA         |
| ID number | 3957        |



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# Incorporating data from 'wearables' into routine clinical care: the view from the specialty diabetes clinic

Dr Iain Cranston

Portsmouth Hospitals University NHS Trust

- Dr Cranston has received research grants, speaker fees or consultation advisory fees from the following:
  - Eli Lilly, Boehringer-Ingelheim, NovoNordisk, Sanofi, Janssen, MSD, AstraZeneca, Napp, BMS, Roche Diagnostics, Johnson & Johnson, Animas, Abbott Diabetes Care, Takeda
- Dr Cranston is a share-holding director of the following Diabetes-related companies
  - Southern Diabetes Medical Services LLP
  - The AGP Clinical Academy Ltd



## **My areas of clinical specialism are:**

- Type 1 Diabetes
- Impaired Hypoglycaemia Awareness
- Glucose monitoring technologies
- Insulin delivery systems
  
- Management of people with diabetes and advanced renal disease

# PRSB's diabetes project

## Developing:

- **A diabetes record standard:** for improving sharing of key information about a person's diabetes between professionals across primary, secondary, community and social care.
- **A self-management data standard:** for improving sharing of patient-reported information (or carer/parent) with professionals, including information from glucose monitoring and insulin delivery devices such as continuous glucose monitors and insulin pumps.

PRSB has consulted on the information requirements for these standards with people with diabetes, health and care professionals and systems and tech suppliers through a combination of focus groups, online workshops, surveys and discussions between September 2021 and February 2022 and are now finalising the standards. The PRSB will then seek endorsement of the standards.

# • DIABETES CONSULTATIONS INVOLVE MANY ELEMENTS

Diagnosis

Advice &  
Education

Weight  
Management

Lipid  
Management

Blood Pressure  
Management

Risk  
Assessment

Reassurance  
& Support

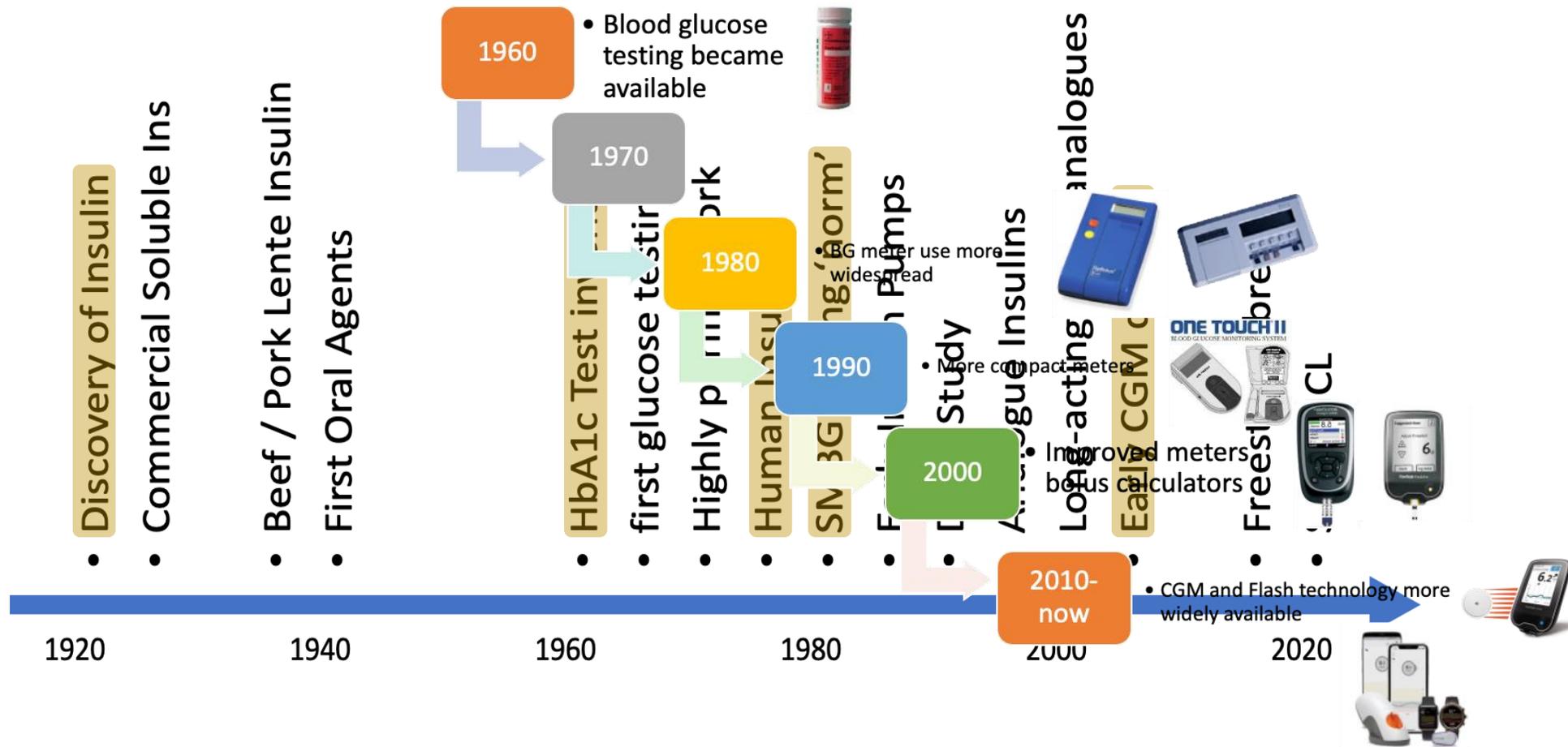
Glucose  
Management

Complications  
Screening &  
Management

Co-Morbidity  
& Acute Illness  
Care

**99.98% of life is spent self-managing, 0.02% in HCP consultation**

## MILESTONES IN GLUCOSE MONITORING



# TYPE 1 DIABETES IS THE MOST CHALLENGING OF CHRONIC DISEASES

## 42

### Factors That Affect BG

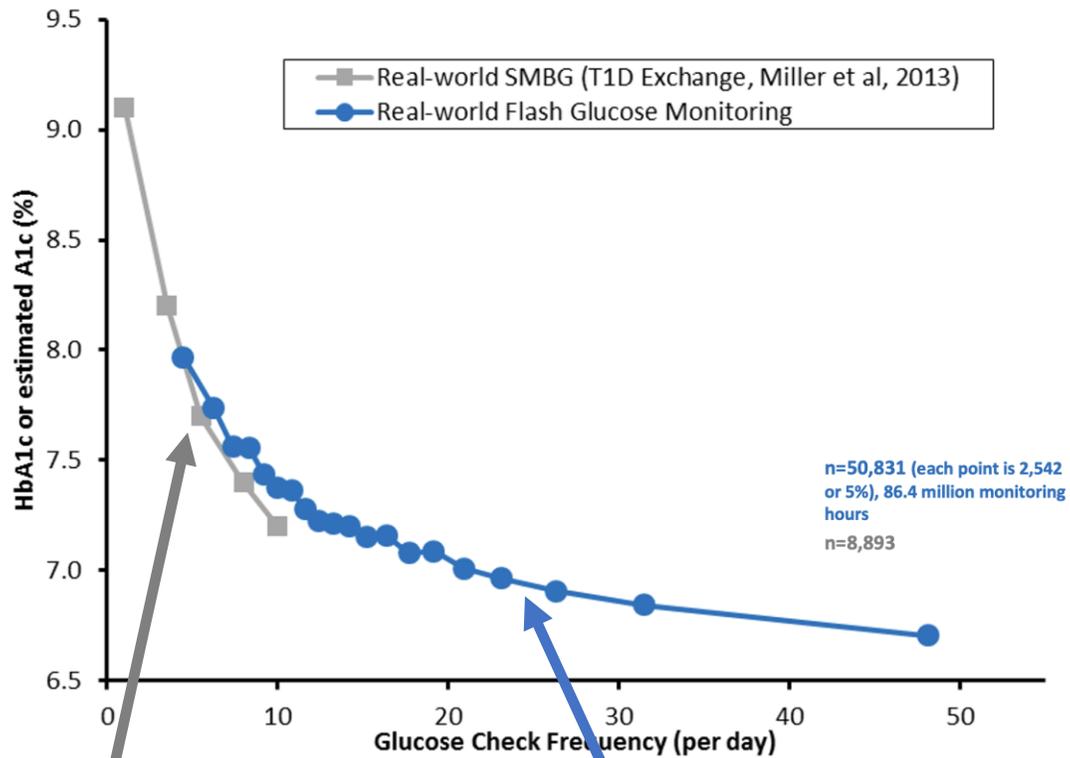
| Food   | Biological   |
|--|--|
| <ul style="list-style-type: none"> <li>↑↑ 1. Carbohydrate quantity</li> <li>→↑ 2. Carbohydrate type</li> <li>→↑ 3. Fat</li> <li>→↑ 4. Protein</li> <li>→↑ 5. Caffeine</li> <li>↓↑ 6. Alcohol</li> <li>↓↑ 7. Meal timing</li> <li>↑ 8. Dehydration</li> <li>? 9. Personal microbiome</li> </ul> | <ul style="list-style-type: none"> <li>↑ 20. Insufficient sleep</li> <li>↑ 21. Stress and illness</li> <li>↓ 22. Recent hypoglycemia</li> <li>→↑ 23. During-sleep blood sugars</li> <li>↑ 24. Dawn phenomenon</li> <li>↑ 25. Infusion set issues</li> <li>↑ 26. Scar tissue and lipodystrophy</li> <li>↓↓ 27. Intramuscular insulin delivery</li> <li>↑ 28. Allergies</li> <li>↑ 29. A higher glucose level</li> <li>↓↑ 30. Periods (menstruation)</li> <li>↑↑ 31. Puberty</li> <li>↓ 32. Celiac disease</li> <li>↑ 33. Smoking</li> </ul> |
| Medication   | Environmental  |
| <ul style="list-style-type: none"> <li>→↓ 10. Medication dose</li> <li>↓↑ 11. Medication timing</li> <li>↓↑ 12. Medication interactions</li> <li>↑↑ 13. Steroid administration</li> <li>↑ 14. Niacin (Vitamin B3)</li> </ul>   | <ul style="list-style-type: none"> <li>↑ 34. Expired insulin</li> <li>↑ 35. Inaccurate BG reading</li> <li>↓↑ 36. Outside temperature</li> <li>↑ 37. Sunburn</li> <li>? 38. Altitude</li> </ul>  |
| Activity   | Behavioral & Decision Making   |
| <ul style="list-style-type: none"> <li>→↓ 15. Light exercise</li> <li>↓↑ 16. High-intensity and moderate exercise</li> <li>→↓ 17. Level of fitness/training</li> <li>↓↑ 18. Time of day</li> <li>↓↑ 19. Food and insulin timing</li> </ul>   | <ul style="list-style-type: none"> <li>↓ 39. Frequency of glucose checks</li> <li>↓↑ 40. Default options and choices</li> <li>↓↑ 41. Decision-making biases</li> <li>↓↑ 42. Family relationships and social pressures</li> </ul>   |



for which data management is a key to success

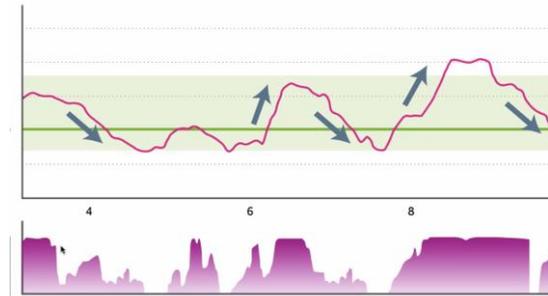
# MORE DATA = BETTER OUTCOMES

("we have the technology")



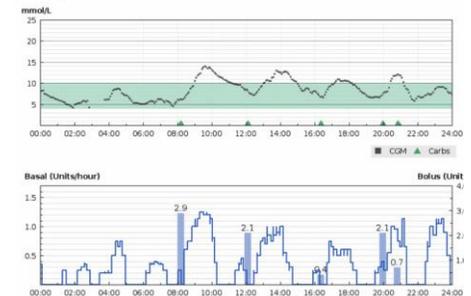
**SMBG**

**isCGM**

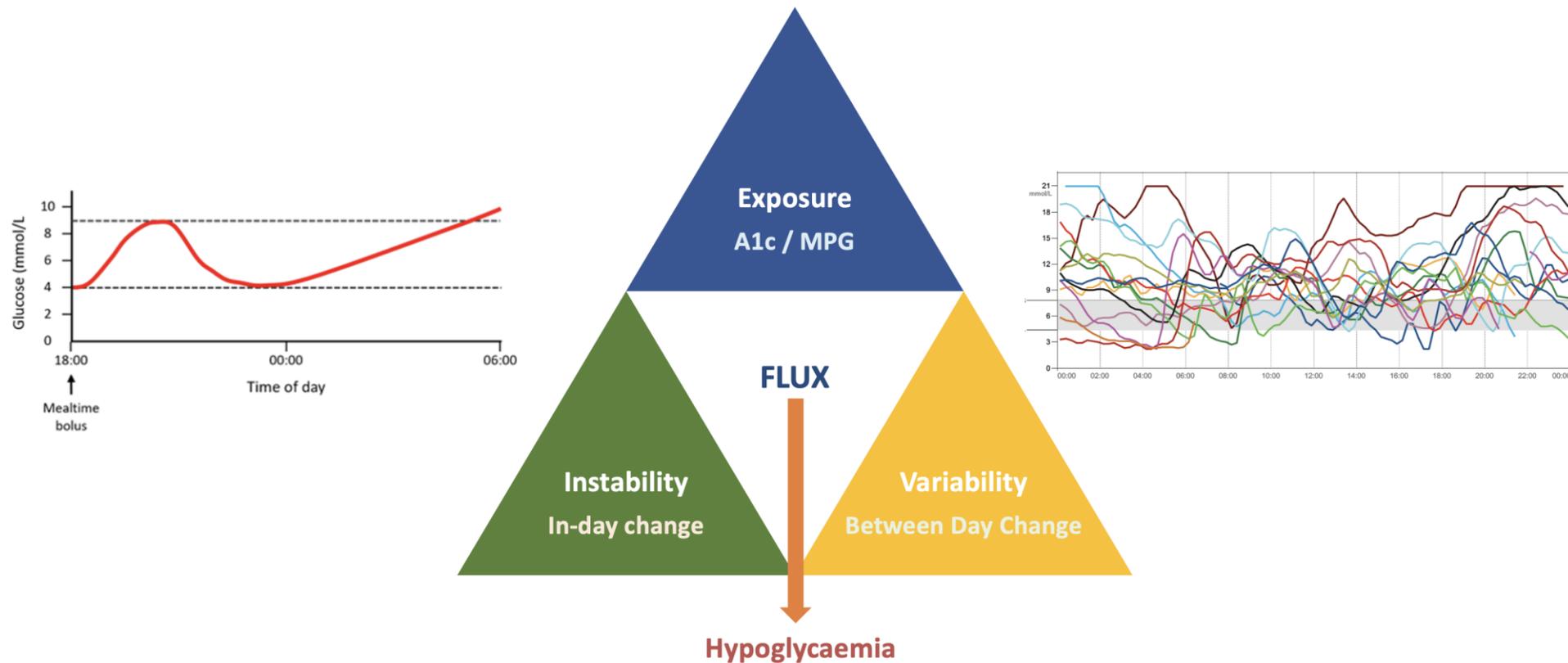


**Hybrid Closed Loops**

# CamDiab



Simple measures such as HbA1c do **NOT** describe the issues which need to be addressed...



Successful consultation intervention requires therapy **individualisation** based on data review

# DATA-DRIVEN INDIVIDUALISATION & “THE ART OF THE POSSIBLE”



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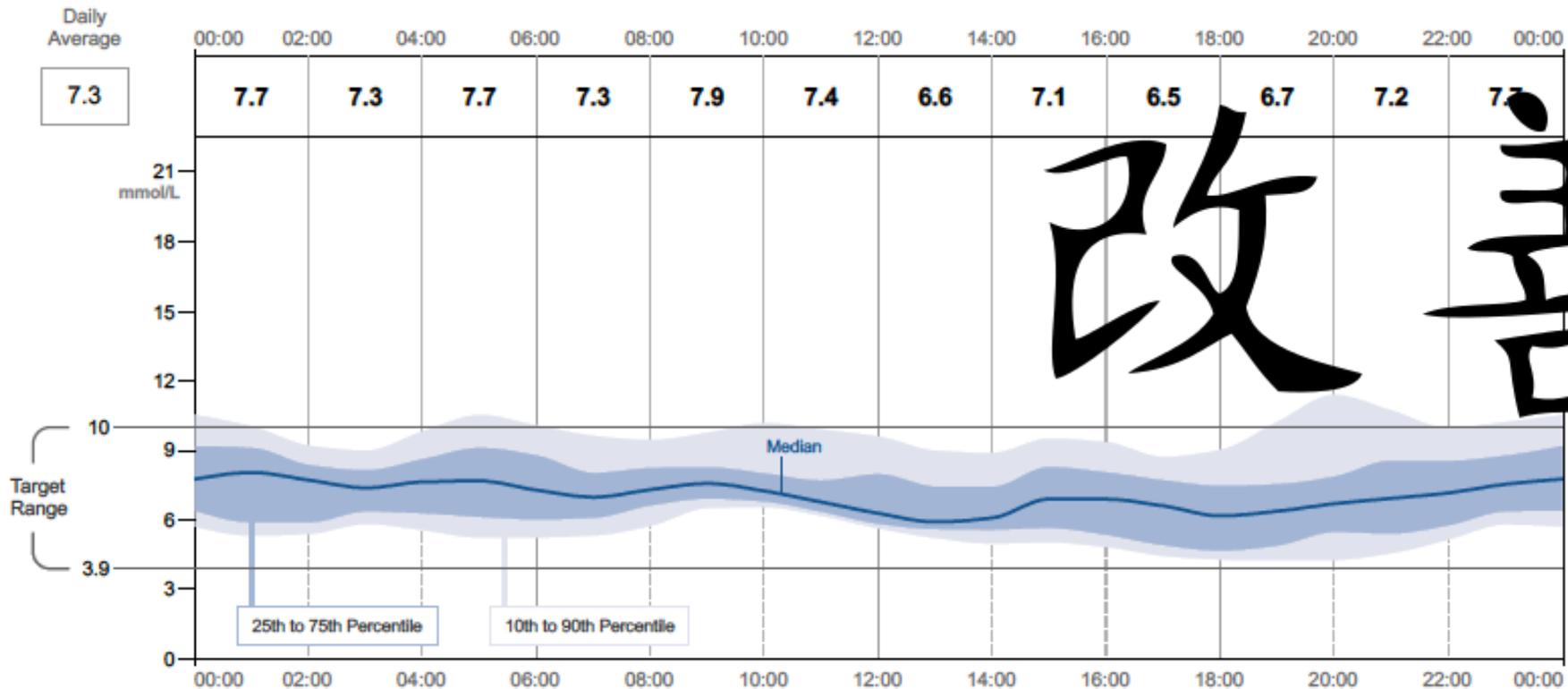
**SELF MANAGEMENT DATA SUPPORTING SUCH TREATMENT  
ADVICE SHOULD CLEARLY BE ROUTINELY COLLECTED!**

Estimated A1c 10.2% or 88 mmol/mol

Estimated A1c 8.5% or 69 mmol/mol

Estimated A1c 6.2% or 44 mmol/mol

改善

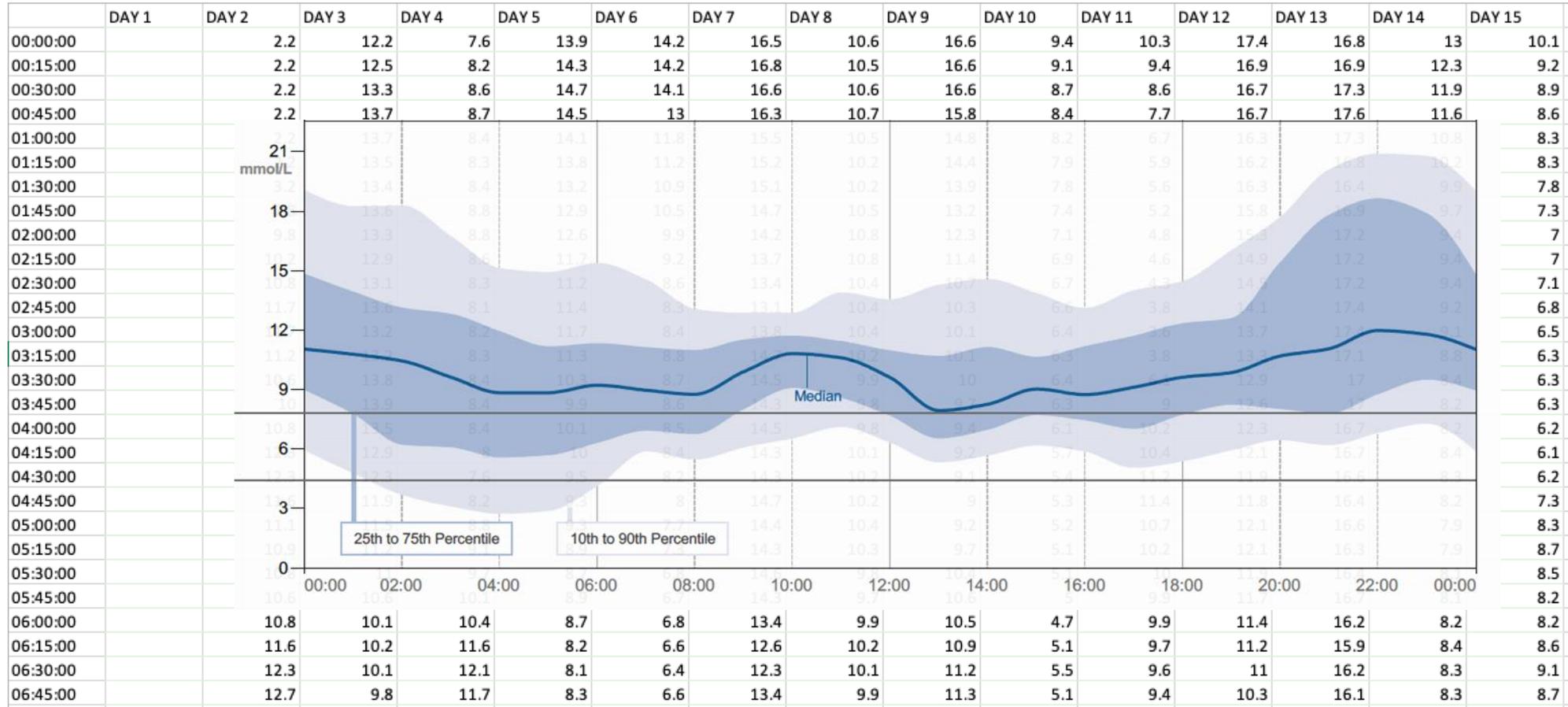


- BUT...

Routine collection of self-management data highlights some new issues which need to be aired / addressed.

# • DATA CAN BE COMPLEX !

(new skills are required)



# DATA RESPONSIBILITY / LIABILITY??



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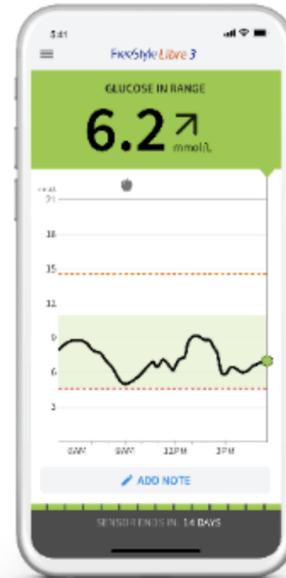
Search Patients

Custom View 2 Filters FreeStyle Libre QUEEN ALEXANDRA HOSP 7 Columns 2 weeks 0/5

| First Name | Date of birth | Last available data | Average scans per day | % In target | % Below target | Estimated A1c mmol/mol |
|------------|---------------|---------------------|-----------------------|-------------|----------------|------------------------|
| Abby       | 26/6/1978     | Today               | 7                     | 20          | 0              | 85.0                   |
| Adam       | 31/3/1981     | Today               | 39                    | 89          | 7              | 40.0                   |
| Adrian     | 20/12/1978    | Today               | 9                     | 54          | 7              | 58.0                   |
| Adrian     | 27/1/1962     | Today               | 26                    | 51          | 5              | 64.0                   |
| Adrian     | 2/4/1976      | Today               | 13                    | 46          | 0              | 69.0                   |
| Aidy       | 19/4/1974     | Today               | 3                     | 31          | 6              | 92.0                   |
| Alan       | 9/7/1960      | Today               | 24                    | 60          | 1              | 58.0                   |
| Alan       | 11/6/1977     | Today               | 9                     | 54          | 0              | 63.0                   |
| Alex       | 25/5/1991     | Today               | 23                    | 80          | 11             | 40.0                   |
| Alex       | 14/5/1990     | 22/5/2019           | 1                     | 88          | 5              | -                      |
| Alexandra  | 23/6/1974     | Today               | 3                     | 56          | 0              | 66.0                   |
| Ali        | 27/1/1966     | 3/5/2020            | 6                     | 6           | 0              | 89.0                   |
| Amanda     | 14/6/1972     | Today               | 7                     | 62          | 15             | 44.0                   |
| Amanda     | 25/6/1967     | Today               | 10                    | 38          | 1              | 69.0                   |
| Amelia     | 9/6/1985      | Today               | 13                    | 48          | 2              | 63.0                   |
| Amelia     | 23/6/1976     | 11/5/2020           | 11                    | 49          | 9              | 61.0                   |
| Amy        | 15/1/1995     | Today               | 11                    | 49          | 1              | 63.0                   |
| Amy        | 14/12/1994    | 1/10/2025           | 0                     | 100         | 0              | -                      |
| Amy        | 14/8/1990     | Today               | 1                     | 17          | 0              | -                      |
| Andrea     | 14/10/1983    | Today               | 15                    | 82          | 6              | 43.0                   |
| Andrew     | 14/3/1965     | Today               | 31                    | 82          | 6              | 45.0                   |
| Andrew     | 7/11/1974     | Today               | 16                    | 59          | 0              | 62.0                   |
| Andrew     | 8/5/1968      | Today               | 28                    | 76          | 3              | 51.0                   |
| Andrew     | 19/1/1994     | Today               | 31                    | 36          | 2              | 74.0                   |
| Andy       | 22/8/1985     | Today               | 21                    | 76          | 5              | 48.0                   |
| Andy       | 9/9/1963      | 9/2/2020            | 5                     | 21          | 7              | 85.0                   |
| Andy       | 6/7/1976      | Today               | 23                    | 69          | 7              | 50.0                   |
| Anna       | 12/2/1981     | Today               | 8                     | 67          | 4              | 53.0                   |
| Anna       | 23/9/1982     | 20/3/2020           | 2                     | 55          | 2              | -                      |
| Annabel    | 10/4/1974     | Today               | 5                     | 21          | 0              | -                      |
| Annaliese  | 23/6/1983     | Today               | 11                    | 58          | 2              | 63.0                   |
| Anne       | 8/5/1951      | Today               | 14                    | 68          | 6              | 51.0                   |
| Anthony    | 5/5/1967      | Today               | 15                    | 87          | 6              | 40.0                   |
| Ashleigh   | 3/1/1993      | Today               | 0                     | 0           | 0              | -                      |
| Ben        | 7/10/1987     | Today               | 10                    | 63          | 6              | 53.0                   |

Download Current View

## How can I use the technology if I do not own a smartphone?



### Sensor Kit

- Sensor applicator
- Product insert

### One piece applicator

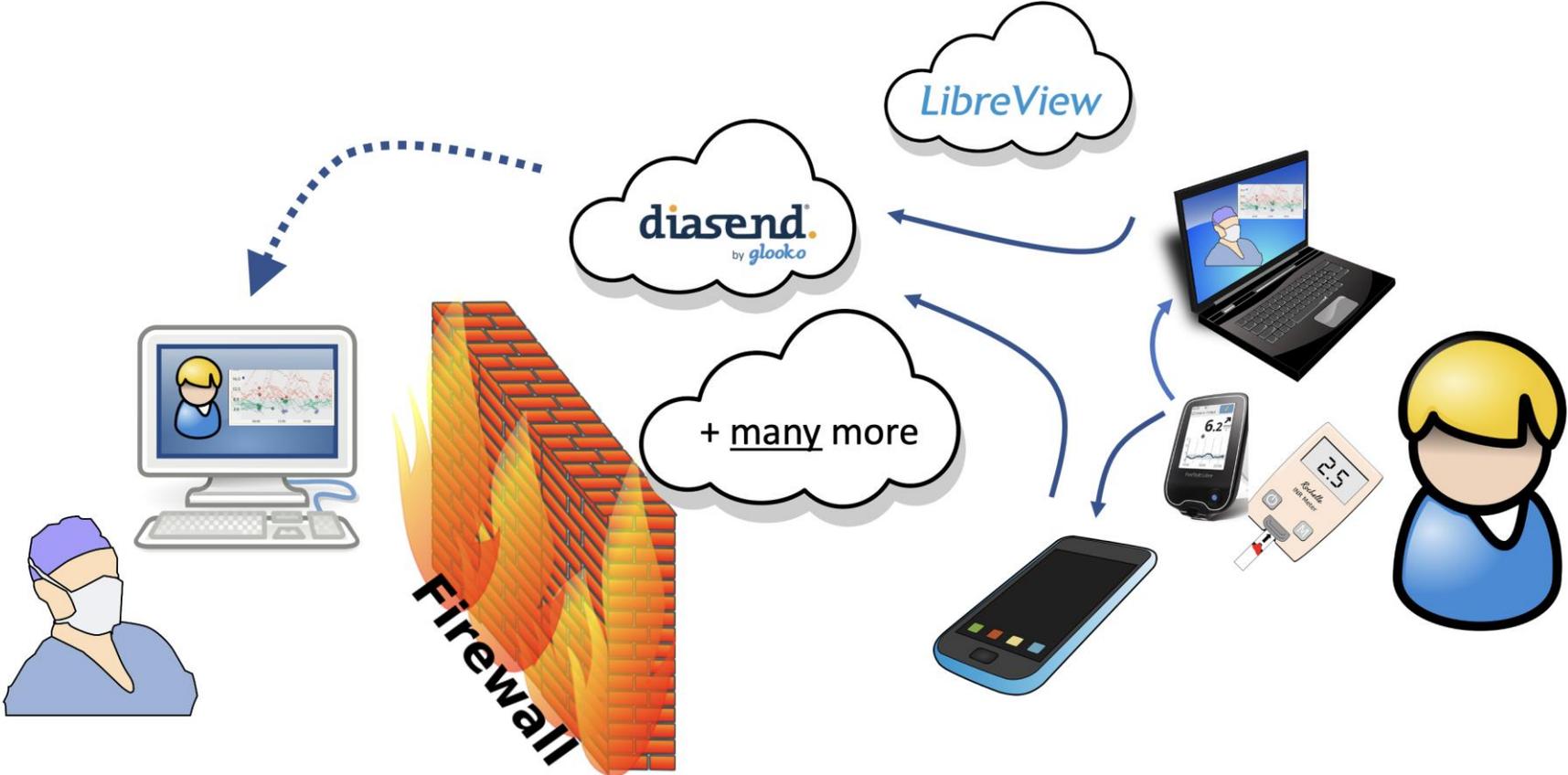
### Sensor

### FreeStyle Libre 3 App<sup>1</sup>

### LibreLinkUp<sup>2</sup>

### LibreView<sup>3</sup>

# DATA-SHARING / INTEROPERABILITY AND SECURITY



*“  
The future is already here  
— it’s just not very evenly  
distributed. ”*

William Gibson, NPR





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for better care**

# How can wearable technology support diabetes management in primary care?

**Dr Neel Basudev**

GP Lambeth, Clinical Director Diabetes Health Innovation Network

# DISCLOSURES



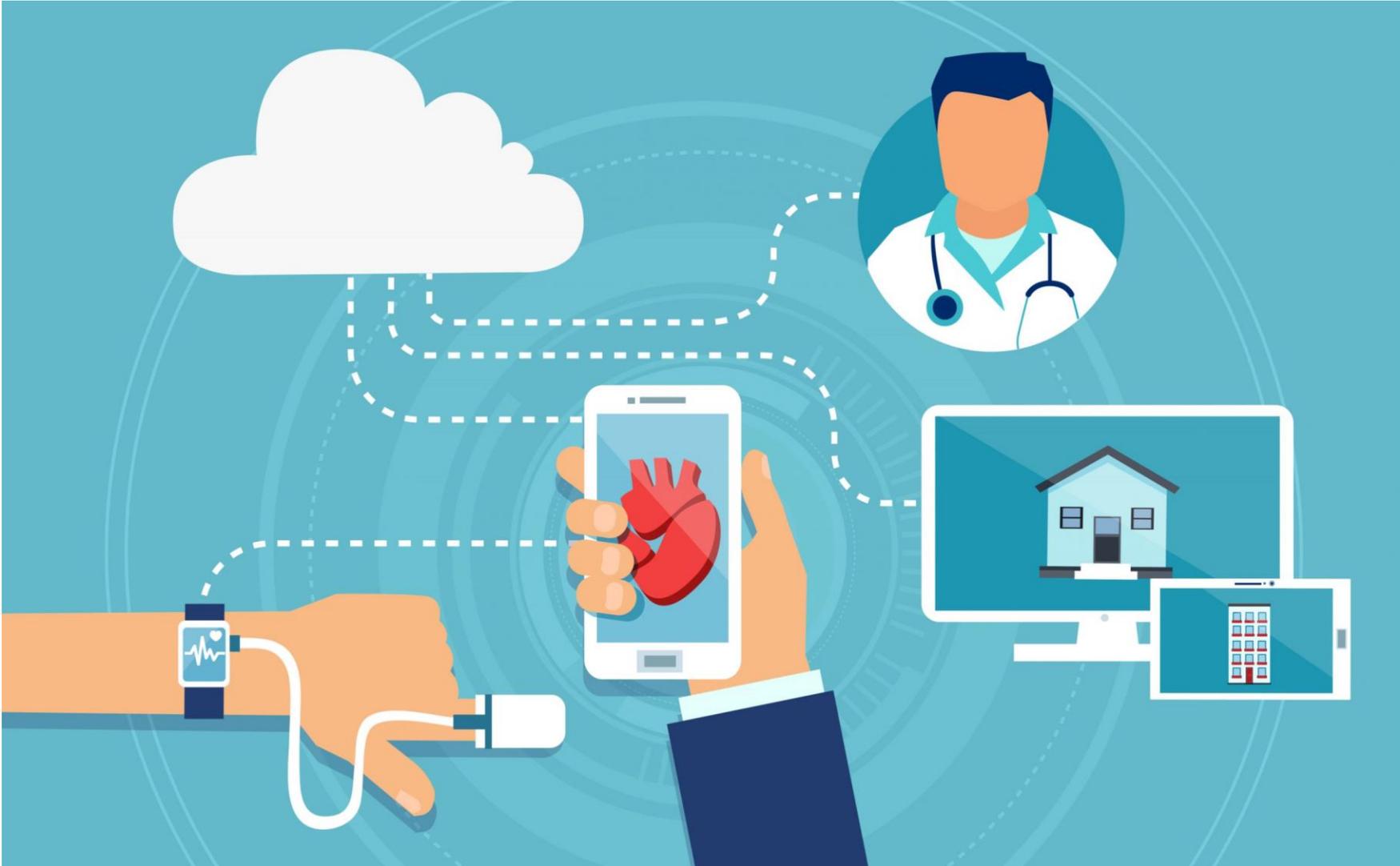
Speaker honoraria from the following:

NAPP, Sanofi, Novo Nordisk, Eli Lilly, Merck, Astra Zeneca, Takeda

Educational support from the following:

Novo Nordisk, Sanofi, Boehringer-Ingelheim

# IS THIS WHAT YOU ARE THINKING?



# DIABETES CONSULTATION



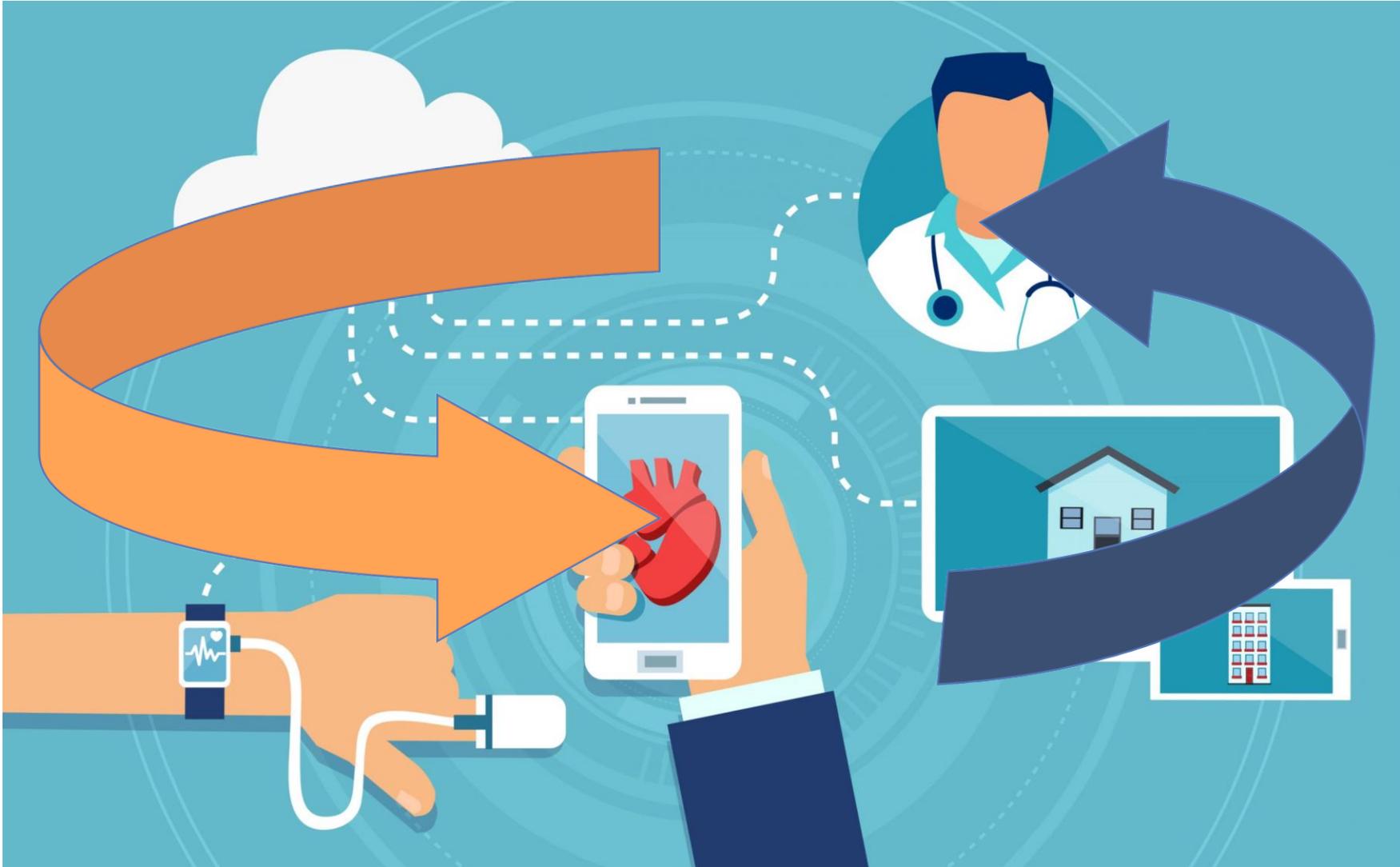
# The care and support planning pathway



- **Metric**
  - Is this an objective number?
- **Non- metric**
  - Is this a subjective thought?
- **Validated**
  - Is this from an accredited device?
- **Unvalidated**
  - Is this from a personal device?



# BI-DIRECTIONAL REAL TIME DATA MOVEMENT



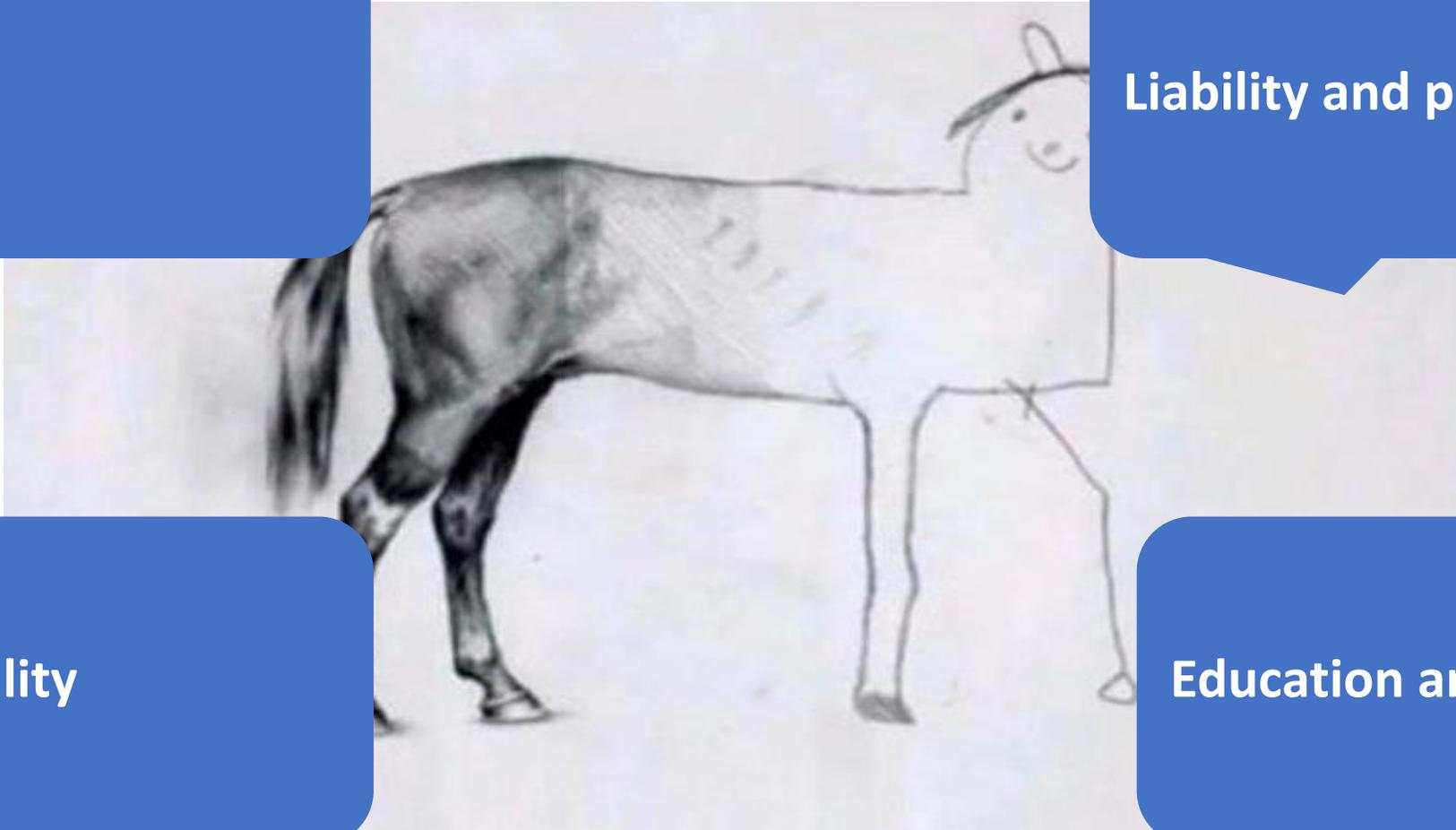
# THE CORNERSTONES OF A DIGITAL FUTURE

Standards

Liability and provenance

Interoperability

Education and support





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# Connecting Patients and Carers to Their Data: Driving Digital Healthcare with Wearables

Dr Matthew Guy  
Consultant Clinical Scientist  
University Hospital Southampton NHS Foundation Trust



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University Hospital Southampton NHS Foundation Trust



## COULD YOUR CHILD HAVE TYPE 1 DIABETES?

Toilet

Thirsty

Tired

Thinner

If your child is going to the toilet a lot, has increased thirst, is more tired than usual or is losing weight, it could be a sign they have Type 1 diabetes. If not diagnosed early enough, Type 1 diabetes can be fatal. Don't delay – if your child is experiencing any of the **4 Ts**, visit your doctor immediately for a test.

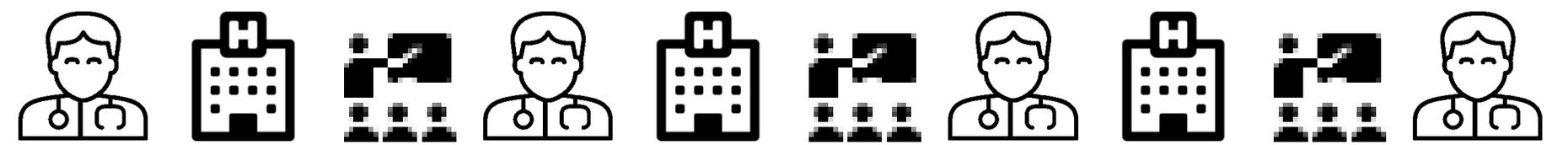
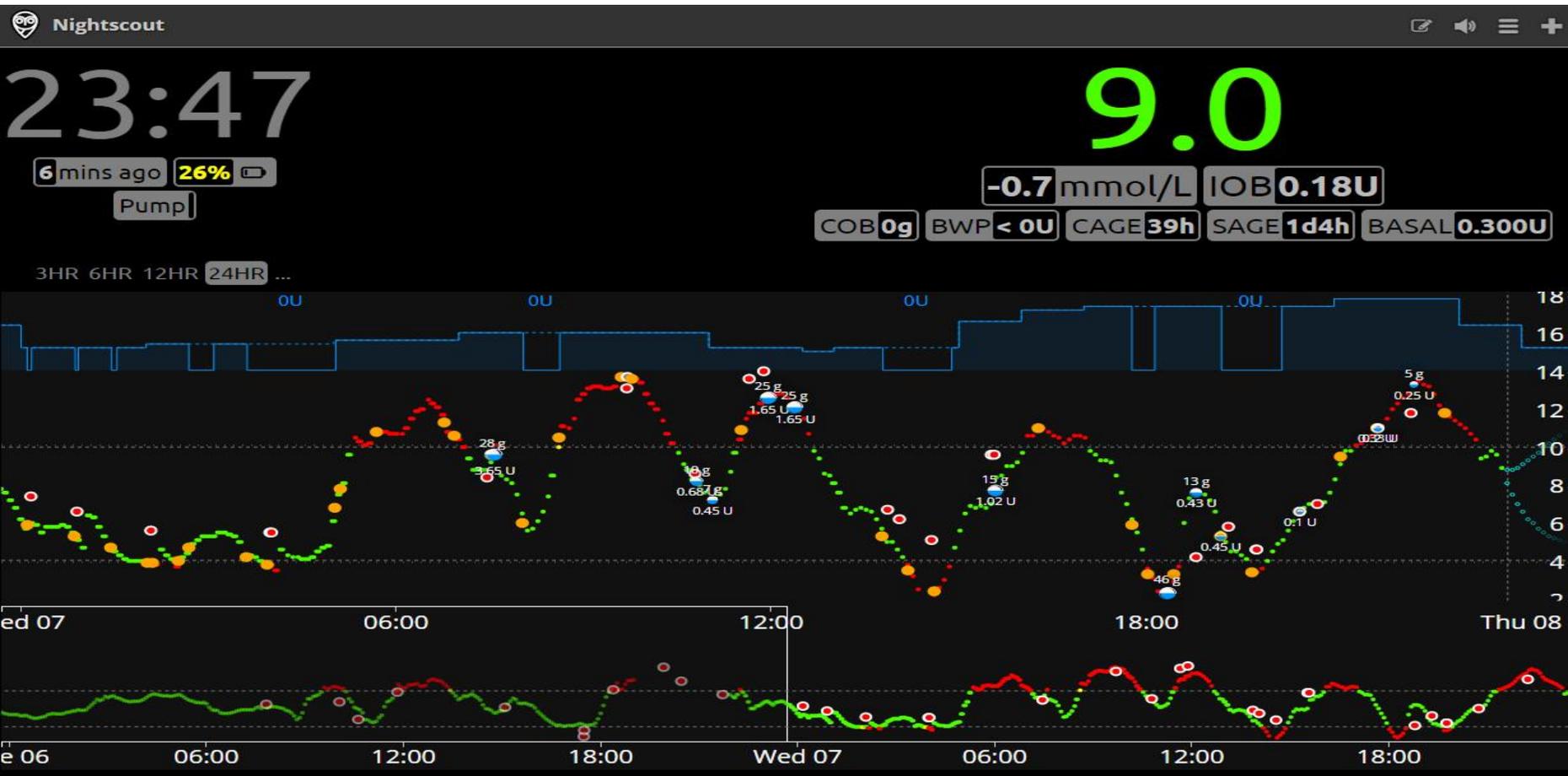
[www.diabetes.org.uk/The4Ts](http://www.diabetes.org.uk/The4Ts)

**DIABETES UK**  
CARE. CONNECT. CAMPAIGN.

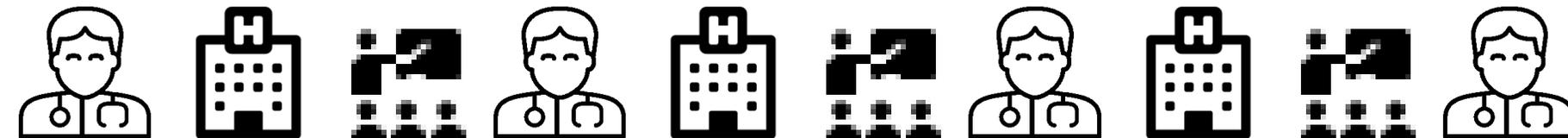
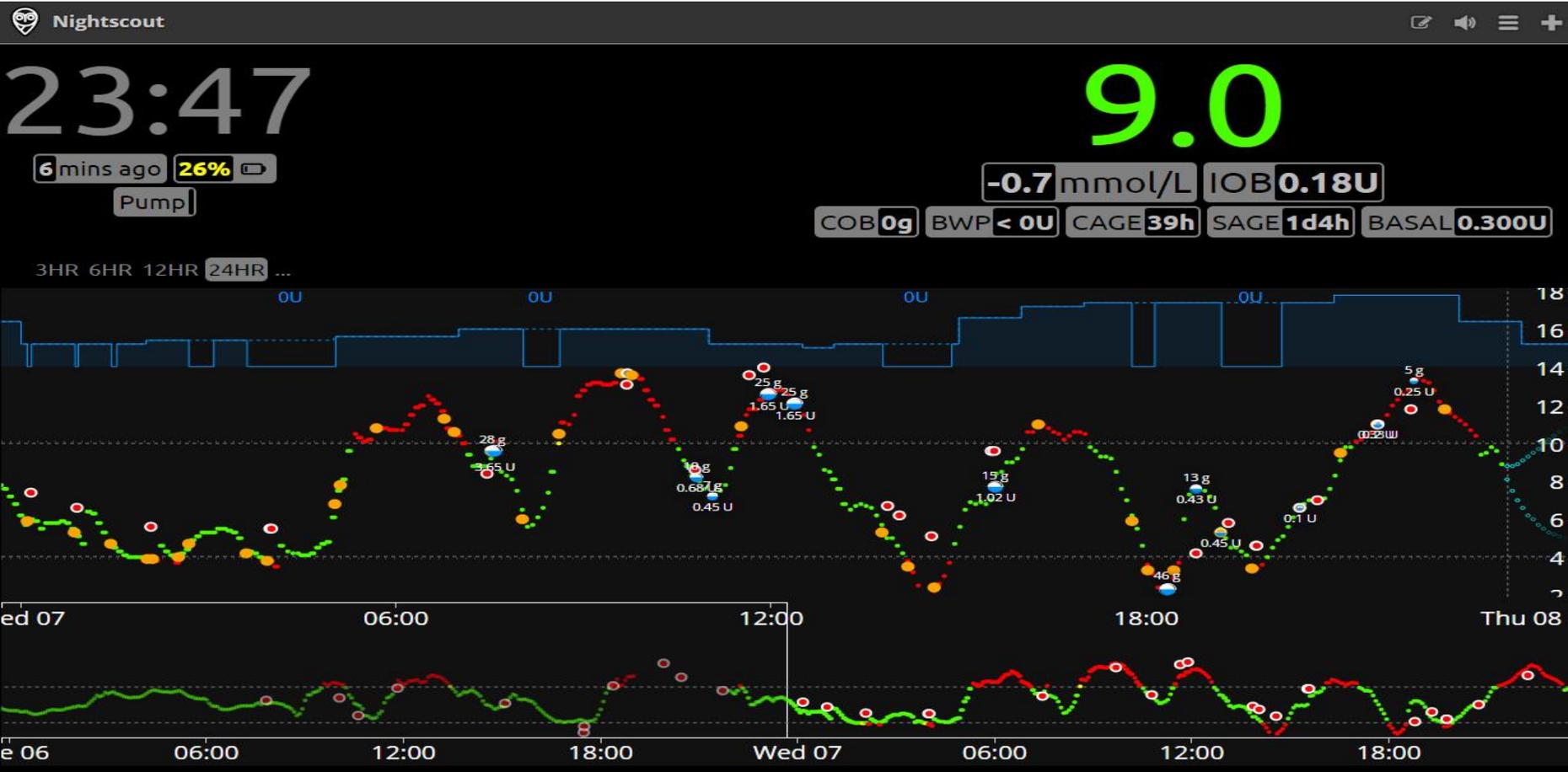
A charity registered in England and Wales (214414) and in Scotland (220144)



# THE POWER OF NOW



# THE POWER OF NOW



# DIFFERENT SHAPES AND SIZES

Wearables and their data will be used and needed in many different ways, e.g.:

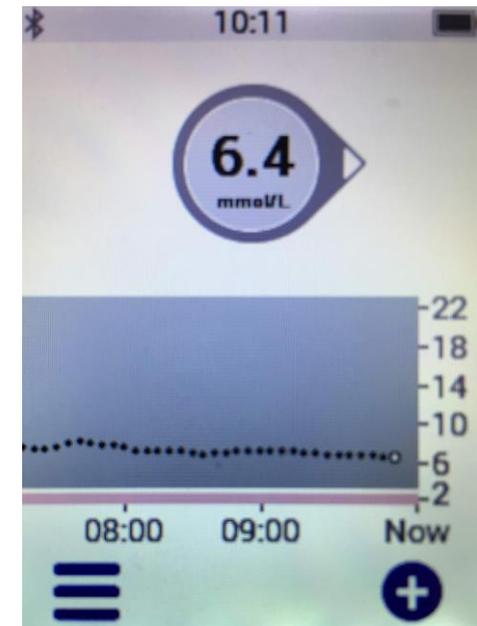
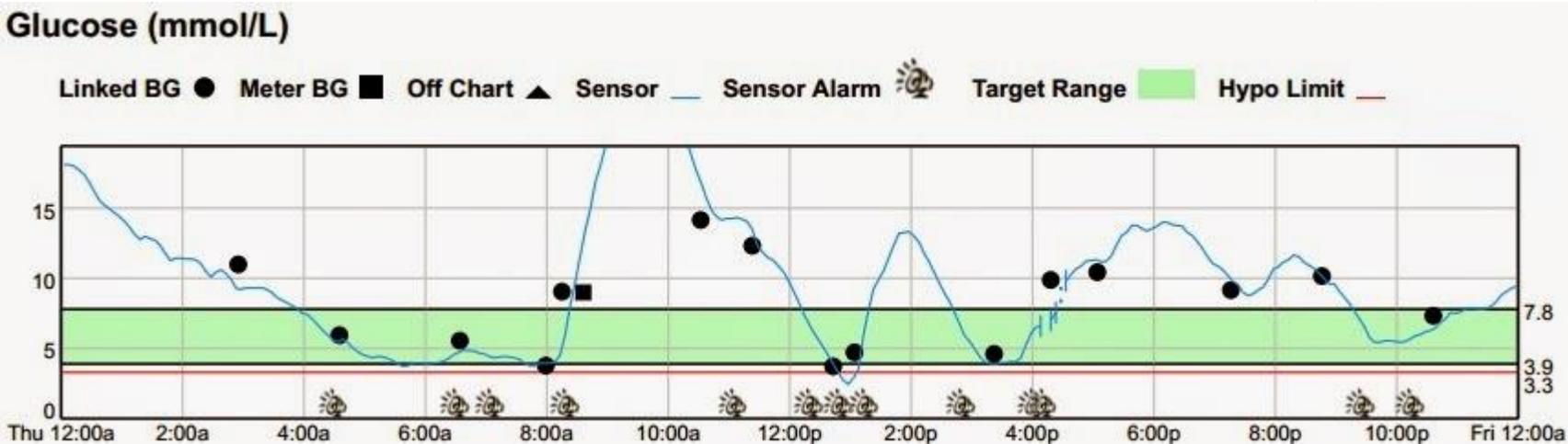
- 1-1, directly supporting a patient, real-time
- 1-Many, supporting patients and carers
- 1-Clinic, enabling HCP support

There may be times when CGM only data is sufficient and others when the context of insulin delivery, carbs consumed and even activity data is required

There will be patients that have

- No access to smartphones or watches
- No (reliable) internet
- No perceived need or desire for remote monitoring

Same devices, delivering different needs and meeting different expectation



# DIFFERENT SHAPES AND SIZES



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Supporting Frail Patients With Diabetes in a Virtual Clinic Age

---

Health Foundation Q Award

Transition Care Navigator: enabling existing services to fit around each patient's individual needs providing support throughout their transition journey

---

HEE, Diabetes UK, Imperial College, RCA

COdesigning Trustworthy Autonomous Diabetes Systems (COTADS)

---

UKRI Trustworthy Autonomous Systems Hub

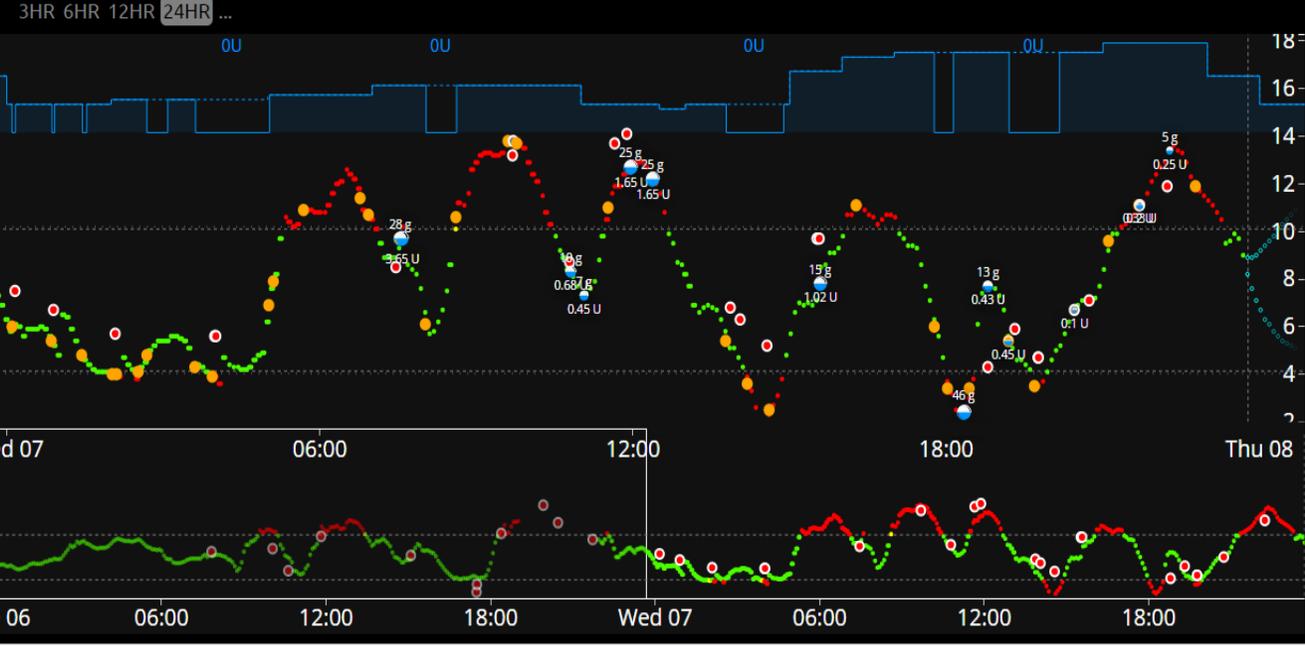
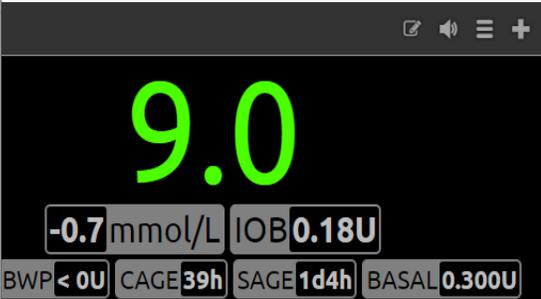
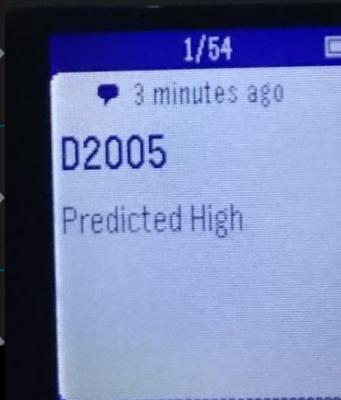


UKRI  
Trustworthy  
Autonomous  
Systems Hub

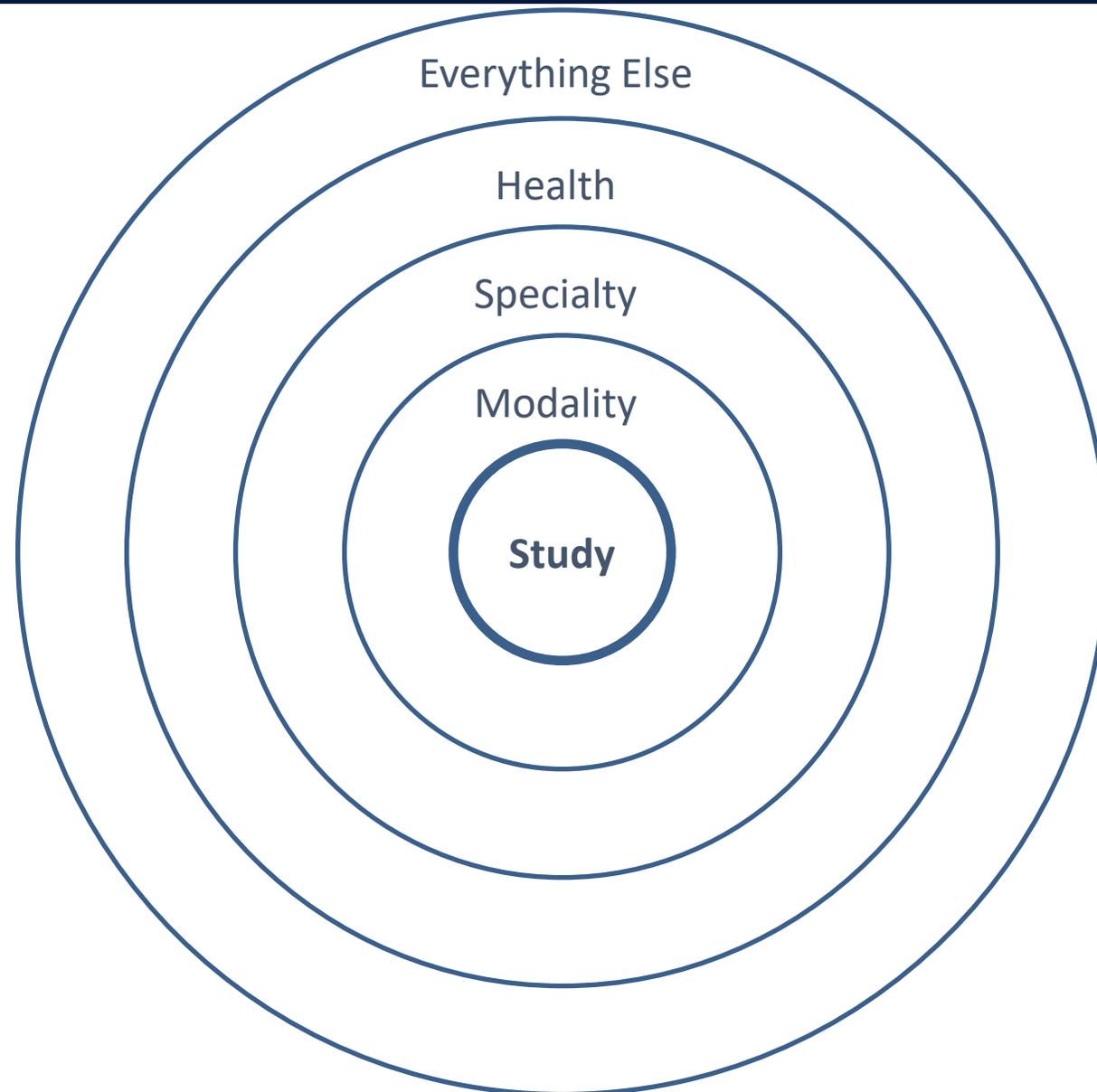
# CLOSING THE GAPS



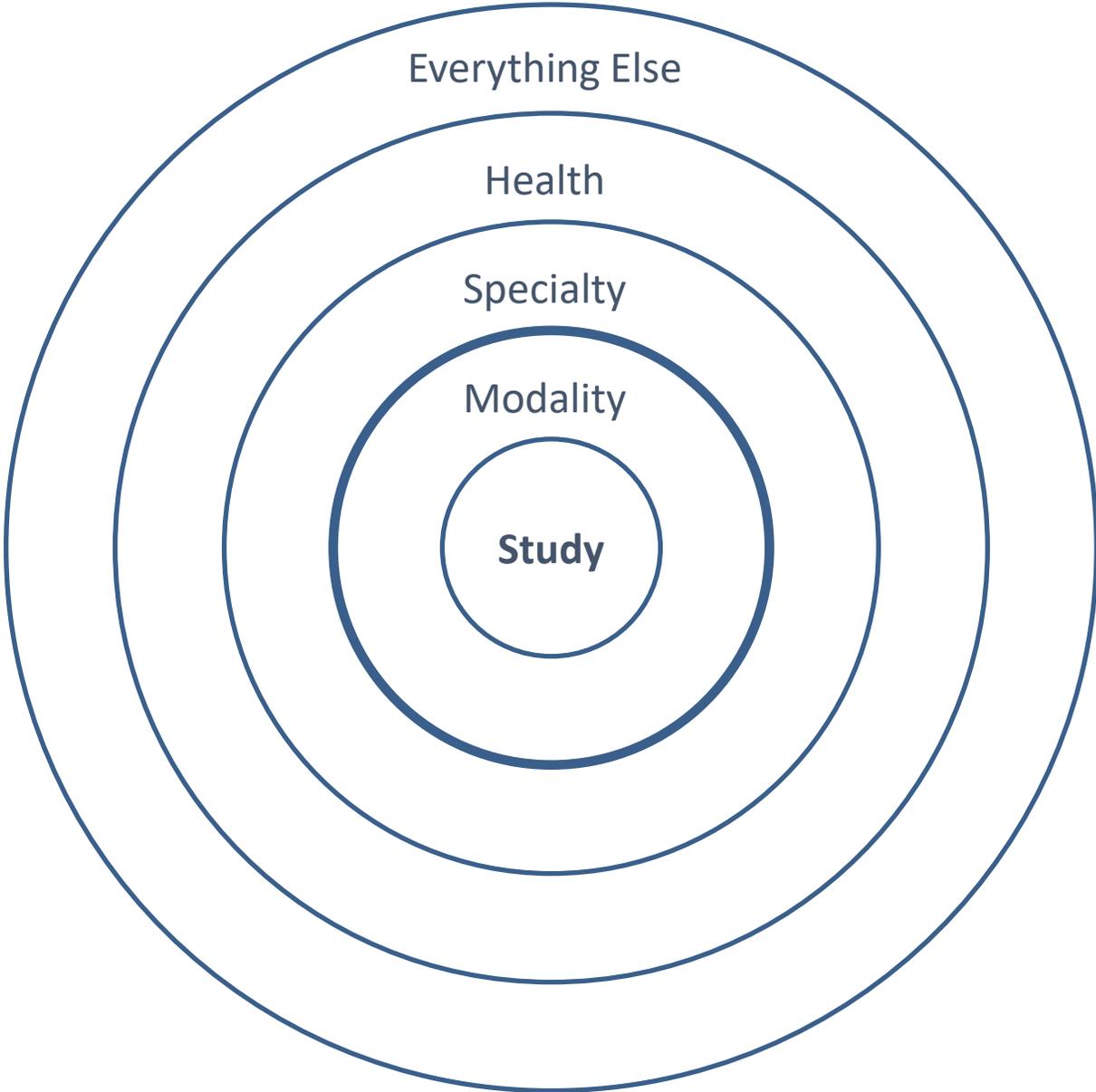
**LittleD** @LittleDMatt  
Enjoying finally getting automated remote access to Janki's #mm640g CGM data via Nightscout :- ) #WeAreNotWaiting  
[littlet1d.blogspot.co.uk/2015/11/nights...](http://littlet1d.blogspot.co.uk/2015/11/nights...)  
3:26 AM - 13 Nov 2015



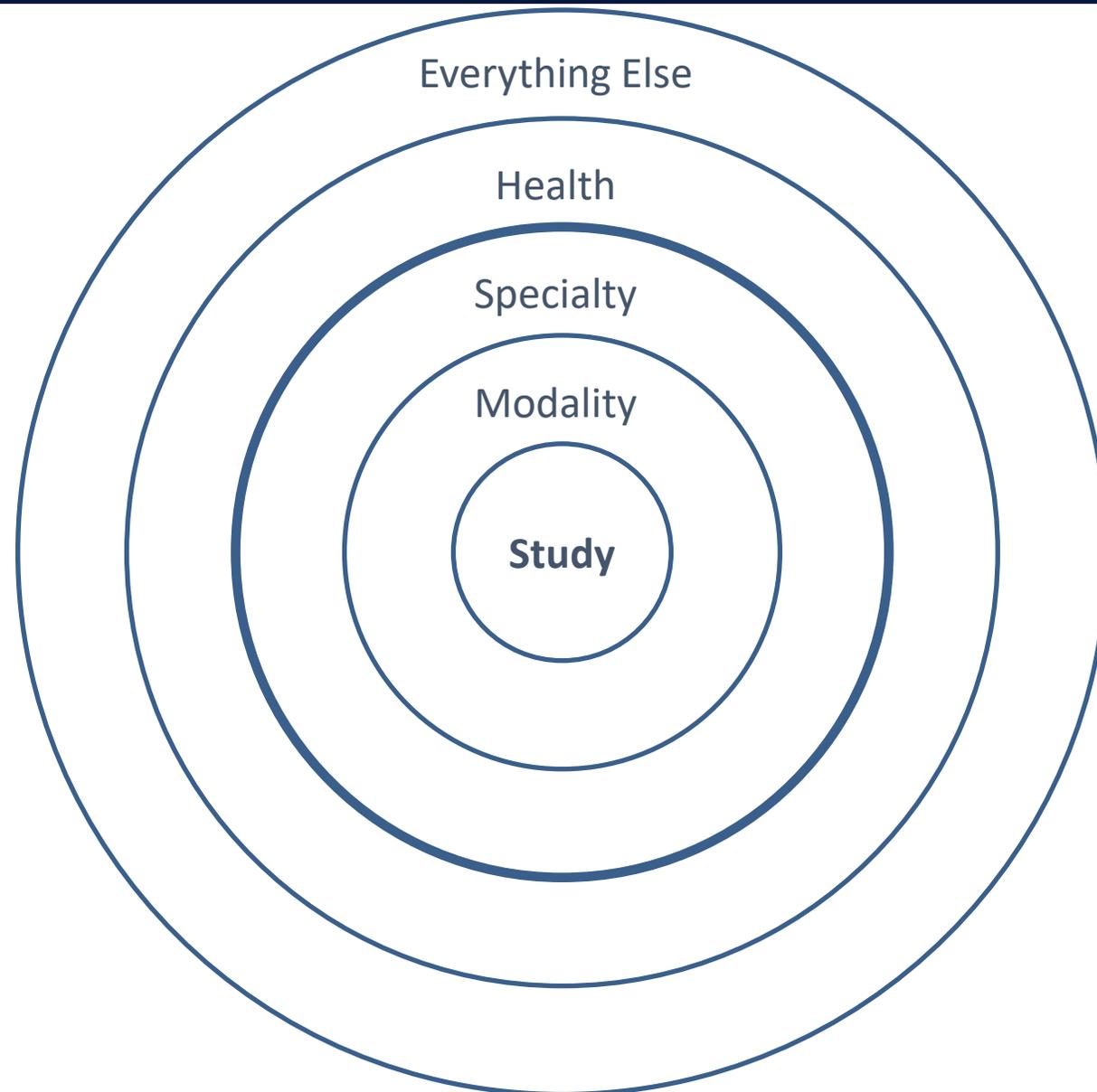
# REMOVING BARRIERS



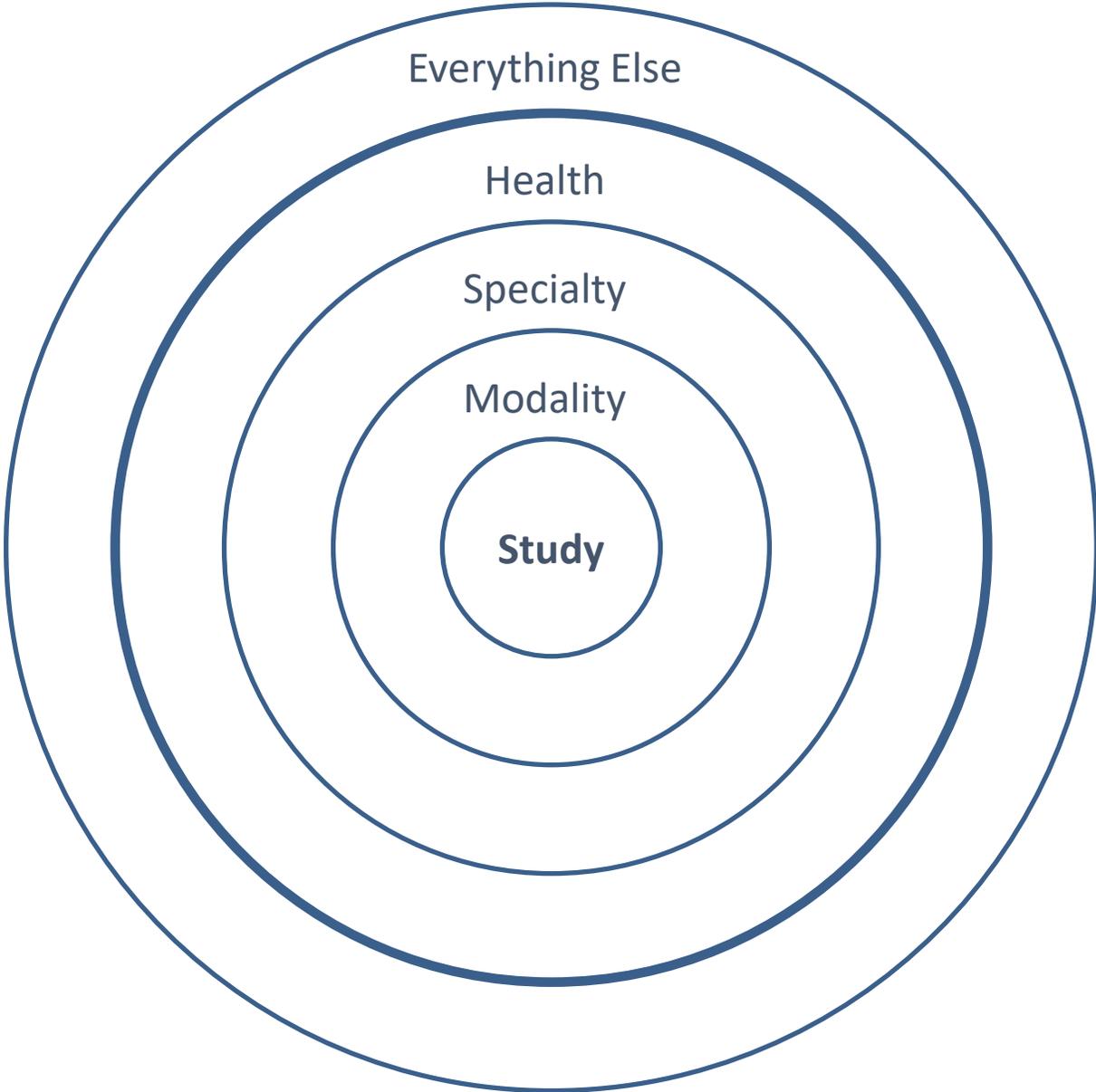
# REMOVING BARRIERS

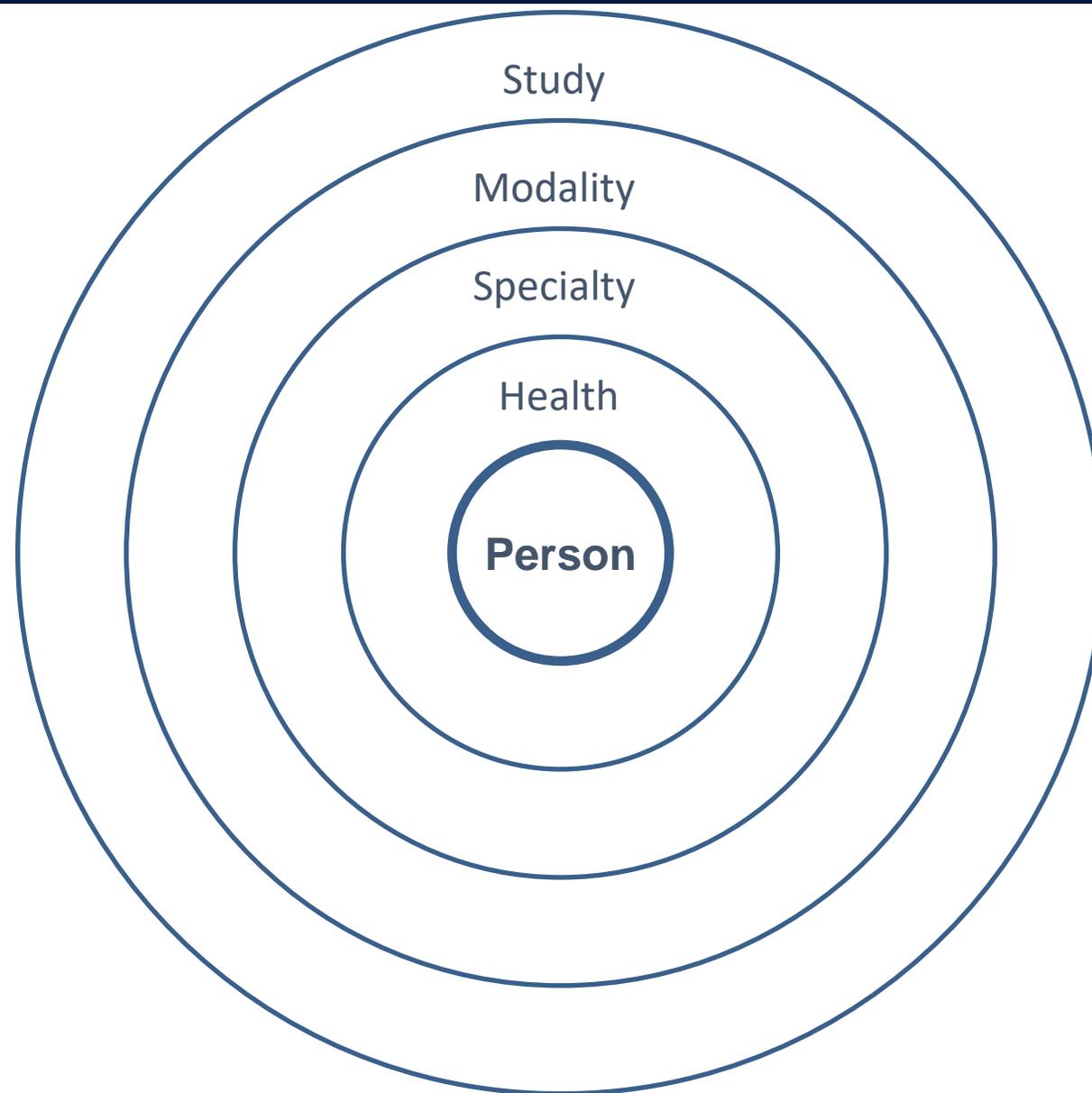


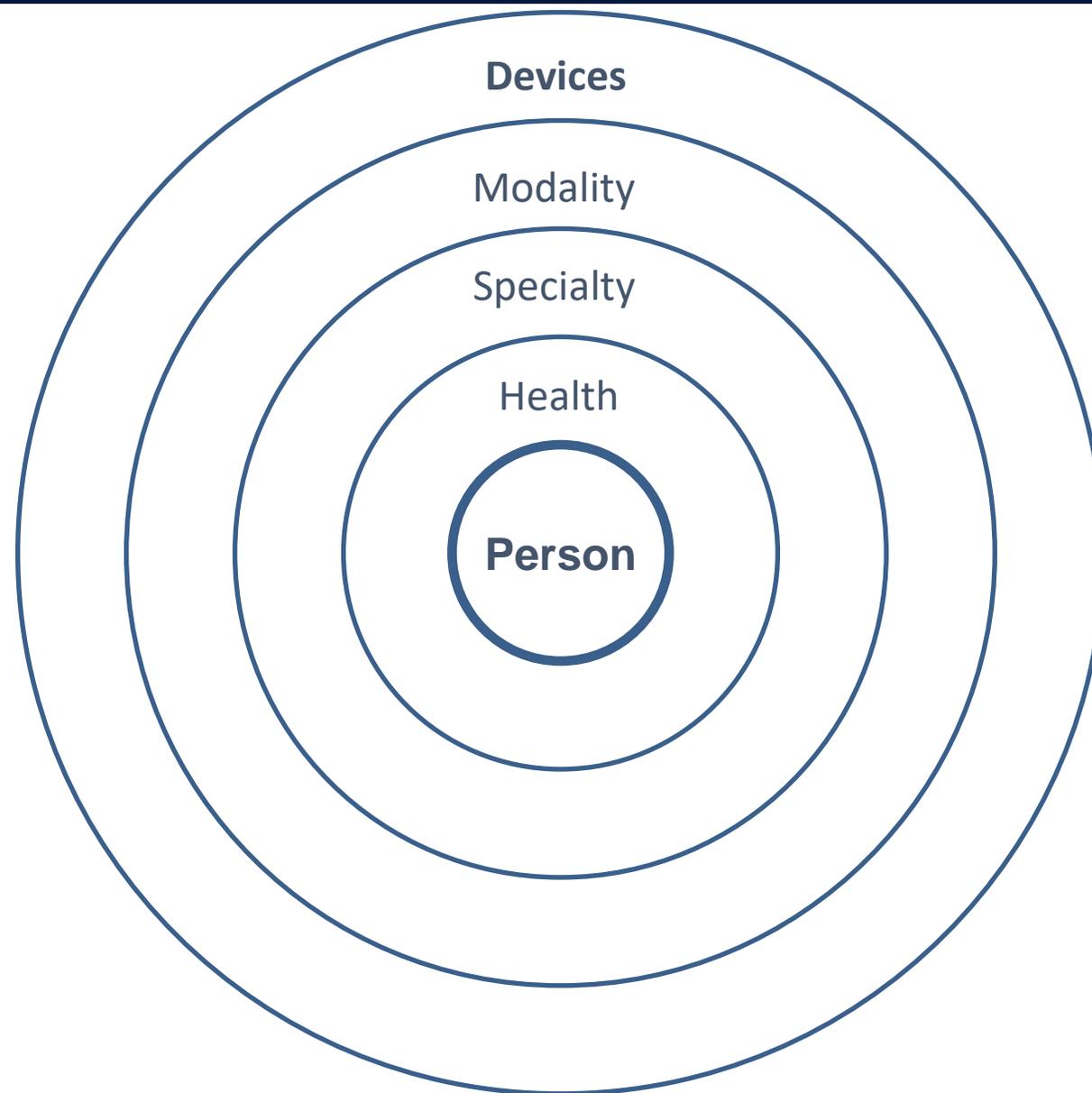
# REMOVING BARRIERS



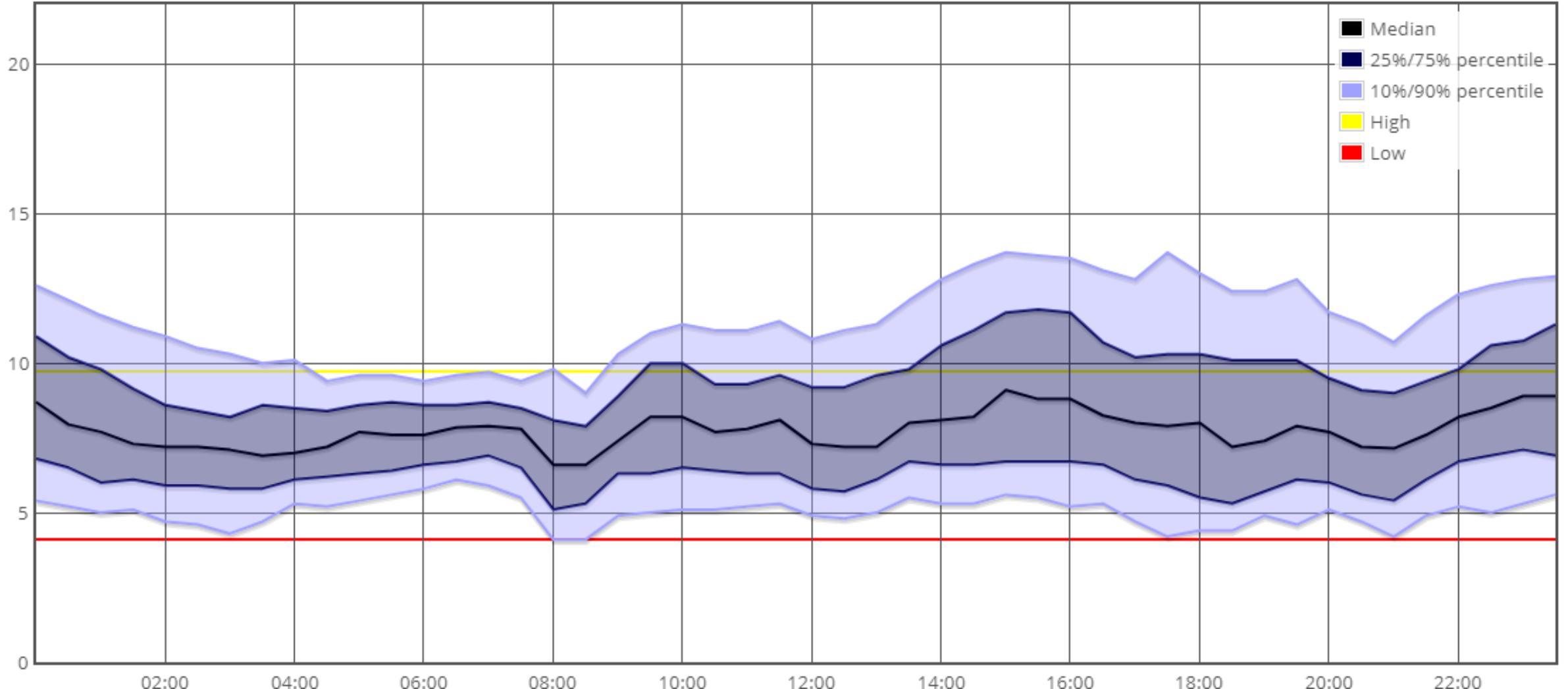
# REMOVING BARRIERS



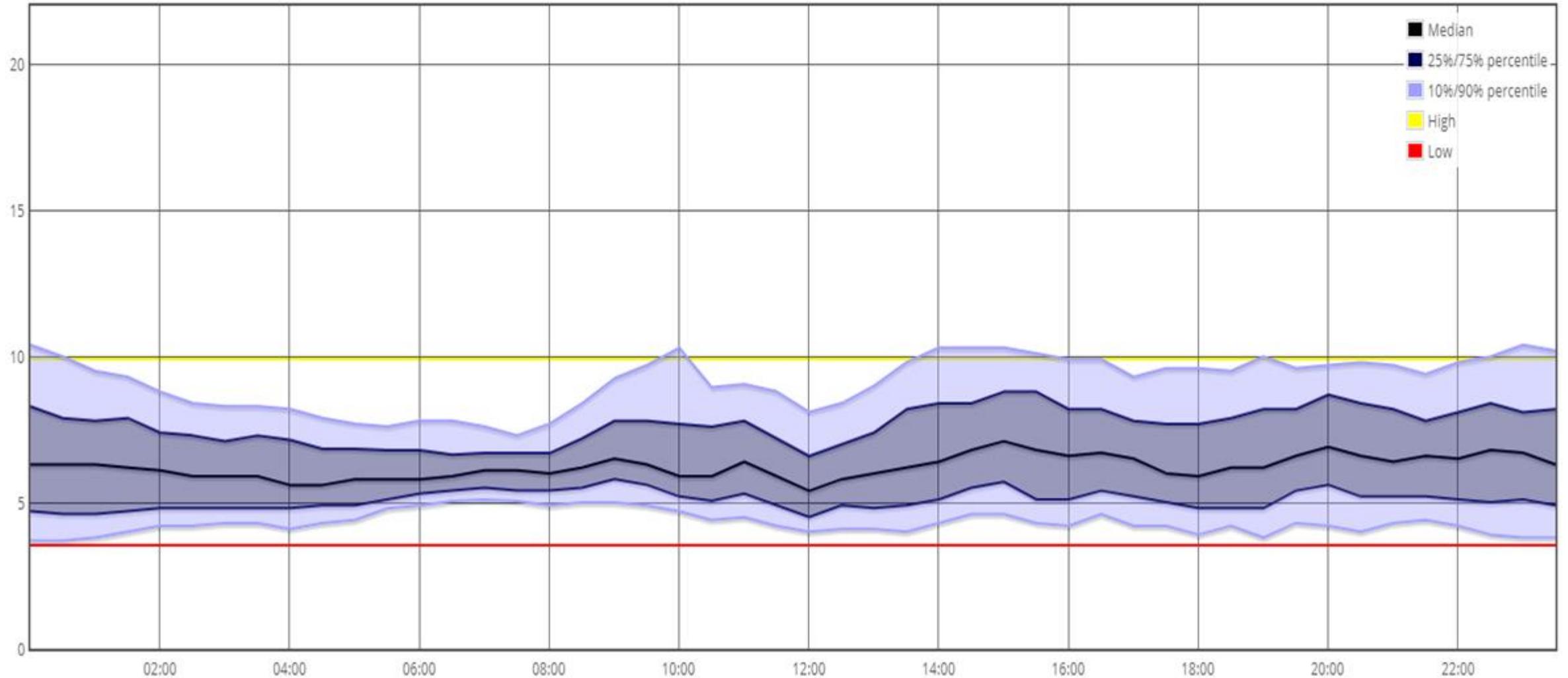




## Glucose Percentile report



## Glucose Percentile report



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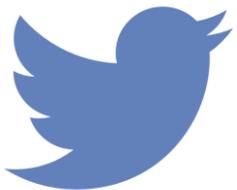
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