



Professional  
Record  
Standards  
Body

**Better records  
for better care**

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

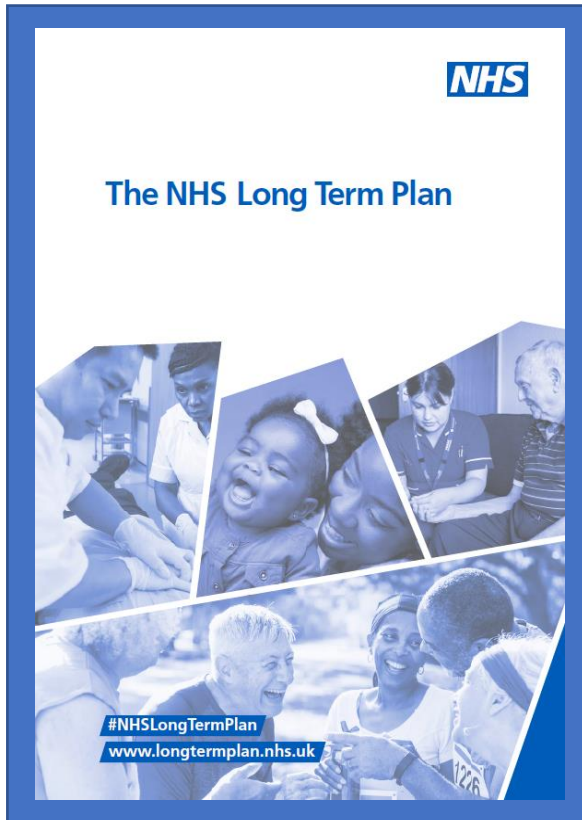
**Ben McGough** - Programme Lead, NHS England

**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

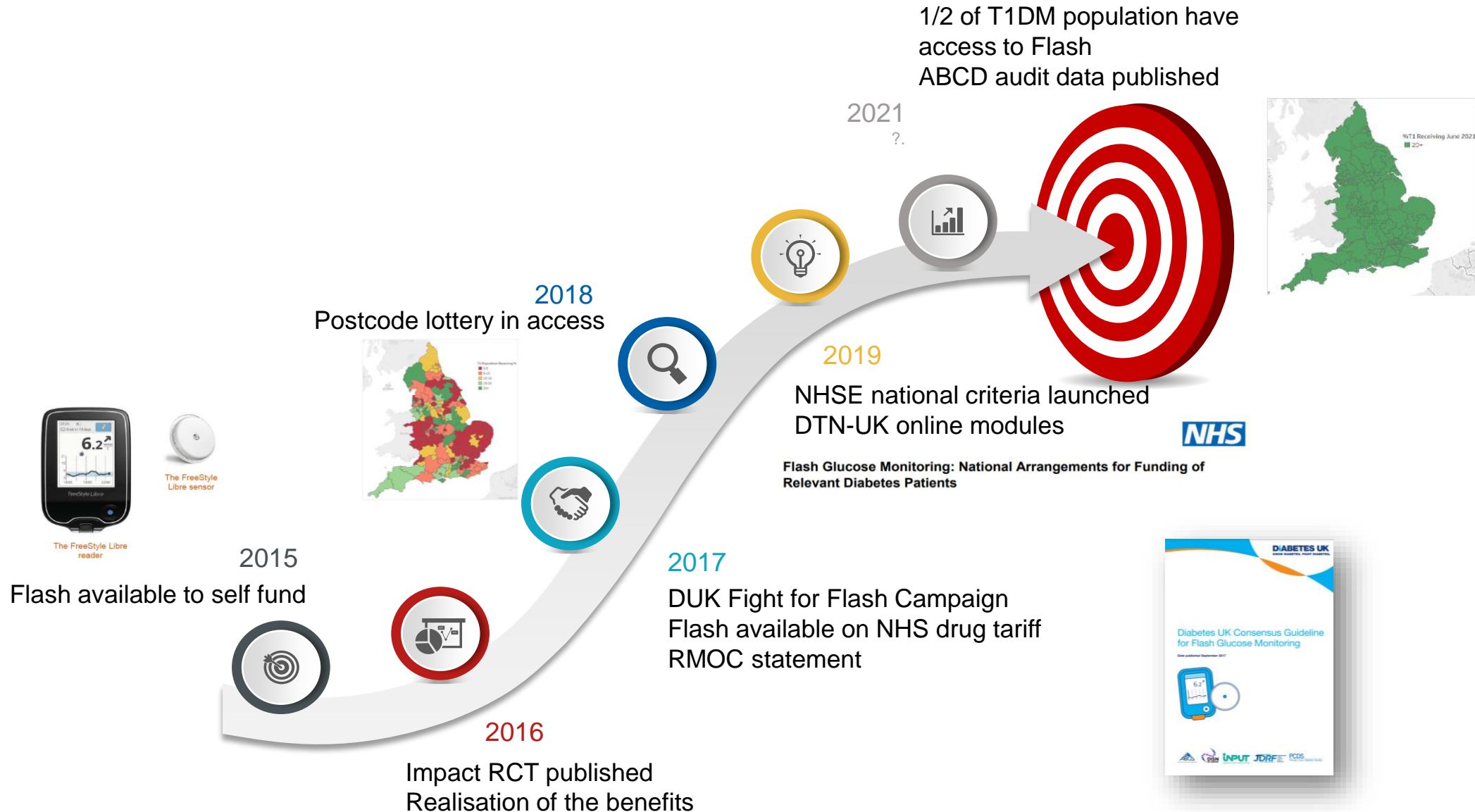
# Our commitment



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

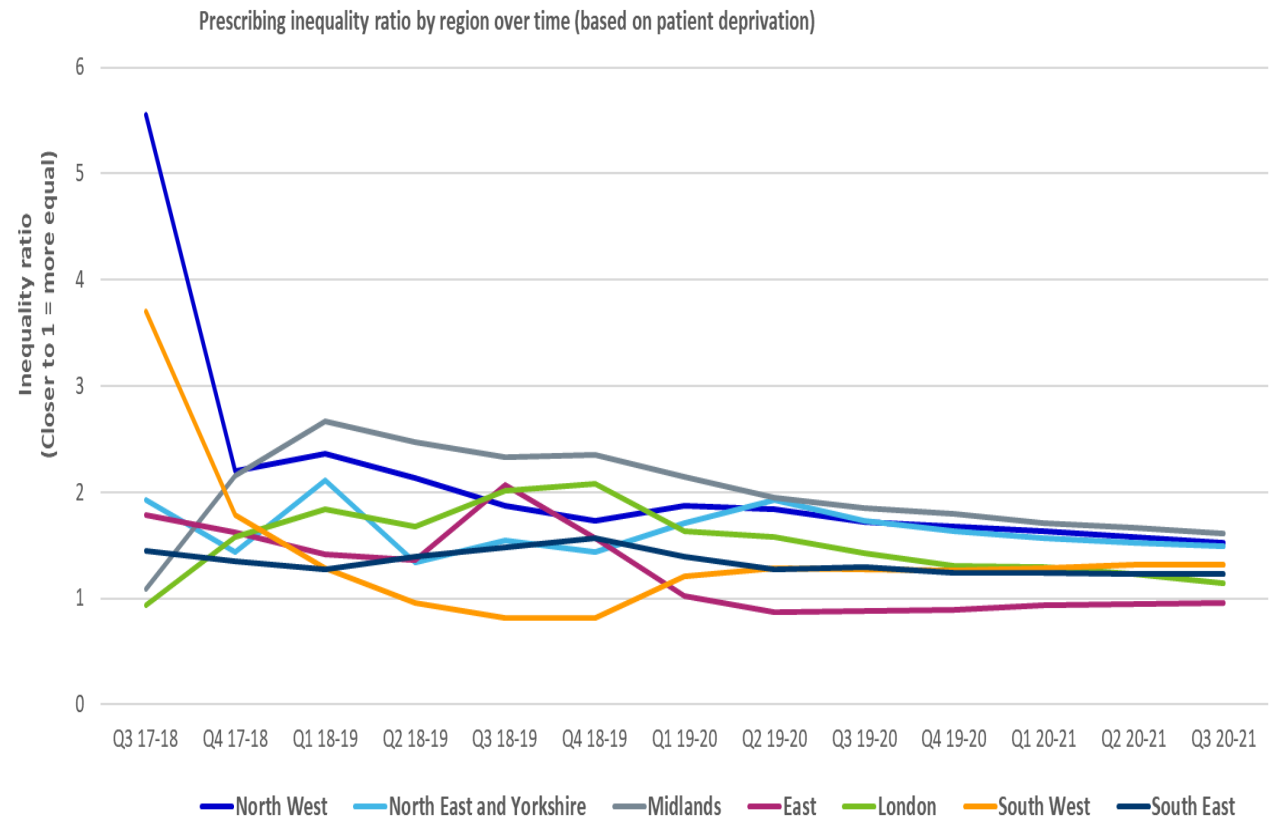
“ensure patients with type 1 diabetes benefit from life changing flash glucose monitors, ending the variation patients in some parts of the country are facing”

# The story of Flash glucose monitors adoption



# Equity of Access

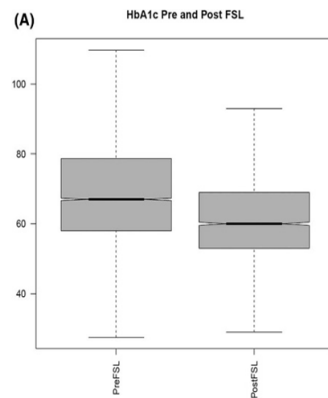
- Inequality in prescribing across the IMD deciles has improved over the life of the programme.
- More than 20% of eligible patients in every quintile benefitting from flash. In addition the ratio between the more affluent to least affluent benefiting has reduced in every region.



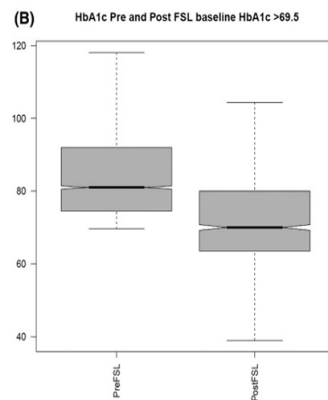
# Impact

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

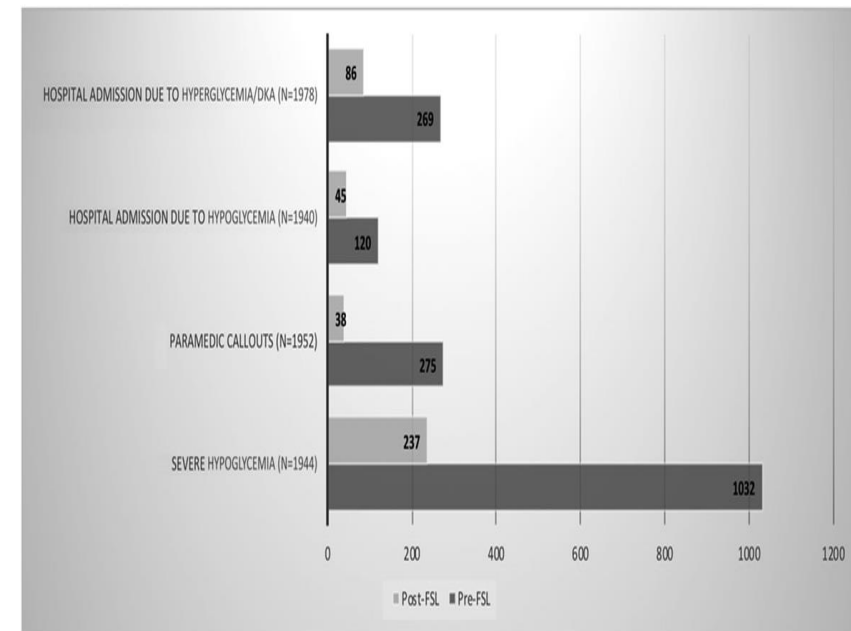
(A) study population



(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

	Number of eligible patients		Number of patients offered CGM		Number of patients prescribed CGM		Number of patients who declined CGM	
Region	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.

0345 123 2399

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

**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

NICE National Institute for Health and Care Excellence

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Read about our approach to COVID-19

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**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



# DISCLOSURES / PERSONAL RESPONSIBILITIES

- 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

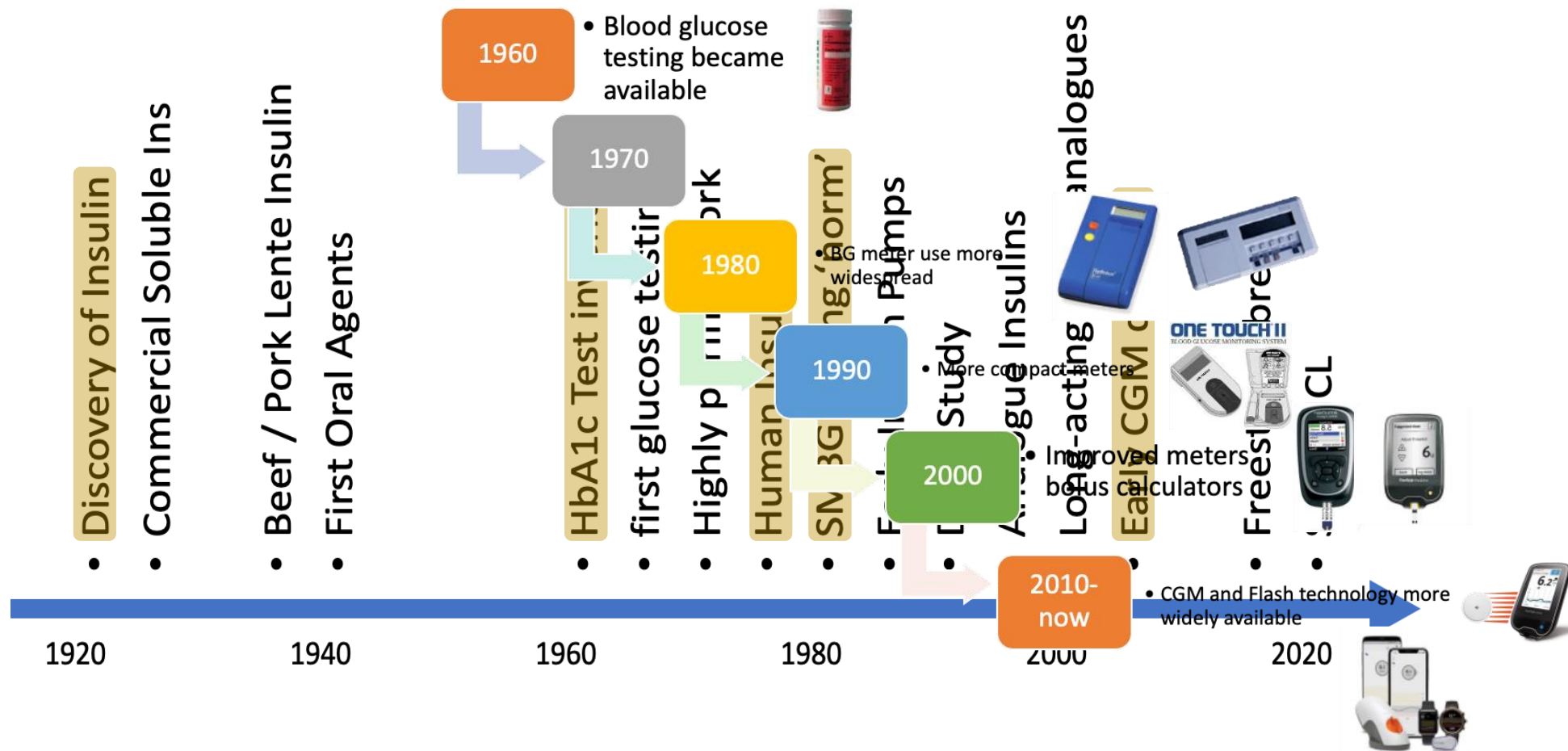
Complications  
Screening &  
Management

Co-Morbidity  
& Acute Illness  
Care

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

# 100 YEARS OF PROGRESS IN DIABETES CARE

## 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>



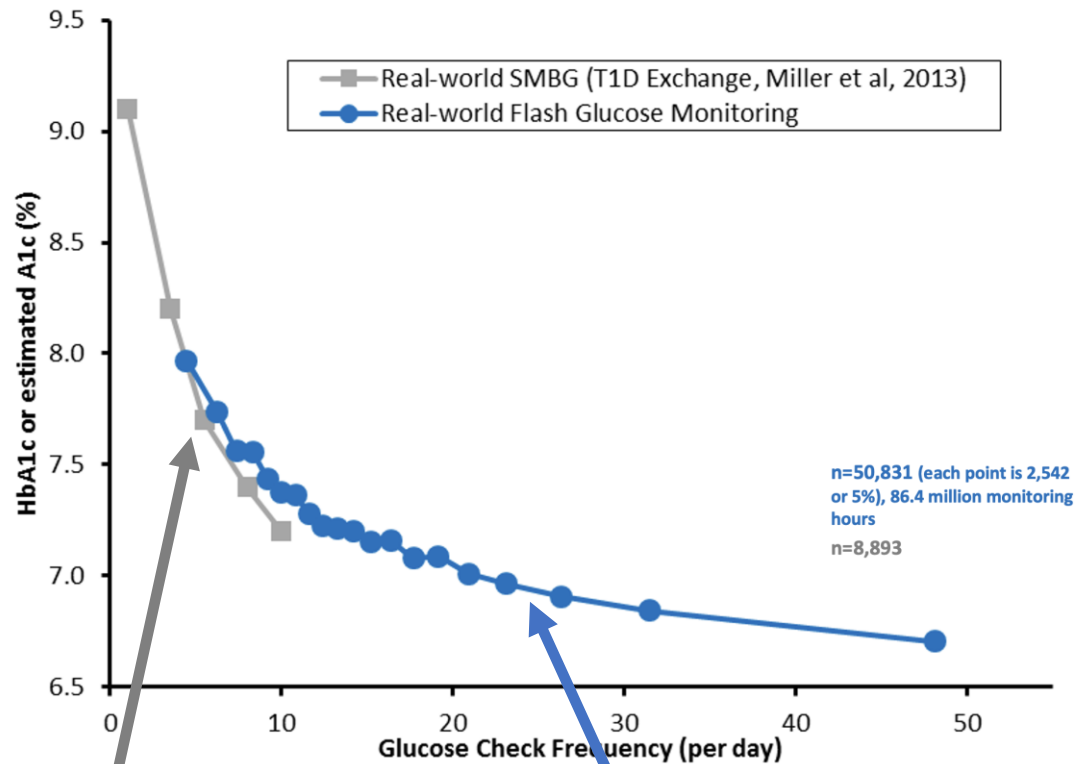
for which data management is a key to success

# MORE DATA = BETTER OUTCOMES

(“we have the technology”)

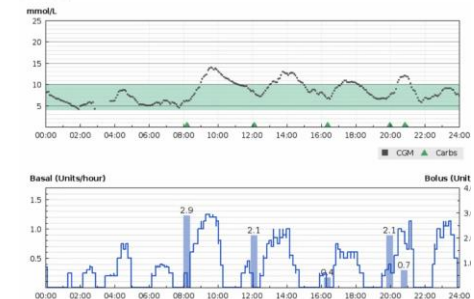
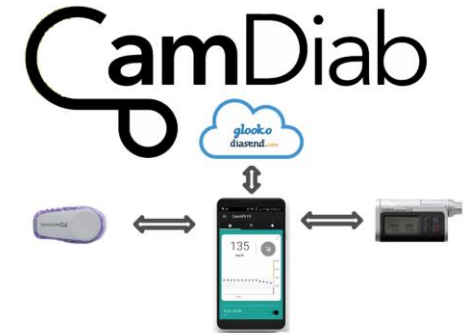
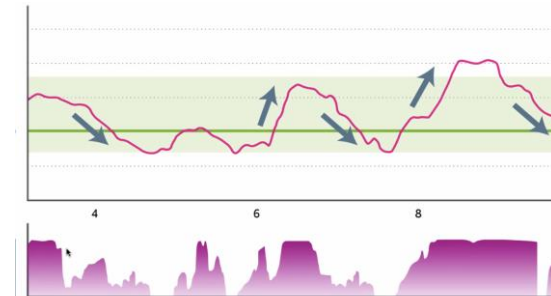


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**SMBG**

**isCGM**

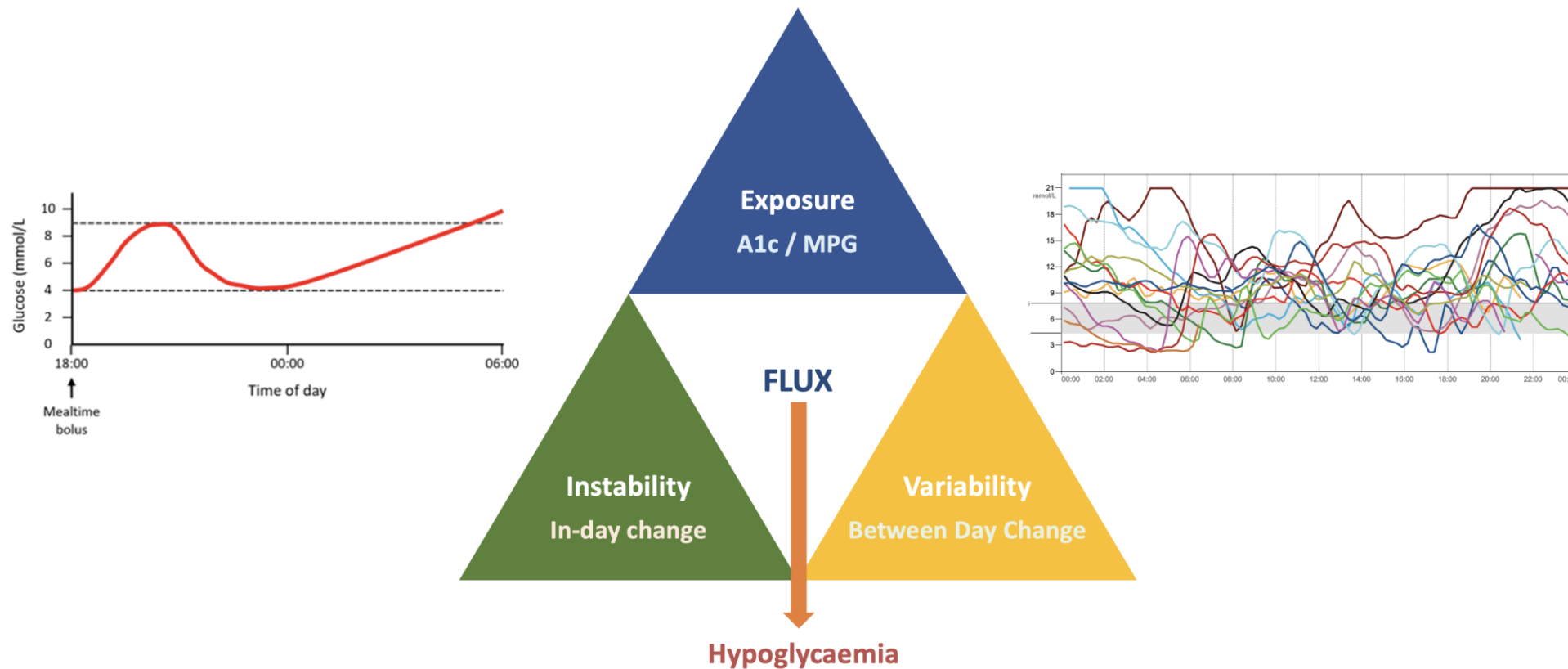


**Hybrid Closed Loops**





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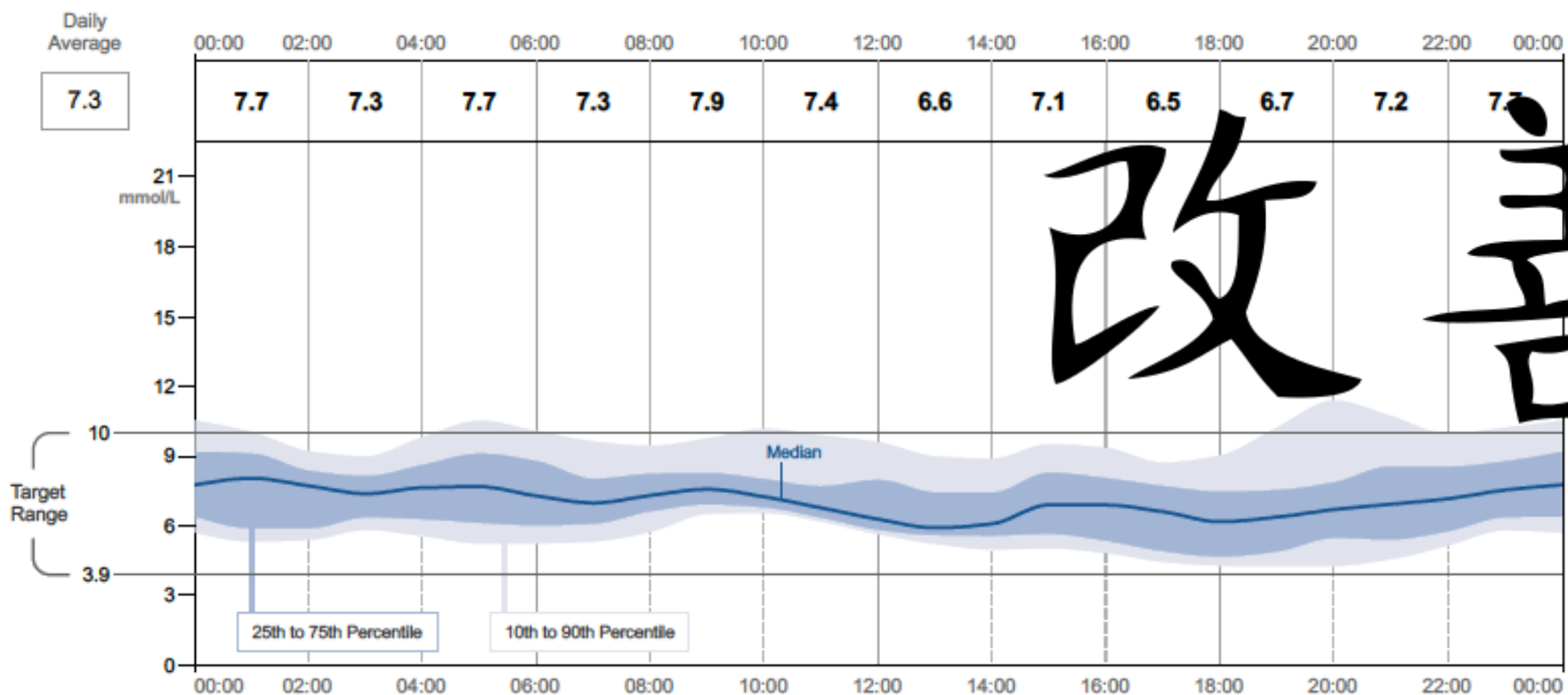
**SELF MANAGEMENT DATA SUPPORTING SUCH TREATMENT  
ADVICE SHOULD CLEARLY BE ROUTINELY COLLECTED!**

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...

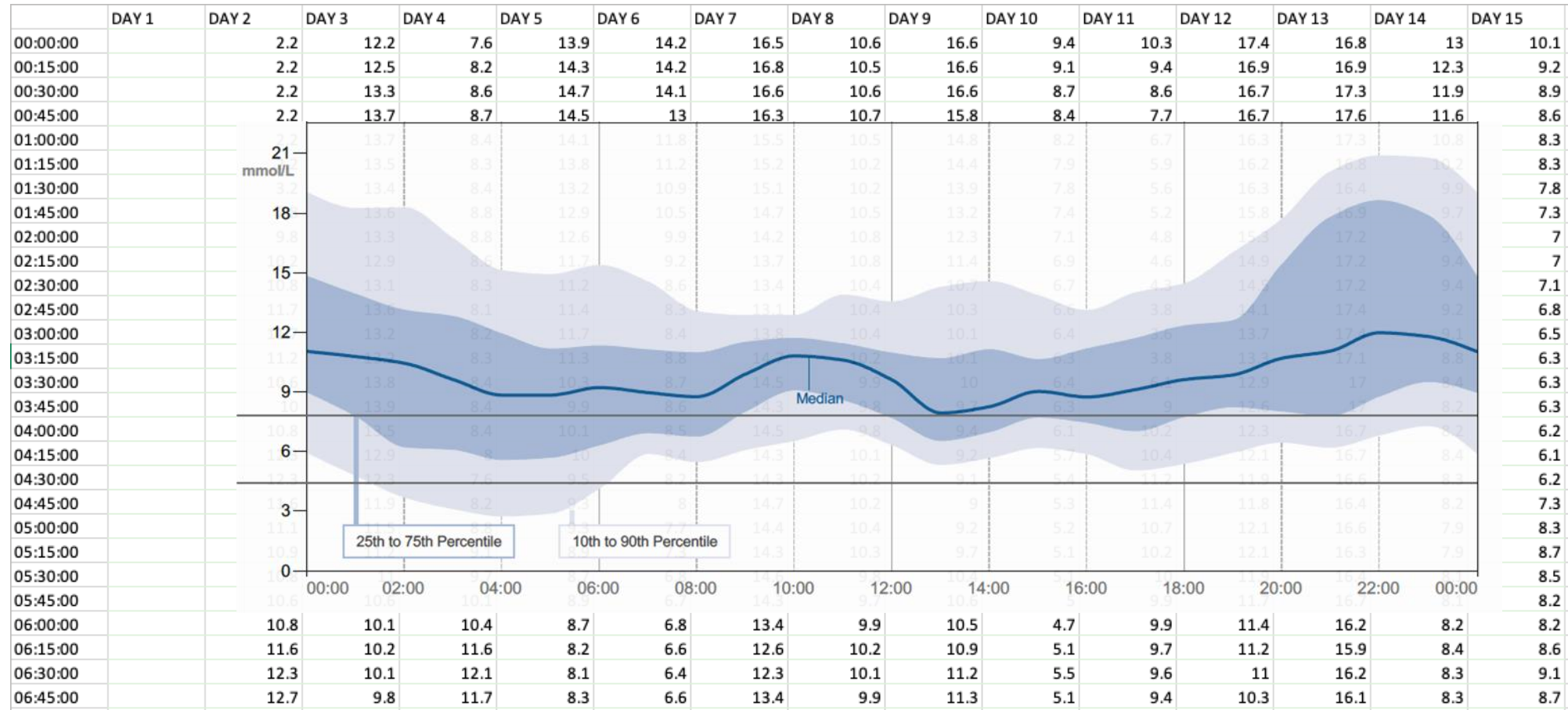
Routine collection of self-management data highlights  
some new issues which need to be aired / addressed.

# • DATA CAN BE COMPLEX !

(new skills are required)



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# DATA RESPONSIBILITY / LIABILITY??

LibreView

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	22/8/1965	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	5/6/1967	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



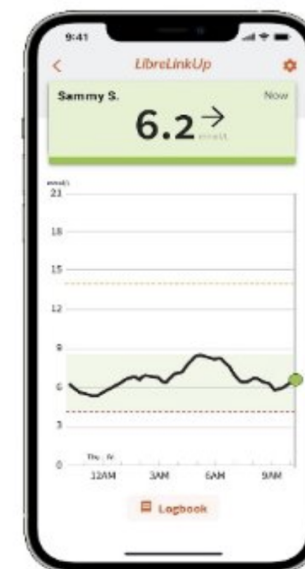
### One piece applicator



### Sensor



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



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



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



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

William Gibson, NPR





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

**Dr Neel Basudev**

GP Lambeth, Clinical Director Diabetes Health Innovation Network

# DISCLOSURES



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Speaker honoraria from the following:

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

Educational support from the following:

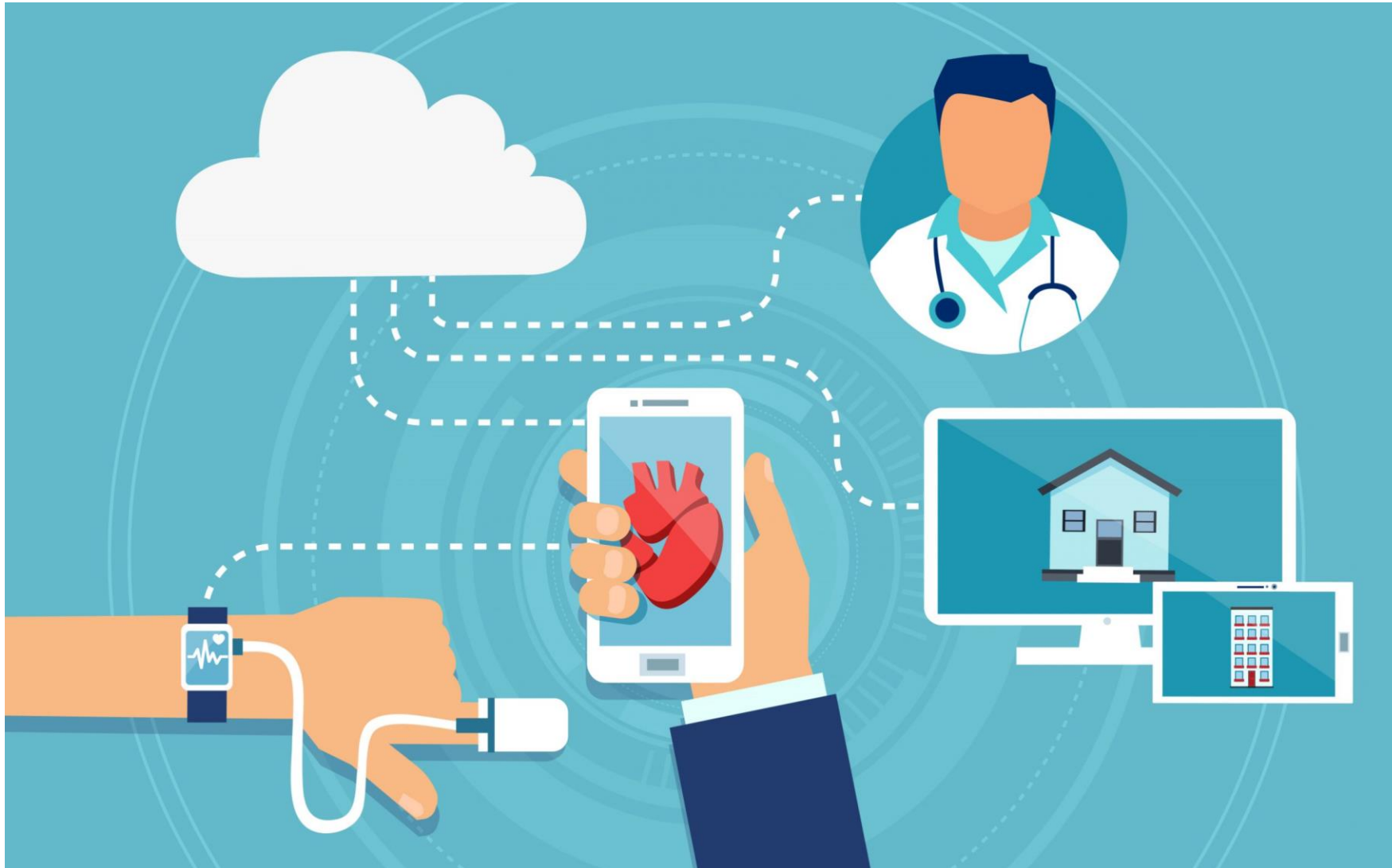
Novo Nordisk, Sanofi, Boehringer-Ingelheim



# IS THIS WHAT YOU ARE THINKING?



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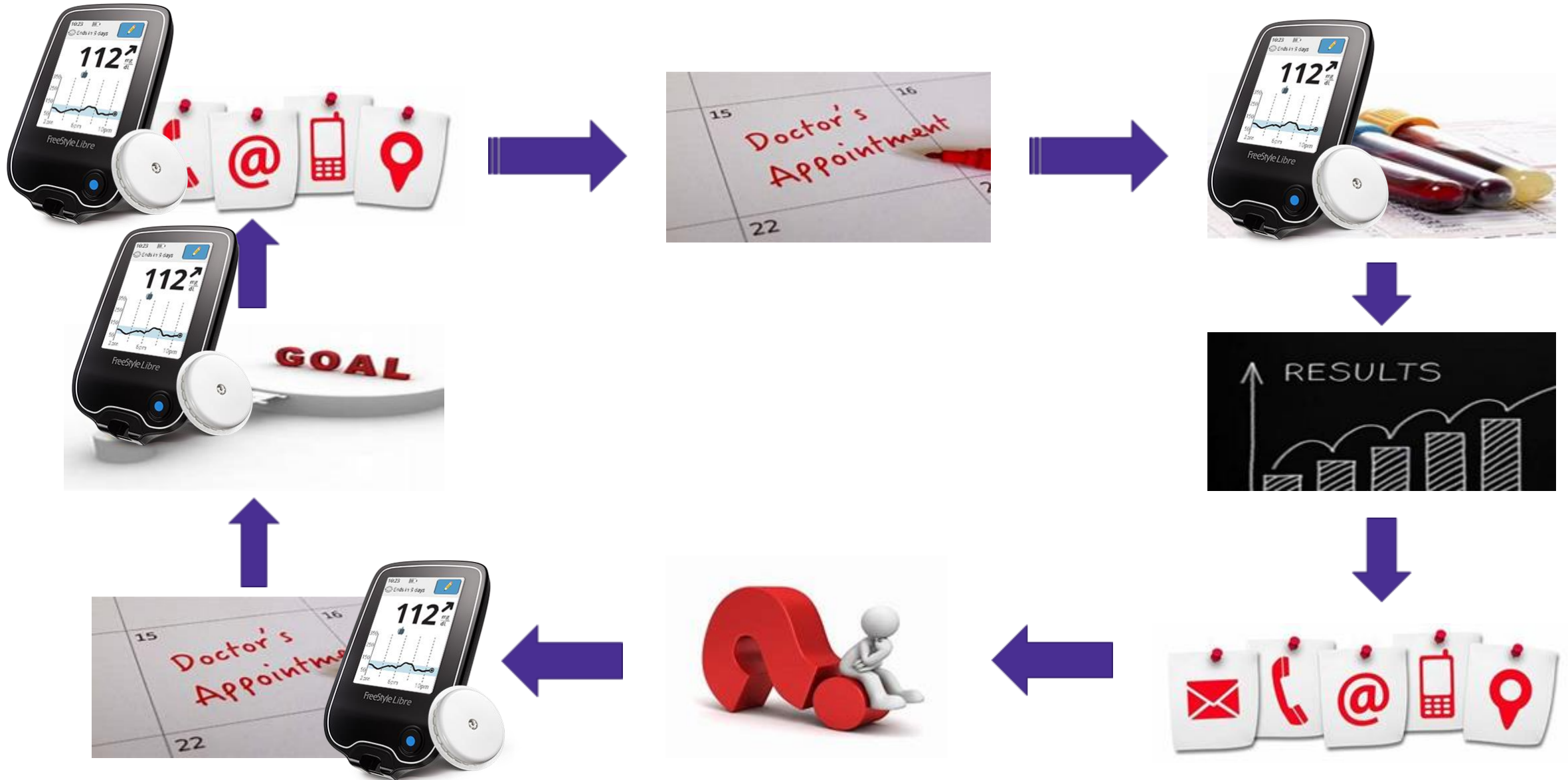
# DIABETES CONSULTATION



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# The care and support planning pathway





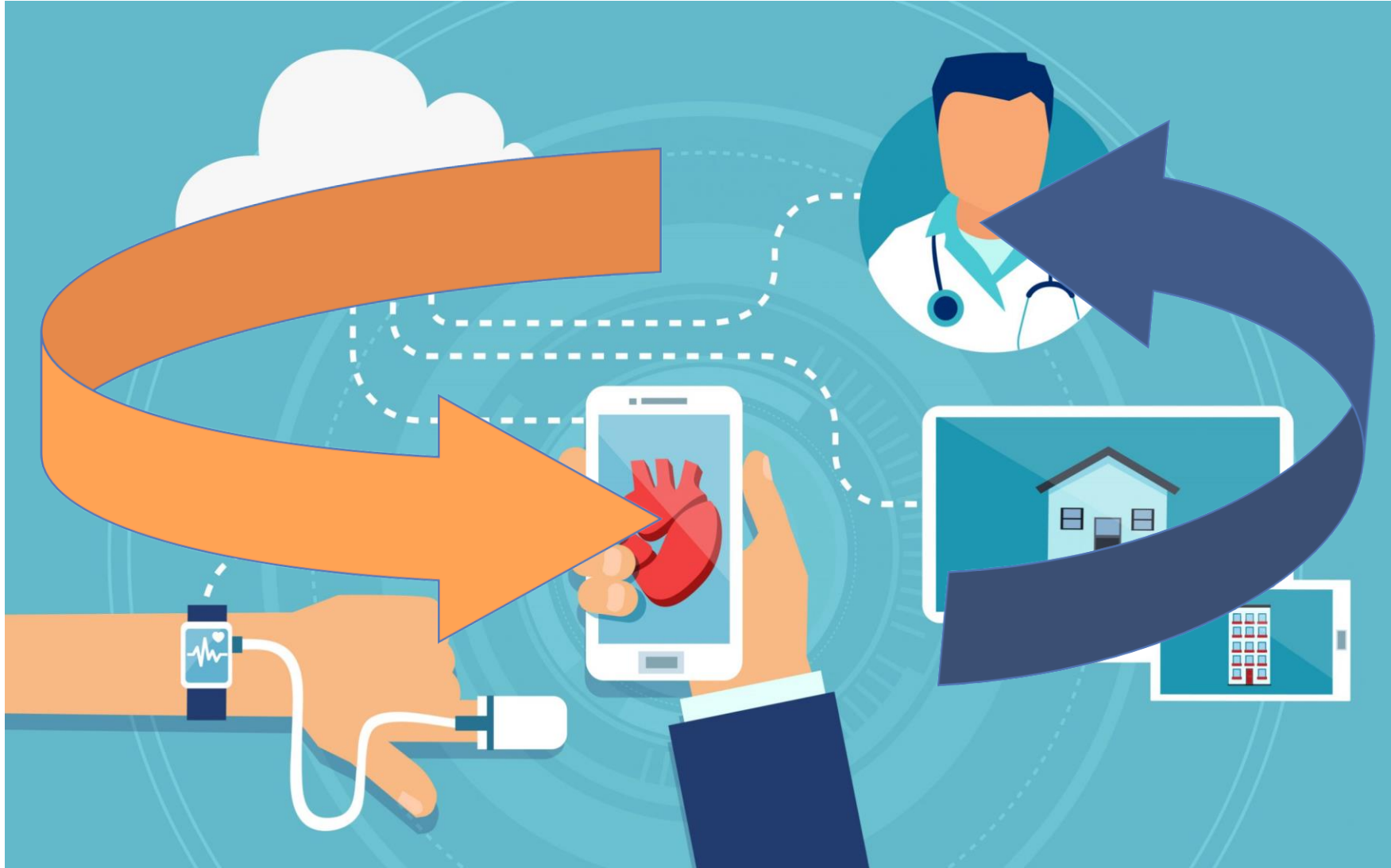
- **Metric**
  - Is this an objective number?
- **Non- metric**
  - Is this a subjective thought?
- **Validated**
  - Is this from an accredited device?
- **Unvalidated**
  - Is this from a personal device?



# BI-DIRECTIONAL REAL TIME DATA MOVEMENT



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# THE CORNERSTONES OF A DIGITAL FUTURE



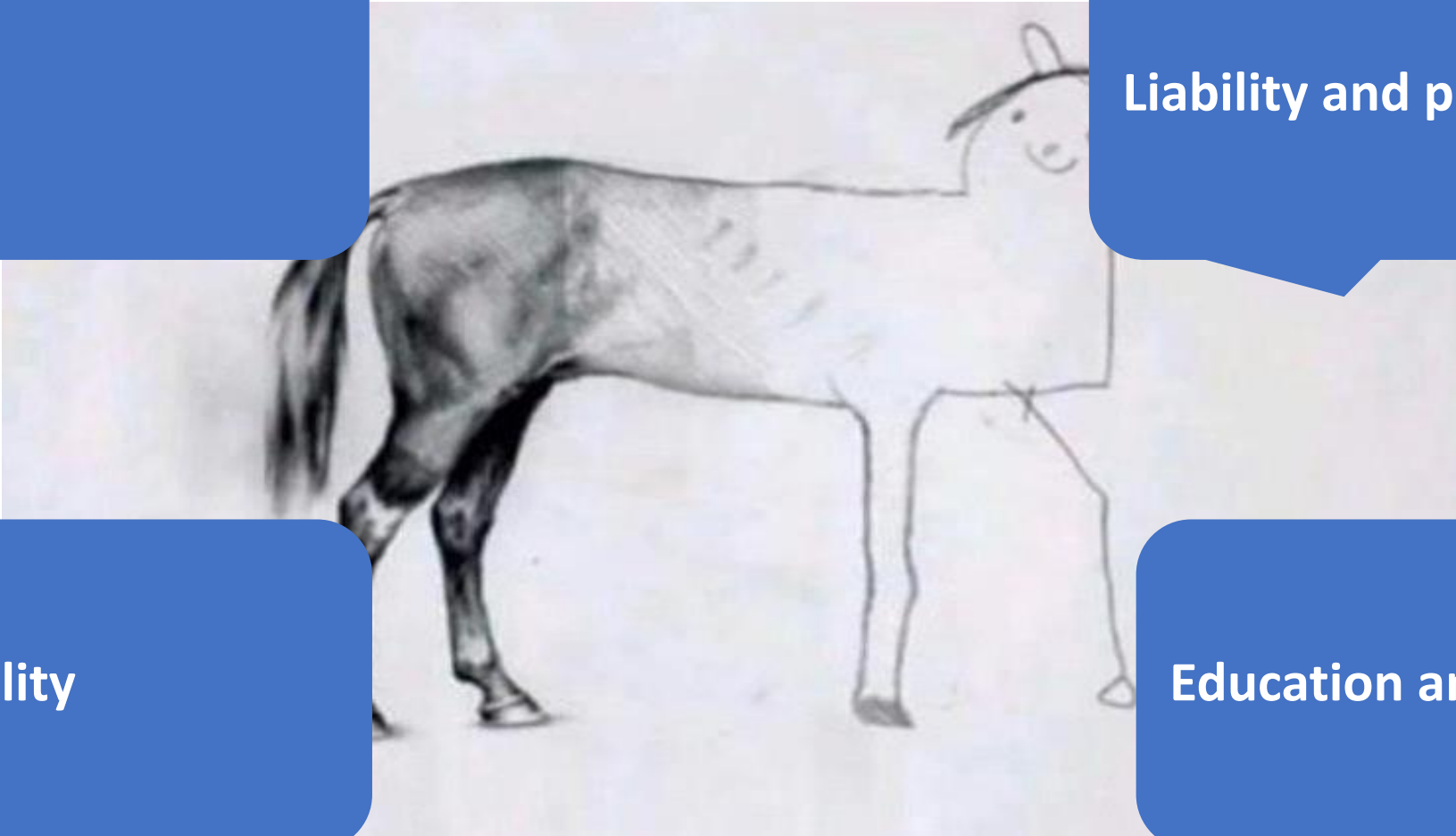
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**Standards**

**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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Consultant Clinical Scientist, Parent and Carer  
University Hospital Southampton NHS Foundation Trust

# THE START



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**COULD YOUR CHILD HAVE  
TYPE 1 DIABETES?**

**Toilet**  
**Thirsty**  
**Tired**  
**Thinner**

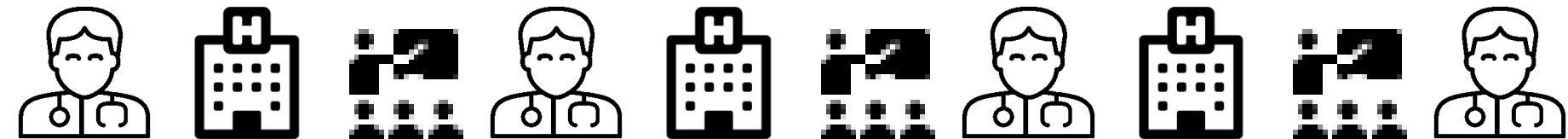
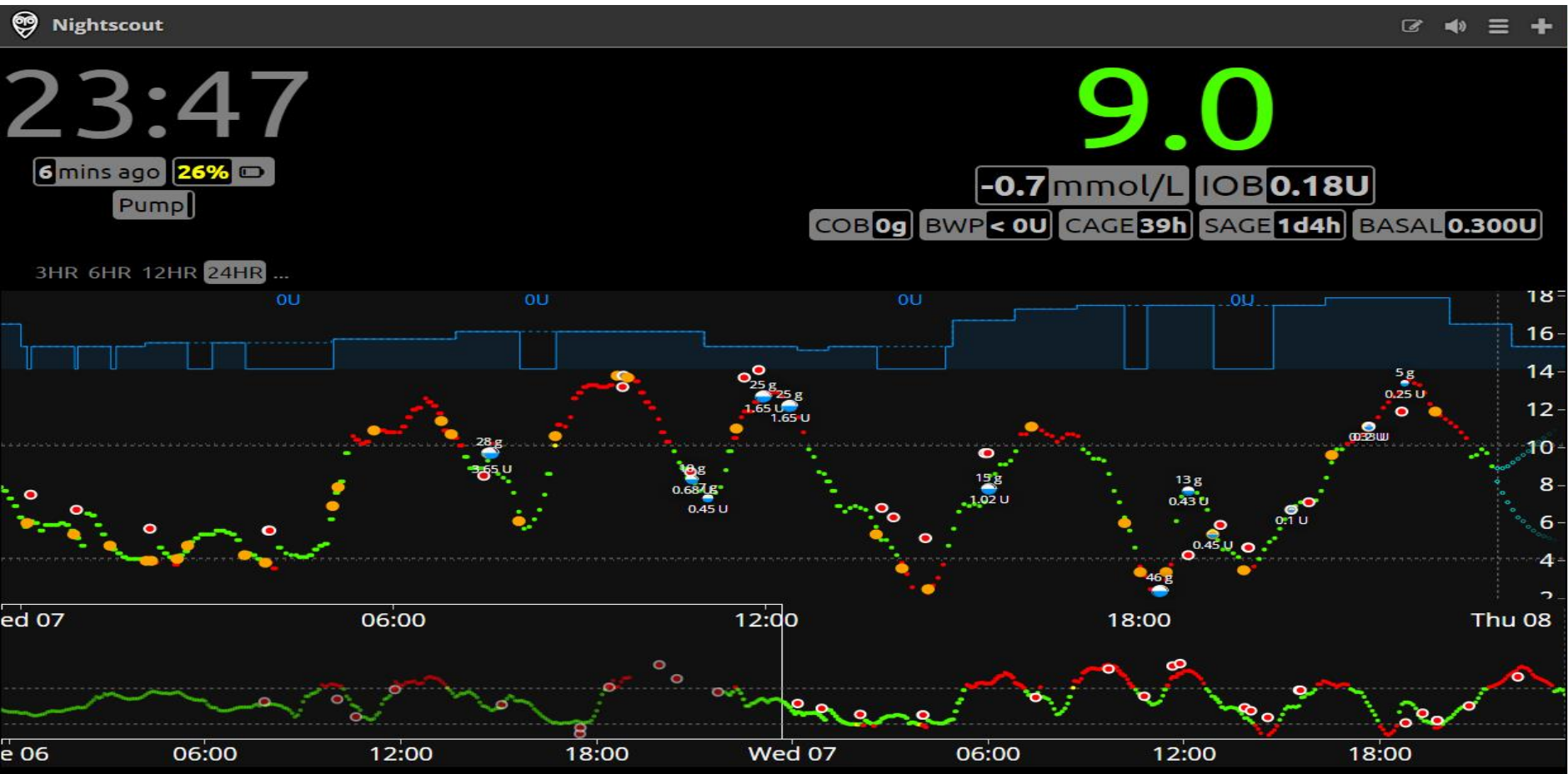
If your child is going to the toilet a lot, has increased thirst, is more tired than usual or is losing weight, it could be a sign they have Type 1 diabetes. If not diagnosed early enough, Type 1 diabetes can be fatal. Don't delay – if your child is experiencing any of the **4 Ts**, visit your doctor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

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

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

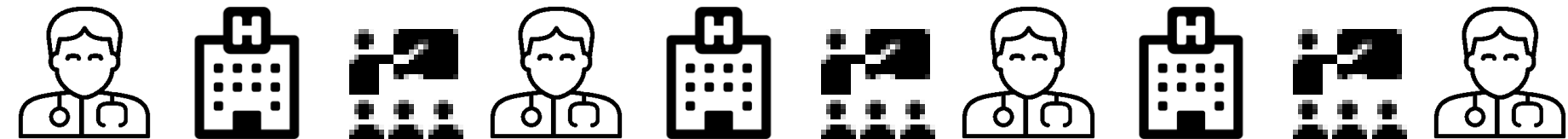
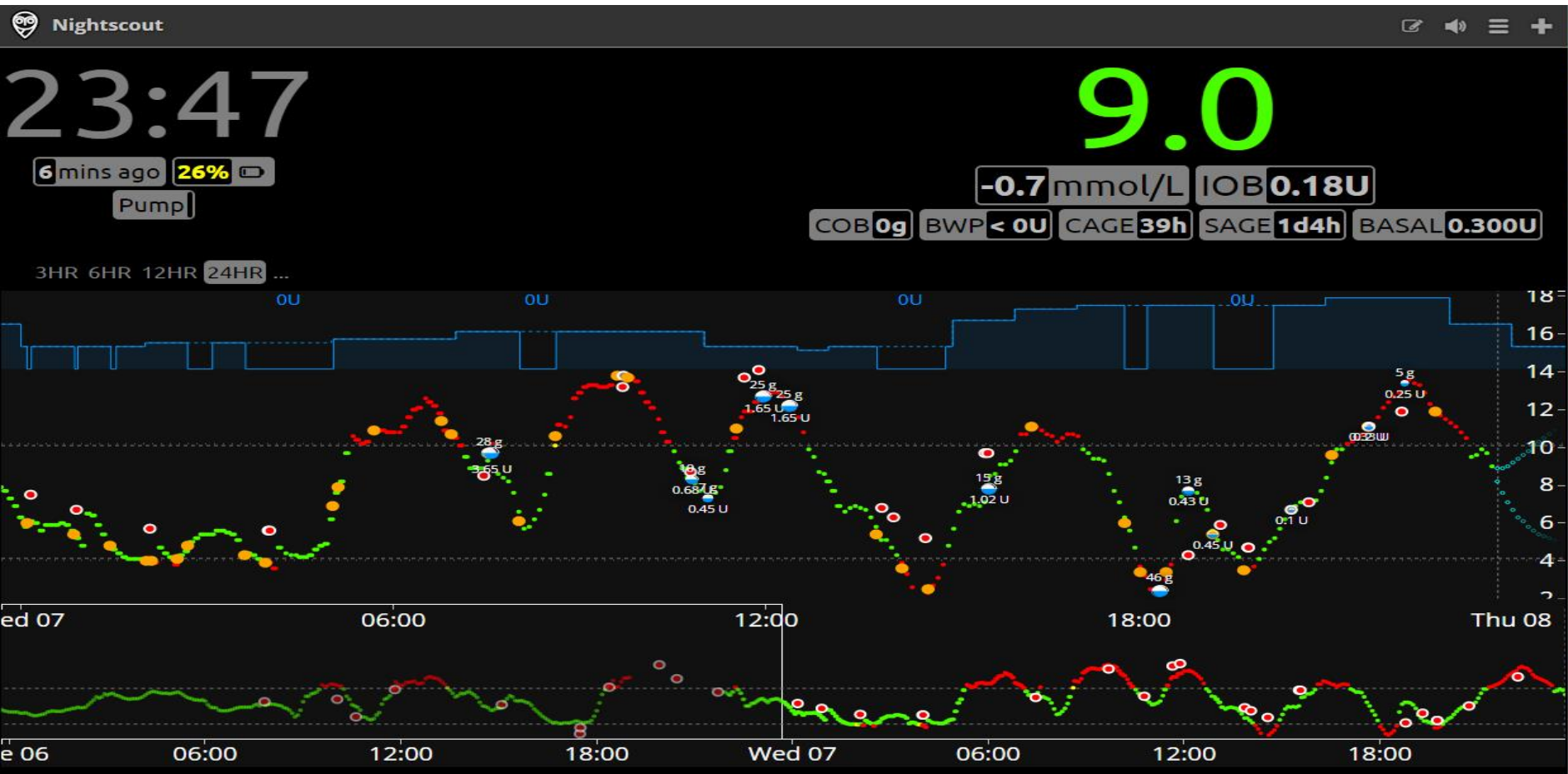
A charity registered in England and Wales (214466) and in Scotland (210946)

# 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.:

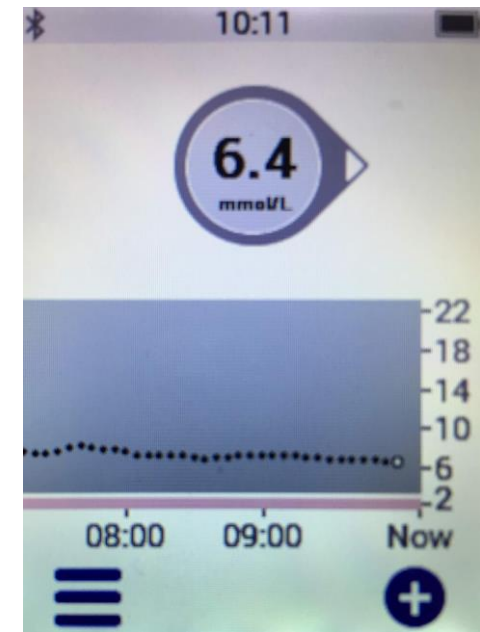
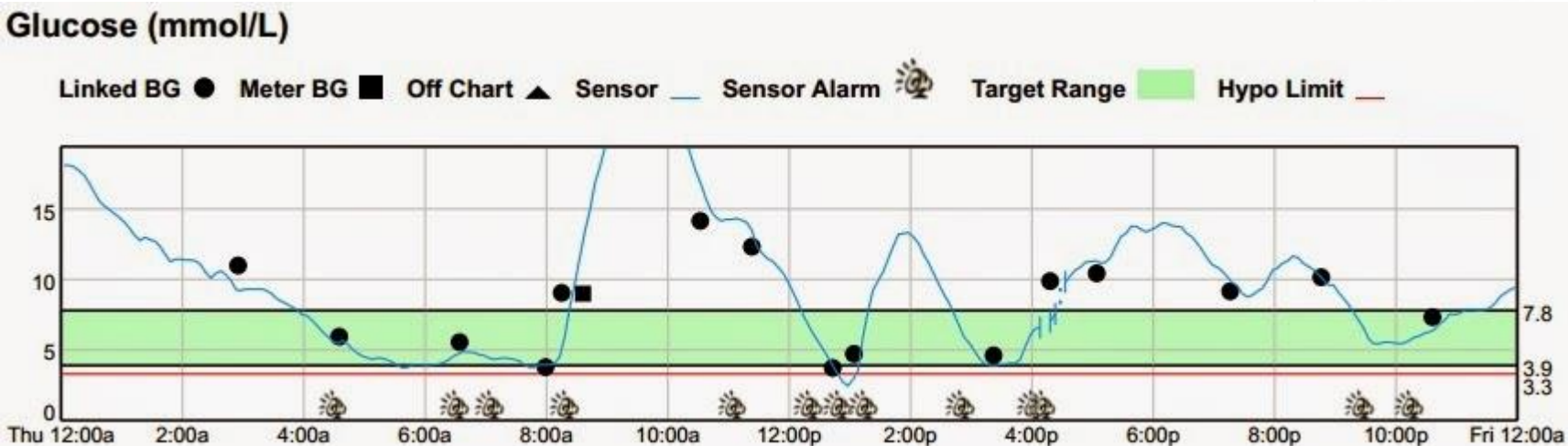
- 1-1, directly supporting a patient, real-time
- 1-Many, supporting patients and carers
- 1-Clinic, enabling HCP support

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





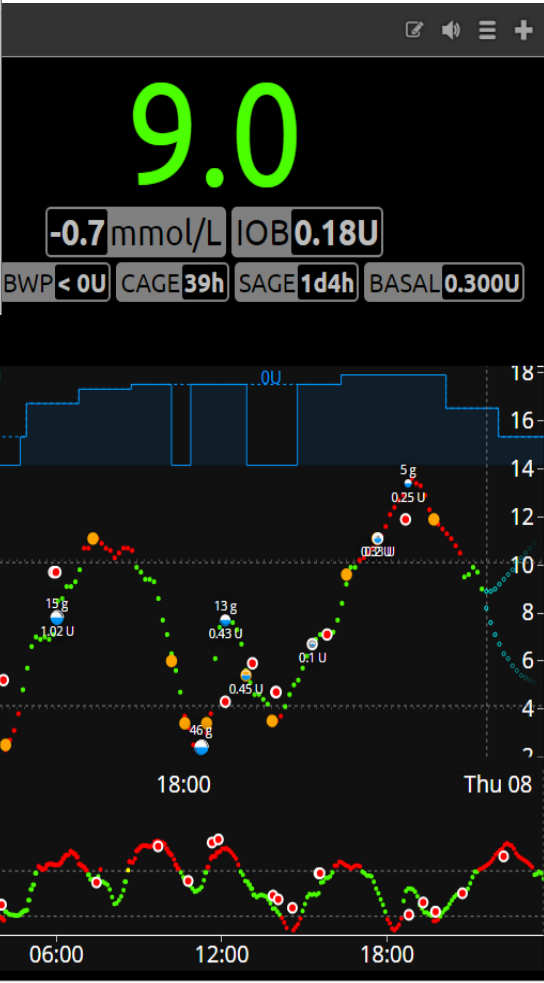
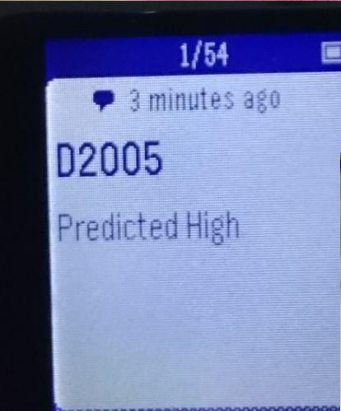
# CLOSING THE GAPS



**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...)

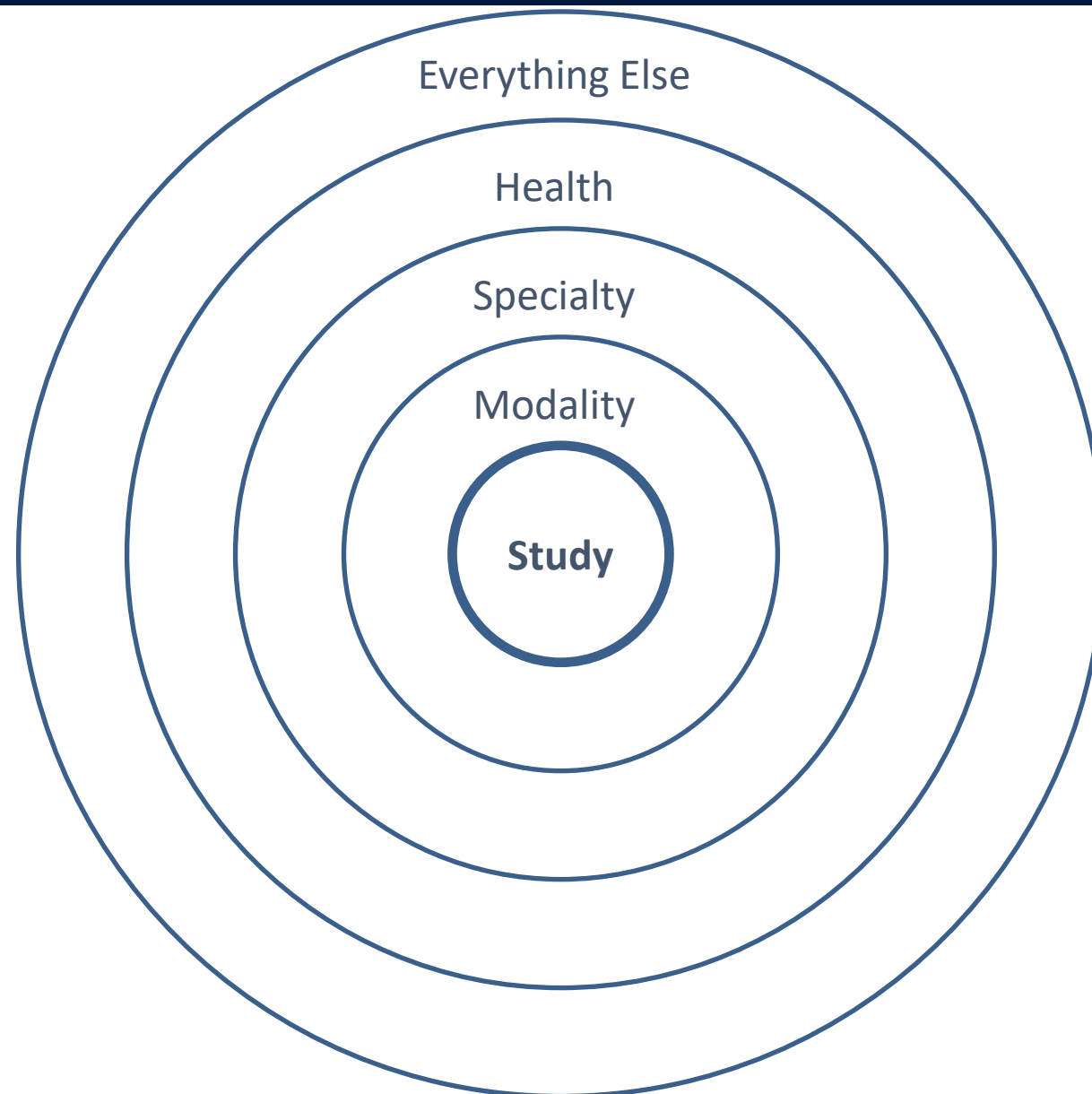
3:26 AM - 13 Nov 2015



# REMOVING BARRIERS

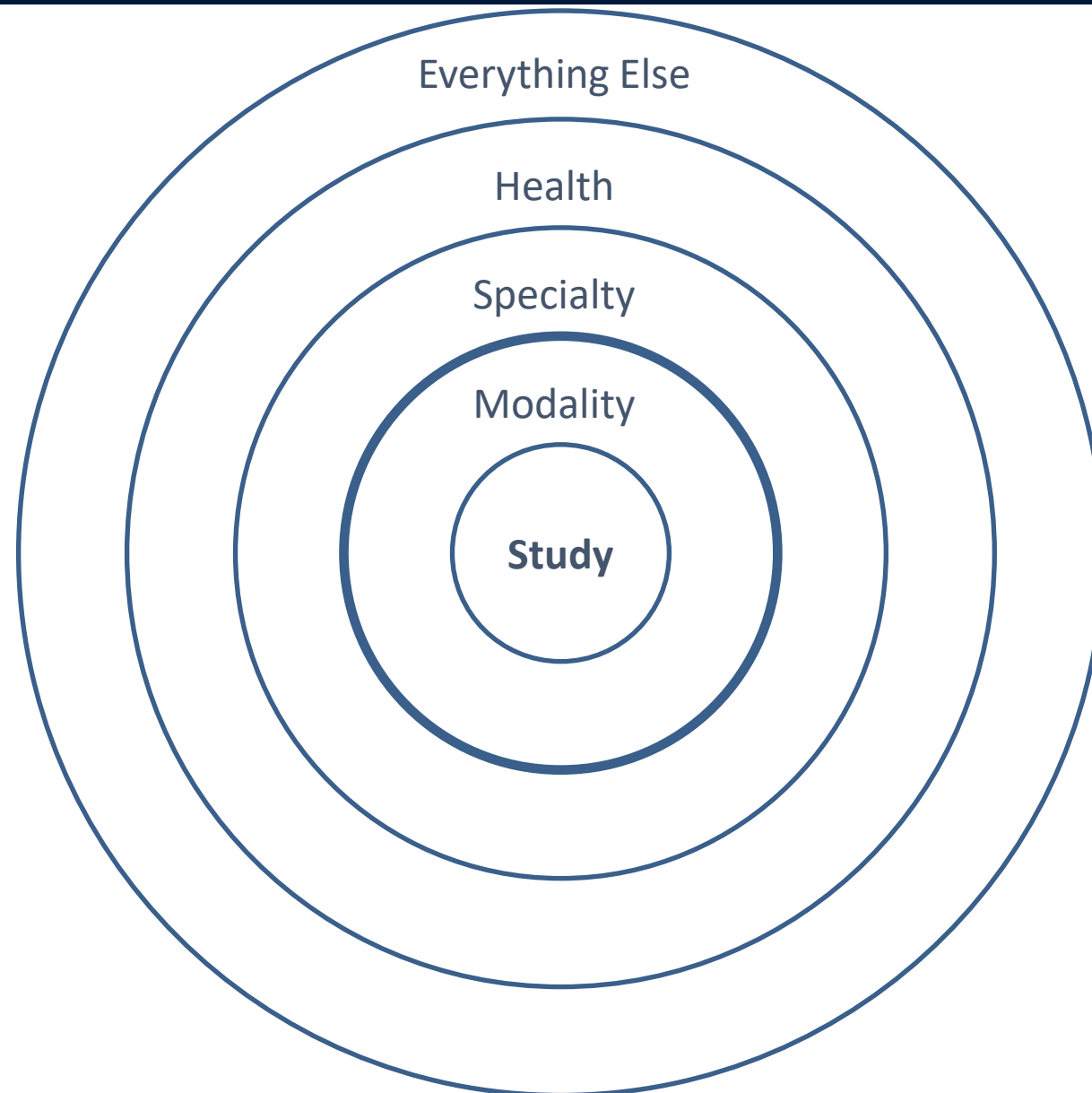


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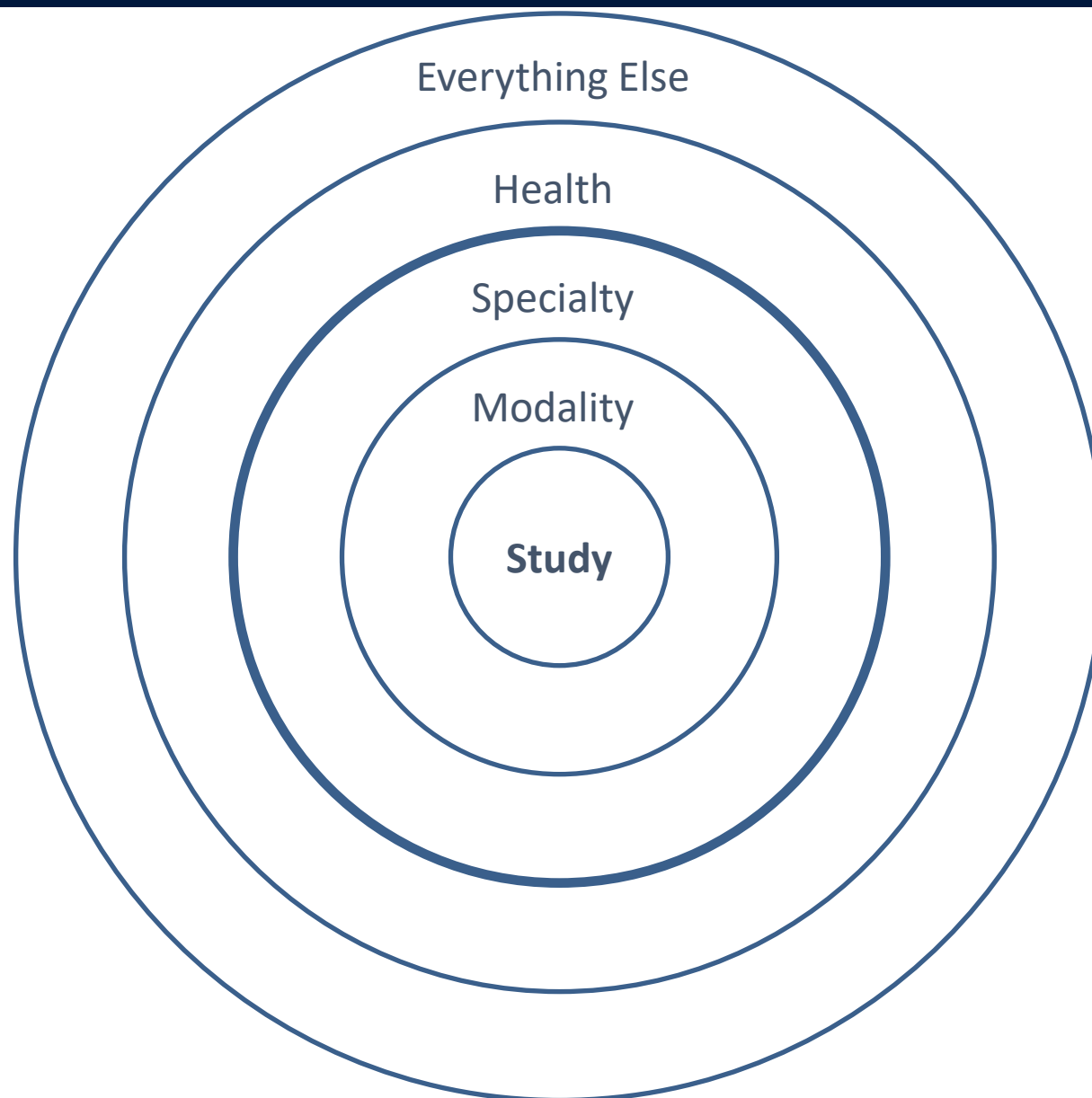




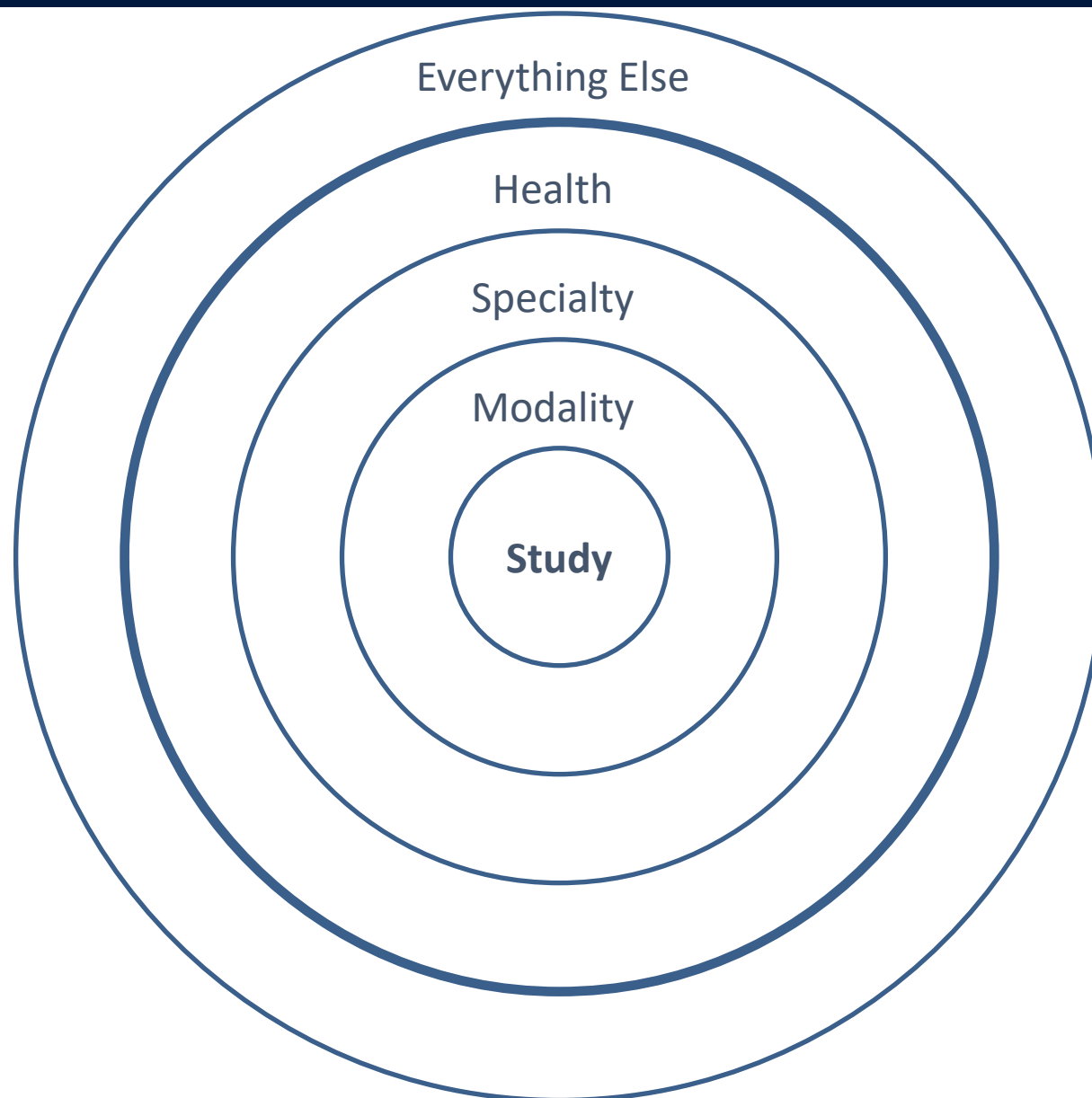
# REMOVING BARRIERS

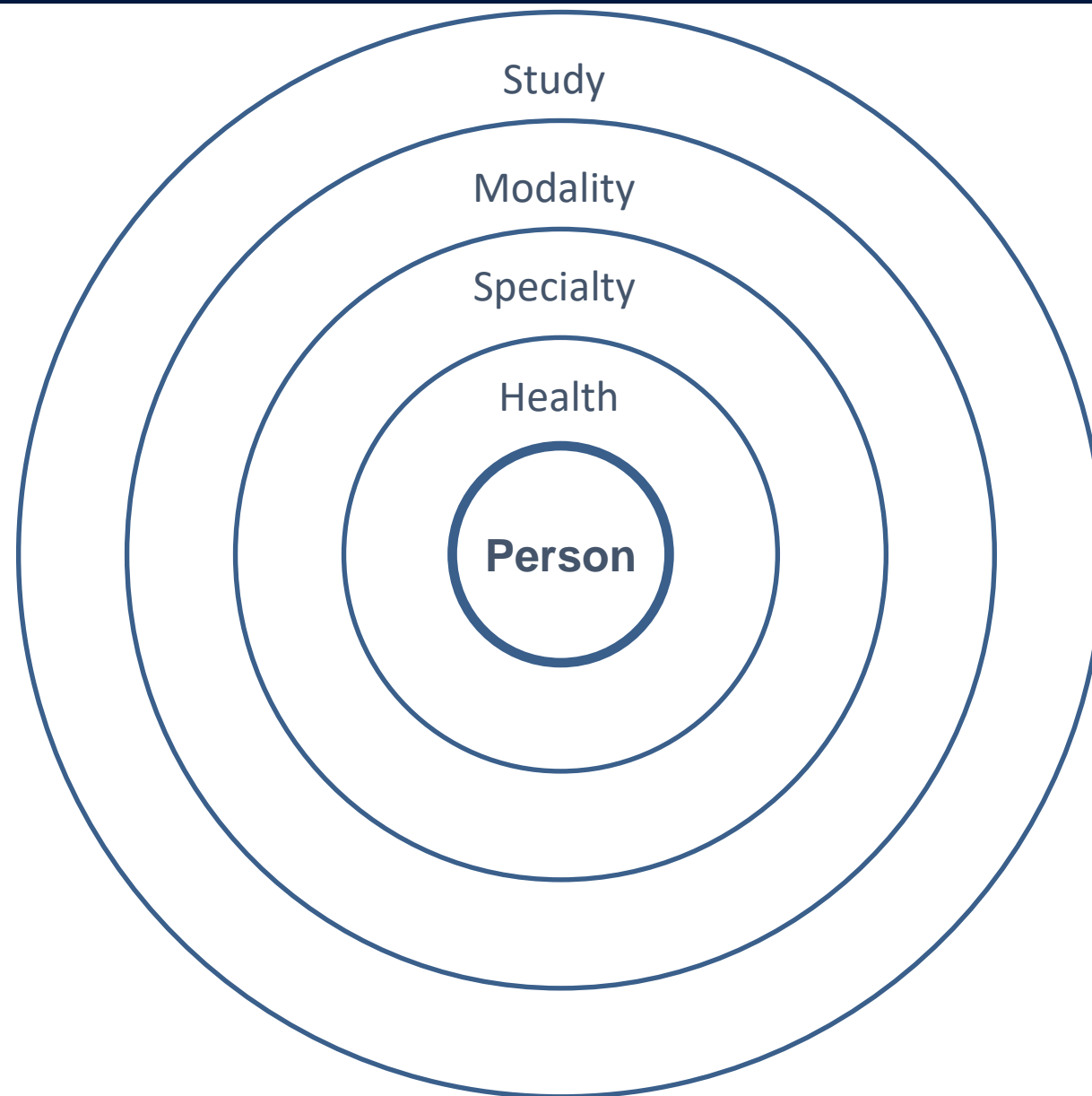


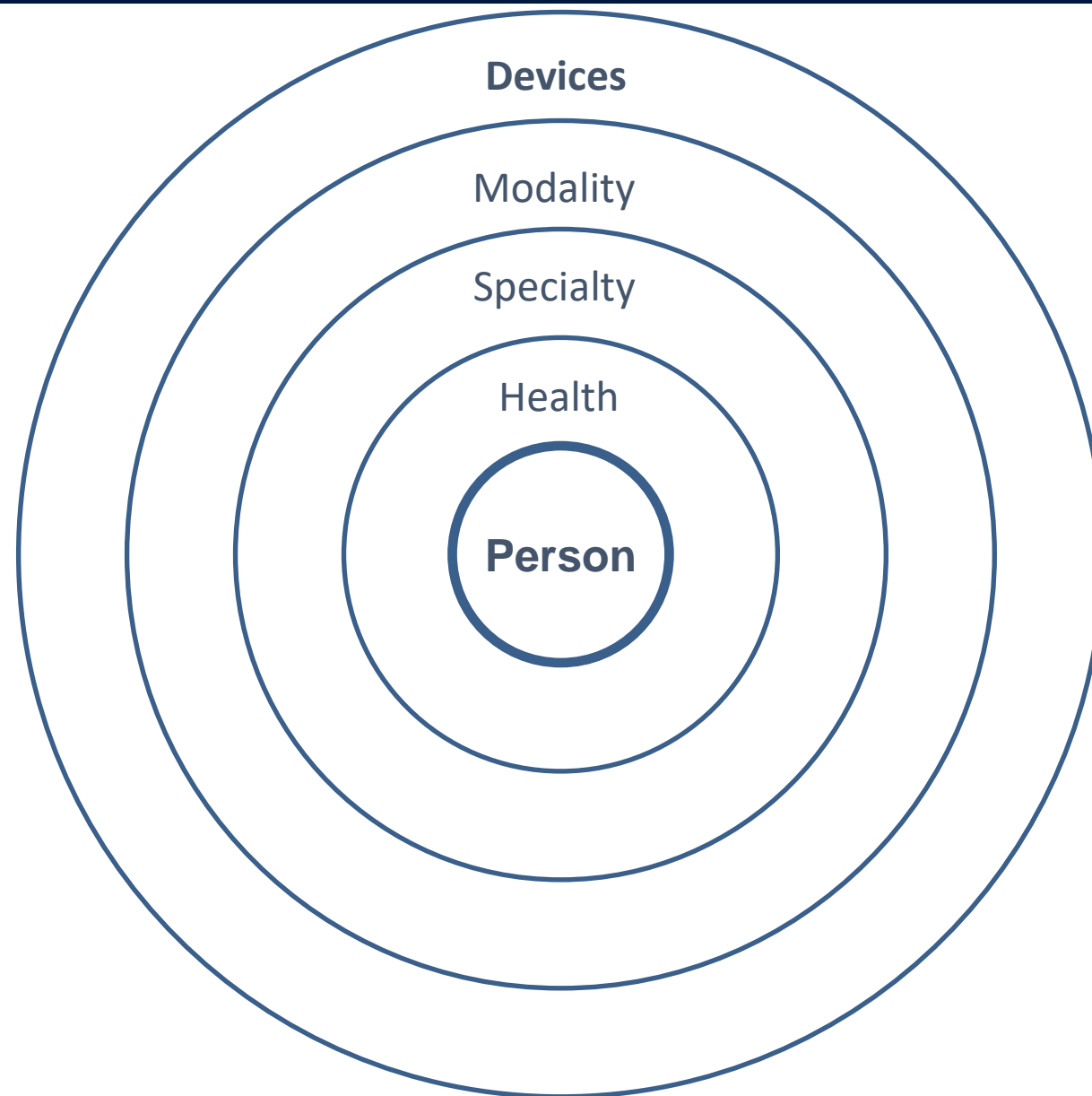
# REMOVING BARRIERS



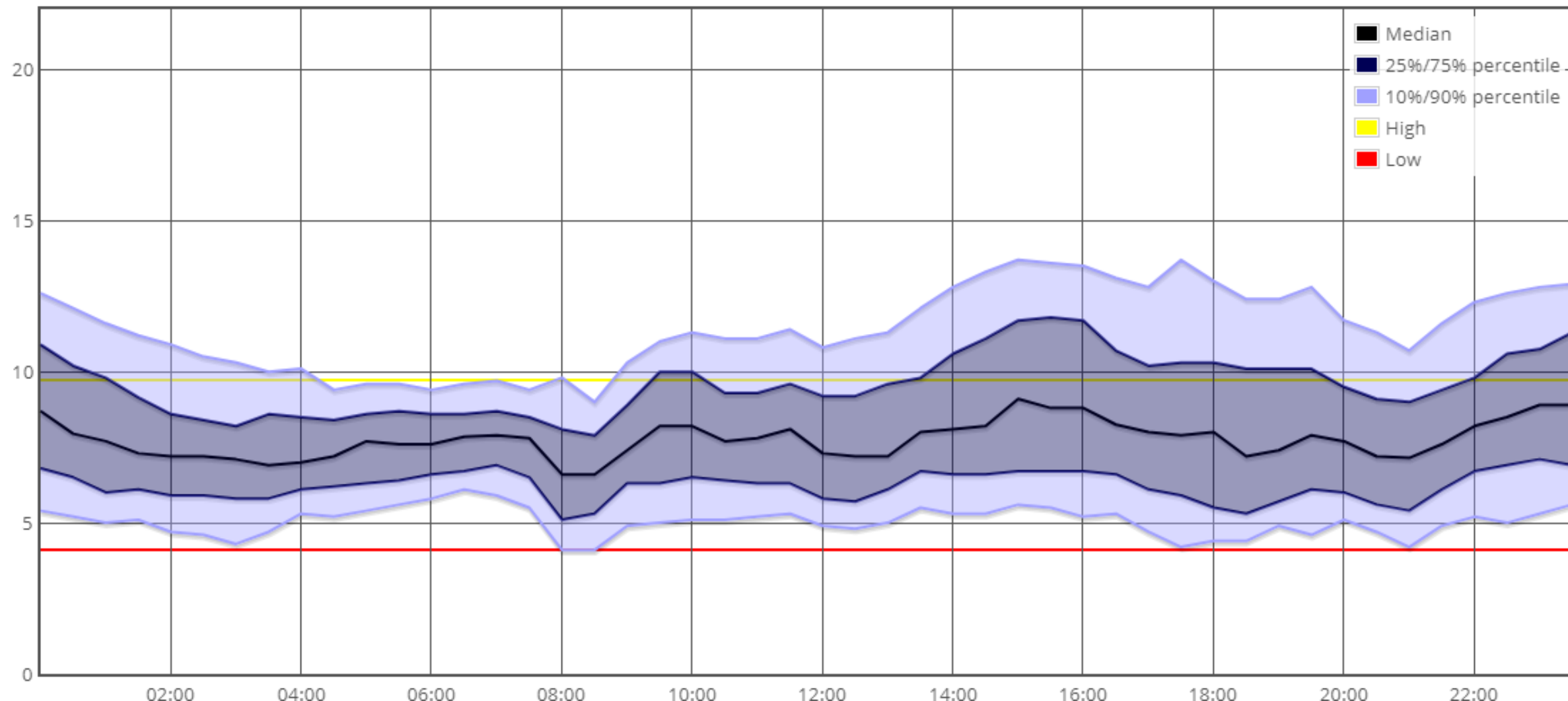
# REMOVING BARRIERS



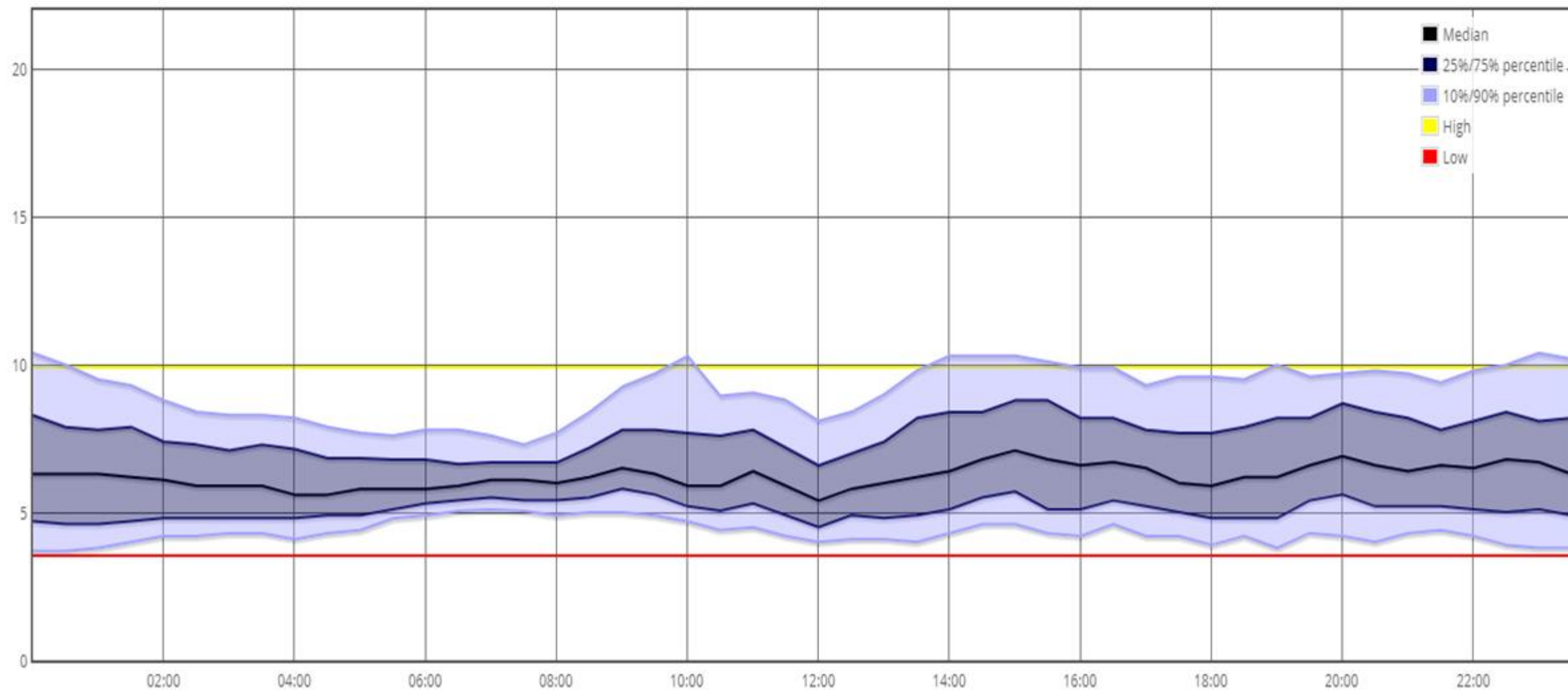




## Glucose Percentile report



## Glucose Percentile report





# ACKNOWLEDGEMENTS

## **University Hospital Southampton**

Anitha Kumaran, Haley Faulds, Nicola Trevelyan

## **Southern Health**

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## **Southampton University**

Michael Boniface, Age Chapman, Chris Duckworth

## **Bristol University**

Aisling O’Kane, Paul Marshall, Harry Emerson, Ryan McConville, Amid Ayobi, Seth Bullock

## **Imperial College / RCA**

Mando Watson, Anna Wojdecka, Ariele Faber, Lenny Naar, Daniel Leff, Ashley Hall

## **Nightscout Foundation**

Lane Desborough, Tom Collins, Weston Nordgren, Ben West

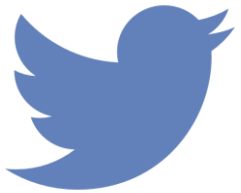
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