

## **Geraldine Gallen**

### **BIOG**

Geraldine Gallen is a Senior Diabetes Specialist Nurse, currently working at Kings College Hospital, London. She has been in this position for over 14 years and is the lead for the Type 1 diabetes service.

Geraldine is also a committee member of the Diabetes Technology Network (DTN-UK). Geraldine's main clinical interest includes the holistic management and education of all people living with Type 1 diabetes including those patients experiencing problematic hypoglycaemia. Geraldine has had training in Cognitive Behavioural therapy (CBT) and Motivational Interviewing (MI) and is excited by the future developments in diabetes technology and can often be found talking about these at both regional, national and international meetings.

### **ABSTRACT**

There is good evidence that adding diabetes technology such as continuous subcutaneous insulin infusion, continuous glucose monitoring, and intermittent glucose monitoring can reduce HbA1c, hypoglycaemia frequency and diabetes related hospital admissions when used in place of multiple daily injection therapy and traditional finger stick testing for intensive insulin therapy.

Patient numbers for new diabetes technologies continue to grow in demand and is expected to rise further following the updated NICE guideline NG17, recommending wider access to IS-CGM and RT-CGM for people living with Type 1 diabetes.

A NICE technology appraisal on Hybrid closed loop is also expected to be published late 2023 which is expected to further increase the number of patients eligible for these technologies.

There are concerns that this technology is expensive and comes at a large cost/resource to healthcare providers and service delivery. Therefore, it is important that type 1 diabetes services consider how to use these technologies optimally to ensure that they are used in a cost-effective manner and reach those who are at the greatest clinical need.

The type 1 diabetes service at Kings College Hospital, is one of the largest diabetes technology services in England managing the care of approx. 2700 people with Type 1 diabetes.

With growing demands and referrals to the service, managing this demand is increasingly challenging. Hence, with already many patients in the service using different combinations of insulin and monitoring technologies, it is important to establish which groups of patients benefit from these technologies as well as highlighting those who are doing less well. Such insights would also highlight inequalities in accessing effective therapies in the service, whilst also informing what service developments might be needed to be considered to address those gaps and enhance the support and resources provided by the service.

Taking this into consideration, an audit was conducted to assess the utilisation and performance of diabetes technology in the type 1 diabetes service at King's College Hospital. Findings from this audit was used to create improvements in the current service and assess cost vs. benefit for targeted support of continued investment.