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NHS England

NHS Equality Delivery System 2022

EDS Reporting

GSTT - Domain 1
Diabetes Service: Focus on access to diabetes technology for people with type 1 diabetes.
2024/2025

Contents

Equality Delivery System for the NHS

The EDS Reporting Template

Implementation of the Equality Delivery System (EDS) is a requirement on both NHS commissioners and NHS providers. Organisations are encouraged to follow the implementation of EDS in accordance EDS guidance documents. The documents can be found at: www.england.nhs.uk/about/equality/equality-hub/patient-equalities-programme/equality-frameworks-and-information-standards/eds/

The EDS is an improvement tool for patients, staff and leaders of the NHS. It supports NHS organisations in England - in active conversations with patients, public, staff, staff networks, community groups and trade unions - to review and develop their approach in addressing health inequalities through three domains: Services, Workforce and Leadership. It is driven by data, evidence, engagement and insight.

The EDS Report is a template which is designed to give an overview of the organisation's most recent EDS implementation and grade. Once completed, the report should be submitted via england.eandhi@nhs.net and published on the organisation's website.

NHS Equality Delivery System (EDS) – Domain 1

Name of Organisation		Guy's and St Thomas' NHS Foundation Trust	**Organisation Board Sponsor/Lead**		
Name of Integrated Care System		South East London Integrated Care System			

EDS Lead	Diabetes Service Team		**At what level has this been completed?**	
				***List organisations**
EDS engagement date(s)	22nd January 2025		**Individual organisation**	Guy's and St Thomas' NHS Foundation Trust
			Partnership* (two or more organisations)	
			Integrated Care System-wide*	

Date completed	May 2025	**Month and year published**	
Date authorised		**Revision date**	

Completed actions from previous year	
Action/activity	**Related equality objectives**

EDS Rating and Score Card

Please refer to the Rating and Score Card supporting guidance document before you start to score. The Rating and Score Card supporting guidance document has a full explanation of the new rating procedure, and can assist you and those you are engaging with to ensure rating is done correctly

Score each outcome. Add the scores of all outcomes together. This will provide you with your overall score, or your EDS Organisation Rating. Ratings in accordance to scores are below

Undeveloped activity – **organisations score out of 0** for each outcome	Those who score **under 8,** adding all outcome scores in all domains, are rated **Undeveloped**
Developing activity – **organisations score out of 1** for each outcome	Those who score **between 8 and 21,** adding all outcome scores in all domains, are rated **Developing**
Achieving activity – **organisations score out of 2** for each outcome	Those who score **between 22 and 32,** adding all outcome scores in all domains, are rated **Achieving**
Excelling activity – **organisations score out of 3** for each outcome	Those who score **33,** adding all outcome scores in all domains, are rated **Excelling**

Brief overview of South East London

South East London has a population of just over two million people who live across six boroughs (Bexley, Bromley, Greenwich, Lambeth, Lewisham, Southwark); approximately 400,000 are under 18 and 600,00 are under 25. Bromley has the largest children, young people and young adult population of the South East London boroughs, and Bexley has the smallest.

South East London is home to an ethnically diverse population with significant variation between boroughs. The proportion of people who are Black or multi-ethnic ranges from 19% in Bromley to 46% in Lewisham.

South East London has a higher-than-average proportion of residents who identify as lesbian, gay, bisexual, and transgender (LGBTQ). Lambeth and Southwark have the second and third largest LGBT population in England.

Poverty and deprivation are key determinants in poor mental and physical health outcomes. One in five children live in low-income homes. Four of the six boroughs (Lambeth, Southwark, Lewisham and Greenwich) rank among the 15% most deprived local authority areas in the country.

(PAPERS SEL Integrated Care Board meeting in PUBLIC 17 July 2024)

Below we see an overview of the demographic characteristics of the population as this was published in the SEL ICS "South East London 2024/25 Joint Forward Plan" in February 2024.

South East London Integrated Care System

Overview of our people and communities

NHS South East London

- Southwark is ranked amongst the 15% most deprived local authority areas in the country
- Southwark has the third largest lesbian, gay and bisexual communities in the country
- 46% of Southwark's population are from a Black and Minority Ethnic background

- Lambeth is ranked amongst the 15% most deprived local authority areas in the country
- Lambeth has the second largest lesbian, gay and bisexual communities in the country
- 60% of Lambeth's population are from a Black and Minority Ethnic background

- Lewisham is ranked amongst the 15% most deprived local authority areas in the country
- 22.6% of children in Lewisham live in low-income families
- 47% of Lewisham's population are from a Black and Minority Ethnic background

- Greenwich is ranked amongst the 15% most deprived local authority areas in the country
- 21.8% of children in Greenwich live in low-income families
- 38% of Greenwich's population are from a Black and Minority Ethnic background

- 16% of Bexley's population are aged 65 and over
- 16.3% of children in Bexley live in low-income families
- Life expectancy is 7.9 years lower for men and 6.7 years lower for women in most deprived areas of Bexley, compared to the least deprived areas

- 18% of Bromley's population are aged 65 and over
- 13.2% of children in Bromley live in low-income families
- Life expectancy is 8.1 years lower for men and 6.1 years lower for women in most deprived areas of Bromley, compared to the least deprived areas

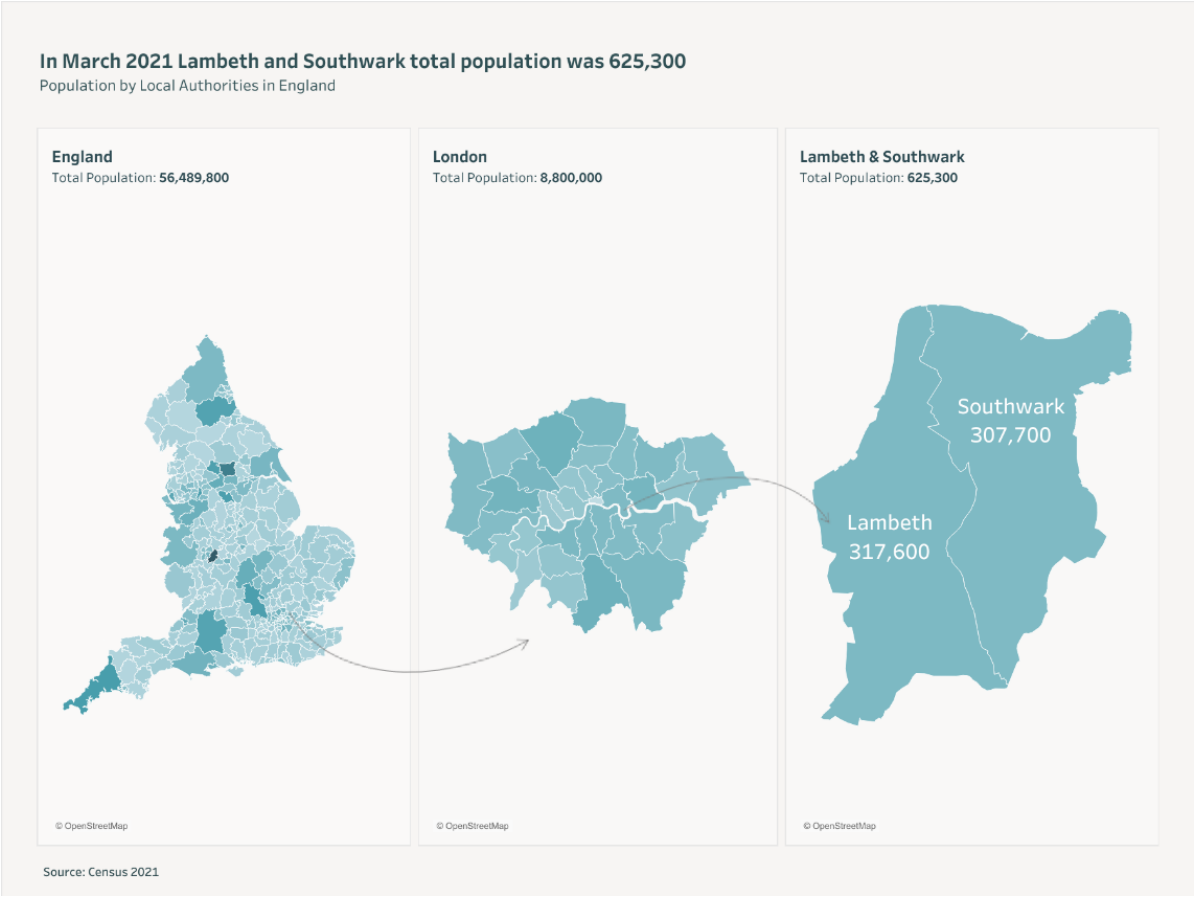
In **Southwark**, the population size has increased by 6.7%, from around 288,300 in 2011 to 307,700 in 2021

Population overview of Southwark and Lambeth

Guy's and St Thomas Hospital serves the population of South East London with the highest proportion of patients in the Southwark and Lambeth.

According to the 2021 census, south east London population had a 7.5% increase compared to 2011.

In **Lambeth**, the population size has increased by 4.8%, from around 303,100 in 2011 to 317,600 in 2021.



Census 2021: Lambeth and Southwark - Impact on Urban Health

Demographic information for Southwark and Lambeth

- *Sources:*
  JSNA Annual Report (JSNA Annual Report 2024 Southwark's Joint Strategic Needs Assessment)
  health-profile-for-lambeth-2022-section-1.pdf (Health Profile for Lambeth 2022 Section 1 – Demography
- Census 2021
  How life has changed in Southwark: Census 2021

By ethnicity

Lambeth is an ethnically diverse population with residents from a wide range of ethnicities and backgrounds. Latest projections (2022) from the GLA 2016 Round of Demographic Projections – SHLAA11 estimate that 38% of people who live in Lambeth have a White British ethnicity compared to 80% in England (Census 2011)

Table 1.1: Counts and proportion by ethnicity, Lambeth, 2022

Ethnicity	Count	%
All Ethnicities	343,981	100%
White British	128,510	37%
Other White	76,547	22%
Black Caribbean	25,374	7%
Black African	36,176	11%
Other Black	17,155	5%
Indian	4,947	1%
Pakistani	3,179	1%
Bangladeshi	2,074	1%
Chinese	4,813	1%
Other Asian	7,117	2%
Mixed	29,105	8%
Other Ethnic Group	6,936	2%
Source: GLA 2016 Round of Demographic Projections - SHLAA		

Nearly (23%) of Lambeth's population are classified as Black, with higher proportions of Black African (11%) than Black Caribbean (7%). Over (22%) people are classified as White Other (European),

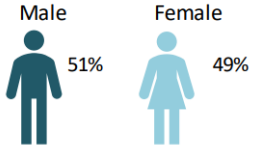
In **Southwark** the largest ethnic group other than White is 'Black, Black British, Caribbean or African', accounting for one-quarter (25%) of Southwark residents

Data from the 2021 Census shows that 51% of people living in Southwark have a White ethnic background. The largest ethnic group other than White is 'Black, Black British, Caribbean or African', with one-quarter (25%) of Southwark residents reporting this as their ethnicity and almost one-fifth (16%) reported 'African' ethnicity and 6% reported a 'Caribbean' ethnicity.

By age

Data from the 2021 Census shows that **Lambeth** and **Southwark** have a greater proportion of working age population aged 20 to 34 compared to London and England. The populations have continued to age with an increase in people aged 50-74 years and a reduction in the number of children under 10yeards living in Lambeth and Southwark in comparison to 2011. Despite the population in both Lambeth and Southwark being older than in 2011, both boroughs have a greater proportion of young, working age people compared to both London and England.

By sex



In **Lambeth** there is an overall similar proportion of males and females, however there is variation across age groups with a higher number of males in the age groups 30-44 and females in the age group 65+.

Source: 2018-based subnational population projections

In **Southwark**, 51.6 per cent of the population is female compared to 48.4 per cent who are male.

By gender identity/gender reassignment

Southwark is the fifth highest ranking local authority in England for residents identifying as trans or non-binary. Within the borough 3,200 residents (1.2%) reporting a gender identity different from their sex registered at birth.

Lambeth information was not available.

By sexual orientation

Data from the annual population survey 2020 and the GP Patient Survey 2022, estimates that **Lambeth** has one of the largest communities of lesbian, gay or bisexual (LGB) people in England. The GP Patient survey, 2020, estimates 11.4% of Lambeth population (38,000 people) identify as LGB, compared to 6% of people in London and 4% of people in England,

According to Census 2021 data **Southwark** is ranked fourth in England for proportion of residents identifying with a non-heterosexual orientation, most frequently lesbian, gay or bisexual. In Southwark, 8% of residents (nearly 21,000 people) aged 16+ have a non-heterosexual sexual identity.

Languages spoken

Over 80 languages are spoken as main languages in **Southwark**, with 79% of the population speaking English as their main language. The most common language after English was Spanish, which has almost doubled since 2011 and spoken as a main language by over 13,000 residents. Somali was the most common African language spoken.

Over 150 languages are spoken in **Lambeth**, with 1 in 10 households having no members of the household who have English as their main spoken language. The most common main spoken language other than English are: Portuguese, Spanish, Polish, French, Italian.

By religion or belief

There were over 40 distinct religions identified among **Southwark** residents by the 2021 Census. In 2021, 43% of residents reported their religion to be Christian, a drop of 10% since the 2011 Census. ‘No religion’ was the second most common option reported among Southwark residents, representing over one third (36%) of the population, substantially larger than across London (27%), but similar to the proportion nationally (37%).

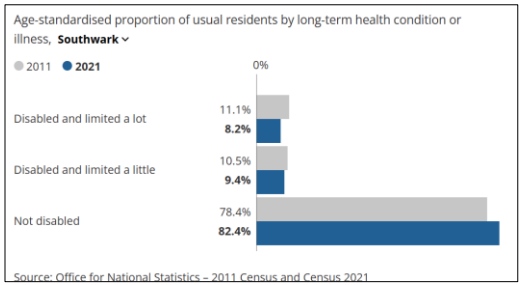
In 2021, 43.7% of people in **Lambeth** described themselves as Christian (down from 53.1%), while 8.1% described themselves as Muslim (up from 7.1% the decade before). In 2021, 37.5% of Lambeth residents reported having "No religion", up from 28.0% in 2011. The rise of 9.5 percentage points was the largest increase of all broad religious groups in Lambeth.

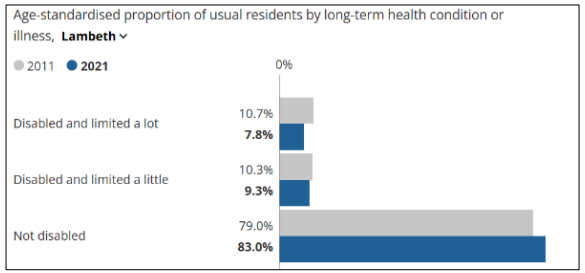
Lambeth		Southwark	
Christian	43.7%	Christian	43.3%
Muslim	8.1%	Muslim	9.6%
Hindu	1.0%	Hindu	1.1%
Buddhist	0.8%	Buddhist	1.0%
Jewish	0.4%	Jewish	0.4%
Sikh	0.2%	Sikh	0.2%
No religion	37.5%	No religion	36.4%

By disability

The 2010 Equality Act defines a disability as a physical or mental impairment which has a substantial and long-term negative effect on a person's ability to do normal daily activities.

In 2021 17.6% **Southwark** residents recorded a disability. This is a similar proportion to London but slightly less than the national average of 17%. In **Lambeth**, 17.1 % of the residents were identified as being disabled and limited a lot and a little.





By marriage or civil partnership

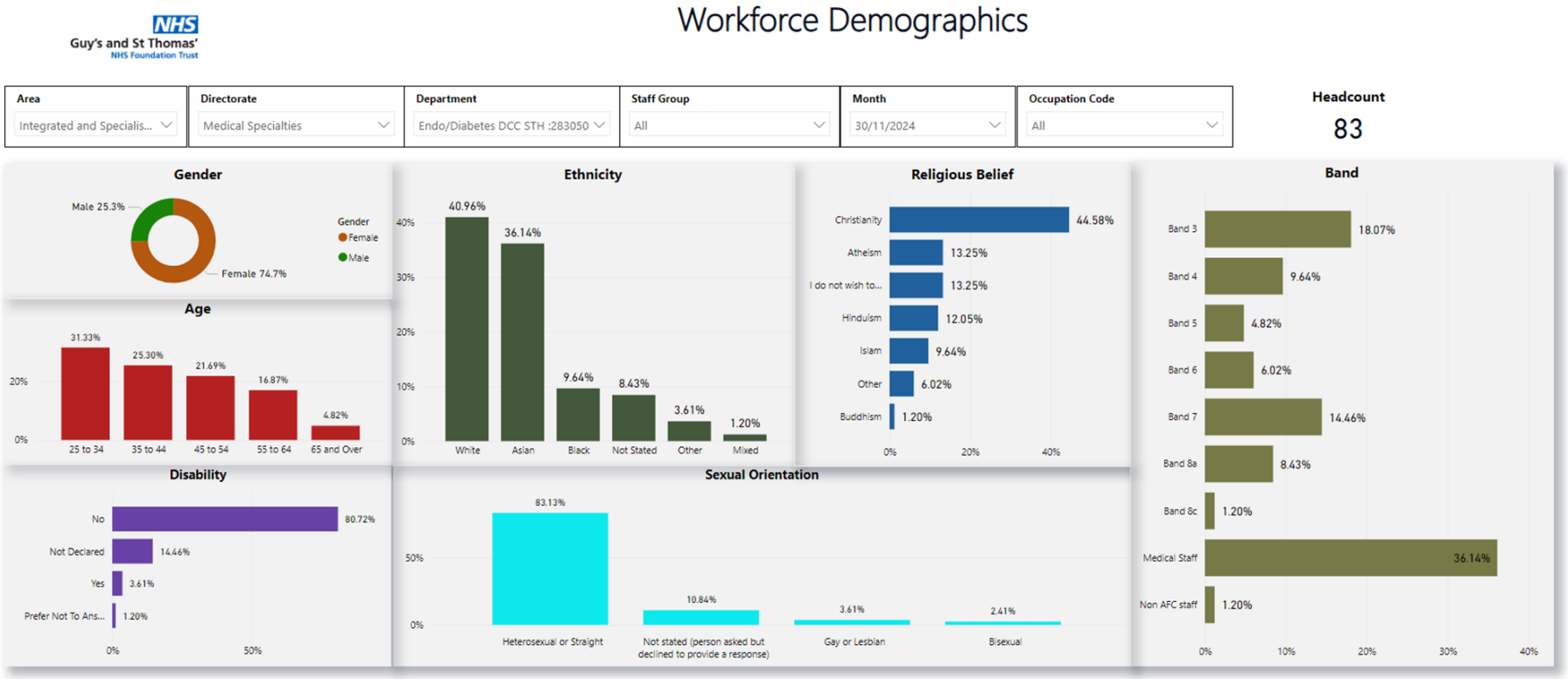
The 2021 Census showed that **Lambeth** residents aged 16 years and over, 62.2% said they had never been married or in a civil partnership in 2021, up from 58.4% in 2011. Just over one in four people (25.6%) said they were married or in a registered civil partnership. The percentage of adults in Lambeth that had divorced or dissolved a civil partnership decreased from 7.3% to 7.0%.

Southwark saw London's second-largest percentage-point rise in the proportion of people aged 16 years and over who had never been married or in a civil partnership (from 54.7% in 2011 to 59.9% in 2021). 26.9% of Southwark residents over the age of 16 years were in a marriage or in a registered civil partnership. The percentage of adults in Southwark that had divorced or dissolved a civil partnership was 7.4%.

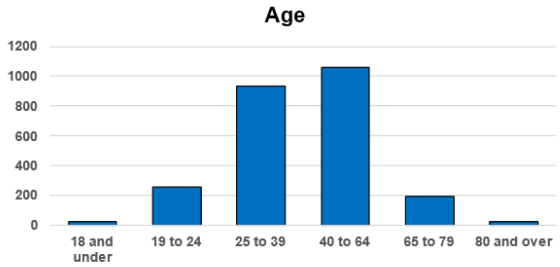
Overview of the Diabetes Service

- The GSTT Diabetes Service is a tertiary service with clinics at Guy's and St Thomas' as well as community-based clinics in Lambeth and Southwark.
- The service provides daily hospital clinics, day care centres, community clinics, an inpatient team supporting diabetes patients staying in hospital, and individual and group patient education sessions
- Tailored clinics are run for: young people (16-24yrs), pregnancy, foot problems, diabetes complications, kidney problems, genetic diabetes, and type 1 diabetes. All of these clinics identify patients to be started and managed on diabetes technology (e.g. insulin pumps).
- The Diabetes Service sees people living with mix of different types of diabetes. We have more than 2,500 patients with type 1 diabetes under the service. The majority of service users with type 2 diabetes are seen under our community services.
- GSTT is part of King's Health Partners (KHP), and the Diabetes Service works closely with the KHP Diabetes, Endocrinology and Obesity Clinical Academic Partnership to deliver improved health and wellbeing outcomes for people living with diabetes.
- **This Equality Delivery Review will focus on care for people with type 1 diabetes, with a focus on equity of access to diabetes technology.**

Diabetes Staff Demographic Snapshot

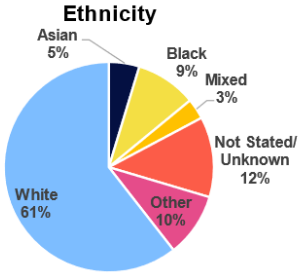


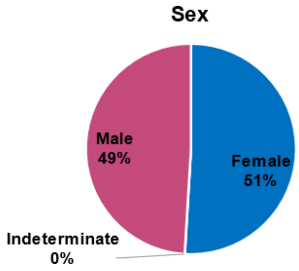
Diabetes Service User Demographic Snapshot

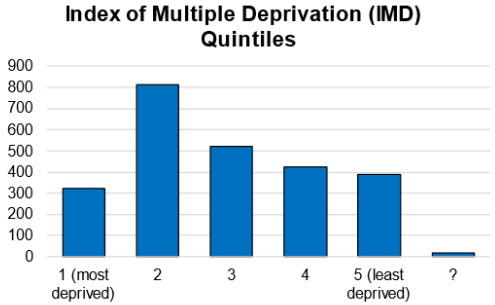


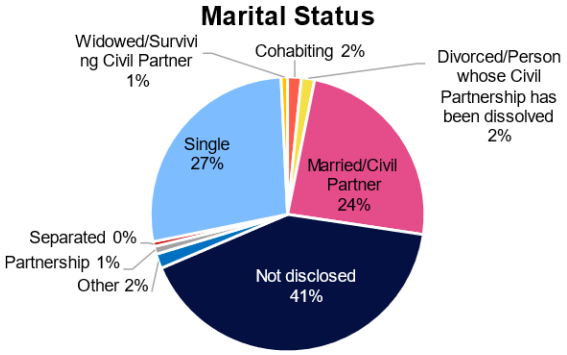
Where do they come from?

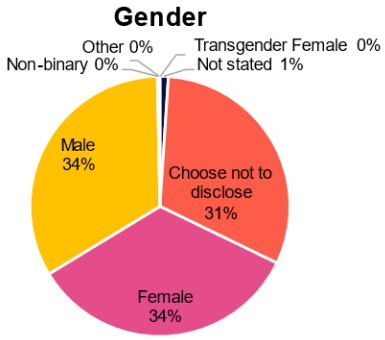
Area	n (%)
Lambeth/ Southwark	843 (33.9%)
Wider SEL	317 (12.7%)
Outside SEL	1,330 (53.4%)











Introduction to Diabetes Technology

What is diabetes technology?

Diabetes technology is technology that helps you to manage your diabetes. There are several different types available to people with type 1 diabetes, including continuous glucose monitoring (CGM) systems, insulin pumps, and hybrid closed loop (HCL) systems.



Why is reviewing equity of access to diabetes technology important?

- Diabetes technology such as CGM, insulin pumps, and HCL are considered best practice for those who meet eligibility criteria
- Inequalities have been highlighted in other reports, including Diabetes UK's 'Tackling Inequality Commission' and in the National Diabetes Paediatric Reports – but good quality, routine, adult data is lacking
- Hybrid closed loop systems have only recently been approved for use in the NHS and the gradual roll out of these systems has the potential to impact inequalities.

Technology use for type 1 diabetes at GSTT (as of January 2025):

- 778 (31.2%) are using HCL
- 287 (11.5%) are using pump, but not HCL
- 306 (12.3%) are using a hospital-prescribed CGM device, but not a pump/ HCL

Engagement Overview

Please explain how you engaged with your patients and services users, their carers and representatives? **Was this different to previous engagement?**	**Stakeholder Engagement workshop** • We held a workshop with a wide range of stakeholders, including service users, members of the hospital, representatives from staff forums (along with others listed below) to present a summary of our findings. • Service users were identified within the Diabetes clinics and invited to attend the workshop by a diabetes specialist nurse. **Targeted interviews:** • Interviews were carried out with 15 service users who had previous refused or returned diabetes technology to understand more about their experience of the service. The process used for this engagement is similar to what has been done in previous years for equality delivery system reviews. This is the first time we have held a focussed engagement workshop focussed on equity of access to diabetes technology with our service users and stakeholders.
When did you start engagement with your patients and services users, their carers and representatives? **Was this different to previous engagement?**	The workshop took place on 22nd January 2025. We reached out to our service users and stakeholders from across the system between November 2024 and January 2025. This process of inviting service users who attend diabetes clinics has been used
Who was part of your engagement?	• Service users with type 1 diabetes • GSTT, KCH and LGT Diabetes teams

How did you decide who to engage with?	• GSTT Equality, Diversity and Inclusion Team • SEL ICB Equality, Diversity and Inclusion Team • Health Watch • GSTT Patient experience team • Lambeth and Southwark public health teams • King's Health Partners Diabetes, Endocrinology and Obesity Clinical Academic Partnership • Health Innovation Network • Diabetes Africa • Diabetes UK
Please describe any issues or barriers you experienced during the delivery of your engagement	Given the amount of information covered within the meeting, and the need to cover each of the four domains with time for scoring, there was not as much time for open discussion as would have been optimal.
If you have delivered your engagement differently to your last EDS submission, what impact has it had on your process and outcomes?	NA
Please provide any other comments	
Please describe the sources you have used to collate your evidence. **Why have you used these sources?**	• The Trust's electronic patient record system, EPIC, was used to extract demographics of all service users with type 1 diabetes, including date of birth, sex, postcode, and ethnicity. Data was also extracted on marital status, religion, sexual orientation and gender identity, but was not found to be consistently and reliably recorded. • Postcode data was used to infer each service users index of multiple deprivation quintile and the borough in which they live.

	• EPIC was also used to extract a list of all appointments under the Diabetes service for those with type 1 diabetes, to allow an analysis of the rates where service users Did Not Attend (DNA) appointments by demographics. • Service-level spreadsheets on the use of diabetes technology, including glucose sensors, insulin pumps, and hybrid closed loop systems. • To allow a comparison of the ethnicity make-up of the service in comparison to the local population, the South East London ICS Diabetes Dashboard was used – which draws on data from the quality outcomes framework and the National Diabetes Audit • Patient Advice and Liaison Service queries • Semi-structured interviews were conducted with 15 service users who have previously returned or refused technology to understand their experience. Demographic details such as age, ethnicity, IMD quintile, and sex were collected from this group to ensure that the sample was representative of the wider service population. These sources were chosen to give a comprehensive understanding of quality data on the current population of technology uses in the service and assess whether there are any inequality within the group who are already using technology to the group who are currently not on technology.
Have you identified any new sources of data and information? **What type of impact has this made?**	This was the first time that the service reviewed a breakdown of who is using diabetes technology in this way, with a breakdown by sex, ethnicity, deprivation, age, and where they live in relation to the trust. The data collected has been presented and discussed in a service audit meeting, and reflections and feedback have been incorporated into this report and the action plan.

Please provide any information on difficulties and/or barriers you experienced whilst collating evidence?	There were inconsistencies in the way that the data was recorded. The reporting methods revealed that there are gaps in capturing certain protected characteristics – including ethnicity, sexual orientation, gender reassignment, religion, disability and marriage and civil partnerships
Please provide any other comments	

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
Domain 1: Commissioned or provided services	1A: Patients (service users) have required levels of access to the service	**Make-up of the service population:** To understand equity in access to the service as a whole, we reviewed the demographics of 2,490 people with T1DM under the service: • 33.9% of people with T1DM under the service are from Lambeth and Southwark. 12.7% are from wider South East London, while 53.4% live outside of South East London. Given that GSTT Diabetes is a tertiary referral centre, it is not unexpected that a significant proportion of our patients come from further afield to access specialist care. • GSTT T1 service users from Lambeth/ Southwark are broadly representative of the local Lambeth/ Southwark T1 population by ethnicity, although 12% of service users do not have a recorded ethnicity on EPIC. • 45.7% of the service population live in the 40% most deprived postcodes nationally (IMD quintiles 1 and 2). Good quality data on other protected characteristics, such as disability, marital status, religion, and gender was not available. **% Insulin Pump Use:** To investigate equity of access to diabetes technology, we reviewed the % of each demographic group who are using an insulin pump: • 50.4% of 19-24yr-olds are using a pump vs 26.3% of 65 to 79yr-olds. This difference is likely partially due to	2	

		how access to pumps and HCL has been prioritised for children and young people under NICE guidelines). • 49.3% of females with T1DM under the service use a pump in comparison with 36% of males. To note, this gap is likely at least partially due to how women who are pregnant or planning for pregnancy have (and continue to be) prioritised for diabetes technology in line with national guidance. • 47.1% of White people under the service are using a pump vs 25.8% of Black people, 30.4% of people from Mixed ethnicities, and 35.9% of Asian people. • 58.1% of people living in the 20% least deprived areas (IMD quintile 5) are using an insulin pump compared to 34.6% pump use in those living in the 20% most deprived areas (IMD quintile 1). This disparity may be influenced by factors such as employment constraints, where working-age patients on zero-hour contracts in low IMD areas struggle to get time off to attend appointments and engage in technology starts. • 24.7% of the people under the service who live in Lambeth and Southwark are using a pump vs 41.7% for those who live in wider South East London and 54.1% for those who live outside of South East London. This disparity is likely influenced by the GSTT Diabetes service's role as a tertiary referral centre, which has historically attracted referrals from outside our catchment area for access to diabetes technology. This data indicates that there are inequalities in access to diabetes technology. The patterns seen here are consistent with findings in national data around the use of diabetes technology (e.g. the 2021-22 National Diabetes Pump Audit) **DNA Rates:** We also reviewed the rates that each demographic group did not attend (DNA) outpatient appointments: • Young adults (19-24yrs) are most likely to DNA both face-to-face and telephone appointments compared to		

		older adults (21.8% in 19-24yr-olds vs 7.9% in 65-79yr olds) • People from Mixed and Black ethnicities have higher rates of DNAs compared to White people (20.6% and 23.7% respectively vs 14.6%) • DNA rates were highest for people living in the most deprived areas (19.2% for IMD quintile 1) in comparison to the least deprived areas (12.5% for IMD quintile 5). **What is already being done?** The service is aware of the inequalities in technology usage highlighted here, and various measures to address them are already underway. For example: • Running of a tailored young adults "tech day" where young people have the chance to talk to different industry companies about their technology, as well as to other young people already using tech. • Piloting a new peer support group specifically for people with type 1 diabetes from ethnic minority populations. • Flexibility in requirements around attendance at structured education options • Working as part of the South East London Hybrid Closed Loop Implementation Steering Group to plan an equitable roll out of HCL systems to those who are eligible. • Training for workforce across the Diabetes team in diabetes technology to ensure that whichever clinic the service users attends, they will have the option of going onto technology. Working to implement the Type 1 Outpatient Transformation Framework in South East London with the development of a cross-SEL risk register of high-risk patients and shared multi-disciplinary working to facilitate HCL initiation and continuation for complex patients (initially focussed on young adults).		

	1B: Individual patients (service users) health needs are met	**A range of measures are in use across the service to address individual health needs:** • Different sub-services are set up to meet the needs of groups – e.g. young persons, psychology and psychiatry, pre-conception and antenatal, foot, and complex services. • Different communication options are available where helpful – e.g. translation services (DA.Languages Limited), letters in braille or larger font sizes. • Different types of appointments are available – e.g. virtual clinic support, telephone clinics, and late clinics after work/school (for young people). • Health and Wellbeing Practitioner role established in young persons' service by someone with diabetes and from an ethnic minority group. They work across the community and hospital to encourage patients not currently engaging in care back to the service. • Tailored structured education opportunities are available for certain high-risk groups – e.g. the Youth Empowerment Skills programme for children and young people and the HEAL-D programme for adults of African and Caribbean heritage (with type 2 diabetes). • For technology starts, smaller groups or 1:1 appointments are available for more complex patients who would benefit from this. Continuity of care for high-risk patients for starts. • Signpost to opportunities run by local community and charity organisations – e.g. Diabetes UK peer support groups • Administrative role to focus on ensuring that people have the right equipment and technology at the right time and to support with the admin around ordering and warranties (reducing the admin burden on HCPs and patients). • A Type 1 Peer Support group meetings monthly, alternating between in-person and Zoom meetings.	2	

		There is also a WhatsApp group discussion in between sessions for those who have signed up. A 6-week rolling Type 1 Burnout course, led by a psychotherapists or psychologist is also available, either as in person or with online groups. A new monthly Type 1 peer support group for people from ethnic minorities is also due to be piloted from Feb 2025. • Flexibility around DNA policies for high-risk patients • Population health approach to proactively identify and invite in high-risk young adults who are not currently under a specialist service by working with the Diabetic Eye Screening Team. This is an approach that could be build on for other age groups and high-risk cohorts. There are several structural barriers to accessing diabetes technology that extend beyond the scope of the diabetes service. These include language barriers for non-English speakers, challenges faced by individuals with learning disabilities or visual impairments, difficulties in attending multiple appointments, and constraints related to employment, such as zero-hour contracts or inability to take time off work. These challenges are complex and require coordinated efforts across teams and sectors to address them. While we strive to navigate these barriers, we recognise that broader systemic solutions are necessary for truly equitable access. **Feedback from Stakeholder Workshop:** Peer support was identified as a really important facilitator to getting started and successfully using technology. The group emphasised the importance of having the opportunity to physically see and handle the devices before making a choice and being able to speak to someone else similar to them who is already using technology to hear about their experiences. This is particularly important given the long warranty periods for the pumps, meaning you can't change your mind.		

		The group suggested that other events such as the 'Young Adults tech day' would be a good way to support people who may be more hesitant about starting on a pump. This was an initiative piloted in the Young Adult service, which could be rolled out to other age groups, high-risk cohorts, and people in Lambeth and Southwark who do not attend GSTT or other secondary care diabetes services to address inequality. Having the opportunity to hear from 'someone like you' – in terms of age, cultural background, digital literacy, and dexterity, may support some people to feel confident in trying technology, in a way that couldn't have come only from the Diabetes team.		
	1C: When patients (service users) use the service, they are free from harm	• Equality, Diversity and Inclusion training is mandatory for all staff members. • Multi-disciplinary clinics and post-clinic meetings are there to ensure that a holistic view of a patient's risk level is considered, even for those who do not attend their appointments. The Local Care Record (which includes healthcare information from primary care) is checked to see if patients are collecting their prescriptions. CGM data can be monitored remotely to identify high risk patients. • Regular Safety and Quality in Diabetes meetings to review guidelines, incidents, risks, morbidity, and mortality. Feeds into the Trust Diabetes Committee forum which has representation from all disciplines across the trust and the Directorate Management Team. • The Type 1 Workstream meets monthly to discusses tech advancements, workforce challenges, data, and service improvement initiatives • Worked with Factor 50 (a healthcare analytics company) to design and pilot an approach to data-led prioritisation to address disparities in diabetes care and ensure high risk patients receive timely care.	3	

		• Joint working with industry companies to train, start, and manage people on technology. This maximises capacity whilst building in safeguards to protect patients from harm.		
	1D: Patients (service users) report positive experiences of the service	There are currently several routes to give routine feedback to the service: - Friends & Family Test - Patient Advice & Liaison Service (PALS) - Complaints However, responses rates through the Family & Friends Test are low, and feedback through these routes are not normally broken down in terms of the demographics of the respondents, so it is not possible to determine any differences here. The Diabetes & Endocrine service received 49 PALS queries over 1 yr from April 2023 to March 2024. Of these, 3 specifically referenced diabetes technology: one due to a delay in starting a pump, one with positive feedback for a staff member, and one for help with their insulin pump. Informal feedback is often given via other routes – e.g. emails and cards to the team. These are often very positive but are not routinely recorded or collated. **Feedback from semi-structured interviews** To support this review, 15 individuals with T1DM who had refused or returned diabetes technology were interviewed to understand more about their experience. Themes around why they had chosen not to use the technology included concerns about the practicality of using tech, and its associated stigma, a sense that they have already achieved control/ stability, and worries about the accuracy and possible complications from using tech. There was a preference for using non-tethered	2	

		pumps (e.g. the Omnipod), although these tend to have very long waiting lists. Those using a glucose sensor reported positive experiences. On their experience with the diabetes team as a whole, all 15 highlighted positive experiences, describing them as “supportive and encouraging”. They said that the team had provided valuable guidance and were proactive in encouraging the adoption of new technologies. Most reported they were signposted to websites, video links, and reading materials on technologies, and some were shown physical devices in clinic. **Feedback from Stakeholder Workshop** Feedback from attendees at the Stakeholder Workshop was generally positive but noted the lack of data around the demographics of feedback (both positive and negative). It was acknowledged that there is a clear focus on capturing the experiences of using the service and using this to inform the service, but that to be truly informative, we need to understand *who* is giving the feedback.		
Domain 1: Commissioned or provided services overall rating			9	

Domain 1: Commissioned or provided services

EDS Organisation Rating (overall rating):
Organisation name(s):
Those who score **under 8,** adding all outcome scores in all domains, are rated **Undeveloped** Those who score **between 8 and 21,** adding all outcome scores in all domains, are rated **Developing** Those who score **between 22 and 32,** adding all outcome scores in all domains, are rated **Achieving** Those who score **33,** adding all outcome scores in all domains, are rated **Excelling**

EDS Action Plan

EDS Lead	Year(s) active
EDS Sponsor	**Authorisation date**

Domain	Outcome	Objective	Action	Completion date

Domain 1: Commissioned or provided services	1A: Patients (service users) have required levels of access to the service	To reduce the variation in access to technology across demographic groups. Reduce DNA rates, with a focus on reducing the gap between demographic groups.	• To collect and review data on technology use by sex, age, ethnicity, deprivation, and where they live in relation to the trust annually to track progress within the South East London Hybrid Closed Loop Implementation Steering Group. • To set up a process to record whether service users have been offered technology and if they have refused it so we can understand who has and has not been offered. • To improve the recording of ethnicity (for the 12% who do not have this recorded). Aim to reduce this to <5% within 1 year. • Agree two key demographics through which to report DNA rates at monthly Diabetes Performance Review Meetings Senior Management Team Meeting (with overall aspiration to deliver specific project(s) to understand differences).	

	1B: Individual patients (service users) health needs are met	To ensure everyone receives the support needed to benefit from the use of diabetes technology.	• Deliver peer support sessions every other month similar to the Young Adults “Tech Day” for other high risk service users where their clinician thinks would benefit from going onto technology. • Scoping the resourcing required for outreach work within Lambeth and Southwark for people with type 1 diabetes not under specialist care. • To complete the Diabetes Africa “Equity of Access to Technology Checklist” annually to track progress against the recommendations to address disparities in technology access for Black African and Caribbean populations	

	1C: When patients (service users) use the service, they are free from harm	Improve non-specialist awareness of diabetes and diabetes technology	• Raise awareness and educate inpatient and A&E staff about diabetes technology and inpatient care of diabetes via the cross-KHP Diabetes Inpatient Educator role. • Disseminate the Diabetes Technology Network resources for non-specialist staff around recognising different diabetes technologies • Run an “Diabetes Technology Foundation” event annually for non-specialist staff across King’s Health Partners.	

	1D: Patients (service users) report positive experiences of the service	To improve the quality and quantity of feedback data and to communicate how feedback is acted on.	• Review how opportunities to feedback are signposted across the service (e.g. the Friends and Family Test, [FFT]), both for those using MyChart and those who do not. • Review options to compare FFT response rates by demographic groups • To build on our understanding of the barriers experienced in accessing diabetes technology from further interviews with service users and healthcare practitioners.	

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