

NHS Forth Valley Insulin Pump Therapy Action Plan 2012/13 to 2014/15 onwards (DRAFT)

1. Introduction

This document provides an overview of the Forth Valley action plan in relation to CEL(4) 2012. Forth Valley is committed working towards the targets for improving access to insulin pump therapy. This draft action plan for implementation looks mainly at the next three years, with some indication of ensuring a sustainable service thereafter. There are a number of challenges and risks identified in the plan, which we will look to mitigate over the period. These issues will be reviewed and the plans changed accordingly as and when required.

2. Background

a. NHSFV Project Team

On the 5th of March, the Forth Valley Insulin Pump Therapy Project Team was established to discuss the CEL, the current pump therapy services and the work of the Team. It was agreed that the Team would focus on:

- Clarifying the current position
- Identifying and assessing the project challenges, risks and issues (including clinical, financial and timescales)
- Working through the options for achieving the targets
- Developing an action plan (including resources, finances, phasing of the increases, communications)
- Overseeing the implementation of the project
- Overseeing the reporting of progress

Project Team membership includes:

- Graham Foster, Diabetes MCN Lead Clinician
- Kathryn Fraser, Diabetes Dietitian
- George Naguib, Associate Specialist, Paediatrics
- Mel Robertson, Team Leader, Women and Children's Unit
- Ian Aitken, General Manager
- John Schulga, Consultant Paediatrician
- Mary Miller, Service/ Nurse Manger, Women and Children's Unit
- Pam Paul, AHP Manager, Acute Services
- David Munro, Diabetes MCN Manager
- Hillary Whitty, Lead Diabetes Nurse
- Chris Kelly, Consultant Physician
- Claudine MacMurdo, Accountant
- Lorna Henry, Service Manager, Medical Specialties
- Helen Bauld, Department Manager (Paediatrics/ Neonates)
- Gillian Morton, General Manager, Women and Children's Unit
- Fiona Struthers, Dietetic Co-ordinator, FVRH

The Project Team meetings will be chaired by Dr John Schulga.

This Team agreed the number and type of pumps required for use in 2012/ 13, which was submitted to the Scottish Government on the 15th March 2012. This draft action plan was developed by the Project Team and signed off by Fiona Ramsay (Director of Finance) and Iain Wallace (Medical Director) prior to submission.

3. Assessment of the Situation

a. Analysis of the current services

i. Paediatric Service (current profile)

The paediatric service will support children from 0 to <16 years. It is essential that the paediatric and adult services work hand-in-hand to offer a comprehensive transition service covering children as they reach their teenage transition years.

Although there are dedicated clinical resources for the children's diabetes service, there are currently no dedicated paediatric resources covering insulin pump therapy. The development of a children's pump therapy service will require input from specialist paediatric nursing, specialist paediatric dietitians and from the consultant paediatricians/ associate specialist.

The current service supports 12 children. The future service will need to support up to 47 children.

ii. Adult Service (current profile)

The adult service will support young adults from ≥ 16 years of age to < 18 years of age and adults (i.e. ≥ 18 years of age). There are limited clinical resources supporting the local pump therapy service. Expertise in this area has been developed since a small investment in the service in 2006. However, this service has now reached capacity.

The current service supports 37 adults and young adults. The future service will need to support up to 88 adults and young adults.

b. Analysis of the Challenges and Risks

The Project Team identified a number of challenges and risks. These are summarised below:

Current Service/ New Service

- No dedicated paediatric pump service in place currently
- A transition service must be put in place for patients on pumps
- Clinical governance arrangements for the developing service need to be addressed
- Pre-pump carbohydrate counting education needs to be supported
- Outpatient clinic space/ support is required
- Medical records support is required for clinics
- The service needs to be robust and sustainable and not rely on only a few key staff
- A sustainable level of service needs to be put in place for year 4 onwards

- The number of patients on pumps is likely to rise year on year. Children with pumps will move through to the adult service and new children will be added to ensure that the 25% target is maintained. The numbers of children with type 1 diabetes rises by approximately 30 per year in Forth Valley.

Staff and Skills

- Staff time is not currently available to support an expansion in service
- Staff skills need to be developed to support a paediatric pump service
- Staff will be required to shadow teams/ individuals from other services across the country
- Staff will be required to undertake formal, certified training courses
- We will need to backfill paediatric nursing time and paediatric dietitian time to support staff training and service delivery.
- Training of paediatric nursing staff and a paediatric dietitian is required
- Need to backfill some time of a consultant paediatrician/ associate specialist
- Consultant paediatric medical input will be more intensive during year 1 to ensure that the developing service is well supported and embedded appropriately
- We need to backfill a consultant physician and dietitian for the adult service
- Potential options and the practicalities for backfilling key staff (adult and children's services) have not yet been investigated fully

Project Management

- The Scottish Government is looking for a Pump Action Plan by 23 March 2012. Although a draft action plan will be submitted by 27 March 2012, this will need to be reviewed, refined and updated over the coming weeks and months.
- A high level of new starts suggested for paediatric service in year 1, which is a challenge. Due to an initial training phase it is unlikely that new patient starts will happen until July 2012, leaving 9 months to meet the target.
- Concentration of adult new starts in years 2 and 3 is suggested, which is an increased challenge (we will consider meeting the adult target over years 1, 2 and 3).
- Additional resources required to support implementation will be need to be confirmed quickly so that time pressures are minimised
- Finding enough patients to meet the targets may be challenging (a communication strategy will need to be developed for target groups). Targets may need to be extended over a longer time-scale.
- Many patients need to be approached to meet these targets as a number are likely to decline the offer to take on the challenge of pump therapy

Financial/ Strategic

- The recurring cost is significant. In addition to the year 1 purchase of pumps and consumables for children, there will be additional costs incurred locally regarding insulin and critically staffing resources (and pumps and consumables for adults). An initial review of the additional resources required indicates an annual recurring spend of £70K on new pumps, £72K on staff and £106K on consumables and insulin (after any MDI savings) on average. There are significant peaks within the 4 year financial plan due to the pattern of pump replacement.

- The financial implications of this developing service will need to be reviewed against the overarching NHS Forth Valley-wide planning process and priorities on an annual basis (This will include an analysis of the actual take-up of pump therapy against our current planned level of take-up of pump therapy. Timescales for achievement of the targets may need to be reviewed annually, depending on local interest from suitable Forth Valley residents).
- A pump replacement programme is required for a much higher level of pumps than current levels
- THE CEL states that additional costs should be met from the Board's financial allocation in future years (which will have a range of other commitments against it also)
- Any difference between the Forth Valley and the Scottish cost/ savings profiles may be a challenge
- We have used Scottish Government estimates in some places (e.g. MDI savings)
- The level of any likely savings are as yet unknown
- Signing off a fully costed Forth Valley action plan within the timescales will be a challenge (this will need to be reviewed and refined over the coming weeks and months)

c. Preferred Option for Implementation

The CEL states that year 1 of the Project should concentrate on increasing access to those <18 years of age. This equates to an additional 35 new patients pump starts in year 1.

The CEL also states that the target increase in adult access should be spread across years 2 and 3. This equates to an additional 51 new patients pump starts across years 2 and 3 (i.e. an average of 25 patients per year/ 2 per month). However, the resource that supports pumps starts in adults is also relatively limited and compressing the additional 51 new starts into 2 years will be a challenge. An option to consider spreading the 51 new starts across years 1, 2 and 3 was considered by the Project Team. The preferred option is outlined below:

Preferred Option

35 children accessing therapy in year 1, with the 51 adult starts split across the first 3 years (year 1 at 25%, year 2 at 37% and year 3 at 38% of adults).

d. Service Profile

The Project Team considered the requirements of the new service to meet the access targets and deliver a sustainable service. This was done after reflecting on a number of pump therapy models across the UK.

The main elements of each are:

- pre-pump education/ carbohydrate counting programme
- pre-pump assessment
- insulin Pump Therapy assessment, initial education and monitoring
- ongoing monitoring, support and education
- school visits (for the paediatric service)
- a transition service

The project Team developed detailed staffing profiles to support these elements and these are included in the service specifications.

4. Implementation

The Project Team is asked to start to implement the preferred option from 1 April 2012. The key steps over the next quarter will be:

- To ensure that all local stakeholders are informed of the way ahead
- To ensure that key staff are backfilled to support training and service implementation
- To ensure that key staff have the necessary skills, expertise and experience
- To refine the service specification
- To ensure that the resources are in place to support the planned expansion of local insulin pump therapy services
- To agree a communications strategy and start to target groups of patients
- To ensure that local people with Type 1 diabetes are given the information they need to make an informed choice regarding their therapy options
- To agree a schedule of monthly pump increases across year 1, 2 and 3
- To develop a more detailed action plan
- To support service managers to implement the proposals
- To review performance against the plan
- To monitor progress and report back to the NHSFV Lead Executive and the Scottish Government