

NHS TAYSIDE

INSULIN PUMP THERAPY FOR PEOPLE WITH TYPE 1 DIABETES: ACTION PLAN

1. SITUATION

NHS Boards to increase the availability of insulin pump therapy in line with national targets:

- 25% of under 18s on insulin pump therapy by March 2013
- Number of people on insulin pumps to triple by March 2015.

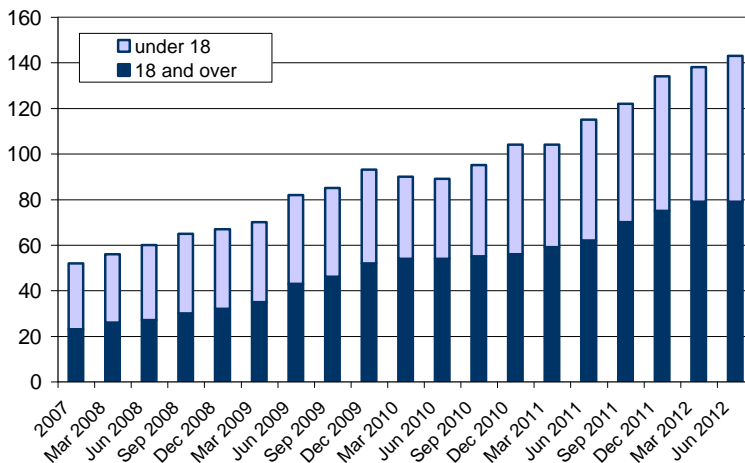
2. BACKGROUND

- NICE first published guidance on the use of insulin pump therapy in February 2003 which was endorsed for use in Scotland by the then NHS QIS. NICE updated its guidance in 2008.
- SIGN Guidelines on Diabetes (2010) recommends insulin pump therapy is considered for patients unable to achieve their glycaemic targets or who experience recurring severe hypoglycaemia.
- The updated Scottish Diabetes Action Plan (2010) recommends that insulin pump therapy is available for those patients who would benefit from it.
- From 2010 onwards the annual Scottish Diabetes Survey includes figures on pump usage.
- In October 2011 the Cabinet Secretary for Health, Wellbeing and Cities Strategy announced the national targets. CEL 4 (2012) issued in February 2012 reiterated these targets and set out the support available to assist NHS Boards to meet these commitments.

3. ASSESSMENT

NHS Tayside has been delivering an insulin pump service since 2005 with the number of people with Type 1 diabetes on insulin therapy gradually increasing year on year, see Chart 1 below.

Chart 1: Number of children and adults on insulin pump therapy



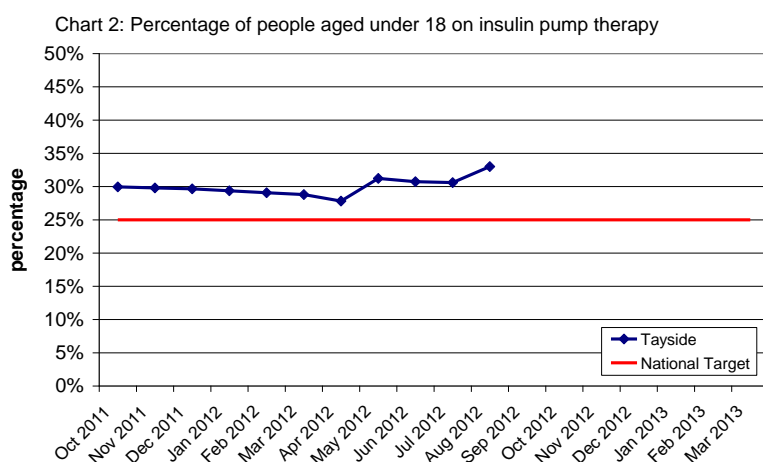
3.1 Achievement of Targets

Target: 25% of under 18s to be on insulin pump therapy by March 2013

Status: NHS Tayside already exceeds this target, see Table 1 and Chart 2 below.

Table 1: Number and percentage of patients on insulin pump therapy as at August 2012

	Tayside Type 1 population	On insulin pump therapy	
		n	%
Under 18	206	68	33%
18 and over	1669	82	5%
Total	1875	150	8%



Target: The number of insulin pumps available to people of all ages with Type 1 diabetes in Scotland will almost triple to more than 2,000 by March 2015

Status: NHS Tayside is on track to meet this target. The number of additional pumps required to meet this target is set out in Table 2 below.

Table 2: Number of additional pumps required

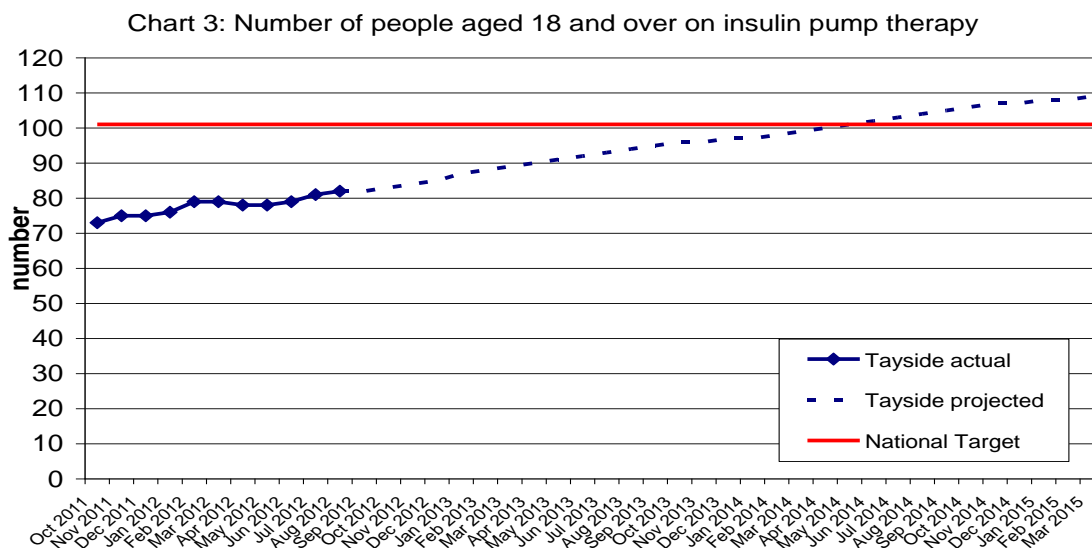
Current number of people >18 on an insulin pump and % of >18 T1 population		Number of extra pumps and % increase to meet target		Total required number of people >18 on an insulin pump by March 2015 and % of >18 T1 population	
72*	4.3%	29	1.8%	101	6.1%

*72 was number cited in CEL 4 (2012), however, this has already increased to 82 by August 2012

The estimated planned number of new patients starting on insulin pumps within the adult diabetes service each year is 10. At this rate the additional 29 extra pumps can be more than achieved by March 2015, see Table 3 and Chart 3.

Table 3: new pumps over next three years

Year	New pump starts	Total number of patients >18 on an insulin pump
2012-13	10	89
2013-14	10	99
2014-15	10	109



3.2 Action Plan

Objective	Action	When	Status
25 % of people with Type 1 diabetes under 18 are on insulin pump therapy	Ongoing planned programme of at least 10 new insulin pump starts each year by the paediatric diabetes service will ensure that this target continues to be met.	March 2013	On track
Contribution to the trebling of the number of people with Type 1 diabetes on insulin pump therapy	The ongoing planned number of at least 10 new insulin pump starts within the adult diabetes service will ensure that this target is met.	March 2015	On track
People with Type 1 diabetes have appropriate access to insulin pump therapy	Raise awareness of insulin pump therapy through discussion with individual patients at clinics and patient events.	Ongoing	On track
	All people with Type 1 diabetes are assessed for suitability for insulin pump therapy in line with local protocols which are based on NICE and SIGN guidelines. These protocols are available from the Tayside Diabetes MCN website for paediatrics and adults .		Complete
Deliver a safe, effective and sustainable service for insulin pump therapy	There is a pump service already well established for paediatric and adult diabetes services.		Complete
	The multidisciplinary team has the knowledge, skills and expertise for delivery of an insulin pump service.		Complete
	Review staff capacity on an ongoing basis as the numbers of people on insulin pump therapy increases to ensure capacity continues to meet demand.	Ongoing	On track
	Detailed local financial and staffing plan produced to support the planning assumptions for next 5 years taking into account pump replacement.	September 2012	On track
Provide education and support for people on insulin pump therapy	Deliver structured education on carbohydrate counting and intensive insulin management via: <ul style="list-style-type: none"> • Tayside Insulin Management programme for adults • one to one for paediatrics 		Complete
	Develop and deliver structured education programme for paediatrics via Tayside Insulin Management in the Young (TIMiY).	March 2013	On track
	Deliver individual and group education for pump initiation with the assistance of insulin pump companies.		Complete
	Provision of out of hours support by <ul style="list-style-type: none"> • Diabetes Specialist Nursing Team and insulin pump company following initiation. • insulin pump company on ongoing basis for technical issues. • DiabNet helpline for paediatric patients on an ongoing basis for clinical issues. 		Complete

3.3 Risk Assessment

The risk of NHS Tayside not achieving the targets is low given the insulin pump service is well established and only minimal increases are required to meet and sustain the targets.

Monthly monitoring of progress against the targets has been established.

The main risk to NHS Tayside not meeting the targets in future is around staffing capacity and expertise. As the number of people on insulin pump therapy continues to increase there may come a point where the current capacity is not adequate. Also the current team is very experienced in insulin pump therapy, any significant changes to the team and that level of expertise may have an impact on the capacity to initiate insulin pump therapy.

Progress against the targets and the capacity of the service will be monitored and reviewed on an ongoing basis. Any risk of not maintaining or meeting the target will be escalated at an early stage and plans changed accordingly as and when required.

4. RECOMMENDATION

The current insulin pump service is maintained to continue to meet the new national targets.