

NHS Greater Glasgow and Clyde

Insulin Pumps Planning Group: summary of actions May 2012

Agree with SG arrangements for immediate access to nationally procured pumps: **Corporate Planning.**

Paediatrics:

- Plan urgent filing of vacancies and assessment and populating of additional staffing capacity to deliver increase. **Women and Children's team.**
- Plan with Western Isles delivery of their expansion. **Women and Children's team.**
- Pursue other West of Scotland Boards for clarity on their intentions for their patients. **Corporate Planning.**
- Noted we cannot be certain that the target can be met, the specialist resources required are not readily available, particularly on a non recurring basis. **Corporate Planning to flag to SG.**

Adults

- Fill current vacancies and assess additional staff required to support service. **Medical Directorate team.**
- Assess potential primary care DSN capacity. **Corporate Planning to raise with Partnership Directors.**
- Assess requirements to expand structured education, which will be the entry route for all patients, move to four centres and initiate 30 pumps in 2012/13. Need to agree how we will ensure for adults equitable access to education regardless of location. **Medical Directorate team.**
- Noted not possible to safely deliver the required expansion clinically safely within the three years, advice is that we will need four years. We will continue to review this conclusion. **Corporate Planning to inform SG and Planning Group to continue to review.**
- We need to assess adults issues for other West Of Scotland Boards, particularly where we run clinic services. **Planning Group.**

Finance: **planning group to assess funding position at next meeting.**

Wider use of resources: we should scrutinise for the next meeting might include open access drop in services; the balance of primary and secondary care responsibilities; support to maternity services; the skill mix required to deliver training, initiation and other services. **Planning Group**

There are issues about adolescents and we agreed that in detailing our approach to expanding the adult service this is a group of patients we should prioritise for pump initiation. **Adolescent meeting to take place and come up with advice for a future planning group.**

The sources of key assumptions in the CEL are not clear and a number are simply not realistic, the assumption about initiation time for children is probably wrong by a factor of four, structured education is essential for patients of any age and the savings assumed from insulin do not appear to have secure base. **Corporate Planning to raise with SG**

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