

NHS Western Isles

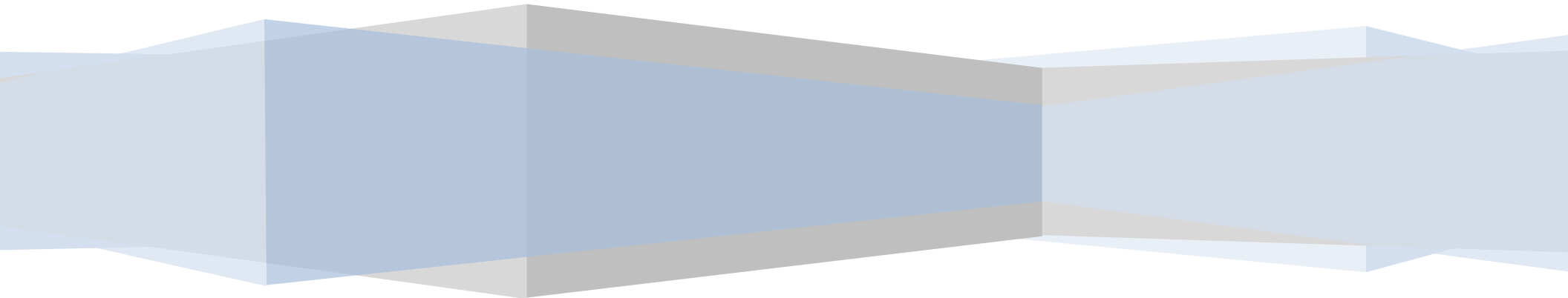
Diabetes

CEL 4 (2012) 27th August 2012

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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

Target: A quarter of young Scots with Type 1 Diabetes must have access to insulin pumps by March 2012 and by March 2012, the number of insulin pumps available to people of all ages with Type 1 Diabetes will be tripled.

This target will affect five (5) young people and nine (17) adults in the Western Isles.

Insulin Pump Provision (New Starts) August 2012

NHS Western Isles	Young People with Type 1 Diabetes	Insulin Pump Provision	Adults with Type 1 Diabetes	Insulin Pump Provision	Total	
2011-12	20	0	170	2	2	
2012-13		5		0	8	
2013-14		0		3	3	
2014-15		0		3	3	
Target		5 by 31/3/13		17 by 31/3/15		

Geographical and Demographic Context

The population of the Western Isles is dispersed over an archipelago of islands 160 miles from the northern-most population in Lewis to the southern-most population in Barra. There are two sea crossings or flights needed to travel between the main population centres; Lewis and Harris, the Uists and Benbecula, and Barra. The islands have a population of 26,000 with a population density of 8 people per square kilometre. The geography and population demographic has a major influence in the provision of services and the cost of delivering those services.

Staffing

Local

The diabetes service provision in the Western Isles is;

Consultant Physician with a special interest	0.10 wte	(None after September 2012)
Diabetes Nurse Specialist Band 8 (Lewis & Harris)	1.00 wte	
Diabetes Nurse Specialist Band 6 (Southern Isles)	0.50 wte	
Dietician	0.20 wte	
Podiatrist	0.20 wte	

Provision made through the Diabetes Obligate Network with Glasgow provides for specialist Diabetology;

Adults

Consultant Diabetologist Days	Face to face clinics per year	6
	VC Clinics	6

Young People

Consultant Diabetologist Days	Face to face clinics per year	4
	VC Clinics per year	2

	Current position	Action	Risk	Date to be achieved
Staff capacity / resource/ service infrastructure / funding	<p><u>Adult service</u></p> <ul style="list-style-type: none"> • Specialist service provided through Obligate Network with NHS GG&C • Quantify additional sessions required • Only limited use of group starts for uncomplicated patients because of geography • Local team require additional training on pump initiation and pump usage • 24/7 out of hours service required • Emergency pathways needed for pump cessation • A&E staff and medical training needed • Identify funding for additional pump starts over 4 year period • Island-wide contingency plan needed for technical failures 	<ul style="list-style-type: none"> • Identify number of additional sessions required from NHS GG&C • Review use of group starts for less complicated patients to maximise capacity • Phase in new sessions for 17 starts by March 2015 • Business case for additional funding for new service and ongoing revenue costs • Train local team on use of insulin pumps • Implement plan for 24/7 cover • Design and implement clinical pathways for emergencies • Provide training for A&E staff in Stornoway, Uist and Barra • Financial plan approval • Approve contingency plan for technical failures 	<ul style="list-style-type: none"> • Insufficient number of candidates for insulin pump initiation by reason of; Patient choice or is not clinically recommended • Group start approach only has limited use if any • Patients will have to travel to Glasgow for initiation and patient education (DAFNE) that is not deliverable locally • Local service structure or processes are deemed unsuitable to deliver this service safely • Insufficient funding to meet required capacity 	<p>27th Aug 2012</p> <p>31st March 2015</p>
	<p><u>Paediatric service</u></p> <ul style="list-style-type: none"> • Specialist Insulin Pump initiation will have to be provided from Yorkhill Hospital, NHS GG&C This will involve commissioning additional Consultant hours, Diabetes Nurse Specialist hours and Dietetic hours. • Currently no pumps initiated. Proposal for group initiation (five) paediatrics provided other measures are in place before a programme begins. • Additional staffing requirements and funding to be identified for pump starts • Plan to move education and patient preparation work, provided by Glasgow team, locally in the Western Isles. • Programme and logistics need to be described. • Clinical pathways for contingencies, emergencies and out of hours to be 	<ul style="list-style-type: none"> • Full business plan to be approved locally and uplift negotiated with NHS GG&C • Business case to identify staffing resources from Glasgow and also any additional staffing requirements locally for pump therapy maintenance • Local staff to undertake 1 week training in Glasgow • Provide training of other grades of staff for example A&E (three locations) • Have contingency and emergency plan and out of hours provision in place before any pump initiation • Have clinical pathways in place • Canvass patients and families to determine willingness to be included in an insulin pump programme • Agree dates for group initiation and programme of patient and family 	<ul style="list-style-type: none"> • Insufficient funding to meet required capacity • Children or their guardians unwilling to move to insulin pump therapy • Ongoing support required by children and families is greater than expected (they require a much more wrap around support than adults) • Some patients require greater individual support i.e. group starts not appropriate for all • Schools and nurseries reluctant to support children for insulin pump initiation • May require additional support from Paediatric team • Availability of specialist staff from 	<p>31st March 2016</p>

Insulin Pump Therapy for People with Type 1 Diabetes

NHS Western Isles Action Plan

	<p>designed.</p> <ul style="list-style-type: none"> • Full business plan required and funding identified for commissioning and maintaining this service including diabetes team training and training of A&E staff in three island groups 	<p>training</p>	<p>GG&C in time to meet deadling.</p> <ul style="list-style-type: none"> • Service development takes longer than the deadline permits • Timescale is too short for service infrastructure to be planned and put in place. Negotiate new timeframe with SGHD 	
<p>Service infrastructure</p>	<p><u>Adult service</u></p> <ul style="list-style-type: none"> • Specialist sessions available from NHS GG&C • Local resource funded and in place to support IP service • Appropriately trained local team to support patients post IP initiation • Service pathways in place • Contingency and emergency plans in place • Service unable to support proposed number of new pump starts within 3 years – plan developed for 4 year time scale • A&E (three sites) prepared to respond to emergencies • 24/7 out of hours service in place • Specialist staff have agreed to review current clinical model to maximise capacity 	<ul style="list-style-type: none"> • Implement programme of work for new pump service • Specialist and local staff to review current practice and service model • Planning and Operational Staff to prepare business cases for approval • Funding to be identified and put in place • Preparation for pathways and contingency plans to be brought forward 	<ul style="list-style-type: none"> • Waiting time for NHS WI patients to access specialist service in Glasgow • Insufficient local expertise due to retirements within existing team • Revised clinical model and additional staffing resource insufficient to achieve targets • Impact of visitors to the islands 	<p>31st March 2016</p>
	<p>Current position</p>	<p>Action</p>	<p>Risk</p>	<p>Date to be achieved</p>
<p>Service infrastructure (continued)</p>	<p><u>Paediatric service</u></p> <ul style="list-style-type: none"> • All paediatric services provided from NHS GG&C • Capacity issues with GG&C to deliver this target • Capacity issues with NHS WI to deliver this target • Service framework and model requires redesign, new clinical pathways, contingency planning and funding • Service unable to support new target of 25% of young people by March 2013 	<ul style="list-style-type: none"> • Develop Paediatric pump service over longer time scale • Formalise a pump service group • Develop criteria for paediatric pump initiation • Identify patients for pump initiation • Consultant to support pump starts for their own cases • Negotiate and agree uplift in service provision from NHS GG&C • Describe IP programme (specialists travelling to Western Isles to deliver service) 	<ul style="list-style-type: none"> • Delays to meeting targets due to need for ongoing staff training and time to gain confidence in new service • Maintenance of pumps once in service • Delays in commissioning of service and supporting infrastructure • Unavailability of staffing resources • Funding • Impact of visitors to the islands 	<p>31st March 2016</p>

		<ul style="list-style-type: none"> • Implement time-scale for new pump starts: with additional investment 		
Staff expertise / training	<p>Adult service</p> <ul style="list-style-type: none"> • Appropriate skills and expertise to be put in place • NHS WI staff, responsible for ongoing management, to be trained in pump initiation and management 	<ul style="list-style-type: none"> • Ensure staff resource available to assist development pump service • Training programme (1 week per staff member) in Glasgow • Training of A&E staff (three sites) 	<ul style="list-style-type: none"> • Requirement to upskill new staff in the event of existing staff leaving 	Ongoing
	<p>Paediatric service</p> <ul style="list-style-type: none"> • Multi-disciplinary staff to complete pump training • Little or no practical experience within the team and would require support of specialists in GG&C 	<ul style="list-style-type: none"> • Team require time to consolidate learning and gain experience • Increase capacity as team become familiar with process • Case by case agreement for Paediatric/Adult shared care as required in the 14-16 transition group 	<ul style="list-style-type: none"> • New staff do not complete basic diabetes qualifications on time • Lack of confidence in new pump service extends timescales (ongoing support from Glasgow service) 	Ongoing
Managing public expectations	<p>Adult service</p> <ul style="list-style-type: none"> • Public enquiries currently being managed effectively by specialist staff • To date, limited number of negative responses from the public • Expansion of Type 1 structured education for adults • Discussing options or suitability with patients who enquire 	<ul style="list-style-type: none"> • Develop a communications plan to advise Western Isles population of new service 	<ul style="list-style-type: none"> • Public expectations are for shorter time-frame 	30 th June 2012
	Current position	Action	Risk	Date to be achieved
Managing public expectations (continued)	<p>Paediatric service</p> <ul style="list-style-type: none"> • Staff answering questions in clinic time 	<ul style="list-style-type: none"> • Once action plan agreed, ensure all staff are aware of the plan • Small numbers allow for one to one discussions 	<ul style="list-style-type: none"> • Potential for increased demand – because the national programme may result in more children and young people visiting the islands at key times in the year placing an adverse burden on local services; especially if emergencies occur. 	Ongoing
	<p>Adult service</p> <ul style="list-style-type: none"> • Put in place monthly review of budget 	<ul style="list-style-type: none"> • Identify unplanned funding to 	<ul style="list-style-type: none"> • Insufficient funding to support 	

Insulin Pump Therapy for People with Type 1 Diabetes

NHS Western Isles Action Plan

Management of costs	statements; scrutiny of patient supplies invoices; identify over-ordering and discuss with individuals as required	commission and maintain this service. <ul style="list-style-type: none"> • Liaise regularly with Finance Department and Management Accountants 	identified number of pumps and consumables required	Ongoing
	<u>Paediatric service</u> <ul style="list-style-type: none"> • As for adult service above. 	<ul style="list-style-type: none"> • Liaise regularly with Management Accountant and monitor spending against budget 	<ul style="list-style-type: none"> • Insufficient funding to support identified number of pumps and consumables required 	Ongoing
Monitoring of targets	<u>Adult service</u> <ul style="list-style-type: none"> • Currently monitored on a regular basis by Exec Lead, Deputy Head of Planning and Development and specialist staff • Steering Group to be appointed and will meet monthly 	<ul style="list-style-type: none"> • Request Clinical Governance support to develop more robust system for monitoring • Monthly reporting to Executive Director / Steering Group • Increase meetings to monthly 	<ul style="list-style-type: none"> • Absence of a robust monitoring system would compromise ability to provide full reports / updates for Scottish Government 	Ongoing
	<u>Paediatric service</u> <ul style="list-style-type: none"> • As above 	<ul style="list-style-type: none"> • As above 	<ul style="list-style-type: none"> • Any difficulties with monitoring system would compromise ability to provide full reports / updates for Scottish Government 	Ongoing