

NHS Highland Insulin Pump Therapy for People with Type 1 Diabetes CEL 4 (2012) **February 2012 (draft)**

The CEL sets out the target for the number of pumps in NHS Highland as 25% of people with Type 1 diabetes under the age of 18 and an equitable share of a total of number of pumps in excess of 2000. The CEL proposes an increase in paediatric pumps of 51 and an increase in adult pumps of 66 from a baseline of 29 pumps, giving a total of 95 adult pumps. This target is divided between the NHS Highland CHP's as follows:

CHP/HSCP and patient group	Type 1 diabetes population	Number of pumps to meet 25% provision for <18s	Number of pumps to meet provision commitment for >18s	Current number of people being treated with insulin pump therapy	Total Additional Pumps required
North HSCP					
Under 18 years old	160	40		0	40
18 years and over	1132		70	35	35
Total Type1 population	1292				
Argyll and Bute CHP					
Under 18 years old	48	12		0	12
18 years and over	417		25	0	25
Total Type1 population	465				
Totals	1757	52	95	35	112

The following sections outline the proposed approach and the associated risks.

1. Proposed Pump Activity Plan 2012/13 – 2014/15

Area and patient group	31/03/12 Current total pumps	2012/13	2013/14	2014/15	Total Additional pumps
Under 18 years					
North Highland	0	9	15	16	40
Argyll and Bute	0	tba	tba	tba	12
Total under 18s	0				52
Over 18s					
North Highland	35	15	10	10	35
Argyll and Bute	0	tba	tba	tba	25
Total over 18s	35				60

Notes:

North Highland HSCP

There is a need to develop a Paediatric Pump service. The plan above assumes that recruitment and training is completed by end October 2012 and therefore that pump initiation activity can begin in November 2012; this therefore means that the number of pumps that can be started in 2012/13 is limited.

The Adult service will require a minimum of 3 months from approval of the plan for recruitment for back-fill of existing trained staff before additional pump initiation activity can begin.

Argyll and Bute CHP

There is a need to develop both a Paediatric and Adult pump service. In both cases it is proposed that pump initiation will be led by NHS Greater Glasgow and Clyde clinicians with local support coming from NHH A&B staff. GG&C have not yet been able to confirm pump numbers, once agreement has been reached with GG&C we will update the plan with an agreed schedule. It is noted that the service will require a minimum of 6 months preparation work from approval of the plan for the following:

- recruitment and training of A&B staff
- agreement to and completion of SLA for NHH GG&C to provide this service
- NHS GG&C resources to be available.

2. ACTION PLAN SUMMARY

	ACTION PLAN SUMMARY	Leads
North Highland Paediatric Service	<ul style="list-style-type: none"> •Develop Paediatric protocols •Prepare for communication and training for schools and nurseries •Optimise basal bolus therapy •Recruit DSN and Dietetic staff •Training for staff in pump therapy to enable support of families and schools •Training of staff to deliver structured education •Prepare and begin patient selection process •Prepare for and initiate group education •Agreement with patients to start pump therapy •Implement 3 year implementation plan 	R Bennie & Dr Franklin
North Highland Adult Service	<ul style="list-style-type: none"> •Recruitment of DSN and dietetic staff for back fill •Patient Selection of additional patients •Implement 3 year implementation plan 	M Macleay & Dr Bal
A&B Paediatric and Adult Service	<ul style="list-style-type: none"> •Agree provision of service from NHS GG&C •Update existing SLA with GG&C to reflect changes •Recruit local DSN and Dietetic staff •Training for staff in pump therapy to enable support of families and schools •Training of staff to deliver structured education •Initiate patient selection process •NHS GG&C initiate service for A&B patients •Prepare and initiate patient education •Implement 3 year implementation plan for A&B patients 	Stephen Whiston & Maggie Clark

3. RISK NARRATIVE

Risk	Description	Risk Management
Timescales	<p>The timescales required of the CEL are not realistic in the areas where we currently do not have a pump service.</p> <p>With pump therapy, there is an enhanced risk of rapidly deteriorating ketoacidosis in the event of interruption of insulin administration. There is a real risk if candidates for pump therapy are poorly selected, poorly trained, and/or poorly supported.</p> <p>It is very important staff are properly prepared before commencing a new service.</p>	<p>Action plan created for 3 year implementation which includes 6 months to recruit staff complete training and in A&B to complete updates to SLA.</p>
Public Expectations	<p>Expectations from Public for a quicker implementation than safe and realistic.</p>	<p>Patients and public engagement department to be included in planning and progress monitoring.</p>
Public Expectations	<p>Potential for high demand from patients some of whom may not be suitable according to clinical guidelines.</p>	<p>Demand to be managed through compliance with guidelines by clinicians.</p>
Staff Recruitment	<p>Risk that we will not be able to recruit staff fast enough to commence the service to the planned timescales. Also a risk that we may not be able to recruit at all to some of the posts. Recruitment requirements are:</p> <p>North Paediatric service: 1.0 wte DSN, 0.44 wte Dietitian</p> <p>North Adult: 0.8 wte DSN, 0.8 wte Dietitian</p> <p>A&B: 1.0 wte DSN, 1.0 wte dietitian</p> <p>In all cases, due to geography these posts may be split into a number of part time posts.</p> <p>Consideration also needs to be given to how support is provided through on-call arrangements</p>	<p>Recruitment to commence as soon as NHSH gives approval to the action plan and financial commitment.</p>

Risk	Description	Risk Management
Finance	<p>Funding in CEL is only for pumps and consumables in the first year. We therefore are required to fund the deficit.</p> <p>There are insufficient funds available in the operational units to support the service implementation costs and the continuation of the service.</p> <p>The CEL makes assumptions about the introduction of pumps and the savings from MDI</p>	<p>Management teams to review, long term re-structuring required to make ongoing provision.</p> <p>Executive support required for decisions in relation to funding.</p>
Service Provision	<p>Patients managing pumps must first be expert in intensive management of diabetes, including self-adjustment of insulin, carbohydrate counting, and correction doses. Continuous glucose monitoring is also required.</p> <p>In many cases in NHS Highland there will be a need to develop this service first and so additional cost and time is incurred in reaching that baseline.</p>	
Service Provision	<p>The A&B services are dependant on NHS GG&C to provide a service. It would be impractical for NHSH to provide a consultant led service from North Highland. Therefore the ability to delivery against the CEL is at risk dependant on GG&C planning and their approach to patient selection.</p>	<p>A&B CHP Management negotiate SLA with GG&C.</p> <p>A&B to develop close links with GG&C MCN and clinicians to agree patient selection and pathway.</p>
Capacity	<p>Risk of high numbers of referrals to meet target rather than clinical eligibility. Not all patients are candidates for pump therapy, either from personal choice, or circumstances which render them unsuitable.</p> <p>Sometimes this may only become apparent once part way through the process.</p> <p>It is essential that they should experience no detriment while the CEL targets are addressed.</p>	<p>Clinicians will work to clinical guidelines.</p>

Risk	Description	Risk Management
Capacity	Group education is approach is not appropriate for all patients.	Where appropriate individual training will need to be offered.
Existing Diabetes Service	<p>Consultant time is essential for pump starts, but once established the requirement for consultant support is limited.</p> <p>This therefore requires additional consultant time over the period where there is an increase in pump starts and impacts on existing job plans with the possibility of impacting the existing service to patients who do not require a pump.</p>	Job plans to be reviews and consultant capacity to be reviewed across the services.