PE1404/K

The Quality Unit: Health and Social Care Directorates Planning & Quality Division



T: 0131-244 2573

E: tom.pilcher@scotland.gsi.gov.uk

Anne Peat The Clerk to the Public Petitions Committee The Scottish Parliament Edinburgh, EH99 1SP



17 May 2012

Dear Ms Peat,

CONSIDERATION OF PETITION PE1404 – INSULIN PUMP THERAPY

Thank you for your letter of 19 April to Anne Lillico and Denise McLister about Petition, PE1404, lodged by Stephen Fyfe on behalf of Diabetes UK Scotland, which calls on the Scottish Parliament to urge the Scottish Government to conduct an immediate review into the provision of insulin pump therapy (CSII) in Scotland in order to address the low and inequitable access across the country.

In relation to the request to the Scottish Government I would like to offer the following comments.

With reference to CEL 4 (2012) please provide a list of the Boards' appointed senior members who are taking this work forward.

This information was provided by NHS Boards in response to CEL 4 (2012) and is contained in the table below:

NHS Board	Contact	Title
NHS Ayrshire and	Liz Moore	Health Care Director Integrated Care &
Arran		Emergency Services
NHS Borders	Ross Cameron	Medical Director
NHS Dumfries and	Angus	Medical Director and Caldicott Guardian
Galloway	Cameron	
NHS Fife	Brian	Medical Director
	Montgomery	
NHS Forth Valley	lain Wallace	Medical Director and Caldicott Guardian
NHS Grampian	Pauline	Chief Operating Officer
	Strachan	
NHS Greater Glasgow	Catriona	Director Corporate Planning and Policy







and Clyde	Renfrew	
NHS Highland	lan Bashford	Medical Director
NHS Lanarkshire	Alan Lawrie	CHP Director South Lanarkshire
NHS Lothian	Jackie Sansbury	Chief Operating Officer
NHS Orkney	Marthinus Roos	Medical Director and Caldicott Guardian
NHS Shetland	Kerry Russell	Assistant Director Of Clinical Services
NHS Tayside	Caroline Selkirk	Deputy Chief Executive
NHS Western Isles	James Ward	Medical Director

By what dates should Boards have their action plans in place?

CEL 4 (2012) made it clear to all NHS Boards that they are expected to take <u>immediate</u> steps to realise our ambition of tripling the number of pumps available to people of all ages with diabetes over the next three years.

The CEL indicated that Board's plans should directly address capacity, infrastructure, staff resources and training risks and that their diabetes services are appropriately supported to ensure that they can implement the plan in full.

The Scottish Diabetes Group considered Boards' action plans at it's meeting on the 29th March 2012, and will provide feedback on the plans to NHS Boards so that they can be appropriately revised. Diabetes UK Scotland, as a member of the Scottish Diabetes Group, has also been provided with copies of the Board's action plans.

There will be a necessary period of transition for NHS Boards as services are redesigned and embedded working practices changed with the aim of achieving higher quality and more effective insulin pump services.

As such we expect NHS Board's action plans to be a starting point – rather than end point. Boards and their diabetes services will need to reflect on local progress on a regular basis and ensure that the focus is maintained on delivering pumps to 25 per cent of young people with type 1 diabetes by 2013, as well as almost tripling the amount of pumps available to people of all ages with diabetes in the next three years. The Scottish Diabetes Group will closely monitor progress with this commitment through the mechanisms set out within CEL 4 (2012).

Will the Scottish Government make the plans available to the Committee?

Diabetes UK Scotland, as a member of the Scottish Diabetes Group, has been provided with copies of the Board's action plans.

NHS Boards will be expected to revise their action plans to reflect the comments from the Scottish Diabetes Group before sharing their plans with the Scottish Diabetes Group and other Boards.

If the Committee wishes, we could share the action plans at that point. It is worth emphasising that it is our intention to firmly focus on monitoring the key outcomes with increasing equitable access to insulin pumps, rather than micro-managing the process.







These plans will then be published on our Diabetes in Scotland website to ensure complete transparency around NHS Boards plans for delivering the commitment as set out in the CEL 4 (2012).

I hope the information in this letter, the terms of which have been cleared with the Minister for Public Health, is of assistance to the Committee in its further consideration of the Petition.

Yours sincerely,

TOM PILCHER





