PE1404/M

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

20 December 2012

Dear Ms Peat,

CONSIDERATION OF PETITION PE1404 – INSULIN PUMP THERAPY

Thank you for your letter of 28 November 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.

Is there any sanction if a health board does not meet its target?

Since the Chief Executive Letter 04 (2012) was issued in February 2012, we have expected boards to proactively manage its implementation and for diabetes services to respond ambitiously.

All boards now have robust action plans which address capacity, infrastructure, staff resources and training risks to ensure that that their diabetes services are appropriately supported to ensure that they can focus on meeting the insulin pump targets set out in the CEL.

NHS Boards and Scottish Government continually monitor on an ongoing basis, progress toward meeting the targets and have regular dialogue about delivery. In the event that a board fails to meet the target this could trigger increased targeted support to help ensure delivery.

What support will be provided to health boards that do not meet their targets?

We have already asked <u>all</u> boards to provide details of any further support that is needed to help meet the commitment.

The Chief Executive Letter CEL 4 (2012), published in February 2012, sets out our approach for supporting an increase in access to insulin pump therapy for people of all ages with type 1 diabetes. The CEL is available at: <u>http://www.sehd.scot.nhs.uk/mels/CEL2012_04.pdf</u>.

In order to support NHS Boards, the Scottish Government:

- has made over £2.5m worth of insulin pumps and consumables available to NHS Boards;
- will be supporting a national insulin pump education day for diabetes staff.

We have also asked our Lead Clinician on Diabetes and our Diabetes Action Plan Coordinator, to visit boards to offer further support and advice to local services, with a view to supporting them meet the targets.

Is there a central purchasing mechanism for insulin pumps?

NHS boards are routinely responsible for purchasing insulin pumps and the associated consumables through the procurement framework for insulin pumps provided by NHS Scotland's National Procurement. National Procurement continues to work closely with all boards to ensure that purchasing decisions are made cognisant of the options available and the specific requirements of the Board.

In 2012, the Scottish Government made a single purchase of £2.5 million worth of insulin pumps and the associated consumables to support boards in the implementation of the insulin pump commitment. We are in ongoing communications with boards to identify any areas that may benefit from additional funding for insulin pumps.

If a patient has been clinically assessed as being suitable for a pump, are there any circumstances in which a patient would be expected to self-fund?

We expect NHS boards to make insulin pumps available all to eligible patients by obtaining pumps through NHS Scotland's National Procurement Framework.

If a patient wishes, based on non-clinical reasons, to have a specific make or model of insulin pump which is not available on the Framework then it may be appropriate for the individual to self-fund in those circumstances.

We encourage patients to discuss this fully with the diabetes team responsible for their care to identify the insulin pump best suited to their personal circumstances.

It is worth noting that it is encouraging that some boards have already been able to significantly expand their paediatric pump services and increase insulin pump provision, particularly in areas when a paediatric pump service did not exist previously. However, we recognise there is still much work to be done and we remain committed to working with boards to support them in meeting the insulin pump commitment.

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,

RACHAEL DUNK

Unit Head, Clinical Priorities