

PE1619/D

Scottish Government submission of 4 July 2017

I refer to your letter of 15 May 2017, seeking further information in relation to our written response to petition PE1619 to the Public Petitions Committee dated 31 March 2017.

The Committee noted the Scottish Government commitment to provide £10 million over the course of this Parliament to increase NHS Scotland's provision of insulin pumps for adults and continuous glucose monitoring (CGM) devices for those with the greatest clinical need.

The Committee is now asking the Scottish Government to provide an update on how the £10 million funding will be allocated to the NHS Boards and what proportion of this funding will be given to each of these devices.

The first instalment of £2 million of the Scottish Government's funding will be allocated to NHS Boards in 2017/18. Future allocation of funding will be determined year on year in line with the budget process.

[DL 2017 13](#) outlines the details on how the 2017/18 funding will be allocated to NHS Boards
See **Annex 1**

Annex 1

Additional Funding for CGMs and Adult Insulin Pumps 2017-18

Summary

On 7 December 2016, the First Minister announced £10m of additional funding over the course of this Parliament, to support increased provision of technology for people living with type 1 diabetes. This funding is being made available to further increase the number of adults accessing insulin pump therapy and to substantially increase availability of Continuous Glucose Monitor devices (CGMs) for people in all age groups and ensure equity of access across Scotland. Under the commitment made in Programme for Government (2016) the first instalment of £2m is to be allocated to NHS Boards in financial year 2017/18, with the intention that funded adult insulin pumps and CGMs be in place within the financial year.

Background

We have continued to monitor the provision of insulin pump therapy following the Ministerial commitment made in February 2012 (CEL 4 – 2012) and commend the progress that has been made by NHS Boards in achieving and in most areas exceeding the commitment, particularly for young people. Building on this progress we now need to ensure that increased levels of provision of insulin pumps are available for the adult type 1 population.

In addition, there is now a strong evidence base for the clinical benefits of CGM. Access to CGM is significantly lower in Scotland than is indicated by clinical guidance and consequently this new funding aims to support NHS Boards in developing services for CGM provision towards embedding this technology into clinical practice.

The funding to each NHS Board has been allocated taking into account a number of factors including the number of individuals with type 1 diabetes in each NHS Board area, current levels of provision of adult insulin pumps and CGMs, equity of access and the requirement to reduce the gap between the lowest and highest levels of provision, levels of local investment, comments made by MCNs in discussion about pump services and capacity to provide CGM services across Scotland.

Consequently the funding and support being made available in 2017/18 will ensure a level of provision of insulin pumps of at least 8% of type 1 adults (age 18 and over) in every NHS Board in Scotland and more than double the number of CGM in total across Scotland through provision of 111 CGM devices.

Annex A

to this letter sets out the requirements and funding being allocated to each NHS Board, as approved by Cabinet Secretary for Health and Sport.

Insulin Pumps

The funding calculation for insulin pump provision for 2017/18 (as year one) includes the additional cost to initiate a new user with a pump (i.e. cost of the starter pack - insulin pump + one year of consumables). Funding is not only for the devices themselves, but includes an element for staff and patient education training costs. Funding will be allocated to NHS Boards for local procurement under the NHS procurement framework in place at the time of purchase.

Continuous Glucose Monitoring devices

Last year, the Scottish Diabetes Group (SDG) agreed a national approach to CGM, and suggested that approximately 111 new CGMs (for all ages) should be centrally funded in 2017/18. Central funding of CGM has been agreed in line with the recommendations of the SDG.

The Type 1 Diabetes subgroup of the SDG has reviewed the national approach to CGM to ensure that the groups with the greatest clinical need (the <5s and those with severe hypoglycaemia) remain the most critical.

The following guidance has been produced to help identify those patients who should be prioritised in 2017/2018:

We consider the following groups to be of highest priority for commencement of sensor-augmented pump therapy:

- Frequent severe hypoglycaemia.
- Impaired awareness of hypoglycaemia with adverse consequences (particularly complete loss of hypoglycaemia awareness).
- Inability to recognise or communicate symptoms of hypoglycaemia.

It is important to recognise that these initial criteria are for the 2017/18 central funding and are not an exhaustive list of the clinical indications for CGM. The Scottish Diabetes Group fully endorses NICE Diagnostic Guidance ([DG21](#)), February 2016 and SIGN [Guideline 116](#) and would encourage all health boards to allocate local funding to support implementation of CGM in qualifying patient cohorts.

Monitoring

In delivering the additional adult insulin pumps and CGMs, NHS Boards are advised that:

1. Ministers have requested a quarterly update on progress, in line with the MCNs' Quarterly Reporting timetable;
2. NHS Boards should ensure that appropriate resources are in place, and we encourage co-operation with neighbouring NHS Boards to maximise service availability, share best practice and consider where joint working can be achieved for example in the delivery of structured education courses;
3. Paediatric pump provision should at least be maintained at current levels, and increased by NHS Boards with the lowest rates of provision;
4. Funding has been made available for a national part-time CGM diabetes specialist nurse to advise and support NHS Boards in establishing and expanding their CGM service;
5. This funding is not for replacement equipment for patients currently receiving an NHS funded insulin pump or CGM.

Future Funding

As noted we will continue to work closely with Diabetes MCNs over the course of the year to monitor progress against delivery aims and develop with them implementation plans for the next rounds of funding.

The balance between CGMs and adult insulin pumps will shift in future years funding, with an increased emphasis on CGMs.

Funding provided in each of the consecutive years from 2018/19 will include allocation to maintain the new insulin pump and CGM users providing the costs of on-going insulin pump consumables and CGM sensors.

Action

I would ask Chief Executives to bring this letter to the attention of all appropriate staff to ensure that this Ministerial priority is met.

Annex A

Funding allocations and expected level of provision of CGMs (for all ages) and insulin pumps for adults

NHS Board	Funded CGM (2017/18)	Funded adult Insulin Pumps (2017/18)	Total Additional Funding (2017/18)
Ayrshire & Arran	7	45	£147,805
Borders	2	12	£39,896
Dumfries and Galloway	4	10	£41,670
Fife	10	40	£145,020
Forth Valley	4	40	£123,360
Greater Glasgow and Clyde	15	125	£394,525
Grampian	10	65	£213,095
Highland	20	25	£140,275
Lanarkshire	15	80	£271,990
Lothian	12	80	£261,160
Orkney	3	2	£16,276
Shetland	3	5	£24,445
Tayside	5	45	£140,585
Western Isles	1	5	£17,225
Total	111	579	£1,977,327