

Thank you for the opportunity to attend the Public Petition Committee on 24 January 2019.

In this letter, I would like to provide more information about some of the issues we discussed at the meeting.

FreeStyle Libre® flash glucose monitoring device.

I am very pleased that, further to the publication of the advice statement of the Scottish Health Technology Group (SHTG) on 13th July 2018, FreeStyle Libre® is now included in the local formulary of all the NHS Boards making the device available on prescription across Scotland.

The decision to prescribe FreeStyle Libre® is for the diabetes clinical team responsible for the patient's care, in line with guidance, in consultation with the individual and based on their circumstances.

In keeping with the SHTG's advice statement, the use of FreeStyle Libre® needs to be supported by a locally delivered flash glucose monitoring education session. This is happening across NHS Boards in a phased and controlled manner, ensuring that patients know how to use the device.

With regard to funding for FreeStyle Libre®, I expect NHS Boards to manage the cost of prescribing FreeStyle Libre® from the resources allocated to them, taking into consideration the savings from less blood glucose finger pricking test strips being prescribed and the long term clinical benefits of better blood glucose control.

The SHTG recognises that there is a small number of published cost analyses and cost effectiveness analyses for FreeStyle Libre®, and longer term data are not currently available to inform comprehensive modelling of long term treatment effects.

As clinical teams across Scotland gather information on the long term use of FreeStyle Libre® more information will become available highlighting new evidence that can be further considered by the SHTG.

Continuous Glucose Monitors (CGMs)

Continuous Glucose Monitors (CGMs) are different from flash glucose monitors such as FreeStyle Libre®.

In July 2016 new strong clinical evidence demonstrated that CGMs have a positive impact for a small cohort of patients with frequent and or severe hypoglycaemia, improving glycaemic control, reducing hypoglycaemic episodes and emergency hospital admission.

A report from the National Institute for Health and Clinical Excellence (NICE) "Cost impact and commissioning assessment for diabetes in adults" highlighted that depending on severity, the costs of individual emergency diabetes-related admissions for hypo or hyper events is an average of £1,000.

This is why, in December 2016, the First Minister announced £10 million of additional funding over the course of this Parliament to further increase the number of adults accessing insulin pump therapy and to substantially increase availability of CGMs for people in all age groups.

Importantly, we have also provided funding for a part-time Diabetes Specialist Nurse to help promote the adoption of CGM technology.

This specialist support is helping ensure that clinical teams across Scotland have the appropriate skills and training in place to safely and effectively deliver this important technology.

The additional funding 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. Other factors include levels of local investment and the views of diabetes Managed Clinical Networks about pump services and the capacity to provide CGM services across Scotland.

As I said at the meeting, further funding is planned for 2019/20.

We have been very clear in our communications with NHS Boards, that this Government's funding is in addition to, and not a replacement for, local diabetes technology budgets, and we expect them to continue to plan and budget to ensure that clinically appropriate levels of provision are achieved and maintained, with these technologies embedded into care and treatment pathways.

Additional Funding: VAT

The additional funding allocated to the NHS Boards to increase the numbers of insulin pumps for adults and CGMs, does not specifically include VAT.

As Professor Leitch explained in his letter of 8th August 2018 to the Committee, there are a range of insulin pumps and CGMs available, and clinicians, in consultation with the patient, decide which one is most appropriate based on the individual's circumstances and treatment.

Different models have different prices and, in some instances, there is a considerable cost difference. For this reason, we decided that the best approach was to calculate the funding based on an average price for the technology.

It is also important to note that, in calculating the average price, we have not deducted the savings associated with the benefits that these technologies bring, such as:

- reduction of hospital admissions for severe hypoglycaemia;
- decrease in the number of blood glucose finger stick tests for CGM users;
- long term benefits of good diabetes management in relation to reduced complications.

SIGN and clinical guidance for new technology

The Scottish Intercollegiate Guidelines Network (SIGN) has an important role in Scotland. At the meeting I undertook to provide more information about the way SIGN works. I will write to the Committee on this subject in due course.

In addition, the SHTG has a key role in the context of new technologies. As we have seen in the case of FreeStyle Libre[®], this group provides NHS Boards with advice on clinical and cost effectiveness of existing and new technologies likely to have significant implications for patient care in Scotland.

We must also consider the important role of the Managed Clinical Networks from across Scotland who meet regularly to exchange information and share good practice.

SCI Diabetes

SCI-Diabetes has an international reputation as an exemplar of a disease-specific comprehensive electronic patient record. It is the most complete and comprehensive National disease register and database of a major long-term condition in the world.

The quantity and quality of data contained in SCI-Diabetes provides comprehensive clinical data to clinicians at point of care.

In response to the point raised by Mr Torrance, all NHS Boards in Scotland are linked to SCI Diabetes. I am advised that, at this time, there are no issues with the recording of Insulin Pumps and CGMs.

As the evidence-base and technological advances for diabetes care are continually moving, the SCI-Diabetes System and its development team responds and adapts to this changing landscape.

I hope the above will reassure the Committee that the Scottish Government welcomes any advance in technology and that we are committed to ensuring clear evidence around safety whilst being mindful of clinical and cost effectiveness.