

## Lancashire and South Cumbria Clinical Commissioning Groups Commissioning Policy Reviews

<b>Supply of Insulin Pumps Public Engagement Outcomes</b>			
<b>When the public engagement took place</b>	Start date	End date	Duration
	14 May 2018	29 June 2018	6 weeks
<b>Number of survey respondents – electronic or on paper</b>	<b>Total</b>	<b>By gender</b>	<b>By disability</b>
	<b>51</b>	Female: 55% Male:45%	No disability: 69% Disability: 18% Prefer not to say: 12%
	<b>By sexual orientation</b>	<b>By ethnicity</b>	
	Heterosexual: 94% Gay/Lesbian: 2% Bisexual: 2% Prefer not to say: 2%	White British: 98% Asian ethnicity: 0% Other: 2%	Mixed ethnicity: 0% Black ethnicity: 0%
<b>Number of people seen face-to-face</b>	At dedicated focus group sessions		
	20		
<b>Survey question response rates from patients and members of the public</b>	Over 92% of respondents read the insulin pumps policy before completing the survey	Over 51% of those who responded were Type 1 diabetics and over 59% were on insulin	72.5% of survey respondents struggled to manage or control their blood sugar levels at least sometimes.
	76.5% agreed with the criteria for the supply of insulin pumps to adults and children 12 and over and 74.5% with the criteria for children under 12 years of age.		
<b>Key issues/themes raised by patients and members of the public</b>	All Type 1 diabetics should be given the option of using an insulin pump.		
	That targets were too prescriptive and that those who would normally meet the criteria (for adults) if they had not funded the insulin pump themselves, would be excluded.		
	Parents and carers were unhappy that children/teenagers should be forced to undertake multiple daily injections (MDI); concern that people (adults and children) who are stable and managing well with an insulin pump will not remain so if this is removed.		
	People felt Type 2 and Type 3 diabetics should be included.		

<b>Responses to key issues/themes raised during public engagement</b>	If a patient can successfully manage their blood sugar levels and sustain this without the need for an insulin pump, then there is no clinical gain in prescribing the pump in these cases. Limited resources need to be channelled to those who would most benefit from the treatment.
	All targets are agreed by the responsible specialist clinician; CCGs will not fund treatment commenced in the private sector unless the treatment would normally be provided within standard NHS treatment pathways and unless the patient satisfies the eligibility criteria in any relevant CCG policy
	A trial of multiple daily injections (MDI) of insulin between the ages of 12 and 18 years is in line with NICE TA151, which is mandatory guidance to health services.
	The inclusion of Type 2 diabetics is against NICE guidance.
<b>Key changes to the policy following public engagement (if applicable)</b>	The policy wording was amended to allow specialist diabetes clinicians to make judgments about the appropriateness of MDI trails.
	Other non-Type 2 diabetics added to the policy and the policy amended to take account of patients who can demonstrate competence without having attended a DAFNE course.
	The policy was amended to clarify that privately funded patients (patient who self-fund) would only be entitled to NHS funding for the continuation of treatment if they would have met the initiation criteria when they first self-funded and they meet the continuation criteria.
<b>Policy ratified on 5 October 2018 and can be found on all CCG websites</b>	