

NHS funding for insulin pumps

John Davis, who runs the pump support group INPUT, looks at the current funding situation in Britain

Following the publication of [NICE Technology Appraisal Guidance No. 57 \(Insulin Pump Therapy\)](#) on 26th February 2003, there are now no major funding issues for pump therapy in England and Wales. Scotland still have yet to make a decision.

NICE Guidance No.57. "Continuous Subcutaneous Insulin Infusion (CSII or 'insulin pump therapy') is recommended as an option for people with Type 1 diabetes provided that:

- Multiple-dose insulin (MDI) therapy (including, where appropriate, the use of insulin glargine) has failed; and
- Those receiving the treatment have the commitment and competence to use the therapy effectively.

It is important to note the words "where appropriate", it is not a requirement that patients should have used insulin glargine before they start pump therapy.

People for whom MDI therapy has failed are considered to be those for whom it has been impossible to maintain a haemoglobin A1c level no greater than 7.5% (or 6.5% in the presence of microalbuminuria or adverse features of the metabolic syndrome) without disabling hypoglycaemia occurring, despite a high level of self care of their diabetes. 'Disabling hypoglycaemia', for the purpose of the guidance, means the repeated and unpredictable occurrence of hypoglycaemia requiring third-party assistance that results in continuing anxiety about recurrence and is associated with significant adverse affect on quality of life.

As long as the persons with Type 1 diabetes meet the above criteria, PCTs will not be able to refuse making this treatment available on grounds of cost. PCTs not only have to take NICE guidance into account. They have a statutory obligation to provide funding for NICE recommended treatment where this is considered appropriate by the clinician and patient. However, the decision to recommend a particular form of medical treatment over any alternatives is ultimately a clinical one.

The Final Directions from the Department of Health require PCTs and NHS Trusts to provide funding "to ensure that a health care intervention that is recommended by NICE in a Technology Appraisal is normally available:

- a. to be prescribed for any patient on a prescription form for the purpose of his NHS treatment; or
- b. to be supplied or administered to any patient for the purpose of NHS treatment"

This means that if patients meet the NICE criteria of repeated unpredictable hypoglycaemia, they will be funded by their PCT or NHS Trust. The necessary funding has been provided to PCTs for all patients to receive NICE approved treatments covered by the funding Direction. This includes the money to employ appropriately trained staff and precludes the need for "capping". The final decision for funding rests with the consultant regarding whether or not the patient should be treated in line with NICE recommendations. Once this decision has been made the PCT should release the necessary funds.

The Secretary of State expects patients treated under the criteria in the NICE guidance to have their therapy funded by the PCT/Trust. He would be interested to hear of any instances where this has not happened since March 2004, when the Direction came into force. Contact us if this applies to you.

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