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NHS Evidence has accredited the process used by NICE to produce
guides for commissioners. Accreditation is valid for 5 years from November
2011 and applies to guidance produced since November 2008 using the
processes described in ‘Process manual for developing guides from NICE
for commissioners: Information for internal NICE teams’ (2011). More
information on accreditation can be viewed at www.evidence.nhs.uk
Insulin pump therapy service

This commissioning guide provides support for the local implementation of NICE guidance through commissioning, and is a resource to help health professionals in England to commission an effective insulin pump therapy service.

This commissioning guide should be read in conjunction with the following NICE guidance:

- **NICE technology appraisal TA151. Continuous subcutaneous insulin infusion for the treatment of diabetes mellitus.**
- **NICE quality standard for diabetes in adults**
  http://www.nice.org.uk/guidance/qualitystandards/diabetesinadults/diabetesinadultsqualitystandard.jsp

Core standard C5 in *Standards for better health* states that healthcare organisations should ensure they conform to NICE technology appraisals. Since January 2002, the NHS in England and Wales has been legally obliged to provide funding and resources for medicines and treatments that have been recommended by NICE technology appraisals within 3 months of publication of the guidance, unless otherwise instructed by the Secretary of State.

This NICE guidance covers clinical and cost effectiveness in detail and underpins the content of this guide. Implementation of the guidance noted above is the responsibility of local commissioners and/or providers. Commissioners and providers are reminded that it is their responsibility to implement this guidance, in their local context, in light of their duties to avoid unlawful discrimination and to have regard to promoting equality of opportunity. Nothing in the guidance should be interpreted in a way which would be inconsistent with compliance with those duties.

The guide:

- makes the case for commissioning an insulin pump therapy service
- specifies service requirements helps you determine local service levels
- helps you ensure corporate and quality assurance.

The full text of this commissioning guide can be downloaded or accessed from the navigation menu on the right hand side of the screen. Download the openly available commissioning and benchmarking tool, there is no need to register.

We are keen to improve the commissioning guides in order to better meet the needs of commissioners. Please send us your ideas for future topic-specific guides or other comments.

Read the NICE disclaimer for information on the use and accuracy of content on the NICE website.
- **Topic-specific Advisory Group: insulin pump therapy service**
  February 2009 updated March 2012
Commissioning an insulin pump therapy service

**NICE technology appraisal TA151 on insulin pump therapy** recommends continuous subcutaneous insulin infusion (CSII or 'insulin pump') as a clinically and cost-effective treatment option for adults and children 12 years and older with type 1 diabetes mellitus, where certain criteria are met. In relation to insulin therapy the NICE quality standard for diabetes in adults includes the following statement:

Trained healthcare professionals initiate and manage therapy with insulin within a structured programme that includes dose titration by the person with diabetes (statement 7, NICE quality standard for diabetes in adults).

Type 1 diabetes mellitus is a long-term condition that requires lifelong treatment with insulin. The estimated prevalence in 2007/08 in England was 0.45% (approximately 225,000 people). The incidence has been increasing over time, with the greatest increase in children younger than 5 years.

Insulin pump therapy makes use of an external pump that delivers insulin continuously from a refillable storage reservoir by means of a cannula placed under the skin. The pump can be programmed to deliver a basal rate of insulin throughout the day, with higher infusion rates triggered by the push of a button at meal times. An illustration of an insulin pump in use can be viewed below.

Insulin pump services: report of the Insulin Pumps Working Group indicates that current access and provision of insulin pump therapy is variable across England and that the estimated uptake is lower than elsewhere in Europe. **NICE technology appraisal TA151 on insulin pump therapy** was published in July 2008, and primary care trusts had a statutory obligation to provide funding for insulin pumps within 3 months of the guidance being published.

Diabetes mellitus can cause short-term and long-term complications. Short-term complications include low blood glucose levels (hypoglycaemia) caused by treatment. Severe hypoglycaemia can cause convulsions, coma and, very occasionally, death. In children, especially those younger than 5 years, severe hypoglycaemia can cause long-term cognitive impairment. Insulin pump therapy yields quality of life benefits, such as flexibility, autonomy, and improved sleep and socialisation.
The long-term microvascular and macrovascular complications of chronically elevated blood glucose levels include retinopathy and blindness, nephropathy and renal failure, ischaemic heart disease, stroke, neuropathy, and foot ulceration and amputation. When used appropriately insulin pumps have the potential to be cost effective because of the avoidance of some of these long-term complications of diabetes.

**Benefits**

The potential benefits of robustly commissioning an effective insulin pump therapy service include:

- **Reducing inequalities** by improving access to insulin pump therapy
- **Increasing patient choice**, and improving partnership working, patient experience and engagement
- **Improving quality of life** for people with type 1 diabetes
- **Enhancing ability to self-care**
- **Reducing the frequency and severity of hypoglycaemic episodes** and thereby fear of their reoccurrence
- **Increasing the proportion of patients** who achieve good glucose control and achieving a target HbA1c in line with [NICE clinical guideline CG15 on type 1 diabetes](#)
- **Reducing risk of long-term** diabetes complications by achieving good control of blood glucose
- **Improving performance and patient-centred clinical care** through implementing the recommendations outlined in [NICE technology appraisal TA151 on insulin pump therapy](#).

**Key clinical issues**

Key clinical issues in providing an effective insulin pump therapy service are:

- **Ensuring the specialist team are competent** to provide insulin pump education to patients and their carers
- **Accurately identifying all people** who meet the criteria for insulin pump therapy outlined in [NICE technology appraisal TA151 on insulin pump therapy](#)
- **Ensuring that appropriate** referral pathways are in place
- **Ensuring that the service is integrated into the local model of care** for people with type 1 diabetes
- **Ensuring that people know who to contact in an emergency** for both clinical and technology assistance
- **Providing a seamless transition** for young people moving from paediatric to adult services
• **providing a quality assured service.**

**National priorities**

National priorities and initiatives relevant to commissioning an insulin pump therapy service include:

• NHS Outcomes Framework 2012/13
• Public Health Outcomes Framework
• The NHS in England: The operating framework for 2012/13
• Liberating the NHS: legislative framework and next steps
• National service framework for diabetes and associated delivery strategy.
• Six years on: delivering the Diabetes National Service Framework
• Quality, innovation prevention and productivity (QIPP)
• Using the Commissioning for Quality and Innovation (CQUIN) payment framework – a summary guide
• Implementation of NICE clinical and public health guidelines. These are core standards, and performance against these standards will be assessed by the Care Quality Commission in line with ‘Standards for better health’.

Although many or all of these priorities may be relevant to the services nationally, your local service redesign may address only one or two of them.
Specifying an insulin pump therapy service

Service components

The key components of developing a high-quality insulin pump therapy service are:

- identifying people suitable for insulin pump therapy
- ensuring appropriate composition of the specialist team
- monitoring and supporting patients using insulin pumps
- developing a high-quality insulin pump therapy service.

Identifying people suitable for insulin pump therapy

NICE technology appraisal TA151 on insulin pump therapy states that continuous subcutaneous insulin pump therapy is recommended as a treatment option for adults and children 12 years and older with type 1 diabetes mellitus provided that:

- Attempts to achieve target haemoglobin A1c (HbA1c) levels with multiple daily injections (MDIs) result in the person experiencing disabling hypoglycaemia. NICE guidance defines disabling hypoglycaemia as the repeated and unpredictable occurrence of hypoglycaemia that results in persistent anxiety about recurrence and is associated with a significant adverse effect on quality of life.

or

- HbA1c levels have remained high (that is, at 8.5% or above) on MDI therapy (including, if appropriate, the use of long-acting insulin analogues) despite a high level of care.

Insulin pump therapy is recommended as a treatment option for children younger than 12 years with type 1 diabetes mellitus provided that:

- MDI therapy is considered to be impractical or inappropriate, and
- children on insulin pumps would be expected to undergo a trial of MDI therapy between the ages of 12 and 18 years.

Insulin pump therapy is not recommended for the treatment of people with type 2 diabetes mellitus.

Ensuring appropriate composition of the specialist team

NICE technology appraisal TA151 on insulin pump therapy recommends that insulin pump therapy be initiated only by a trained specialist team, which should normally comprise a physician with a specialist interest in insulin pump therapy, a diabetes specialist nurse and a dietitian.
The topic-specific advisory group suggests that commissioners may wish to ensure that patients who may benefit from insulin pump therapy are referred to a centre with:

- a physician, nurse and dietitian who are specialised in insulin pump therapy and have received appropriate training to deliver a high quality insulin pump therapy service
- practitioners who have knowledge of and competence with different insulin pump devices.

**Monitoring and supporting patients using insulin pumps**

*NICE technology appraisal TA151 on insulin pump therapy* states that following initiation in adults and children 12 years and older, insulin pump therapy should only be continued if it results in a sustained improvement in glycaemic control, evidenced by a fall in HbA1c levels, or a sustained decrease in the rate of hypoglycaemic episodes. Appropriate targets for such improvements should be set by the responsible physician, in discussion with the person receiving the treatment or their carer. Also, children on insulin pumps would be expected to undergo a trial of MDI therapy between the ages of 12 and 18 years. Therefore commissioners may wish to ensure there is a mechanism in place to support the assessment of the trials of MDI therapy.

**Developing a high-quality insulin pump therapy service**

NICE guidance makes a number of recommendations that refer to patient education for people with type I diabetes. *NICE technology appraisal TA151 on insulin pump therapy* recommends that specialist teams should provide structured education programmes and advice on diet, lifestyle and exercise appropriate for people using insulin pumps.

*NICE clinical guideline CG15 on type 1 diabetes* recommends that:

- children and young people with type 1 diabetes and their families should be offered timely and on-going opportunities to access information about the development, management and effects of type 1 diabetes
- the method of delivering education and content will depend on the individual and should be appropriate for the child’s or young person’s age, maturity, culture, wishes and existing knowledge within the family.

*NICE technology appraisal TA60 on diabetes (type 1 and 2) patient education models* recommends that structured patient education is made available to all people with diabetes at the time of initial diagnosis and then as required on an ongoing basis, based on a formal, regular assessment of need. The appraisal considers that the Dose Adjustment for Normal Eating (DAFNE) programme may be a suitable option for individuals with type 1 diabetes, being one means of enabling people to self-manage this condition.
The **Structured patient education in diabetes – report from the Patient Education Working Group** has examples of how local services are adapting the DAFNE programme while considering a range of issues to ensure that their education programmes meet the key criteria. The key criteria include health professional training, quality assurance and learning needs assessment.

As identified in **Insulin pump services: report of the Insulin Pumps Working Group** commissioners may wish to consider delivering an insulin pump therapy service using a model of shared care between a hospital physician with a specialist interest in insulin pumps and a diabetes specialist nurse. The service could be based in the community or the hospital and should consider how to provide 24 hour patient access to clinical and technical support. Commissioners will need to consider how best to provide an efficient model to deliver services, which may include novel ways of working — for example, networks of care across a geographical area.

Local stakeholders, including Local Education Authorities, Children’s Trusts, service users and carers, should be involved in determining what is needed from an insulin pump therapy service in order to meet local needs. The service should be patient-centred and integrated with other elements of care for people with diabetes.

The service specification needs to consider:

- the required competencies of, and training for, staff responsible for providing the service
- the expected number of patients (this should take into account how quickly any changes in service provision are likely to take place)
- ease of access and service location; commissioners should engage with service users and other relevant individuals and organisations locally
- care and referral pathways
- information and audit requirements, including IT support and infrastructure
- planned service improvement, including redesign, quality and equitable access
- service monitoring criteria.

Useful sources of information may include:

- The **NICE Pathway for diabetes care** provides an information resource which visually organises NICE recommendations about diabetes management.
- The **NICE Quality Standard for Diabetes in adults** is a set of specific, concise statements which sets out high quality, cost-effective diabetes care.
• The **NHS networks: learning from practice** database offers examples of innovative commissioning across the NHS and its partners.

• The **NICE shared learning database** offers examples of how organisations have implemented NICE guidance locally, including an example of an insulin pump service.

• **Self-care connect** provides commissioning tools to promote self-care.

• The Department of Health **diabetes commissioning toolkit** describes how to carry out a health needs assessment for a local diabetes population and provides a generic specification for diabetes care; signposting recognised quality markers and suggesting key outcomes for the service.

• **Care planning in diabetes** and **Good care planning for people with long term conditions** provides information on individualised care planning.
Determining local service levels for an insulin pump therapy service

Benchmarks for a standard population

Available data suggest that the standard benchmark rate for the uptake of insulin pump therapy is 12.4% of people with type 1 diabetes, which equates to 0.053% of the England population or 53 per 100,000 population.

This assumes an uptake of insulin pump therapy of

- 33% of type 1 diabetes population aged under 12 years of age, which equates to 0.03% or 33 per 100,000 population.
- 12% of type 1 diabetes population aged 12 years or over, which equates to 0.06% or 60 per 100,000 population.

Examine the assumptions used in estimating these figures

Use the insulin pump therapy service commissioning and benchmarking tool to determine the level of service that might be needed locally and to calculate the cost of commissioning the service using the indicative benchmark and/or your own local data.
Further information

Sources of further information to help you in assessing local health needs and reducing health inequalities include:

- **National Diabetes Information Service (NDIS)**, where you can find a comprehensive range of diabetes data, tools and information via one web portal.
- **NHS Evidence** is a service that enables access to authoritative clinical and non-clinical evidence and best practice through a web-based portal.
- **NHS IC Indicator Portal** website gathers together a number of health and social care indicators.
- **NHS Comparators** provides comparator data for NHS commissioning and provider organisations to enable users to investigate aspects of local activity, costs and outcomes.
- The **Disease management information toolkit (DMIT)** is a good-practice tool for decision-makers, commissioners and deliverers of care for people with long-term conditions.
- **Disease prevalence models** produced by the Association of Public Health Observatories provides primary care trust-level prevalence estimates by topic. (including diabetes)
- **The Diabetes Community Health Profiles** bring together a wide range of data on diabetes in adults into a single source for the purposes of benchmarking. The tool allows you to download a diabetes profile for each PCT in England.
Assumptions used in estimating a population benchmark

The assumptions used in estimating a population benchmark for the uptake of insulin pump therapy of 53 per 100,000 population is based on the following sources of information:

- **current practice** on the proportion of the population with diagnosed type 1 diabetes
- **published research** on the likely uptake of insulin pump therapy.

Current practice

IMS Disease Analyzer is a database that holds data from a sample of GP practice systems\(^1\). The prevalence of diagnosed type 1 diabetes in England in 2010/11 was calculated from this data. The results of the analysis suggests that the prevalence of type 1 diabetes in the population aged younger than 12 years is 0.10\%, and is 0.47\% in the population aged 12 years and older. This equates to a prevalence of type 1 diabetes across all age groups of 0.43\%.

Published research

Access and provision of insulin pump therapy is variable across England and the estimated uptake is lower than elsewhere in Europe\(^2\). The NICE costing template for TA151 on insulin pump therapy suggests that the uptake of insulin pump therapy in the population aged younger than 12 years with type 1 diabetes could be between 15\% and 50\% (a midpoint of 33\% has been

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\(^1\) IMS collects data from a sample of GP practice systems. Around 100 are currently delivering data and the database has about 2.7 million patient records, almost 1 million of which were registered for the whole of the study year. These records are anonymised and are available for analysis via a tool called Disease Analyser. The sample includes practices from England, Wales, Scotland and Northern Ireland and has a representative UK sample by age and sex. Disease Analyser data have been collected from a stable panel over a period of more than 14 years. The database holds significant clinical events relating to any period in a patient’s life where summarised into computer records by the practice. As in any observational database, data entered by panel doctors may be incomplete.

selected for the benchmark). The uptake of insulin pump therapy in the population aged 12 years and older with type 1 diabetes could be between 8% and 15% (a midpoint of 12% has been selected for the benchmark). This equates to an uptake of insulin pump therapy of between 8% and 16% across all age groups with type 1 diabetes.

The public health observatory Insulin Pump Audit (2009) estimated the use of insulin pumps to be significantly below these figures. The audit reported that of the prevalent population, 8% of children (aged under 18) were using insulin pumps and around 2% of adults (aged 18 years or older) were using insulin pumps. The audit did suggest that the uptake of insulin pumps may be increasing in adults, with many adults having used insulin pumps for less than two years. Of the adults included in the audit, 18% had been using an insulin pump for less than a year. A further 20% have been using an insulin pump for more than one year but less than two years.

**Expert clinical opinion**

The consensus opinion of the topic-specific advisory group was that the benchmark rate provided within this commissioning guide should not be interpreted as a definitive limit on the number of people who are clinically eligible, and likely to take up, insulin pump therapy. Commissioners should ensure that services are operating within NICE criteria so that people who are eligible for insulin pump therapy have access to them.
Conclusions

Based on the information outlined above, it is concluded that benchmark rates for the uptake of insulin pump therapy is:

- Approximately 33% uptake of insulin pump therapy in the population with type 1 diabetes aged younger than 12 years. This equates to around 33 per 100,000 population aged younger than 12 years.
- Approximately 12% uptake of insulin pump therapy in the population with type 1 diabetes aged 12 years and older. This equates to around 60 per 100,000 population aged 12 years and older.

Overall it is calculated that 12.4% uptake of insulin pump therapy in the population of with type 1 diabetes across all age groups. This equates to around 53 per 100,000 across all groups.

The benchmark of 12.4% uptake of insulin pump therapy across all age groups with type 1 diabetes is estimated to be a five- to sixfold increase in the current provision of insulin pump therapy by the NHS in England.

Use the insulin pump therapy service commissioning and benchmarking tool to determine the level of service that might be needed locally and to calculate the cost of commissioning the service using the indicative benchmark and/or your own local data.

Commissioners should use their local needs assessment to determine optimum levels for local service provision. Commissioners should note that the benchmark rates do not represent NICE’s view of desirable, or maximum or minimum, service levels.

Commissioners should use this benchmark and local data to facilitate local discussion on optimum service levels. There is considerable variation in the number of people with diabetes. This is influenced by the social, economic
and demographic profile of the local population, therefore commissioners are encouraged to consider local assumptions.

References

The commissioning and benchmarking tool

**Download the insulin pump therapy service commissioning and benchmarking tool**

Use the insulin pump therapy service commissioning and benchmarking tool to determine the level of service that might be needed locally and to calculate the cost of commissioning the service, as described below

**Identify indicative local service requirements**

The indicative benchmark based on the national average for the uptake of insulin pump therapy is **53 per 100,000 population**.

The commissioning and benchmarking tool helps you to assess local service requirements using the indicative benchmark as a starting point. With knowledge of your local population and its demographic, you can amend the benchmark to better reflect your local circumstances. For example, if your population has a significantly higher or lower rate of type 1 diabetes, you may need to provide services for relatively fewer or more people.

**Review current commissioned activity**

You may already commission an insulin pump therapy service for your population. The tool provides tables that you can populate to help you calculate your current commissioned activity and costs.

**Identify future change in capacity required**

Using the indicative benchmark provided, or your own local benchmark, you can use the commissioning and benchmarking tool to compare the activity that you might need to commission against your current commissioned activity. This will help you to identify the future change in capacity required. Depending on your assessment, your future provision may need to be increased or decreased.

**Model future commissioning intentions and associated costs**

You can use the commissioning and benchmarking tool to calculate the capacity and resources needed to move towards the benchmark level, and to model the required changes over a period of 4 years.

Use the tool to calculate the level and cost of activity you intend to commission and to consider the settings, in which the insulin pump therapy service may be provided, comparing the costs of commissioning the service across the various settings. The tool is pre-populated with data on the potential recurrent and non-recurrent cost elements that may need to be considered in future service planning, which can be reviewed and amended to better reflect your local circumstances.
Commissioning decisions should consider both the clinical and economic viability of the service, and take into account the views of patients, parents and carers. Commissioning plans should also take into account the costs of monitoring the quality of the services commissioned.
Ensuring corporate and quality assurance

Commissioners should ensure that the services they commission represent value for money and offer the best possible outcomes for patients. Commissioners need to set clear specifications for monitoring and assuring quality in the service contract.

Commissioners should ensure that they consider both the clinical and economic viability of the service, and any related services, and take into account the views of patients, parents and carers, and those of other stakeholders when making commissioning decisions.

An insulin pump therapy service needs to:

- be effective and efficient
- be responsive to the needs of people with type 1 diabetes, their parents and carers
- provide treatment and care based on best practice, as defined in NICE clinical guideline CG15 on type 1 diabetes
- deliver the required capacity by providing insulin pump therapy for everyone who meets the criteria in NICE technology appraisal TA151 on insulin pump therapy
- be integrated with other elements of care and services for people with type 1 diabetes
- define agreed criteria for referral, local protocols and the care pathway for people with type 1 diabetes
- be patient-centred and provide equitable access, ensuring that patients are treated with dignity and respect, are fully informed about their care and are able to make decisions about their care in partnership with healthcare professionals
- audit the provision of insulin pumps
- monitor the number of patients on insulin pump therapy
- demonstrate how it meets requirements under equalities legislation.

Local quality assurance

Any mechanisms for quality assurance at a local level are likely to refer to the following.

- Service and performance targets, including estimated activity levels and case mix, waiting and referral-to-treatment times (ensuring that patients, parents and carers do not experience unnecessary delays), complaints procedures.
- Clinical governance arrangements, including incident reporting.
• **Clinical quality criteria**: appropriateness of referral, consenting procedures, clinical protocols and individualised care plan.

• **Audit arrangements**: frequency of reporting, reporting route and format, and dissemination mechanisms; arrangements should include auditing the proportion of eligible people requiring insulin pump therapy who are provided with care, and monitoring of patient outcomes and complications (see [audit criteria for NICE technology appraisal TA151 on insulin pump therapy](#) for further information).

• **Health, safety and security**: infection control, waste management, confidentiality procedures, legislative requirements.

• **Equipment**: testing and calibration of insulin pumps and consumables in line with manufacturer instructions.

• **Accreditation requirements**: for some or all elements of the service, the premises and staff.

• **Patient satisfaction**: patient and carers perspective and perception of service provision, complaints.

• **Patient outcomes**: improved quality of life.

• **Staff competencies**: individual and team baseline requirements, monitoring and performance.

• **Information requirements**, including both patient-specific information (NHS number, referring GP, provision of high-quality information to patients/carers) and service-specific information (referral-to-treatment times, workload trends, number of complaints).

• **The process for reviewing the service with stakeholders**, including decisions on changes necessary to improve or to decommission the service.

• **Achieving targets associated with equalities legislation**.

**Further information**

**General information** on quality and corporate assurance can be obtained from the following sources:

• The [National Patient Safety Agency](#) (NPSA) oversees the implementation of a system to report and learn from adverse events and near misses occurring in the NHS. The publication ‘Seven steps to patient safety’ provides an overview of patient safety and gives updates on the tools that the NPSA is developing to support patient safety across the health service.

• [NHS Alliance online resources](#). NHS Alliance is the representational organisation of primary care and primary care trusts, and provides them with an opportunity to network and exchange best practice. The alliance supports its members with an
open-access helpline, in-house and joint publications and briefings, internal newsletters and a website.

- NHS Institute for Innovation and Improvement support for commissioners, includes the Productive Leader programme to enable leadership teams to reduce waste and variation in personal work processes, and Better care, better value indicators to help inform planning, to inform views on the scale of potential efficiency savings in different aspects of care, and to generate ideas on how to achieve these savings.

- 10 Steps to your SES: a guide to developing a single equality scheme. This guidance has been developed to assist NHS organisations that have a duty, as public authorities, to comply with the race, disability and gender public sector duties, and in anticipation of new duties in relation to age, religion and belief, and sexual orientation.

- NHS Diabetes provides support to healthcare professionals to implement the Diabetes National service Framework standards

Specific information on quality and corporate assurance for an insulin pump therapy service can be obtained from the following sources:

- ‘Better metrics’ is a pragmatic project that provides clinically relevant measures of performance to support the development of measurable local targets and indicators for local quality improvement projects. See metrics for diabetes, notably: NCHOD; 03/04 emergency admissions for diabetic ketoacidosis and coma; 4.03 patient experience and engagement; 4.04 HbA1c effectiveness; 4.05 macro-vascular risk; 4.06 micro-vascular complications; 4.09 patient education and empowerment; 4.10 staff education; 4.11 diabetic emergencies; 4.12 annual review/care planning.

- The Quality and outcomes framework (QOF) is a voluntary quality incentive scheme that rewards general practices for implementing systematic improvements in the quality of patient care.

- Skills for health works with employers and other stakeholders to ensure that those working in the sector are equipped with the right skills to support the development and delivery of healthcare services. See details of the diabetes competence framework, specifically the competencies Diab IPT01 – IPT06 inclusive relating to insulin pump therapy.


- The Diabetes Education Network provides resources to help diabetes teams across the UK provide high quality structured education programmes for people with type I diabetes.
- The Department of Health and Diabetes UK Patient Education Working Group report sets out the requirements for developing a high-quality patient education programme.

- The Diabetes commissioning toolkit describes how to carry out a health needs assessment for a local diabetes population and provides a generic specification for diabetes care; signposting recognised quality markers and suggesting key outcomes for the service.

- Diabetes UK provides a range of resources, education and share examples of current practice.
Topic-specific Advisory Group: insulin pump therapy service

A topic-specific advisory group was established to review and advise on the content of the commissioning guide. This group met once, with additional interaction taking place via email.

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