NICE Technology Assessment Report (TAR) on Continuous Subcutaneous Insulin Infusion (CSII)

Comments from the Department of Health – September 2007

Introduction

The Department welcomes this report, which provides a good update of the research base and the English experience of CSII since the first review.

Access to CSII

Although the evidence base is easier to describe, we feel that the key national issue is to reduce variation in access to CSII. Many of the issues around access were outlined in *Insulin Pump Services*[1] earlier this year; the efforts to enable the purchase of pump supplies centrally and get delivery closer to home, for example (which were highlighted in this report), should provide a practical improvement. We feel that a key access issue however, is information and choice. In our opinion, it is disheartening - and not in keeping with the Diabetes National Service Framework (NSF) - to find so many comments within this TAR regarding clinicians, who do not take a patient-centred approach to discussing the options and supporting patients in their choices.

In an effort to ensure that implementation is more consistent, a number of recommendations were made in *Insulin Pump Services* that will be as relevant to this second HTA and its implementation as they were to the first. In our view, this TAR has provided additional evidence and support on a number of these areas:

- We feel that the availability of CSII should be seen by every commissioner as an essential part of every service for people with Type 1 diabetes. In our opinion, commissioners should aim to procure pump services which are linked – via local pathways and protocols – with all aspects of the Type 1 diabetes service;
- In our opinion, everyone should have had the opportunity to access evidence-based and quality assured patient education to support MDI before being referred for pump therapy (the TAR mentions this throughout the document but not in its final conclusions);
- We feel that ideally, there ought to be a quality assured pump service that is easily accessible to everyone in England. However it acknowledged that initially, this might need to be available on a hub and spoke basis, while local services were supported to improve their skills;
- *Insulin Pump Services* also considered the issue of ‘contracts’ with patients (as discussed on page 181 of the latest report). Like INPUT, we do not support the concept of a contract outlining targets. However, the idea of a

contract based on the realistic explanations and aspirations of the individual might be acceptable. We feel that it would aid discussion at the initiation of pump therapy about realistic explanations, and act as a reminder of that conversation without being binding on either party.

Education

The issue of patient education is mentioned on many occasions in the TAR, and it is noted that many of the responses from enthusiastic pump users are similar to those reported by DAFNE graduates. The potential of DAFNE – or a similar evidence-based and quality assured course – prior to referral for pump therapy in adults is alluded to on a number of occasions, but not addressed specifically in a way that the assessment group will find easy to integrate. The value of a head to head RCT between DAFNE and CSII is mentioned twice, and would be supported by the report's content. Such a trial is currently under development (funding has been awarded to enable the running of a pilot, with the aim of then applying for funding for an RCT).

We feel that the different forms of education are not adequately described, but that reference could be made to HTA 60, the DH/Diabetes UK working group on education and their report[2], and the increasing amount of national and international literature confirming the value of high quality group education, as against one-to-one education. In our view, this is critical for the issue of CSII because most pump centres use one-to-one education without quality assurance (a method subject to some criticism in HTA60).

We feel that the issue of education and support is not adequately discussed in the section on costing. There is an increasing body of evidence that not all group education delivers the same beneficial outcomes. Therefore it is important to cost one with a secure evidence base. There is audit data available from Leicester, which looks at the number of people moving onto pumps following participation in a DAFNE course (regretfully, we are unable to produce this data at the moment, but will forward it when available – within the next few days).

Numbers on CSII

Page 176 of the TAR makes a guess that 5% of people with Type 1 diabetes will go on to CSII. Could you please consider the removal of this statement. As we saw from the previous guidance (which estimated 1-2%), any figures are often seen as a guide rather than a guess, and we feel that this could have an impact on access to CSII without good reason.

May we instead recommend a proper estimate of how many people could realistically benefit from, and move on to, an insulin pump. We feel that this should include the cumulative effect of people staying on pumps over time, to ensure that commissioners allow for this in planning.

[1] *Insulin Pump Services: Report of the Insulin Pumps Working Group*, Department of Health, March 07

[2] *Structured Patient Education in Diabetes: Report from the Patient Education Working Group*, Department of Health, June 05