

PBR excluded - Funding Application for Continuous Subcutaneous Insulin Infusion Pump for Type 1 Diabetes – TA 57 (form updated September 2015)

Patient NHS No.		Name of Hospital:		GP Name:	
Patient Hospital Number:		Consultant Making Request:		GP code / Practice code:	
Patient initials & DoB:		Consultant Contact Details:		GP Post code:	
Please indicate which aspect of NICE guidance applies for this patient			Please tick		<p>Only fully completed forms will be accepted for consideration by the CCG. E-mail address: MECCG.HCD@nhs.net</p> <p>If the answer to any of these questions is NO, a full exceptional circumstances form will need to be completed. This may be obtained from the named contact at the relevant CCG/Trust.</p>
This is an initial funding request – answer all questions except question 7 OR This is a re-approval request – answer questions 7 and 8 only			<input type="checkbox"/> Initial request	<input type="checkbox"/> Re-approval	
1. The patient has type 1 diabetes If the patient is 12 years or over Go to Question 2 If the patient is under 12 years Go to Question 3			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
2. Continuous subcutaneous insulin infusion (CSII or 'insulin pump') therapy is recommended as a treatment option for adults and children 12 years and older with type 1 diabetes mellitus provided that: <ul style="list-style-type: none"> • attempts to achieve target haemoglobin A1c (HbA1c) levels with multiple daily injections (MDIs) result in the person experiencing disabling hypoglycaemia. For the purpose of this guidance, disabling hypoglycaemia is defined 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 <ul style="list-style-type: none"> • 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 			<input type="checkbox"/> Yes OR <input type="checkbox"/> Yes	<input type="checkbox"/> No OR <input type="checkbox"/> No	
					Consultant Signature:
					Date of Application.

<p>3. For a child under 12 years MDI is considered to be impractical or inappropriate (NB children on insulin pumps would be expected to undergo a trial of MDI therapy between the ages of 12 and 18 years)</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<p>4. The patient/parent will be trained in the use of technology, has the commitment to use the therapy effectively and has attended the BERTIE course</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<p>5. The patient/parent will receive on going support from a specialist team (comprised of physician with specialist interest, diabetes nurse specialist and dietitian)</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<p>6. Targets for treatment set by doctor , after discussion with patient or carer:</p>			
<p>7a. Date current pump was approved (mm/yy)</p> <p>7b. Please indicate reason for new pump request:</p> <p>Current pump damaged/faulty <input type="checkbox"/></p> <p>Current pump is at end of warranty period <input type="checkbox"/></p> <p>Other, please state:</p>			

<p>8a. Has the first line choice of pump been selected i.e. Roche Accu-Chek® Insight pump. If answer is no, please complete questions 8b, 8c and 8d below.</p> <p>8b. Name of pump chosen:</p> <p>8c. Cost of pump: £ and consumables £ / month</p> <p>8d. Clinical reason(s) why first line pump, Roche Accu-Chek® not suitable:</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Note: Mid Essex CCG expects the Trust to provide the patient with a 'package of care' i.e. the provision of the pump, training by Trust staff and consumables.</p> <p>Mid Essex CCG will not be funding the continuous glucose testing element and a pump chosen because it provides the continuous testing element is NOT a valid clinical reason for pump choice (even if this part will be self-funded).</p> <p>Please note that social and personal factors such as age, gender, education, caring responsibilities and family circumstances can only be taken into account where they are relevant to the patient's clinical outcome and are not themselves generally considered to be clinical reasons.</p>
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<p>Funding approved for first pump if criteria are met and funding re-approved only once pump has reached end of warranty period (or earlier if faulty or damaged).</p>	<p>Funding will only be re-approved if the patient has responded to treatment i.e.: 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 and the target for treatment is achieved.</p>

Continuous subcutaneous insulin infusion for the treatment of diabetes mellitus NICE technology appraisal guidance 151 (review of technology appraisal guidance 57)

1 Guidance

- 1.1 Continuous subcutaneous insulin infusion (CSII or 'insulin pump') therapy is recommended as a treatment option for adults and children 12 years and older with type 1 diabetes mellitus provided that:
- 1.2 attempts to achieve target haemoglobin A1c (HbA1c) levels with multiple daily injections (MDIs) result in the person experiencing disabling hypoglycaemia. For the purpose of this guidance, disabling hypoglycaemia is defined 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.
- 1.3 CSII 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.
- 1.4 It is recommended that CSII 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. Specialist teams should provide structured education programmes and advice on diet, lifestyle and exercise appropriate for people using CSII.

- 1.5 Following initiation in adults and children 12 years and older, CSII 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.
- 1.6 CSII therapy is not recommended for the treatment of people with type 2 diabetes mellitus.