Hertfordshire and West Essex Integrated Care System

NHS Hertfordshire and West Essex Integrated Care Board

Evidence Based Intervention

Insulin Pumps - Continuous subcutaneous insulin infusion for the treatment of diabetes mellitus

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Hertfordshire and West Essex ICB will routinely fund Insulin Pump therapy for adults in line with the National Institute for Health and Care Excellence (NICE) Technology appraisal guidance [TA151] Continuous subcutaneous insulin infusion for the treatment of diabetes mellitus.

Insulin pump therapy for children and young people (younger than 19 years) is routinely funded when recommended by the paediatric specialist diabetes team.

Where patients are eligible for insulin pump therapy clinicians must choose the lowest cost device that is clinically appropriate for the patient.

1 Recommendations

(Units for reporting HbA1c have changed from % to mmol/mol since this guidance was published).

1.1

Continuous subcutaneous insulin infusion (CSII or 'insulin pump') therapy is recommended as a treatment option for adults with type 1 diabetes mellitus provided that either of the following apply:

- 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.

- HbA1c levels have remained high (that is, at 8.5% [69 mmol/mol] or above) on MDI therapy (including, if appropriate, the use of long-acting insulin analogues) despite a high level of care.

1.2

It is recommended that CSII therapy be initiated only by a trained specialist team in secondary care, 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.

1.3

Following initiation in adults, 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.

1.4

CSII therapy is not routinely funded for the treatment of people with type 2 diabetes mellitus.

This policy will be reviewed September 2026, or earlier if new guidance is published or as required as part of the local phased roll-out of NICE TA943: Hybrid closed loop systems for managing blood glucose levels in type 1 diabetes, and NHSE HCL 5 year implementation strategy.

References

National Institute for Health and Care Excellence (2008) [TA151] Continuous subcutaneous insulin infusion for the treatment of diabetes mellitus. https://www.nice.org.uk/guidance/ta151/chapter/1-Recommendations

National Institute for Health and Care Excellence (2023) [TA943] Hybrid closed loop systems for managing blood glucose levels in type 1 diabetes https://www.nice.org.uk/guidance/ta943

NHSE (2024) Hybrid closed loop technologies: 5-year implementation strategy https://www.england.nhs.uk/long-read/hybrid-closed-loop-technologies-5-year-implementation-strategy/

Change History:

Version	Date	Reviewer(s)	Revision Description
v2.0	June 2024	S Chepkin	Interim update in light of NICE TA943 on Hybrid Closed Loop and NHSE 5 year implementation strategy, to ensure children and young people over 12 can access pump therapy (and HCL) if they are approaching transition to adult diabetes services or are having issues with their diabetes management other than high HbA1c or hypoglycaemia.
v2.1	June 2024	S Chepkin	Age changed from 18 to 19 years at Clinical Policies Group based on paediatric diabetes team feedback regarding the age of transition to adult services.
v3.0	September 2024	S Chepkin	Updated post introduction of new ICB position statement on hybrid closed loop for children and young people to remove criteria for pump therapy for children and young people.

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