Personal Statement

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I have been a Consultant Paediatrician and Diabetologist in Leeds since June 1996. I have recently been a member of the Department of Health's Insulin Pump Working Group that published their report in March 2007. I am a member of the National Diabetes Audit (Paediatrics) Steering Group and a member of the Type I Education Steering Group. In September 2007 I was co-opted on to the Diabetes UK Professional Advisory Committee and I have been nominated by Diabetes UK to represent them at this NICE review.

The City of Leeds offers Paediatric Services to 170,000 children aged 0-18 years, 300 of whom have Type I insulin dependent diabetes. The insulin pump programme in Leeds commenced in October 2002. The team now have 75 local children using an insulin pump which equates to almost 25% of the clinic population. We have also initiated insulin pump therapy and provide continuing or shared care for other children who reside outside Leeds with some patients travelling several hundred miles to our diabetic service. We have developed a Masters Course in Insulin Pump Therapy in conjunction with the University of Leeds, to assist with the training of Health Care Professionals.

Traditionally, paediatricians have been satisfied with the diabetes management of their patients if the children have good growth parameters and are free from the symptoms of hypoglycaemia and hyperglycaemia. Over the last 5 years however, interest has turned to intensifying diabetes control much earlier in the course of the disease with many children placed on intensive or flexible regimes the utilise basal bolus therapy or insulin pump therapy as early as the point of diagnosis. I feel this approach is to be greatly encouraged as it is one of the major contributory factors in the development of micro and macrovascular disease and it is our young patients that will suffer diabetes for the greatest length of time.

NICE published guidance on the use of insulin pumps in March 2003. Despite the guidance, there is still unacceptable variation in access to this therapy across the country as evidenced by patients travelling many miles to our established centre to be considered for this form of therapy. Although insulin pumps may not be suitable for everyone, pumps therapy can result in significant improvements in glycaemic control and quality of life for some people with insulin dependent diabetes.

I firmly believe that due to the diversity of presentation, spectrum of age and complexity of management of diabetes in children, insulin pump therapy should be considered for all children with diabetes and may have to be initiated early in the management of the child's diabetes even at the point of diagnosis. If there is no local service for children, then children should be referred to the nearest, established insulin pump centre. In the future, insulin pump therapy should be built into every comprehensive diabetes service so the patients who would benefit from this form of therapy would not need to travel to access appropriate services.