



14th March 2008

Christopher Feinmann
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Dear Mr Feinmann

Appeal relating to the Final Appraisal Determination Continuous subcutaneous insulin infusion for the treatment of diabetes mellitus (review of technology appraisal guidance 57) on behalf of the British Dietetic Association

The BDA would like to appeal against the following aspect of the guidance.

Section 1.2

Children on Insulin pumps would be expected to undergo a trial of MDI therapy between the ages of 12 and 18 years.

Grounds of appeal

Ground One

The institute has failed to act fairly and in accordance with the appraisal procedure set out in the institute's Guide to the Technology Appraisal Process.

Ground Two

The institute has prepared guidance which is perverse in the light of the evidence submitted.

The basis for the appeal

Ground One

The recommendation contained in Section 1.2 has suddenly appeared in the FDA. This recommendation was not evident in any of the preliminary drafts sent out for consultation. We therefore feel the consultees have not been given a fair opportunity to comment on this aspect of the guidance.

Ground Two

To suggest that a child who is well controlled and has a good quality of life with an insulin pump should have to come off the pump (albeit for a short period of time – for a trial of MDI) is in our opinion “perverse” for the following reasons:

- If a child had good diabetic control, why risk deterioration of this by switching to MDI.



- The teenage years are the worst time for a trial of MDI. A teenager needs consistency and familiarity at a time in their lives when everything else is changing. This is not the best time to try anything new - especially if what is already in place (a pump) is working well.
- The potential for harm is great, not just in terms of losing good control but in terms of losing faith with their diabetes team.
- Many pump users come to rely on their pump and have fine tuned basal rates to fit in with their often varied lifestyles. A change to MDI quite apart from the detrimental effect on quality of life is bound to initially cause deterioration in blood glucose control whilst doses are adjusted appropriately. In someone with habitually good control, this will be a retrograde step both bio-chemically and psychologically
- In terms of cost, does it really matter if good control is at the expense of a pump? Surely as long as control is good on the pump, there are savings to be made in terms of long term complications.
- A teenager who loves his pump and is determined to keep it will deliberately run poor control on a trail of MDI in order to keep the pump.

We would not expect an oral presentation to expand significantly on the points raised above.

██████████ and ██████████ would be available to represent the BDA at an appeals hearing should one be convened.

Yours sincerely

The British Dietetic Association

