



Department of Health and Human Services

ROYAL HOBART HOSPITAL

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Paediatric Diabetes Centre
Level 5, 70 Collins Street Hobart 7000
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s11C

Thursday, 16 November 2023

Dear Department of Health and JDRF,

We are writing to you in response to the recent changes to the JDRF insulin pump program. s47F

s47F

s47F

To date, 21% of our insulin pump users are funded by JDRF and this was projected to exceed 37% with the new round of JDRF pump funding.

The limiting of JDRF funding to only one type of insulin pump and the exclusion of others will have a detrimental impact on many families across Australia. Historically, there was always more than one option on the JDRF insulin pump program. We have seen from experience that one pump type does not suit all. If an insulin pump does not meet the ability and requirements of the user, the patient may fail to reach desired outcomes. Our team strongly advocates for more than one hybrid closed loop insulin pump to be included in the JDRF insulin pump program.

We have used the mylife YpsoPump with CamAPS FX since November 2022. Our clinical team have consistently found that the mylife YpsoPump with CamAPS FX algorithm is more complicated and technical to use than other available pump models, requiring more interaction and engagement with its algorithm. Without this user interaction, this pump does not deliver the expected clinical outcomes, such as improved time in range. Many of our families struggle with health literacy and lack the ability and capacity to problem solve which this model of pump requires. In our clinical experience, the Medtronic 780G and Tandem t:slim are easier to use, especially for those with low literacy and numeracy. In these groups with some barriers, we have seen a significant improvement in diabetes management when using these pump models.

The mylife YpsoPump with CamAPS FX relies on a costly but specific model of smart phone (Android only) to enable the advanced algorithm to work. Without a smartphone and mobile phone data, this pump does not function as a hybrid closed loop. We understand that a smartphone will be included if the family cannot purchase their own but are concerned about how smartphones will be replaced if the device provided is faulty or lost. Data can be costly for low income families, and we are concerned that this is not included in the package provided. As mentioned above, if no Android smartphone with data is linked to the Ypsopump, it cannot operate as a hybrid closed loop system. We would accordingly ask that if this pump is continued as a single model provided through JDRF, that ongoing data and replacement phones be provided throughout the duration of the insulin pump warranty period (4 years).

In addition, those parents who use Apple devices are unable to follow their child's diabetes management and glucose levels in real time as the companion app is also restricted to Android devices. mylife YpsoPump with CamAPS FX currently offers text alerts to Apple users but we have found these ineffective and have not been functional for most families. This places significant stress and worry onto parents as they have no ability to interact with their child's diabetes management when the child is out of their care (such as at school, with friends, or playing sport).

Therefore, we would expect additional support from Ypsomed in providing the carers and guardians (at minimum) with follower compatible smartphone as well.

Another concern is that Ypsomed have not been able to consistently provide insulin pump consumables to current pump users in Australia. This year, this lack of ability to provide consumables have meant that a number of our current mylife YpsoPump with CamAPS FX users had to revert back to multiple daily injections when they were unable to obtain consumables. This has led to Ypsomed pausing new pump orders for the foreseeable future (phone call from Ypsomed representative 31st October 2023). The inconsistent access to consumables is a clinical risk and our team remains hesitant to recommend this insulin pump due to this uncertainty.

Our recommendation is to increase the number of insulin pump models available through the JDRF insulin pump program. It is important that families have a choice available as restricting to Ypsomed alone means that some families will not be able to access pump therapy. We fully support and request the addition of all commercially available hybrid closed loop insulin pumps onto the JDRF insulin pump program to allow for clinical considerations and family requirements in choosing the most appropriate insulin pump best for their needs.

We look forward to hearing a response from your team.

Kind regards,

The Paediatric Diabetes Team
Royal Hobart Hospital

s47F [Redacted]

s47F [Redacted]

Staff Specialist Paediatric Endocrinologist
Lead Paediatric Diabetes and Endocrinology

s47F [Redacted]

Staff Specialist Paediatrician and Adolescent
Physician
Head of Paediatrics

s47F [Redacted]

Paediatrician

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Clinical Nurse Consultant

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Clinical Nurse Specialist

Clinical Nurse Specialist

Clinical Psychologist

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Accredited Practicing Dietitian

Dietitian

s47F [Redacted]



ANZSPED

AUSTRALIA AND NEW ZEALAND
SOCIETY FOR PAEDIATRIC
ENDOCRINOLOGY AND DIABETES

PRESIDENT

A/Prof Peter Simm, Royal Children's Hospital Melbourne
Email: s47F@mcri.edu.au

TREASURER

Dr Carmel Smart, John Hunter Children's Hospital
Email: s47F@health.nsw.gov.au

SECRETARY

A/Prof Tony Huynh, Queensland Children's Hospital
Email: s47F@health.qld.gov.au

12 January 2024

MC24-002281

Hon Mark Butler MP
Minister for Health and Aged Care
Parliament House, Canberra, ACT, 2600

Via email: minister.butler@health.gov.au

Dear Minister

We are writing to you on behalf of the Australia and New Zealand Society of Paediatric Endocrinology and Diabetes (ANZSPED, formerly APEG) as Australasian specialists and allied health professionals caring for children and adolescents living with type 1 diabetes (T1D). We wish to bring your attention to the major adverse impacts of the decision to change the insulin pump device provided through the Federal government's Insulin Pump Program (IPP).

Background:

- Insulin pump therapy with automated insulin delivery is now recommended as first line of treatment for children with T1D as per latest guidelines from the International Society for Pediatric and Adolescent Diabetes. *Individualised choice* of approved devices is recommended to optimise success with the therapy.
- In 2023 the UK government announced universal funding of pump therapy for children with T1D. In Australia as insulin pumps are not funded, those who have the highest need have barriers to access this technology that can prevent short term (severe hypoglycaemia and death), and long term (blindness, kidney failure, heart attacks, strokes and amputations) complications. The Federal IPP has been invaluable to make insulin pump therapy available to a subset of the many thousands of families without health insurance, in a bid to address this inequity.
- However, the sudden announcement of the change in device provided has had a number of potential **adverse consequences**.

As a professional society, we have waited to review the impact of this sudden change in device provided by the IPP. We therefore write to share the following concerns with you:

- With only one pump available on the IPP, those eligible for the Federal government subsidy are not able to choose (and/or be guided to by their treating team) the treatment most likely to achieve optimal outcomes for their situation.
- No advance warning of the change. Many families were on the IPP waitlist prior to Nov 2023 and expecting to receive the Medtronic device. The YPSO device requires an Android device, and so these families are now required to access an Android phone device. Many families who are financially struggling and are eligible for the IPP, do not have capacity to buy phones and keep them topped up. The previous system, the Medtronic, does not need a phone to function as an automated insulin delivery device.
- There is currently a global shortage of YPSO consumables which may mean a delay in onboarding those with high needs into the IPP program. Should more than one device be available, then there is a plan B if delays occur.
- Rural and regional families are adversely impacted. The YPSO is the most recent pump to be approved in Australia. Many children with T1D in regional areas are looked after by local teams who have limited experience with the YPSO pump limited in their specialist knowledge. As the Medtronic pump was the supported pump in the IPP many of the smaller centres chose to focus their expertise on this system.



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There was no opportunity for these health care professionals to be upskilled in the use of the YPSO pump, and the availability of YPSO company support has been reported to be significantly limited on many occasions.

- Age and other factors are related to the amount of insulin required. Patients who require higher insulin doses e.g. those in puberty or on steroid medication have reported that they must change the reservoir frequently due to its smaller volume.

Solution:

We understand there are financial reasons for choosing the YPSO as a preferred system, especially with the current financial environment.

Adverse outcomes including psychological burden for families and diabetes services could have been minimised by discussion with diabetes experts in advance of both the decision to change the IPP and in the implementation plan for the change in the IPP. ANZSPED would welcome the opportunity to provide professional advice that may assist in future decision making by the government in matters concerning care of children and adolescents with diabetes. We strongly encourage you to review the recent change to the IPP model, and reconsider alternative, more equitable options.

ANZSPED is not suggesting that one pump device is better than another, but we highlight the international recommendation that 'youth be offered the most advanced insulin delivery technology that is available, affordable and appropriate for them'. We encourage the government to consider making this a reality not an aspiration. We would welcome a discussion with decision makers around the pros and cons of a prioritised system, where if the YPSO is not available, or not appropriate (for example a lack of a mobile phone, insulin capacity too low), then by application a second choice is funded.

Yours sincerely

s47F

A/Prof Peter Simm
ANZSPED President

s47F

Chair, ANZSPED Diabetes Subcommittee

CC:

s47F Insulin Pump Program Lead and Health Policy Coordinator JDRF via email:

s47F @jdrf.org.au , pumps@jdrf.org.au

Mike Wilson OAM, CEO JDRF via email: info@jdrf.org.au

NDSS s47E(d) @health.gov.au

s22

From: Fattore, Stephanie (Health) ^{s47F} @act.gov.au>
Sent: Friday, 3 November 2023 3:57 PM
To: ^{s47E(d)}; pumps@jdrf.org.au
Subject: JDRF Insulin Pump Program IPP Concerns
Categories: Allocated to ^{s22}

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OFFICIAL

^{s22} /To whom it may concern,

It has been brought to my attention that the JDRF IPP tender has been secured by Ypsomed.

Whilst this is a worthwhile pump option for some in the broader T1DM community and can deliver great outcomes, there are a number of concerns I have regarding this choice as the sole option for our paediatric population with T1DM whom have a lower income and (generally) more vulnerable.

1. It requires an android phone

- a. This will require family members to switch phones to android if they want to follow CGM data for their child and get notified for hypoglycaemic events/ easily assist with one of the many extra decisions these children have to make on a day to day basis. This also incurs additional costs for these families that are eligible for JDRF pumps. It also means, if no change is made, there is limited parental oversight for diabetes management in children that may require more support or those that are non-compliant with diabetes tasks e.g. teenagers. HCL systems have been a game changer for teenagers and those with difficult to manage T1DM improve BGL time in range substantially and subsequent health care costs. However parental support is paramount to this. Particularly when it comes to blousing for food/ managing exercise or other tricky to manage situations. Often there is a lot of correspondence between child at school and families (of a variety of ages). Having parental access to their real time data is paramount for this support.
- b. Children having to bolus for food/correction via a phone also can be problematic
 - i. Using a phone regularly at school, the attention it draws from other students, in addition to teachers that do not understand the purpose of the phone (e.g. substitute teachers in schools that have strict phone policies for all the other students) may increase students need to ongoingly advocate for their own health when they are at school to learn. Yet another burden to this population.
 - ii. The phone needs to be with them at all times for effective use of HCL, as opposed to other pumps where the CGM talks with the pump itself if the phone is left in their bag
- c. This is an EXTRA device to think about in the already high mental burden of T1DM
- d. Increases the number of interfaces with screens and frequency of touch, meaning potentially earlier access social media and it's impacts on mental health and body dissatisfaction in an already vulnerable population of children with increased incidence of eating disorders relating to body image. Parental boundaries and parental locks are important, but the reality is, if your child has a phone, and has to interact with it regularly it may become more than a medical device earlier than those whom only have to interact with the pump.

2. **Previously Medtronic supplied 6 months of consumables- therefore consumable costs will take affect earlier (as only 1 month of supplies will be offered)-** another consideration for lower income families.

3. Clients already on IPP, needing an upgrade if they continue to meet the criteria, will need to completely switch pumps and CGM from Medtronic to Dexcom – increasing workload and mental capacity, and financial burden (especially considering point 1)
4. Compared to the popular Medtronic or T-slim pumps, the Ypsomed pump is less utilised within the diabetes community, therefore less facilities are familiar with the pump and confident at making adjustments to benefit the patient.

We were hoping that there may be a variety of pumps on offer, rather than just one choice. As every persons diabetes is different and requires nuances for best health outcomes. However if one choice was available Medtronic or T-slim would mean less out of pocket costs for these families with lower incomes.

Please consider revising this decision to better support these families managing T1DM. Reduce their financial burden and mental strain.

Patient first. Always.

Regards
Steph

Stephanie Fattore

Paediatric Diabetes Dietitian, APD

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Phone: 02 ^{s47F} [redacted]

Work Days: Mon/Tue/Thur/every second Friday

**Paediatric Endocrinology Diabetes Service | Centenary Hospital for Women and Children
Canberra Health Services | ACT Government | P.O Box 11 Woden ACT 2606**

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BY THE DEPARTMENT OF HEALTH AND AGED CARE

s22

From: ACT Health, Diabetes Paediatric <PaediatricDiabetes@act.gov.au>
Sent: Friday, 3 November 2023 3:56 PM
To: s47E(d)
Cc: Insulin Pump Program
Subject: JDRF Insulin Pump Program Decision

Importance: High

Categories: Allocated to s22

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OFFICIAL: Sensitive

Dear s22

I am writing to you on behalf of the specialist multidisciplinary team within Paediatric Endocrinology and Diabetes at Canberra Health Services. We comprise of paediatric endocrinologists, credentialed diabetes educators, dietitians and social workers, all with extensive knowledge of insulin pump therapy and its use within the paediatric population. Our service provides care for children, young people and their families within ACT and surrounding NSW living with type 1 diabetes and other forms of diabetes.

Our service has an extremely large uptake of insulin pump use amongst families, and a priority of ours is to ensure all those that want to utilise technology have the option regardless of their socioeconomic status or technology/health literacy. In the past, this has been made possible by the JDRF insulin pump program. This program has supported low income families, who are not able to afford private health insurance, the opportunity to still access technology that keeps them safe and ensures positive long term health outcomes (reducing the burden on the health system). Our service was excitedly awaiting the results of the recent tender for the JDRF program, after we had to pause all insulin pump starts for our most vulnerable children and families due to the delay in decision.

On announcement that the only pump that would be available would be the Ypsomed insulin pump, we were concerned for a number of reasons. Although this insulin pump is suitable for some children, there are a number of fall backs which will have adverse impacts on those that need technology the most. A major concern is that the insulin pump self-adjusting delivery is dependent on an Android mobile device. Our experience is that this mobile device must be on the child at **all times** for the pump to accurately deliver insulin. This means that children as young as one will be required to have a mobile device on them 24 hours a day to ensure accurate insulin dosing- as well as their insulin pump. Having to tell a parent that their toddler must have a mobile device in their pocket at all times is not realistic. Other pumps on the market (T Slim, Medtronic, Omnipod) do not require a mobile device to deliver insulin. A large consideration for our service, is that learning to use and manage an insulin pump is difficult- particularly if families have low health/technology literacy. We are now asking them to learn a new mobile device, and an insulin pump- and to operate both of these. If families do not have the confidence to utilise a new phone (As well as the pump), you will be removing their ability to commence on insulin pump therapy- which should be the gold standard of care for all children in this country.

Although parents and caregivers can “follow” the blood glucose levels of their children no matter what branded device they have, we have found that using the “Glooko” app (which is the only app that can be used with Apple devices) there is a delay of up to 12 hours to be notified of trending blood glucose levels. Many young children cannot recognise signs/symptoms of hypoglycaemia (low) or hyperglycaemia (high) blood glucose levels, and are not at the appropriate age to self-manage these. If parents cannot see their child’s blood glucose levels, this puts the child at risk of extreme

hypoglycaemia or hyperglycaemia which can result in hospital admissions and/or severe adverse outcomes (including death). Not only is the risk of adverse outcomes high, the increased anxiety and burden of care for parents/caregivers who are already trying to manage a condition 24 hours a day is inevitable as they will need to be with the child 24/7 to see the data from the child's device. The long term mental impact on child and family must be considered.

Another major concern is the size of the reservoirs that hold insulin within the pump. Traditionally, insulin pumps can hold 300 units of insulin within their reservoirs which will stay in the pump for 3 days. Ypsomed reservoir has capacity to hold 160 units only. Noting some teenagers can use up to 160 units of insulin per day, the result will mean many have to change their reservoir daily- a burden which adds more difficulty to the already difficult condition. We have also experienced major issues with the Ypsomed cannulas, which have been reported to the company, where young children will have subcutaneous allergic reactions and frequent cannula occlusions (without kinks). In a number of instances, this has led to dangerously high blood glucose levels and ketones- and admissions to hospital, causing stress and anxiety for families that could have been avoided. For some of our families, these frequent (1-3 times a day) cannula occlusions meant they went through 1 month of NDSS funded supplies in 3-5 days. Despite attempts to solve these issues and support families, we have only been able to resolve when changing to non Ypsomed branded cannulas.

For those children already utilising insulin pump therapy- they will be required to change insulin pump, continuous glucose monitor, and possibly their mobile device. Children with Diabetes are resilient, they put up with so much every single day. However, we cannot deny the impact mentally for these children to change every aspect of their diabetes management. Insulin pump upgrades will highly likely require mental health support from our social workers as children prepare to face many changes, and likely increased procedural anxiety with new devices.

We are thankful to the Department of Health for their support with the JDRF insulin pump program, however we feel it is vital we raise our clinical concerns with the decision to only allow one insulin pump on the program. Technology is great tool, a tool that should be individualised to each child dependent on their specific needs. This decision removes the ability to deliver child centred care within a family partnership model, which should be the absolute minimum standard when working within a paediatric service.

If you require any further information regarding this matter, please do not hesitate to reach out.

Kind Regards,

s47F, on behalf of the Paediatric Endocrinology and Diabetes Service (PEDS), Canberra Health Services

s47F | **Credentialed Diabetes Educator/Registered Nurse, Advanced Practice Nurse/Nursing Lead**
Paediatric Endocrinology and Diabetes Service

Phone: s47F | Email: PaediatricDiabetes@act.gov.au

Women, Youth and Children | Canberra Health Services | ACT Government

Bld 11, Lvl 2, The Canberra Hospital, Yamba Drive, Garran, ACT, 2605

Canberra Health Services acknowledges the Ngunnawal people as traditional custodians of the ACT and recognises any other people or families with connection to the lands of the ACT and region. We acknowledge and respect their continuing culture and contribution to the life of this region.



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s22

From: Louise Vaughan (Hunter New England LHD) s47F @health.nsw.gov.au>
Sent: Tuesday, 5 December 2023 12:37 PM
To: s47E(d)
Cc: 'pumps@jdrf.org.au'
Subject: RE: Ypsomed awarded Insulin Pump Program Tender; Attention s22
 [SEC=UNOFFICIAL]

Categories: NFA

Dear s22

Thank you for your reply email detailing the below regarding the decision to supply Ypsomed pumps solely under the JDRF scheme.

I understand there is a limited budget and the government need to supply as many pumps as possible. This pump however will simply not be suitable for some children, which ultimately will mean fewer people may actually apply and commence on this pump as it is not fit for purpose for some. Also, a cheaper pump does not necessarily equate to an adequate pump.

It is further concerning that Ypsomed pumps and the associated supplies are already limited. I do hope there will be an adequate review of the program in a timely manner to assess the success of change to Ypsomed pumps.

Kind Regards
 Louise

From: s47E(d) @health.gov.au>
Sent: Tuesday, 5 December 2023 10:07 AM
To: Louise Vaughan (Hunter New England LHD) s47F @health.nsw.gov.au>
Subject: RE: Ypsomed awarded Insulin Pump Program Tender; Attention s22 [SEC=UNOFFICIAL]

Dear Ms Vaughan

Thank you for your correspondence of 2 November 2023 regarding access to subsidised insulin pumps through the Insulin Pump Program (IPP).

The Australian Government provides considerable support to people with diabetes through the subsidy of essential medicines, like insulin, under the Pharmaceutical Benefits Scheme (PBS) and diabetes-related products through the National Diabetes Services Scheme (NDSS).

In 2022-23, PBS expenditure on medicines for diabetes was \$869 million and expenditure on products for diabetes supplied through the NDSS was over \$282 million.

As you are aware, the Insulin Pump Program is a Commonwealth Government grant program, administered by JDRF Australia, that provides fully subsidised insulin pumps to young people aged under 21 years who have type 1 diabetes, are from financially disadvantaged families, and do not have access to other means of reimbursement, such as private health insurance.

The Department of Health and Aged Care recently undertook an open tender process to establish new insulin pump supply arrangements for the IPP, following the expiry of the previous arrangements. Tenders received were evaluated against criteria including price, and the suitability of the insulin pump and

associated goods. The advertised tender documentation highlighted that the program has a fixed budget and that unit pricing for pumps was therefore very important to ensure that the maximum number of people could benefit from the program.

All tenders received were assessed by an evaluation panel, which included a technical advisor and an independent probity advisor. While the tender evaluation panel recognised the value of having a choice of products, ultimately a single supplier was chosen on the basis that this would result in a significant number of additional people being able to benefit from the program - that is, significantly more pumps could be supplied. This was considered particularly important as the program provides insulin pumps to people who would otherwise have no opportunity to access insulin pump therapy.

As a result, the mylife YpsoPump has been selected as the insulin pump available through the IPP. This replaced the previous arrangement where a Medtronic pump was the sole product available.

We acknowledge the important issues you have raised, and the Department will monitor the ongoing operation of the IPP to ensure it meets the needs of eligible young people.

Thank you for writing on this matter.

Regards

Diabetes Support and CSO Section
Department of Health and Aged Care

From: Louise Vaughan (Hunter New England LHD) ^{s47F} [redacted] <[\[redacted\]@health.nsw.gov.au](mailto:[redacted]@health.nsw.gov.au)>
Sent: Thursday, 2 November 2023 6:08 PM
To: ^{s47E(d)} [redacted] <[\[redacted\]@health.gov.au](mailto:[redacted]@health.gov.au)>
Cc: 'pumps@jdrf.org.au' <pumps@jdrf.org.au>
Subject: Ypsomed awarded Insulin Pump Program Tender; Attention ^{s22} [redacted]

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Attention: ^{s22} [redacted]
NDSS Products

Dear ^{s22} [redacted]

I write regarding the outcome of the Insulin Pump Program tender and the decision that JDRF are now directed under the program to supply the Ypsomed pump only.

This certainly is a surprise announcement. I have several concerns regarding Ypsomed only being awarded the tender on the following grounds:

1. In discussion with our Ypsomed rep this morning (regarding an adult who would like to start an Yposmed pump), we have been told there will be no Ypsomed pump starts until at least January 2024, mainly relating to inability to source pump consumables. The supply of the actual pump itself I understand may also not be plentiful. I am hoping Ypsomed therefore have adequate pumps to supply the pump program

2. The Ypsomed reps have been very difficult to track down and correspond with in this part of regional/rural NSW also to date, despite seeking the reps out, call backs, until today have not occurred. Hopefully, that changes with this announcement.
3. I also have concerns regarding the statement "The Ypsomed team can provide pump start training sessions with the support of local Diabetes educators in any of the major centres." I am hoping we qualify as a "major centre".
4. Regarding the Ypsomed compatible app, an android phone is required (I note if required this too will be provided by JDRF, but not data)... many of the families who need to access this program are low socio-economic and may be unable to afford to pay for data rendering the pump suboptimal without this feature. Those using an iphone will also be disadvantaged or be required to carry an Android phone/a second device
5. Differing pumps available in the Australian market offer differing features. Type 1 diabetes is not a generic condition so requires differing technology. A "one size fits all approach" to pump therapy is not a feasible option and choice is very important for those with type 1 diabetes, which is a challenging and onerous condition. Having some say into which pump therapy suits a person best is a reasonable request I feel, especially when one has to think about their diabetes many. Many times a day
6. For those currently using another pump brand/type under the JDRF scheme, when it comes times to change over as the pump warranty expires, they will be required to switch to Ypsomed. This is likely to cause distress to those who have learnt their current pump and want to stay with that particular model/ technology. I also feel some will not change over, choosing to stay with out of warranty pumps which could compromise safety.





I feel important to raise these concerns at NDSS level so these can be tabled.

Kind Regards
Louise

Louise Vaughan
Nurse Practitioner- Diabetes, Tablelands Sector
Credentialled Diabetes Educator
Armidale Community Health Centre

Hunter New England Local Health District


Address: Clair House (LMB 4), Rusden St, ARMIDALE, NSW 2350

 s47F |  M s47F |  6776 9995 |  s47F | [@health.nsw.gov.au](mailto:s47F@health.nsw.gov.au)



Health
Hunter New England
Local Health District



 www.hnehealth.nsw.gov.au

Our Vision: Healthier communities: Excellence in healthcare

Our Values: Teamwork, Honesty, Respect, Ethics, Excellence, Caring, Commitment, Courage



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s22

From: s47F @act.gov.au>
Sent: Wednesday, 8 November 2023 9:12 AM
To: s47E(d)
Subject: JDRF insulin pump program tender
Categories: Allocated to s22

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UNOFFICIAL

To the attention of s22

I am writing from the Centenary Hospital Women Youth and Childrens Service regarding the JDRF insulin pump program tender and the decision to provide exclusively Ypsopump models to all families participating in the program. I am a Diabetes Educator within this service working with child and adolescent populations and their families/caregivers to provide education and support in adjusting to living with diabetes and accessing options for diabetes management. I have detailed a selection of concerns held by myself and other members of this service regarding the decision to switch exclusively to Ypsopumps for the JDRF insulin pump program.

The model of pump selected:

Amongst our patient population the Ypsopump is not a commonly selected system. While our service is equipped to provide education and support for families accessing this model of pump and does have a cohort of families using this platform, we find that options such as the TSlim or Medtronic 780G represent a significant share of our pumping population. While we do not promote any particular pump over another, we do believe that families should make use of a pump that best suits their needs and their technical capacity. The requirement for a mobile phone using an Android platform to operate the pump, as well as the same requirement for those who wish to follow the user of the pump, may represent an obstacle for a number of our families who would be referred to the JDRF insulin pump program that may prevent them from being able to successfully transition to pump therapy, even with support to access an Android device for the user of the pump.

Included pump supplies:

The brevity of supplies may impact on our families accessing the JDRF insulin pump program. Noting that in the previous iteration of this program, the supplies offered to families were sufficient to meet their needs for 6 months, reducing the financial barrier to starting on a pump. Given that the families we refer to the JDRF insulin pump program are often not in a financial position to afford private health insurance that is often integral to accessing an insulin pump, we do not feel it is reasonable to expect these same families to be able to absorb the cost of pump supplies so shortly after starting a new pump, particularly if these families need to purchase new phones to be able to follow their child's CGM data in real time

Total pump options:

The lack of variability in pump options raises a concern among those of our clinic. While the Ypsopump is a fine system for some families, the lack of alternative options does represent an obstacle to accessing pump therapy for those families who may not feel capable to operate and maintain such a system. Noting until recently all our families accessing pumps via the JDRF are using Medtronic 780G pumps, the potential requirement to transition from a familiar pump and CGM system to an unfamiliar one may dissuade families from accessing up to date and

warranted pumps. While neither I nor the service I work for advocate for any specific type of pump over another, the need for continuity of care is critical in this field and cannot be understated. Eliminating the option of a familiar pump may result in having to transition children and their families to potentially entirely unfamiliar systems may lead to an interruption to this continuity of care.

The JDRF insulin pump program is an incredibly important component of our provision of service to families who would otherwise be unable to access insulin pump therapy. We are extremely grateful to have the option to refer families to this program and will continue to do so wherever it is appropriate. We do have concerns that the new tender will alienate families from the JDRF insulin pump program due to complexity and disruption that may result from an exclusive Ypsomed tender.

We would appreciate any further information that could be provided regarding the tender as it develops.

With kind regards

s47F | Diabetes Educator
Phone number: s47F | Email: paediatricdiabetes@act.gov.au
Canberra Health Services | ACT Government
Centenary Hospital for Women and Children | canberrahealthservices.act.gov.au

Canberra Health Services acknowledges the Ngunnawal people as traditional custodians of the ACT and recognises any other people or families with connection to the lands of the ACT and region. We acknowledge and respect their continuing culture and contribution to the life of this region.



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s22

From: Monique Stone (South Western Sydney LHD) ^{s47F} [REDACTED]@health.nsw.gov.au>
Sent: Monday, 13 November 2023 8:36 AM
To: ^{s47E(d)} [REDACTED]
Subject: FW: JDRF pump grant

Categories: Allocated to ^{s22} [REDACTED]

We are writing in relation to the recent announcement that the new tender for the JDRF pump grant is the Ypsomed pump.

At present, neither the paediatric diabetes service at Campbelltown nor Liverpool Hospitals have patients on the Ypsomed pump. Use of this pump will require upskilling of the staff and, to date, we have had trouble finding a suitable time for the Ypsomed pump reps to visit our service.

There are many patients in our health district with sparse financial resources. It is also a population with poor health literacy. We are concerned about the complexity of the Ypsomed pump system requiring knowledge of the pump, sensor, algorithm and Camsdiab system. We are also concerned about the limited compatibility between this pump and different phones. Many families would be unable to afford a new phone to assist them to use this system. Although we understand that JDRF are considering providing a compatible phone to the patient, many younger children require their parents to also have a compatible phone to be a 'follower'. The need for all components to be within 6 meters to have blue tooth connection is a further issue and will mean that many children will have trouble keeping the app (and therefore the automated algorithm) live.

We work closely with colleagues in a number of other centres who have experienced numerous issues with the Ypsomed pump including frequent mechanical and electronic issues, difficulty keeping the app based algorithm live, occlusion issues with the sets, increased episodes of hypoglycaemia, as well as inadequate support from Ypsomed customer service and representatives.

Whilst the Ypsomed pump might be suitable for some patients, it is not going to be the best choice for all patients, particularly the children who access the JDRF program and are more likely to experience socioeconomic disadvantage and problems with health literacy.

We are grateful that JDRF have a programme that allows patients with low incomes to access a pump. However the pump chosen should be the most suitable/safest pump for a diverse population, or families/clinicians should be provided with a choice of pump. We believe there needs to be consideration not only to the initial cost of the pump but also to the ongoing cost to the health system in helping patients utilise the pump and adequately manage their diabetes.

We would appreciate the governments' consideration of having arrange of pumps available through the JDRF system.

With kind regards

Dr Monique Stone on behalf of the staff or the SWSLHD diabetes service

Paediatric Endocrinologist

Campbelltown Hospital

Therry Road, Campbelltown NSW 2560

Monday/Wednesday and alternative Thursday

Te^{s47F} | Fax (02) 4634 4600 | ^{s47F} @health.nsw.gov.au

www.health.nsw.gov.au



Health
South Western Sydney
Local Health District

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s22

From: s47F @health.qld.gov.au>
Sent: Thursday, 30 November 2023 10:53 AM
To: s47E(d)
Cc: s47F
Subject: JD RF Insulin Pump Program - Attention s22

Dear s22

I trust this letter finds you in good health. I am writing on behalf of the Clinical Excellence Queensland Type 1 Diabetes working group and Queensland Children's Hospital diabetes educator team to express our heightened concerns regarding the decision to award the insulin pump program tender to Ypsomed CamAPS, discontinuing the Medtronic 780G for low socioeconomic families. Our collective experience and expertise in managing paediatric diabetes patients have led us to identify additional intricate issues with the Ypsomed system that must be taken into serious consideration, particularly in the context of the financial challenges faced by low socioeconomic status (SES) families.

Limited Algorithm Choice: The Ypsomed CamAPS insulin pump, with its specific algorithm requiring engagement and accuracy, may not be the ideal choice for every patient, and this is especially pertinent for those in low SES. The Ypso CamAPS FX algorithm is designed to learn the individual, which can become troublesome for those individuals in chaotic environments or for those families experiencing food insecurity and therefore inconsistencies in day- day food environments. We firmly believe that clinicians and patients, particularly those facing financial constraints, should have the autonomy to select an algorithm that best aligns with their unique needs, preferences, and lifestyle without incurring additional costs.

App-Based Challenges and Mobile Phone Dependency: The app-based nature of the Ypsomed system, coupled with its dependency on a mobile phone for sensor automation, poses severe challenges for low SES families. Affordability in maintaining a functional SIM card and replacing broken phones may be financially burdensome, contributing to an increased mental load on already stressed families. The requirement for technical support in setting up and navigating the phone, in addition to managing the pump, adds another layer of complexity for families with limited resources.

Connectivity Issues without a SIM Card: Families without consistent access to a reliable SIM card may face increased connectivity issues between the mobile phone and the pump, leading to potential disruptions in insulin delivery and glucose monitoring. This becomes a critical issue for low SES families who may struggle to afford or maintain a stable SIM card.

Supply Chain Reliability and Infusion Set Shortages: Recent shortages in Ypsomed consumable supplies raise serious concerns for low SES families. A recurrence of such shortages could potentially lead to significant challenges in patient care and management, forcing existing patients into costly alternatives such as driving to multiple pharmacies to attempt to obtain supplies and need to revert to pen injections and associated risks of DKA with absent or insufficient basal insulin.

Transition Challenges for Existing Medtronic Users: Patients currently using the Medtronic pump will require significant education and support to transition to the Ypsomed system, further straining low SES families who may already be grappling with limited resources and healthcare access.

Mobile Phone Requirement for Ages 2-12: Requiring patients aged 2-12 years to carry a mobile phone at all times, in addition to the pump, raises practical and safety concerns. It may not be developmentally appropriate for young children, and there may be added risks associated with carrying electronic devices.

Patient Adherence and Challenges with Ypsomed Pump: ^{s47F}

^{s47F} The widely reported mechanical and electronic issues pose a significant challenge for low SES families. Full restarts, cannular changes, reservoir rewinds, and other related issues may disrupt the learning environment and affect the overall wellbeing of paediatric patients, amplifying the financial burden on these families. Moreover, complaints regarding the support from the Ypsomed team, including difficulties in contacting the helpline, have been widespread. Families with low health literacy are particularly vulnerable to managing these issues effectively.

^{s47B}

^{s47B} . Collaborative efforts with healthcare professionals, patient advocacy groups, and industry representatives can lead to a more informed and patient-centric decision-making process that considers the unique challenges faced by families with low SES.

Thank you for your attention to these crucial matters. We remain hopeful for a reconsideration that ensures the best possible outcomes for the paediatric diabetes population, particularly those in low SES.

Kind regards,

Diabetes Nurse Practitioner

Department of Endocrinology & Diabetes

T: §47F

Clinical Excellence Queensland – Type 1 Diabetes Working Group Chair

Clinical Excellence Queensland – Statewide Diabetes Steering Committee member

Children's Health Queensland Hospital and Health Service

Queensland Children's Hospital

501 Stanley Street

South Brisbane QLD 4101

T: §47F

E: §47F @health.qld.gov.au

W: www.childrens.health.qld.gov.au



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s22

From: Uma Visser (South Western Sydney LHD) s47F @health.nsw.gov.au >
Sent: Thursday, 2 November 2023 5:53 PM
To: s47E(d)
Cc: pumps@jdrf.org.au; s47F @act.gov.au
Subject: Issues with Ypsomed being the only pump available through JDRF

Importance: High

Categories: Allocated to s22

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As a Paediatric endocrinologist who has cared for well over 300 children with Type 1 diabetes in the last 5 years, I am writing to voice my serious concerns if the only pump available through JDRF is the Ypsomed.

I have a number of patients on the Ypsomed, and while it can be a good option for older children who are well engaged with their diabetes, it is NOT for many other children and families.

The main issue is that the closed algorithm is completely reliant on the phone (as opposed to Tslim Control IQ and the Medtronic pumps, where the pump directly uses CGM data to decide on insulin dosing).

If the phone loses charge, breaks, is misplaced or the child moves more than 6 metres from the phone, which young children often do (imagine a 3 years old permanently carrying a pump and phone on them!), the pump goes out of closed loop. When the phone is near the child and the algorithm eventually kicks in, in my experience it gives a large correction and causes sustained and dangerous hypoglycaemia (this has happened many time in one of my patients who is 2y9m of age).

The second problem I have experienced is with the sets. Subcutaneous allergic reactions and frequent (upto twice daily) of the cannula occluding without a kink seem to common. These problems resolve when we have changed children to the sets used by the T Slim/Medtronic.

Finally there is minimal company support with the pump technology for families on Ypsomed. JDRF pumps go to families with a level of socio-economic disadvantage, often who are not very technically competent. Timely company support to help with technologically glitches in the first few weeks is vital to successful pump use.

Ypsomed could be one of the JDRF subsidised pumps as it is a good choice for some children; **but it should NOT be the ONLY subsidised pump.** There will be many children for whom this pump is not the right choice who will be disadvantaged; particularly younger children.

Thank you for considering clinician opinions,
 Uma

Dr Uma Visser
 Paediatric Endocrinologist
 Staff Specialist, Campbelltown Hospital and Canberra Hospital

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3 November 2023

NDSS

Via email: [s47E\(d\)@health.gov.au](mailto:s47E(d)@health.gov.au)

Re: Concern re proposal to adopt Ypsomed pump for the JDRF Pump Subsidy Programme

I would like to register my significant concern about the decision to transition to JDRF Subsidised Pump Programme from the previously successful Medtronic 780G pump to the Ypsomed pump.

The Ypsomed pump is not equivalent to the Medtronic. The Ypsomed has features that will have a significant negative impact specifically in regional centres. They are dependent on having acceptable Internet which is frequently not the case in regional centres for geographical and financial reasons. They can only be used with Android phones. The Ypsomed pump is not as familiar to regional practitioners who have typically been using the various generations of Medtronic for some years. A new product will involve a major switch and a significant undertaking for our service. We have never used Ypsomed locally. Therefore, from a regional perspective this proposal is not transitioning from one equal product to another.

The transition from JDRF subsidised Medtronic will cause major difficulties for children who live in in regional and rural centres. s47F

s47F. The advent of an effective closed-loop pump has been a major advance in diabetes management-the most significant advance in my 35 years of clinical practice. Closed loop CSII is now accepted to be the standard of care worldwide. The Medtronic system has been very successful with excellent support from Medtronic and readily available data access that allows us to manage patients remotely. This is essential for a regional service.

A reasonable solution is that ongoing subsidised access to both Medtronic and Ypsomed pumps is offered through the JDRF subsidy and therefore patients and clinics have that choice depending on local resources.

I am disappointed in this decision, which in my view is seriously flawed and specifically discriminates against children with T1D living in regional centres. There had does not appear recognition of the significant impact for regional children in the decision. I am curious as to the background and credentials of the clinicians who were involved in making this decision, and what level of regional engagement was involved.

On behalf of all regional paediatric services and our local service I would be very grateful this decision could be reviewed so that regional services like my own can offer this vulnerable group of children a choice of pump rather than no choice.

Yours sincerely,

s47F

Staff Specialist Paediatrician - Port Macquarie Base Hospital

Conv: JDRF e: pumps@jdrf.org.au

s47F

diabetes educator John Hunter Hospital

s47F

s22

From: s47F (Northern NSW LHD) s47F @health.nsw.gov.au >
Sent: Tuesday, 14 November 2023 2:23 PM
To: s47E(d)
Cc: 'Insulin Pump Program'
Subject: JDRF Pump program
Categories: Allocated to s22

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Dear s22

I am writing to express my concern and disappointment that only 1 pump system will be accessible to children living with T1DM and their families through the JDRF insulin pump program.

JDRF's Insulin pump program has been crucial in delivering gold standard diabetes care to those families that otherwise would not have access to this life changing technology.

It is greatly disappointing that these families no longer have choice.

Whilst the Ypsomed /Cam APS system is an adequate system for many it is not suitable for everyone. I am aware that an android phone will be supplied for the child with T1DM, however this does not address the issue for parents with apple devices. These parents will not be able to follow their children unless they purchase an android device. A cost that is prohibitive for many. This system also dictates that a child MUST have a mobile phone on them or with in a few meters at all times to get the benefit of the automated delivery system. Other systems are stand alone and do not require a mobile phone for the system to work. I feel families should have some autonomy regarding this decision.

I also would like to raise concerns re the supply of Ypsomed pump consumables. I currently have families in my clinic who are finding the supply issue very stressful. Families attending our paediatric diabetes clinic have reverted back to pen therapy due to the struggle in obtaining a regular supply of Ypso pump consumables. This is an incredibly unfortunate situation. I view this situation as precarious in light of the decision to have only 1 system available.

I appreciate the time taken to read my email.

Kind regards

s47F

Credentialed Diabetes Educator

Tweed/ Byron Diabetes Service

Tweed Community Health
 Level 2 Tweed Community Health
 Florence Street
 Tweed Heads NSW 2485



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Hon Mark Butler MP
Minister for Health and Aged Care
Parliament House, Canberra, ACT, 2600
Via email: minister.butler@health.gov.au

17 November 2023

Dear Minister

The Diabetes Team at The Children's Hospital at Westmead NSW (CHW) would like to express some concerns regarding the recent announcement that the YpsoPump will be the **only** insulin pump now available via the Department of Health (DoH) programme administered by the Juvenile Diabetes Research Foundation (JDRF). As you know, this program provides insulin pump access to children and adolescents diagnosed with Type 1 diabetes whose families cannot afford private health insurance.

In Western Sydney, which is the population we serve, many of our families are extremely grateful to have access to the JDRF programme as without it, their children would not have the opportunity to use insulin pump therapy. Our patients come from broad educational, socioeconomic and multicultural backgrounds and rely on systems which are intuitive and easy. We currently perform about 60 new patient pump starts per year and of these, 20-30 are DoH/JDRF funded pumps. At present we have 27 patients on the DoH/JDRF programme waitlist.

CHW strongly advocates for patient choice and there are currently 6 TGA approved insulin pumps available for use in Australia. All 6 pumps have specific features which suit specific patients by best addressing their individual behaviours and lifestyles. We therefore advocate that a patient be offered the best pump to tailor to their individual needs. The YpsoPump has many advantages, but it may not suit children of all ages.

Based on feedback from our families, we have noted the following points:

- The MyLife YpsoPump algorithm is “app based” and children find “keeping apps live” difficult, meaning the patient does not have the benefit of insulin automation when the app is closed/not functioning/being upgraded etc.
- The added cost for families to buy another (android) phone.
- Patients who require higher insulin doses eg those in puberty or on steroid medication have reported that they have to change the reservoir frequently due to its smaller volume.
- Some patients have reported the need for more frequent set/reservoir changes due to insulin flow issues, occlusions and electronic issues requiring a “full restart”. Set

changes are often required in the school setting necessitating the parent to attend the school.

- There would need to be a significant increase in trained support staff available to provide education and trouble shoot with families including after hours.
- Families of young children have expressed concern about managing two devices and the need for a child to always carry a phone. There has been a recent change in mobile phone policies by NSW Schools, mobile phones are now effectively banned and children report feeling singled out by being allowed to carry a phone when their peers are not. It is also problematic if a child loses a phone or technology fails as they then cannot receive bolus insulin.
- Some families who have trialled the YpsoPump have also raised concerns about the algorithm resulting hypoglycaemia and an inability to respond to acute short-term changes such as illness. We note the current TGA safety recall on the CamAPS FX and mylife CamAPS apps and understand the algorithm may develop and improve over time but at present some families report that it does not always meet their needs.

In summary the families of Western Sydney and Diabetes team at The Children's Hospital at Westmead are very grateful to have access to the DoH/JDRF pump programme. It has enabled many of our families to access care that they would otherwise not be able to afford. We believe in patient choice but also in providing the safest and easiest to use option for our families with complex needs. The feedback we have received to date suggests that greater choice is needed as the current YpsoPump does not have all the features required by young children with Type 1 diabetes.

We would therefore suggest that the DoH/JDRF programme considers the introduction of a pathway for a different choice of pump if the treating team provides in writing the reasons why the YpsoPump is not appropriate for an individual patient. This will enable equity of access to appropriate care for all children with T1D who are eligible for DoH/JDRF subsidised insulin pump therapy.

Thank you for considering this request.

Yours sincerely

s47F



Clinical A/Prof Ann Maguire

Diabetes Lead
Co-head of Department

s47F



Clinical A/Prof Shubha Srinivasan

Co-head of Department

s47F



MS Kristine Heels

Nurse Manager

cc:

s47F, Insulin Pump Program Lead and Health Policy Coordinator JDRF
via email: s47F [@jdrf.org.au](mailto:info@jdrf.org.au), pumps@jdrf.org.au
Mike Wilson OAM, CEO JDRF via email: info@jdrf.org.au
NDSS s47E(d) [@health.gov.au](mailto:s47E(d)@health.gov.au)



**Central Queensland
Hospital and Health Service**

Enquiries to: s47F
 Clinical Nurse/ Credentialed
 Diabetes Educator
 Diabetes Service
 Gladstone Hospital
 Phone: s47F
 Fax: (07) 4976 3193
 s47F @health.qld.gov.au

23rd November 2023

NDSS/ Department of Health
 RE: JDRF Insulin Pump Program

To Whom It May Concern,

I am writing to request an urgent review of the recent decision to supply only Ypsomed pumps and Android phones via the JDRF insulin pump program.

Children with diabetes, their families and those of us caring for them require options to best match technology with the individual needs of children with diabetes.

In my professional opinion, the Ypsomed CAM APS system is not the best system for a family facing socio-economic disadvantage, as is the case for families applying for a publicly funded insulin pump.

The Ypsomed pump and CAM APS app does not suit everyone, and the children I have waiting for a publicly funded pump will now go without a pump due to a number of reasons listed below:

- They cannot reliably manage or afford data for the phone required to run the Ypsomed pump.

Office

Queensland Health
 Central Queensland Hospital &
 Health Service District

Postal

PO Box 299
 Gladstone Qld 4670

Phone

4976 3261

Email

gladstonediabeteseducation
 @health.qld.gov.au

- Parents cannot afford to upgrade their own phone to Android, which is required to 'follow' the child's data throughout the day when parent and child are apart.
- Some children require more than the 160 unit capacity of the Ypsomed pump within the 2-3 days between set changes.
- Internet coverage is not reliable enough to be able to deliver insulin as required.
- Child is not able to stay within 6m of the phone at all times to allow for automated basal insulin delivery.
- Families cannot afford to replace the Android phone if it is lost or damaged.
- Known issues with supply of Ypsomed consumables impacts on ability to actually use the pump.

I am calling for Medtronic 780g and Tandem T-slim pumps to be added to the list of available devices via the JDRF insulin pump program as a matter of urgency. Every day this is delayed puts our vulnerable children with diabetes at disadvantage to their peers and adds to the future burden of disease both for consumers individually, and for our health systems that care for them.

Yours sincerely

s47F



Clinical Nurse/ Credentialed Diabetes Educator

s11C

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s22

From: s47F@health.qld.gov.au >
Sent: Monday, 27 November 2023 10:19 AM
To: s47E(d)
Cc: pumps@jdrf.org.au
Subject: Insulin Pump Program Feedback

Categories: Allocated to s22

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Good morning NDSS,

We are extremely grateful to JDRF and the NDSS for the Insulin Pump Program that has enabled many children in our service to benefit from access to an insulin pump over the years. We would like to provide feedback as this decision has significant impact upon both our families and our Service.

It was unfortunate that the program was delayed for quite a few months and it came as a surprise that the YPSO pump was the only option available, considering the number of closed-loop options currently available. A large number of the children that were due for new pumps were familiar with the Medtronic system. This has proven to be stressful for not only for the families who have an out-of-warranty pump, but also for our Service to be able to support the transition to a new system. The delayed roll-out and transition time for our Service means that many families will be left with an out-of-warranty pump for many months. This has required significant problem-solving to continue to support our families. Many families have voiced their concerns about the supply issues of consumables (public knowledge on social media). The fact that the system is run by a mobile phone has been a particular concern expressed by many.

Did the Department of Health give any consideration to the finer details of the pump choice? For example

- that this system requires the child to have a phone for it to work as a closed-loop system (not all families want their child to have a phone, and many are concerned about the security of the system)
- parents potentially need to purchase different (android) phones themselves to enable them to 'follow' their child's data. This expense is significant and problematic for many.
- the insulin reservoir is extremely small and the volume is often insufficient for adolescents to last 3 days.
- the impact of the delayed decision and the transition to supplying and educating a new pump system to those already out of warranty has put strain on our Service.
- were health care professionals consulted to provide an opinion on the practicalities of rolling out a completely new pump, or was it purely a cost decision.

Thank you JDRF for your ongoing support as the provision of free insulin pumps to the many families who benefit is greatly appreciated and valued by all.

Kind Regards

s47F

s47F

Clinical Nurse Consultant
 Credentialed Diabetes Educator
 Children's and Adolescent Services
M: s47F 8am to 4.30 pm)

P: Dect phone- s47F
E: s47F @health.qld.gov.au
E: sc-paediatric.diabetes@health.qld.gov.au



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Dr Kristen Neville MB BS (Hons 1), FRACP
 Paediatric Endocrinologist
 Provider No: 2111726B
 Telephone: s47F
 Fax: (02) 9382 1787
 E-Mail: s47F @health.nsw.gov.au



Wednesday, 6 December 2023

Hon Mark Butler MP
 Minister for Health and Aged Care
 Parliament House, Canberra, ACT, 2600
 Via email: minister.butler@health.gov.au

Dear Minister,

We write to you regarding the federal government's Insulin Pump Program and the concerns we have with the program offering only the Ypsopump. We outline our concerns below:

- 1. The Ypsopump advanced hybrid closed loop algorithm is dependent on an Android phone to access these features (in contrast to the Medtronic 780G and Tandem T-Slim x2 with Control IQ).**
 - Whilst we appreciate that Ypsomed have tried to mitigate this by providing the patient with an android phone, children with phones (and technology in general) are prone to breakages. If, and when, the phone provided breaks, we then have a child out of their closed loop trying to troubleshoot the system. Further, our understanding is the phone to be offered by Ypsomed will NOT be under warranty, thus if it breaks or is lost the child will have lost the ability to use the advanced hybrid closed loop features of the pump unless their family can access/purchase another phone.
 - The MyLife Ypsopump algorithm is "app based" and children find "keeping apps live" difficult, meaning the patient does not have the benefit of insulin automation when the app is closed/not functioning/being upgraded etc.
 - In addition, many families are trying to reduce their child's dependence on mobile phones, which will be impossible with the Ypsopump. There has been a recent change in mobile phone policies by NSW Schools, mobile phones are now effectively banned and children report feeling singled out by being allowed to carry a phone when their peers are not. It is also problematic if a child loses a phone or technology fails as they then cannot receive bolus insulin.
- 2. The Ypsomed pump reservoir holds significantly less insulin than other pumps**
 - The Ypsomed pump only holds 1.6mL insulin, compared to 3mL in other pumps. In children with higher insulin requirements (including those in puberty, on steroid medications, larger weight) this would require significantly more frequent changes of the pump reservoir, at a significant inconvenience to the child and their family.
- 3. Potential safety concerns with the Ypsomed pump**
 - Some patients have reported the need for more frequent set/reservoir changes due to insulin flow issues, occlusions and electronic issues requiring a "full restart".
 - Some families who have trialled the Ypsopump have also raised concerns about the algorithm resulting hypoglycaemia and an inability to respond to acute short-term changes such as illness. We note the current TGA safety recall on the CamAPS FX and MyLife CamAPS apps and understand the algorithm may develop and improve over time but at present some families report that it does not always meet their needs.

4. Local clinical expertise, support and education using the 780G as our preferred pump.

- Due to the JDRF Insulin Pump Program offering only the Medtronic 780G last financial year, our local expertise, educational resources, and processes are centred around this pump and its advanced hybrid closed loop. Much more clinician time will be needed to develop resources, knowledge, and expertise with the Ypsopump to best support our families with its use.
- We completed 40 pump starts so far this year with 14 of these with the Medtronic 780G through JDRF. In using the Medtronic pump, we have been able to achieve better clinical outcomes for our patients with a recent review showing that our clinic achieved a median HbA1c of 7.4% which was a decrease of over 1% in a year. We have also been able to achieve some great clinical outcomes for the youngest and most challenging population in our patient group using the Medtronic 780G. Not having this pump as an option through the insulin pump program can potentially have implications on their long-term diabetes control and management.

5. Lack of patient choice through the Insulin Pump Program.

- In waiting for this year's tender process to be complete, we were told that the increased wait time was to allow thorough review of the insulin pumps available and look at the potential in offering more patient choice. We feel that the offering of the Ypsopump does not allow any patient choice and we are concerned that it will result in poorer glycaemic outcomes.

For these reasons we ask that the decision to offer Ypsomed to be the sole provides of insulin pump to the JDRF pump programme is urgently reviewed and re-considered.

Yours sincerely,

s47F

[Redacted signature]

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