NHS Health Check: webinar instructions

The webinar will start at ***12pm***

- To hear audio dial: ***0800 279 5729***
- Guest code ***312 163 4382***
    - your telephone line is automatically muted, please press ****6*** to unmute
- The phone line will be locked two minutes after the start time
- Instructions on how to ask a question will be displayed at the end of this presentation
- This webinar presentation will be ***recorded*** and ***uploaded*** on to our website

NHS HEALTH CHECK
Helping you prevent
diabetes
heart disease
kidney disease
stroke & dementia

Public Health England

DIABETES UK
CARE. CONNECT. CAMPAIGN.

NHS England

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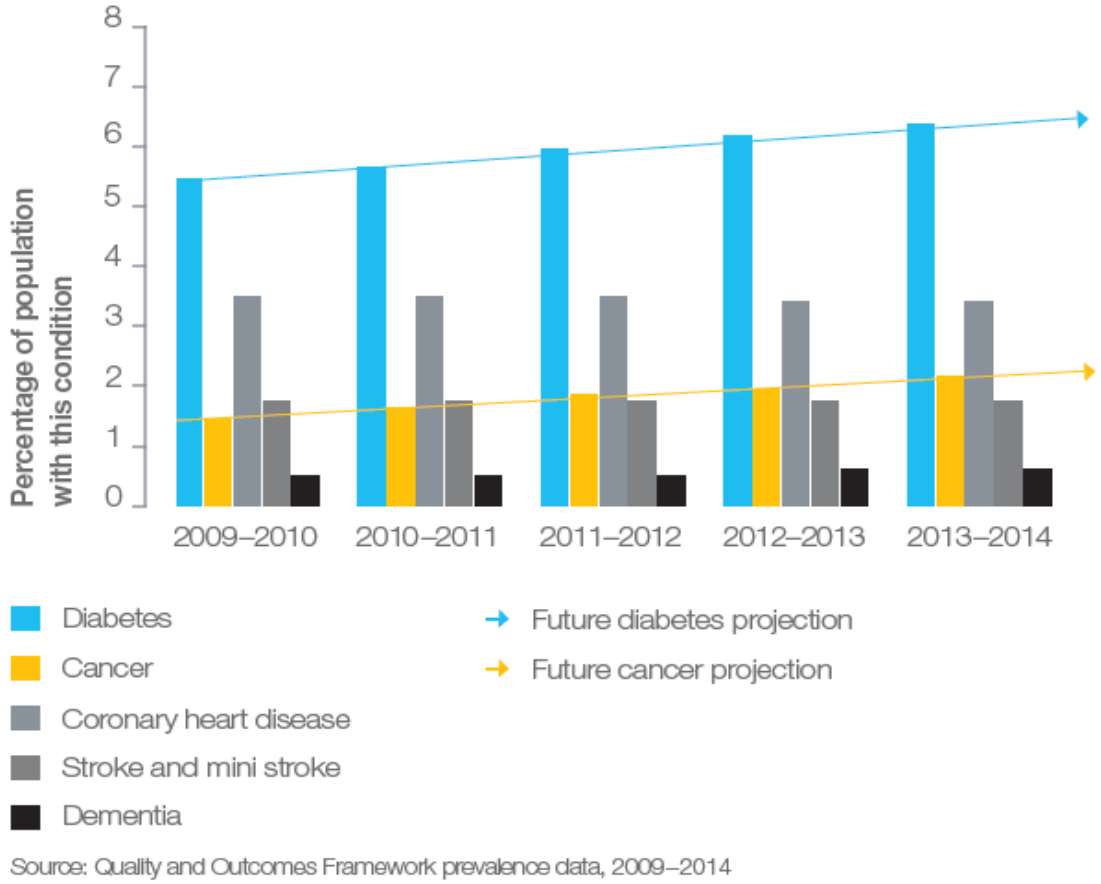
NHS DIABETES PREVENTION PROGRAMME

Preventing type 2 diabetes in England

DIABETES: THE FASTEST GROWING HEALTH ISSUE



Source: Quality and Outcomes Framework prevalence data, 2009–2014

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- Commitment of the NHS Five Year Forward View
- The NHS DPP aims to identify those at risk of Type 2 diabetes early and refer them into evidence-based lifestyle interventions.
- Will be available nationally on roll-out to all adults at risk of Type 2 diabetes with referral routes through:
  - Existing GP Practice registers
  - NHS Health Checks
  - Potential for opportunistic case finding

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EXPECTED BENEFITS: PHE EVIDENCE REVIEW

PHE commissioned an evidence review to assess the effectiveness of ‘real-world’ DPPs:

- 36 included studies
- When compared with usual care:
  - On average, 26% lower incidence of diabetes vs usual care
  - Average 1.57kg weight loss
- More intensive interventions were more effective

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DEMONSTRATOR SITES

We have worked with seven demonstrator sites during 2015/16, to learn practical lessons from delivery. The demonstrator sites were:

- Birmingham South and Central CCG
- Bradford City and Districts CCGs
- Durham County Council
- Herefordshire CCG/LA
- Medway CCG/LA
- Salford CCG/LA
- Southwark Council and CCG

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AN EVIDENCE BASED INTERVENTION

- The NHS DPP behavioural intervention will be underpinned by three core goals:
    - Weight loss
    - Achievement of dietary recommendations
    - Achievement of physical activity recommendations
- The intervention will be long term, made up of at least 13 sessions, spread across a minimum of 9 months.
- Set and achieve goals and make positive changes to their lifestyle.
- Sessions will be delivered predominantly in groups and will be ‘face-to-face’ unless there is a strong rationale for an alternative approach.

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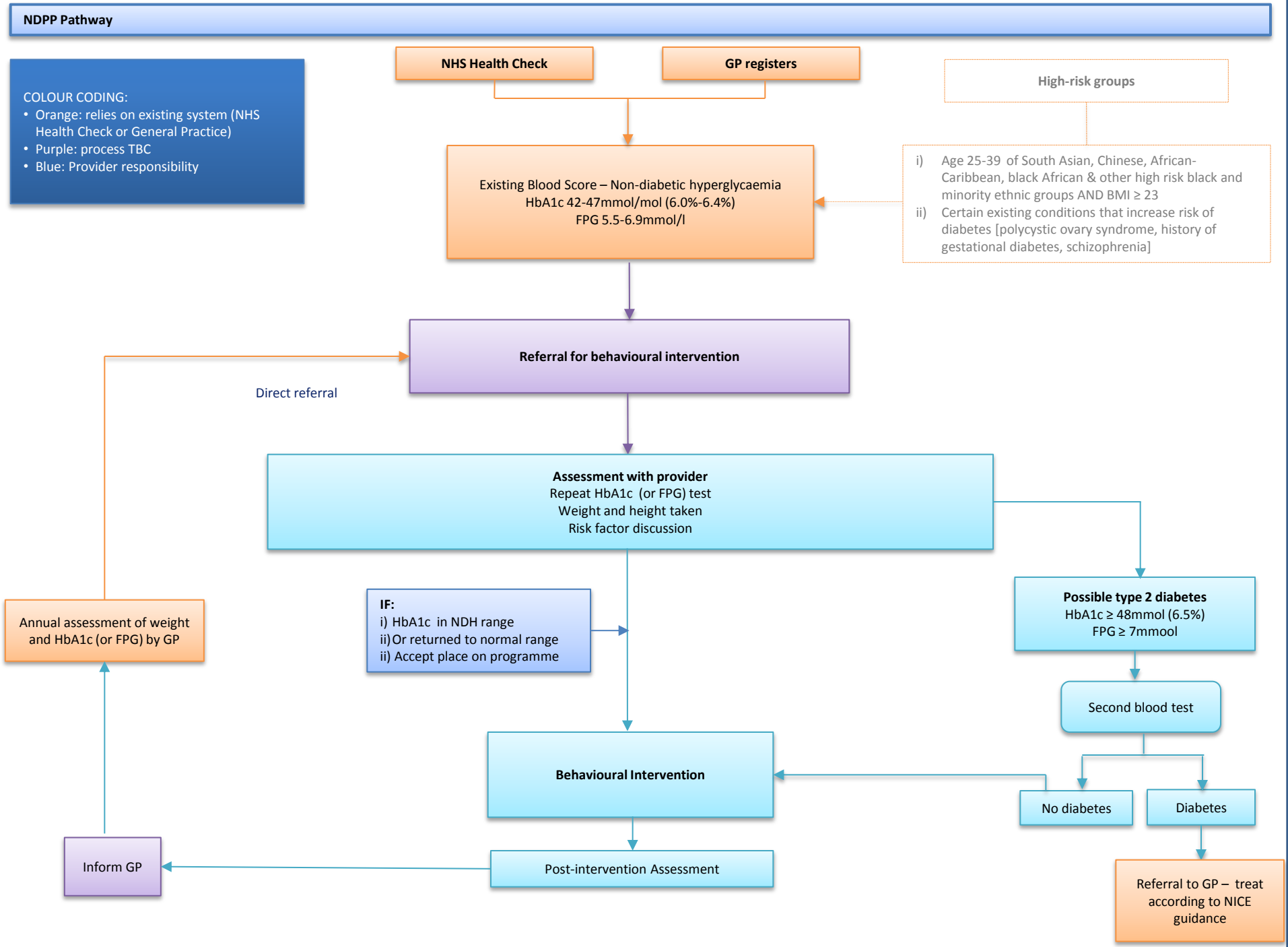
NDPP Pathway
COLOUR CODING:
• Orange: relies on existing system (NHS Health Check or General Practice)
• Purple: process TBC
• Blue: Provider responsibility
NHS Health Check
GP registers
High-risk groups
i) Age 25-39 of South Asian, Chinese, African-Caribbean, black African & other high risk black and minority ethnic groups AND BMI ≥ 23
ii) Certain existing conditions that increase risk of diabetes [polycystic ovary syndrome, history of gestational diabetes, schizophrenia]
Existing Blood Score – Non-diabetic hyperglycaemia
HbA1c 42-47mmol/mol (6.0%-6.4%)
FPG 5.5-6.9mmol/l
Referral for behavioural intervention
Direct referral
Assessment with provider
Repeat HbA1c (or FPG) test
Weight and height taken
Risk factor discussion
IF:
i) HbA1c in NDH range
ii) Or returned to normal range
ii) Accept place on programme
Possible type 2 diabetes
HbA1c ≥ 48mmol (6.5%)
FPG ≥ 7mmool
Second blood test
No diabetes
Diabetes
Behavioural Intervention
Post-intervention Assessment
Inform GP
Annual assessment of weight and HbA1c (or FPG) by GP
Referral to GP – treat according to NICE guidance

NATIONAL PROCUREMENT

- Procurement process run by NHS England.
- 4 lead providers with national infrastructure appointed to a national framework in March 2016.
- 27 contracts issued to date with a number of sites now referring into services.
- Anticipate purchasing circa 20K interventions in 16/17.

Providers
Reed Momenta
Pulse Healthcare Limited trading as ICS Health and Wellbeing
Health Exchange CIC
Ingeus UK Limited

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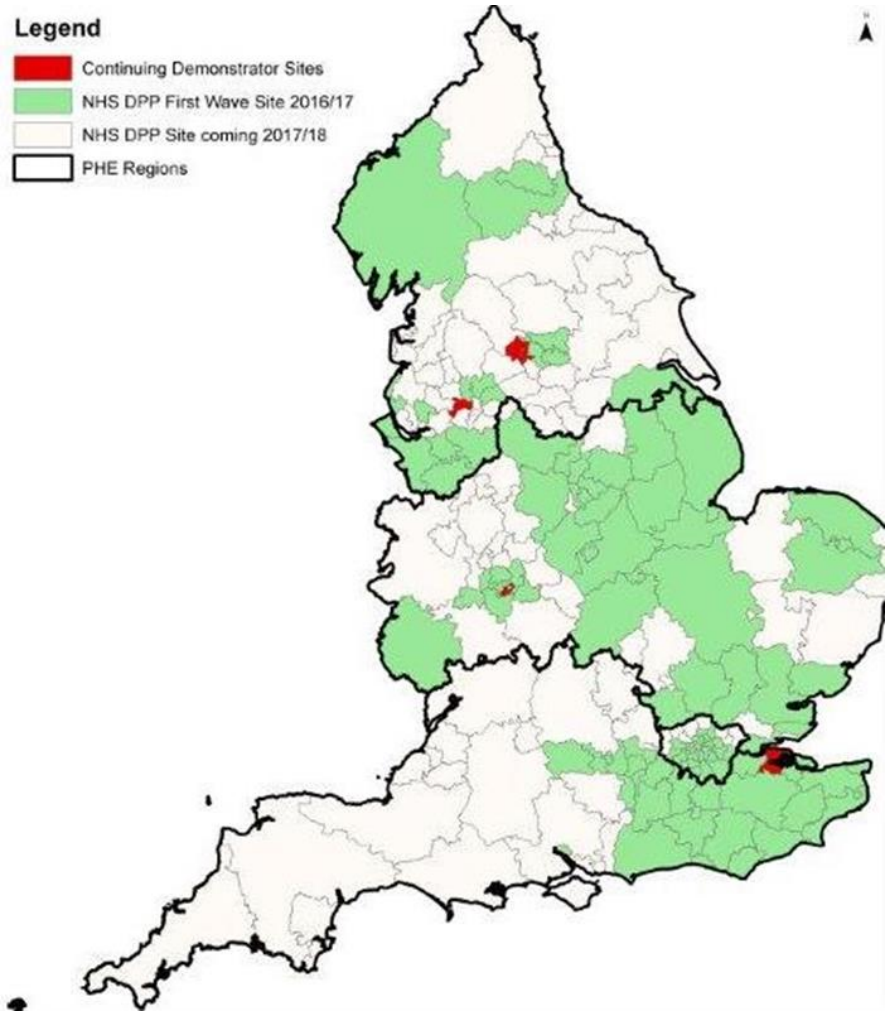
LOCAL AREAS AND REFERRAL

- Number of different sized partnerships in this year (individual CCGs up to 15+)
- Different referral routes being favoured by different areas depending on local infrastructure



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DIRECT RECRUITMENT

- Optional – seen as experimental approach;
- Targeted at BME and seldom heard communities to avoid exacerbating health inequalities;
- We will work with a small number of first wave sites to assess further:
  - Birmingham, East Midlands, Greater Lincs and Newham
- We will work with providers to ensure that there is promotion of the additional benefits of the NHS Health Check as part of the DR offer
- Subject to evaluation to ensure it achieves what we expect

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LOCAL STRUCTURES

- Local NDPP Steering Groups established with ToR
- Regular telephone meetings (usually due to geographies)
- Provider invited to join first part of meetings (once awarded) ensuring close working arrangements
- Unanimous decision to utilise shared resource across the collaboration (mix of CCGs and LAs)
- Short term funding allocated to each area from NHS England to support implementation.
- Responsibilities of local area set out in MOU with NHS England, including minimum level of referrals.

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APPROACH TO REFERRAL GENERATION

- Quality Premiums / LIS / LES in some CCG areas
- Scaled delivery in some CCG areas, until referral numbers increase or full launches (decided with provider)
- Marketing materials including Referrer packs help PC engagement
- Review of practice level high risk of developing diabetes registers
- Review current practice process for reviewing high risk people
- Create implementation plan with primary care locality teams
- Ensure early partnership working with NHS HCs and wider LA lifestyle schemes to ensure pathway alignment

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LESSONS LEARNT

- GP engagement and commitment is crucial from an early start
- Face to face offer of the programme with high risk people appears to be most effective, using motivational conversations to identify what is important to them
- Robust eligibility criteria and referral pathway is key, and communicating this widely
- Data flow between GP's and service provider is key, and providers are being supportive of this
- Clear marketing strategy to both public and professionals is important
- Must link to local healthy lifestyle initiatives

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LINKS WITH STPS

Starting to see links between the NHS HC, the DPP and STP planning, by way of example:

To reduce premature mortality and health demands from CVD & COPD we will:

- Support practices to increase uptake of the NHS Health Check
- Establish a recall mechanism for all of those people identified to be at more than 20% risk of CVD to ensure they have effective support.
- Invite those identified as at high risk of diabetes to a face to face consultation and offer of support including referral to the national diabetes prevention programme.

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CONSIDERATIONS FOR THE NHS HEALTH CHECK

- Is the risk filter embedded in the test?
- Are bloods taken in a timely manner, and are we ensuring that people aren't missed?
- Does the Health Checks contract support the referral action?

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NEXT YEAR

- Working assumption that we roll out to a further 25% of the country in 17/18
- Clear that partnerships of CCGs and LAs that are too small or large are less attractive
- Ensure that key stakeholders are engaged and governance crosses boundaries, public health, commissioning, primary care and many others…
- Consider how you identify, monitor and refer individuals at risk
- Profile predicted numbers of referrals from the partnership
- Decision on roll out to come at the end of the summer, informed by performance from earlier sites

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KEEPING IN TOUCH

- We’re keen to involve range of stakeholders, providers and partners in developing and delivering the programme
- For more info and to sign up to our regular e-bulletin https://www.england.nhs.uk/ndpp
- For any questions email: diabetesprevention@phe.gov.uk

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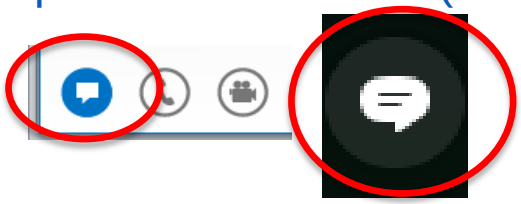
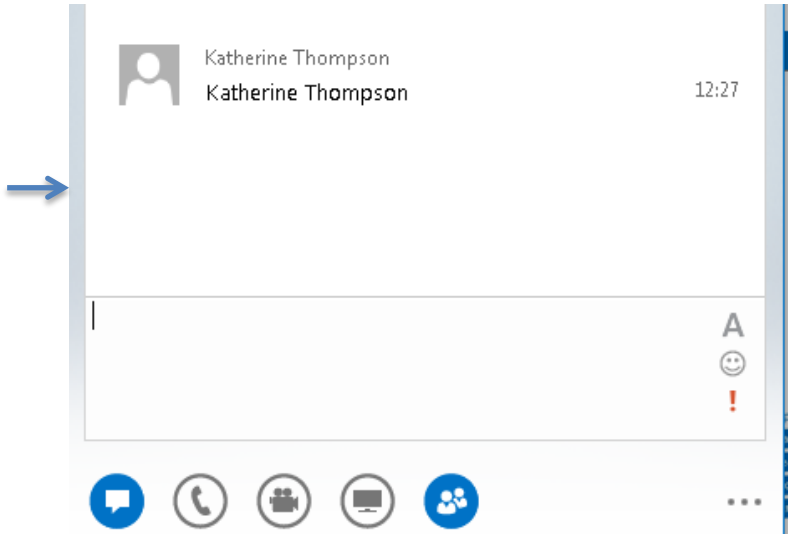
Questions

You can raise a question by:

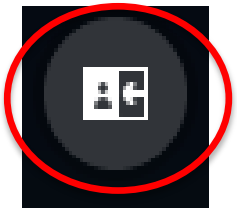
1. clicking on the speech bubble icon (on web versions it will look like the second bubble)



2. typing your question into the text box and pressing enter, it will look like this



3. the chair will ask the question on your behalf
4. you can also raise a question when the chair invites questions from colleagues on the phone. You will need to **unmute** your phone by pressing *6
5. to increase the size of the presentation press this button in the top right and click presentation view.



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Thank you

Thank you for attending this webinar.
A feedback survey will be distributed shortly.

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