

FAO:

Regional Leads
Clinical Networks
STPs/ICSs/CCGs

NHS Diabetes Programme
NHS England and Improvement
5W20
Quarry House
Leeds
LS2 7UE

England.ndpp@nhs.net

23rd May 2019

Dear Colleague

Re: Supporting annual reviews for people with non-diabetic hyperglycaemia and the cessation of point-of-care HbA1c testing in the NHS Diabetes Prevention Programme

We are writing to let you know of upcoming changes to the NHS Diabetes Prevention Programme and to ask for your support in improving monitoring for people with non-diabetic hyperglycaemia in your area.

Due to your efforts in promoting the programme and the hard work of your clinicians in identifying and referring people with non-diabetic hyperglycaemia, the programme has received over 300,000 referrals thus far. You may also be aware that, as part of the NHS Long Term Plan, capacity on the programme will double to 200,000 places per year by 2023/24.

As well as increasing capacity of NHS DPP, we are making changes to the programme to improve equity and access by offering digital pathways under the new framework for those unable to attend the standard face-to-face offer and incentivising providers to improve retention for high risk groups.

As part of ongoing changes to the NHS Diabetes Prevention Programme, our providers will no longer be required to perform point-of-care HbA1c testing to establish baseline measurements or evaluate response to the intervention. Cessation of point-of-care HbA1c testing in your contract areas will occur from 31st May 2019.

There are three main reasons for this:

1. This testing was only intended to assess response to the intervention rather than monitoring for progression to Type 2 diabetes (point-of-care testing should not be used for categorisation / diagnosis of diabetes). For the independent evaluation of programme effectiveness, the requisite sample size for sufficient power to evaluate the impact of the NHS DPP on HbA1c has now been achieved. Furthermore, we have expanded the National Diabetes Audit to extract data from primary care systems for people with non-diabetic hyperglycaemia, allowing longitudinal monitoring of glycaemia and also assessment of long-term impact on microvascular complications, cardiovascular disease, and mortality.
2. Analysis of participant data has shown that the performance of point-of-care HbA1c testing within the programme is not as good as laboratory measures of HbA1c, with a tendency towards systematic negative bias (underreporting HbA1c compared to venous blood tests). Our programme data suggests there is a demotivating and disengaging effect associated with receiving point-of-care results within the normal range.



3. Cessation of blood testing on the programme will simplify the pathway for participants and is expected to reduce delay between referral and starting the programme.

We are also working to promote best practice, in line with NICE Guidance, for people with non-diabetic hyperglycaemia, specifically regarding annual reviews in primary care to monitor for progression to type 2 diabetes. We are aware that there is currently variation in whether such reviews are offered by practices and the form that reviews take. NICE Guidance PH38 states:

- Offer a blood test at least once a year (preferably using the same type of test). Also offer to assess their weight or BMI;
- At least once a year, review the lifestyle changes people at high risk have made. Use the review to help reinforce their dietary and physical activity goals, as well as checking their risk factors. The review could also provide an opportunity to help people 'restart', if lifestyle changes have not been maintained.

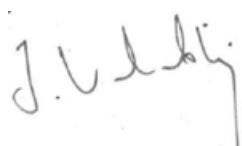
As a minimum, we are asking that you please support your member GP practices and clinicians to conduct annual venous blood tests on their registered population with non-diabetic hyperglycaemia to monitor for progression to Type 2 diabetes. The annual review is important for everyone identified with non-diabetic hyperglycaemia, whether or not they have attended the NHS Diabetes Prevention Programme. It offers an opportunity to check glycaemic status and encourage positive behaviour change, while facilitating timely diagnosis and treatment if progression to Type 2 diabetes has occurred. Delay in diagnosis of diabetes is associated with adverse longterm health outcomes and complications; without regular monitoring to identify Type 2 diabetes if progression does occur, it is likely that any positive impact previously achieved through lifestyle change would be attenuated.

A single round of diabetes screening and cardiovascular risk assessment in middle-aged Danish adults in general practice was associated with a significant reduction in all-cause mortality and cardiovascular events in those diagnosed with diabetes (*Diabetologia* (2017) 60:2192-2199), suggesting individual benefit where early identification of Type 2 diabetes is made. **It is just as crucial (if not more so) that people who have not attended the NHS Diabetes Prevention Programme are offered yearly monitoring to identify progression to Type 2 diabetes as it is for those who have received an intervention to reduce their risk.**

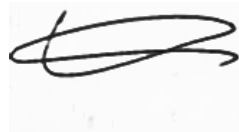
We would be grateful if you work with your local Clinical Leaders to increase awareness of the need for annual reviews and provide information to your clinicians to support uptake. Opportunities may include Primary Care Network meetings, Protected Learning events, Practice Manager meetings and Primary Care newsletters.

To assist in raising awareness, a draft letter to GP practices is enclosed. Please edit this as required for your local area and ensure it is disseminated to your clinicians.

Yours sincerely



Professor Jonathan Valabhji
National Clinical Director for Obesity and
Diabetes
NHS England & NHS Improvement



Tom Newbound
Deputy Director – Diabetes Programme
NHS England & NHS Improvement