HEALTHIER YOU

NHS DIABETES PREVENTION PROGRAMME

Preventing type 2 diabetes in England
DIABETES: THE FASTEST GROWING HEALTH ISSUE

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
  – Average 1.57kg weight loss
• More intensive interventions were more effective
• 3.24kg in those that adhered to the most NICE guidance
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.
REFERRAL PATHWAY

• Will be available nationally on roll-out to all adults at risk of Type 2 diabetes with referral routes through:
  – Existing GP Practice registers and opportunistic case finding
  – NHS Health Checks
  – Exploring Direct Recruitment

• To be eligible participants will have a blood test indicating Non-Diabetic Hyperglycaemia within the last 12 months (HbA1c 42-47mmol/mol (6.0%-6.4%) FPG 5.5-6.9mmol/l)
**BENEFITS AND RETURN ON INVESTMENT**

- Impact analysis¹ (IA) described the financial savings and health benefits gain if 390,000 people receive the NHS DPP intervention over 5 years.

- The revised ROI analysis shows that:*  
  - Approximately £1.1bn of monetised health benefits  
  - 12,000 – 18,000 cases of Type 2 diabetes prevented or delayed by Yr 8 (which is on average 58-88 per CCG)  
  - By year 12, the programme will become cost saving

- Visit the new ROI calculator: [https://dpp-roi-tool.shef.ac.uk/](https://dpp-roi-tool.shef.ac.uk/)

*Based on medium end cost = £270, base rate effectiveness, undiscounted, excluding £10m estimated implementation and support costs.  
NATIONAL PROCUREMENT

- NHS England ran a procurement to appoint four providers to a national framework. This maximised NHS England's purchasing power and enabled us to ensure fidelity to the evidence and national scalability. These providers are:
  - Reed Momenta
  - ICS Health and Wellbeing
  - Health Exchange CIC
  - Ingeus UK Limited

- Estimate delivering up to 15,000 interventions in 2016/17.
PERFORMANCE – FRAMEWORK PROVIDERS

• First referrals into the national service were generated in June 2016, and All 27 Year 1 sites are now live and referring.

• Referrals to the programme continue to increase month on month, with 13,383 people referred to end of November, on target

• 3,119 people have now taken up the programme (same time period)

*As of end November 2016
LESSONS LEARNT

1. Primary care engagement has to be local, and use strong narrative alongside “the case for action”, national influence, local implementation;

2. Difficult to get joint ownership between CCGs and LAs and this varies depending on leadership. LAs have struggled to engage primary care when leading partnerships, the role of STPs;

3. Integration with wider services paramount to successful implementation and delivery;

4. Clinical and service user engagement is critical to local change management and successful mobilisation;

5. Consideration of delivery across high density urban areas and low density rural areas using the same service specification generates a challenge for group based activity;

6. Step change requires investment in implementation, providing the intervention isn’t enough on its own.
KEEPING IN TOUCH

• 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