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NHS England

NHS Diabetes Prevention Programme

Tom Newbound – National Implementation Lead

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Five Year Forward View

"Our ambition is to change this over the next five years so that we become the first country to implement at scale a national evidence-based diabetes prevention programme modelled on proven UK and international models, and linked where appropriate to the new NHS Health Check."

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Why is Non Diabetic Hyperglycaemia important?

- High risk of progression to Type 2 Diabetes associated with higher CVD event rate
- Diabetes is the fastest growing health issue of our time, and in line with rising obesity, prevalence is projected to continue rising
- Average reduced life expectancy of 6 years for someone diagnosed in their 50s

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NHS Diabetes Prevention Programme

- Tailored support improving diet and physical activity for individuals at risk
- 9 months, minimum of 13 sessions and 16 hours direct contact
- Nationally funded by NHS England and commissioned for Local Health Economies
- NHS Health Check a key identification and referral route into the programme
- Easy for GPs – refer patients to providers and then whole service is provided outside of Primary Care

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The Evidence

Type 2 diabetes can be prevented or delayed through lifestyle changes.

Diabetes Prevention Programmes vs usual care:

- On average 26% lower incidence of diabetes
- Over 3kg weight loss in those DPPs adhering to NICE recommendations and of high intensity (such as the NHS DPP)

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/456147/PHE_Evidence_Review_of_diabetes_prevention_programmes-_FINAL.pdf

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Where are we now?

- 75% population coverage in England
- More than 128,000 referrals made into the programme to date
- More than 55,000 participants attended Initial Assessment
- 59% uptake

More detailed findings from the First progress report of the Healthier You: NHS Diabetes Prevention Programme in 2016/17 published online ahead of print in Diabetic Medicine (December 17)

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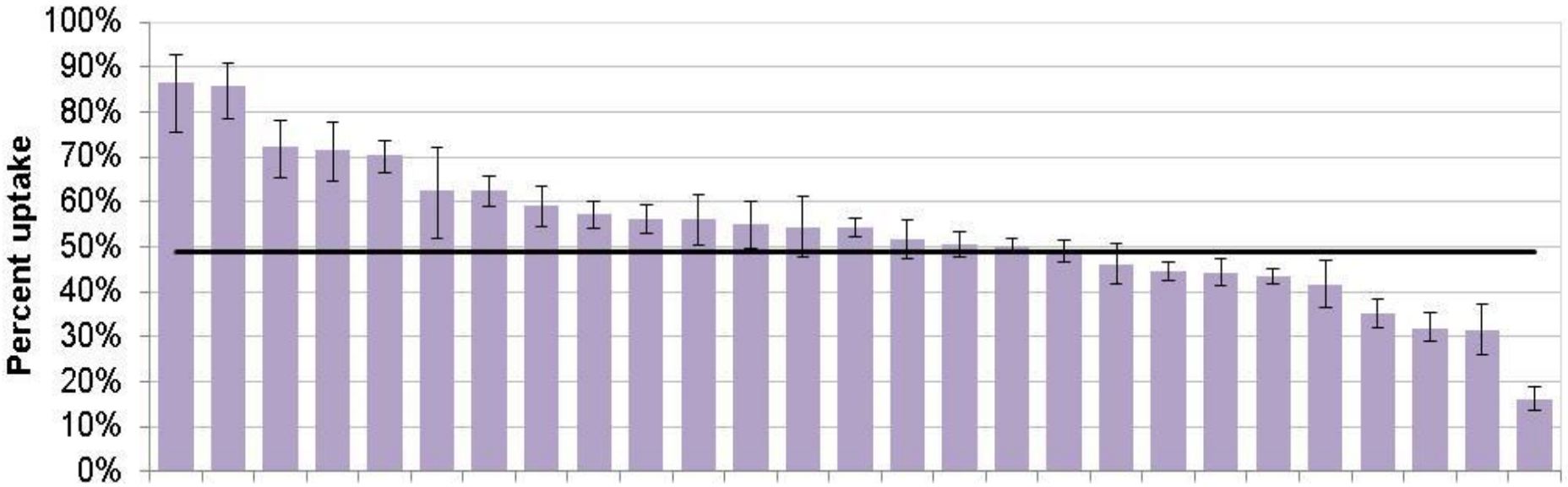
Uptake by local health economy during 2016 /17 (%)



Drivers of variation

Method of referral appears to be main driver of variation in uptake:

- Warmer more personalised approaches result in uptakes of 70% +. This is a key benefit to the NHS Health Check and heightened motivation to take up the NHS DPP;
- Cooler, less personalised approaches result in lower uptakes, circa 25% (generic mailshots, low understanding of risk).

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Equity of access (Up to April 17)

- No significant differences in uptake to the programme by sex (p=0.0601)
- Attendance rates varied significantly by sex, age group and ethnicity per 100,000 adult population (all p<0.001);
  - Significantly lower for males compared to females (74 vs 87 per 100,000)
  - Increased as age increased
  - Significantly higher attendance rates in the most deprived quintile versus the least deprived quintile (72 vs. 60 per 100,000).

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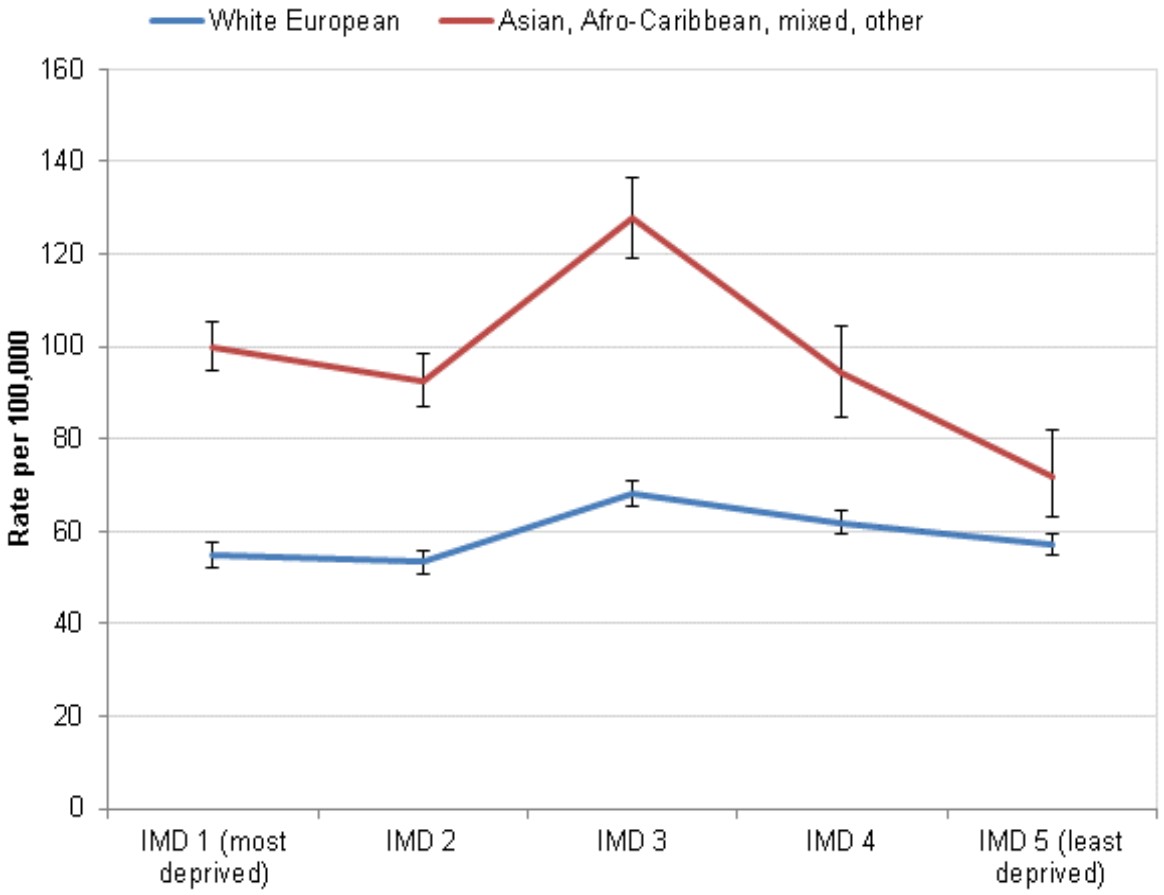
Attendance rates per 100,000 population by ethnic group and deprivation quintile (Up to April 17)



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Characteristics of participants June 16 – November 17

- 44% male / 55% female
- 45% aged less than 65
- 21% from black, Asian and minority ethnic groups

Deprivation quintile	%
IMD 1 (most deprived)	19%
IMD 2	20%
IMD 3	20%
IMD 4	19%
IMD 5 (least deprived)	19%
Unknown	4%

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Initial Outcomes

- Analysis of the first participants progressing through the programme shows a mean weight loss at 6 months of **3.5kgs**

- As further data become available, it will be possible to examine rates of retention and completion, as well as changes in weight and HbA1c by programme completion

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Opportunities for LHEs

- Coding to understand the whole pathway, and support evaluation;
- Role of stratification and targeting those at highest risk first;
- Improving quality of referrals, the NHS Health Check and supporting uptake and retention;
- Continue to develop representation from local referral mechanisms;
- Developing incident case finding approaches and strengthening the NHS Health Check.

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2018/19 Roll Out

- Roll out to the remainder of England in 18/19, providing full national coverage.
- Sustainability and Transformation Partnerships set new contract areas.
- Commitment to invest in new contracts and re-procure for those areas already delivering so that we build a sustainable national service.

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Summary

- Programme mobilising well, and at pace.
- Data key to ongoing monitoring and evaluation and well factored.
- Participant characteristics indicate programme is reaching those who are both at greater risk of developing Type 2 diabetes and who typically access healthcare less effectively.
- NHS Health Check a key vehicle in ensuring the sustainability of the NHS DPP through incident case finding and high quality of patient referrals

Evolving the Healthier You NHS Diabetes Prevention Programme

Opportunities for Digital Health Interventions – Ben McGough

Context we are working in:

Scale

- **Roll out F2F DPP will reach approximately 2.5% of at risk population annually once fully scaled**
- **A high level of unmet need will still exist**

Know barriers to access of F2F

- **Venue and accessibility (transport links/car parking)**
- **Competing commitments such as work**
- **Do not like the idea of group learning**
- **Preference for modular courses and e-learning with on-line options instead.**

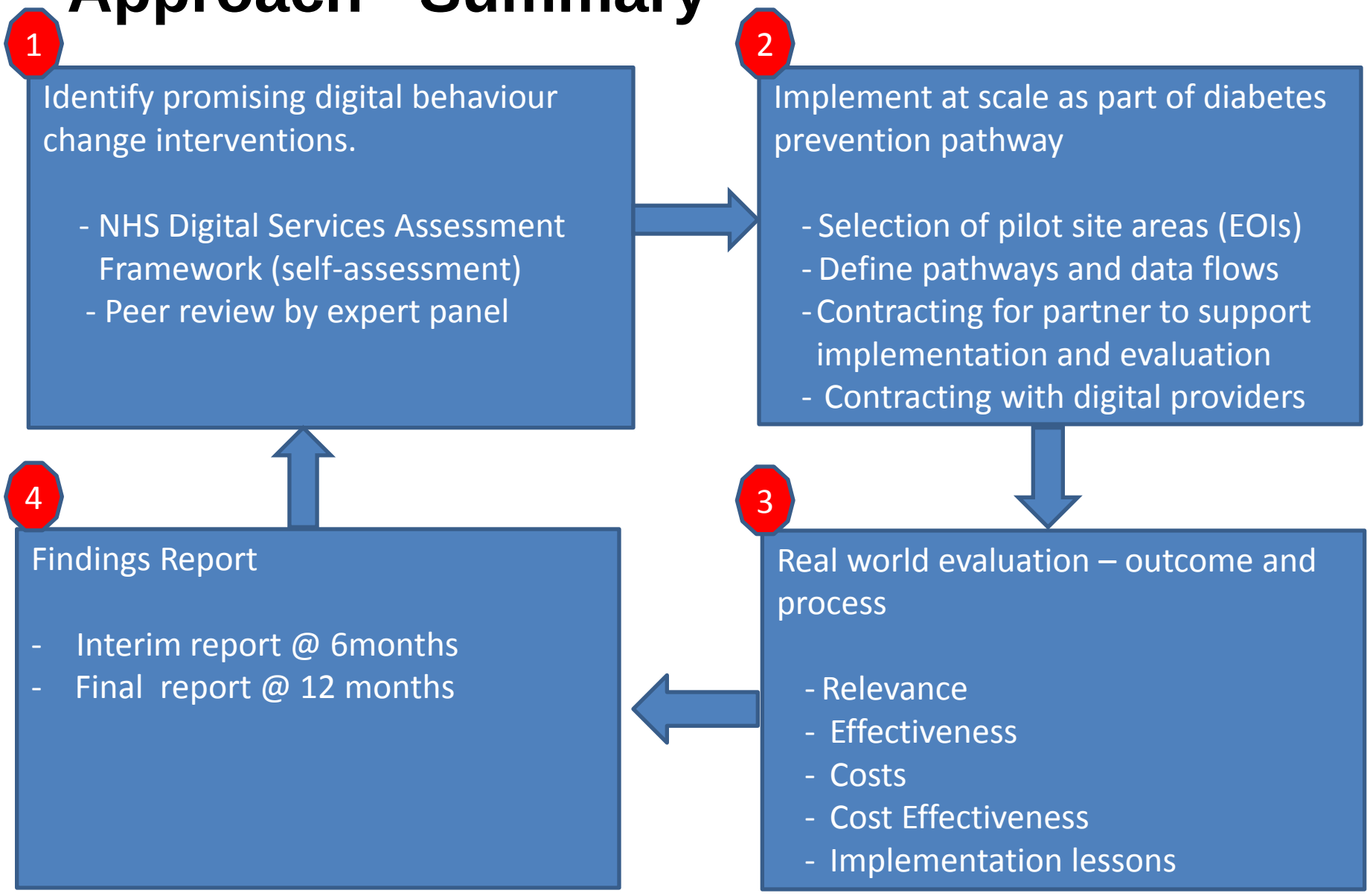
Products: Lots of Choice vs Limited Assurance

- **The number and variety of health apps and digital services available present an overwhelming amount of options for consumers .**
- **Popularity is not an indicator of effectiveness**

Emerging but limited evidence

- **Which approaches, if any, are effective at reducing risk?**
- **Who are likely to take up digital services? – Impact on Health Inequalities unknown.**
- **Are such approaches cost effective?**
- **What the implementation issues and the challenges for scaled adoption are?**

Approach - Summary



Identifying the Digital Behaviour Change Interventions

Criteria based on "Must Haves" of DPP

Assessment process based on NHS Digital published "v20"

Based on providing good portfolio of suitable DBCIs for Phase 2

5 Digital interventions chosen for implementation

Intervention	Delivery platform	Amount of human interaction	Wearables
Hitachi	Online	Health advisor; preliminary action plan agreement, then six monthly phone calls, and automated prompts, SMS / emails; step down call	Pedometer
Buddi Nujjer	Smartphone app	Initial telephone call and email for registration; customer services team available	Wrist band, monitoring PA
Liva	App or PC / web address	Initial face to face meeting, 26 human coaching sessions over 12 months with same coach; digital support groups	None
Oviva	App, or PC / web, or paper and phone	Initial assessment over the phone, then 15 more phone calls over 52 weeks, including a final exit call. Peer group support	None
Our path	Smartphone App.	Human coach for on boarding. Six weekly phone calls; peer support group	Wireless weighing scales Wearable activity tracker

8 Digital Pilot Sites

Local Health Economy	DBCI Provider	DPP Provision	Total Uptake Targets	Referrals to date
Buckinghamshire, Oxfordshire & Berkshire	Oviva	Choice	125 (NDH)	33
Bristol, North Somerset & South Gloucestershire	OurPath	Choice	125 (NDH)	21
Lancashire	Hitachi	Choice	250 (NDH)	xxx
Salford	Hitachi	Choice	575 (NDH)	xxx
Central & West London, Hammersmith and Fulham, Hounslow and Ealing	Oviva	Refusal	500 (NDH)	xxx
North East London	Liva	Digital only	625 (NDH), 495 (O&O)	20
Somerset	Nujjer & Oviva	Digital only	825 (NDH), 495 (O&O)	3
Humber Coast and Vale	Liva & OurPath	Digital only	1025 (NDH), 615 (O&O)	91

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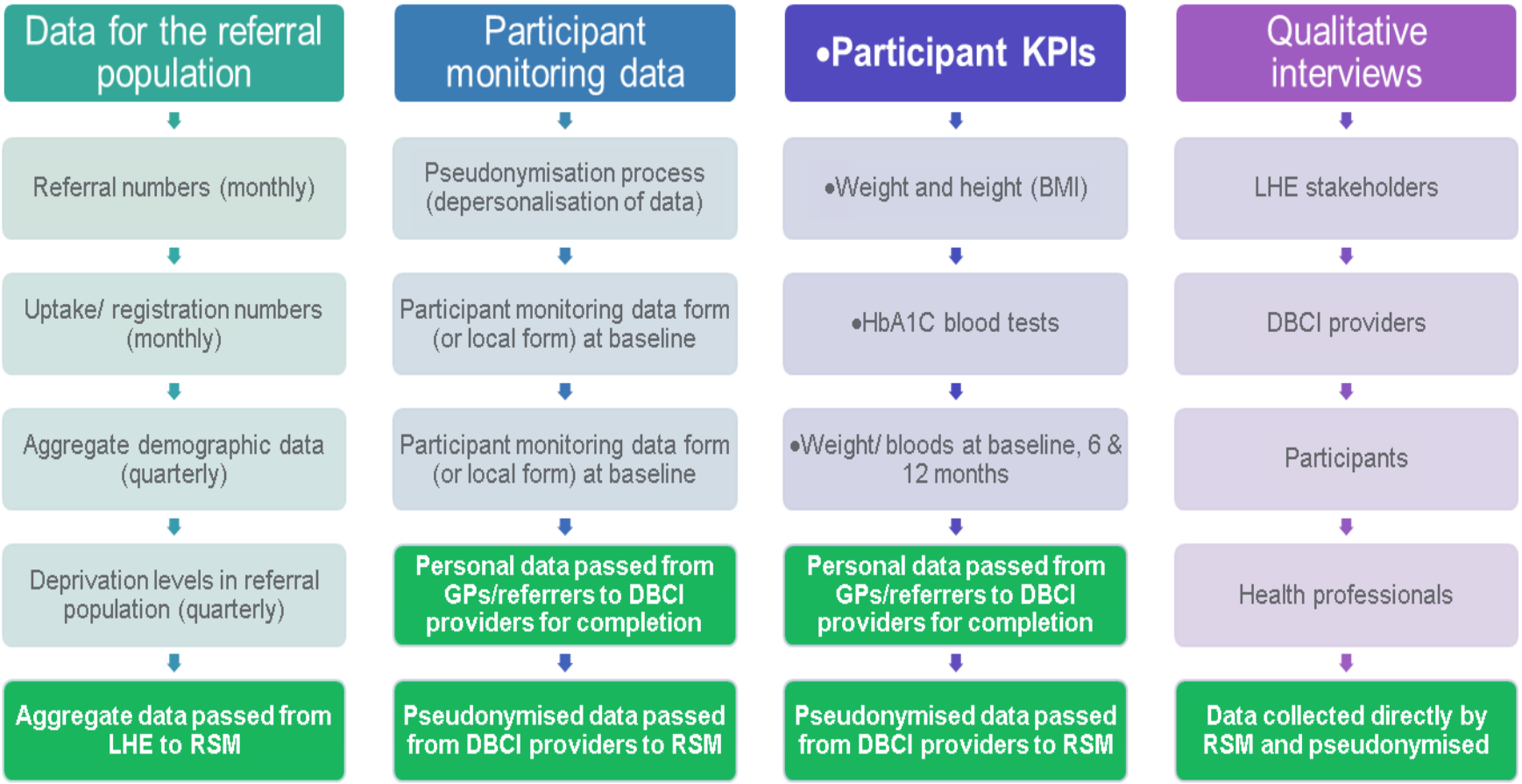
NHS DIABETES PREVENTION PROGRAMME

6,000 places on Digital Behaviour Change Interventions

Evaluation



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NHS DIABETES PREVENTION PROGRAMME

High Level Timeline

Activity	Date
Contract in place with a delivery and evaluation partner	19 June 2017
Mobilisation and implementation plans in place with LHEs	August/September 2017
DBCIs identified to be used in pilot	September 2017
Contracts with digital service providers in place	November/December 2017
Referrals to digital services commenced	December 2017
Data collection and activity reporting commence	January/February 2018
Interim findings report	October 2018
Final output report(s) assured and published	September 2019

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NHS DIABETES PREVENTION PROGRAMME

“So much else in our lives is now about online social connection and support, and that now needs to be true too for the modern NHS. This new programme is the latest example of how the NHS is now getting practical and getting serious about new ways of supporting people stay healthy.”

Simon Stevens - Chief Executive, NHS England

“This breaks new ground to help those at risk of Type 2 diabetes quite literally take their health into their own hands. Many of us use on-the-go digital technology every day and this is a logical next step in diabetes prevention.”

Duncan Selbie – Chief Executive, Public Health England