NHS DIABETES PREVENTION PROGRAMME:
Preventing Type 2 Diabetes in England
Who we are

• **Public Health England (PHE)** is an executive agency of the Department of Health. We protect and improve the nation's health and wellbeing, and reduce health inequalities.

• **NHS England (NHSE)** is an executive non-departmental public body of the Department of Health. Our mission is to secure high quality care for all, and to improve the health outcomes for people in England.

• **Diabetes UK** is the UK's leading diabetes charity. We care for, connect with and campaign on behalf of all people affected by, and at risk of, diabetes, reaching people with diabetes in local communities across the UK.
Diabetes: the fastest growing health issue

Diabetes: state of the nation

2,800,000
The number of people in England with type 2 diabetes

4 million
The number of people that could have diabetes by 2025 (Diabetes UK estimate)

1 in 10
people will have type 2 diabetes by 2034 if current trends persist

22,000
people with diabetes die early each year

Diabetes is a leading cause of preventable sight loss and is a major contributor to kidney failure, heart attack and stroke

£10bn
the approximate cost of diabetes, 10% of the NHS budget

The risk of diabetes can be reduced significantly by reducing weight and waist size

90%
Percentage of people with diabetes that have type 2, which is largely preventable

70%
of people will be overweight or obese by 2034

© Crown copyright 2015
The Impact of Diabetes

Compared to the general population, people with diabetes
• Have twice the risk of developing a range of cardiovascular diseases
• Are 30 times more likely to have an amputation
• Have reduced life expectancy (an average of 6 years for someone diagnosed with Type 2 diabetes in their 50s)
The Impact of Diabetes

• Diabetes is the single most common cause of end stage renal disease requiring dialysis or transplant
• Diabetes is the leading cause of preventable sight loss in people of working age
• Neuropathies may affect up to 50 per cent of people with diabetes
DIABETES PREVENTION: THE BIG PICTURE

- Primary Prevention
  - Sugar Reduction: Evidence for Action
  - Obesity Work Plan

- Secondary Prevention
  - NHS Diabetes Prevention Programme
  - Retinopathy Screening

- Tertiary Prevention
  - The Management of Adult Diabetes services in the NHS: Progress Review
NHS Diabetes Prevention Programme

- Commitment of the NHS Five Year Forward View
- Joint programme between Public Health England, Diabetes UK and NHS England
- The NHS DPP aims to identify those at risk of Type 2 diabetes early and refer them into evidence-based behavioural interventions to reduce their risk.
- Will be available nationally on full 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
Programme development

• The NHS DPP has undertaken a review of the available evidence from existing diabetes prevention programmes, which has informed the development of a core components framework for the programme intervention.

• An Expert Reference Group has reviewed and endorsed the intervention core components

• We have also established a User Involvement Group, in order to ensure the programme takes into account the views of those at risk of Type 2 diabetes.
Demonstrator sites

We are currently working with seven local areas, known as demonstrator sites, to learn practical lessons from delivery. These sites were selected to work with us to co-design the service model and support us in developing and implementing the national programme.

The demonstrator sites are:

- Birmingham South and Central CCG
- Bradford City CCG
- Durham County Council
- Herefordshire CCG/LA
- Medway CCG/LA
- Salford CCG/LA
- Southwark Council and CCG
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
• Following traditional DPP models (such as US / Finnish DPP) more effective
• Differential effectiveness?
  – No difference suggested for age and ethnicity
  – Potentially more effective for women and higher BMI
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, each lasting between 1 and 2 hours.
- People will be supported to set and achieve goals and make positive changes to their lifestyle in order to reduce their risk of developing Type 2 diabetes.
- Sessions will be delivered predominantly in groups and will be ‘face-to-face’ unless there is a strong rationale for an alternative approach.
NDPP Pathway

**Existing Blood Score — Non-diabetic hyperglycaemia**
- HbA1c 42-47mmol/mol (6.0%-6.4%)
- FPG 5.5-6.9mmol/l

**Referral for behavioural intervention**

**Assessment with provider**
- Repeat HbA1c (or FPG) test
- Weight and height taken
- Risk factor discussion

**IF:**
- i) HbA1c in NDH range
- ii) Accept place on programme

**IF:**
- i) HbA1c in NDH range
- ii) Refuse place on programme

**Possible type 2 diabetes**
- HbA1c ≥ 47mmol (6.5%)
- FPG ≥ 7mmool

**Signpost to NHS choices**

**Annual assessment of risk factors?? WHO??**

**Annual assessment of weight and HbA1c (or FPG)**

**Inform GP**

**Post-intervention Assessment**

**IF: Risk not modified**

**IF: Risk modified**

**Second blood test**

**No diabetes**

**Diabetes**

**Referral to GP – treat according to NICE guidance**

**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]

**COLOUR CODING:**
- Orange: relies on existing system (NHS Health Check or General Practice)
- Purple: process TBC
- Blue: Provider responsibility
National procurement

• A national procurement for the behavioural intervention will allow us to more rapidly roll-out and scale up the NHS DPP whilst ensuring consistency in programme design and maintaining fidelity to the evidence base.

• A Prior Information Notice (PIN) for the procurement was published in March.

• We consulted on proposed service model and procurement approach feedback through a Consultation Guide

• Invitation to Tender (ITT)

• We are currently reviewing responses and will be publishing a high level summary report in due course
First wave sites

- We have recently issued a call for expressions of interest for CCG and Local Authority partnerships
- This will involve partnering with our contracted providers
- The call for first wave sites closed on the 18th September
- We received high levels of interest from across England
- We will be communicating further information with all sites in due course
Timeline for next steps

2015/16

• Identify areas for first wave of national roll-out
• Implement and evaluate demonstrator plans, feeding learning into national programme
• National procurement of provider(s) to deliver behaviour intervention

2016/17

• Deliver between 10,000 and 30,000 interventions across CCGs identified through expression of interest exercise

2017/18

• Aim to deliver long-term contracts providing incremental scaling up of services, with a view to full coverage by 2018/17 (subject to final decisions about the pace of the programme).
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