Optimising Engagement with the NHS Diabetes Prevention Programme

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NHS England and NHS Improvement
This session will cover:

- Background
- Non-diabetic Hyperglycemia
- The NHS Diabetes Prevention Programme
- Data analysis to December 2018
- Recent changes to improve equity
- Patient feedback about referral process and barriers
- The information referrers need
- Supporting readiness to change
- Practical tips for GP practices

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The Tide of Type 2 Diabetes in England

In England, more than 3.2 million people have been diagnosed with diabetes – around 90% have Type 2 Diabetes

Approximately 10% of health expenditure in England is due to diabetes, equating to around £11bn per year in costs to the NHS, largely due to preventable complications

Someone diagnosed with diabetes in their 50s loses an average 6 years of life

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Non-diabetic hyperglycaemia (NDH)

- Similar concept to ‘pre-diabetes’:
  - Thresholds set out in NICE Guideline PH38 (Type 2 diabetes: prevention in people at high risk)
  - HbA1c of 42-47mmol/mol (6.0%-6.4%), or;
  - Fasting Plasma Glucose (FPG) of 5.5-6.9mmol/l

- When monitoring annually, use the same test that identified NDH

- One reading indicating NDH, from any test, is needed for referral to the NHS DPP

- Please code Non-diabetic hyperglycaemia to allow National Diabetes Audit data extract
Risk factors

- Obesity is the major modifiable risk factor – over 80% of cases linked
- Sedentary lifestyle
- Older age
- Male sex
- Family history
- Ethnicity
- Hypertension
- High risk drugs
- Previous gestational diabetes
Identifying people at high risk of Type 2 Diabetes

• NICE PH38 recommends:
  • Validated online self-assessment tools such as the Diabetes UK ‘Know Your Risk’ tool
  • Computer-based risk assessment tools such as QDiabetes

• People stratified as high risk should be offered a venous blood test – either HbA1c or FPG

• However, risk scores do not take into account all risk factors. Use your clinical judgement

• NICE PH38 also recommends considering testing people aged ≥ 25 years of South Asian or Chinese origin with BMI > 23kg/m2
Evidence for preventing Type 2 Diabetes

- The US DPP had reduction in incidence of 58% (average follow up 2.8 years)
  - reduction in incidence demonstrated at 15 year follow up of 27%
  - lifestyle intervention more effective than metformin
- Public Health England systematic review and meta-analysis
  - average 26% lower incidence of Type 2 diabetes (over 12 to 18 months)
  - pooled mean weight loss of 2.46kg and mean HbA1c reduction of 0.8mmol/mol
- Recent global systematic review and meta-analysis (Galaviz et al, 2018)
  - relative risk reduction of 29%
  - associated with 2.5kg weight loss but no evidence of reduction in HbA1c

NHS Diabetes Prevention Programme

• Launched in 2016 and called ‘Healthier You’
• The first nationwide Type 2 Diabetes prevention programme
• Designed to provide lasting lifestyle change
• Nationally funded and commissioned
• Minimal workload for General Practice
• Informed by high quality RCT evidence
• Tailored support for improving diet, increasing physical activity and achieving a healthy weight for people with NDH
What does the NHS DPP involve?

Face to Face programme:
• minimum of 13 sessions
• minimum of 16 hours contact time
• over a period of at least 9 months
• groups available in languages to meet local needs

Under the new framework, a digital stream is also available:
• for people who decline or do not attend the face to face programme
• may particularly suit people of working age with work/family commitments

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Eligibility and referral routes for the NHS DPP

Eligible participants identified through 3 primary routes and must be:

- Aged 18 or over
- Not be pregnant
- Not have a blood result suggesting Type 2 diabetes
- Have NDH identified by blood test within the last 12 months

1. Searching IT system for patients with NDH
2. Opportunistic identification
3. NHS Health Check programme
Progress to date

• 86% of all GP practices have made referrals

• Over 450,000 people have been referred

• Over 230,000 people have attended the Initial Assessment

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Data analysis to December 2018

• From referral, around 53% attend Initial Assessment

• Of people attending Initial Assessment, around 68% start the programme
• Of people starting the programme, around 53% complete the programme

• Completer analysis - mean weight loss of 3.3kg (4%)
• Intention-to-treat analysis – mean weight loss of 2.3kg (2.7%)

• Completer analysis - mean HbA1c reduction of 2.0mmol/mol
• Intention-to-treat analysis – mean HbA1c reduction of 1.3mmol/mol

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Recent changes to the DPP to reduce inequalities

• New provider framework – 20 STPs/ICSs went live in August 2019
• The rest of the England will be going live before August 2020
• Allocation of programme capacity now linked to both social deprivation and population from BAME groups
• Key changes to the programme
  • Streamlined pathway to reduce waiting times and improve uptake
  • Digital stream for people who cannot attend / decline face to face
  • Pay-for-performance to incentivise retention of:
    • People from BAME backgrounds
    • People of more deprived socioeconomic status
    • People who are obese

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The NHS Long Term Plan

- Prevention is at the heart of the NHS Long Term Plan
- Until now, in many areas, demand for the NHS DPP has exceeded capacity
- The Long Term Plan commits to doubling the scale of the programme to 200,000 people per year by 2023/24

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Participant journey through the NHS DPP

- Referral
- Initial Assessment
- Intervention Sessions
- Completion

Prolonged lifestyle change

- GP
- Practice Nurse / HCA
- Receptionist / Admin
- Invitation from practice (text / letter)

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Importance of patient & participant voice

- Crucial in continued development and improvement of NHS DPP
  - national and local / provider level
- Good experience is fundamental to engagement
- Qualitative insight via anecdotal data, attending sessions, focus groups (incl BAME)
  - Current participants
  - Programme ‘graduates’
  - Those at risk
- More formal participant experience survey in development

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Opportunistic referrals

At the appointment when your GP / nurse told you that you could be referred onto the programme, what had been the main reason for your visit to the surgery / clinic?

- Routine check up: 30.89%
- Over 40s Health check: 2.44%
- I was worried about my weight: 4.68%
- I was worried about diabetes: 13.82%
- I went about another health issue: 30.89%
- I went to ask specifically about the NHS DPP: 0.81%
- Over 50s health check: 9.76%
- Don’t know / Can’t remember: 3.25%
- I would rather not say: 0%
- Other (please specify): 15.45%
Awareness of programme

Before you were referred onto the Healthier You Diabetes Prevention programme, had you already heard of it?

- Yes, and I knew what it involved: 7.35%
- Yes, but I didn’t know what it involved: 14.71%
- No: 77.94%
Impact of the NHS DPP

“Wonderful. I feel ‘born again’, fresh and new”

“It has opened my eyes. I learnt how to make changes, I've made changes to my diet.”

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• How can you get the message out that this is really important and can make a difference?

• Recognising where and when people are at the right moment to attend
A quality referral - can make all the difference

- Impact of usual healthcare professional / GP
  - Holistic approach to care
  - Long term relationships
  - Trusted and relied on for information
  - Direct offer of referral from a trusted healthcare professional likely to have greatest impact
  - If not feasible, try name-dropping a trusted healthcare professional ‘Dr X has asked me to call …’

- Real opportunity to ‘sell’ the programme to the patient
  - Consider the needs of the patient and readiness to change
  - What information do they need?
  - What barriers might exist?
Barriers to uptake

• Lack of knowledge of Diabetes
• Lack of awareness of programme and what it is (only 7% know)
• Practicalities and logistics
• Don’t like the thought of face to face sessions
What is diabetes?

"GPs need to tell me why it is important"

“I got a separate letter, so I could do what I wanted – go, or not go. The seriousness of it was not conveyed by the GP”

- Don’t assume they know
- Dangers, risks and complications of diabetes
- Risk factors and genetic disposition
- Tailor message to patient
Need adequate knowledge about the programme

“They didn’t know much about it. It was quite frightening, I knew something was wrong but they just gave me a phone number to ring”

“Best to get the info at the GP surgery where you are firstly diagnosed. With me I actually started to cry in the toilets before I found courage to walk out through the waiting room. I would have liked a chat and this information would have been a lifesaver at this point”

Healthcare professionals need to know more about the programme

“They should attend these sessions, so that they can then promote it.”

An e-module, jointly developed with the RCGP, is due to be released imminently
What do people want to know?

“It did not give enough detail as to why I had been referred or what the programme consisted of and what the intended achievement would be for me if I attended”

What is it?

• ‘Lifestyle’ change programme (avoid use of ‘behaviour’ change)
• Curriculum overview

How does it work?

• Talk through the pathway – referral / booking / IA / sessions
• Face to face sessions in groups over 9 months
• Digital stream

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What do people want to know?

“There was insufficient confirmatory feed-back and clarity. GP/nurse also had not explained clearly that I was being passed on to the "Healthier You" agency”

- Clearly explain link / relationship with provider
- Work with provider to ensure messages are clear
- Local waiting times, if any
- Session times and durations
- Venues – travel, car parking
- Any local language adaptations
- Can I bring a friend/carer/partner?
- Where to go for more information – eg online resources

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Support people in their readiness to change

“People need to know more. It was too vague why the course is 9 months. Get the ‘buy in’ from the beginning”

“Tell them why it is important – it is about continual support; emphasise that it is about making a lifestyle change. Then there is a perception from day 1 about how it is for your life longer term.”

• Not everyone will be ready to commit to a lifestyle change programme

• Consider Motivational Interviewing Techniques
  o Explore their solutions to perceived barriers
  o Guiding readiness to make a commitment

• What’s important to you?
• Suppose you don’t change, what’s the worst thing that might happen?
• What is the best thing you could imagine that could come from taking this step?
• How ready do you feel?
• If you decided to join the programme, what would you have to do to make this happen?
Higher risk groups

- BAME groups at higher risk:
  - Healthcare professionals need to explain
  - May be challenges to engagement
- Uptake and retention is more difficult for a number of reasons.
- Providers tailoring programmes to local communities
  - Making culturally relevant
  - Meeting practical needs (eg women only, religious festivals)
  - Using communities

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What else can GP practices do?

- Promote in the practice:
  - On screens, posters in the waiting room
  - Leaflets
  - Run NHS DPP education sessions in the practice
- NHS DPP ‘champion’ in the surgery to promote to others
- Raise awareness via community engagement
  - Community champions programme
- Share good news stories and case studies

“GP surgeries should run sessions to promote it there. Everyone knows their surgeries”

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Key messages about NDH and the NHS DPP

- Non-diabetic hyperglycaemia is defined as HbA1c 42-47 mmol/mol or FPG 5.5-6.9 mmol/l
- Code ‘Non-diabetic hyperglycaemia’ when it is identified and arrange annual recall
- Nationwide coverage of the NHS DPP achieved in 2018
- Data analysis to December 2018 shows uptake to Initial Assessment of 53% and encouraging weight change and HbA1c change data
- Further actions in new framework to address equity of access – including the digital stream
- New framework will be live across whole of England by August 2020 – already live in 20 STPs/ICSs
- Doubling of capacity of the programme to 200,000 places per year by 2023/24

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Key messages about driving uptake

- GPs and healthcare professionals are in strong position to influence
- Referrals from healthcare professionals tend to lead to greater uptake
  - Tailor approach and language - Type 2 Diabetes, the risks and complications
  - Know about programme pathway, content, practicalities – set expectations
  - Support people in their readiness to change – motivational interviewing
- If someone else is making contact, ‘name drop’ a trusted healthcare professional
- Share good news stories, explore having ‘champions’ and promote the NHS DPP in the practice
- An emodule, jointly developed by the NHS and the RCGP, is due to be released imminently

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The e-module

• Will be available on www.rcgp.org.uk/learning

• Free to access

• Not just for GPs!
Questions?