

# HEALTHIER YOU

NHS DIABETES PREVENTION PROGRAMME

Preventing Type 2 diabetes in Leeds

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# The Leeds Picture



- Population of 751,485
- There are 164,000 people in Leeds who live in areas that are ranked amongst the most deprived 10% nationally.
- 10 year life expectancy gap between the most deprived and most affluent areas
- There are 141,771 people from BME communities (19%) and over 85 languages spoken
- 105 GP practices; 3 CCGs within Leeds with different boundaries to LCC locality working
- Over 45,000 people known to be in the high risk
- But have an expected prevalence of over 64,000



# The NHS Health Check and the NDPP Interdependencies



- NHS HC a key mechanism in Leeds for identifying individuals at increased risk of Type 2 Diabetes via the diabetes risk assessment
- Each year the programme identifies over 1000 people who are high risk
- Avoids duplication and implements systematic approach across 105 practices
- NDPP offers behavioural intervention targeted at risk people and links with local lifestyle services and networks



# West Yorkshire STP and The Leeds Plan



To reduce premature mortality and health demands from CVD we will:

- Support practices to increase uptake of the NHS Health Check across Leeds
- Establish a recall mechanism for all of those people identified to be at more than 20% risk of CVD to ensure they have effective support.
- **Invite those identified as at high risk of diabetes to a face to face consultation and offer of support including referral to the national diabetes prevention programme.**

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# The Leeds NDPP approach



- Joint working - LCC, Public Health lead the delivery of the MoU in partnership with the CCG's and the provider, Ingeus
- Public Health post to implement NDPP and high risk priorities
- GP Clinical Champion identified
- NDPP steering group established to offer programme governance – provider now attends half of this meeting
- 7200 referrals to achieve 2880 uptake (40%)
- Referrals generated from primary care. Eligible people will be offered a face to face appointment
- Promote the YOC approach and motivational conversation
- Incorporated into all CCG local quality improvement schemes
- Meet with Healthier you manager weekly



# Referral Process

- Clinical system reports developed to target identified patients
- System template developed to manage high risk population - includes NDPP e-referral & read codes
- Referral pathway linked to other Healthy Lifestyle Services
- Feedback from primary care was crucial in the development
- Available in S1 and Emis
- **Simple** read coded discharge letter developed





# Where are we at now....



- Over 750 referrals have been received
- 55% practices have actively referred
- Over 850 declines have been recorded in practice – we need to understand why
- 20 programmes started, 9 planned for February
- 71% of people invited on to the programme either accept or ask to go on waiting list for convenient session
- 225 people on core 1-4, 44 people on Workshops 5-9
- 83% retention of people who start the programme.
- 2 case studies developed



# Some take home messages...and shared learning



- City wide partnership approach is instrumental
- Primary Care Engagement –communicate in different ways
- Be conscious of capacity and resource required – primary care & programme management
- Quality improvement schemes, funding considerations, targets
- Do not underestimate time required to - embed process, mobilise the service and generate referrals
- Be realistic in the referrals you expect – allow 6 months to become established
- Clear and easy referral process is a MUST for practices

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- Communication is key – take time to visit practices, explain the programme to increase uptake, and liaise with all staff
- Share data with provider – monitor referral and outcome data collectively – are the right people attending?
- Monitor the number of declines to address barriers
- Slow and scattered referrals across city impacts programme delivery - causes potential barrier to start with
- Ensure there is programme capacity to match demand
- Trial different approaches
- Marketing and communications needs to be adapted for local areas by provider
- Evaluate, review and amend – be flexible



# Thank You

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