



Public Health
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NHS NATIONAL DIABETES PREVENTION PROGRAMME

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Site	Focus	Progress
Birmingham	Implement new service with new providers	DPPs live 1 st November
Bradford	Bradford Beating Diabetes	Expansion to districts complete, infrastructure in place and training being rolled out for additional programme supporters
Durham	Case finding & acquisition of young males	Case finding programme underway
Herefordshire	Rural area preparing for procured service	Case finding underway and referral pathways being developed in preparation for new provider
Medway	Adapting WM service	Re-design of Let's Talk Weight Programme in line with NHS DPP national components
Salford	Digital and "remote" interventions	Community based case finding service being developed, evaluation commissioned looking at "remote" interventions
Southwark	Urban area preparing for procured service	Case finding underway and referral pathways being developed. Case studies being produced sharing learning from other prevention programmes



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Profiling NDH Population

Eligible (4000)

- ✓ HbA1c 42 – 47 mmol/mol (6.0 – 6.4%) or FPG 5.5 – 6.9 mmol/mol
- ✓ Result in the last 12 months
- ✓ Age 18 or older
- ✓ No existing diabetes diagnosis (T1 / T2)

Review (6000)

- ✓ Blood result indicating NDH but more than a year ago

Diagnostic (1000)

- ✓ these are the patients with bloods that are above the upper threshold of the borderline group

Data from a rural CCG with a total population of 185,000



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NDH Annual re-tests for diabetes

Of those receiving annual retest

- **40 – 60%** continue to have Non-Diabetic Hyperglycaemia
- **15 – 20%** have progressed to Type 2 diabetes
- **20 – 30%** have reverted to the normal glycaemic range

Data collected over 3 years in one CCG with approx 6000 cases per year

The overall number of individuals with NDH remains steady as you have a constant flow of new NDH cases



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Flow of new NDH cases – NHS Health Check

Demonstrator sites indicating the between 1.5 – 3.5% of individuals receiving an NHS Health Check will have a blood result indicating NDH.

- **1.5 – 3.5%** of all NHS Health Checks result in NDH reading
- Variance according to local prevalence
- Preliminary findings (small sample size) that POCT testing machines boost identification by increasing the numbers actually taking the test



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An average GP practice

Modelled numbers

NCVIN prevalence data models that there are 5 million people with NDH in England, both identified and unidentified.

This equates to approx **1 adult (18 or over) in every 9 having NDH.**

Known identified cases

Using data from NW England (sample size 1.25 million) approx **1 adult (18 or over) in every 50** has identified NDH on their primary care record.

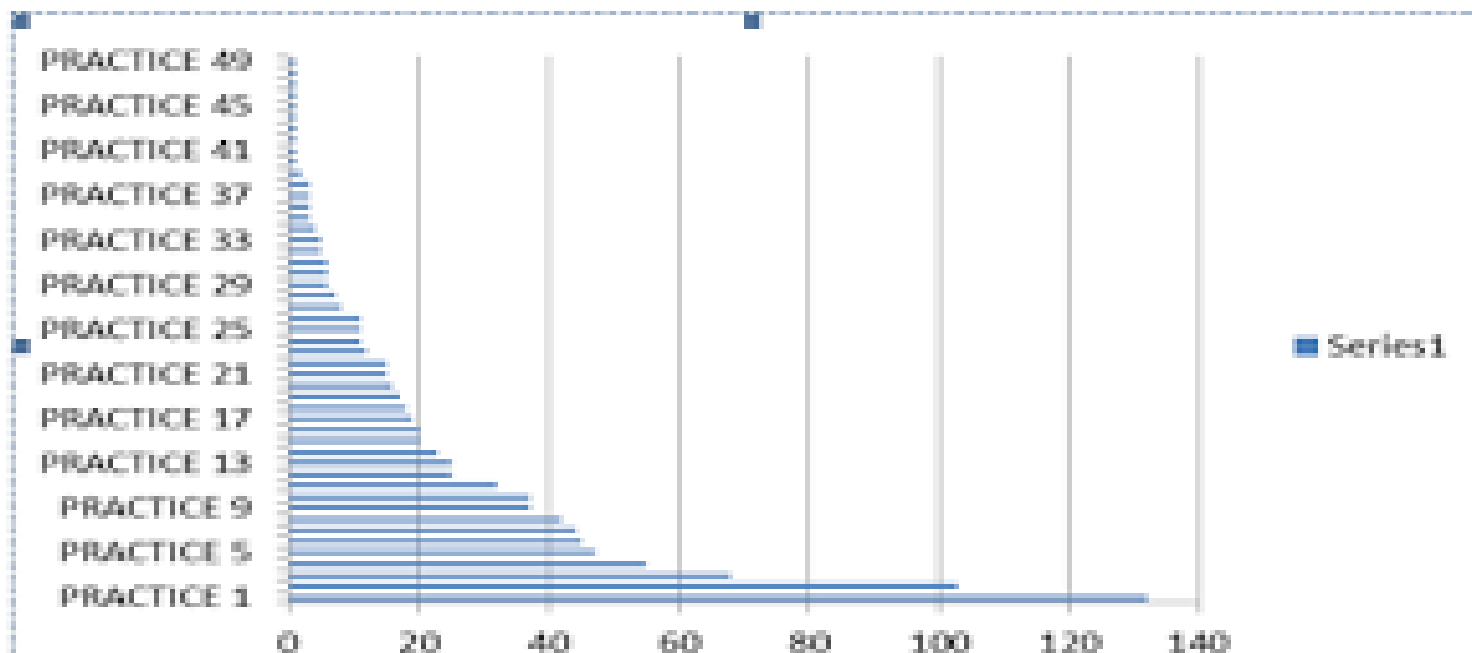
Example - For a GP practice of 10,000 **adults** modelling would suggest there would be 1,100 cases of NDH, with 200 cases identified.



Variation in practice engagement

Some sites have profiled referrals by practice within their CCGs. In one example:

- 50% of all referrals coming from 10% of practices
- 50% of practices referring less than 10 patients per year





Variance in uptake

Wide variety in uptake according to referral pathways used and local situation.

- For sites with “pre-referral” assessment **up to 75% of referred individuals** commence the service.
- Normal uptake rate between **30 / 60%**
- **Lowest uptake at 15 / 20%**

Those sites with a more intensive pre-referral approach and face to face referral see the highest uptakes.



Referral routes being explored by demonstrator sites

- Long term conditions reviews
- Systematic referral “centrally” using dedicated staff
- NHS Health Checks
- Targeted case finding and risk stratification
- Mail out approaches from primary care
- LIS / LES to incentivise Primary Care activity
- Opportunistic assessment and referral



High level lessons learnt (continued...)

- **Engagement of Primary Care** at an early stage is key and can support pathway design
 - Depending on the referral approach incentivise have shown promising referral volume. Work to do to understand referral quality and subsequent uptake. LIS / LES and central support all showing promising early results.
 - Work with NICE to look at potential long term incentives
- We are **seeing improvement over time** even in the short space that demo sites have been active. There scope for further improvement which bodes well
- Clear role for follow up with those that **decline at first referral attempt**
- Focus has to be on **up-take, not referral** as different approaches achieve different outcomes



High level lessons learnt (continued...)

- Clear role for forming **links with other lifestyle & wellbeing programmes**. NDPP is a long term commitment, sites including Medway and Southwark looking at how to engage individuals in less intensive programmes as a stepping stone
- Demonstrator sites have shown that **co-design of the pathway with providers** has great potential to boost success and resolve challenges
 - Potential for providers to support PC engagement
 - Potential for providers to support / undertake referral activity
 - Approaches being trialled to boost uptake, such as text messaging and follow up phone calls
- Identification, suitability assessment and generation of quality referrals requires **significant resources**. These will be dependent on your pathway but need to be assessed and identified