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**To: NHS England and NHS Improvement Regional Diabetes Programme SROs
Diabetes Clinical Network Leads
NHS Diabetes Programme Board Members**

31 March 2020

Dear colleagues,

COVID-19: Diabetes Programme delivery

We write to you to set out the arrangements for Diabetes Programme delivery, in the context of the rapidly increasing COVID-19 pandemic.

Our priorities are to support diabetes services to operate as effectively as possible and to ensure that people living with diabetes and people at risk of Type 2 diabetes receive the care that they need. On 17 March, Simon Stevens and Amanda Pritchard wrote to system leaders with important actions for every part of the NHS to put in place, building on multiple actions already in train. This included maximising staff availability and deferring local NHS Long Term Plan implementation until the autumn.

In line with this, all Diabetes Programme delivery milestones, submission deadlines and reporting requirements are paused until Autumn 2020. This includes:

- four-year Transformation Fund planning (treatment and care)
- planning for rollout of continuous-glucose monitors in pregnancy for those with Type 1 diabetes.



A full list of delivery milestones, submission deadlines and reporting requirements is included in the appendix to this letter, with guidance notes against each. Please note, this letter does not seek to direct systems on any aspect of clinical practice.

We recognise the importance of maintaining diabetes implementation and transformation funding, particularly as it is often used to fund providing key services.

Funding is available within the system to enable these key activities to continue as part of the revised commissioner funding and provider reimbursement arrangements which have already been communicated. This means that delivery of these activities should continue as we move into the new financial year, with further information to follow in due course.

Where possible nationally and regionally, diabetes staff are prioritising COVID-19 support. Remaining time will be committed to continuing diabetes policy work to ensure we are prepared to return to business as usual when possible.

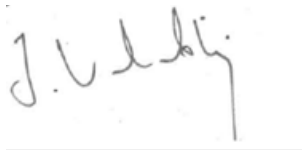
- A COVID-19 and diabetes specialty guide has been published here :
<https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/speciality-guide-diabetes-19-march-v2.pdf>
- A COVID-19 prioritisation within community health services document has been published here:
https://www.england.nhs.uk/coronavirus/publication/covid-19-prioritisation-within-community-health-services-with-annex_19-march-2020/
- We have also worked with Diabetes UK on patient-facing guidance which is available here https://www.diabetes.org.uk/about_us/news/coronavirus.
- The letter from Simon Stevens and Amanda Pritchard on next steps on NHS response to COVID-19 for primary care is published here:
<https://www.england.nhs.uk/coronavirus/publication/next-steps-on-nhs-response-to-covid-19-letter-from-simon-stevens-and-amanda-pritchard/>

We hope that this letter provides reassurance and clarity. The work that we have already done to prepare for delivering these commitments has not been lost and will be vitally important as we continue to take the programme forward.

If you have queries on any of the content of this letter or if there is anything we may have missed, please contact Tom Newbound.

We also wanted to note the incredible commitment there has been at all levels of the system to support our COVID-19 response. This is a difficult and anxious time. Thank you for your tremendous response.

Kind regards,



Professor Jonathan Valabhji, National Clinical Director: Diabetes and Obesity, SRO Diabetes



Professor Partha Kar, National Speciality Advisor: Diabetes



Tom Newbound, Deputy Director NHS England and NHS Improvement, Diabetes

Appendix: Diabetes Transformation Programme – next steps on individual policy areas

The table below outlines Diabetes Programme activity and confirms the position on delivery milestones, submission deadlines and reporting requirements. Please note, this letter does not seek to direct systems on any aspect of clinical practice – this is a matter for local determination in line with clinical governance and locally agreed protocols.

The table below represents the position as of 25 March 2020. Due to a rapidly changing situation and uncertainty about future impact, it is possible that the contents of this table will be revised and reissued. In all cases, national, regional and local activity should continue where possible, providing it does not impact on COVID-19 planning or response.

Policy area	New requirement
NHS Diabetes Prevention Programme	<ul style="list-style-type: none"> • All face-to-face services ceased, with non-face-to-face delivery routes (digital or remote – for example, using phone or Skype calls) in place for all current and future participants (further information available here https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/Adaptations-to-the-NHS-Diabetes-Prevention-Programme_19-March.pdf). • Routine reporting with systems and regions stood down until Autumn 2020. • Referrals will continue to be accepted by providers and patients offered digital or remote services. Assurance of local systems against referral targets stood down until Autumn 2020. • Online training continues to be available: elearning.rcgp.org.uk/nhsdpp
Transformation funding	<ul style="list-style-type: none"> • Development and implementation of 4-year plans for use of transformation funding postponed until Autumn 2020. • Quarterly reporting, including Q4 2019/20, stood down until Autumn 2020. • Where possible, priority should be given to sustaining access to diabetes inpatient specialist nurse teams, which will remain of high importance (probably higher) during COVID response, as well as multidisciplinary footcare teams, which will also need to continue clinical activity during the response.

Low-calorie diets	<ul style="list-style-type: none"> • Pilot implementation postponed until Autumn 2020.
Healthy living	<ul style="list-style-type: none"> • The rollout of a new online service for people with Type 2 diabetes is being accelerated to support those living with Type 2 diabetes during this time. This will form a universally available digital self-management offer for those with Type 2 diabetes. • Begin rollout across England in early Summer using a direct to consumer model, reducing burden on primary care.
Flash glucose monitoring	<ul style="list-style-type: none"> • Routine reporting and assurance with systems and regions stood down until Autumn 2020. • Systems should continue prescribing flash to patients currently receiving them.
CGM in pregnancy for those with Type 1 diabetes	<ul style="list-style-type: none"> • 90% returns have been received for readiness survey. • Remaining readiness surveys to be submitted at local discretion, providing no impact on COVID-19 planning or response. • National request to begin offering CGM postponed to Autumn 2020. • Online training now available, https://abcd.care/dtn/CGM, but face-to-face training workshops postponed until Autumn 2020.
Diabetes test beds	<ul style="list-style-type: none"> • Routine reporting and assurance with systems and regions stood down until Autumn 2020. • Local systems put in place mitigations as required.
Diabulimia pilots	<ul style="list-style-type: none"> • Routine reporting and assurance with systems and regions stood down until Autumn 2020. • Local systems put in place mitigations as required.
Type 2 diabetes prevention week	<ul style="list-style-type: none"> • April 2020 prevention week stood down.
Diabetes GIRFT visits	<ul style="list-style-type: none"> • Diabetes GIRFT reviews and visits postponed until further notice.