



Everton  
in the Community

# Diabetes Prevention Project

Sugar Free Toffees

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# The Premiership Community GP



Funded By Health  
Education England



First GP based in a  
community  
Premiership Football  
setting



Focus on helping  
patients across the life  
course provision



# The Premiership Community GP



- **“Harnessing the powerful bond between Premiership Football Teams and their supporters to reach people who have little contact with the NHS”**



# The Premiership Community GP

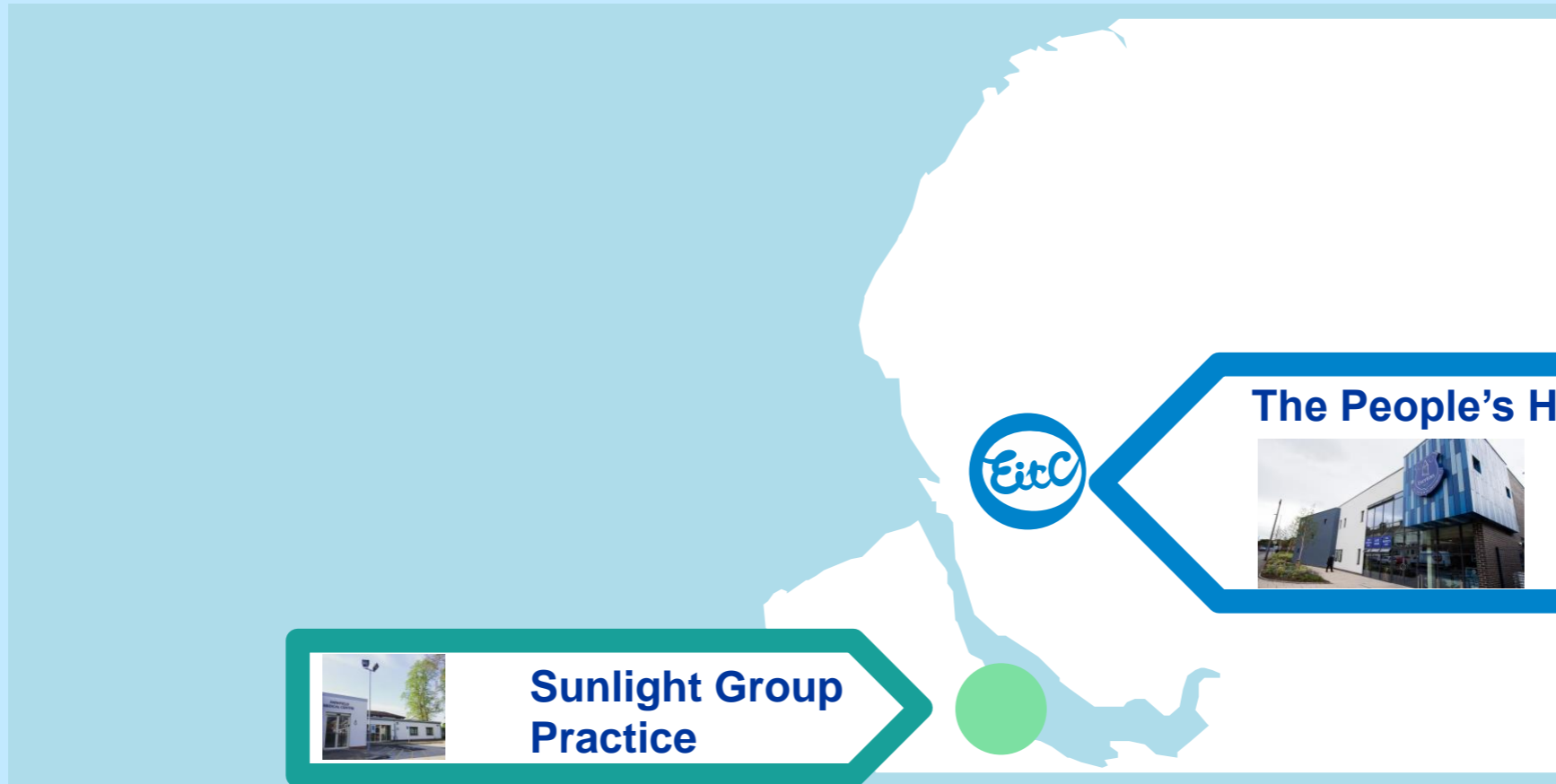


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**EitC** **Everton**  
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# The Premiership Community GP



**Sunlight Group Practice**

**The People's Hub**



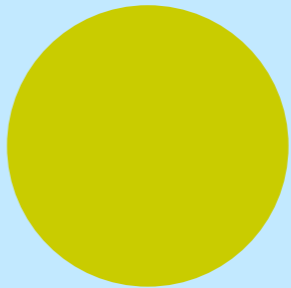
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# The Premiership Community GP



**Collaborative working**

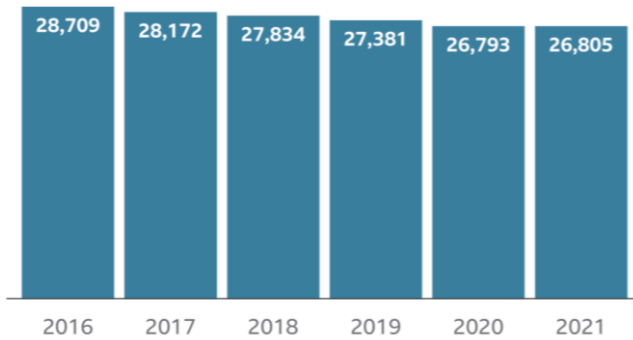
- 6 month placement
- Future of GP training
- Working in communities



# GP Access

## GP numbers have fallen

Total number of permanent doctors in England (FTE excluding locums and trainees)



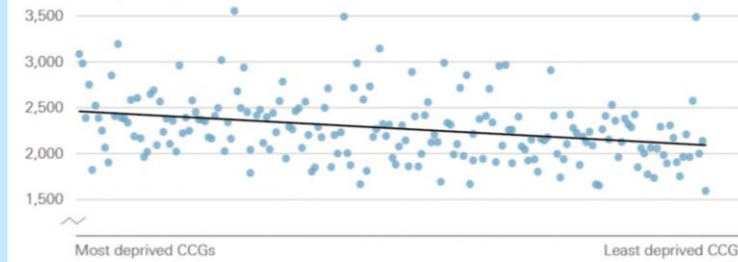
Source: NHS England (figures are from March of each year)



The number of patients per GP is higher in the most deprived CCGs than in the least deprived

Patient numbers per FTE GP for each CCG, ranked by Index of Multiple Deprivation (IMD) score 2015

Number of registered patients per GP

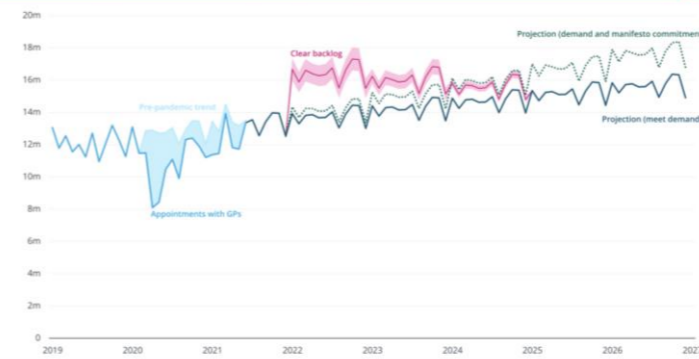


The Health Foundation © 2019

Note: "GPs" refers to qualified permanent GPs. Where CCGs have merged since 2015 the new CCG's IMD score is an average of its constituent CCGs. Source: NHS Digital General Practice Workforce

## Historical and projected demand for primary care appointments

IFG



Source: Institute for Government analysis of NHS England, 'Appointments in General Practice July 2021', 26 August 2021. Institute for Government health model.



Number of GP's



Demand



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# The Premiership Community GP



Non-traditional medical model



Screening of hard to reach population groups



Non-pharmacological methods of treatment

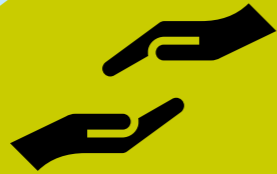


- Financial and Human Resources available to local charities
- Limitations in terms of ongoing support





# The Premiership Community GP



Liaising with other healthcare professionals



Awareness of the needs of the individual  
**Parity of Esteem**



Importance of research and structured evaluation of programs

Higher rates of substance misuse



Support across the full life span and culturally diverse



## Diabetes across Merseyside

- The prevalence of Diabetes across Liverpool is 32,165 which equates to 8.0% of the population.
- EitC deliver in North Liverpool where the prevalence of risk factors for Type 2 Diabetes is higher than the national average.
- Diabetes related amputations across England costing the NHS £120 million.
- Recent data, highlights a large proportion of diabetics is among white males aged 35-50, this is the largest demographic group that EitC engage with.
- In the North West of England, Diabetes related amputations is the highest in Liverpool with an average of 4 per 1,000 adults equating to 284 every year.



## Project Overview

- Pilot study undertaken November 2019 – point of care testing of targeted groups on matchday identified 50% patients were either diabetic / pre-diabetic.
- NHS Northwest Coast Clinical Network funded from July 2021 to April 2022.
- Dedicated programme coordinator with support from GP team and allied EitC staff.
- As a charity, we are more than a football club, with a focus on inclusive community engagement, supporting people through education and employment through to physical and mental health across the life course provision.
- Delivering a project that has life changing impact, playing a role in the 2030 17 SDGs.



# NDPP VS SUGAR FREE TOFFEES

## NHS NDPP Programme

- Programme lasts 9 – 12 months.
- Delivered virtually at time of project
- Larger group sessions.
- Sessions last 2 hours without physical activity component.
- Programme focuses primarily on Diabetes prevention.

## Sugar Free Toffees

- Programme lasts 12 weeks.
- Delivered face to face.
- Smaller group sessions.
- Sessions last 90 minutes and cover education and physical activity
- Access to wider EitC services e.g. GP, mental health support.



# The Diabetes Project

## Patient Recruitment

- Screening events
- Primary care
- Fanbase
- Other community clinics

## Failure to engage on the NDPP “Healthier You”

- Identify reasons why
- Spend longer time with individuals
- Offer a community setting
- Virtual/ Face to face

## Offered a 12-week structured programme with EitC

- Diet and lifestyle management
- Physical activity classes
- Employment
- Housing
- Benefits
- Mental Health Provision



# The 12-week programme



- 6 weeks face to face and 6 week follow up phone calls.
- 90-minute sessions (45 minutes education and 45 minutes physical activity).
- Education; nutrition, sleep, stress, mental health and cooking classes.
- Physical Activity; walks, chair-based exercises and yoga.



# Point of Care Testing



634 people tested for diabetes (HbA1c) of which 26 (4.1%) fell between 42-47mmol/mol and 29 (4.6%) were above 47mmol/mol.



## Screening events:

- Season ticket holder events,
- Food pantries,
- Community events
- Everton in the Community programmes
- EFC football college



# Programme Results and Research Methods

## Physiological measures

- 10 out of 17 improved their HbA1c
- 12 out of 16 lost weight
- 12 out of 15 improved Systolic BP
- 12 out of 15 improved Diastolic BP

## Semi-structured interviews

- 14 participants who completed the 12-week programme
- 2 GP trainees
- Programme Manager

**Reflexive thematic analysis** (Braun & Clarke, 2021)





# Recruitment

- It was important that the call came from the GP/surgery
- Respected GP's views and advice

*“It was important for me that I had that **conversation with my GP.**” (Participant)*

*“As long as I knew it had come from the discussions that have happened **with the doctor in surgery.**” (Participant)*

*“Because I felt it had the **medical backup** to it.” (Participant)*

*“I felt more inclined to go because a **doctor had said it.**” (Participant)*



# Recruitment

- However there were challenges when attempting to engage other GP practices across the area

*“Andy [the other GP registrar involved in the programme] had already told me there was **difficulties with engagement of local GPs and GP registrars in that area**...Now, I actually have an ex-colleague who I’m good friends with actually who works in ... and after getting permission from Everton, enquired with him as to whether he could help facilitate some patients who had a diagnosis of prediabetes in his local practice and could maybe come into the programme. Now, **he actually said they wouldn't be able to do that after he spoke to his bosses basically, the GP partners, which is a bit frustrating**, but I think that's important because shows some of the **logistical issues in attracting participants** when there isn't a direct practice involved.” (GP registrar)*



# Programme Design

- Flexible approach – not forced into doing anything – shared decision making
- Group setting – shared experience
- Return to face-to-face was viewed positively
- Continuity of care – approachable staff
- GP involvement – would have liked more

*“You just **chat amongst yourselves** as you know, **your experiences.**”*

*“I was actually pleased that it was **face-to-face** because I am computer illiterate.” (Participant)*

*“I’d like **the GPs there more...**it would be nice for me to have some more input.” (Participant)*

*“Louise was excellent because of the way she approached it. She **left it open for people** to participate really well.” (Participant)*



# Healthism

- Participants who enrolled felt responsible for their health
- They were motivated to change their behaviours
- Sense of responsibility to sustain their involvement

*“I guess, because **I knew I needed to do something** about it.”  
(Participant)*

*“I wanted to get plenty more help with my weight because **I know it’s quite high.**” (Participant)*

*“I wanted to keep going with it. **I don’t like giving up on things. I think it’s rude as well.**” (Participant)*



***PRACTICAL  
IMPLICATIONS***

1. Cost and practicality

May not be feasible for GPs but could this become more engrained in GP trainee programmes?

2. Time

Dedicated time was allocated to the trainee GP at EitC to do this work.

3. Responsibilisation

This approach/model appears to work very well for those who feel a responsibility for managing their health.

4. Behaviour change model alternatives

Other approaches must be considered for those who are not motivated by behaviour change models.