Public Health England

NHS England

Consultation Response:

National Procurement for the Provision of Behavioural Interventions for People with Non-Diabetic Hyperglycaemia

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National Procurement for the Provision of Behavioural Interventions for People with Non-Diabetic Hyperglycaemia

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2 Introduction

The NHS Diabetes Prevention Programme ("NHS DPP") is a joint initiative between NHS England, Public Health England and Diabetes UK. NHS England and Public Health England carried out a consultation process (published on 7 August 2015[1]) to seek feedback from interested providers of behavioural interventions and other interested stakeholders on their plans for the NHS DPP.

A total of 35 responses were received from providers of similar behavioural intervention services and 28 responses from other interested stakeholders. These included the Royal College of General Practitioners and Faculty of Public Health of the Royal Colleges of Physicians of the UK, academia, health care professionals, charities and clinical commissioning groups.

The majority of the feedback about the NHS DPP and what is being proposed was positive.

Following feedback and further development of the NHS DPP, NHS England has now commenced a procurement process. A contract notice was published in the Official Journal of the European Union ("OJEU") (see OJEU notice 2015/S 224-408059) and a Framework Agreement on Contracts Finder. The Framework Agreement will have up to 4 providers who are able to provide, anywhere in England, between 10,000 and 100,000 behavioural interventions aimed at preventing or delaying the onset of Type 2 diabetes in people with non-diabetic hyperglycaemia (or pre-diabetes) over a 3 year term Framework Agreement.

3 Overview of consultation feedback

3.1 Promoting equality and addressing health inequalities

Promoting equality and addressing health inequalities are at the heart of NHS England's and Public Health England's values. The specification for behavioural intervention services includes requirements to ensure that the provider has regard to equity of access in relation to reducing inequalities in access to the services.

Consultation feedback gave a number of examples as to how NHS England and Public Health England could ensure that services are accessible by people and tailored to meet the needs of different and diverse groups and communities. For example, it was suggested that one to one exercise sessions might be more appropriate for some people. There was also a suggestion that mandated exercise may be a deterrent to some people and NHS England and Public Health England have taken this into account in developing its requirements.

[1] https://www.england.nhs.uk/wp-content/uploads/2015/08/ndpp-consultation-guide.pdf

Further, we have included a requirement for providers to market the programme locally in the core service specification and in doing so to have specific regard for the need to enhance awareness of the service amongst people from higher risk groups, including those from Black and Minority Ethnic (BME) communities, who may otherwise be less likely to access the service.

We have also developed proposals for an additional optional service specification in relation to direct recruitment of people onto programmes by providers in order to reach those that might be less likely to access the service through the primary care routes. Given the paucity of evidence of effectiveness of this approach currently, where this additional service is implemented, it will be subjected to a robust evaluation.

Where the additional optional service specification is taken up and implemented at a local level, providers must ensure that there is a specific focus on recruitment of people from BME groups and other groups in the community which may be less likely to access existing services. For example, this may include developing promotional materials in a number of languages and the use of interpreters.

We plan to carefully monitor the take up of the programme by gender, ethnicity, social deprivation and other protected characteristics. If we identify that there are inequalities in access, then we would seek to adopt strategies to address these as the programme is developed in the future.

3.2 National versus local approach

There were different views as to whether we should procure national providers or providers with regional coverage. A number of responses suggested that there could be integration/collaboration amongst organisations. NHS England is procuring a Framework Agreement of up to four providers who can deliver the services anywhere in England. The providers can be made up of consortia and/or sub-contractors.

3.3 Physical Activity

A number of the responses suggested that the way in which physical activity is incorporated into the service specification needs further consideration. Some feedback highlighted that supervised mandated exercise as part of the core requirements could deter at risk people from taking part. NHS England, including the Programme Expert Reference Group and Public Health England have considered these responses and have now ensured that the service specification articulates that the physical activity component is tailored to meet the needs, goals and capabilities of individual service users and that care should be taken to set achievable goals.

3.4 Referrals

In terms of the referrals, most responses highlighted that there are known inequalities in access to primary care services and NHS health checks. There was a lot of positivity expressed in relation to the potential for providers to market to, and recruit service users to address such inequalities and to improve uptake of the programme.

NHS England and Public Health England have taken this into account and have therefore included a requirement for providers to market the programme locally in the core service specification and have developed proposals for an additional optional service specification in relation to direct recruitment of people onto programmes by providers. The optional nature of the direct recruitment provisions is to enable them to be introduced in a controlled way as part of an evaluated approach.

3.5 Innovation

There has been a positive response that innovation can be delivered through the NHS DPP. A number of responses suggested that the use of websites and apps could help drive innovation and that these could support the programme to engage younger people or people in hard to reach groups in the programme.

As part of the Invitation to Tender (ITT) we have included a specific question on innovation. Bidders will be asked to explain the potential innovation that they can incorporate into the services to save time, money and/or improve outcomes of the service (e.g. retention of weight loss).

Where bidders describe innovation for the delivery of the behavioural interventions, these would have to be the subject of an evaluation and the relevant provider would have to work with and share data on outcomes with an evaluation team put in place by the NHS DPP.

3.6 Payment by Results

A number of organisations are keen on the payments by results model although some have suggested that it could be difficult to sustain.

We have concluded that it will not be feasible to adopt a payment by results model for the NHS DPP based on hard clinical outcomes at this stage. There is currently insufficient data available about expected outcomes and costs, on which to construct such a model in a way which ensures value for money for the tax payer. We envisage that a payments model based on clinical outcomes delivered by providers might be adopted in the future, but that a more detailed piece of work is required and we will work on this.

For the procurement of the Framework Agreement, a payment model has been developed which incentivises providers to retain participants with the programme and achieve programme completion. This approach has been adopted on the basis that

evidence suggests that retention on an evidence based programme provides a reasonable proxy for effectiveness.

3.7 Conclusion

NHS England and Public Health England would like to thank all organisations for participating in the consultation exercise.

The full description of the behavioural intervention services as advertised is:

"The primary aim of the NDPP is to reduce the incidence of Type 2 diabetes in the cohort referred onto the NDPP (i.e. those with non-diabetic hyperglycaemia). The secondary aims are: (i) to reduce blood glucose parameters (Hba1c or Fasting Plasma Glucose) in participants at 12 months and beyond; (ii) to reduce weight of participants at 12 months and beyond and (iii) to maximise programme completion rates by those referred onto the programme.

A tertiary aim of the programme is to establish sound data collection mechanisms to ensure that programme effectiveness to reduce the long term microvascular and cardiovascular complications of Type 2 diabetes, as well as to reduce the associated higher mortality risk, can be assessed.

The behavioural interventions should include a focus on diabetes risk, weight loss, physical activity and diet and explicit use of behavioural theory and strategies. The focus is on individuals who are on the threshold of developing Type 2 diabetes and "non-diabetic hyperglycaemia" is defined as having an HbA1c 42 – 47 mmol/mol (6.0 – 6.4%) or a fasting plasma glucose (FPG) of 5.5 – 6.9 mmol/mol.

Only individuals aged 18 years or over will be eligible for the behavioural intervention and the primary routes of referral will be by a General Practitioner or via the NHS Health Check and a blood test must have been completed prior to referral. Successful providers may be able to seek potential service users using a "direct to consumer" approach. Further details will be set out in the Invitation to Tender ("ITT")."