



Public Engagement Summary Response to the NHS Diabetes Prevention Programme

1 Introduction

The NHS Diabetes Prevention Programme ("NHS DPP") is a joint initiative between NHS England, Public Health England and Diabetes UK. The NHS DPP is an evidence-based behavioural programme to support people to reduce their risk of developing Type 2 diabetes.

Diabetes UK held a public consultation on behalf of the NHS DPP to seek views from the public on the programme. A total of 57 people provided feedback at Diabetes UK roadshows in Milton Keynes, Leicester, Barking (London), Feltham (London), Leeds and Dorchester during August and September 2015.

In addition, 11 telephone interviews were conducted with people who had previously attended a Diabetes UK roadshow in London earlier in the year and people who had expressed an interest in joining the NHS DPP User Involvement Group. The individuals who were consulted at roadshows or over the phone were all at risk of Type 2 diabetes. In addition to this, there were 6 responses to the online consultation from members of the public.

Overall, people responded positively to the concept of the programme.

2 Overview of feedback

2.1 Engaging participants and motivating them to become / stay involved

A significant number of people expressed concern that they, or others, might find it difficult to commit to the programme. Several comments also highlighted the need for the programme to be marketed in a way that emphasises the benefits to participants and gives them an idea of what the final outcome could be for them. They also wanted to understand what would happen if they didn't take action and make changes to their lifestyle. Some people felt that they would need help to stay motivated to attend all the sessions.

People said they would be encouraged by hearing positive stories and information from others who had been through a similar programme and managed to make changes, as they felt that this would motivate them to take part.

People were keen to have as much information as possible about the content of the sessions before they begin the programme. They wanted to 'be prepared' and 'know what they are getting themselves in to'. Some wanted to make sure that they would be able to catch up if they missed a session.



Several people wanted the opportunity to chat with someone before the programme began so that they had a chance to understand a bit more about what they would be doing and to have some reassurance that the programme would be a good use of their time - that they would be learning about something new and not just basic food and diet information.

2.2 Flexibility of timing of sessions

People are keen for the programme to be run as flexibly as possible with many people saying they would only be able to attend outside of work hours, but also others (especially older people) saying that they much preferred to do such activities during the daytime. Some mentioned travel time restrictions e.g. for bus passes and that they did not like to travel at school journey times.

2.3 Delivery mode and composition of groups

People would like a mix of small group and one-to-one sessions, and the chance to speak to someone over the phone. A number of people said that they did not have online access.

Several women said they would like at least one women-only session, and one said that would be essential for undertaking any exercise. Two men said that they would prefer a men-only group. Most were happy with the idea of a small mixed group. One person said they would want a health care professional to lead the group and two talked about the importance of the leader not being patronising. One said that they should be a role model (not overweight themselves).

A few people mentioned difficulties with reading and writing and others highlighted the need to accommodate those who did not have English as their primary language.

2.4 Involving the family

Several people wanted a chance to get their families involved in the programme as they felt that the lifestyle changes were best made as a family unit.

2.5 Location, travel time and cost

Most people said they would not want to travel further than 10 miles or half an hour travel time. Some would travel up to an hour. A number of people mentioned the cost of travel and the need to take into account public transport routes. Respondents suggested a number of locations which they regularly travelled to such as local community centres (like AgeUK facilities), leisure centres, and hospital sites.

2.6 Flexibility of activity

Some people talked about particular preferences, or dislikes or restrictions on forms of exercise. One online respondent stressed the importance of tapping into local and national initiatives to encourage activity such as Park Run, Couch to 5K, organised walks.



2.7 Other health problems

A number of people mentioned that they had other health problems that could affect them participating in the programme or accessing it. These included asthma, arthritis, depression, heart problems, back pain and other physical disabilities.

2.8 Other

An online correspondent pointed out emphatically that the programme should be called the Type 2 diabetes prevention programme. Diabetes UK's Council of People with Diabetes also made this point previously.

3 Response to the feedback

Following the consultation, NHS England has now commenced a procurement in which it will identify organisations which could provide the NHS DPP across England. The NHS DPP service specification, a document which describes how organisations will be expected to deliver the service, was developed which addresses the feedback above.

Engagement and motivation of individuals (2.1) in the programme is a key focus for the programme. Whilst the programme will require engagement and commitment from participants, the duration and number of sessions involved is based on a review of evidence from an existing range of Diabetes Prevention Programmes on what works best.

Motivation to complete the course is a key priority for the programme. Specifically, we have included marketing of the programme in respect of raising awareness about the availability and benefits within the specification to support engagement and motivation of individuals. This will also address the comment made about the title of the service (2.8) by making clear in all marketing materials that this is aimed at reducing the risk of Type 2 diabetes.

We have listened to comments regarding the flexibility and timings of sessions (2.2), delivery mode and composition of groups (2.3) and location (2.5) by including requirements such as offering sessions at varying times, days and venues throughout the week to reflect a wide range of community groups, around this. Within the service specification we have described that sessions have a maximum number of participants which is in line with the evidence of what works best in existing Diabetes Prevention Programmes. A key principle of the NHS DPP is that access will be matched to the varying needs of service users in terms of availability, accessibility and location.

With regards to involvement of family (2.4), a requirement has been included whereby providers must ensure that family or peer support is accommodated where this would be helpful to the service user.

We have reflected feedback on flexibility of activity (2.6) through a requirement which ensures that the support provided for physical activity meets the needs, goals and capabilities of individual service users. In addition, providers must ensure that they connect with existing local networks and partnerships such as other organisations that provide



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physical activity as part of the delivery of the programme.

Addressing the comments about taking into account other health problems (2.7), it is a key requirement that the programme is delivered in a way that meets the needs, goals and capabilities of individual service users.

4 Conclusion

NHS England, Public Health England and Diabetes UK would like to thank the public and members of the User Involvement Group for participating in the consultation exercise.