NATIONAL DIABETES PREVENTION PROGRAMME:
Preventing Type 2 Diabetes in England

Supplier Engagement Day
Tuesday 19th May
Diabetes: the fastest growing health issue

- By 2025 more than 4m people in England will have diabetes
- Diabetes accounts for 10% of the NHS budget

National Diabetes Prevention Programme

- Commitment of the NHS Five Year Forward View
  - During 2015/16 have the new NHS Diabetes Prevention Programme up and running and available to 10,000 at risk individuals
  - By March 2016 develop a comprehensive plan for the roll-out of the diabetes prevention programme in 2016/17
- Aim to identify those at risk early and refer them into evidence-based lifestyle interventions so that:
  - More people at risk receive interventions to lower their risk
  - The incidence of Type 2 diabetes and associated complications and mortality decrease over the longer term.
• Strong international evidence exists supporting delivery of lifestyle change programme to delay onset and reduce incidence amongst those at high risk of diabetes.

• Trials in China, Finland, the USA, Japan and India show 30-60 per cent reductions in Type 2 diabetes incidence over three years in adults at high risk through intensive lifestyle change programme interventions.

• We are reviewing the international and national evidence of “what works” in terms of real-world translation and learning from previous service implementation to further inform the development of our approach.
Public Health England

Diabetes UK
CARE. CONNECT. CAMPAIGN.

NHS England

KEY:
- NDPP Decision making forums
- NDPP Advisory Groups
- NDPP Workstreams
- NDPP cross cutting programme functions

ALB CEO GROUP

ALB Directors of Strategy Group

NHS Prevention Programme Board

National Diabetes Prevention Programme (NDPP) Management Group

NDPP Clinical and Expert Advisory Group
NDPP Citizen Engagement Group

EVIDENCE & SERVICE SPEC
EVALUATION & MODELLING
INVESTMENT CASE
LEVERS & INCENTIVES
PROCUREMENT
DATA & SYSTEMS
MARKETING
DIGITAL DEVELOPMENT

PROJECT MANAGEMENT & SUPPORT
COMMUNICATIONS
FINANCE

NATIONAL DIABETES PREVENTION PROGRAMME
Progress to Date

- Evidence Review Completed - what works, for whom and in what context
- Expressions of interest exercise run and 7 “demonstrator sites” have been identified
- Prior Information Notice (PIN) issued to explore the possibility of a national procurement exercise
- Core minimum components of a diabetes prevention programme determined
- Evaluation approach developed
Role of the demonstrator sites

- Selected at an early stage to enable a co-production approach.
- Will input into:
  - Service model;
  - Design of evaluation approach;
  - Scope and specification for procurement;
- We hope the demonstrators will champion the programme as we begin to scale up.
Demonstrator Sites

- Seven sites selected:
  - Birmingham South and Central CCG
  - Bradford CCG
  - Durham County Council
  - Herefordshire CCG & LA
  - Medway CCG & LA
  - Salford CCG/LA
  - Southwark Council and Southwark CCG
An evidence based intervention (1)

Evidence suggests that an effective model might include:

1. Validated risk assessment tool/NHS Health Check to identify high risk people
2. Individuals identified as high risk referred for blood test
3. Eligible individuals referred into a lifestyle intervention
4. Linkage and alignment with the broader system
5. Flexibility and room for local adaption
An evidence based intervention (2)

Evidence suggests:

• More intensive interventions will lead to better health outcomes, for example
  • 16 or more hours of contact
  • minimum of 13 sessions over 12 months
  • focus on physical activity and diet
  • use of motivational techniques
  • frequent goal setting
• Increased attendance is linked to better outcomes
Success Factors

- Desired outcomes (long-term):
  - Reduced incidence of Type 2 diabetes
  - Reduced incidence of CHD, stroke, kidney disease and eye and foot problems related to diabetes

- Key interim success measures:
  - More people at high risk of developing diabetes will receive lifestyle interventions (referral, participation and completion rates) to support them to lower their risk
  - Risk reduction in participants
  - Weight reduction in participants
Proposed Procurement (1)

Rationale:

i. Ensure widespread access to lifestyle interventions.
ii. Facilitate more rapid roll-out and scale up
iii. Tap into provider innovation.
Proposed Procurement (2)

- We are keen to explore a payment by results type model for providers:
  - Changes in diabetes prevalence
  - Completion rates
  - Sustained weight loss
- A formal procurement will normally take in the region of 6 to 12 months.
- Next steps is to take forward development of a detailed procurement specification