BOARD PAPER – NHS ENGLAND

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Title: **Update on Healthier You: the NHS Diabetes Prevention Programme**
Lead Director: Karen Wheeler, National Director: Transformation and Corporate Operations Directorate
Purpose of Paper: This note provides the Board with an update on the status of the NHS Diabetes Prevention Programme following successful procurement of national service providers and referral of 7,000 people onto programmes.
The Board is invited to: • note the enclosed update on the status of the NHS diabetes prevention programme

Update on Healthier You: the NHS Diabetes Prevention Programme

Purpose

1. This note provides an update on the status of the NHS Diabetes Prevention Programme following the successful procurement of nationally available service of prevention programmes, from 4 suppliers, and the referral of 7,000 people onto those programmes.

Background

2. The NHS Diabetes Prevention Programme was launched in March 2015 as a joint initiative between NHS England, Public Health England and Diabetes UK. The programme seeks to build on the evidence from international randomised control trials about diabetes prevention to implement an intensive behavioural intervention service for people with non-diabetic hyperglycaemia ("pre-diabetes") at scale across England.

3. The programme is overseen by a Diabetes Board, which brings together partners from the three organisations and which is chaired by Karen Wheeler, as SRO for the programme.

Current Position

7 Demonstrator sites referred 7,000 potential candidates

4. Through the first phase of the programme we have been working with 7 demonstrator sites. As of end March 2016 over 20,000 people had been contacted about their diabetes risk across these sites and around 7,000 had consented to a referral to providers. We now have an uptake rate of around 48% of those referred (around 3500 people) which compares favourably with existing structured education courses where around 6% of people who are newly diagnosed with Type 2 diabetes nationally attend structured education.

National service procured from 4 providers

5. Following a successful OJEU procurement process we now have a national provider framework in place with 4 providers on it, all of which demonstrated the capability to provide services anywhere in England.

6. Retention on intensive behaviour change programmes is expected to be a key challenge for the programme and to mitigate this we have developed a novel pay for performance model. Providers will not receive any form of block or upfront payment, but instead will be paid when they successfully recruit an individual onto the programme, with further payments at key retention milestones.

Contracts awarded in 27 local areas by June

7. There has been a high level of enthusiasm for the programme in the NHS and public health with around 164 CCGs and 132 Local Authorities being associated with expressions of interest which were submitted in September 2015. Since then we have been working closely with 27 areas which submitted expressions of interest with a view to bringing them into the programme in 2016/17.

8. The commissioning model for the Diabetes Prevention Programme is novel and is based on a shared commissioning model, with the behavioural intervention courses themselves being commissioned centrally by NHS England and made available free of cost to CCGs and local authorities. CCG and local authority partners then work with NHS England to identify the framework provider which best meets their local needs and enter into a Memorandum of Understanding in relation to the volume of referrals that they will make into the programme. The costs of setting up systems to generate referrals onto behavioural intervention courses will primarily be met by local partners, although NHS England is contributing towards these costs and following the Spending Review there will be additional monies for diabetes in 2017/18 onwards.

9. Through a mini-competition process which ran between 18 March and 18 April the first 10 contracts for the provision of behavioural intervention courses have now been awarded, with all providers securing at least one contract through the process (see Annex A).

10. A further round of mini-competitions is planned during May with a view to bringing a further 17 areas into the programme by June 2016. By the end of June we expect to have awarded contracts for the provision of services across around 45% of England.

11. We have appointed South, Central and West CSU to provide a contract management function on behalf of the Programme and we are working with providers and the CSU, with a view to supporting mobilisation of services. Whilst the pace of mobilisation of the four providers will vary, we expect people to begin to be referred onto behavioural intervention courses by the end of May.

19,000 people on courses in 2016/17 and 40,000 in 17/18

12. Based on detailed projections from the 27 local areas we are working with, we estimate the programme generating around 40,000 referrals into NDPP services in 2016/17. The same areas are projecting around 85,000 referrals in 2017/18 once providers and local health economies are fully mobilised and the programme is locally embedded. Assuming providers generate a similar level of take up of their courses as the demonstrator sites saw, then we would expect these referrals to convert into around 19,000 people on courses in 2016/17 and 40,000 in 2017/18.

13. Additionally, we would aim to expand the geographical scope of the programme to cover additional areas in two further phases of expansion in 2017/18 and 2018/19 to a point where the whole country is covered by a diabetes prevention service. Assuming that rates of referrals are broadly similar as we scale up the programme we anticipate generating in the region of 190,000 referrals per year by 2019/20.

14. We are also working on a number of other measures to optimise recruitment onto programmes and to support local areas if they struggle to generate volumes of referrals:

    I. The procurement included the option of introducing direct recruitment by providers – we plan to introduce this in some areas in a controlled way, monitoring the impact on equity of access to services;

    II. We are working with Diabetes UK to adapt its existing web-based diabetes risk assessment tool so that it includes the functionality to sign-post at risk people to programmes in their local area and also exploring whether a more targeted support offer from Diabetes UK to local areas to raise awareness of diabetes risk and support improved recruitment onto courses could be introduced; and

    III. In the longer term we are working with NICE to pilot primary care indicators which could potentially form the basis for future GP incentives.

Evaluation and Future Development

15. The demonstrator sites were selected with a view to expanding our knowledge about different approaches to diabetes prevention and the key learning from the demonstrator sites has been about identification of at risk people. The Department of Health Research and Development Directorate has commissioned a formal external evaluation of the demonstrator phase.
16. The clinical effectiveness of the programme as it is implemented will also be fully evaluated and the National Institute for Health Research has put out a call for proposals for this evaluation and will fund the successful bidder. Applications are due on 23rd June 2016 and successful bidders will be announced in the autumn.

17. We are also keen to expand our learning about the effectiveness of **digital models of service delivery.** An OJEU notice has been published indicating that we may wish to take forward procurement of a digital diabetes prevention service to expand the evidence base about the effectiveness of digital delivery. We are planning a provider information day in May and following this a feasibility report will be produced.

18. The current Framework Agreement is for 3 years duration and we will therefore need to **take a decision in 2017/18 about future service provision**, whether to maintain the current commissioning arrangements and re-procure a new national framework, or whether to devolve future funding to CCGs and local authorities. Assuming we continue to commission the programme centrally we will have the opportunity to amend the current service model.

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Annex A

Outcome of First Tranche of Mini-Competitions

Area	Population Covered	Expected Referral Volumes over 24 months	Expected No of Behavioural Interventions 24 months*
Leeds	751,000	7200	1800 – 2880
Cumbria	506,000	4500	1150 – 1800
Lincolnshire (led by North East Lincs)	817,000	6200	1550 – 2500
Birmingham	1,383,000	5000	1230 – 1970
East Midlands (SCN led collaboration)	3,412,000	13420	3300 – 5400
Herefordshire	184,000	3300	830 – 1350
Berkshire	875,000	3800	950 – 1500
South London (Southwark led)	1,155,000	9200	2300 – 3700
East London (Newham led)	1,078,000	6300	1500 – 2500
Durham	619,000	1000	250 – 400

Uptake of behavioural interventions is profiled at a range between 25% to 40% uptake of referrals – these figures broadly align with referral rates from the demonstrator sites.