

Diabetes High Impact Interventions

Intervention	Summary	Cost of intervention / Return on investment	Impact on demand	Expected outcomes	Resources
<p>Structured Education Supporting individuals diagnosed with diabetes in developing their knowledge and skills to self-manage diabetes and reduce their chances of deterioration or exacerbation.</p>	<p>An evidence based and quality assured programme that aims to support the person and their family members and carers in developing attitudes, beliefs, knowledge and skills to self-manage diabetes.</p> <p>It may be focused on either Type 1 diabetes, for example DAFNE, or Type 2 diabetes, for example X-PERT. Other structured educational programmes are available.</p>	<p>DAFNE is estimated to save ~£2,200 per patient treated discounted over 10 years and 64% lower emergency treatment costs for ketoacidosis and severe hypoglycaemia.</p> <p>X-PERT is cost effective and estimated to be cost saving.</p> <p>Both DAFNE and X-PERT have shown significant improvement in HbA1c/12-month period, providing financial benefits in the short & long term.</p>	<p>Reducing risk, and subsequently incidence, of diabetes complications.</p> <p>Reducing the number of hospital admissions for diabetes patients.</p> <p>Reducing the need to refer type 2 diabetes patients to specialist services (does not include type 1 diabetes patients).</p>	<p>Improved glycaemic control & psychosocial wellbeing.</p> <p>Reduced risk of complications.</p> <p>Improved quality of life.</p>	<p>APPG report on structured education (March 2015).</p> <p>NHS England digital innovations webpage.</p> <p>Diabetes UK Self-Management Education - Information & options.</p>
<p>NHS Diabetes Prevention Programme Identifying people at risk of developing Type 2 diabetes and referring them onto a nine-month, evidence-</p>	<p>The NHS Diabetes Prevention Programme identifies people at risk of developing type 2 diabetes and refers them onto a nine-month, evidence-based lifestyle and behavioural change programme.</p>	<p>Between £200 – £250 per participant, which is funded centrally by NHSE.</p>	<p>An independent evaluation shows 37% relative reduction in incidence in completers and a 7% reduction in population level incidence of diabetes.</p>	<p>Reduced incidence of diabetes.</p>	<p>National Diabetes Prevention Programme Resources</p>

<p>based programme.</p>	<p>Evidence shows that it is effective in reducing population incidence of Type 2 diabetes.</p>				
<p>Delivery of 9 Diabetes care processes / achievement of treatment targets</p> <p>Annual review and monitoring of key lifestyle and physiological measurements, with appropriate interventions where needed, to reduce the risk of complications associated with diabetes.</p>	<p>Evidence shows that many of the complications associated with diabetes can be prevented or delayed through a combination of foot and eye screening, attending appointments with your health care professional, condition self-management and the appropriate use of medicines and technology.</p> <p>All people with diabetes aged 12 years and over should receive all of the nine NICE recommended care processes on an annual basis.</p> <p>The 9 key processes of care measurements are:</p> <ol style="list-style-type: none"> 1. Weight & BMI 2. Blood Pressure 3. HbA1c 4. Retinopathy Screening 5. Foot Risk stratification 6. Urinary Albumin test 7. Serum Creatinine 8. Smoking Status 9. Cholesterol level 	<p>Care processes are very low cost and are associated with financial benefits.</p> <p>For example, uACR testing is estimated to cost between £0.45 and £2.08.</p>	<p>All-cause hospital admission rates were lower among those who met HbA1c and cholesterol indicators.</p> <p>Patients who achieved the QOF Blood Pressure target had lower cardiovascular admission rates.</p> <p>Meeting all nine care processes had significant associations with reductions in all types of emergency admissions by 22% to 26%.</p> <p>HbA1c and cholesterol indicator attainment associated with considerably lower risks of minor or major amputation. Substantially lower amputation rates were observed among those completing a greater number of care processes.</p> <p>Incentivisation of primary care diabetes indicators such as cholesterol and HbA1c was associated with enhanced survival.</p>	<p>Lower mortality rates.</p> <p>Reduced admission rates (all-cause & emergency).</p> <p>Reduced amputation rates.</p> <p>Reduced diabetic retinopathy.</p>	<p>Population Health Management (and contained links, including risk stratification tools).</p> <p>NHS England » Five areas NHS integrated care boards can improve diabetes care for people – See Item 1.</p> <p>COVID-19: Long Term Conditions and pandemic recovery in Primary Care</p> <p>National Diabetes Audit Core Quarterly Dashboard</p>

	<p>Evidence from the pandemic has found that the risk of mortality increased in those who do not receive all care processes in one or both previous years.</p>				
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