



Consultation for Local Health Economy and Regional Stakeholders of the NHS Diabetes Prevention Programme

27 July 2021 Version 1

Background

5 million people in England are at high risk of developing Type 2 diabetes, with that number rising every year. Estimates suggest that the number of people with diabetes will rise to 4.2 million by 2030, affecting almost 9% of the population.

In 2016 NHS England in partnership with Public Health England (PHE) and Diabetes UK launched the Healthier You NHS Diabetes Prevention programme (NHS DPP): the first nationwide Type 2 diabetes prevention service. Outcomes from the first few years of Healthier You were published in early 2020 (<https://care.diabetesjournals.org/content/diacare/43/1/152.full.pdf>).

The programme delivers behavioural interventions that are predominantly group based, providing personalised support to participants. The service is commissioned by NHS England and available in every Integrated Care System (ICS) for people with no diagnosis of diabetes and with current non-diabetic hyperglycaemia or a previous history of Gestational Diabetes. Eligible individuals are offered a behavioural intervention over 9 months to support them to reduce their risk of developing Type 2 diabetes through achieving a healthy weight, improving nutrition and increasing levels of physical activity. From March 2020, in response to the COVID-19 pandemic, all in-person delivery was converted to remote video and teleconference delivery. New referrals were also offered the choice of the digital programme (accessed through an App or online).

Why are we consulting?

NHS England is now consulting on proposals relating to the re-procurement of the NDPP Framework from April 2022 running for 3 years with the option to extend for a further year. The current Provider Framework expires in April 2022 and NHS England is consulting on the service model for provision of the NHS DPP from 2022 onwards. This will seek to continue to scale up the programme to support people at high risk of Type 2 diabetes, further extend

reach to people with minority ethnicities and living in socioeconomically deprived areas and build on learning from delivery to date. NHS England has centrally commissioned the NHS DPP to leverage its scale in securing efficiencies, consistent data collection, and robust evaluation and quality improvement. This approach has also avoided duplication and ensured universal access to the service across England, while complementing the contract level delivery and improvement work driven by local systems.

We are proposing to establish a new national provider framework from which ICS “call off” the most suitable provider for their locality. Services would continue to be fully funded by NHS England. ICS and local clinical engagement in the implementation and delivery of services, working with the chosen provider, is an integral part of success to date. NHS England are therefore consulting on the design and specification of the provider service to ensure that it best supports ICSs in continuing to prevent Type 2 diabetes.

NHS England aims to:

- Widen access and choice of prevention services, particularly for working age and younger cohorts, rural communities, and high-risk groups in communities;
- Continue improving retention on courses to maximise benefit;
- Ensure continued universal availability of services for the benefit of citizens;
- Encourage innovation to improve quality and effectiveness of services; and
- Achieve best value for money and sustainability of services.

Re-procurement allows new approaches to increase uptake, retention and outcomes, e.g. through increasing patient choice, different delivery channels, competition and improved operational arrangements, which can also drive value for money.

Following the rapid change to remote delivery in March 2020, we have an opportunity to incorporate planning for adaptations in delivery of the programme in the event of further disruption. We recognise that people’s expectations around remote delivery are likely to have changed. Early analysis suggests good uptake and retention via video-conferencing and digital interventions, broadly similar to face-to-face. Remote delivery also provides an opportunity to provide more tailored services at pan-contract/national scale.

The re-procurement is an opportune time to review how the programme meets the needs of ICS. There is also an opportunity to align diabetes prevention with developments relating to obesity and an expanding range of national services e.g. NHS Digital Weight Management service, digital structured education programmes for people with diabetes, NHS Low Calorie Diet Pilots for people with type 2 diabetes.

High level description of service channels being explored are:

1 a) Group Face to Face service (with flexibility to “catch up” through remotely delivered versions of face to face sessions)

- Core offer
- Building on delivery to date, which has a robust evidence base
- 13 sessions with minimum of 16 hours spread over 9 months in groups with a coach
- Ability for flexibility for people to catch up and to support re-engagement

1 b) Stand-alone remote group video-conference service (with telephony delivery for those who can’t access video)

- Building on the remote face to face delivery model in place due to COVID-19
- 13 sessions with minimum of 16 hours spread over 9 months in groups with a coach
- Would ensure that all face-to-face providers had a remote delivery model deployed should we have further lock downs
- Would provide a group-based environment for people who weren't able to attend or confident in face-to-face contact
- Could be advantageous in rural areas to reduce wait times etc

2) Digital service (online and/or app-based delivery models)

- Target younger age groups
- Flexible delivery model
- Provides environment for those who prefer more self-management and virtual group and coach contact

3) Tailored remote and digital multi-ICS / national services for individuals with specific needs (to improve equality of access for groups in need of a more tailored service)

- In order to improve access for certain groups (such as those speaking a particular language), there may be opportunities to deliver more sustainable tailored services remotely at a multi-ICS, or national level, due to the advantages of scale
- Build the evidence base for diabetes prevention interventions in specific groups