

NHS Diabetes Prevention Programme

NHS DIABETES PREVENTION PROGRAMME

- Commitment of the NHS Five Year Forward View
- The NHS DPP aims to identify those at risk of Type 2 diabetes early and refer them into evidence-based lifestyle interventions.
- Will be available nationally on roll-out to all adults at risk of Type 2 diabetes with referral routes through:
 1. Existing GP Practice registers
 2. NHS Health Checks
 3. Potential for opportunistic case finding
- On average, 26% lower incidence of diabetes vs usual care

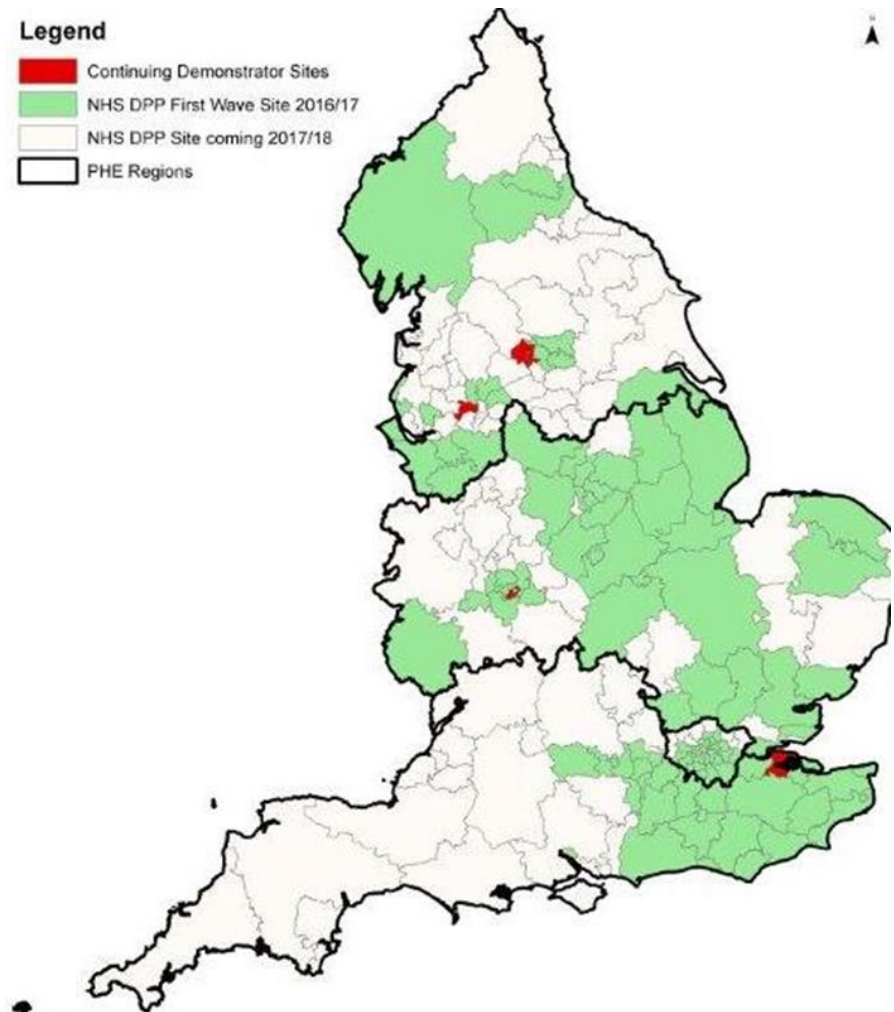
NATIONAL PROCUREMENT

- Procurement process run by NHS England.
- 4 lead providers with national infrastructure appointed to a national framework in March 2016.
- 27 contracts issued to date with a number of sites now referring into services.
- Anticipate purchasing circa 20K interventions in 16/17.

Providers
Reed Momenta
Pulse Healthcare Limited trading as ICS Health and Wellbeing
Health Exchange CIC
Ingeus UK Limited

LOCAL AREAS AND REFERRAL

- Number of different sized partnerships in this year (individual CCGs up to 15+)
- Different referral routes being favoured by different areas depending on local infrastructure



DIRECT RECRUITMENT

- Optional – seen as experimental approach;
- Targeted at BME and seldom heard communities to avoid exacerbating health inequalities;
- We will work with a small number of first wave sites to assess further:
 - Birmingham, East Midlands, Greater Lincs and Newham
- We will work with providers to ensure that there is promotion of the additional benefits of the NHS Health Check as part of the DR offer
- Subject to evaluation to measure outcomes

LESSONS LEARNT

- GP engagement and commitment is crucial from an early start
- Face to face offer of the programme with high risk people appears to be most effective, using motivational conversations to identify what is important to them
- Robust eligibility criteria and referral pathway important
- Data flows between GP's and service provider is key, and providers are being supportive of this
- Clear marketing strategy to both public and professionals is important
- Scaled delivery in some CCG areas, until referral numbers increase or full launches (decided with provider)

PLANNING ASSUMPTIONS (Y2)



- Working assumption that we roll out to a further 25% of the country in 17/18
- The procurement timeline for year two roll out should allow greater time for development of partnerships, local prospectuses and provider bids during the call off.
- STP footprints should be used as the standard geography for future phases of roll out. This will either involve filling in STPs with partial coverage or taking forward whole STPs for future phases of roll out.
- Greater allocation of coverage in year two should be provided to the north and south regions, reflecting their low allocation in year one

CONTINUED...



- Partnership working across the whole patch
- NDA participation
- Understanding the NHS Health Check contribution
- Primary Care registers, numbers and approaches to driving activity
- Other referral routes / and predicted volumes
- Current service provision
- Links to STP plans
- SRO / Cross organisational governance
- Timelines
- Local Resources / National Resources