

Staffordshire Health and Wellbeing Board	
Title	National Diabetes Prevention Programme – Wave Three
Date	08/03/2018
Board Sponsor	Richard Harling
Author	Lucy Hegarty
Report type	For Information

1. Purpose of the Report

- 1.1 To inform the Health and Wellbeing Board that Staffordshire STP has been invited to join the third wave of the National Diabetic Prevention Programme (NDPP) funded by NHS England and will commence delivery from April 2018.
- 1.2 To inform the Board the programme provider is *Ingeus*, an experienced provider of lifestyle behavioural change.
- 1.3 To highlight the benefits of the programme to the Staffordshire population, to GPs, and to the wider health economy.

2. Aims of the National Programme

- 2.1 The NHS England National Diabetes Prevention Programme is a national proactive, behaviour change programme for patients identified at risk of developing Type 2 diabetes.
- 2.2 There are currently five million people in England who are at risk of developing Type 2 diabetes. If the current trend persists, one in ten will go on to develop Type 2 diabetes.
- 2.3 Type 2 diabetes treatment accounts for just under 9% of the annual NHS budget, around £8.8 billion per year.
- 2.4 Evidence suggests that if changes are made to lifestyles, people identified as pre-diabetic can be prevented from developing diabetes, and that their pre-diabetic diagnosis can be reversed. Lifestyle changes include improving diet, quitting smoking, reducing alcohol intake, exercising regularly, and losing weight, all which also have an effect on blood pressure, cholesterol, and the risk of cardiovascular disease.
- 2.5 This programme aims to target those most at risk of developing type 2 diabetes; to reduce the incidence, to reduce complications (heart, stroke, kidney, eye and foot problems), and over the longer term, to reduce the associated health inequalities.

3. Pre-Diabetes

- 3.1 According to Diabetes UK, pre-diabetes is characterised by the presence of blood glucose levels that are higher than normal but not yet high enough to be

classed as diabetes. For this reason, pre-diabetes is often described as the 'grey area' between normal blood sugar and diabetic levels.

3.2 Risk factors reflect those for diabetes and risk increases after 45. These include those who:

- Are overweight (have a body mass index—a BMI—of higher than 25), in particular those who carry a lot of extra weight in their abdomen
- Are not physically active
- Have a family history of diabetes
- Are from certain ethnic groups including African-Americans, Hispanic Americans, Native Americans, and Asian Americans
- Had gestational diabetes during pregnancy
- Have hypertension and high cholesterol

4. Staffordshire Data

4.1 Prevalence of type 2 diabetes in Staffordshire is about 6.5% of the population (close to 60,000 people) with the highest prevalence ranging from 5.85% of the population in Stafford and Surrounds (about 7,100 people) to 7.04% (about 15,900 people) in Stoke on Trent.

4.2 According to a deep dive undertaken by the Health and Wellbeing Board in 2015 the estimated cost to the local health and care system as a result of all diabetes is £222 million every year, (circa £3,700 per person/pa) which if trends go unaddressed, was predicted to increase to £273 million by 2020.

4.3 The same report indicated that around 80% of these costs are due to complications (e.g. inpatient days) and that one in twenty people with diabetes also incurs social care costs due to complications such as heart disease, stroke, blindness, kidney disease and amputations. 75% (about 2,250) of these result in residential and nursing care. Research also indicates that around one in four people living in care homes have diabetes.

4.4 Using NICE estimates there are approximately 27,500 people with pre-diabetes in Staffordshire.

5. NDPP Delivery

5.1 The overall Healthier You programme delivered under the NDPP is a 9 month intervention which is split into three phases along with ongoing 1:1 support. The phases are focussed around an evidence based curriculum ('X-pert' health curriculum, written by Dr Trudi Deakin) which gives the patients an informed choice, empowering them to make decisions about their own health and wellbeing:

- The 'Healthy Foundation' (5 x 120 minute) group sessions
 - What is diabetes and pre-diabetes?
 - Benefits and challenges of adopting a healthy lifestyle
 - Introduction to physical activity
 - Nutrition for health
 - Carbohydrate awareness
 - Understanding food labels
- Prevention PLUS sessions (4 x 120 minute) group sessions to countering the difficulty of sustaining behaviour change
 - Introduction of psychotherapeutic approaches, responding to obstacles and set-backs, problem-solving strategies
- Progress Review Sessions (3 x 60 minutes)

5.2 There are currently 3 providers of the NDPP across the country and the programme is delivered by a team of specialists in sport and exercise science, nutrition, public health.

5.3 Eligibility criteria for the NDPP is as follows:

- 18 years old and over
- Registered with a GP Practice
- Had a blood test within 12 months which showed HbA1c between 42-47 mmol/mol (6.0%-6.4%) **or** Fasting Plasma Glucose between 5.5-6.9 mmols/l
- Not pregnant

6. Implementation in Staffordshire as Part of Wave Three

6.1 Staffordshire STP has been invited to join the third wave of the NDPP and will commence delivery from April 2018.

6.2 The project group is made up of stakeholders from across the STP, including:

- Public Health Staffordshire – project lead
- Public Health Stoke on Trent
- All Staffordshire CCGs
- Clinical Lead

6.3 The project group took part in a mini competition process coordinated by NHS England to determine which of the 3 available providers will deliver the programme in Staffordshire in line with Staffordshire's prospectus. In January 2018 the contract was awarded to Ingeus. Ingeus have significant experience of delivering the programme through waves 1 and 2 and initial meetings with the provider have imparted a high level of confidence in the potential of the programme.

- 6.4 The programme is due to go live on April 1st 2018. It is the intention to start with a small number of GP clusters initially, with all GPs being invited to join the programme within the first year. A GP cluster has been identified in the north of the county and discussions are taking place with south and east Primary Care providers to identify other early clusters. The programme will use the STP geographical locality footprint to ensure that we recruit clusters of patients in the same area to attend the scheme.
- 6.5 It is the intention that **11,261** eligible patients will be invited to join the scheme.
- 6.6 All referrals onto the programme will come via Primary Care through existing non-diabetic hyperglycaemia (NDH) registers in Staffordshire surgeries; through a GP provided NHS Health Check; or identified opportunistically through a GP appointment for another reason. Participating GPs will initially review their NDH registers and contact their patients who have received a blood test within 12 months. These patients will be referred straight onto the programme. At the same time, GPs will be asked to invite other patients on the NDH registers with out-of-date blood tests to be reviewed and have their blood tests updated. Where appropriate, these patients will then be referred.
- 6.7 Across Staffordshire and Stoke the NDPP will form a key work stream within the Prevention and Wellbeing STP programme and therefore governance of the programme will fall within the remit for the STP.

7. Benefits of the Programme

- 7.1 The benefits of this programme to the patient are significant. The programme aims to reduce the risk of developing Type 2 Diabetes and associated complications by providing the tools, resources and ongoing support required to implement and maintain lifestyle changes.
- 7.2 Assuming a 25% take up (this is the minimum assumed take up rate), the DPP return of Investment Tool ¹ indicates that over a 5 year period 92 fewer people per year could be diagnosed with diabetes, with 9.5 fewer CVD events, and 4.4 fewer cases of microvascular disease. However, the estimated take up is expected to average around 50%.
- 7.3 Based on the assumption that the programme will run for one year only, and assuming the minimum expectation of as 25% take up, this should equate to a saving of around £340,400 over a five year period
- 7.4 GPs will experience reduced ongoing associated time/resource management for patient monitoring associated with individuals being on their pre-diabetes register, and subsequently from fewer people developing diabetes.

¹ Return of Investment Calculator <https://dpp-roi-tool.shef.ac.uk>

Actions

The Board is asked to note the imminent programme and be ambassadors for the programme across the County and STP colleagues and communities