

In partnership with:



Public Health
England



The NHS diabetes prevention programme

Preventing Type 2 diabetes in England

Your chance to have your say

Type 2 diabetes is a major contributor to heart attacks, stroke, kidney failure, and lower limb amputation, and is a leading cause of preventable sight loss in people of working age. As well as the human cost, its treatment accounts for just under nine per cent of the annual NHS budget; around £8.8 billion a year.

There are currently five million people in England at high risk of developing Type 2 diabetes. If these trends persist, one in three people will be obese by 2034 and one in 10 will develop Type 2 diabetes. However, evidence shows that Type 2 diabetes is largely preventable.

You may know someone who has the condition – you might even have a family connection, or you might want to help yourself and others reduce the risk of illness. So please read on and help shape our work to help prevent Type 2 diabetes.

What is diabetes?

Diabetes is a condition where the amount of glucose in your blood is too high because the body cannot use it properly.

This is because your pancreas doesn't produce any insulin, or not enough insulin, to help glucose enter your body's cells – or the insulin that is produced does not work properly (known as insulin resistance). Glucose is our fuel for energy; so we can work, play and generally live our lives. It is vital for life.

In Type 2 diabetes there is not enough insulin (or the insulin isn't working properly), and your body's cells are only partially unlocked causing glucose to build up in your blood. **Too much glucose in your blood damages the blood vessels which over time can lead to a range of serious health problems.**

About the NHS diabetes prevention programme

The Healthier You: NHS Diabetes Prevention Programme (NHS DPP) is helping people at high risk of getting Type 2 diabetes to become healthier and avoid the condition. It is the first nationally implemented programme to do this. In March 2019 the programme will be renewed and we would like to hear your views on plans to make it even more accessible.

What does the programme offer?

NHS England makes courses available to tell people about the condition and to support and motivate them to achieve a healthy weight, improve their diet and become more physically active.

The courses consist of face to face group sessions and 1-2-1s over a period of up to a year with trained facilitators. At least 13 sessions are offered and a minimum of 16 hours contact time. Participants are helped to set and achieve healthier lifestyle goals and blood glucose and weight are measured before and after so people can see how they've reduced their risk. The programme is free for participants.

People are offered the service if they are found to have very high blood glucose following a blood test. Referrals are generally made by GPs and following a NHS Health Check (a free health check available to everyone between the ages of 40–74 in England).

Benefits of the programme

The benefits will vary from person to person, but we expect:

- Around 1 in 10 people to benefit from delayed onset of diabetes by 4 years on average and some may avoid Type 2 diabetes completely. Not everyone who is at high risk of diabetes will go on to develop the disease, but the programme will also help people reduce their risk of many other conditions such as heart disease, stroke, and some cancers;
- Many people on the programme will benefit from weight loss and we expect that at least 1 in 3 people will lose 5 per cent of their weight;
- The majority of people should benefit from reduced blood sugar.

- The programme should also deliver savings by avoiding the need to treat diabetes. The NHS will be able to reinvest these savings in other services for patients.

What's happened so far?

Diabetes UK has been working with NHS England, and Public Health England to develop the programme, which will cover the whole of England in 2018. Over 150,000 people have been offered the service so far, and it is our ambition to support 100,000 people every year from 2020.

We are now exploring how remote and digital options could offer more flexible and convenient ways to engage people at risk.

What's new from 2019?

In addition to the current service which is delivered face to face we are exploring whether to offer some parts of the course remotely (for example via the telephone or internet), and whether to also offer the whole course digitally to those who prefer. The content of the courses will remain very similar, but we might offer them in three different ways:

- a As the current face to face service (this is based on the best evidence of what works);
- b As the current service, mostly face to face, but for those who prefer some parts of the course could be attended remotely (for example by phone, video conference or internet content). This stays close to the best evidence of what works; and
- c As a completely remote digital service, with either no face to face sessions or very limited face to face sessions. The

evidence for how this type of service works is building and NHS England are currently running pilots to see how effective they are.

Your chance to have your say

Diabetes UK have produced this consultation document at the request of NHS England and welcomes feedback from; those who have already used the programme (either themselves or a family member/relative), those who have been referred to the programme, potential future users of the service and members of the general public.

NHS England and Diabetes UK will be collating responses as part of a wider consultation exercise and will provide feedback in due course.

We would welcome your views on the following:

- 1 What do you think about the proposals to offer the service remotely to those who would prefer it?
- 2 Would you be more likely to join the programme if: [select one]
 - a you attended all sessions in person;
 - b you attended some parts in person but with some parts delivered via the internet or phone; or
 - c the whole course was delivered remotely?
- 3 What are the reasons for your choice in question two and would your choice make you more likely to complete the 9–12 month programme?

- 4 Are there any parts of the programme you feel should always be delivered in-person?
- 5
 - a How important do you think it is to have a choice between in-person or remote diabetes prevention services?
 - b If a range of options were available, what information or support would you need to be able to understand the different choices, and to decide what is best for you?
- 6 What can we do to make the programme easier to access for all; regardless of an individual's ethnic background, age gender, physical ability or any other factors?

You can complete the questions online by following this link to the survey:

<http://www.smartsurvey.co.uk/s/HDWDT>

Diabetes UK have a new user involvement team who are working with service users and those at risk of Type 2 diabetes to help shape the programme. Please write with any views to:

Shared Practice Team (User Engagement)
Diabetes UK, Wells Lawrence House
126 Back Church Lane
London
E1 1FH

Or email:
userengagement.nhsdpp@diabetes.org.uk

Please reply by 25 May 2018.