

# Diabetes Prevention Programme

ICS Health & Wellbeing

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# Diabetes prevalence

- It is estimated that over 5 million people in England are at risk of developing Type 2 diabetes
- If current trends persist, one in ten people will develop Type 2 diabetes by 2034
- Since 1996 the number of people with diabetes in the UK has more than doubled from 1.4 million to 3.3 million
- Type 2 diabetes accounts for at least 90% of all cases of diabetes

# Preventing diabetes

- The risk of Type 2 diabetes can be reduced significantly by reducing weight and waist size, increasing physical activity and improving diet
- Landmark trials in China, Finland, the USA, Japan and India show 30-60% reductions in Type 2 diabetes incidence over 3 years in adults at high risk through intensive behavioural interventions when compared to the comparison group

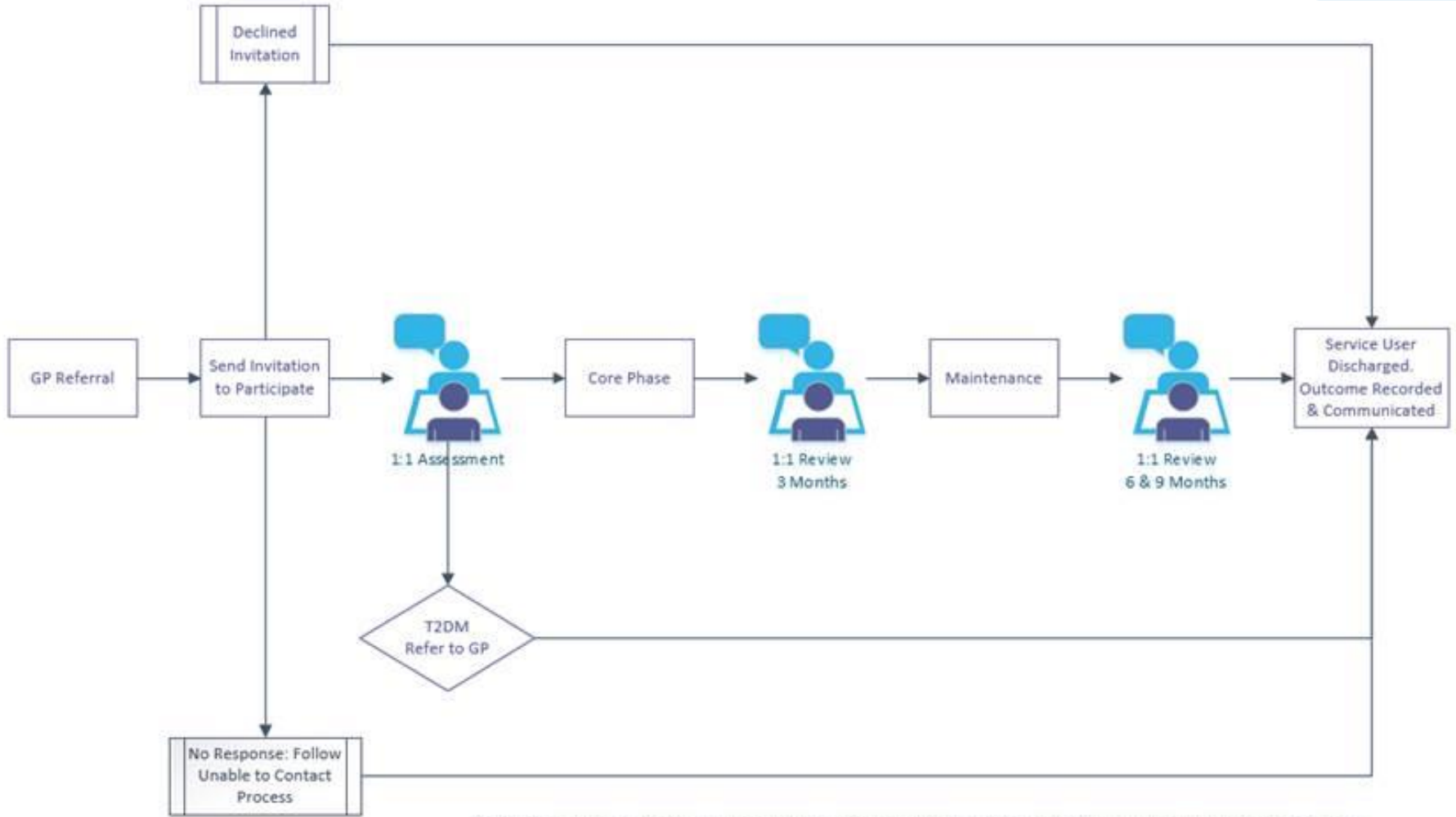
# Healthier You

- Healthier You: NHS Diabetes Prevention programme has been developed collaboratively by NHS England, Public Health England and Diabetes UK
- Up to 100,000 places will be made available, across the country by 2020
- The NDPP has currently received over 5300 referrals YTD with the opportunity for additional services to be introduced within the NDPP contract across Herts.

# Eligibility criteria

- 18 years old and over
- Registered with a GP Practice in Herts
- HbA1c between 42-47 mmol/mol (6.0%-6.4%) or Fasting Plasma Glucose between 5.5-6.9 mmol/l within the last 12 months
- Not pregnant
- (Motivation to change and commitment level of referred patients)

# The Service model



Note: If at any point throughout the service a Service User develops T2DM, they will be immediately referred to their GP.

# Programme commitment

- 1 to 1 initial assessment
- CORE: weekly group sessions that include healthy lifestyle advice and a physical activity taster session of chair based exercises (2 hours)
- MAINTENANCE: 4 x monthly group sessions that include strategies to help you maintain your lifestyle changes (2 hours)
- 3 x one to one progress review sessions at 3,6 and 9 months (HbA1c repeated at 6 and 9 month reviews)

# Programme content

- Nutrition education based on 'X-pert Health' prevention and management by Dr Trudi Deakin
- How to incorporate physical activity into your lifestyle
- How to solve problems and overcome barriers that can get in the way of healthy changes
- How to develop the skills and knowledge to maintain these changes after completing the programme
- Facilitation by a local Health & Wellbeing Coach



# Core

- Collaboration with Dr Deakin (X-PERT Health) to base our design on her successful X-POD course.
- Demonstrable improvements have been shown for both white and non-English speaking BME groups.

Core session structure as listed below:

1. What is pre-diabetes and diabetes
2. Introduction to Physical Activity
3. Nutrition for health: Energy balance, eating for good health, addressing myths and misconceptions, fat awareness, options for weight loss, eating assessment
4. Carbohydrate awareness: Carbohydrates and blood glucose levels, amount and type of carbohydrates, estimating carbohydrates, daily intake of carbohydrates
5. Understanding food labels: Nutritional information on food packaging, different dietary approaches, reference intakes, nutritional claims
6. Review: Review and consolidation of content, trouble shooting

➤ 3 month 1:1 review to assess progress to date



# The Service model



## Maintenance

- 4 x 120 minute monthly open-group Prevention PLUS sessions
- Our maintenance programme uses health psychology, helping service-users to build on and sustain changes made in the core phase
- Prevention PLUS is based on content developed in collaboration with Dr Bohus (Heidelberg University)
- Using resilience strategies and well-established psychotherapeutic approaches shown to bolster behaviour change outcomes relating to diet, physical activity and other health determinants
- 6 month 1:1 review – including HbA1c testing

# The Service model



End of  
service

- 9 month 1:1 review – including HbA1c testing
- Empowering service-users to self-manage their health after leaving, including signposting and referral to local services where appropriate.
- 100% of core and maintenance sessions with vouchers for participating local services
- Link into local steering groups to determine if promotion of any non or commissioned service is appropriate at end of service

# Referral Form



## NHS Diabetes Prevention Programme Referral

<b>Patient must meet the essential criteria below</b>
HbA1c results between 42–47mmol/mol (6.0–6.4%) or Fasting plasma glucose result between 5.5-6.9 mmols/l
Blood test results within the last 12 months
Does not have Type II Diabetes - if a reading is in the diabetic range (HbA1c >48 or FPG ≥7) the individual is not eligible
Registered with a GP Practice within Essex
Not pregnant
Aged 18 years or over
There is no medical reason why this patient should not take part in a programme that includes light-moderate physical activity

<b>Patient details</b>	
Title:	Preferred contact number:
First name:	Can we leave a voicemail? <input type="checkbox"/> Yes <input type="checkbox"/> No
Surname:	Alternative contact number:
Address:	Can we leave a voicemail? <input type="checkbox"/> Yes <input type="checkbox"/> No
	What is the patient's first language? <b>First Language</b>
	Is the patient on the Severe Mental Illness Register? <input type="checkbox"/> Yes <input type="checkbox"/> No
Postcode:	Does the patient have a learning disability? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Does the patient have any mobility issues? <input type="checkbox"/> Yes <input type="checkbox"/> No
Email address:	Is the patient registered disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No
NHS Number:	If yes, provide details please:
Date of birth:	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	

<b>Blood test</b>		
<input type="checkbox"/> HbA1c	Reading:	Date:
<input type="checkbox"/> Fasting Plasma Glucose	Reading:	Date:
Is there a clinical reason why HbA1c cannot be used to track glycaemic response to the intervention? <input type="checkbox"/> Yes <input type="checkbox"/> No		

<b>GP details</b>	
Patient's GP surgery name:	
Surgery address:	
Surgery tel. number:	Practice code:
Was the patient referred following a NHS Health Check? <input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>Referrer details</b>	
Referrer's name and organisation:	
Date of referral:	

Email completed forms to [scwcsu.essex@nhs.net](mailto:scwcsu.essex@nhs.net)



# Website:

**NHS**



**Are you a health professional?  
Are your patients at risk of Type 2 diabetes?  
Did you know you can refer those at risk to  
your local Healthier You service?**

As a GP or health professional, you will already be aware that the risk of Type 2 diabetes is significantly reduced if your patients make positive changes to their diet, weight and the amount of physical activity they do.

Your local Healthier You service can support your patients in taking action in all of these areas. Taking this kind of action now is very important as it can reduce your patients' risk of, or even stop the development of, the very serious health condition of Type 2 diabetes.

**0800 043 9806**

**[www.preventing-diabetes.co.uk](http://www.preventing-diabetes.co.uk)**

**HEALTHIER YOU**

NHS DIABETES PREVENTION PROGRAMME

Service provided by  
**ICS** Independent  
Clinical Services  
Health & Wellbeing

Thank You  
Any Questions?