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Diabetes Prevention Programme and the Treatment and Care Programme – progress

Nick Morrish

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NHS Diabetes Prevention Programme

- Identify people with non-diabetic hyperglycaemia
- Refer for Lifestyle Intervention to reduce risk of developing T2DM
- 4 Providers chosen nationally: local sites choose one of them
- ‘Over a minimum of nine months patients will be offered at least 13 education and exercise sessions of one to two hours, at least 16 hours face to face or 1-to-1 in total’
- No outcome data yet: a handful of patients have completed

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DPP in the East of England

- No demonstrator sites in EoE
- First wave (2016):
  - East and North Hertfordshire
  - Norfolk / Norwich
  - Essex
  - Cambridge and Peterborough
- Second wave (2017): BLMK
- To come in 3rd Wave (2018):
  - West Suffolk CCG
  - Ipswich and East Suffolk CCG
  - West Norfolk CCG
  - Great Yarmouth and Waveney CCG
  - Basildon and Brentwood CCG
  - Southend CCG

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DPP in Midlands and East to date

- 18,947 referrals made into the NHS DPP across the Midlands & East to end May 2017.
- Method of referrals:
  - 13,545 – GP/NHS Health Check Provider
  - 4,782 – Contact with provider following letter informing eligibility
  - 577 – Self referral following on-line assessment
  - 43 – Direct Recruitment
- A rate of 230.7 per 100,000 adult population.
- Of the 18,947 referrals made, 7320 have attended an initial assessment.
  - A uptake rate of **38.6%**

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DPP in Midlands and East to date 2

- Of the referrals that attended an Initial Assessment:
  - **45.2%** were male
  - **39.5%** were aged less than 65
  - **14.3%** were of Black, Asian Mixed or other ethnicity
  - **12.4%** were from the most deprived quintile, compared to the 19.2% from the least deprived
  - **11.9%** are of normal weight (BMI 18-24.9)
  - **31.9%** are overweight (BMI 25-29.9)
  - **45.8%** are obese (BMI >30)

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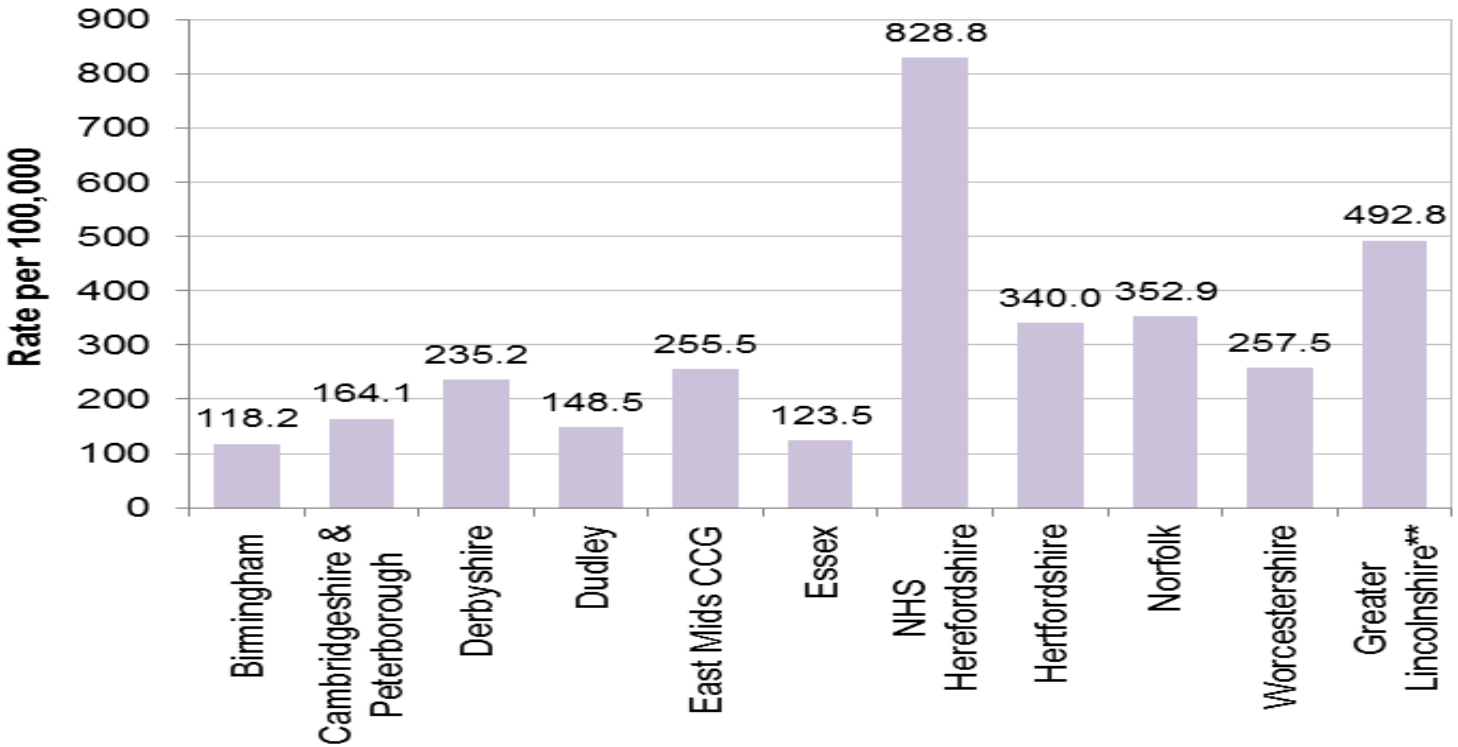
M+E DPP referral rate /100,000



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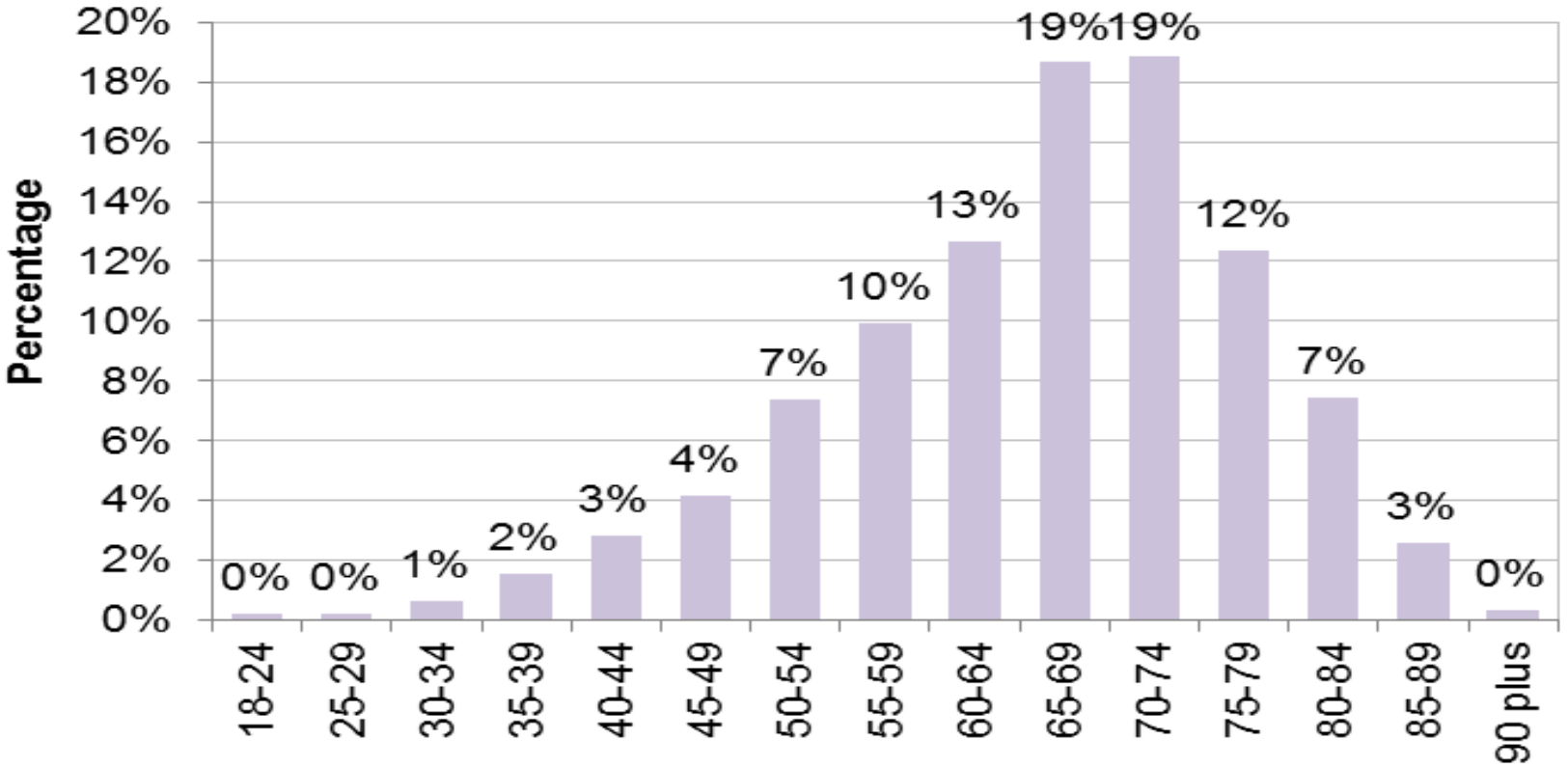
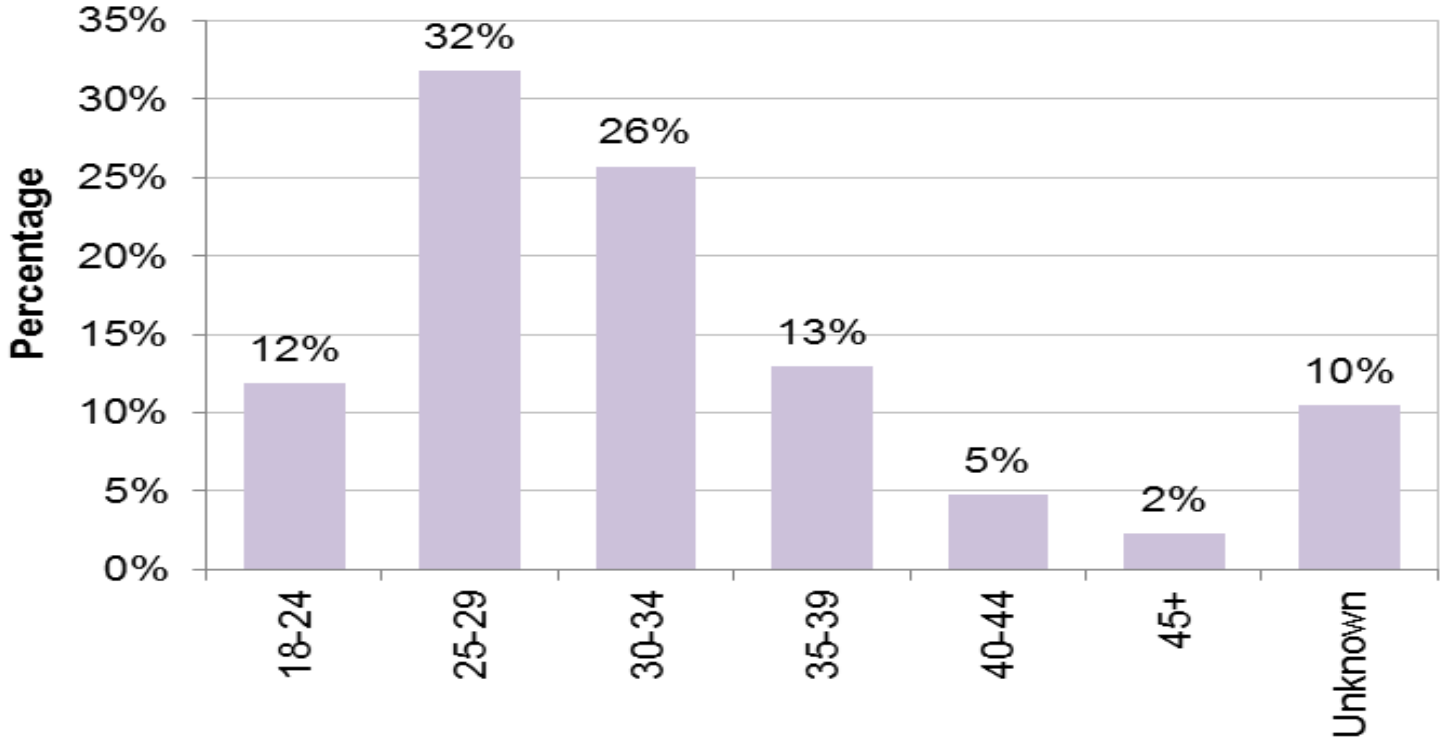
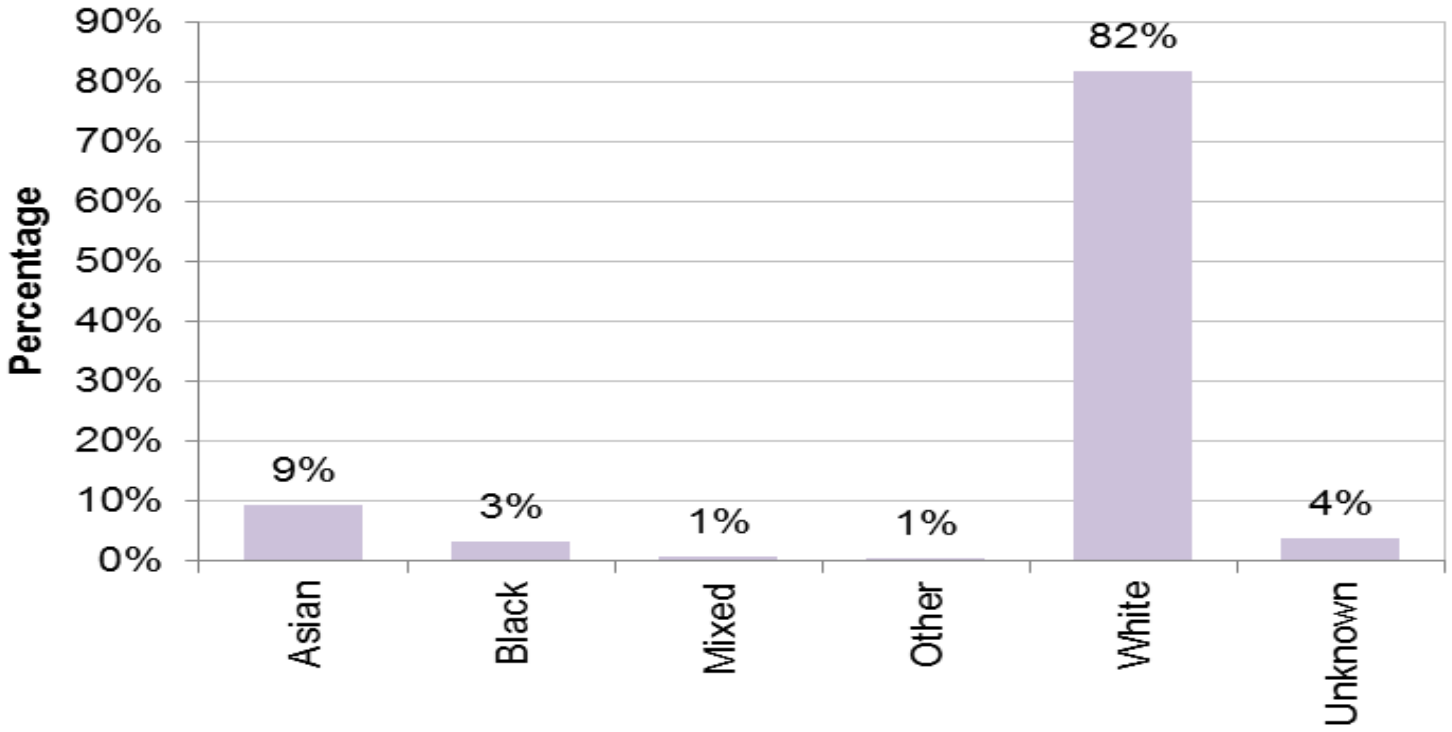
M+E DDP Initial Assessments by age



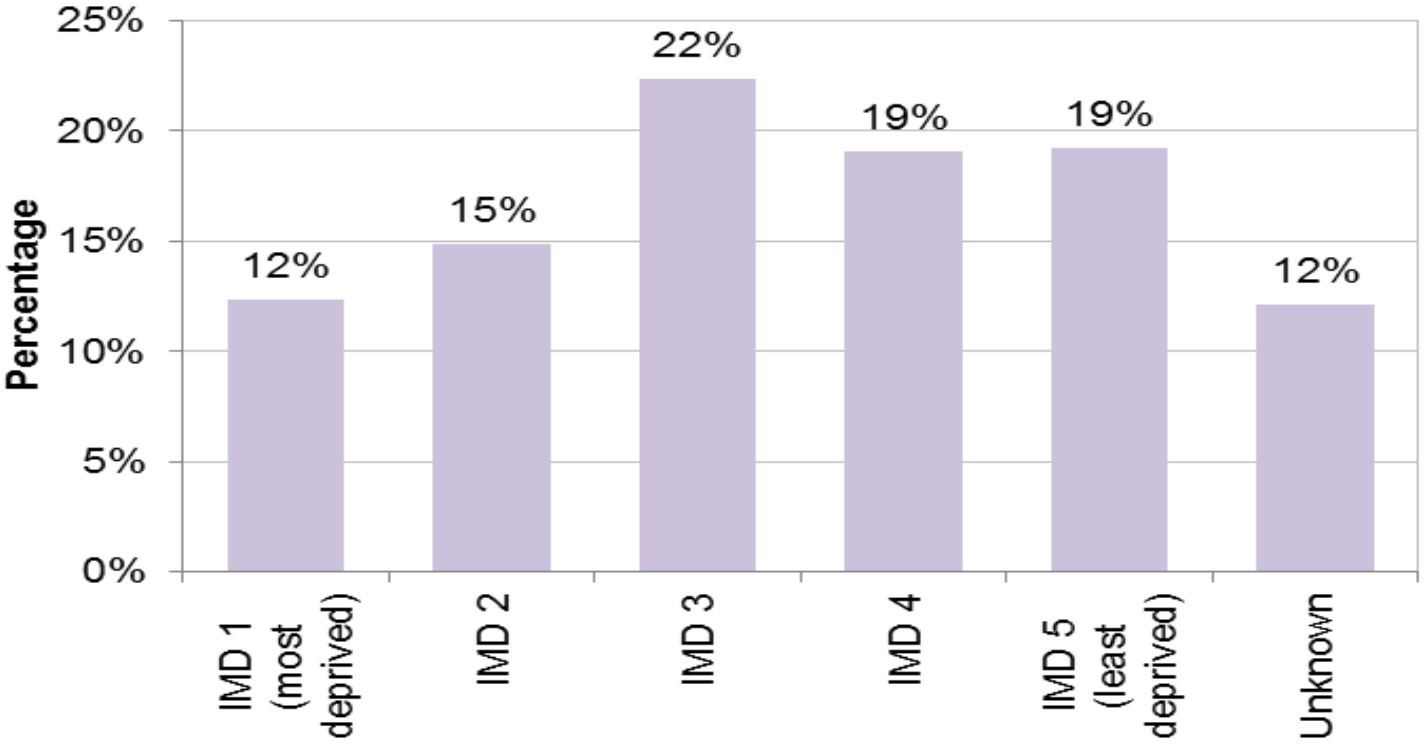
BMI at IA


Percentage
35%
30%
25%
20%
15%
10%
5%
0%
12%
32%
26%
13%
5%
2%
10%
18-24
25-29
30-34
35-39
40-44
45+
Unknown

Ethnicity at IA



Deprivation Quintile at IA



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Clinical Network	Site	% Cumulative Delivery	Regional Overall Confidence RAG
West Midlands	Birmingham, Sandwell and Solihull	69%	Green
	Dudley	84%	Green
	Herefordshire	64%	Red
	Walsall & Wolverhampton	128%	Green
	Worcestershire	72%	Amber
East Midlands	East Midlands Partnership	97%	Green
	Derbyshire	152%	Green
East of England	BLMK	158%	Green
	Cambridge and Peterborough	80%	Green
	Essex	82%	Amber
	Hertfordshire	150%	Amber
	Norfolk & Norwich	104%	Green

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DPP Next steps for 2017-18:

- The region has planned to deliver a total of 36,790 referrals in 2017-18.
- Monthly reports are provided by each site. Support is being given by the regional assurance lead and the clinical network, to achieve their referral numbers.
- DCO teams are informed of progress and they will be undertaking the assurance process once DCO Diabetes leads have been recruited.
- Year 3 STP applications process has commenced.

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Diabetes Treatment and Care Programme

4 Priorities:

1. Improving uptake of structured education
2. Improving achievement of the NICE recommended treatment targets (HbA1c, cholesterol and blood pressure) and reducing variation
3. Reducing amputations by increasing availability of multidisciplinary footcare teams
4. Reducing lengths of stay for inpatients with diabetes by increasing availability of diabetes inpatient specialist nurses

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DTCP Achievements and Progress:

- All successful sites have produced quarterly milestones.
- All sites requested to produce MOUs for their partners' organisations to sign (CCGs and Providers), with specific statements to satisfy strategic finance with respect to transformation monies being utilised for its intended purpose and to mitigate against control total concerns.
- Milestones and MOUs have been reviewed by the region, clinical network staff and the national team.
- Quarter 1 funding has been released with subsequent release of quarterly funding being released on achievement of the milestones.
- Reporting by sites is quarterly with mid quarter phone calls or meetings by Clinical Network staff to understand any issues and challenges in order to support identifying solutions and to maintain a focus on delivery.
- Clinical Networks are supporting the sites and events are scheduled to take place to bring stakeholders together over the coming months.
- National data sources will be utilised to track outcomes with local data utilised to track progress of services being implemented.

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Proposed new metrics for DTCP

Achievement of the 3 NICE recommended treatment targets	GP practices where patients are receiving new interventions
Attendance at structured education	Number of new structured education places commissioned
	Number of attendances at structured education courses
Multidisciplinary footcare teams (MDFTs)	Do trusts provide an MDFT service
	Number of inpatients seen by MDFT
	Number of outpatients seen by MDFT
Diabetes Inpatient Specialist Nurses (DISNs)	Do trusts have a DISN service
	Proportion of inpatient spells for those with diabetes where a DISN provided care