

# Putting the National Diabetes Programme Into Practice

**Presented by:**

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## What We'll Cover

- Background - Norfolk & Waveney
- The NDPP and our local experience
- Key challenges



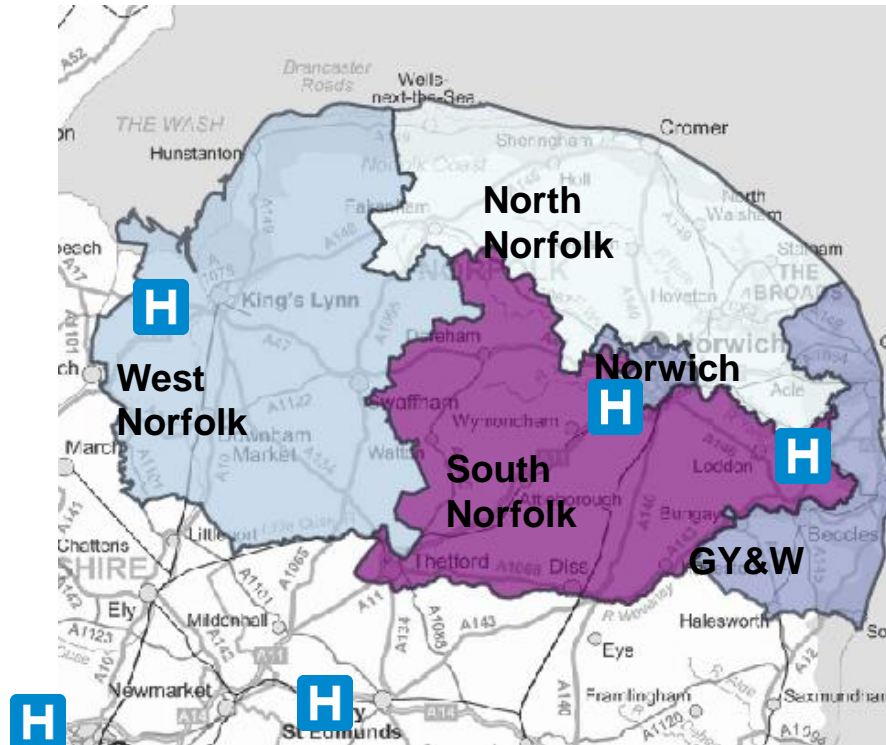
## Landscape of Norfolk & Waveney STP Area



- Geography
- Population
- Transport

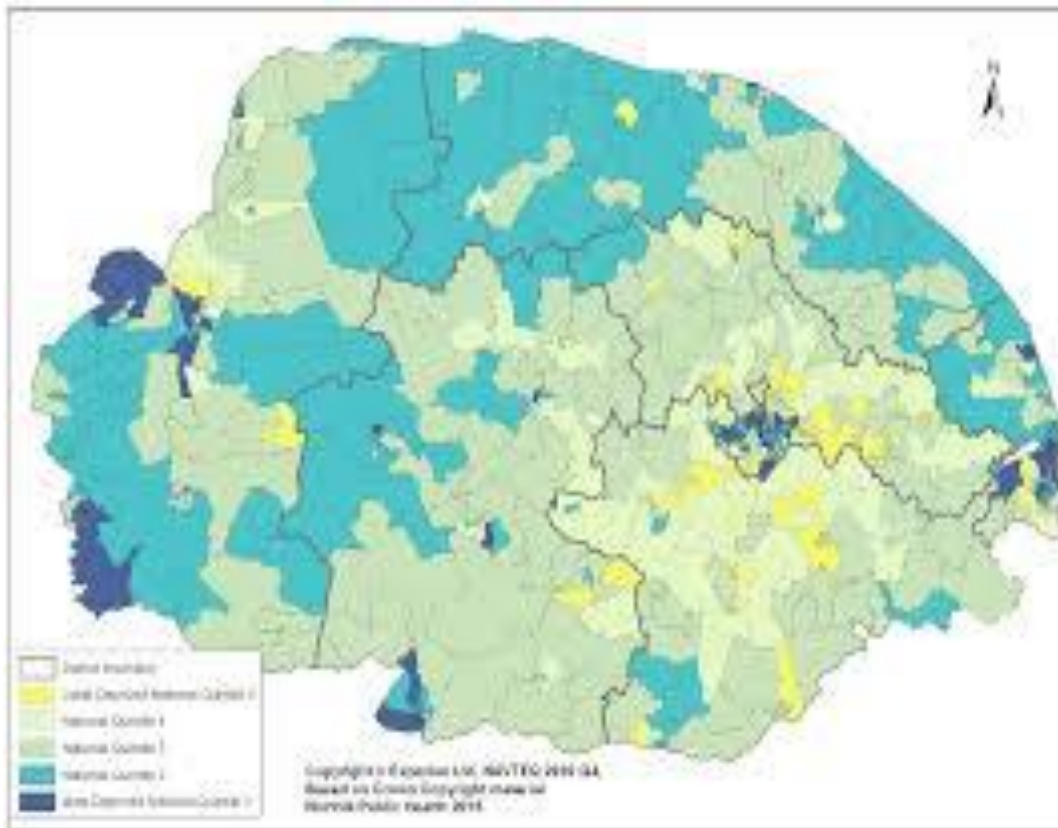
# Health and Social Care Infrastructure

- 5 CCGs (3 units)
- 108 Practices
- 3 Acute Trusts (+ 2)
- 2 Community Trusts
- 1 MH Trust (NSFT)
- EEAST
- IC24 (OOH)



- Healthwatch
- County Councils  
(Norfolk & Suffolk)
- LMC
- Norfolk Independent  
Care
- Voluntary Sector

# Deprivation and Health Inequality



Variance in:

- Obesity
- Physical activity
- CHD mortality
- Life expectancy

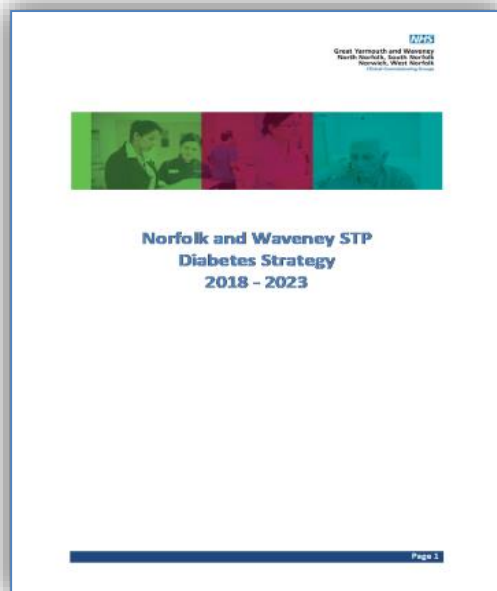
## Diabetes & Pre-Diabetes in Norfolk & Waveney

- Diagnosed diabetes prevalence 5.2% - 8.4% (c. 81,000 individuals)
- Estimated prevalence 7.5 - 10.5%
- 54 – 66% of adults with type 2 diabetes are aged > 65 years
- Up to 100,000 people with pre-diabetes

## Diabetes & the STP: An Overview

CCG	NHSE Assessment
West Norfolk	Requires improvement
Great Yarmouth & Waveney	Requires improvement
South Norfolk	Requires improvement
North Norfolk	Requires improvement
Norwich	Inadequate

## Key Strategic Priorities



- Strategy approved Oct 2018
- All aspects of diabetes care
- Reducing health inequality
- improving access to services for people for whom access is more difficult
- Diabetes prevention



## Outline of the NDPP

A 9-month programme, consisting of 13 sessions, that's commissioned by NHS England to provide behavioural interventions to people with pre-diabetes in order to reduce their risk of developing Type 2 diabetes.

### **Long-term aims:**

- To reduce the future growth in incidence and complications associated with Type 2 diabetes
- To reduce health inequalities associated with the incidence of Type 2 diabetes



Improving  
diet



Increasing  
physical  
activity



Losing  
weight

## National Eligibility Criteria

### Eligibility Criteria

- Aged 18+
- Have a HbA1c of 42-47 mmol/mol or a Fasting Plasma Glucose between 5.5-6.9 mmols/l within the last 12 months
- Able to take part in light/moderate physical activity
- Excludes pregnant women and those diagnosed with type 2 diabetes

### Eligible patients are identified for the NDPP through:

- Retrospective search of general practice records
- Routine clinical practice
- NHS Health Checks

## What the Programme Involves 1/2

### Stage 1 – Individual Session

- An initial assessment (Inc. measurements and goal setting)

### Stage 2 – Group Sessions (18-22 patients)

#### **Seven weekly 2hr sessions including:-**

- Chair-based physical activity sessions
- Energy balance and fat awareness
- Carbohydrate awareness
- Food labels
- 3 month review measurements

## What the Programme Involves 2/2

### Stage 3 – Four monthly group sessions

#### Four 2hr monthly group sessions including:

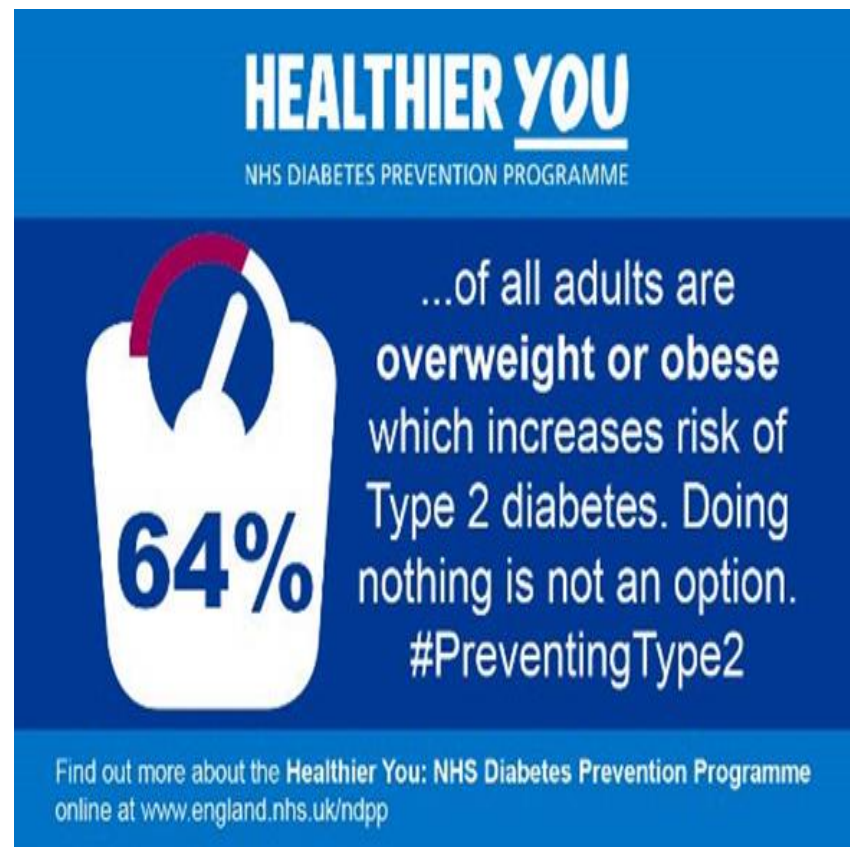
- Barriers to change, stress, habitual thoughts, triggers, gaining control over ones health

### Stage 4: Six and nine month reviews

- Re-test of HbA1c
- Evaluation of progress
- Goal review and setting
- Signposting to other services

## NDPP National Rollout

- **June 2016:** Rolled out in June 2016 – 27 areas
- **April 2017:** 75% national coverage of the programme was achieved
- **September 2018:** 100% national coverage achieved
- **Total National Referrals:** 250,000+ (Data to September, 2018)



**HEALTHIER YOU**  
NHS DIABETES PREVENTION PROGRAMME

...of all adults are **overweight or obese** which increases risk of Type 2 diabetes. Doing nothing is not an option.  
#PreventingType2

64%

Find out more about the Healthier You: NHS Diabetes Prevention Programme online at [www.england.nhs.uk/ndpp](http://www.england.nhs.uk/ndpp)

## Local Progress of the NDPP 1/2

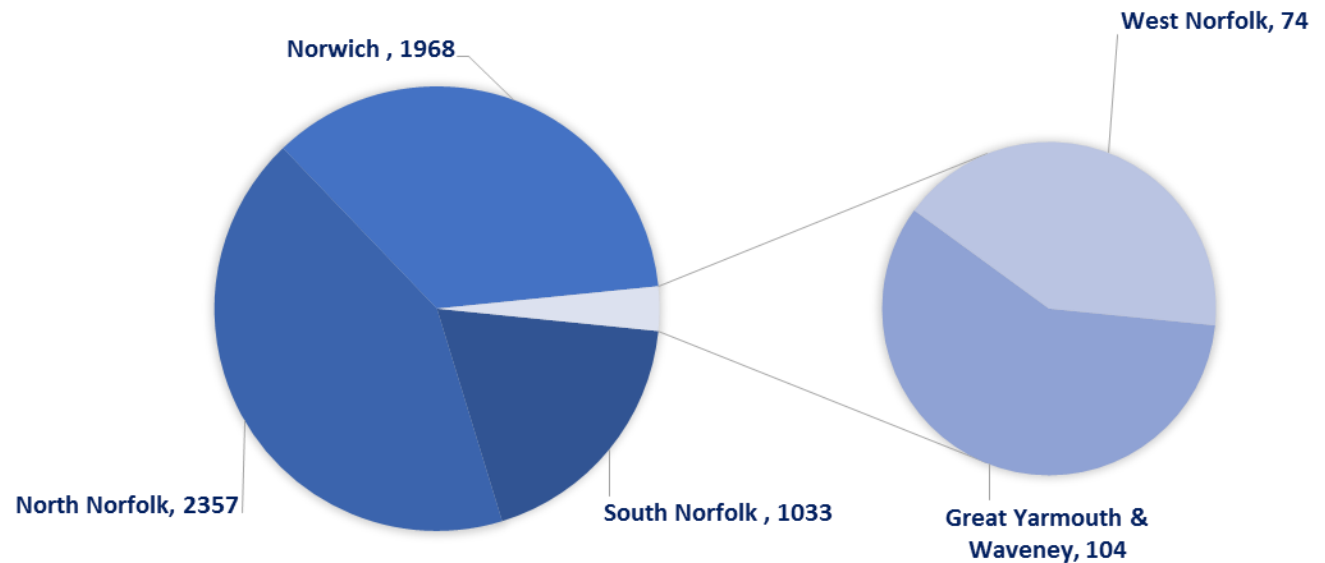
### June 2016 – Wave 1

- Initially to North Norfolk, South Norfolk and Norwich CCG areas

### Sept 2018 – Wave 3

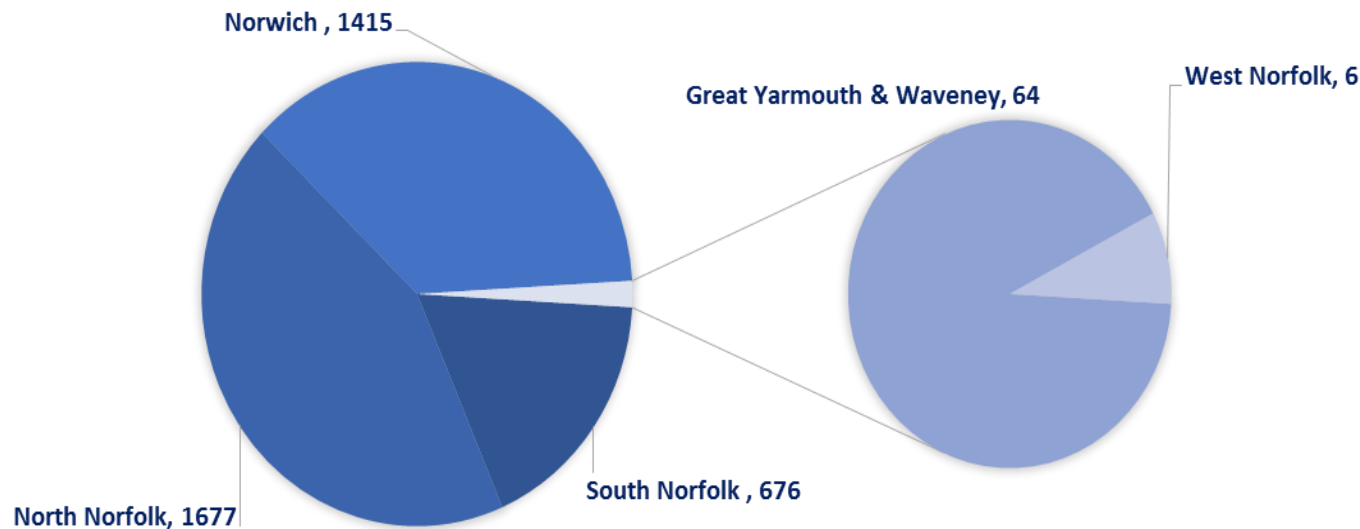
- West Norfolk and Great Yarmouth & Waveney joined central CCGs – full coverage in STP

- Total referrals:**  
 5536 (Data to  
 04/01/2019)



## Local Progress of the NDPP 2/2

- **Total Initial assessments: 3838 (Data to 04/01/2019)**



- Over-performance in Wave 1 (June 2016 to July 2018)
  - Additional capacity was provided in 2017 by NHSE
  - Eligibility criteria was revised for Wave 3 – (\***HbA1c 44 – 47**)

## Key Challenges – Local 1/2

### Inherited challenges from Wave 1;

- Over performance in most affluent areas
- Large waiting lists in pockets across patch
- Confused messages to primary care
- Not fully mobilised in South Norfolk
- Variation of rates of referral between GP practices - not easy to understand cause
- Provider has historic experience of additional capacity being provided – no incentive to manage within constraints



## Key Challenges – Local 2/2

- Implementation model doesn't suit rural geography
  - Waiting list for IA
  - Waiting list for group (not visible)
- Contract – lack of awareness of service specification content
- Changes to provision need to be negotiated with provider via NHSE
- No provision for vulnerable groups – challenge targeting those at greatest need

## Actions to Address Challenges

- Revised eligibility criteria in line with NICE guidance
- Consistent communications to primary care
- Visits to GP practices who did not receive a visit in Wave 1 or who were over-referrers
- Developed service directory for those not eligible/ who don't want NDPP referral
- Engaged Local Pharmaceutical Committee
- Shared service specification amongst partners (clarity of expectations)
- Diabetes Clinical Network attend Operational Meetings

## Next Steps and Remaining Challenges

- Targeting vulnerable populations
  - Women with gestational diabetes
  - People with SMI
  - Prison population
  - Deprived communities
  - Learning disabilities
  - People with sensory impairment
  - Traveller communities
- Link provision of IAPT to NDPP
  - Foodbank pilot
- Work with Active Norfolk (County Sports Partnership)

## Lessons Learned

- Intervention loved by patients - feedback really positive
- Peer- support groups formed in Wave 1 which have continued beyond NDPP so, opportunity for lasting impact
- Programme is continuously adapting, requiring collaborative management – provider, NHSE, Public Health
- Diabetes Clinical Network support is key to facilitate change
- Communication with GP practices important but practice incentivisation – limited impact

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