Healthier You:

NHS Diabetes Prevention Programme (NDPP)

Xyla Health & Wellbeing

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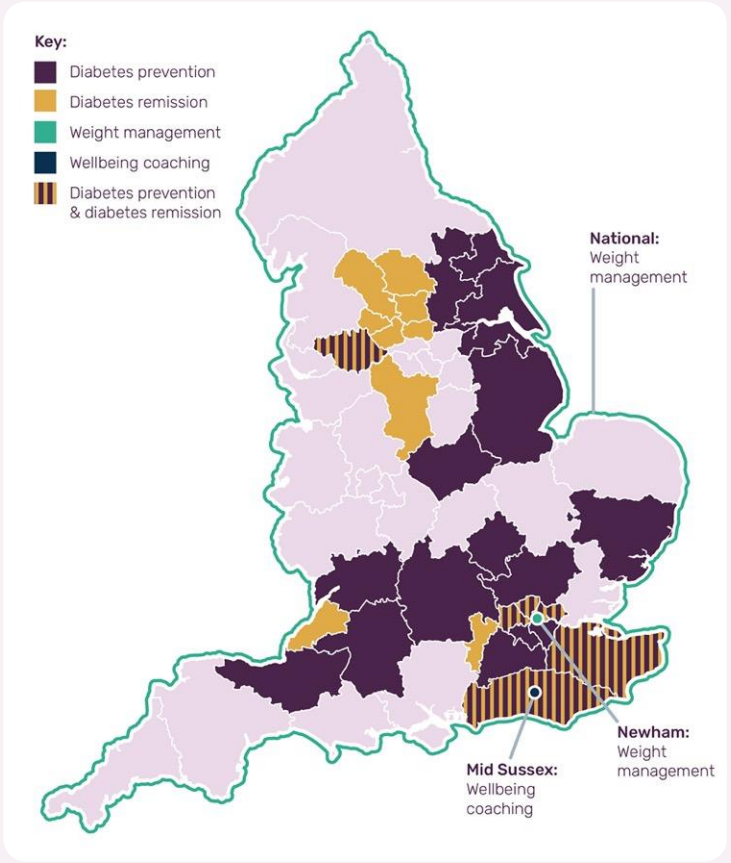
Our services

Scalable, high quality and best value services, locally embedded

Our national footprint enables us to deliver a range of preventative, lifestyle education programmes, tailored to the local communities in which we operate. Via face to face, remote, digital or hybrid delivery models.

- Diabetes prevention
- Diabetes remission
- Diabetes management and structured education
- Weight management
- Health checks, coaching and social prescribing
- Smoking cessation
- Integrated lifestyle services



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What is the NDPP?

- Reduce incidence of Type 2 Diabetes-Mellitus (T2DM)
- Reduce weight in overweight/obese individuals or maintain a healthy weight
- Reduce blood glucose parameters

What is the NDPP?

1 Based on proven UK and international models

2 Part of the NHS Long Term Plan (2019)

- Commitment is to double the size of the NDPP to support **200,000** people every year by **2023/24**

3 Research

- ▼ in weight and HbA1c compared favourably to those reported in recent meta-analyses of pragmatic studies (Valabhji et al., 2020)
- Suggested likely future reductions in participant T2DM incidence

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What does the NDPP cover?

Risk factors for T2DM

Beneficial long-term behaviour changes

Impact of mental and physical stress on the body and how this causes elevated levels of blood glucose

Factors contributing to elevated blood glucose levels

What to eat to achieve nutritional balance for optimal health

The impact of poor quality or insufficient amounts of sleep on your health

The required amount of daily movement for optimal health and how this can be achieved

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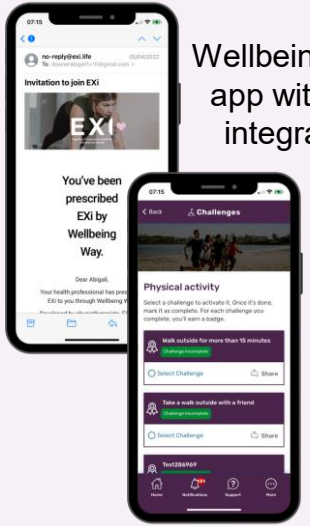
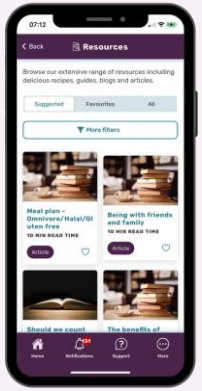
Service users have access to



Wellbeing Way app with EXi integration

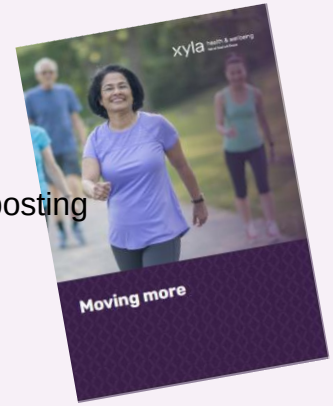
SMS/email reminders

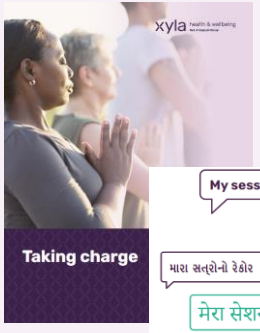
e-Learning platform



Physical activity video

Local signposting pack





5 handbooks available in 16 different languages

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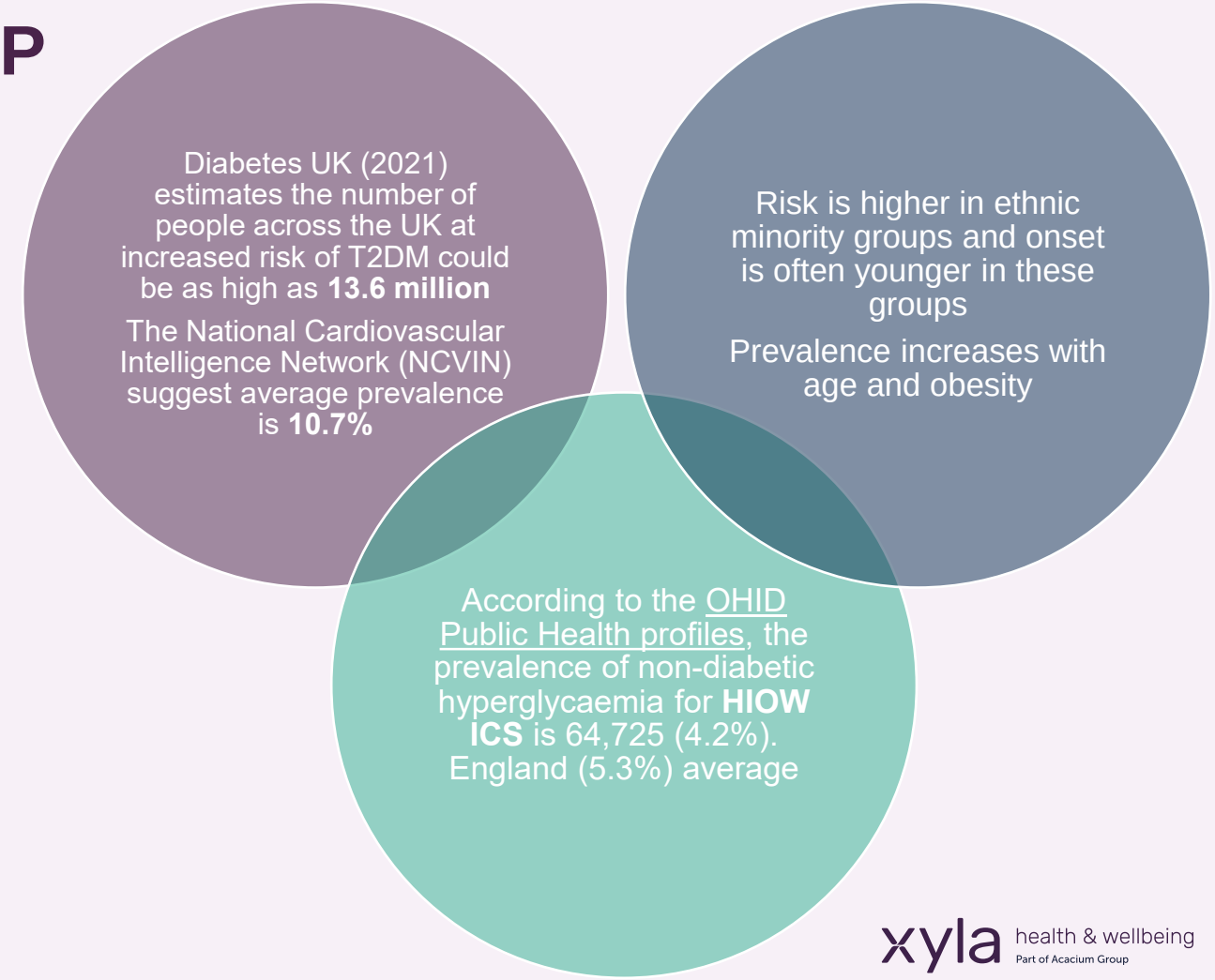
Why is the NDPP important?



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Where do we provide the NDPP?

North East & Yorkshire
- Humber & North Yorkshire

Midlands
- Coventry & Warwickshire
- Lincolnshire
- Leicester, Leicestershire & Rutland

London
- North East London
- North West London
- South East London
- South West London

East of England
- Bedford, Luton & Milton Keynes
- Suffolk & North East Essex

South West of England
- Bath, North East Swindon & Wiltshire
- Devon
- Gloucestershire
- Somerset

South East of England
- Frimley
- Hampshire & Isle of Wight
- Sussex

In HIOW ICS, there are **29,385 intervention spaces** available for service users over the next **3 years**

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Eligibility criteria

✔ 18 to 80-years old*

✔ Registered with a GP practice in HIOW ICS

✔ Non-diabetic hyperglycaemia (NDH)

HbA1c of **42-47 mmol/mol (6.0 –6.4%)** or a Fasting Plasma Glucose (FPG) of **5.5 –6.9 mmol/l** within the **12 months**

✔ Previous history of Gestational Diabetes Mellitus (GDM) and normoglycemia

HbA1C **<42 mmol/mol** within the past 12-months

✔ Know Your Risk assessment tool*

A qualifying risk score of **16 or more** when completing the Know Your Risk assessment tool - "No referral payment to primary care"

Please also bear in mind the motivation to change and commitment level of patients when referring!

*GPs of service users (SUs) >80-years-old must provide written confirmation that they perceive the benefits to attending outweigh the risks

** Where an additional self-referral pathway is required and therefore available

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Exclusion criteria

- ✕ Previous diagnosis of T2DM
- ✕ Active eating disorder
- ✕ Severe/moderate frailty
- ✕ Undergone bariatric surgery in the last 2 years
- ✕ Pregnant
- ✕ <18-years-old

NDPP referral pathway

Primary Care and other Healthcare Professionals

Opportunistically through direct referral

Referral form embedded in clinical system (https://preventing-diabetes.co.uk/referrers/)

Email to: scwcsu.hiow-ndpp@nhs.net

Retrospectively

Through retrospective searches of NDH registers spanning the last 12 months

Direct to Consumer

Self-referral (no blood test reading required)

Score of 16+ on the Diabetes UK Know your Risk tool (https://preventing-diabetes.co.uk/referral/2/)

"No **referral payment to primary care**"

The referral form and more information can be found at: https://preventing-diabetes.co.uk/referrers/

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NDPP referral pathway

Primary Care and other Healthcare Professionals

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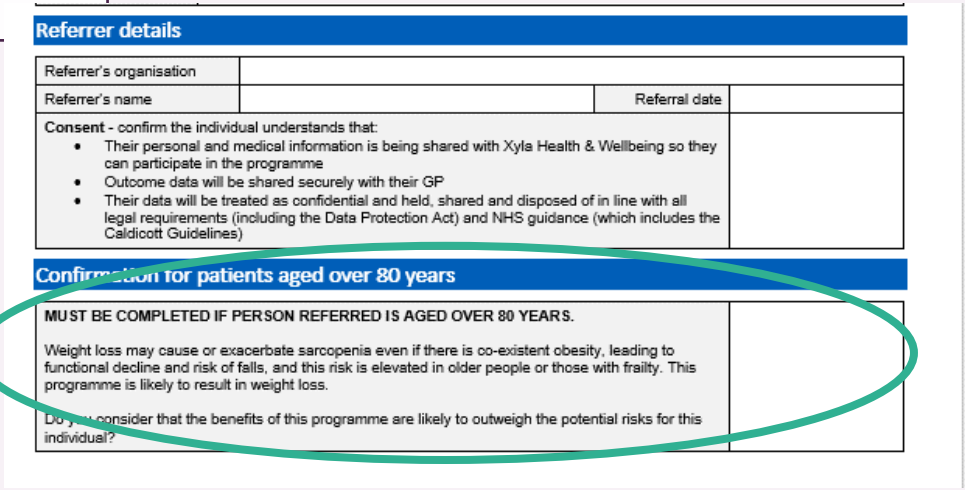

Referrer details

Referrer's organisation			
Referrer's name		Referral date	
Consent - confirm the individual understands that: • Their personal and medical information is being shared with Xyla Health & Wellbeing so they can participate in the programme • Outcome data will be shared securely with their GP • Their data will be treated as confidential and held, shared and disposed of in line with all legal requirements (including the Data Protection Act) and NHS guidance (which includes the Caldicott Guidelines)			

Confirmation for patients aged over 80 years

MUST BE COMPLETED IF PERSON REFERRED IS AGED OVER 80 YEARS. Weight loss may cause or exacerbate sarcopenia even if there is co-existent obesity, leading to functional decline and risk of falls, and this risk is elevated in older people or those with frailty. This programme is likely to result in weight loss. Do you consider that the benefits of this programme are likely to outweigh the potential risks for this individual?	

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NDPP referral pathway

Primary Care and other Healthcare Professionals

Retrospectively

Through retrospective searches of NDH registers spanning the last 12 months

Methods

Letter or text message (e.g., accuRx) sent to eligible patients - giving their Hba1c, date of test and NHS number:

- Patient directed via letter or text to: https://preventing-diabetes.co.uk/referral/
- Patient completes registration form
- Patient outcomes reported back to GP practice
- Self-referral option can also be used opportunistically

Benefits

✔ Allows practices to capture large volume of patients on NDH register who may have missed being offered the opportunity of a referral to NDPP;

✔ Retrospective searches of NDH registers spanning the last 12 months

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NDPP referral pathway

Direct to Consumer

Self-referral (no blood test reading required)

Score of 16+ on the Diabetes UK Know your Risk tool (https://preventing-diabetes.co.uk/referral/2/)

"No referral payment to primary care"

Methods

The Diabetes UK Know-your-Risk tool asks a series of basic questions to generate a risk score, including:

- Age
- Weight
- Body Mass Index (BMI)
- Family history of diabetes
- Ethnicity

Benefits

✔ Does not require a blood test to confirm eligibility, this widening access to the NDPP*

**Service Users must be informed of the importance of seeking a blood test from their GP*

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What's new with NDPP3?

Primary intervention offer

- Face-to-face services (F2F)
- Online and app-based digital services

Tailored remote group-based sessions

- For groups of Service Users more likely to experience health inequalities
- These include:
  - GDM
  - Hearing impairment
  - Visual Impairment
  - Those from Bangladeshi or Pakistani backgrounds

Remote catch-up sessions

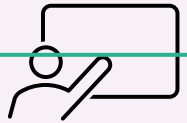
- Remote sessions will also be available for participants in the Face to Face Service who require a remote catch-up in place of a missed in-person session.

The core of our accessibility offer

- Early release of eLearning materials
- Microsoft Teams Accessibility Guide
- Slides checked for accessibility as standard

Our Resources

- Cultural Awareness Training
- Accessibility Training
- D&I networks across Acacium Group, including Race & Ethnicity and Accessibility Networks



Our Learning & Development Opportunities

- Service User Accessibility Network

The Service User Voice

- Social support

Our Values

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Cultural tailoring

Akan | *Bengali* | *Bulgarian* | *Cantonese* | *Czech* | *Fanti* | *Farsi* | *Ghanaian* | *Hindi* | *Italian* | *Lithuanian* | *Polish* | *Punjabi* | *Romanian* | *Spanish* | *Tamil* | *Turkish* | *Urdu*

During the month of Ramadan, when first breaking the fast at Iftar, go for plenty of fluids, low fat, fluid-rich foods, and foods containing some natural sugars for energy (avoid consuming a lot of foods or drinks with added sugars). Meals should include

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KEY:

- Language
- Hearing impairment
- Visual impairment
- GDM

Translated handbooks

Delivered by multi-lingual coach

Large-print patient information sheets

Translated patient information sheets

Group Delivery

1:1 Appointments

Large-print PAP

BSL Translators*

Referral

Bespoke guidance and materials

Extended 1:1 time using Microsoft Teams

App accessibility mode

Translated webpages

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*To help manage waiting times, support with the relevant groups to help drive referrals is required

NDPP service model

Group session 1-year post programme

12-month support package

Discharged from service

Patient triaged based on choice and individual need

Initial Assessment (IA)

Fortnightly group sessions 1-6 followed by monthly group sessions 7-13 (F2F)

Same as above, but on Microsoft Teams

One-to-one phone-based coaching through smartphone apps and telephone calls

End of programme review

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Oviva

Service user outcomes

Of service users who are overweight or obese lose weight

Of completers lose a minimum of 5% of their body-weight

Difference in completion rates between ethnic minority groups compared to white ethnic groups

Mean weight change from programme start to MS4

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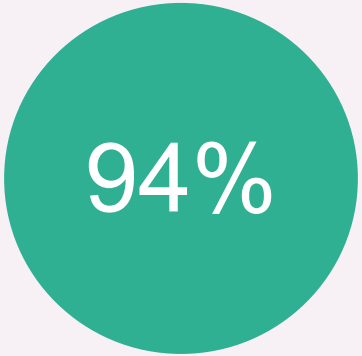
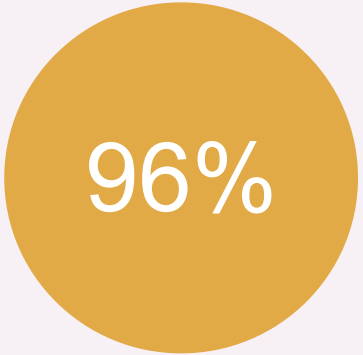
Patient feedback

Of patients said the NDPP helped them to improve their exercise habits



Of patients said the NDPP helped them to improve their diet and eating habits



Of patients said they feel more positive for having attended the NDPP

Of patients said they would recommend the NDPP to other people who are identified as being at risk of Type 2 Diabetes

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Patient feedback

What did you find useful about the group sessions?

"Sharing real ideas with the other participants, we all shared exactly the same goals. There was a non-judgemental, friendly atmosphere and I was able to share meal ideas. The programme is very convenient and fits around my lifestyle.... I would like people to be given the same opportunity that I have been given."

Sita, Bedford

Would you recommend the programme?

"I cannot fault [the programme], I'm no longer pre-diabetic too!"

Service user from Lincolnshire

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COMMON Q&A's

What is the maximum number of people on a group?

We work towards a maximum number of 18 service users per group

Can I please have a patient information sheet in another language?

Yes, if you visit: https://preventing-diabetes.co.uk/our-areas/

And click into the relevant contract area you will see we have patient information sheets in 16 different languages

Once referred, how long does it take for a patient to be contacted?

We aim to make our first contact with the patient within 5 days of referral

If the course was shortened, would there be increased uptake?

The NDPP is an evidence-based programme which has shown that the greater number of sessions a patient attends equates to greater patient outcomes

What can we do to support you in helping facilitate referrals to the NHS DPP?

- Shadow a session?
- Information leaflets?
- Best practice ideas shared?
- Self-referral guidance emailed to you?
- Pre-written patient invite letters sent to you?
- Referral training?
- A face-to-face or remote meeting to share more info or ask questions?

We're **here** to **help**

Matthew.ellis@xylahealth.com

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THANK YOU

Website:
www.preventing-diabetes.co.uk
Facebook:
https://www.facebook.com/xylahealth/
LinkedIn:
https://www.linkedin.com/company/xyla-health-and-wellbeing/mycompany/
Twitter:
https://twitter.com/xylahealth/

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