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Learning lessons from implementing a national diabetes prevention programme: the views of local leads.

What we knew

More people are being diagnosed with type 2 diabetes and it is a major public health concern. To address this NHS England introduced the NHS Diabetes Prevention Programme. This course aims to encourage people to change behaviours to reduce the risk of developing type 2 diabetes - to eat healthily, exercise more and lose weight. The course consists of at least 13 face to face group sessions run over 9 months. It was launched in 2015 and roll out has now spread across the whole of England. By 2023, NHS England aim to make 200,000 places available annually to people who have raised blood glucose levels and so at risk of developing type 2 diabetes.

Five providers currently deliver the diabetes prevention programme across England – local areas choose the most suitable provider for their needs through a bidding process, but NHS England directly holds the formal contracts with the providers.

Each local area has a lead whom is responsible for local implementation of the course and the local health economy receives money to support this. Local leads are usually employed by local clinical commissioning groups as commissioners or by local councils as public health consultants and take on responsibility for implementing the course as part of their role. The local leads work with a range of people and organisations involved in the implementation, including GP practices to encourage them to refer patients onto the course.

As roll out has become more widespread, the contract with the providers has changed to try to improve take up and retain people once on the course. From August 2019, the new contract included offering a digital course as an alternative to face-to-face groups for people unwilling or unable to attend them.

What we did

We wanted to know what challenges and successes local leads had in implementing the course in their areas over time.

We interviewed local leads across 19 different areas in England, up to three times from November 2017 to August 2020. Final interviews were conducted during the Covid-19 pandemic.

We chose to interview local leads across different areas in England so that we gained views from those in rural and urban areas and areas with different socio-economic and diverse ethnic populations.

What we found

1. **Managing the provider.** When issues with their provider arose, leads were frustrated that they could not manage provider performance, as they did not hold the contract with them. As time went on, most described better working relationships with providers, because they understood provider contracts better - e.g. what providers were paid to do - and had worked out how to manage them more effectively. Most areas moved onto the new contract from August 2019 and changed providers at the same time. They described a straightforward move to new providers. This was due to having robust plans in place to manage the transition. They held regular meetings with those involved, and the incoming and outgoing providers worked well together to enable the move.

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2. **Referral onto the course.** In the early days of implementing the course, some local leads struggled to engage their general practice staff, so not all staff that were meant to refer patients onto the course were aware of it. As time went on, most GP practices in all areas were referring patients onto the course. Leads realised it was important to continue to raise awareness of the course to general practice staff to sustain referrals. Support offered has included targeting low referring general practices to offer hands-on support to identify eligible patients and increase referrals. At second interview, leads were also trying to increase referrals from high needs populations - e.g. people from ethnic minorities, people of working age and those living in deprived areas, to ensure greater access for all. While leads reported ambitious plans for this work, most leads were still in the early days of identifying their populations and planning how to reach them.

3. **Digital and remote service options.** Most leads felt that the digital service would widen access to the course – e.g. for those living in rural areas or those who worked. But patients had to turn down face to face group courses before being offered the digital course. Leads worried that some patients would never respond to the invitation if they did not know about the digital option. There was also a limit on digital places and leads were concerned that the cap would be too low to meet expected demand.

4. **Impact of Covid-19 pandemic**. The numbers of patients referred on to the course was severely reduced and fewer patients chose to take up a place at the beginning of the pandemic. The usual referral routes were suspended or reduced. Far fewer patients attended general practice for routine appointments; health checks were suspended and GP practice staff were busy with Covid-19 work and did not check patient lists for eligibility so patients were not invited. NHS England put in place a way for patients to 'self-refer' onto the course. Local leads mainly welcomed this. Some felt it was important to give patients access to diabetes prevention care, given reports of poorer outcomes for patients with diabetes and Covid-19. Leads praised how quickly providers switched to remote group sessions – via video or telephone – as face-to-face group courses were stopped from the beginning of lockdown in March 2020. Some felt that remote courses had widened access for high needs populations – e.g. those with physical disabilities or people living in rural areas, as it removed the need to travel to a venue.

5. **Sharing learning.** Throughout all interview time-points, local leads discussed the importance of being able to share knowledge of implementing the NHS Diabetes Prevention Programme with their peers. Some had learnt lessons from neighbouring areas whom were ahead of them in implementing the course and, over time, they learnt from their own experiences. However, leads felt that NHS England needed to organise ways to allow leads to share their learning, insights and experiences nationally.

What this means

We have found lessons for how the course is implemented in future:

- Local leads need to continue to raise awareness and provide support to make it as easy as possible for general practices to continue to refer enough patients onto the course.

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- The key to an easy move to a new provider is a robust plan, which includes regular meetings, and a good relationship between outgoing and incoming providers.
- There is a need for leads to be able to share their experiences of implementation issues and how they have managed them at a national level so that lessons can be learnt.

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