

How well is the NHS Diabetes Prevention Programme being delivered?

What we knew

The NHS Diabetes Prevention Programme is designed to help people at risk of developing Type 2 diabetes by making behaviour changes, including improved diet, increased physical activity and weight loss.

The programme is now being delivered to thousands of people across England, and between 2016 and 2019 four different providers delivered the programme in different geographical areas. These providers were given guidelines about how the programme should be delivered, based upon what research evidence suggests are the most effective features of diabetes prevention programmes. For example, the programme should be delivered in groups of no more than 20 people over a minimum of 9 months, comprising at least 13 separate sessions and 16 hours of contact time.

These guidelines also stated what type of behaviour change techniques should be used to deliver the programme, also known as the 'active ingredients' that best help people change their lifestyle. For example, the programme has to inform people about the consequences of different behaviours for their health and diabetes risk, help people set goals for change, and encourage people to find others to support them to make those changes.

One problem that can occur when programmes are delivered nationally is the extent to which they are delivered with fidelity. Fidelity is a technical term which relates to whether the programme was delivered as it was intended. Without assessing this, we cannot be sure of the reasons why the programme was effective or ineffective at changing people's dietary and physical activity behaviours.

What we did and what we found

We wanted to evaluate whether the NHS Diabetes Prevention Programme was delivered as intended. We assessed the following areas of fidelity:

Programme Design

Have the providers planned their programmes in line with what was specified by NHS England and the evidence base?

We compared the behaviour change techniques that providers planned to deliver with those stated in the guidelines by NHS England to assess whether the programme plans were in line with the evidence base.

NHS England and the evidence base specified 19 different techniques that should be included in the programme to help people make behavioural changes. Some of these techniques were designed to help people take control of their behaviour, for example setting goals and monitoring behaviours. These strategies have the strongest evidence for effectiveness in supporting behaviour change.

Providers were planning on delivering 14 out of the 19 key techniques specified by NHS England, but these were not the same techniques across the four providers.

Providers did not present a 'roadmap' of how they expected their programmes to work in changing dietary and physical activity behaviours. Without this roadmap, it is not clear what the reasons are for providers selecting specific techniques to deliver in their programme. This could result in staff not being trained in these techniques and therefore not including the techniques in the delivery of the programme.

Staff Training

Are staff trained in the techniques that each of the providers planned to deliver in their programmes?

We attended staff training courses for each of the providers. We compared the techniques that staff were trained to deliver with the techniques that providers included in their programme plans.

Providers trained their staff in a lot of information-giving about diabetes prevention, but they did not always train staff in all of the important techniques to help participants change their behaviour.

Providers most commonly instructed staff on how to deliver techniques. Staff were not always given the opportunity to practice delivering these techniques in their training.

If staff do not understand how to deliver behaviour change techniques, they are less likely to deliver them in practice, so more in-depth training into delivering these techniques may be required.

Programme Delivery

Is the NHS Diabetes Prevention Programme delivered in line with what providers planned and in line with NHS England guidelines?

We attended the whole 9-month course in eight different locations in England. We compared the techniques that were delivered in the programme sessions with each of the providers' original programme plans and NHS England guidelines.

Providers were delivering the programme generally in line with what was stated in their programme plans and they had good fidelity to the programme format including the length of the programme, number of sessions and planned group sizes.

However, providers did not deliver all the techniques that were specified in the NHS guidelines or the evidence base. This suggests that there was a drift in fidelity between the NHS guidelines and providers' programme designs.

We observed an under-delivery of the techniques designed to help people take control of their behaviour (e.g. setting goals).

Participant Understanding

Do people attending the programme understand what they need to do to change their physical activity and diet behaviours?

We interviewed 20 people who attended the programme. Participants were asked about their understanding of key techniques (self-monitoring, feedback, goal setting, action planning, problem solving).

Participants who attended Diabetes Prevention Programme sessions generally understood the purpose of techniques such as self-monitoring (e.g. monitoring their steps, or keeping a food diary) and feedback (e.g. when they received feedback on changes to their weight).

However, there was mixed understanding of techniques such as setting goals and problem solving. Other techniques such as action planning (a detailed plan of the performance of the behaviour, e.g. what, how, when, how long) were not well understood.

What this means

- Our results suggest there is still some room for improvement so that Diabetes Prevention Programme providers are delivering the programme specified by NHS England.
- Future roll-outs of the programme should ensure that providers plan their programmes more in line with the evidence base and guidelines from the outset.
- The under-delivery of techniques which help a person take control of their behaviour (e.g. setting goals and making detailed plans to change behaviour) could explain why some of these techniques were less well understood by some of the participants.
- We conclude that these problems are largely a result of providers not producing a clear 'roadmap' when they designed their programmes. Without this roadmap, there is no clear explanation of what techniques providers plan to use and why. This means their staff are less likely to be thoroughly trained in these important techniques, which would reduce the likelihood that these techniques are delivered in the sessions.

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