

MANCHESTER
1824

The University of Manchester

Learning lessons from implementation of a national diabetes prevention programme in England

Presented at the HSR UK conference 2020

Lisa Brunton, University of Manchester

lisa.brunton@manchester.ac.uk

Co-authored by: Jonathan Stokes, Judith Gellatly, Pete Bower,

Matt Sutton and Paul Wilson

University of Manchester

Funded by



National Institute for
Health Research

NHS Diabetes Prevention Programme

- “Healthier You” NHS Diabetes Prevention Programme (NHS DPP)
- 200,000 NHS DPP places available annually by 2023
- 5 providers deliver NHS DPP across England
- New Contractual Framework from August 2019
- Now includes a digital option as well as face to face



Evaluation of NHS DPP

- **D**iabetes **P**revention – **L**ong term **M**ultimethod **A**ssessment - **DIPLOMA**
- 4 year programme (2017- 2021)
- 7 work packages
- **Work package 2 (WP2): implementation** of NHS DPP
 - Explore how implementation differs across settings

Methods of WP2 - implementation

Longitudinal telephone interview study

- Sampling:
 - Local leads responsible for implementation of NHS DPP in sampled case sites
- Data collection
 - 1st interviews – Nov 2017 to Jan 2018 - 20 interviews across 16 sampled case sites¹
 - 2nd interviews – Oct 2019 to Jan 2020 – 24 interviews across 19 sampled case sites
- Analysis
 - Thematic approach utilising constant comparative method

Incentives email survey

- Explore variations in financial incentives or resource support across sites
- Conducted at 2 time-points: May 2018 and November 2019

Implementation lesson 1: Promoting awareness of NHS DPP

- Awareness of NHS DPP by general practice staff vital for uptake
- 1st interviews – lack of general awareness of NHS DPP
- 2nd interviews – greater awareness but variation across site
 - Targeting low-referral practices
 - Communication lines challenging in general practice: find right contact
- Importance of continuing awareness raising

Implementation lesson 2: provider relations

- Tension between provider and local leads due to contractual arrangements
 - Rules and responsibility of providers not clearly defined
- 15/19 case sites transitioned to new contractual framework in August 2019
- Main challenge: outgoing providers accruing long waiting lists
 - Governance issues – waiting list patients had to be contacted to give permission for details to be passed to new provider
- Incoming providers compared favourably to outgoing providers

Implementation lesson 3: Recruiting patients

- NHS England initial focus on getting sufficient referral volumes
- 2nd interviews – greater focus on targeting ‘high needs’ populations
- Initiatives underway to target:
 - BAME population – working with local voluntary or faith groups
 - Working age population – events at local companies employing large workforce
 - Mental health population – outreach work with local colleges
- Referral processes to ensure quality of referral leads to uptake
- Some exploring other referral routes e.g. secondary care
- 2nd interviews – emphasis on getting to “business as usual”
 - Move away from ‘case finding searches’ and mass mailings
 - Identify patients at risk in routine consultations/health checks

Implementation lesson 4: incentive payments

- Majority of sites were using financial incentives at 1st time-point
 - Capitation payment – GP paid a fixed sum based on size of GP register
 - Fee for service payment – paid per referral letter sent
 - Pay for performance fee – based on patient referred to programme/up take
- Sites still using a variety of financial incentives at 2nd time-point
 - Variation across CCGs within a site
 - Mixed views on if financial incentives led to increased referrals
- Move towards stopping financial incentives
 - Monies used to support practices to improve referral rates
 - Monies used to employ ‘project management’ support – greater engagement

Implementation lesson 5: sharing learning

- 1st interviews – recognised importance of sharing knowledge
- Forum to share knowledge not always available
- 2nd interviews – less emphasis on shared learning – emphasis on learning from their own previous experiences
- Some evidence on learning from neighbouring sites
- Still a lack of (national) opportunity to share learning

Lessons for future implementers

- Prioritise awareness of the programme
- Define clear responsibilities for stakeholders throughout implementation
- Transition to new framework/new provider
 - Robust transition plan/regular meetings/engagement between incoming and outgoing provider
- Provide mechanisms for sharing learning across country

Acknowledgement & disclaimer

This presentation is funded by the National Institute for Health Research (**Health Services and Delivery Research, 16/48/07 – Evaluating the NHS Diabetes Prevention Programme (NHS DPP): the DIPLOMA research programme (Diabetes Prevention – Long Term Multimethod Assessment)**). The views and opinions are those of the authors and do not necessarily reflect those of the National Institute for Health Research or the Department of Health and Social Care.

For more information about DIPLOMA:

<https://www.arc-gm.nihr.ac.uk/projects/diploma-evaluation-national-nhs-diabetes-prevention-programme#Video%20Resources>

¹Stokes, J. Gellatly, J. Bower, P. Meacock, R. Cotterill, S. Sutton M. and Wilson, P. (2019) Implementing a national diabetes prevention programme in England: lessons learned, *BMC Health Services Research*, 19:991, <https://doi.org/10.1186/s12913-019-4809-3>

MANCHESTER
1824

The University of Manchester

Thank you for listening.

If you have any questions or comments on this presentation, please add them as a comment below the video and we will read and respond.

Funded by



National Institute for
Health Research