The IGT Care Call project:

An innovative approach to providing lifestyle and behaviour change to prevent type 2 diabetes

Introduction

Collaboration for Leadership in Applied Health Research and Care

Collaboration between a university and its local NHS trusts that will…

Conduct high quality health services research

Ensure knowledge gained from the research is translated into improved health care in the NHS

PACCTS (pro active call centre treatment support) randomised controlled trial conducted in Salford[1]

Results demonstrated significant improvement in glycaemic control in people with T2D

Knowledge gained from RCT translated into practice by extending the service with the aim of preventing or delaying the onset of T2D.

1) Young, R.J.; Taylor,J.; Friede, T. et al (2005) Pro-active call centre treatment support (PACCTS) to improve Glucose Control in Type 2 diabetes. A randomised controlled trial. Diabetes Care 28: 278-282.

Risk factors for IGT/type 2 diabetes[2,3]

Non-modifiable risk factors

- Ethnicity
- Family history of type 2 diabetes
- Age
- Gender
- History of gestational diabetes
- Polycystic ovarian syndrome

Modifiable risk factors

- Overweight/obesity
- Sedentary lifestyle
- Metabolic syndrome:
  - Hypertension
  - Decreased HDL cholesterol
  - Increased triglycerides
- Dietary factors

2) Diabetes UK Position Statement (2009) Impaired glucose regulation/non-diabetic hyperglycaemia NDH/Prediabetes.
3) Evans (2009) Clinical presentations, diagnosis and prevention of diabetes. Diabetes and Primary Care 12 (6): 326-370.

IGT Care Call pathway

IGT identified in General Practice [n = 61]
Initial assessment (FBG, OGTT, FINDRISC, weight/BMI) → referred to care call

Introduction call (HA) [6 withdrawals]
Action planning call (HCP) [n=55]
5 x monthly calls (HA)

GP practice advised on completion [n=55]
Final assessment request (FBG, OGTT, FINDRISC, weight/BMI)
Final results → care call

Results collected by CLAHRC for evaluation

Results of 6 month lifestyle goal

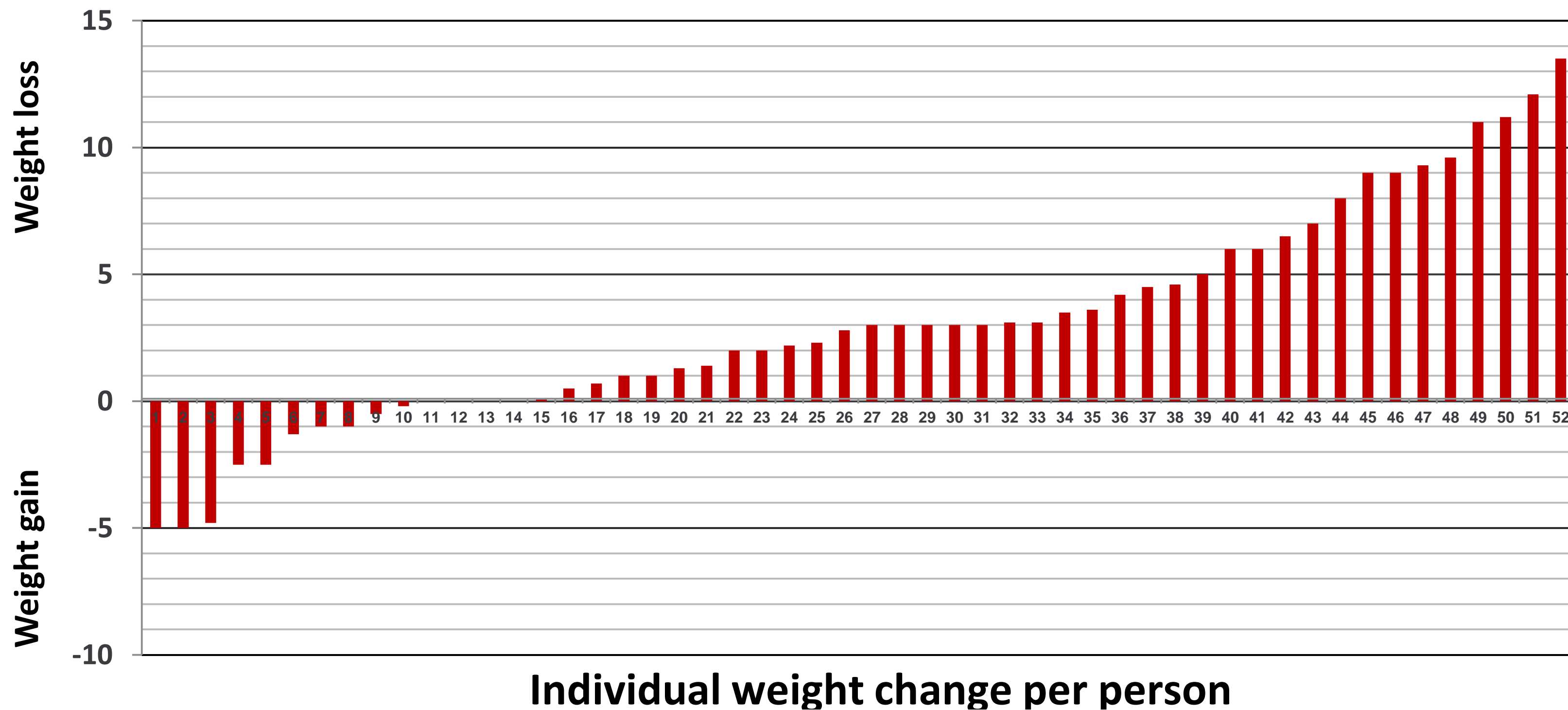
76% fully achieved
13% partially achieved
11% not achieved

Overall six month lifestyle goal
"Lose 7lbs and reduce my risk of developing type 2 diabetes"

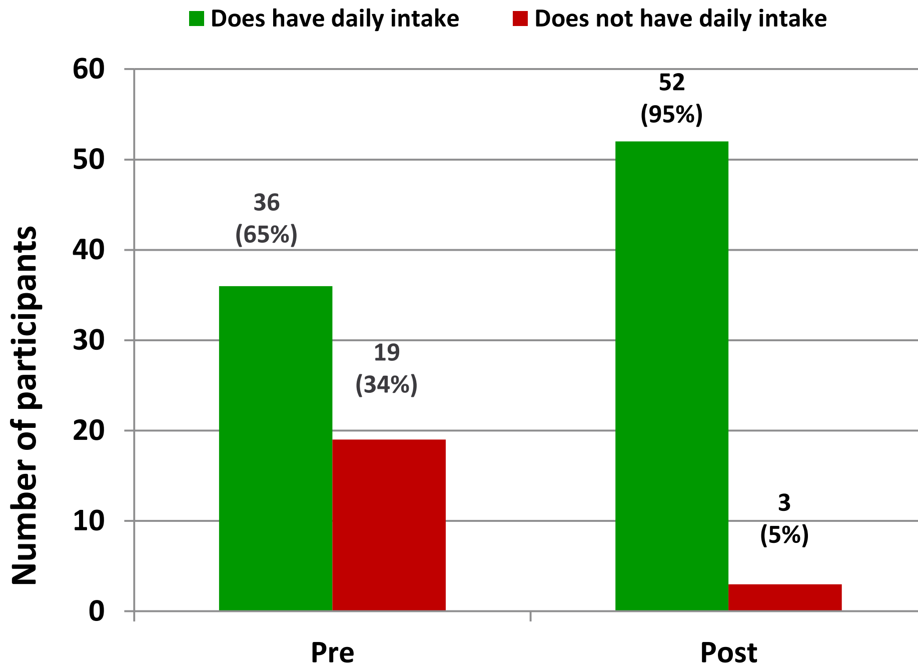
Stop my daily morning snack	Swap from butter to low fat spread	Reduce portion size of my protein	Eat more vegetables at my evening meal	Walk for 20 mins a day
Goal 1 **Month 1**	**Goal 2** **Month 2**	**Goal 3** **Month 3**	**Goal 4** **Month 4**	**Goal 5** **Month 5**

91% (n=250) mini goals were totally or partially achieved

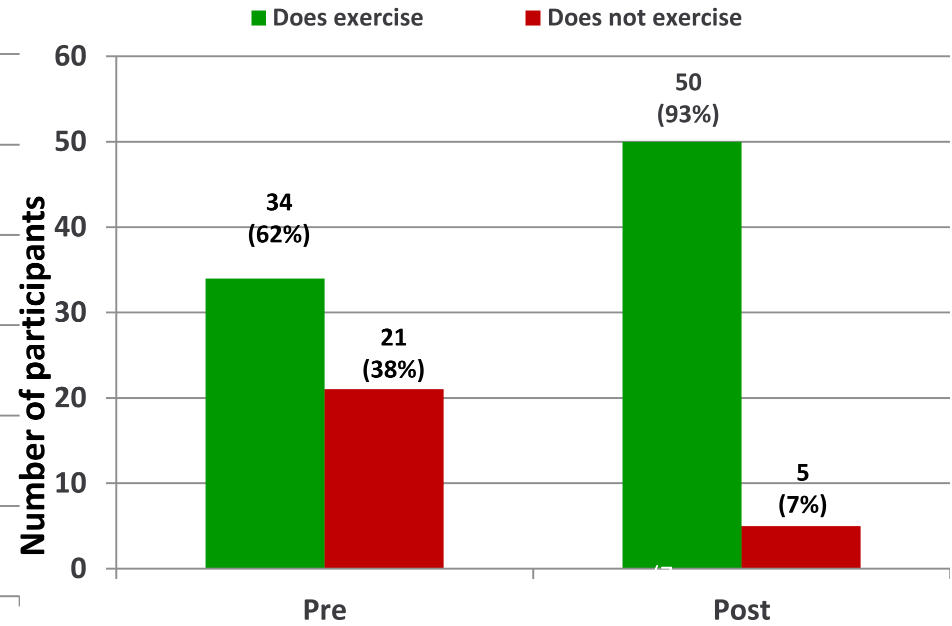
Ordered difference of weight change



Healthy Eating

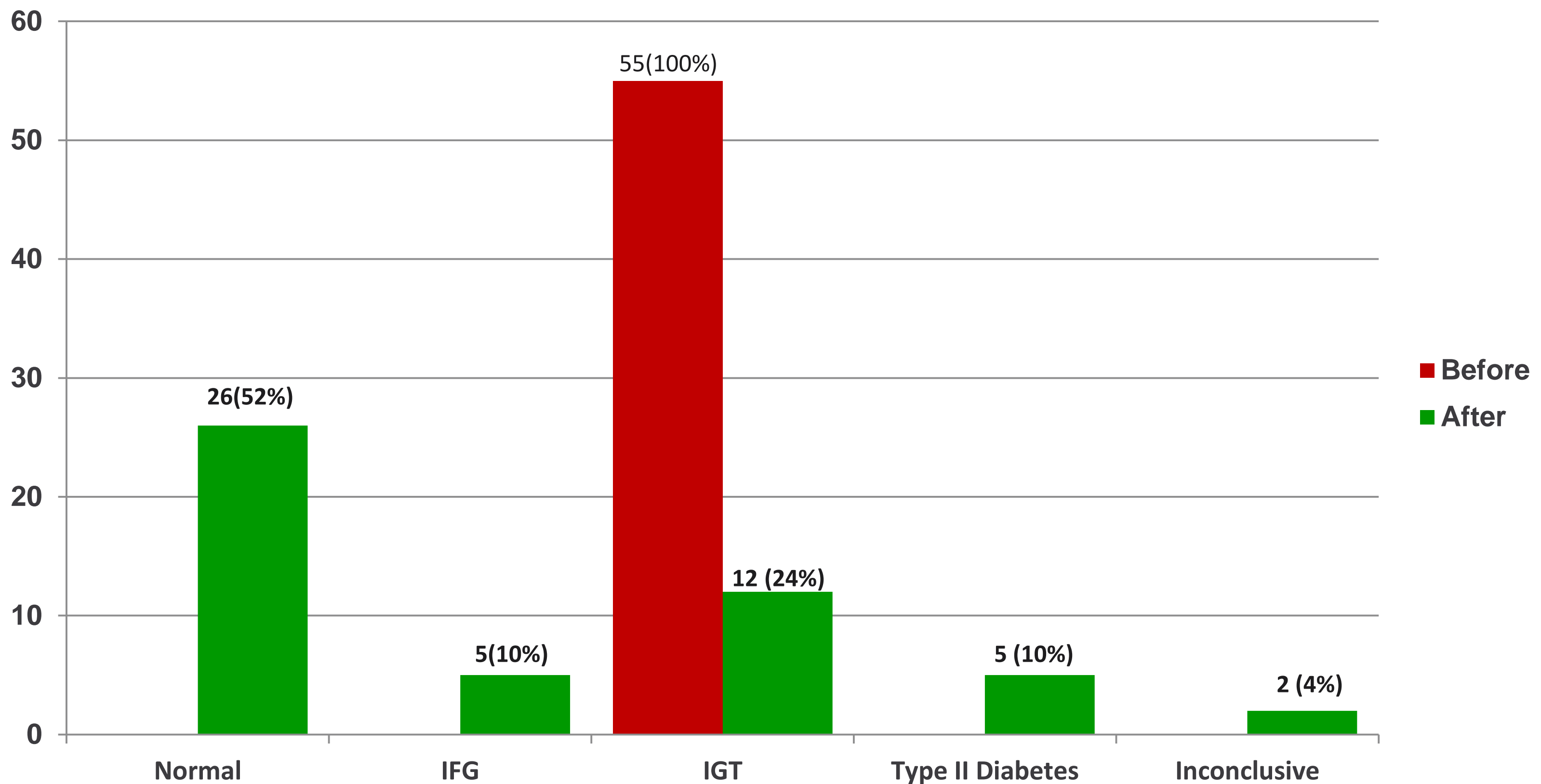


Activity



Change in blood glucose results (n=50)

80% (n=40) reduced OGTT, average 2.4mmol/person



Service user feedback:

Motivational

- 93% (n=38) discussed goals regularly with their health advisor, stating this helped achievement of their overall goal.

Educational

- 90% (n=37) felt their health advisor definitely gave relevant, up to date advice on how to reduce their risk of developing T2D.

Successful in changing behaviour

- 78% (n=32) definitely felt more confident in reducing their own risk of developing T2D as a result of participation in programme.

Accessible

- " It really helped to fit my telephone appointment around my work shifts. It fits in great with my lifestyle".

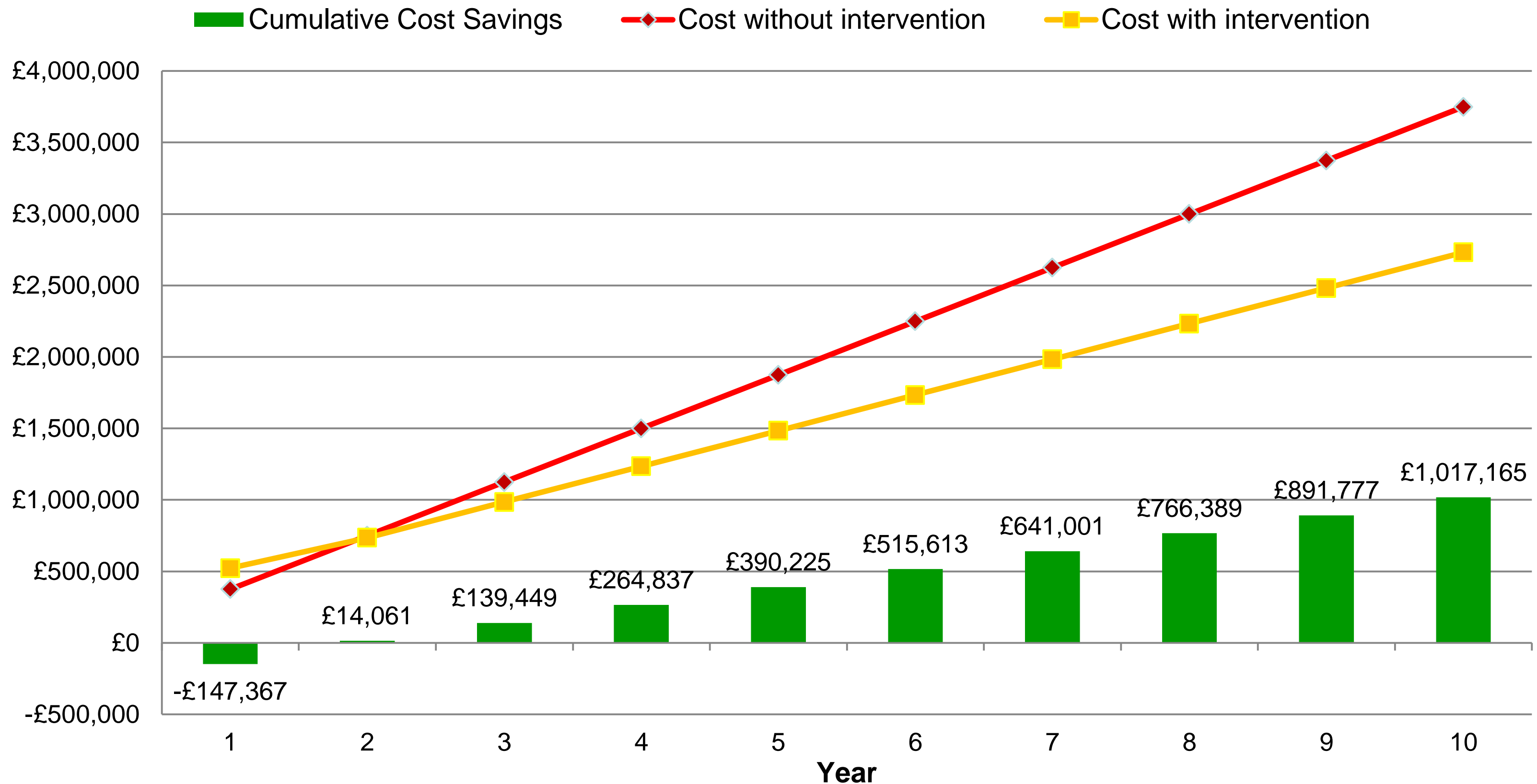
Practice feedback

- Information and resources:
  - **HIGH** satisfaction (9.2 out of 10)
- Provide evidence based advice:
  - **HIGH** confidence (9.2 out of 10)
- Ability of Care-Call to motivate:
  - **HIGH** confidence (8.6 out of 10):

A very useful service to have available. It offers a far greater level of advice an support than we are able to offer due to time constraints

Patients receive more education and input than they would have had from us alone.

Care Call offers more long term support which is better for us and the patient as sometimes messages need re-enforcing to be effective

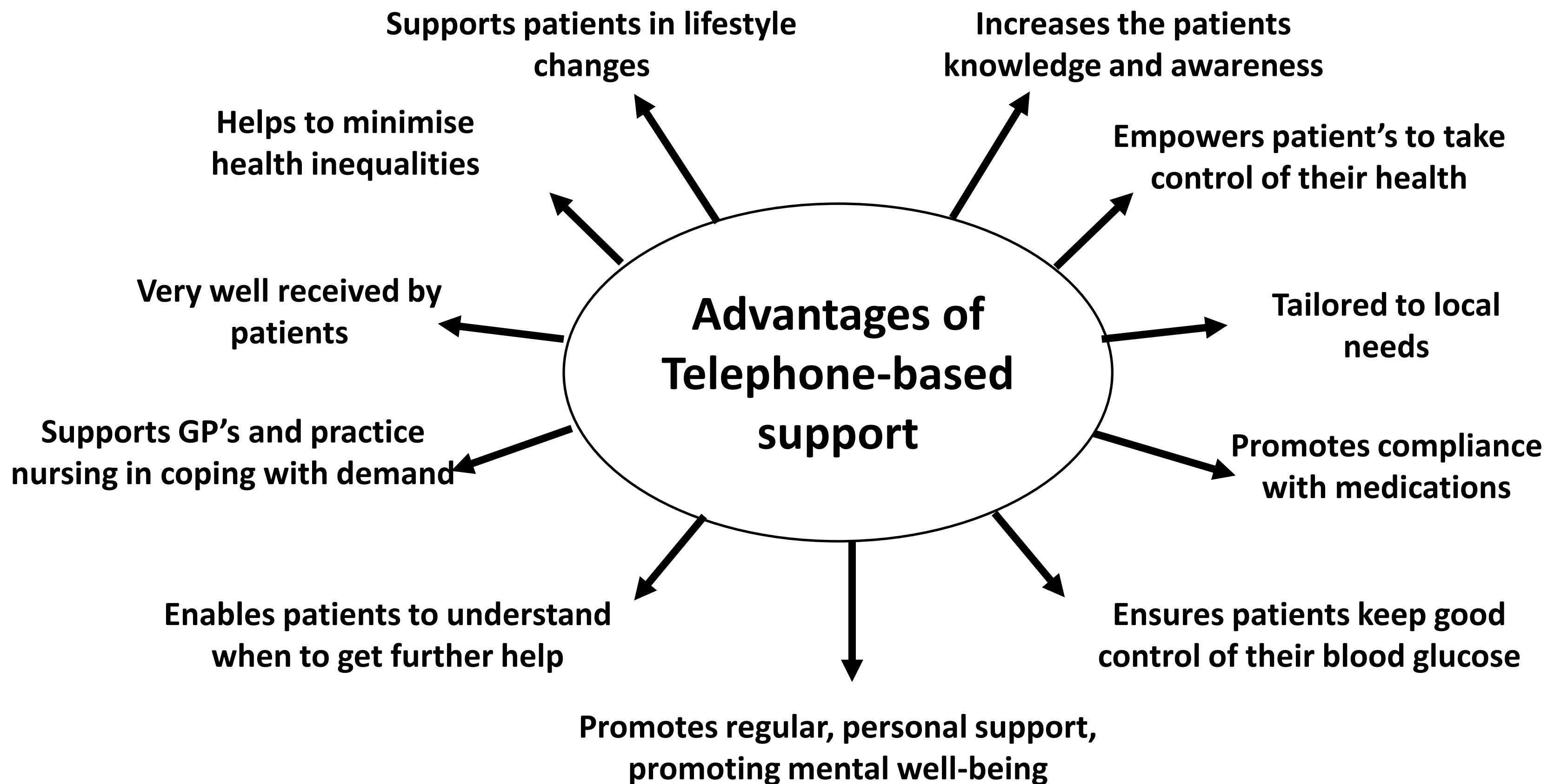

Potential Cost Savings:
Estimated Salford IGR population – primary care costs
Cumulative Cost Savings
Cost without intervention
Cost with intervention
£4,000,000
£3,500,000
£3,000,000
£2,500,000
£2,000,000
£1,500,000
£1,000,000
£500,000
£0
-£500,000
-£147,367
£14,061
£139,449
£264,837
£390,225
£515,613
£641,001
£766,389
£891,777
£1,017,165
1
2
3
4
5
6
7
8
9
10
Year

Where are we now?

Results presented to NHS Salford Commissioning and attracted additional funding. Project roll out commenced April 2012:

- Available to all Salford GP practices
- Available to any person with IGR
- Pathway incorporates HCP and service user feedback
- Scoping to promote consistent IGR management in GP
- Follow up of original project participants

Telephone support – the advantages



Thank You
Questions / Discussion

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Full evaluation report available at:

http://clahrc-gm.nihr.ac.uk/resources/igt-care-call/