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NHS Diabetes Prevention Programme

NHSDPP overview and FAQ

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1. What is the NHS Diabetes Prevention Programme?

The NHS Diabetes Prevention Programme (NHS DPP) is a joint commitment from NHS England, Public Health England and Diabetes UK, to deliver at scale, evidence based behavioural interventions for individuals identified as being at high risk of developing Type 2 diabetes.

2. Why implement a diabetes prevention programme?

We know that many cases of Type 2 diabetes are preventable and there is strong international evidence that behavioural interventions can significantly reduce the risk of developing the condition, through reducing weight, increasing physical activity and improving the diet of those at high risk. Read the [review of the available evidence](#).

Diabetes treatment currently accounts for around 10 per cent of the annual NHS budget. The University of Sheffield was commissioned to develop a NHS DPP return on investment tool to assist sites in understanding the costs, savings and health benefits likely to be produced by implementing the NHS DPP in LAs and CCGs. You can access the tool from <https://dpp-roi-tool.shef.ac.uk/>

3. What are the aims of the programme?

The long-term aims of the NHS DPP are:

- To reduce the incidence of Type 2 diabetes;
- To reduce the incidence of complications associated with diabetes - heart, stroke, kidney, eye and foot problems related to diabetes; and
- Over the longer term, to reduce health inequalities associated with incidence of diabetes.

In the short-term we recognise that a stronger focus on identifying people who are at risk of diabetes is likely to increase incidence of diabetes as more undiagnosed cases are uncovered.

Individuals going through the programme will reduce their risk of a range of conditions related to being overweight and obese, poor nutrition and a sedentary lifestyle.

4. How was the NHS DPP developed?

The NHS DPP is led by Public Health England and was developed by a delivery team from NHS England, Public Health England, and Diabetes UK. The programme is overseen at a strategic level by the NHS Prevention Board, and programme governance is provided by the NHS Diabetes Programme Board.

A [review of the available evidence](#) was collated and reviewed from existing diabetes prevention programmes. The evidence review informed the development of the core components of the programme. An Expert Reference Group then reviewed and endorsed these core components to form a service specification for the programme.

We also established a user involvement group, ensuring the programme takes into account the views of those at risk of Type 2 diabetes, providing valuable steers on programme design, branding and communication.

Additionally, seven demonstrator sites were selected in March 2015, to learn practical lessons from delivery of diabetes prevention programmes in the English healthcare system. These sites were selected to work with us to co-design the programme and support us in designing and implementing a national service.

To support the development of the programme we have also commissioned [analysis of Health Survey for England data](#), to understand the number of people at risk of Type 2 diabetes in England by region and sub-analysis by different population groups.

6. What is the intervention?

The NHS DPP behavioural intervention is underpinned by three core goals:

- achieving a healthy weight
- achievement of dietary recommendations
- achievement of CMO physical activity recommendations

Whilst models between providers vary slightly, the programme must be made up of at least 13 sessions, with at least 16 hours face to face contact time, spread across a minimum of 9 months, with each session lasting between 1 and 2 hours. People will be supported to set and achieve goals and make positive changes to their lifestyle in order to reduce their risk of developing Type 2 diabetes. Sessions will be delivered predominantly in face to face groups.

The full national service specification is available from
<https://www.england.nhs.uk/ourwork/qual-clin-lead/diabetes-prevention/wave-2/>

7. Who is eligible to go on the programme?

Individuals eligible for inclusion have ‘non-diabetic hyperglycaemia’ (NDH), defined as having an HbA1c 42 – 47 mmol/mol (6.0 – 6.4%) or a fasting plasma glucose (FPG) of 5.5 – 6.9 mmol/l. The blood result indicating NDH must be within the last 12 months to be eligible for referral and only the most recent blood reading can be used. Only individuals aged 18 years or over are eligible for the intervention.

8. What are the referral routes into the programme?

Referral routes into the programme vary according to local case finding pathways. Three primary mechanisms for referral are:

- Those who have already been identified as having an appropriately elevated risk level (HbA1c or FPG) in the past and who have been included on a register of patients with high HbA1c or FPG;
- The NHS Health Check programme, which is currently available for individuals between 40 and 74. NHS Health Checks includes a diabetes filter, those identified to be at high risk through stage 1 of the filter are offered a blood test to confirm risk; and
- Those who are identified with non-diabetic hyperglycemia through opportunistic assessment as part of routine clinical care.

9. How many people will go through the programme?

Our modelling of demand for behavioural programmes suggests we can expect GP identification and NHS Health Check to generate demand for around 100,000 interventions per year once the service is rolled out nationally by 2020.

10. Who will commission/fund the programme?

NHS England will commission and fund the NHS DPP nationally to ensure services are available across the country, are consistent with the national service specification and evidence base, and to maximise NHS England's purchasing power.

11. Who provides the services?

In late 2015, the NDPP team ran a national commercial procurement to select four framework providers to deliver the NDPP nationally. Potential providers were required to bid against criteria set by the NDPP national team, and submit their intervention models to ensure these were in line with the national service specification. Bids were evaluated by an expert panel from NHS England, PHE and other key stakeholder organisations. A moderation process was undertaken and evaluators had to agree scores for each question for each provider. The four selected providers are:

- Pulse Healthcare Limited trading as ICS Health
- Ingeus UK
- Living Well Taking Control
- Reed Momenta

These four providers are all able to provide the service at any location with England (subject to time for mobilisation) There is no opportunity for further providers to join the framework at this stage.

12. How are providers selected for each site?

Sites select the provider most suitable for the requirements across their site through a mini competition process. The process is outlined as follows:

1. Sites will complete a prospectus detailing further information about their area as well as profiles of expected referral generation.
2. This information is then released to providers as part of an ITT.
3. Providers use this information to determine whether they will submit a bid for that site.
4. Once providers have submitted a bid, three local site members evaluate the provider bids against quality evaluation criteria provided by the central programme team.
5. NHS England will then chair a moderation session for each site to support evaluators in agreeing scores against each quality question for each provider.
6. These final quality scores, are then added to the finance score, which will be calculated by the central team, and the provider with the highest combined score will be awarded the contract for your site.
7. The final score is significantly weighted towards quality.

Where there is already partial coverage of the NHS DPP in the STP, you may end up with multiple providers delivering within the STP footprint.

13. What sites are part of NDPP?

A list of NHS DPP coverage is provided at the end of this document.

14. How can I deliver NDPP in my area?

We are now expanding the service and inviting STPs to submit applications for consideration for selection in the wave two roll out. The NHS DPP is running a national selection process as follows. All CCGs and LAs within the STP must commit to being part of the partnership, unless they are already offering the service.

1. The application process is now open, and STPs will have until Monday 3rd October to submit their bid to england.ndpp@nhs.net
2. This process is being run nationally, and regional teams have had an input into the process and content
3. EoI forms, and supporting tools and information are all available from the website <https://www.england.nhs.uk/ourwork/qual-clin-lead/diabetes-prevention/wave-2/>

4. The EoI form asks sites to detail governance, infrastructure and commitment available in each site and whether these could support rapid mobilisation
5. Each bid submitted will be assessed against evaluation criteria supplied
6. National and regional colleagues will be on the evaluation panel, and after individual scoring of the bids, a moderation session will be held and evaluators will need to agree scores of all bids
7. Sites will be alerted of the panel's decision towards the end of October 2016
8. Following confirmation of selected sites, we plan to coordinate a series of support workshops for new sites to help them develop their mobilisation plans, set out their requirements and move towards partnering with a national provider.

15. What will sites need to commit to?

Sites will be responsible for all aspects of rolling out the programme throughout their STP footprint to ensure successful implementation. Sites are committing to:

- Naming a lead organisation with a named staff member who will take responsibility for overall delivery of the programme throughout the STP
- Entering a Memorandum of Understanding with NHS England which will detail site responsibilities and Key Performance Indicators
- Providing clinical leadership
- Ensuring effective governance throughout all participating organisations and the STP. This will need to link in with regional diabetes governance infrastructure.
- Providing sufficient staff and financial resource to support the programme
- Developing and implementing a robust delivery plan to ensure rapid mobilization throughout the STP footprint
- Generating the committed volume of referrals of cases to providers
- Embedding the service long term into the local care pathway
- Adhering to data reporting schedule and attending formal progress review meetings as set out in the MoU
- Working with the selected provider to develop and agree sustainable referral pathways
- Selecting the provider through commercial competition that will work within your area

16. Who is responsible for case finding?

STPs will need to commit to an expected volume of referrals as specified to the provider, and all organisations will need to work together to ensure this profile is delivered.

CCGs and LAs will need to work with general practice, NHS Health Check providers and wider stakeholders to identify and refer individuals identified as having NDH into the NHS DPP.

A person will be considered to have been referred to the provider where they meet the eligibility criteria, and consent for referral from the patient has been secured, and where sufficient details are provided to the provider to enable contact with the individual, or where the individual makes contact directly with the provider.

CCGs and LAs will need to integrate the NHS DPP into the local care pathway, and work with providers to manage this process of referrals, including appropriate data processing / data sharing agreements where required.

Sites will also need to develop and deliver a detailed stakeholder engagement plan and marketing materials to ensure all stakeholders are briefed and keen to support the programme locally.

17. Is there any financial support available for roll out?

Each STP will be supported with some financial resource for implementation in the first year of their participation in the programme. For STPs joining in 2017/18, we anticipate this to be in the region of £30 - £60K.

This implementation funding will not be available to sites in their second year of participation although NHSE will continue to cover the costs of the behavioural interventions.

Sites will be required to commit considerable financial and staff resources to the programme locally. NHSE will cover the cost of the interventions, but sites are expected to contribute all other costs to ensure successful delivery, with the exception of a small amount of implementation support funding in year one.

18. How can I find out more?

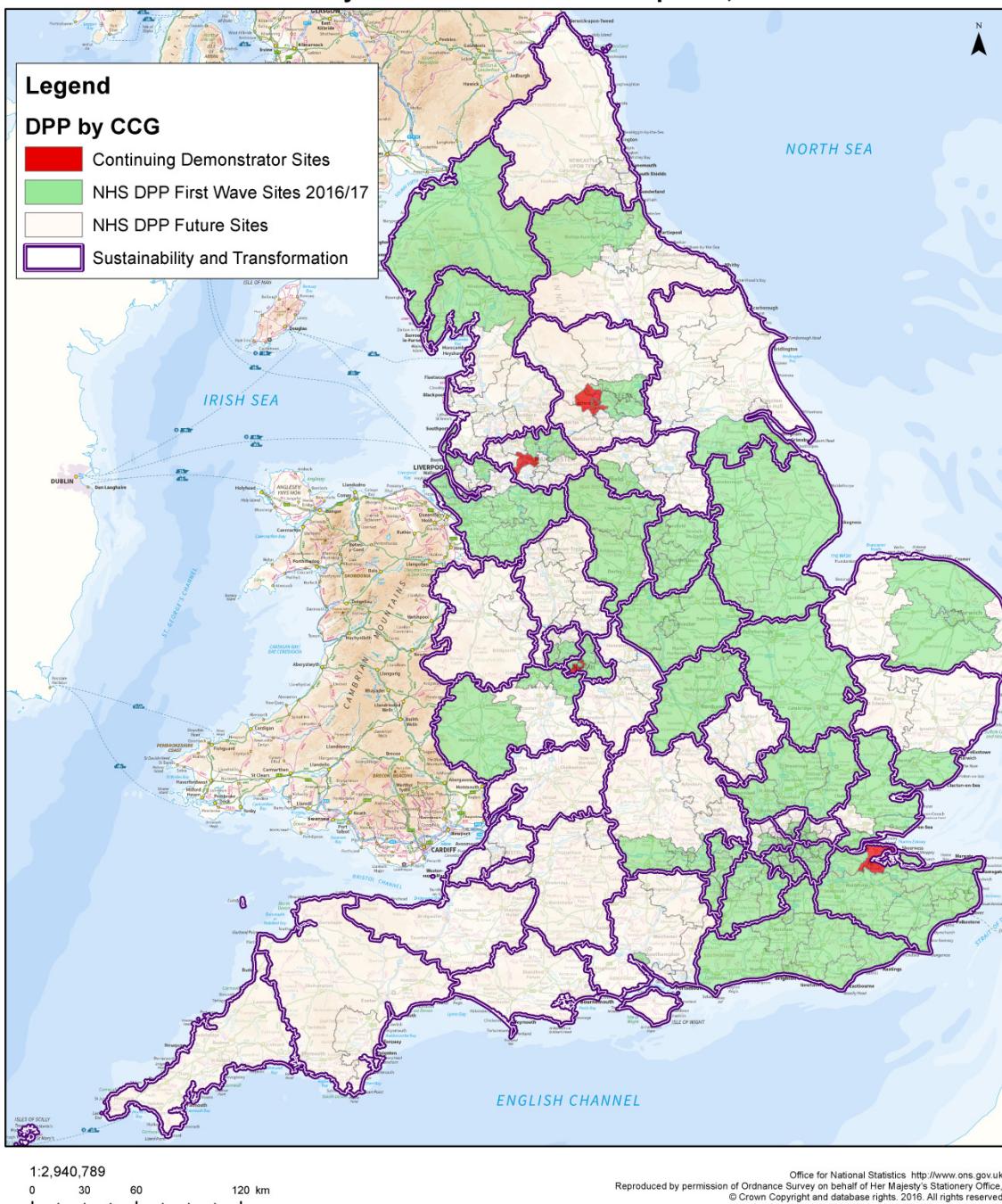
Please email england.ndpp@nhs.net for any further queries or support with the application process.

NDPP coverage: Map showing current NHS DPP coverage:



Public Health
England

NHS Diabetes Prevention Programme Service Availability and Sustainability and Transformation footprints, March 2016



1:2,940,789

0 30 60 120 km

Office for National Statistics: <http://www.ons.gov.uk>.
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Public Health Data Science Team

Source: NHS Diabetes Prevention Programme Delivery Team, 2016

Map Created: 20/05/2016

Created by: Aphrodite Niggebrugge

STPs by coverage

- Red – no coverage; application required from all CCGs and LAs
- Orange – partial coverage; application required from CCGs and LAs without current coverage
- Green – already full coverage of NHS DPP

Region	RAG Rating	STP Footprint Name
North	Red	Northumberland, Tyne and Wear
North	Green	West, North and East Cumbria
North	Amber	Durham, Darlington and Tees, Hambleton, Richmondshire and Whitby
North	Amber	Lancashire and South Cumbria
North	Amber	West Yorkshire
North	Amber	Coast, Humber and Vale
North	Amber	Greater Manchester
North	Amber	Cheshire and Merseyside
North	Amber	South Yorkshire and Bassetlaw
Mids & East	Red	Staffordshire
Mids & East	Red	Shropshire, Telford and Wrekin
Mids & East	Green	Derbyshire
Mids & East	Green	Lincolnshire
Mids & East	Green	Nottinghamshire
Mids & East	Green	Leicester, Leicestershire and Rutland
Mids & East	Amber	The Black Country
Mids & East	Green	Birmingham and Solihull
Mids & East	Red	Coventry and Warwickshire
Mids & East	Green	Herefordshire and Worcestershire
Mids & East	Green	Northamptonshire
Mids & East	Green	Cambridgeshire and Peterborough
Mids & East	Amber	Norfolk and Waveney
Mids & East	Amber	Suffolk and North East Essex
Mids & East	Red	Milton Keynes, Bedfordshire and Luton
Mids & East	Green	Hertfordshire and West Essex
Mids & East	Amber	Mid and South Essex

London	Amber	North West London
London	Amber	North Central London
London	Amber	North East London
London	Green	South East London
London	Green	South West London
South	Green	Kent & Medway
South	Green	Sussex and East Surrey
South	Amber	Frimley Health
South	Green	Surrey Heartlands
South	Red	Cornwall and the Isles of Scilly
South	Red	Devon
South	Red	Somerset
South	Red	Bristol, North Somerset, South Gloucestershire
South	Red	Bath, Swindon and Wiltshire
South	Red	Dorset
South	Red	Hampshire and the Isle of Wight
South	Red	Gloucestershire
South	Amber	Buckinghamshire, Oxfordshire and Berkshire West