

Health and Wellbeing Board

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Approach to Reducing Diabetes in County Durham - National Diabetes Prevention Programme Demonstrator Site and CCGs' Diabetes Service Developments



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Purpose of the Report

1. The purpose of this report is to highlight the initiative launched by NHS England in collaboration with Public Health England and Diabetes UK “to be the first country to implement at scale a national evidence-based diabetes prevention programme” as part of the NHS Five Year Forward View. Durham County Council public health service was invited to register an expression of interest and has subsequently been chosen as one of seven demonstrator sites for this programme. The report also highlights the impact and costs of diabetes to the Clinical Commissioning Groups (CCGs) and the development being progressed to establish a new diabetes service model.

Background

2. The rationale for the National Diabetes Prevention Programme was set out by Simon Stevens, NHS Chief Executive, in his speech to the Diabetes UK professional conference March 12th 2015. The main points are:
 - About 20,000 people with diabetes die prematurely. Diabetes is a leading cause of preventable sight loss in people of working age and is a major contributor to kidney failure, heart attack, and stroke. As well as the human cost, diabetes accounts for around 10 per cent of the annual NHS budget. This is nearly £10 billion a year. Diabetes is also the cause of more than 100 amputations per week.
 - The NHS currently spends more on bariatric surgery than lifestyle interventions to prevent diabetes. The costs associated with the treatment of diabetes combined with the cost of managing the complications caused by diabetes currently totals £23.7 billion and is predicted to rise to £39.8 billion by 2035/36.

3. Diabetes is a priority for CCGs in County Durham. A strategy group working on the development of a new diabetes service model has been established. The rationale for the changes needed for the management of diabetes is still work in progress. The main points in the 'case for change' presented to the clinical leaders on April 21st 2015 include:
 - The cost of managing diabetes in the local health economy is rising. The County Durham and Darlington CCGs spent more than £24million managing diabetes in 2013/14.
 - There has been progress in reducing the numbers of undiagnosed people with diabetes, but more than 6% of patients remain undiagnosed and require care (approximately 2000 individuals in County Durham and Darlington).
 - Diabetes prevalence increased by 24.3% in the five years from 2008-9 to 2012-13 in County Durham, a larger increase than 18.4% for the rest of the UK. The prevalence of diabetes is forecast to continue rising, with more than 26% increase forecast by 2030 leading to an additional 10,000 more patients with diabetes across County Durham. If the model of care does not change then the cost of managing patients with diabetes will increase at least in line with increasing prevalence implying that additional funding of £5m per annum will need to be found by 2025.
 - With expensive new Diabetes drugs and devices coming into the market in the next few years there is a risk that this cost will increase even faster if the model of care remains unchanged. Spend on drugs used to treat patients with diabetes is rising faster in County Durham (5.74% in North Durham, 4.88% in Durham Dales, Easington and Sedgefield) than spend in other North East CCGs (3.64%). Prescribing spend varies considerably across County Durham GP practices with no correlation to clinical outcomes or markers of the quality of care e.g. HbA1c control.
4. About 90 per cent of people with diabetes have Type 2, which is largely preventable. The World Health Organization estimates that up to 80% of Type 2 diabetes could be prevented by reducing weight, reducing waist size achieved through eating less/healthier eating and being more physically active.
5. The rationale for the National Diabetes Prevention Programme is that by investing in prevention, and stopping or delaying people getting Type 2 diabetes, there will be a reduction in costs further down the pathway of care. The risk factors for Type 2 diabetes are also risk factors for other serious conditions like cardiovascular disease, so helping people reduce their risk of Type 2 diabetes will also reduce their risk of other serious illness.
6. In May 2011 the National Institute for Health and Care Excellence (NICE) published guidance on the prevention of type 2 diabetes through population and community level interventions (NICE PHG 35, 2011). The recommendations for local action include:

- Local joint strategic needs assessments and local strategy (Diabetes is identified in both the Joint Strategic Needs Assessment and the Joint Health and Wellbeing Strategy).
 - Interventions for communities at high risk.
 - Conveying messages to the local population.
 - Promoting a healthy diet.
 - Promoting physical activity.
 - Training.
7. In July 2012 NICE published guidance on the prevention of Type 2 Diabetes including identification and interventions for those at high risk (NICE PHG 38, 2012). The recommendations focus on two major activities:
- Identifying people at risk of developing type 2 diabetes using a staged (or stepped) approach.
 - Providing those at high risk with a quality-assured, evidence-based, intensive lifestyle programme to prevent or delay the onset of Type 2 diabetes.

Check4Life and Just Beat It

8. The background paper attached to this report 'Expression of Interest template' sets out the reasons why County Durham has been chosen to be a demonstrator site for the National Diabetes Prevention Programme. The developments to the NHS Health Check programme commissioned by Durham County Council public health service include the two main recommendations in the NICE guidance on the prevention of Type 2 diabetes that the National Diabetes Prevention Programme aims to replicate.
9. Check4Life is the County Durham version of NHS Health Checks. The programme is based on health checks carried out in GP practices, community pharmacies, by staff in local authority and independent leisure centres, businesses and at community events. As well as the standard check for the risk of developing cardiovascular disease, Check4Life also includes a diabetes risk assessment using the Diabetes UK Risk Score. Those people identified as having a high risk of developing Type 2 diabetes are referred to an evidence-based, intensive lifestyle programme to reduce that risk called Just Beat It.
10. Just Beat It is a programme developed by the Health Improvement Service of County Durham and Darlington NHS Foundation Trust and commissioned by Durham County Council public health service. It aims to replicate the outcomes of the randomised controlled trials of intensive lifestyle programmes to prevent diabetes. The key indicators of the programme are:
- Weight loss of 5 – 10kg or 5% of baseline weight at 6 months.
 - Increased physical activity at 12 weeks and 6 months.
 - Improved diet at 6 months.

National Diabetes Programme

11. The aim of the National Diabetes Prevention Programme is to build on the experience of the seven demonstrator sites during 2015/16 before developing a plan for the national roll out during 2016/17. The national programme includes a review of the international evidence on diabetes prevention looking at what works in different contexts and evaluating how this evidence can be implemented in the demonstrator sites. A briefing note describing how interested sites can register their interest in becoming a demonstrator site for the National Diabetes Prevention Programme is attached at Appendix 2.
12. The evaluation of the demonstrator sites will inform the specification for the diabetes prevention programme and a national procurement exercise. The evaluation will include the:
 - Effectiveness of models for identification and referral.
 - Feasibility of different lifestyle interventions.
 - Barriers and facilitators for providers and participants.
 - Impact of scaling up the programme nationally.
 - Extent of local variation.
 - Data necessary for monitoring the effectiveness of the programme.
13. The evaluation of the demonstrator sites will enable the national programme to assess the likely impact of the programme at a national scale. The expected outcomes and benefits that should be achieved as a result of the implementation of the programme are that:
 - More people at high risk of developing diabetes will receive lifestyle interventions to support them to lower their risk.
 - The incidence of Type 2 diabetes will reduce over the longer term; and
 - The incidence of heart, stroke, kidney, eye and foot problems (and associated mortality) related to diabetes will reduce over the longer term.

Preliminary findings from the Check4Life and Just Beat It programmes

14. The planning assumptions behind the Check4Life and Just Beat It programmes are as follows:
 - The eligible population for a health check is 111,633.
 - The target number of health checks in 2015/16 is 20% of this figure – 22,326.
 - The likely number of health checks carried out is 50% - 11,163.
15. Based on 6 months data from the 26 practices taking part in check4Life between August 2014 and February 2015, out of 1,852 health checks:
 - 396 (28%) had a diabetes UK risk Score > 15 (High and Very High Risk).

- In the next year over 3,000 people with a Diabetes UK Risk Score > 15 are expected to be identified.
 - Of these, it is anticipated that one third will take up the offer of participating in a just Beat It programme – 1000 people.
16. Those identified with a diabetes UK risk score <15 (Low and Increased Risk) still have a risk of developing diabetes but at a lower level of risk compared with those with the score >15. As there are more people in this population group, over the next 10 years about 55% of all new cases of diabetes in County Durham will occur among people who will not be offered a place on the Just Beat It programme.
17. The implication of these findings is that the National Diabetes Programme aimed at people with a high risk of developing diabetes will not have the expected impact on the prevalence of diabetes over the next 10 years. More action therefore needs to be taken to promote healthier lifestyles at a population and community level in line with NICE Public Health Guidance 35 if diabetes prevalence is to be reduced.

Recommendations

18. The Health and Wellbeing Board is recommended to:
- Note the selection of the Durham County Council public health service commissioned Check4Life and Just Beat It programme as one of seven demonstrator sites for the development of the National Diabetes Prevention Programme.
 - Note the future intention is to procure a diabetes prevention programme across England.
 - Note that local delivery forms part of the Check4Life programme in County Durham.
 - Note the preliminary findings from the check4Life and Just Beat it programmes and their implications.
 - Note the strategy group established by the CCGs to develop a diabetes service model.

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Appendix 1: Implications

Finance:

None – the programme costs are included in the Public Health baseline budget

Staffing

None – the staff are employed by provider organisations

Risk

None

Equality and Diversity / Public Sector Equality Duty

None

Accommodation

None

Crime and Disorder

None

Human Rights

None

Consultation

None

Procurement

The Check4Life and Just Beat It programmes are commissioned as part of the Health Check programme and are still in development

Disability Issues

None

Legal Implications

None