APPENDIX 2

Registering interest to join the National Diabetes Prevention Programme

This note describes how interested sites can register their interest in becoming a demonstrator site for the National Diabetes Prevention Programme and outlines at a high level, what we are looking for from demonstrator sites and how we will go about selecting them.

We are looking to collaborate with demonstrator sites on:

- Co-designing type 2 diabetes prevention programme;
- Ensuring that the international, national and local evidence of "what works" is factored into the design of these programmes
- Implementing these programmes and learning lessons on implementation for national roll-out; and
- Evaluation and sharing of learning.

Demonstrator sites will have:

- An ambitious vision of what change local areas want to achieve in relation to diabetes prevention, that meets the needs and preferences of their local population;
- A track-record of successful implementation of public health prevention programmes;
- A desire and commitment to move at pace with us, delivering change in 2015/6;
- A commitment to support programme implementation with co-investment of time and resources;
- Effective managerial and clinical leadership, with the capacity and capability to succeed;
- Active and synergistic local relationships, for example the support of local commissioners, providers, health professionals and communities;

They will also need to show:

- A commitment to be prepared to modify and change existing local programmes to reflect emerging evidence and to test different approaches as part of the collaboration to define a nationally implementable programme;
- An appetite to engage intensively with other sites across the country, and with national bodies, in a co-designed and structured programme of support aimed at (a) developing and implementing an effective and scalable diabetes prevention programme; (b) developing common rather than unique local solutions that can be replicated by subsequent sites; and (c) evaluating progress and making improvements, through a staged development process;
- A commitment to the collection and analysis of standardised data to enable real-time monitoring and evaluation, the cost-effectiveness of implementation approach and service design, and the benefits that accrue as the programme develops

To assist this first group of demonstrator sites, a national and local offer of support from PHE, NHS England and Diabetes UK will include:

- A named account manager, dedicated to coordinating national help and support, including

removing barriers to change
- Input of expert clinical advice on most suitable approaches
- Shared findings from comprehensive international evidence reviews of what works in practice,
- Support with planning, commissioning and implementation
- Support with engagement of service users
- Support with marketing and communications, data flows and evaluation
- Celebration of local demonstrator sites as exemplars of diabetes prevention

This will be expended on as we start to work jointly with our demonstrator sites and understand the unique requirements.

To help us identify the most appropriate local partners, we need to learn a bit more about their existing diabetes prevention programmes, the progress they have made to date and their ambitions for the future. Interested sites are asked to complete a two page form, which is attached at the end of this email, and send it to the National Diabetes Prevention Programme team at **george.connor@phe.gov.uk** by **2nd March 2015**.

We will use the registrations of interest, combined with other available information about local populations, to select demonstrator sites. This will involve discussing plans with a shortlist of applicants on the 5th and 6th March.

From April onwards, we will collaborate with identified partner sites to develop dedicated support and joint working relationships. Our aim is to implement diabetes prevention approaches in ways that can be replicated elsewhere. We will have a wider national engagement and regular communications throughout the year.

Q1. Who is making the application?

What is the entity or partnership that is applying? Interested areas may want to list wider partnerships in place, e.g. with the voluntary sector. Please include the name and contact details of a single senior person best able to field queries about the application.

The applicant is Dr Mike Lavender, Consultant in Public Health Medicine, Durham County Council.

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Dr Lavender commissions the NHS Health Check programme – locally branded as Check4Life. Health Checks are carried out in GP practices, community pharmacies, by staff in local authority and independent leisure centres, businesses and community events. Check4Life includes a diabetes risk assessment using the Diabetes UK Risk Score. Linked to this is a referral pathway to a newly developed diabetes prevention programme called Just Beat It.

Just Beat It is provided by a collaboration of organisations including:
County Durham & Darlington Foundation Trust Health Improvement Service
Durham County Council Leisure Services
Leisureworks – an independent sector leisure services company
Pioneering Care Partnership – a voluntary sector health development organisation

Q2. What are you trying to achieve?

Please outline your objectives in relation to prevention of type two diabetes, and the principal changes you are planning. What will it look like for your local community and for your staff?

The overall objective is to implement and evaluate the recommendations in NICE Public Health Guidance 38: Preventing type 2 diabetes. This includes:

1. Introducing a validated diabetes risk assessment tool across the all providers (GP practices and community settings) in the Check4Life programme
2. Training all staff conducting a health check in diabetes risk identification, risk communication, brief interventions and appropriate referral and signposting to lifestyle interventions
3. Implementing a quality assured, evidence based intensive lifestyle programme for those people identified at high risk of Type 2 diabetes
4. Evaluating the outcomes of the intensive lifestyle programme as part of the diabetes pathway re-design

When this programme of work is completed and the programme is embedded into the Health Check programme and diabetes care pathway the key features include:

For the local community

- Just Beat It is a locally branded diabetes prevention programme that includes a core offer of different lifestyle programmes matched to the level of diabetes risk. It is provided in a wide range of settings by different providers appropriate for the community. The communities in County Durham range from relatively affluent rural areas to relatively deprived urban areas. The Check4Life and Just Beat It provider network includes organisations and services that have developed according to the needs of these different communities.
- The Just Beat It branding and quality assured programme content will enable better and more consistent marketing for the programme, a single point of contact for referrals, an evidence-based programme to reduce risk and high quality risk communication materials for clients.

For staff:

- For all Check4Life staff they will receive training, supervision to increase their understanding of diabetes risk, and to improve their competence around risk communication and risk reduction
- For the Just Beat It provider network, the opportunity to build on their existing programmes with the offer of an intensive lifestyle programme appropriate to the needs of their community.

Q3. Which evidence based type two diabetes prevention interventions are you currently pursuing?

Which interventions are you currently using within your area?
How are they working?
What do you think you are doing particularly well?
Do you have any evaluation mechanisms in place?
Please summarise the main concrete steps or achievements you have already made on prevention of type two diabetes, e.g. progress made in 2014/15
(*If there is strong will to work with us, even if your current T2D prevention activity is limited we still welcome approaches.)*

The overall objective of the Just Beat It programme is to implement and evaluate the recommendations in NICE Public Health Guidance 38: Preventing type 2 diabetes

Diabetes Risk Assessment tool

In the absence of any national guidance on the most appropriate tool to use, we have included the Diabetes UK Risk Score into the Check4Life software. We have collaborated with the Public Health England national team in the review of NHS Health Checks on behalf of the Expert Scientific and Clinical Advisory Panel (ESCAP) on risk assessment scores for the diabetes filter. We are aware of the scientific debate around the most appropriate tool to use and will adapt the programme in the light of published evidence and guidance. Specifically we will look at the QDiabetes tool through the Chck4Life programme in GP practices. In the meantime, the Check4Life quality assurance programme is training and supervising staff in the information and measurements needed for the Diabetes UK Risk Score.

Diabetes Risk Assessment

Embedded in the Check4Life software is a range of prompts and guidance on communicating the

diabetes risk score and appropriate lifestyle advice based on the score. Date from community health checks are automatically transferred to GP practices. The evaluation of the programme is to follow up those individuals identified at high risk to see what proportion had the confirmation of the diabetes risk by HbA1c or blood glucose levels.

Intensive lifestyle programme – Just Beat It

Just Beat It aims to replicate the intervention arms of the diabetes prevention programmes in Finland and the USA. We ran a 'proof of concept' pilot programme with people included in the Exercise on Referral programme. We have begun the next phase of the project by taking referrals from the Check4Life programme and concentrating the lifestyle programme in the more deprived area of the county. The next phase of the project is to bring on board a range of different providers to extend the coverage 'to scale' across all of County Durham. This builds on existing collaborations around Exercise on Referral and Adult Wellbeing for Life service with the Check4Life team providing the overall quality assurance of the programme. The final phase of implementing Just Beat It is to link the intensive lifestyle programme with the DESMOND patient education programme for people newly diagnosed with Type 2 diabetes. The key indicators of the programme are:

- Proportion of participants completing the 6 month programme
- The average contact time of participants
- Diabetes risk score at 6 months
- Hba1c result at 6 months
- 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
- Improved Self-Efficacy / Confidence at 6 months
- Participant satisfaction (85%) at 6 months

Evaluation of Just Beat It

The Just Beat It programme is an integral part of the re-design of the diabetes care pathway that has a greater emphasis on prevention and self-management. Just Beat it is a 3 year programme commissioned by County Durham Public Health. Public Health will evaluate the programme in collaboration with Newcastle University. We have developed a Return on Investment economic model based on the assumptions in NICE PHG 38 as part of the business case for the programme.

Key features of the County Durham Check4Life and Just Beat It programme are:

- JBI is integrated with the NHS Health Checks through the local Check4Life programme
- JBI is integral to the re-design of the diabetes care pathway including links to the DESMOND patient education programme
- Check4Life has an established quality assurance component including a competency framework, staff training and supervision. This will extend to the JBI programme.
- Check4Life has an integrated information system based on a common software package that ensures a consistent diabetes risk assessment and risk communication across GP practices and community providers
- The Check4Life information system ensures that all diabetes risk assessments carried out in GP practices and community settings are accurately recorded, correctly coded and automatically transferred to the patient's record on the GP practice system.
- We are running a pilot in a number of practices with different IT systems, to identify patients

at risk of diabetes based on information already recorded in the patient record. This will then enable the invitations and marketing of the programme to be targeted at those with an estimated higher risk.

- We have extended the NHS Health Check to adults outside of the 40 to 74 age range. The modified health check includes a diabetes risk assessment including blood pressure, BMI and waist measurement. These are opportunistic checks in a range of settings including gym inductions, workplace events and community roadshows featuring the Check4Life bus.
- We are developing the protocol for using the Check4Life software in GP practices to carry out a diabetes risk assessment in patients diagnosed with high blood pressure at their annual review.

Q5. If chosen as a demonstrator site to work with us on developing and implementing a diabetes prevention programme what do you perceive as realistic deliverables in 12 months?
Please describe the changes, realistically, that could be achieved by then, if we were to start working together in April with a view to delivery from the Summer 2015

The Check4Life and Just Beat It programmes are already in place therefore the deliverables in the 12 months will build on progress already made.

By April 2015 we will have the following:

- Check4Life software and about 300 staff trained to conduct a diabetes risk assessment in 50 GP practices, 12 community pharmacies, 8 leisure centres and a range of business and community venues
- The results from the cohort of patients completing the first 6 month of the Just Beat It pilot programme

By Summer 2015 we will have the following:

- Data from up to 6 months of Check4Life health checks that will include a diabetes risk assessment (about 5500 data sets)
- The results from the second 6 month cohort of Just Beat It participants

We would like to collaborate with the national team to assess the content of the programme in the light of the early finding and to make any changes based on evidence, best practice and the interim evaluation of the programme so far. This will enable us to make the necessary changes with a view to implementing a local programme consistent with the expectations of the national programme by summer 2015.

Q6. What do you want from a structured national programme?
What national support would be helpful to accelerate progress in your area?

We have learnt a great deal from our collaboration with Public Health England on the evidence behind the different diabetes risk scores. Collaboration with NHS England working with colleagues in other parts of the country will give us the opportunity to share ideas and learn from their experience. The coming 6 months will throw up a range of questions and challenges from the implementation of the Diabetes UK risk score in the Check4Life programme, the implementation of the Just Beat It programme, the interpretation of the results from the early cohorts of participants and a critical review of the extent to which the programme replicates the findings of randomised

controlled trials and the evaluation of other programmes. We would like to participate in the shared learning and critical feedback of our programme by working with other partners.