

## • **Implementing a national diabetes prevention programme in England: lessons learned**

**Type** Journal Article  
**Author** Jonathan Stokes  
**Author** Judith Gellatly  
**Author** Peter Bower  
**Author** Rachel Meacock  
**Author** Sarah Cotterill  
**Author** Matt Sutton  
**Author** Paul Wilson  
**URL** <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6929377/>  
**Volume** 19  
**Publication** BMC Health Services Research  
**ISSN** 1472-6963  
**Date** 2019-12-23  
**Extra** PMID: 31870371 PMCID: PMC6929377  
**Journal Abbr** BMC Health Serv Res  
**DOI** [10.1186/s12913-019-4809-3](https://doi.org/10.1186/s12913-019-4809-3)  
**Accessed** 23/09/2021, 13:50:52  
**Library Catalog** PubMed Central

**Abstract** Background Type 2 diabetes mellitus is preventable through lifestyle intervention. Diabetes prevention programmes (DPPs) aim to deliver prevention-based behaviour change interventions to reduce incidence. Such programmes vary from usual primary care in terms of where, how, and by whom they are delivered. Implementation is therefore likely to face new commissioning, incentive and delivery challenges. We report on the implementation of a national DPP in NHS England, and identify lessons learned in addressing the implementation challenges. Methods In 2017/18, we conducted 20 semi-structured telephone interviews covering 16 sampled case sites with the designated lead(s) responsible for local implementation of the programme. Interviews explored the process of implementation, including organisation of the programme, expectations and attitudes to the programme, funding, target populations and referral and clinical pathways. We drew on constant comparative methods to analyse the data and generate over-arching themes. We complemented our qualitative data with a survey focused on variation in the financial incentives used across sites to ensure usual primary care services recruited patients to new providers. Results We identified five over-arching areas of learning for implementing this large-scale programme: 1) managing new providers; 2) promoting awareness of services; 3) recruiting patients; 4) incentive payments; and 5) mechanisms for sharing learning. In general, tensions appeared to be

caused by a lack of clear roles/responsibilities between hierarchical actors, and lack of communication. Both local sites and the national NHS coordination team gained experience through learning by doing. Initial tensions with roles and expectations have been worked out during implementation. Conclusions Implementing a national disease prevention programme is a major task, and one that will be increasingly faced by health systems globally as they aim to adjust to demand pressures. We provide practical learning opportunities for the wider uptake and sustainability of prevention programmes. Future implementers might wish to define clear responsibilities for each actor prior to implementation, ensure early engagement with new providers, offer mechanisms/forums for sharing learning, generate evidence and provide advice on incentive payments, and prioritise public and professional awareness of the programme.

**Short Title** Implementing a national diabetes prevention programme in England

**Date Added** 23/09/2021, 13:50:52

**Modified** 23/09/2021, 13:50:52

- **Attachments**
  - PubMed Central Link
- **NHS Diabetes Prevention Programme in England: formative evaluation of the programme in early phase implementation**

**Type** Journal Article

**Author** Linda Penn

**Author** Angela Rodrigues

**Author** Anna Haste

**Author** Marta M. Marques

**Author** Kirsten Budig

**Author** Kirby Sainsbury

**Author** Ruth Bell

**Author** Vera Araújo-Soares

**Author** Martin White

**Author** Carolyn Summerbell

**Author** Elizabeth Goyder

**Author** Alan Brennan

**Author** Ashley J. Adamson

**Author** Falko F. Sniehotta

**URL** <https://bmjopen.bmj.com/content/8/2/e019467>

**Rights** © Article author(s) (or their employer(s) unless otherwise stated in the text of the article) 2018. All rights reserved. No commercial use is permitted unless otherwise expressly granted.. This is an Open Access

article distributed in accordance with the terms of the Creative Commons Attribution (CC BY 4.0) license, which permits others to distribute, remix, adapt and build upon this work, for commercial use, provided the original work is properly cited. See: <http://creativecommons.org/licenses/by/4.0/>

**Volume** 8  
**Issue** 2  
**Pages** e019467  
**Publication** BMJ Open  
**ISSN** 2044-6055, 2044-6055  
**Date** 2018/02/01  
**Extra** PMID: 29467134  
**DOI** [10.1136/bmjopen-2017-019467](https://doi.org/10.1136/bmjopen-2017-019467)  
**Accessed** 23/09/2021, 13:49:26  
**Library Catalog** bmjopen.bmj.com  
**Language** en

**Abstract** Objectives Evaluation of the demonstrator phase and first wave roll-out of the National Health Service (NHS) Diabetes Prevention Programme (DPP) in England. To examine: (1) intervention design, provision and fidelity assessment procedures; (2) risk assessment and recruitment pathways and (3) data collection for monitoring and evaluation. To provide recommendations informing decision makers on programme quality, improvements and future evaluation. Design We reviewed programme documents, mapping against the NHS DPP specification and National Institute for Health and Care Excellence (NICE) public health guideline: Type 2 diabetes (T2D) prevention in people at high risk (PH38), conducted qualitative research using individual interviews and focus group discussions with stakeholders and examined recruitment, fidelity and data collection procedures. Setting Seven NHS DPP demonstrator sites and, subsequently, 27 first wave areas across England. Interventions Intensive behavioural intervention with weight loss, diet and physical activity goals. The national programme specifies at least 13 sessions over 9 months, delivered face to face to groups of 15–20 adults with non-diabetic hyperglycaemia, mainly recruited from primary care and NHS Health Checks. Participants Participants for qualitative research were purposively sampled to provide a spread of stakeholder experience. Documents for review were provided via the NHS DPP Management Group. Findings The NHS DPP specification reflected current evidence with a clear framework for service provision. Providers, with national capacity to deliver, supplied intervention plans compliant with this framework. Stakeholders highlighted limitations in fidelity assessment and recruitment and retention challenges, especially in reach and equity, that could adversely impact on implementation. Risk assessment for first wave eligibility differed from NICE guidance. Conclusions The NHS DPP provides an evidence-based behavioural intervention for prevention of T2D in adults at high risk, with capacity

to deliver nationally. Framework specification allows for balance between consistency and contextual variation in intervention delivery, with session details devolved to providers. Limitations in fidelity assurance, data collection procedures and recruitment issues could adversely impact on intervention effectiveness and restrict evaluation.

**Short Title** NHS Diabetes Prevention Programme in England

**Date Added** 23/09/2021, 13:49:26

**Modified** 23/09/2021, 13:49:26

• **Tags:**

- health policy
- organisational development
- public health

• **Optimising Engagement with the NHS Diabetes Prevention Programme**

**Type** Manuscript

**Author** Bakhai, C

**URL** [https://cdn.asp.events/CLIENT\\_CloserSt\\_D86EA381\\_5056\\_B739\\_5482D50A1A831DDD/sites/DPC2020/media/libraries/presentation/Optimising-engagement-with-the-NHS-Diabetes-Prevention-Programme.pdf](https://cdn.asp.events/CLIENT_CloserSt_D86EA381_5056_B739_5482D50A1A831DDD/sites/DPC2020/media/libraries/presentation/Optimising-engagement-with-the-NHS-Diabetes-Prevention-Programme.pdf)

**Date Added** 23/09/2021, 14:03:00

**Modified** 23/09/2021, 14:03:50

• **Referral of patients to diabetes prevention programmes from community campaigns and general practices: mixed-method evaluation using the RE-AIM framework and Normalisation Process Theory**

**Type** Journal Article

**Author** Sarah Knowles

**Author** Sarah Cotterill

**Author** Nia Coupe

**Author** Michael Spence

**URL** <https://doi.org/10.1186/s12913-019-4139-5>

**Volume** 19

**Issue** 1

**Pages** 321  
**Publication** BMC Health Services Research  
**ISSN** 1472-6963  
**Date** May 22, 2019  
**Journal**  
**Abbr** BMC Health Services Research  
**DOI** [10.1186/s12913-019-4139-5](https://doi.org/10.1186/s12913-019-4139-5)  
**Accessed** 23/09/2021, 14:02:20  
**Library**  
**Catalog** BioMed Central

**Abstract** Each year around 5–10% of people with non-diabetic hyperglycaemia will develop type 2 diabetes mellitus. Diabetes prevention is a national and global public health concern. Diabetes Prevention Programmes, which seek to identify at-risk individuals and support entry to health improvement initiatives, recognise that enhanced identification and referral of at-risk individuals is required within primary care and beyond, through community-focused prevention approaches. We report an evaluation of a demonstrator site for the NHS Diabetes Prevention Programme in the UK, which piloted an enhanced Primary Care referral programme (sampling from patients identified as at-risk from general practice databases) and a Community identification programme (sampling from the general population through opportunistic identification in community locations) in an effort to maximise participation in prevention services.

**Short Title** Referral of patients to diabetes prevention programmes from community campaigns and general practices

**Date Added** 23/09/2021, 14:02:20

**Modified** 23/09/2021, 14:02:20

- **Stakeholders’ perceptions and experiences of the National Health Service diabetes prevention programme in England: qualitative study with service users, intervention providers and deliverers, commissioners and referrers | BMC Health Services Research | Full Text**

**Type** Web Page  
**URL** <https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-020-05160-2>  
**Accessed** 23/09/2021, 13:49:48  
**Date**  
**Added** 23/09/2021, 13:49:48  
**Modified** 23/09/2021, 13:49:48

- **Attachments**
  - Stakeholders' perceptions and experiences of the National Health Service diabetes prevention programme in England: qualitative study with service users, intervention providers and deliverers, commissioners and referrers | BMC Health Services Research | Full Text
- **The NHS Diabetes Prevention Programme: an observational study of service delivery and patient experience**

**Type** Journal Article  
**Author** Rhiannon E. Hawkes  
**Author** Elaine Cameron  
**Author** Sarah Cotterill  
**Author** Peter Bower  
**Author** David P. French  
**URL** <https://doi.org/10.1186/s12913-020-05951-7>  
**Volume** 20  
**Issue** 1  
**Pages** 1098  
**Publication** BMC Health Services Research  
**ISSN** 1472-6963  
**Date** November 27, 2020  
**Journal Abbr** BMC Health Services Research  
**DOI** [10.1186/s12913-020-05951-7](https://doi.org/10.1186/s12913-020-05951-7)  
**Accessed** 23/09/2021, 13:50:07  
**Library Catalog** BioMed Central  
**Abstract** The NHS Diabetes Prevention Programme (NHS-DPP) is a nine-month, group-based behavioural intervention for adults in England at risk of developing Type 2 diabetes. Four independent providers were commissioned to deliver versions of the NHS-DPP, in line with NHS England specifications. This observational study maps NHS-DPP delivery in routine practice against the NHS specification, and compares service delivery with observed patient experiences.  
**Short Title** The NHS Diabetes Prevention Programme  
**Date Added** 23/09/2021, 13:50:07  
**Modified** 23/09/2021, 13:50:07