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Midlands and Lancashire
Commissioning Support Unit

National Diabetes Prevention Programme Support

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midlandsandlancashirecsu.nhs.uk

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Executive Summary

MLCSU were commissioned by Black Country and West Birmingham (BCWB) CCG to assist their practices in increasing their referral numbers into the National Diabetes Prevention Programme (NDPP). The NDPP is designed to support adults who are at high risk of developing type 2 Diabetes Mellitus (T2DM). Participants are referred into a structured educational programme and attend a series of group sessions developed to empower them to make sustainable lifestyle changes that can reduce their chances of developing T2DM. The NDPP is delivered by several providers procured by NHS England based on a published specification. Ingeus is the provider of the NDPP in the BCWB CCG area.

A project team led by MLCSU was set up with the following aims:

- **To increase referral numbers into the NDPP**
- **To improve engagement with GP practices that are currently making low or zero referrals to the programme**
- **To improve engagement with patients who are eligible for the programme through motivational discussions**

The project team provided a co-ordinated response to help increase referrals from primary care. This involved:

Set up of a dedicated **NDPP queries inbox** helpline for email queries from GP practices. The dedicated inbox for the project mlcsu.ndpp@nhs.net was the primary source of communication between GP practices and the project team.

Development of **pathway documents** to provide practical information to support practice engagement & implementation of NDPP.

Development of **clinical systems searches** to identify patients eligible for referral to the NDPP.

Motivational discussions with eligible patients supported by **guidance documents** for call handlers

Development of **electronic transfer documents (EDT)** including SNOMED codes to inform practices of patient motivational discussion outcomes.

Up to the end of January 2022, the MLCSU team had received data for 2326 eligible patients from practices. From these 2326 patients, 1367 patients (59%) were contacted for a motivational discussion. The remaining patients were either still in the process cycle (444 patients; 19%), uncontactable (456 patients; 20%) or classed as having a miscellaneous outcome (59 patients; 3%).

- From 1367 patients contacted, 800 out of 1367 (59%) patients consented to referral to the NDPP, and 567 out of 1367 (41%) declined referral to NDPP.
- There were higher overall referral rates for practices that MLCSU contacted directly for a motivational discussion compared to those that used text message/letter approach to consent (41% compared to 9%). This supports the use of motivational discussion to engage patients.
- 799 patients were referred to Ingeus by MLCSU by end of January 2022. This is compared to 364 referrals from practices (from July 2019 up until the point MLCSU engaged with the practice). The percentage increase in total referrals by MLCSU was 131%. This shows the project met its aims of increasing patient referrals into the NDPP, improving engagement with GP practices making zero or low referrals and improving patient engagement through motivational discussions.

Key recommendations

The project showed a clear increase in referrals of 131%, showing the approach used by the project team worked to increase referrals to NDPP. The project should be continued to enable other practices with low referrals to be supported.

Practice Engagement

- To ensure the uptake of NDPP via practices increases month on month, practices should be contacted, and consideration given to engaging other stakeholders such as general practitioners with specialist interests (GPSI), practice-based pharmacists, Integrated Care System (ICS) leads and Primary Care Network leads.
- The process should be advertised to all relevant stakeholders.
- Develop alternative clinical systems searches for practices that don’t use EMIS.
- NDPP referral should be part of the primary care commissioning framework (PCCF).

Patient engagement

- Evaluate the uncontactable group of patients and change process to increase engagement.
- Review reasons why patients referred to NDPP subsequently decline to participate.
- Review reasons why patients drop out of the program.
- Use interpreter services for motivational discussions with patients who don’t speak English as their main spoken language.
- Investigate the use of personalised patient videos as part of the process.
- Look at inclusion and health inequalities to ensure all socially excluded people can still access and benefit services they need.

Introduction and Methodology

1.1 Introduction

MLCSU were commissioned by Black Country and West Birmingham (BCWB) CCG to assist their practices in increasing their referral numbers into the National Diabetes Prevention Programme (NDPP). The NDPP is designed to support adults who are at high risk of developing type 2 Diabetes Mellitus (T2DM). Participants are referred into a structured educational programme and attend a series of group sessions developed to empower them to make sustainable lifestyle changes that can reduce their chances of developing T2DM. The NDPP is delivered by several providers procured by NHS England based on a published specification. Ingeus is the provider of the NDPP in the BCWB CCG area.

A project team led by MLCSU was set up with the following aims:

- **To increase referral numbers into the NDPP**
- **To improve engagement with GP practices that are currently making low or zero referrals to the programme**
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The project team provided a co-ordinated response to help increase referrals from primary care. This involved:

- Set up of a dedicated **NDPP queries inbox** helpline for email queries from GP practices. The dedicated inbox for the project mlscu.ndpp@nhs.net, was the primary source of communication between GP practices and the MLCSU team
- Development of **pathway documents** to provide practical information to support practice engagement & implementation of NDPP. Appendix 1 provides an overview of the NDPP project and defined roles of the MLCSU team, GP practices, and Ingeus. Appendix 2 provided a detailed step by step guide for practices to implement NDPP.
- Development of **clinical systems searches** to identify patients eligible for referral to the NDPP. Appendix 3 highlights inclusion and exclusion criteria, and auto report fields to identify eligible patients for referral into NDPP.
- Development of **guidance documents** to support motivational discussion with patients
- Development of **electronic transfer documents** (EDT) including SNOMED codes to inform practices of patient motivational discussion outcomes.

Initially, an implementation test was undertaken at Thornley Street Practice, Wolverhampton where processes were tested and refined. Thornley Street Practice worked jointly with MLCSU to develop the initial searches and methodology. Thornley Street Practice were fundamental to the success of the project, as the approach was able to be developed, tested and adjusted prior to at scale roll out across CCG practices. Utilising the learning from the implementation test, the project team scaled up the NDPP roll out and engaged with practices in the BCWB CCG area through a phased approach.

Method

Prior to this new approach to increase NDPP referrals, the standard process to identify suitable patients for referral to NDPP, was for practices to review patients for eligibility (for example at a long-term condition review, clinic or consultation) and then refer to the NDPP provider. A referral form was completed by the practice and sent to Ingeus on a per patient basis.

Initially, the project team worked with Thornley Street Practice to develop methodology to meet the aims of the project and then rolled this out to CCG practices at scale. Practices were provided with clinical system searches to identify eligible patient cohorts for referral into NDPP. They were asked to provide this information to MLCSU via the secure NDPP inbox using NHS mail. A data processing impact assessment (DPIA) and data processing agreement (DPA) were developed for the project, to provide governance and assurance around the flow of patient identifiable data. Each practice received an individual DPA which they signed prior to transfer of patient data. Once GP Practices provided eligible patient data, MLCSU contacted patients for a motivational preventative lifestyle discussion and onward referral into the Ingeus programme (if the patient consented). MLCSU shared the outcome (consented or declined NDPP referral) of the discussion with practices via EDT to allow appropriate SNOMED coding. Where patients consented to onward referral, patient information was shared with Ingeus to follow up.

1.2 Implementation Test Thornley Street

Initially Thornley Street Practice was chosen as an implementation test site. Thornley Street Practice developed an early version of the clinical systems search, to allow identification of eligible patients for referral to the NDPP. Early in the project, advice was sought from information governance regarding consent. Initially, the advice given was that the GP Practice would need to be obtain consent from patients prior to being contacted by MLCSU for motivational discussions and onward referrals. In line with this advice, eligible patients identified from the clinical systems search at the test site, were contacted by text message, to consent or decline a motivational discussion from MLCSU. If there was no response, or patients were unable/declined to be contacted by text message, the practice developed and issued a letter to eligible patients asking them to consent or decline to a motivational discussion.

Where patients consented to a motivational discussion, the Practice sent patient data to MLCSU using the auto-report generated from the clinical systems search. Patients were contacted and the call handler undertook a motivational discussion to encourage referral to the NDPP. The call handler informed the practice of the outcome of the motivational discussion by letter (containing appropriate SNOMED codes) using EDT. The learning from Thornley Street was fundamental to the roll out to practices across the CCG at scale.

1.3 At Scale roll out across CCG Practices

In line with the aims of this project, the learning from the implementation test was applied and the process was rolled out to practices within BCWB CCG.

The project team:

- developed criteria to apply to the NHS Digital Diabetes dashboard data to identify priority practices.
- developed tools and processes to support practice and patient engagement, including pathway documents, a clinical systems search and call handler guidance for motivational discussions
- worked collaboratively with primary care leads within BCWB CCG. Early in the process, the CCG primary care lead emailed GP practices across the region to inform them of this new process for NDPP referrals and to encourage them to participate in this new approach.

This enabled MLCSU to identify practices most at need of support. In turn, the practices were able to identify eligible patients and provide MLCSU with a list of patients to be contacted for a motivational discussion to encourage referral to the NDPP.

1.3.1 Identifying practices

NHSE/I regional leads provided NHS Digital ePACT2 dashboard data from July 2021 for practices within BCWB CCG. Figure 1 highlights the information within the dashboard data.

Figure 1 Snapshot of NHS Digital ePACT2 dashboard data July 2021

Practice code	Practice name	Total Referrals (Aug'19 - July '21)	Referrals last 6 months (Feb'21-July'21)	% In last 6 month period	Total MS1s (Aug'19-July '21)	% MS1 conversion from referral	Deprivation score (IMD 2019)	QOF 2019/20 population size	QOF 2019/20 diabetes prevalence (%)	Referrals as % of practice population size

Using the dashboard data, MLCSU developed and applied the criteria in the table below, to prioritise and approach the practices most in need of support:

Table 1 Criteria applied to identify priority practices from NHS dashboard data

Priority	Criteria
1	</= 10 Total Referrals (Aug'19 - July '21)
2	High QOF population practice size
3	High QOF diabetes prevalence size
4	High deprivation score

1.3.2 Engagement of practices

Once the priority practices had been identified, they were invited to engage in a phased manner from July 2021.

1.3.2.1 Phase 1 practices roll out

During July to October 2021, 16 practices were identified as a priority for phase 1 roll out, due to low or zero referrals into the NDPP. Each practice was contacted by phone and sent an introductory email to explain the project aims and service offer. Within the Dudley area, the primary care lead supported the project by liaising with practices directly. Some practices engaged via the communication sent by the CCG primary care lead.

1.3.2.2 Phase 2 Practices roll out

Following completion of phase 1, the project team identified further priority practices during phase 2 roll out from November 2021. Primary care leads in each area within BCWB CCG were invited to engage with the project by the CCG primary care lead to support practice engagement at a local level. Regular meetings were set up with primary care leads from within the four places in the BCWB CCG. This is: Dudley, Sandwell and West Birmingham, Wolverhampton and Walsall. The same criteria were applied to identify priority practices as used during phase 1. Primary care leads were able to offer local support and guidance to help with practice engagement in each area.

1.3.3 Tools and processes to support practice engagement

1.3.3.1 Pathway documents

Two pathway documents (see appendix 1 and 2) were developed and sent to practices in an introductory email explaining the aims of the project and the role of MLCSU.

1.3.3.2 Clinical systems search

Following the implementation test, it was identified that the clinical systems search required further development. This included additional inclusion criteria involving recent HbA1c results and fasting blood glucose (FBG). An additional search for gestational diabetes was produced. Appendix 3 represents inclusion criteria, exclusion criteria and the rationale for the clinical systems search produced.

From 17th Jan 2022 the clinical system search was updated again to remove housebound patients as an exclusion following consultation with the CCG primary care lead, Ingeus and NDPP project lead. The NDPP was running remotely during the COVID-19 pandemic therefore it was decided if clinically suitable, housebound patients could be included. The caveat agreed was that MLCSU would contact the surgery to ensure it was clinically appropriate prior to contacting the patient for a motivational discussion. This mirrored the process that was used for >80-year-olds.

1.3.3.3 Update of the DPIA

Following on from updated Information Governance guidance, the DPIA was updated to reflect direct consent was implied and not needed directly from patients (Article 6 and Article 9 of UK GDPR[1]). This meant there was no longer a requirement for practices to contact patients in advance via text message or letter asking them to consent or decline to a motivational discussion from MLCSU. This enabled more patients to be contacted for motivational discussion from those that were eligible.

1.3.4 Engagement of patients

Call handler guidance was developed to support patient engagement (appendix 4). Patients were contacted by MLCSU using phone software in Microsoft Teams. The call handler undertook a motivational discussion with the patient explaining why they had been identified by their GP practice and what benefits the NDPP could offer them. They obtained consent from the patient to refer to them to the NDPP provider (Ingeus). To maximise engagement, the call handler attempted to call the patient on 3 separate days and once in the evening or at a weekend. To help increase the number of referrals, the call handler guidance was updated to inform patients to expect a call from the NDPP provider Ingeus on a Birmingham number, and the phone number provided to the patient.

1.3.5 Summary of overall referral process

Figure 2 below provides a summary of the overall referral process for the project for practices within BCWB CCG as part of the at scale roll out.

Figure 2 Summary of overall referral process

[1] https://ico.org.uk/for-organisations/guide-to-data-protection/guide-to-the-general-data-protection-regulation-gdpr/consent/when-is-consent-appropriate/

Identification of practices

- CCG primary care lead shared NHSE/I ePACT2 data from July 2021 for practices within BCWB. This dashboard data contained information on total referrals, QOF 2019/20 practice population size, diabetes prevalence and total deprivation score
- From this, MLCSU applied criteria to identify and prioritise practices most in need of support

Engagement of practices

- Practices managers were informed of the project by the CCG primary care lead and their contact details shared with project team
- MLCSU staff contacted practices to invite them to engage with the project by introductory email with 2 supporting pathway documents (appendix 1 and 2)
- This was followd up by a phone call to introduce project team and answer any questions
- Practices that didn't engage initially were subsequently contacted a further 3 times by email/phone to maximise engagement
- Primary care leads within BCWB were invited by the CCG primary care lead to support local engagement during phase 2 roll out

Identification of patients

- Practices ran a clinical system search provided by MLCSU to identify patients at high risk of diabetes.
- Practices included patient details in the list provided to MLCSU.
- Practices sent the auto-report of eligible patients via NHS mail to MLCSU's dedicated NHS e-mail inbox (mlcsu.ndpp@nhs.net). This auto-report contained information to make a referral.
- MLCSU staff followed a process for secure use of emails and storage of the data in line with the DPIA/DPA

Engagement of patients

- The MLCSU healthcare professional assigned to the practice called patients from the list provided
- They followed the call handler guidance (appendix 4) and had access to an FAQ document
- They obtained verbal consent from the patient prior to having the initial "motivational" conversation
- They also gained verbal consent from the patient to be referred into the programme run by Ingeus
- If the patient did not give consent they were encouraged to contact their GP to discuss alternative options and the practice was informed via NHSmail that the patient has declined the referral.

Referral process/ documentation

- For patients who consented, the referral form for Ingeus was completed by MLCSU and sent to Ingeus
- Using EDT, a letter was also sent to practices via NHSmail informing them the referral had taken place.
- Practices were asked to SNOMED code patient outcomes on the practice system as either Referral to the NHS Diabetes Prevention Programme 1025321000000109 accepted or Referral to NHS DPP declined 1025301000000100.
- Practices were informed which patients were uncontactable. Practices were also informed of patients with a miscellaneous outcome alongside the reason for this.

2 Key Findings

This section of the report presents the findings around the key project areas, these are:

- Implementation test at Thornley Street
- CCG at scale roll out
- Change in practice referrals since July 2019
- Ingeus outcomes from MLCSU referrals

2.1 Implementation test at Thornley Street Practice

Following the application of initial clinical system search outlined in the method, 302 patients eligible for NDPP referral were identified. From these 302 patients, 49 (16%) opted in for a motivational discussion with the MLCSU call handler for referral to NDPP. Data for the 49 patients was sent to MLCSU via secure NHS mail to the dedicated project inbox. MLCSU contacted patients for a motivational discussion and provided Thornley Street with the outcome (patient consented/declined referral to NDPP) using EDT. MLCSU referred consented patients to Ingeus. Outcome data was available from Ingeus when patients first attended the programme in September 2021 and updated in February 2022.

Table 2 Outcome of patient data received by MLCSU from Thornley Street Practice

Thornley Street	Number of patients	% Of total
Eligible patients identified from clinical system search	302	100%
Eligible patients consented to motivational discussion	49	16%
Patients contacted	38	13%
Patients uncontactable	10	3%
Patients consented to NDPP referral	36	12%
Patients declined NDPP referral	2	1%
Miscellaneous outcome	1	<1%

The table above shows from 302 patients eligible, 49 patients consented to a motivational discussion (16%) and their data was sent to MLCSU. 38 out of 49 (78%) patients were contactable and 36 out of 38 consented to referral (95% referral rate for those that answered the call). Out of a total of 302 eligible patients, 36 (12%) consented to referral. Two patients (both female) declined referral. One patient was inappropriately identified as they were already on the NDPP when contacted. The clinical systems search was updated to exclude patients attending the programme.

Table 3 Ingeus outcome data for consented Thornley Street Practice patients September 2021

Thornley Street	Number of patients	% Of total referred
Attending programme	18	50%
Ineligible criteria - patient discharged	4 (no blood test)	11%
Uncontactable - discharged	10	28%
Declined - discharged	3	8%
No information	1	3%
Total	**36**	**100%**

Ingeus outcome data was available for Thornley Street patients attending the programme in September 2021. From 36 patients who consented to NDPP referral, 18 (50%) were attending the NDPP. This showed a 50% drop out rate from referral to participation. The reasons for non-attendance are documented in the table above. MLCSU updated the clinical systems search after the implementation test at Thornley Street as previously described with the aim of reducing the number of ineligible referrals. 10 patients were classed as

uncontactable. Ingeus contacts patients three times and then sends them a letter outlining the details of the programme and asks them to get in touch.

Table 4 Ingeus outcome data for Thornley Street Practice patients referred to NDPP by IMD decile

IMD decile	Number attending programme	Number ineligible criteria	Number uncontactable	Number declined	No information provided	Total per IMD decile
1	2	0	2	0	0	4
2	12	3	7	2	1	25
3	2	1	1	1	0	5
4	0	0	0	0	0	0
5	0	0	0	0	0	0
6	0	0	0	0	0	0
7	2	0	0	0	0	2
8	0	0	0	0	0	0
9	0	0	0	0	0	0
10	0	0	0	0	0	0
Total	**18**	**4**	**10**	**3**	**1**	**36**

The above table shows Ingeus outcome data for patients who were referred to NDPP by Index of Multiple Deprivation (IMD) decile.[2] Out of a total of 36 patients who were referred, 18 (50%) were attending the programme. From these 18 patients, 12 out of 18 (67%) were in IMD decile two, the remaining were from IMD decile one (11%), IMD decile 3 (11%) and IMD decile seven (11%). Of the 3 patients who declined, 2 were from IMD decile 2 and 1 from IMD decile 3.

Table 5 Ingeus outcome data for Thornley Street patients consented for NDPP referral by age

Age (years)	Number attending programme	Number ineligible criteria	Number uncontactable	Number declined	No information provided	Total per age category
<20	0	0	0	0	0	0
20-29	0	1	2	1	0	4
30-39	1	3	2	0	0	6
40-49	8	0	1	0	0	9
50-59	1	0	2	1	0	4
60-69	6	0	1	0	0	7
70-79	1	0	2	0	0	3
80+	1	0	0	1	1	3
Total	**18**	**4**	**10**	**3**	**1**	**36**

The table above shows Ingeus outcome data for Thornley Street patients who consented to NDPP referral by age category. Of those attending the programme, the most common category was age 40-49 with 8 out of 18 (44%) attending, followed by 6 out 18 (33%) of those aged 60-69.

[2] The IMD is the official measure of relative deprivation for small areas in England. The IMD ranks every small area in England from 1 (most deprived area) to 32,844 (least deprived area). Deciles are calculated by ranking the 32,844 neighbourhoods in England from most deprived to least deprived and dividing them into 10 equal groups. These range from the most deprived 10% of neighbourhoods nationally (decile 1) to the least deprived 10% (decile 10) The English indices of deprivation data 2019 was used for calculating the IMD deciles (https://imd-by-postcode.opendatacommunities.org/imd/2019).

Table 6 Updated outcome data for Thornley Street patients attending NDPP in February 2022

Thornley Street	Number of patients	% Of total
Referred to NDPP by MLCSU	36	100%
Attending programme (Sept 2021)	18	50%
Attending programme (Feb 2022)	2	6%
Completed programme	9	25%
Left early (3x consecutive absence)	6	17%
Left early - wished to leave NDPP	1	3%

Ingeus provided an update of the patients from Thornley Street Practice attending the NDPP in February 2022. Out of the 36 patients referred, 9 (25%) had completed the NDPP. 2 (6%) were still attending the programme.

2.2 CCG At Scale Roll Out

To meet the project aims of increasing referrals and engaging practices with zero or low referrals, the project was scaled up using the criteria previously described to identify priority practices. By the end of January 2022, MLCSU had contacted a total of forty-two practices and received data for 2,326 eligible patients (this includes patient data from the implementation test at Thornley Street Practice).

Table 7 Summary of CCG practice engagement by end of January 2022

Engagement of practices	Number	% Of total
Total number of practices that sent patient data	16	31%
Total number of practices awaiting response	26	62%
Total number of practices contacted	**42**	**100%**

The table above shows sixteen out of forty-two (38%) of practices contacted sent patient data. Four of the practices contacted didn't use EMIS. To support these practices, MLCSU needs to develop alternative clinical systems searches.

Table 8 Overall patient data received from CCG practices by end of January 2022

Patient numbers	Number of patients	From total	% Of total
Total number of patients contacted	1367	2326	59%
Number of patients still in process cycle	444	2326	19%
Total number of patients uncontactable	456	2326	20%
Total number of patients with miscellaneous outcome	59	2326	3%
Total number of patient data received	**2326**	**2326**	**100%**

The table above shows from a total of 2326 patients, 1367 patients (59%) were contacted. 446 out of 2326 (19%) patients were in the process cycle, 456 out of 2326 (20%) were uncontactable and 59 (3%) were classed as having a miscellaneous outcome. Reasons captured by MLCSU call handlers for miscellaneous outcome include language barrier, communication difficulties or already taking medication for diabetes.

Table 9 Total number of patients contacted

From patients that were contacted	Number of patients	% Of total
Total number of patients consented	800	59%
Total number of patients declined	567	41%
Total number of patients contacted	**1367**	**100%**

The table above shows that from 1367 patients contacted, 800 (59%) patients consented to referral and 567 (41%) declined referral to NDPP.

Table 10 Total number of patients consented or declined by IMD decile

IMD decile	Total Number of Patients	Number of patients consented	% Of total	Number of patients declined	% Of total
1	391	232	59%	159	41%
2	317	178	56%	139	44%
3	164	92	56%	72	44%
4	90	58	64%	32	36%
5	104	61	59%	43	41%
6	57	30	53%	27	47%
7	76	44	58%	32	42%
8	70	38	54%	32	46%
9	48	37	77%	11	23%
10	50	30	60%	20	40%
Total	**1367**	**800**		**567**	

The table above shows the breakdown of consented or declined referral by IMD decile. The percentages of patients consenting or declining NDPP referral was similar across all the deciles.

Table 11 Total number of patients contacted by age who consented or declined to NDPP referral

Age (years)	Number of patients contacted	Number of patients consented to NDPP referral	% Number of patients consented	Number of patients declined NDPP referral	% Number of patients declined
<20	2	1	50%	1	50%
20-29	30	18	60%	12	40%
20-39	107	87	81%	20	19%
40-49	229	153	67%	76	33%
50-59	323	213	66%	110	34%
60-69	348	194	56%	154	44%
70-79	321	130	40%	191	60%
80+	7	4	57%	3	43%
Total	**1367**	**800**	**N/A**	**567**	**N/A**

The table above provides a breakdown of ages of patients who were contacted who then either consented or declined NDPP referral. The general trend across all age categories was for more patients to consent to NDPP referral rather than decline, except for those aged 70-79 in which 60% declined referral. 139 patients contacted were under the age of 40. From these, 106 consented to referral (76%) and 33 declined (24%).

Table 12 Main spoken language data (where data captured) from 865 patients contacted by MLCSU

Main spoken language	Total number of patients	% of total	Number of consented patients	% Consented of total	Number of declined patients	% Declined
English	631	73%	375	59%	256	41%
Other	234	27%	124	53%	110	47%

The table shows that patents who did not speak English as their main language consented and declined at the same rate as those who spoke English. The call handler where possible would ask a relative to help translate if the patient did not understand the reason for the call, or they would ask the patient to speak to their GP practice. Use of translation services for the motivational discussion would reduce the number of patients asked to speak to their GP practice and reduce the number of patients classed as having a miscellaneous outcome. The NDPP provider, Ingeus can supply the education in various languages via the digital programme and will accommodate group sessions in other languages if there are enough referrals.

Table 13 Outcome of motivational discussion for patients contacted by gender

Gender	Total number of patients contacted	% Of total	Number of consented	% Consented of total	Number of patients declined	% Declined of total
Male	596	44%	345	58%	251	42%
Female	771	56%	455	59%	316	41%

Of the 1367 patients contacted, a total of 771 (56%) were female, and 596 (44%) were male. Overall, similar percentages of females and males consented and declined to NDPP referral, showing no difference between gender.

Table 14 Ethnicity breakdown (where captured) for contacted patients

Ethnicity	Number of patients contacted	Number of patients consented	% Patients consented	Number of patients declined	% Patients declined
African - ethnic category 2001 census	9	9	100%	0	0%
Any other group - ethnic category 2001 census	2	1	50%	1	50%
Black African	2	1	50%	1	50%
Black and White - ethnic category 2001 census	2	2	100%	0	0%
Black British - ethnic category 2001 census	1	0	0%	1	100%
Black or African or Caribbean or Black British: African - England and Wales ethnic category 2011 census	1	1	100%	0	0%
British or mixed British - ethnic category 2001 census	23	14	61%	9	39%
Caribbean - ethnic category 2001 census	4	4	100%	0	0%
Chinese - ethnic category 2001 census	2	1	50%	1	50%
English - ethnic category 2001 census	1	0	0%	1	100%
Ethnic category - 2001 census	1	0	0%	1	100%
Indian or British Indian - ethnic category 2001 census	5	3	60%	2	40%
Iranian - ethnic category 2001 census	1	1	100%	0	0%
Italian - ethnic category 2001 census	1	0	0%	1	100%
Muslim - ethnic category 2001 census	2	1	50%	1	50%
Other - ethnic category 2001 census	1	0	100%	1	0%
Other Asian background - ethnic category 2001 census	8	5	63%	3	37%

Other Black background - ethnic category 2001 census	3	2	67%	1	33%
Other Black or Black unspecified - ethnic category 2001 census	2	1	50%	1	50%
Other Mixed background - ethnic category 2001 census	4	2	50%	2	50%
Other Mixed or Mixed unspecified - ethnic category 2001 census	1	1	100%	0	0%
Other mixed White - ethnic category 2001 census	1	1	100%	0	0%
Other White background - ethnic category 2001 census	6	4	67%	2	33%
Pakistani or British Pakistani - ethnic category 2001 census	4	2	50%	2	50%
Turkish - ethnic category 2001 census	1	0	0%	1	100%
White British	5	3	60%	2	40%
White British - ethnic category 2001 census	86	53	62%	33	38%
White: English or Welsh or Scottish or Northern Irish or British - England and Wales ethnic category 2011 census	1	1	100%	0	0%
Total	**180**	**113**		**67**	

The above table shows the breakdown by ethnicity of patients who consented or declined NDPP referral. Of 1367 patients who were contacted, ethnicity data was captured by the auto-report for 180 patients (13%). The DPIA and clinical systems search was updated midway through the project to capture ethnicity data, as this wasn't included at the start of the project.

2.3 Outcome of phase 1 practice roll out

Using the NHS dashboard data and applying the criteria previously described, practices were chosen from each of the four areas within the BCWB CCG area. A total of sixteen practices were contacted and ten (63%) sent data to MLCSU.

Table 15 Phase 1 practice data received by area

CCG Area	GP Practice	Practice code	Data Received
Dudley	Kingswinsford	M87008	Yes
Dudley	Meadowbrook	M87001	Yes
Dudley	Feldon Lane	M87020	Yes
Dudley	AW Surgeries	M87009	No
SWB	Heath Street	Y03678	Yes
SWB	Great Bridge	Y02701	No
Walsall	Lockstown	M91021	Yes
Walsall	Khan Medical Practice	M91602	Yes
Walsall	Pinfold	M91650	Yes
Walsall	Blakenall	Y02627	No
Walsall	Lockfield	M91013	No
Wolverhampton	Grove Medical Centre (Health and Beyond)	M92612	Yes
Wolverhampton	I.H. Medical (Bilston Health Centre)	M92015	Yes
Wolverhampton	Bilston Urban Village MC (Health and Beyond)	Y02757	Yes
Wolverhampton	Penn Manor	M92011	No
Wolverhampton	Tettenhall	M92010	No

The table above shows the practices that sent patient data to MLCSU during phase 1 roll out.

Table 16 Detailed outcomes per completed practice phase 1

Practice name	Place	Method of identifying pts	No of pts data sent to CSU	No of pts referred	% Of pts referred	No of pts declined referral	% Pts declined referral	No of pts contacted	No of pts uncontactable	No of pts with miscellaneous outcome
Lockstown Medical Practice	Walsall	EMIS	121	47	39%	37	31%	84	36	1
Meadowbrook Surgery	Dudley	EMIS	91	47	52%	27	30%	74	17	0
Khan Medical Practice	Walsall	MJOG	6	4	67%	1	17%	5	1	0
Kingswinford Medical Practice	Dudley	MJOG	12	9	75%	0	0%	9	3	0
Bilston Urban Village MC (Health & Beyond)	Wolverhampton	EMIS	98	40	41%	26	27%	66	24	8
I.H Medical (Bilston Health Centre)	Wolverhampton	MJOG	54	20	37%	16	30%	36	17	1
Pinfold Medical	Walsall	EMIS	234	98	42%	86	37%	184	47	3
Feldon Lane Surgery	Dudley	EMIS	253	101	40%	78	31%	179	71	3
Grove Medical Centre (Health & Beyond)	Wolverhampton	EMIS	495	189	38%	172	35%	361	123	11
Heath Street Health Centre	SWB	EMIS	87	40	46%	24	28%	64	15	8

The table above shows a summary of the referral data for the ten completed practices within phase 1 rollout. Data was received for 1451 patients. 1062 were contactable (73%), 354 (24%) were uncontactable and 35 (2%) were classed as having a miscellaneous outcome. 595 patients were referred to NDPP (average referral rate of 41% from those eligible).

2.4 Comparison of the method used to identify eligible patients

In Phase 1, from the ten practices who engaged with the new approach, three practices ran a clinical systems search then contacted patients using text message or letter to consent to a motivational discussion. After consulting with information governance, the DPIA was updated to reflect direct consent was implied therefore a text message or letter to consent was not required. After this update, seven practices sent their eligible patient data directly to MLCSU using the information provided by the auto-report from the clinical system search.

The project team wanted to compare the referral rates for practices that used the text message/letter approach compared to implied consent (as the project methodology changed during phase 1 of the roll out). Data for the total number of eligible patients was available for Thornley Street Practice and Kingswinsford Medical Practice. Both practices used the text message (MJOG) process and the % of patients referred from eligible patients identified can be seen below:

Table 17 Percentage of eligible patients sent to MLCSU and % of total eligible patients referred for MJOG practices

Practice name	Place	Practice code	Method of identifying pts	Number of eligible patients	No of pts data sent to CSU	% Eligible patients sent to CSU	No of pts referred	% Of patients referred from eligible
Thornley Street Surgery	Wolverhampton	M92028	MJOG	302	49	16%	36	12%
Kingswinford Medical Practice	Dudley	M87008	MJOG	140	12	9%	9	6%

Data from Kingswinsford Practice showed 140 patients were eligible from the clinical systems search, of which 12 patients consented to motivational discussion with MLCSU (9%). In total, 9 out of 140 were referred to NDPP (6% of total eligible patients). This was consistent with the referral rate seen in the implementation test at Thornley Street Practice (12% of eligible patients referred). The average referral rate for eligible patients from the seven practices that used implied consent during phase 1 was 41%. This is significantly higher than the practices that used the text message/letter approach (average 9% referral rate). This supports the conclusion that contacting patients directly using implied consent, achieves higher referral rates.

2.5 Outcome of phase 2 practice roll out

Table 18 Phase 2 practice data received by 28.1.22

CCG Area	GP Practice	Practice code	Data Received
Dudley	Coseley Medical Centre	M87021	Yes
Dudley	Summerhill	M98018	Yes
Dudley	Lapal	M97028	No
Dudley	Netherton	M87014	No
Dudley	Bean	M87036	No
SWB	Summerfield	Y00492	Yes
SWB	Broadway HC	Y00471	No
SWB	Dr Bhalla & Partners	Y00412	No
SWB	Dr Vimal Dewan	M88644	No
SWB	Glebefield	M88612	No
SWB	Hilltop Medical Centre	M88645	No
SWB	Jubilee	M88022	No
Walsall	Forrester Street	M91613	Yes
Walsall	Birchills	M91629	No
Walsall	Blackwood	M91637	No
Walsall	Collingwood	M91032	No
Walsall	Keys Modality	Y02626	No
Walsall	Parkside	M91006	No
Walsall	St Peter's	M91004	No
Wolverhampton	Pennfields	Y02636	Yes
Wolverhampton	Ashfield Road	M92609	No
Wolverhampton	Cannock Road	M92039	No
Wolverhampton	East Park	M92630	No
Wolverhampton	Fordhouses	M92629	No

Wolverhampton	The Surgery	M92013	No

The practices in the above table were contacted in a stepwise manner from November 2022. From the twenty-five practices, two (8%) were processed completely by the end of January 2022 and three engaged and sent referral data which was being processed by MLCSU (12%).

Table 19 Completed phase 2 practices

Practice name	Place	Method (EMIS or MJOG)	Number of patients data sent to CSU	Number of patients referred	% Referred	Number of patients declined referral	% Declined referral	Number of patients contacted by call	Number of patients uncontactable	Number of patients with miscellaneous outcome
Coseley Medical Centre	Dudley	EMIS	45	20	44%	14	31%	34	9	2
Summerfield Group Practice	Sandwell	EMIS	219	90	41%	50	23%	140	64	15

The table above shows a summary of referral data that was collected by MLCSU for phase 2 completed practices. Data was received for a total of 264 eligible patients and 110 patients were referred (42% referral rate). The referral rate during phase 2 (42%) was consistent with that seen in phase 1 (41%).

2.6 Change in referrals from practices

Table 20 Referrals to NDPP from MLCSU and GP practices

GP Surgery	Area	Previous practice referrals (from July 2019 until MLCSU engaged with practice)	MLCSU referrals from point of engagement with practice	% Change from previous year
Meadowbrook Surgery	Dudley	0	47	N/A
Kingswinford MP	Dudley	26	9	-65%
The Feldon Practice	Dudley	1	100	9900%
Summerhill*	Dudley	1	55	5400%
Coseley Medical centre	Dudley	6	20	233%
Lockstown Practice	Walsall	122	47	-61%
Khan Medical Practice	Walsall	0	4	N/A
Pinfold Health Centre	Walsall	1	98	9700%
Forrester Street*	Walsall	16	3	-81%
Summerfield Group Practice	SWB	5	90	1700%
Heath Street Health Centre	SWB	85	40	-53%
Thornley Street	Wolverhampton	2	36	1700%
IH Medical	Wolverhampton	3	20	567%
Grove Medical Centre (H&B)	Wolverhampton	91	189	108%
Bilston Urban Village MC	Wolverhampton	4	40	900%
Pennfields*	Wolverhampton	1	1	0
Total		**364**	**799**	**131%**

*Practices with patients still in the process cycle at end of January 2022

The data in the table above was provided by Ingeus and shows previous practice referrals to NDPP from July 2019 (when Ingeus became the service provider in BCWB) compared to when MLCSU engaged with the practice. Across 16 practices there have been 799 referrals to NDPP from MLCSU, compared to 364 by

practices directly. This shows a percentage increase in total referrals of 131%. Most practices had a large increase in referrals due to MLCSU engaging with them. Of the four practices that didn't show an increase, one was still being processed by MLCSU and the remaining three already had higher rates of referral compared to other practices, meaning the number of eligible patients that MLCSU could contact was smaller.

2.7 Outcome of referrals to Ingeus

Ingeus provided referral outcome data for the 799 patients that were referred to them by MLCSU. They offered patients a choice of two options for attending the NDPP. Patients could choose remote group sessions or access the programme via a digital app-based platform. The most popular choice was the remote group sessions.

Table 21 Outcome of referrals received from MLCSU from May 2021 to Jan 2022

Total	799	% Of total
Successful contact - opted for Group/Remote	363	45%
Successful contact - opted for Digital	106	13%
Successful contact - Declined	73	9%
Unsuccessful contact - Discharged	257	32%

From the 799 patients referred, most patients (45%) opted for remote group sessions. For patients that didn't want to attend a remote group session, Ingeus offered alternative digital education and 13% of patients chose this option.

Table 22 Outcome of MLCSU referrals successfully contacted by Ingeus Jan 2022

Successful Contact - opted for Group/Remote	363	% Of total
Started - On programme	209	57.6%
Started - left early	77	21.2%
Started - Completed	1	0.3%
Started - Future bookings	9	2.5%
Discharge - Did not start	67	18.5%

Of 363 patients successfully contacted by Ingeus, 209 (57.6%) were attending the programme. Further investigation into why patients left early or did not start the programme is needed to identify any trends that could help improve future programme delivery.

3 Conclusions

This project aimed:

- **To increase referral numbers into NDPP**
- **To improve engagement with GP practices that made low or zero referrals into NDPP**
- **To improve engagement with patients who are eligible for the programme through motivational discussions**

Implementation Test Thornley Street Practice

The implementation test at Thornley Street Practice was fundamental in getting the project up and running as it allowed processes and methodology to be tested and refined.

- Out of 302 eligible patients, MLCSU received data for 49 patients who consented to a motivational discussion via text message or letter. In total, 36 out of a total of 302 eligible patients (12%) were referred to Ingeus. 18 out of 36 (50%) attended the NDPP. This was a high dropout rate. Reasons for non-attendance included ineligible criteria, uncontactable patients or the patient declined to participate. MLCSU updated their clinical systems search for the practices at scale roll out to help reduce inappropriate referrals.
- As of February 2022, 9 out of 36 patients referred by MLCSU (25% of those referred to Ingeus) had completed the NDPP, with a further 2 out of 36 patients (6%) still attending sessions.
- There was a high dropout rate from being referred to the NDPP to completing the programme. There are several opportunities during the patient's journey in which they can dropout, the reasons for this need to be investigated and consideration given to whether the process can be simplified.

CCG At scale practice roll out

- Up to the end of January 2022, the MLCSU team had received data for 2326 eligible patients from practices. From these 2326 patients, 1367 patients (59%) were contacted. The remaining patients were either still in the process cycle (444 patients; 19%), uncontactable (456 patients; 20%) or classed as having a miscellaneous outcome (59 patients; 3%).
- Not all practices that were contacted sent patient data. Reasons for this included:
    - Practices used different a different clinical systems to EMIS, for example SystmOne.
    - GDPR concerns
    - Lack of response to contact from MLCSU
    - Lack of capacity to engage within the practice
- From 1367 patients contacted, 800 out of 1367 (59%) patients consented to referral to the NDPP, and 567 out of 1367 (41%) declined referral to NDPP.
- There were higher overall referral rates for practices that MLCSU contacted directly for a motivational discussion compared to those that used text message/letter to consent (41% compared to 9%). This supports the use of motivational discussion to engage patients.
- The project needs to continue to engage practices to increase participation, advertising the process and liaising with local primary care leads. Development of an alternative clinical systems search for practices that don't use EMIS would allow a wider number of practices to be supported.
- The reasons for declining referral should be investigated to see if improvements can be made to the process increase engagement.

Outcome of phase 1 practices

- A total of sixteen practices were contacted and ten (63%) sent patient data to MLCSU. Data was received from Dudley (three practices), SWB (one practice), Walsall (three practices) and Wolverhampton (three practices). MLCSU received data for 1451 eligible patients, of which 595 were referred to NDPP (average referral rate of 41%).

Outcome of phase 2 practices

- Phase 2 rollout started in November 2021. As of the end of January 2022, twenty-five practices had been contacted. two practices (8%) had been completed, three sent referral data and were being processed (12%) and twenty were awaiting response (80%).
- Note in December 2021 practices were asked to prioritise the COVID-19 booster vaccination campaign. This may account for a lower initial response rate than seen in phase 1.
- Data was received for a total of 264 eligible patients and 110 patients were referred (42% referral rate). The referral rate during phase 2 (42%) was consistent with that seen in phase 1 practices (41%).

Change in referrals from practices since previous year

- 799 patients were referred to Ingeus by MLCSU. This is compared to 364 referrals from practices from the previous year. The percentage increase in total referrals by MLCSU was 131%. This shows the project met its aims of increasing patient referrals into the NDPP, improving engagement with GP practices making zero or low referrals and improving patient engagement through motivational discussions.

Health inequalities

- The percentages of patients who consented or declined referral was generally consistent across all IMD deciles, showing no variation in outcome based on deprivation score.
- Similar percentages of females and males consented and declined to NDPP referral, showing no difference between gender on referral rates.
- Patients who didn’t speak English as their main language consented and declined referral at the same rate as those who spoke English. The call handler would where possible use a relative to help with translation, or if this was not possible, ask the patient to speak to their GP practice. Use of interpreter services for motivation discussions would further improve the referral process and reduce the number of patients being asked to contact their GP practice.
- The project currently excludes patients who aren’t registered with a GP, and this should be addressed going forwards. To reduce health inequalities, all socially excluded groups should be included, such as people who are homeless and Gypsy, Roma and Traveller communities.

4 Recommendations

The project showed a clear increase in referrals of 131%, showing the approach used by the project team worked to increase referrals to NDPP. The project should be continued to enable other practices with low referrals to be supported.

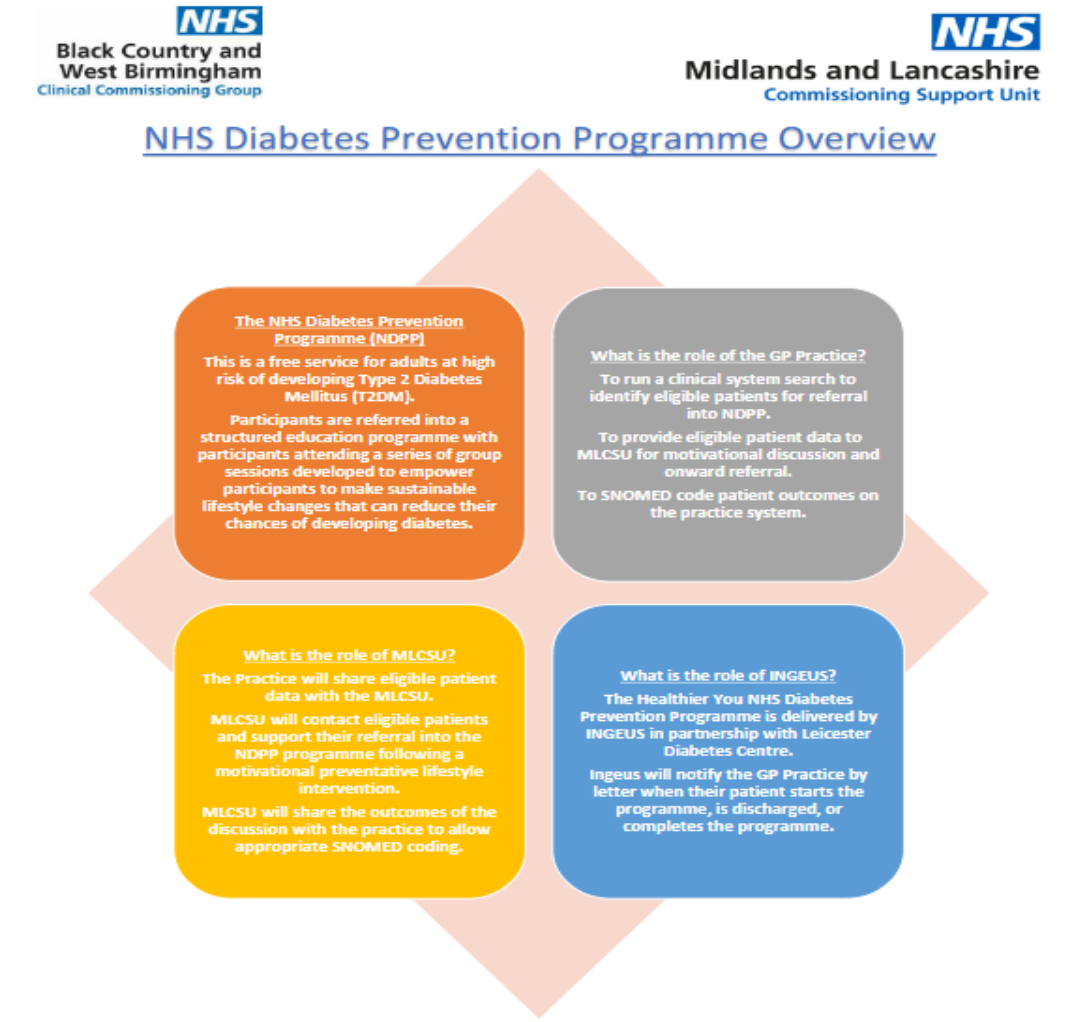
Practice Engagement

- To ensure the uptake of NDPP via practices increases month on month, practices should be contacted, and consideration given to engaging other stakeholders such as general practitioners with specialist interests (GPSI), practice-based pharmacists, Integrated Care System (ICS) leads and Primary Care Network leads.
- The process should be advertised to all relevant stakeholders.
- Develop alternative clinical systems searches for practices that don't use EMIS.
- NDPP referral should be part of the primary care commissioning framework (PCCF).

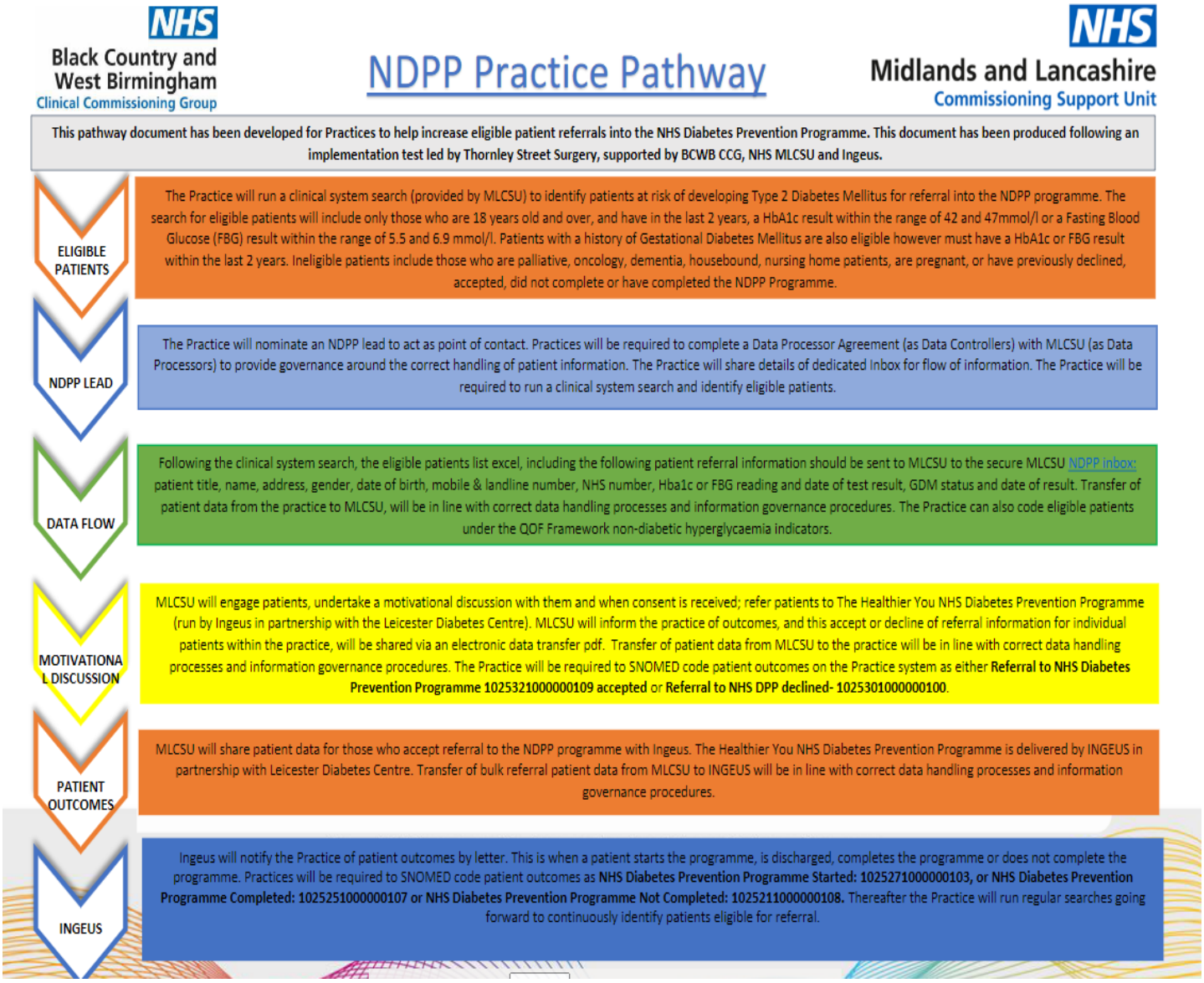
Patient engagement

- Evaluate the uncontactable group of patients and change process to increase engagement.
- Review reasons why patients referred to NDPP subsequently decline to participate.
- Review reasons why patients drop out of the program.
- Use interpreter services for motivational discussions with patients who don't speak English as their main spoken language.
- Investigate the use of personalised patient videos as part of the process.
- Look at inclusion and health inequalities to ensure all socially excluded people can still access and benefit services they need.

Appendix 1 NDPP Project Overview



Appendix 2 NDPP Practice Pathway



Appendix 3 NDPP EMIS search

Criteria	Criteria detail	Rationale
Inclusion	**Patient aged 18+**	Age stated in pathway
Inclusion	**HbA1c ≥42 and ≤47**	Eligible patients, as defined in the pathway, are those with a HbA1c result ≥42 and ≤47
Inclusion	**FBG ≥5.5 and ≤ 6.9**	Eligible patients a fasting blood glucose ≥5.5 and ≤ 6.9 in the last 24 months
Inclusion	**Gestational Diabetes**	MLCSU have developed a separate search to identify patients with a historic code of gestational diabetes. Patients with gestational diabetes can be included if they have either non-diabetic hyperglycaemic *or* normoglyceamic blood results in the last 24 months
Exclusion	**Exclude if HbA1c ≥ 48 *or* FBG ≥ 7**	
Exclusion	**NDPP codes**	MLCSU have included 6 additional SNOMED codes to exclude ineligible patients defined in the pathway. Ineligible patients include those who have previously declined, accepted, did not complete or have completed the NDPP programme.
Exclusion	**Palliative care patients**	Palliative care patients are ineligible. Using the three parent codes will identify patients with codes relating to palliative care
Exclusion	**Oncology patients**	Oncology patients are ineligible. The search is built to exclude patients who have a code relating to cancer that has been added in the last 24 months
Exclusion	**Diabetic patients**	Diabetic patients are ineligible - using the SNOMED CT Diabetes resolved and Diabetes codes will capture all SNOMED codes relating to Diabetes
Exclusion	**Dementia patients**	Dementia patients are ineligible - using the SNOMED CT Dementia code will capture all SNOMED codes relating to Dementia
Exclusion	**Patients in Nursing homes, Residential homes and housebound***	Ineligible patients include those who are housebound*, nursing home patients. These SNOMED codes will cover patients in nursing homes, residential homes, part III accommodations and housebound. ***Housebound patients removed from exclusion criteria January 2022**
Exclusion	**Pregnancy (code added after or on 294 days before the search date and before or on 28-02-2021')**	Pregnant patients are ineligible. The search will identify patients with codes relating to pregnancy that have been added in the 10 months prior to the search to exclude, however if the patient also has a code relating to delivery or a pregnancy with abortive outcome at the same time these patients will be included. Information relating to the pregnancy and birth is captured in the auto report for reference
Auto-report	**Patient information**	Due to the way that lab results are reported the auto-report will capture the 3 most recent results for HbA1c and FBG. They will be displayed as the date, the code term and the value. Consent codes were excluded as not using text messaging
Auto-report	**HbA1c - latest result in last 24 months**	
Auto-report	**FBG - latest result in last 24 months**	
Auto-report	**Consent**	
Auto-report	**Antidiabetic medication + linked problems**	
Auto-report	**Coded as NDH in last 12 months**	Coded as NDH in last 12 months
Auto-report	**Coded as NDH in last 24 months**	Coded as NDH in last 24 months
Auto-report	**On learning disability register**	
Auto-report	**Gestational diabetes - date code added**	Only relevant to GDM search
Auto-report	**Pregnancy - date code added**	Only relevant to GDM search
Auto-report	**Birth - date code added**	Only relevant to GDM search

Appendix 4 – Call Handler Dialogue

* If communication problems due to language difficulties, explain that you will need to call again/ contact GP practice regarding options for interpreter.

"Hello, please can I speak with XX **(patient's name)*?*** *My name is XX* **(your name)** *and I am calling on behalf of your GP Practice* **(quote name of GP Practice if available).** *So, can I verify that I am speaking to the correct person, please will you confirm the day and month of your birthdate* **(check day & month of birth and quote back the year of birth for confirmation).**

If the answerphone message comes up on the patient *mobile* phone:

Hello, my name is XX **(your name)** *and I am calling on behalf of your GP Practice* **(quote name of GP Practice if available).** *I'm calling regarding the National Diabetes Prevention Programme. I will try calling you back XX* ***(tomorrow; another day).***

If the answerphone message comes up on the patient *landline* phone:

Hello, I am calling to speak with XX **(Patient name). M***y name is XX* **(your name)** *and I am calling on behalf of your GP Practice* **(quote name of GP Practice if available).** *I'll try calling back* ***(tomorrow; another day)****.*

If the patient has not answered *mobile* phone after 3 day & 1 evening/weekend call:

Hello, my name is XX **(your name)** *and I am calling on behalf of your GP Practice* **(quote name of GP Practice if available).** *I'm calling regarding the National Diabetes Prevention Programme. I have tried to contact you on several occasions but been unsuccessful, so please contact your GP practice if you wish to partake in the National Diabetes Prevention Program.*

If the patient has not answered *landline* phone after 3 day & 1 evening/weekend call:

DO NOT LEAVE A MESSAGE AT ALL

If the patient is unable to verify who they are or if the data supplied is incorrect or does not match, do not proceed further with the call:

"*Sorry but we cannot proceed any further with the call and will feed this back to the practice. Thank you for your time."*

If the patient verifies their identity, proceed with the call:

I'm calling regarding the National Diabetes Prevention Programme.

Are you aware that your doctor has identified you as being at risk of developing Type 2 Diabetes? Your blood test results indicated the pre-diabetic range (or that they had a history of Gestational Diabetes Mellitus*) which is why we are ringing you today to help you take action to prevent diabetes altogether."* Also, if appropriate, *if the blood test you had was almost 24 months ago, because of covid, then it would be advisable to book another test.*

If the patient is female and aged 50 and under:

May I ask you if you are pregnant as you will not be eligible for this programme if you are?

Inform them

"So, the reason I am phoning you today, is to explain to you that the NHS is using a provider called Ingeus to run a National Diabetes Prevention Program in your area. This is completely free and is being offered because there is strong evidence to show that by acting you can reduce your risk of developing type 2 diabetes (non-insulin diabetes). This programme will help

you to feel more empowered when making lifestyle choices which can affect your health in the future."

The Programme

"The programme consists of 15 one-hour long sessions over a 10-month period which will take place every 3 weeks. They will cover the following topics designed to improve your knowledge, confidence, and ability to make good lifestyle choices regarding:

Understanding your risk; healthy eating; ways of increasing your physical activity; weight management; positive thinking; managing challenges and maintaining a healthy lifestyle both now and in the future.

The sessions are very flexible to fit around your commitments and are available mornings, afternoons, and evenings for 6 days a week, Monday to Saturday. So, if you choose 10:00am on a Wednesday for example, then all your sessions will be on Wednesdays at 10:00am, but they can be flexible to suit childcare/shift work etc.

The way to access the service is currently remote using Zoom. You will get an invitation to take part in your session on a group remote video call on either a smart phone, tablet, laptop, desktop computer or by dialling in using a landline or mobile. The dial in is a free phone number.

Your camera does not have to be turned on and your name will not be shown to anyone else on the session. You will be able to interact with the trainer but if you want to just listen to them then you can press mute on your device as and when you want to.

Each session will consist of people in a similar situation to you, and you will all be shown the tools and information you need to help prevent you from developing Type 2 Diabetes.

Once you have completed all 15 sessions, you will be referred to your GP."

The Referral

Are you ok for me to refer you?

If Yes:

I will forward your details onto Ingeus who deliver the programme, and can I confirm that this is the best number to contact you on? Please note that the telephone number from Ingeus will be a Birmingham one (0121 435 0088).

If Unsure:

Do you need to think about it?

There are options of remote and digital via an app with another provider called 'changing health' which gives you access to their mobile app for information on way to reduce your risk of developing type 2 diabetes and offers ways to track your progress. When you speak with the Ingeus contact centre, more information about this digital app can be given

Would you like me to call you in a weeks' time so that you have had time to think about it? What day and time is best for you?

If No:

We will let your GP know that you do not want to be referred and we recommend that you talk to your GP about other options to manage this.

Record date of consent/refusal on the excel spreadsheet:

May I ask the main reason why you don't want to take part in the NDPP?

- *Not IT literate*
- *Do not have a computer*
- *Feel too shy to partake in a group session*
- *Feel that you are quite capable of making healthier lifestyle choices yourself*
- *Feel that it's too late to change lifestyle*
- *Don't believe that anything will prevent getting type 2 diabetes*
- *Don't want to give up favourite foods*
- *Don't like exercise at all*

Closing the call:

- *Apologies again for any inconvenience.*
- *I am sorry but as you will understand I've got lots of people to contact to cancel their appointments too and I need to close our call down.*
- *Thank you again for your time, bye.*

FAQs

What to say, If possible, language problems with attending sessions
There are available sessions in Hindi and Urdu, and they will accommodate others if there is the demand, so it is worth referral even if you wish to participate in a different language.
You can also choose another person to participate for you to act as an interpreter.

Patient querying elevated levels of HbA1c

- Some patients may not have heard that they had elevated levels due to the differences in the NDPP criteria levels and those used by the local path lab:
  - NDPP criteria = 5.5 to 6.9
  - Local path lab = 6 to 6.9
- Therefore, for instance, patients with a reading of 5.7 would look in range to the GP but will fit the criteria for referral.

How long is referral time if they ask?
There is no waiting list at present and the patient will be offered a course date almost straight away.

If asked about Type 1/insulin explain the differences between Type 1 and type 2
People with type 1 diabetes don't produce insulin and need to have insulin injections. *Type 1 is not brought on by lifestyle choices.* People with type 2 diabetes don't respond to insulin as well as they should and later in the disease often don't make enough insulin. *Type 2 is brought on by lifestyle choices*

If asked about the risk of COVID complications and Type 2 diabetes
Having Diabetes does NOT mean you are more likely to catch Coronavirus. However, if you do catch Coronaviruses, it can cause more severe symptoms and complications in people with diabetes.

If asked about the trainers and who will be running the sessions

- The standards of the trainers are those created by the Leicester Diabetes Centre (LDC) who created the curriculum for the sessions.
- The LDC is world renown for diabetes prevention. It is their accredited curriculum which is provided by Ingeus. The facilitators are all trained and some are accredited LDC educators.

- They are a leading applied health research unit committed to improving the lives and care of people with diabetes and other long-term conditions. Based at the Leicester General Hospital, they are a collaboration between the University of Leicester and University Hospitals of Leicester NHS Trust.
- They are a world-renowned multi-disciplinary research team, which is leading the way and providing the evidence behind the LDC's education programmes and widening the knowledge base for health and disease management. They create education programmes for people with diabetes as well as healthcare professionals in the prevention and management of diabetes as well as a suite of programmes supporting other long term related conditions.

Prompts

1. Do you know why you have been invited to partake in the NDPP?
2. Are you upset that your doctor has identified you as pre-diabetic? Or are you worried that your doctor has identified you as pre-diabetic?
3. Do you understand what pre-diabetic means and that by changing some aspects of your lifestyle that you can prevent becoming diabetic?

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Standard Award
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0604
VALID TO 08/05/2020

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APMG International
Accrediting Professionals
For CyberStrong (our cyber security course)

APPROVED ACCA EMPLOYER
Professional Development

APPROVED ACCA EMPLOYER
Trainee Development - Gold

HSJ VALUE AWARDS 2019
FINALIST
PHARMACY AND MEDICINES OPTIMISATION AWARD

HSJ VALUE AWARDS 2019
FINALIST
CLINICAL SUPPORT SERVICES AWARD

HIGHLY COMMENDED OF THE GO UK PUBLIC PROCUREMENT AWARDS
30 April 2019
Hilton Metropole, Birmingham
goawards.co.uk

west midlands ACADEMIC HEALTH SCIENCE NETWORK
Mental Health Innovation Award 2017
Innovative Organisation of the Year 2016

HSJ VALUE AWARDS
Winner: Value and improvement in use of IT to drive value in non-clinical support services 2016 (with Birmingham CrossCity CCG)

PENNA
PEN National Awards 2016
Re:thinking the experience
Winner: Commissioner of the Year 2016

Get to know us or get in touch

Twitter: **Mlcsu** | LinkedIn: **Midlands and Lancashire Commissioning Support Unit**

midlandsandlancashirecsu.nhs.uk