NHS Diabetes Prevention Programme

Supporting Health Economies preparing for implementation

Introduction

To support the implementation of the NHS Diabetes Prevention Programme and through learning from Demonstrator sites and First Wave sites, a readiness checklist that identifies key factors for consideration has been developed and made available.

In addition to the readiness checklist actions and support tools, we have also identified through regional learning events a range of ideas, hints and tips along with template examples.

Readiness

MOU

- Ensure all partners understand the memorandum of understanding and what their roles and responsibilities are.
- All partner organisations will need to sign the MOU

Geography

- Understand and map where your known NDH cases are, to help providers think about where groups will be required and consider referral approaches in areas of high and low prevalence.
- Think about priority locations for services to be delivered within (and potential venues the provider could use).

Existing Services

- Identify existing services that may support this patient cohort
- Consider how existing services can be integrated and what pathway guidance and advice Primary Care will require

Patient Risk Registers

- Are your risk registers robust?
- What will you need to do to address?
- Have you considered a central case finding mechanism, i.e. using EMIS/System 1 search capabilities
- Are there practices that will require more support in case finding?
- Are there groups of practices that are well engaged that could be targeted initially to build momentum?

Allow time for embedding the project in practices, developing the referral form template and sign off of publications will take time

Implementation / Project Management

Leadership & Governance

- Identification of Lead organisation and Lead contact; understand role operating across the partnership
- Set up a steering group/board with clear terms of reference to deliver on commitments within the MOU.
- Meet regularly with all partners, both pre and post mobilisation
- Where does group report into, and how does this support escalation where required?
- Have a dedicated resource i.e. Project Manager/Lead to support the day to day management and coordination of the mobilisation and implementation *(this will be considerable in the start up phase)*

Public Sector Duty & Inequalities Duty of NHS England

Tackling inequalities in health outcomes and access to health and care services is viewed as probably the most important element of modern public health practice in England and the critical element in transforming the health and care system. As such, the statutory duties expected of us in the context of the Equality Act 2010 and the Health and Social Care Act of 2012 provide the legislative basis for taking forward this work.

- How will you take into account Public Sector and Inequalities Duty in planning implementation of the NHS DPP programme?
- What monitoring systems will you put in place to ensure delivery?

Implementation / Local Project Management

NHS

Mobilisation

- Prepare briefing documents for a range of stakeholders so that everyone is on message.
- Targeted materials for primary care will be essential.

Develop a mobilisation plan
Mobilisation planning consists of three key areas:

a) Local Health Economy (LHE) planning
b) Providers mobilisation plans
c) LHE & Provider working jointly to integrate plans and work towards business as usual delivery.

- Involve all partners & local commissioners in the planning process
- Set out each partners contribution, with named action owners
- Focus on Primary Care engagement plans
- Identify referral sources and map prevalence hot spots (using PC data)
- Consider how referrals generated in way that brings groups together in single location
- Identify and secure resources required
- Staff training and support
- Systems & Processes – including IT, for example uploading e-referral templates
- Communication & marketing plan, both public and professional

Implementation / Local Project Management

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Mobilisation Key points:

- **Involve your Provider as soon as possible**
- **Consider how you will monitor referral generation and what approaches you will take if these don't achieve profiled volumes**
- **Robust governance required to make decisions about use of resources and where required hold partners to account** ***(important for the lead)***
- **Willingness to adapt when plans are not producing results**
- **Work closely with your provider to set realistic timelines.**

Developing the pathway

Development of pathway

- Focus on the patient

- Match programme capacity to demand i.e. flow of referrals to available interventions *(provider has a lead in time so planning has to be joint to provide an excellent patient service)*

- Establish early:
    - Clear referral pathways
    - Data recording requirements
        - National Read Codes available
    - Mapping to relevant existing and complementary services
    - Consider information governance in all steps of the pathway

Referral Template

- Develop your NHS DPP templates and pre-populated referral forms early
- Allow time to load to preferred primary care system and test it

LHE's to indicate at point of referral if FPG is required for clinical reasons or just local preference. Providers use HbA1C POCT and will only provide FPG tests where clinically required.

Developing the pathway

Referral Mechanisms

- Consider timelines for generating referrals, how will your partnership achieve its profiled referral volumes?
- Key that referrals bring groups together in a timely manner and providers can plan where to deliver – for instance how might you phase clusters of practices?
- Make time for setting up new processes and resolution of technical and operational issues.

Options for referral

a. Mail out approaches
   - Primary Care searches for known cases followed by letter, for instance using DocMail
   - Patient makes contact with provider if interested

b. Opportunistic case finding

c. NHS Health Check

d. Long Term Condition reviews

e. Letter sent by GP practices inviting patient in for review and motivation for referral

f. Through a patient's NDH annual review

Early learning has shown that approach (a) has a lower uptake but build momentum, work through known case load and supplement other approaches

Engaging with Primary Care

Planning

- Plan early how to engage primary care
- Clinical Leadership is key and will also need to be represented in your governance structure.
- Consider hands on approach for practices using a Nurse Facilitator / Project Manager

Early starters

- Consider identifying groups of engaged practices to build initial momentum with:
  - Review patient letters
  - Test patient pathways
  - Test referral templates
  - Build momentum / give providers a focus

Incentives

- Incentivise practices
  - Care & quality contract or LIS (local implementation scheme)
- Engage early with LMC in this
- Think about quality: multiple follow-ups; payment only for starters on the service, link with building and maintaining registers.
- GPs have to sign up to the contract

Provide help and support, answering queries quickly, finding information, giving examples, phone chats, visits, presentations

It has proven beneficial for CCGs to have a dedicated person who can provide regular weekly contact with GP Practices, for up to six weeks to iron out issues rapidly. This has helped with mobilisation and to embed in GP Practices.

Engaging with Primary Care

Tools

- Support practices with a risk identification tool (Diabetes UK/Primis Diabetes)

Engagement & Communications

- Trickle feed information before, during and after mobilisation
- Remember its more than just an email
- Develop a practice bulletin, newsletter, set up regular meetings and calls.
- Schedule protected learning time (PLTs)
- Involve your provider and think about how they can support mobilisation
- Keep people updated

- **Use all forms of communication to promote the service to practices**
- **Work with all relevant clinical staff to raise awareness**
- **Work with you provider on the sharing of GP information packs**

Keep communicating!!

Working with the NHS Health Check

Key actions in relation to working with the NHS Health Check can be found in the Readiness Assessment Toolkit:

- Link with NHS Health Check provider(s) and the wider prevention community from an early stage.
- Agree referral approach from NHS Health Check provider to NHS DPP provider (include in the development of pathways)
- Ensure blood test, risk filter and referral is built into the Health Check specification and is undertaken.

Engagement & Marketing

Raising public awareness of the risk and the importance of taking action is key

Communications, marketing & Engagement Plan

- Develop communications, marketing and engagement objectives
- Allow time for the sign-off process with PHE & NHS England.
- Think about how are you going to use Social Media and local press

Marketing

Work with your provider to produce Healthier You branded products.

- Flyers
- Newsletters
- Press Releases
- Patient information

Communications Lead

- Have a dedicated Communications Lead
- Establish early relationships with Local, Regional and National Communication Teams

Communications Toolkit

- PHE & NHS England have produced a communications toolkit to support Local Health Economies and providers

Workforce Development Requirements

Resources

- Extra support & help may be required in searching existing records, correcting coding and conducting specific clinics for people found to have NDH from existing records, might only be required for a short term but has since been found to have sustainable impact within practices

Training & Development

- Understanding training and development needs of existing & new staff
- Develop a training plan
- Allow Protected Learning Time