DIABETES UK
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NHS DIABETES PREVENTION PROGRAMME

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Introduction

About the Healthier You: Diabetes Prevention Programme

The Healthier You: NHS Diabetes Prevention Programme (NHS DPP) is helping people at high risk of developing type 2 diabetes to become healthier and potentially avoid the condition. It is funded by the NHS and offered free-of-charge to people across England, who live with high risk of developing type 2 diabetes.

Over a minimum of 9 months, participants receive tailored, personalised support with practical tools and advice on healthy eating and lifestyle, increased physical activity and weight management, all of which have been proven to reduce the risk of developing type 2 diabetes.

About this Discovery Exercise

In April 2021 NHS England commissioned Diabetes UK to run a Discovery Exercise to understand the preferences of current and future users of the 'Healthier You' Programme, on choice, support, access, and delivery of the programme to help inform future delivery.

This Discovery Exercise involved gathering views through an online survey with the option to take part in one of four online focus groups or telephone interviews.

A non-digital version of the survey was also promoted, with the choice to complete the survey over the phone or through a limited number of hard paper copies distributed through the Diabetes UK regional offices and community groups. The survey was open between 17 May to 17 June 2021.

The online focus groups (and seven telephone interviews) were used to explore some of the survey themes in more detail.

Who we heard from

We heard from a range of individuals at different stages of accessing the programme.

73% of respondents were currently taking part in the programme, 8% said they had not yet started; 6% said their GP had recommended the programme but they had not yet taken it up. A further 6% said they are at risk of type 2 diabetes and were interested in finding out about the programme.

Summary of Respondent Profile:

- 54% Female/ 45% Male (1% did not specify)
- 78% White/ 20% Other ethnicity (2% did not specify)
- 85% were aged over 50 and 15% were aged 49 and under

The focus groups and telephone interviews covered a broad range of participants from a range of backgrounds, in total 34 people took part.

Key findings

Choice matters to all groups

Choice was viewed as important by the survey respondents, with 81% stating that choice was ‘quite important’ or ‘very important’ when it came to these key areas:

Choice around delivery mode:

The Covid-19 pandemic has given people the opportunity to see that there are new and different ways of doing things that can be more convenient and give them more flexibility when it comes to attending sessions. The popularity of Face to Face delivery using video conferencing was one example of this desire for a more flexible approach - respondents felt it would provide choice to the majority of people around where they joined the sessions and this mode of delivery would mean that there would be less requirement to travel to a venue, re-arrange work schedules or fit around caring responsibilities.

The choice of working through the programme using a Digital App or having a choice on how to catch up on missed sessions were also seen as desirable options.

Choice around referral onto the programme:

Choice in how individuals are referred onto the programme was valued, particularly by those who identified as being self-motivated. Respondents valued the ability to access the programme themselves via the ‘Know Your Risk’ Tool and the choice this gave them in not having to go through their GP or other Health Care Professional.

Conversations are important

Conversations before or at referral onto the programme are important, with 64% wanting to speak to a GP or other Healthcare Professional (HCP).

People need the option to talk to a trusted person alongside supporting information such as websites, social media and written information. 40% of responders were also keen to talk with programme providers, this was backed up by comments in the focus groups stressing the value of the provider phone calls.

"It's nice just to have a chat with folk…you can talk about anything and everything"

"Having a phone call before starting the programme to go through everything was really helpful."

People vary in the support they need with some happy to work through the programme on their own without needing to talk, while others need the support that conversations with their provider, coach or peers provide.

Healthcare Professional/GP approval

Referral from a GP or HCP (Health Care Professional) was the preferred method for joining the programme for 63% of responders, particularly those in the older age groups. Those who did want to self-refer still liked the security that "rubber stamping" from a GP or HCP gave them. In total 82% wanted some confirmation or 'verification' from their GP or a healthcare professional.

However not needing to visit the doctor to be referred was beneficial to some with work and home commitments. This was particularly seen in those who are younger with 24% of under 60s ranking self-referral without consulting a GP as their first choice.

The focus groups showed that self-referral was the best option for people who wanted to have control of the programme themselves, who were very self-motivated and wanted to fit it into their daily lives when they were ready. The Know Your Risk tool Diabetes UK – Know Your Risk of Type 2 diabetes helped to capture those who were reluctant or embarrassed about going to the doctors (for example due to their weight) as this was something they could access themselves.

Support is important to success on the programme

Everyone has different support requirements and that support may come from different sources. For example, the support that the programme provides from the coach is different to that of the support from group members and other peer support as well as support from home and social networks.

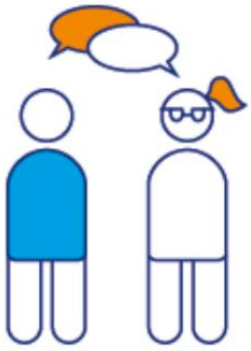
People who preferred the Face to Face programme liked the support that could be gained from others on the programme. They felt that it would reduce their isolation, increase their motivation and their chances of success. The focus groups also highlighted the importance of people receiving support from family and those they live with. Some participants had never cooked and so they relied on partners or family to be on board with the programme too.

For those who expressed a preference for the Digital programme, they liked having the *option* of peer support. Some felt that peer support really mattered on the digital programme, while others felt it would be better to work through the content alone – but with access to the Coach when it was needed. The focus groups highlighted a gap in post programme support with some participants feeling *"isolated once it finished. There is no one to encourage or check on your weight. It stops, that's it and you've got to carry on."* Therefore, some 'aftercare' and support would be welcomed by most to keep the momentum going.

Preference in modes of delivery: Face to Face

Face to Face came out as the most popular mode of delivery (48% ranking as first choice), with a stronger preference among the over 60s. Reasons this mode was preferred included:

- 'Meeting people in person' for motivation, support, and socialising.
- Accountability
- Comparing progress with others/element of 'competition'
- Accessible for those who lip read/have a hearing impairment
- Opportunity to speak to coach in person
- Offers participants 'protected time' with no distractions



The main barriers to this mode of delivery were identified as session times not fitting in with work (33%) and family (31%) commitments. Those who worked shift patterns, or who had caring commitments would struggle with Face to Face group sessions. Travel times, distances and costs to the venue were also described as a major barrier by 43% of responders.

When asked, people overall said they would be happy to return to Face to Face sessions, providing those steps were put in place to ensure the safety and well-being of participants in the context of a global pandemic. Respondents felt that measures such as social distancing within indoor spaces and promoting uptake of the Covid-19 vaccine, among those attending Face to Face sessions in person, were some of the measures that could support this.

Remote delivery was the second most popular option and provided a good substitute where Face to Face was not possible. It also helped to overcome some of the logistical challenges such as travel time and cost.

Preference in modes of delivery: Digital

Although Face to Face was the overall preference, a quarter of all responders selected Digital as their first choice of delivery mode. Those in younger groups responded that they would be more likely to opt for the Digital programme than older groups. Of those under 60 years old, 35% said the Digital programme would be their first choice compared to 25% overall. However, a fifth (20%) of over 60s would also choose Digital as their preferred choice.

Digital was preferred by those who enjoyed the flexibility it gave them, to work at their own pace and fit it into their daily lives and commitments. For those doing shift work or with care responsibilities the Face to Face programme is more difficult for them to commit to.

Our responders did not identify many barriers to this programme with 61% saying there were none. However, where barriers were flagged these tended to relate to digital abilities and confidence as well as Wi-Fi and equipment.

Blended approach

Through the survey and the focus groups it became clear that there was strong support for a blended approach, combining the different modes of delivery. Some aspects of the course it was thought would be delivered better Face to Face in person. For example, the first session, as it provides the opportunity to give all the detail of the programme and allows coach and participant to meet, and some of the practical sessions (e.g. physical activity). Other parts of the course could then be delivered remotely.

> “I would have liked a bit of both. Work through it in your own time, but also talk to people. You can go into more depth if you need to.”

"Just looking at the people, you see you're not the only one struggling…a bit of both (remote and F2F) would help."

39% wanted a choice of how to catch up on missed sessions, and a further 27% specifically said they wanted to be able to book a remote Face to Face session to catch up.

The importance of being able to connect with other people was still highlighted as a major benefit of the Face to Face programme – some, but not all of this could be replicated in the remote programme.

A blended approach would provide the choice and flexibility that people are looking for.

Context and Limitations

The online survey which formed part of the Discovery Exercise, was promoted predominantly through the programme providers. This method of engagement helped to ensure that those who took part in the survey, did so from a broad range of regions across England and from a range of communities including from those living in areas of high deprivation.

This exercise was carried out at a point in time when the Covid-19 pandemic had been dominating all aspects of our health and social interactions for 15 months. At the time of launching the survey, England was still subject to social distancing measures, restrictions on movement and numbers of people gathering. Mask wearing indoors and on public transport was still mandatory. People had generally become accustomed to not meeting with others in person (indoors) and participation in Face to Face groups and settings had largely been non-existent for 15 months and was yet to fully resume.

These restrictions meant that Face to Face activity was limited, and because people at risk of diabetes - and living with diabetes - are at greater risk of experiencing poorer outcomes as a result of Covid-19, a digital survey was chosen as the primary method of engagement.

A plan to engage with people at risk of diabetes, who were known to be digitally excluded, was devised. This focussed in particular on utilising Diabetes UK regional networks to connect with the 'at risk' community together with a localised plan covering a small area of the North West of England. This involved using community assets and support groups to reach those likely to be at risk of developing type 2 diabetes. However, in both cases, take up was low.

As a result, those taking part in the survey were more likely to be digitally literate and/or have access to a smartphone, tablet or computer or know someone who could do this on their behalf. Given that this survey was aimed at gaining views about modes of delivery (two of which involve using digital technology) this needs to be acknowledged.

Knowledge and Understanding of the Programme

Respondents had varying levels of knowledge about the programme. Although many respondents had completed the programme, some were only part way through, while others had been referred but had not yet started. A small number had neither been referred or joined but were simply interested in finding out more about the NHS DPP. The variance in experience of the programme made the interpretation of certain questions more difficult for some groups to answer.

Providers currently deliver the programme in a number of ways, across different regions and localities, therefore experiences and opinions vary depending on a number of factors, including delivery mode and quality of delivery by both the programme provider and the coach.