

How well is the NHS Diabetes Prevention Programme being delivered?

What we knew

The NHS Diabetes Prevention Programme is designed to help people at risk of developing Type 2 diabetes by making behaviour changes, including improved diet, increased physical activity and weight loss.

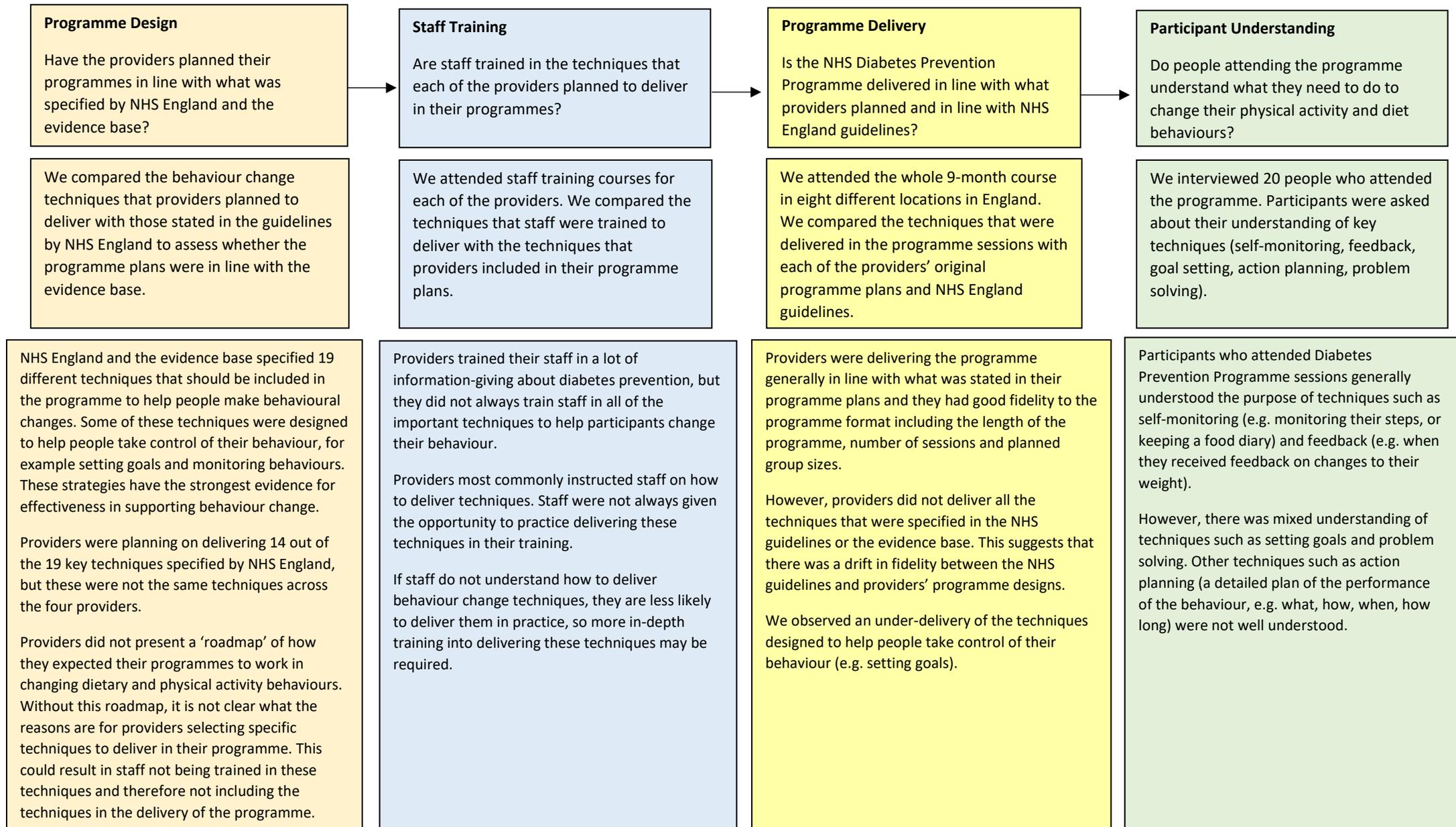
The programme is now being delivered to thousands of people across England, and between 2016 and 2019 four different providers delivered the programme in different geographical areas. These providers were given guidelines about how the programme should be delivered, based upon what research evidence suggests are the most effective features of diabetes prevention programmes. For example, the programme should be delivered in groups of no more than 20 people over a minimum of 9 months, comprising at least 13 separate sessions and 16 hours of contact time.

These guidelines also stated what type of behaviour change techniques should be used to deliver the programme, also known as the ‘active ingredients’ that best help people change their lifestyle. For example, the programme has to inform people about the consequences of different behaviours for their health and diabetes risk, help people set goals for change, and encourage people to find others to support them to make those changes.

One problem that can occur when programmes are delivered nationally is the extent to which they are delivered with fidelity. Fidelity is a technical term which relates to whether the programme was delivered as it was intended. Without assessing this, we cannot be sure of the reasons why the programme was effective or ineffective at changing people’s dietary and physical activity behaviours.

What we did and what we found

We wanted to evaluate whether the NHS Diabetes Prevention Programme was delivered as intended. We assessed the following areas of fidelity:



What this means

- Our results suggest there is still some room for improvement so that Diabetes Prevention Programme providers are delivering the programme specified by NHS England.
- Future roll-outs of the programme should ensure that providers plan their programmes more in line with the evidence base and guidelines from the outset.
- The under-delivery of techniques which help a person take control of their behaviour (e.g. setting goals and making detailed plans to change behaviour) could explain why some of these techniques were less well understood by some of the participants.
- We conclude that these problems are largely a result of providers not producing a clear 'roadmap' when they designed their programmes. Without this roadmap, there is no clear explanation of what techniques providers plan to use and why. This means their staff are less likely to be thoroughly trained in these important techniques, which would reduce the likelihood that these techniques are delivered in the sessions.

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