

# Telephone Delivery of Diabetes Prevention Programmes

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## BACKGROUND

The English NHS Diabetes Prevention Programme (NHS DPP) has been launched by NHS England, Public Health England and Diabetes UK. NHS DPP offers tailored personalised help to reduce diabetes risk including education on healthy eating and lifestyle, help to lose weight and physical activity programmes, using a face-to-face group-based delivery model. A national roll-out will lead to 100,000 places being available across all areas of England by 2020.

One of the NHS DPP demonstrator sites has adopted a telephone service, based loosely on motivational interviewing (MI). Motivational interviewing can be used to facilitate change in health related behaviours through a patient-centred approach based on negotiation and empathy. It includes techniques to elicit reasons for and barriers to health behaviour change.<sup>1</sup>

## AIM

Review the evidence for a DPP based on telephone delivery of motivational interviewing.

## METHODS

### Qualitative scoping interviews

Purposive sample of those involved in the conception, formation, management and delivery of the telephone service.

11 key informants in one NHS DPP pathfinder site.

### Interview schedule

- Describe the telephone service (using TIDieR)<sup>2</sup>
- Identify the evidence the service is based on
- Identify documents for desk research

### Desk research.

Documents relevant to the local telephone service and the national NHS DPP.

### Literature review - themes

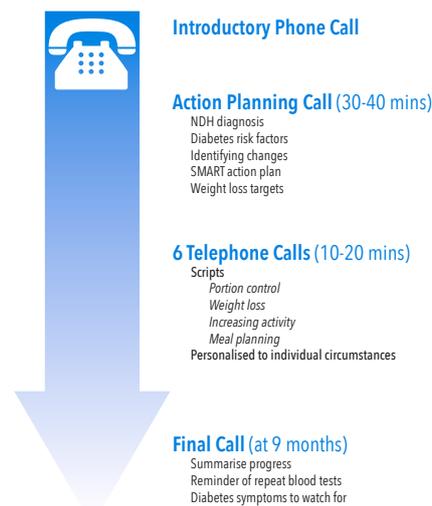
- Evidence on telephone delivery of diabetes prevention services;
- Evidence on behaviour change techniques used in the telephone service;
- Extent to which telephone service follows the service delivery model indicated by NHS DPP.

## RESULTS

### Telephone intervention – description

Regular telephone calls from a trained non-clinical health advisor employed by NHS with limited access to electronic patient records.

Core elements of the service include educational messages, goal setting, action planning and motivational interviewing. The programme consists of 9 telephone calls, supplemented by educational materials sent by post:



### Telephone delivery.

International evidence on telephone delivery of lifestyle interventions to prevent diabetes is scarce, unclear and inconclusive.

	Face to Face: RCTs (PHE review) <sup>3</sup>	Face to Face: Before and After studies (PHE review) <sup>3</sup>	Pathfinder telephone service 2010 <sup>6</sup>
Weight loss 12-18 mths (kg)	1.57kg (0.86; 2.28) N=20 studies	2.46 (1.94; 2.99) N=18 studies	2.81 (1.20; 4.42) N=40
Fasting glucose fall 12-18 mths (mmol/l)	0.06 (0.011) N=16 studies	0.09 (0.04; 0.14) N=11 studies	0.29 (0.07; 0.51) N=40
Mean (95% CI)			N= 55 participants

Table 1. Comparison of the pathfinder telephone intervention and national evidence for face to face services

### Motivational interviewing

Motivational interviewing should focus on self-directed goals, which is potentially at odds with the directive elements of the telephone intervention.

It is uncertain whether telephone delivery of motivational interviewing is effective or not.

### Comparison with NHS DPP model.

NHS DPP Specification	Telephone DPP
Structured intervention - diet and supervised exercise	Yes
Behaviour change approach	Yes
Face to face delivery in groups	No. Telephone delivery to individuals
16 hours over 9 months	No. Up to 3 hours over 9 months. But contact is personal rather than in a group

Table 2. Extent to which telephone service meets requirements of the NHS DPP model

## CONCLUSIONS

There is insufficient evidence to favour a face to face delivery of DPP over other delivery methods. Evaluation of the effect, content and delivery of DPPs in England is necessary, including remote methods such as telephone.

## REFERENCES

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- Full report and further information: <http://clahrc-gm.nihr.ac.uk/our-work/exploiting-technologies/national-diabetes-prevention-programme/>

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