

Highlight Notice

Evaluating the NHS Diabetes Prevention Programme (NHS DPP)

The HS&DR programme is interested in receiving applications which address knowledge gaps on impact and sustainability of **NHS Diabetes Prevention Programme (NHS DPP)** in England. Evaluation proposals must encompass the whole programme and can include comparison with services provided elsewhere in the UK.

Please note this is a single stage assessment process and guidance to applicants needs to be carefully followed.

In March 2015 the NHS, Public Health England and Diabetes UK announced the launch of a national diabetes prevention programme (<https://www.england.nhs.uk/2015/03/diabetes-prevention>). Building on Public Health England's review (<https://www.gov.uk/government/publications/diabetes-prevention-programmes-evidence-review>), seven demonstrator sites in England will co-produce the new programme, which will be available for initial roll-out in England 2016/2017, with full roll-out over a three to four year period. New research is needed to complement the evaluation of the implementation in 2016-2017 in the demonstrator sites by the NIHR School for Public Health Research, Newcastle University, and a further project evaluating the programme also in 2016-17, which is being currently procured. The research evidence this highlight notice is concerned with, is to evaluate the roll out in England of the NHS DPP from April 2017 to establish a UK evidence base for the NHS DPP, and contribute to the international evidence of what works, on clinical, service and end user outcomes, in which context and populations.

The behavioural intervention is centrally funded and will be provided by NHS England procured providers. The specification for providers has been subject to consultation: <https://www.england.nhs.uk/wp-content/uploads/2015/08/ndpp-consultation-guide.pdf>, and <https://www.england.nhs.uk/wp-content/uploads/2015/03/NDPP-Consultation-Response-Final-v-1.0-January-2016.pdf>. Further information on providers and sites can be accessed here: <https://www.england.nhs.uk/ourwork/qual-clin-lead/diabetes-prevention/#wave1>

There is some scope for variation in programme delivery, with an expectation that the intervention consists of, predominantly, group-based sessions delivered in person across a minimum of 9 months; provision of at least 13 sessions, each lasting 1-2 hours with a minimum of 16 hours contact time; content geared towards the programme's main goals of Type 2 diabetes risk reduction, dietary improvements, increased physical activity and weight loss. People with non-diabetic hyperglycaemia will be identified via Health Checks and Primary Care registers initially. Providers are required to collect process and outcome data.

Proposals to the HS&DR are likely to be for mixed-methods studies led by teams with a track record in multi-site evaluations of complex organisational and behaviour change interventions, including expertise on data linkage using health system databases; in partnership with health service and public health service providers and commissioners. Researchers are likely to use the activity of the services commissioned across England from April 2017 as interventions or experiments to compare and assess how health economies target populations, organise delivery, their innovation in content and fidelity to the design principles laid down by the NHS DPP, and their use of specified outcome indicators as well as those that may be required to answer research questions across the whole programme. Previous local programmes have been subject to evaluation and audit, but this call is looking for well-designed national research studies, with strong theoretical grounding, to deliver robust national and international learning, strengthen the evidence base on prevention of Type 2 diabetes and provide actionable findings for the NHS and Local Authorities.

Proposals must fill a clear evidence gap, and must lead to demonstrable utility for the roll-out and implementation of the programme at scale in order to help adoption and adaptation to various communities, commissioners, individuals and organisations across health and social care. The evidence will provide an analysis of the various components of the NHS DPP and will unpack the active ingredients of these so as to provide decision-makers with evidence when commissioning, implementing, embedding and taking part in the NHS DPP. The implementation of the NHS DPP may vary in important ways - including but not exclusively:

- Eligible populations targeted, recruited, retained, and followed up to at least 12 months from baseline (age, gender, ethnicity, BMI, health status, family history of diabetes). Longer follow-up should be considered.
- Reach and equity of provision to meet local variation in health needs
- Content focused on activity and diet, and use of specific behaviour change techniques
- Dose (duration, additional booster provision)
- Delivery mode (group only or supplemented by on line, peer to peer, supported social networking, text based messaging)
- Analysis of provider-collected processes and outcomes data, and additional researcher defined outcomes (e.g. clinical, anthropometric, activity, calorie intake, patient reported outcomes and experience, health service use and costs)
- Costs to health services, and cost savings
- Embedding in and improving service delivery pathways
- Capabilities of workforce required for sustainable delivery, (e.g. specialised delivery agents such as diabetes nurses, health coaches, or extending capabilities of established professionals)

Proposals must be in the remit of the HS&DR programme, see <http://www.nets.nihr.ac.uk/programmes/hsdr>. This opportunity will complement the current DH evaluations of the NHS DPP demonstrator sites, by the NIHR School for Public Health Research, and evaluation of the first year of roll-out, being procured shortly, and provides opportunities to evaluate interventions that cross NIHR programme boundaries. Applications that span the remit of one or more programmes are acceptable – the NETSCC secretariat will manage the boundary-spanning of the programmes. Applicants should note that NIHR and PRP will be working closely to ensure that maximum learning and value is achieved from any funded research.

Selected relevant studies from NIHR portfolio are listed in the appendix.

A briefing event will take place on the 5th May, in central London. Further details of the event will be made available on the funding opportunity website page: <http://www.nets.nihr.ac.uk/funding/hsdr-researcher-led>.

In order for research to commence in line with the roll-out of the national programme, the commissioning process has been abbreviated to one-stage i.e. applicants should directly submit a full application (there is no outline application stage).

Applicants should submit full proposals via the HS&DR website by 1pm on 23 June 2016. This is a single stage assessment process.

No late proposals or paper-based submissions will be considered. All proposals will initially be checked for remit and competitiveness, prior to consideration by the HS&DR Board in September 2016. Applicants will be informed of outcomes by late October 2016.

Please see the website for details of the application and assessment process, and for access to the online application form <http://www.nets.nihr.ac.uk/funding/hsdr-researcher-led>.

Briefing Session

There will be a briefing session to support this highlight notice on the afternoon of 5th May. To register your interest in attending this session please contact the HS&DR secretariat team at hsdrinfo@southampto.ac.uk for the attention of Sam Watson.

Appendix to Highlight Notice

Evaluating the NHS Diabetes Prevention Programme (NHS DPP)

Selected relevant studies from the NIHR portfolio are listed below:

Khunti K, Davies M, Eborall H et al. NIHR HTA programme 09/162/02: The PRmotion Of Physical activity through structured Education with differing Levels of ongoing Support for those with prediabetes (PROPELS): randomised controlled trial in a diverse multi-ethnic community [In progress]. NETS NIHR URL: <http://www.nets.nihr.ac.uk/projects/hta/0916202>

Protocol for the above study

Yates T, Griffin S, Bodicoat D, et al (2015). PRomotion Of Physical activity through structured Education with differing Levels of ongoing Support for people at high risk of type 2 diabetes (PROPELS): study protocol for a randomised controlled trial. *Trials*. 16, 289.

Griffen S, Davies M, Evans P et al. NIHR HTA programme 09/01/48: Glucose Lowering In Non-diabetic hyperglycaemia Trial (GLINT) [In progress]. NETS NIHR URL: <http://www.nets.nihr.ac.uk/projects/hta/090148>

Sampson M. PGfAR programme RP-PG-0109-10013. Delivering a realistic Diabetes Prevention Programme in a UK community [In progress]. NIHR URL: <http://www.nihr.ac.uk/funding/fundingdetails.htm?postid=2108>

Sampson M. PGfAR programme RP-PG-0606-1099. Delivering the Diabetes Prevention Programme in a UK community setting [Complete]. NIHR URL: <http://www.nihr.ac.uk/funding/fundingdetails.htm?postid=2160>

Khunti K. DH/NIHR RP-PG-1209-10057 Development of a structured screening and lifestyle intervention for prevention of Type 2 Diabetes Mellitus in a population with Learning Disabilities [In progress]. NIHR URL <http://www.nihr.ac.uk/funding/fundingdetails.htm?postid=2236>

Johnston D. MR/J000183/1 A pragmatic and scalable strategy using mobile technology to promote sustained lifestyle changes to prevent Type 2 diabetes in India and the UK [In progress]. GTR RCUK URL: <http://gtr.rcuk.ac.uk/projects?ref=MR/J000183/1>