

# A qualitative evaluation of the national rollout of a diabetes prevention programme in England

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## Publication

Brunton L, Soiland-Reyes C, Paul W. A qualitative evaluation of the national rollout of a diabetes prevention programme in England. *BMC Health Serv Res* 2023;23:1043. <https://doi.org/10.1186/s12913-023-10002-y>

## Abstract

### Background

The National Health Service Diabetes Prevention Programme (NHS DPP) was commissioned by NHS England in 2016 and rolled out in three 'waves' across the whole of England. It aims to help people with raised blood glucose levels reduce their risk of developing type 2 diabetes through behaviour change techniques (e.g., weight loss, dietary changes and exercise). An independent, longitudinal, mixed methods evaluation of the NHS DPP was undertaken. We report the findings from the implementation work package: a qualitative interview study with designated local leads, responsible for the local commissioning and implementation of the programme. The aim of the study was to explore how local implementation processes were enacted and adapted over time.

### Methods

We conducted a telephone interview study across two time-points. Twenty-four semi-structured interviews with local leads across 19 sampled case sites were undertaken between October 2019 and January 2020 and 13 interviews with local leads across 13 sampled case sites were conducted between July 2020 and August 2020. Interviews aimed to reflect on the experience of implementation and explore how things changed over time.

### Results

We identified four overarching themes to show how implementation was locally enacted and adapted across the sampled case sites: 1. Adapting to provider change; 2. Identification and referral; 3. Enhancing uptake in underserved populations; and 4. Digital and remote service options.

### Conclusion

This paper reports how designated local leads, responsible for local implementation of the NHS DPP, adapted implementation efforts over the course of a changing national diabetes prevention programme, including how local leads adapted implementation during the COVID-19 pandemic. This paper highlights three main factors that influence implementation: the importance of facilitation, the ability (or not) to tailor interventions to local needs and the role of context in implementation.

## Funding

This publication was funded by the Health and Social Care Delivery Research programme as a part of award number 16/48/07.

## DOI

<https://doi.org/10.1186/s12913-023-10002-y>

This article reports on one component of the research award Evaluating the NHS Diabetes Prevention Programme (NHS DPP): the DIPLOMA research programme (Diabetes Prevention Long term Multimethod Assessment). For more information about this research please view the award page [<https://fundingawards.nihr.ac.uk/award/16/48/07>]