

The NHS Diabetes Prevention Programme delivery and patient experience: An observational study

> Presented at the HSR UK Conference 2020: Rhiannon Hawkes, University of Manchester <u>Rhiannon.Hawkes@manchester.ac.uk</u>

Service Contemporation (Contemporation) (Contemporation)

Co-authored by: Elaine Cameron, Sarah Cotterill, Peter Bower, David French



A National Diabetes Prevention Programme

- "Healthier You" NHS Diabetes Prevention Programme (NHS DPP)
- Evidence-based lifestyle behaviour change intervention
- People identified as high risk for type 2 diabetes in England
- Minimum 13 face-to-face sessions over 9 months
- Delivered by four provider organisations







The DIPLOMA Evaluation

The University of Manchester

- Diabetes Prevention Long term Multimethod Assessment (NIHR funded)
- Mixed methods research programme, 2017 to 2021



- Seven work streams, including:
 - Service delivery and fidelity (i.e. what is delivered, how is it delivered, and to what extent is it delivered in line with what was planned?)





Research Aims

- 1. To **describe the delivery of the NHS DPP** by the four providers in the field, including:
 - any discrepancies between what was planned and what was delivered and;
 - any variation in delivery between providers and sites
- 2. To describe observed patient experience of the NHS DPP, and compare this to variations in delivery of the NHS DPP



Methods

Sample:

- 8 sites delivering NHS DPP across England, n = 118 sessions, 2 sites per provider
- 455 participants consented (36 staff, 398 patients, 21 family/carers)

Materials:

- 118 audio-recorded NHS DPP sessions
- Field notes using Template for Intervention Description and Replication (TIDieR) framework
 - (Location, deliverer, group size, dose and scheduling, activities, materials, tailoring)
- Observational notes taken at each NHS DPP session
 - Views expressed by participants, non-verbal aspects of delivery, other notable observations

Analysis:

- TIDieR framework to describe NHS DPP delivery at eight sites, extracted from audio recordings and field notes
- Content analysis of researcher observational notes, data extracted on instances of patient experience and summarised into categories



Results: Description of NHS DPP Delivery

Provider A **Provider B** Provider C Provider D Site A> Site C₂ Site D₂ Site A1 Site B1 Site B₂ Site C1 Site D1 What: Activities Interactive/visual Interactive/visual Educational Educational Interactive/visual Interactive/visual Group discussions Group discussions and participant-led and participant-led What: Materials Visual aids; posters; Visual aids; posters; PowerPoint; visual PowerPoint; visual Pedometers; posters; Pedometers; Visual aids; Visual aids; activity cards; aids; activity cards; worksheets; external worksheets; external activity cards; aids; exercise visual aids; activity posters; visual aids; worksheets; worksheets; bands; workbooks exercise bands: cards; workbooks activity cards; leaflets; workbooks leaflets; exercise workbooks workbooks workbooks workbooks bands; pedometers; workbooks Materials in line with plans? 1 1 1 1 * not enough * no pedometers * no workbooks in handbooks weeks until week 7; no session 9; no weighing scales in 1-3: no PowerPoint weighing scales in in weeks 1-7 sessions 6 and 12 session 10 Who provided: Experience of facilitators delivering NHS-DPP (ranges) 0 - 29 months 2 - 12 months 1-36 months 3-13 months 4 - 12 months 4 - 24 months 2 - 12 months 0-19 months



Results: Description of NHS DPP Delivery

Provider A Provider B Provider C Provider D Site A₂ Site C₂ Site D₂ Site B₂ Site A1 Site B1 Site C1 Site D1 Group size (median) 12 14 17 15 12 10.5 8 6 Group size in line with plans? 1 1 1 1 * Some groups >20 * Some groups >20 * Some groups >20 * Some groups >20 Session scheduling in line with plans? 1 1 × x 36 × × × Tailoring of intervention Tailored to group demographic (e.g. questions questions; local questions; exercise demographic (e.g. questions; local questions; local questions discussions about advice based on exercise advice for services signposted services signposted services signposted older age group) Asian foods and ability lifestyles)



Results: Positive Patient Experience

✓ High engagement and satisfaction with the programme (59 instances/118 sessions)

- Engagement with activities and discussions
- Enjoyment of mindfulness and visual activities
- General satisfaction with the programme

✓ Good group relationships between facilitators and peers (51 instances/118 sessions)

- Good rapport between facilitators and groups
- Peer support within the groups

✓ Patient behaviour changes (17 instances/118 sessions)

• Including trying new recipes, increasing daily steps and losing weight



Results: Negative Patient Experience

***** Scheduling and size of group sessions (41 instances/118 sessions)

- Incorrect session dates and times
- Oversubscribed sessions
- Future session dates not confirmed
- Cancelled sessions not communicated

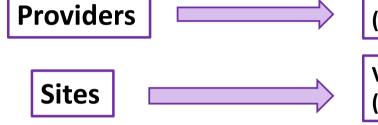
- Waiting list to get onto programme
- Double booking of initial assessments
- Lack of notice for sessions
- (And more...)

× Factors influencing disengagement / dissatisfaction within the session (27 instances/118 sessions)

- Disengagement with activities (e.g. complex information, difficult activities)
- Issues with session resources (e.g. not enough materials, issues with pedometers)
- > Venue (15 instances/118 sessions)
- Difficulty finding the room / venue
- Access issues
- Distance of venue from patients' homes



Conclusions



Facilitators

Vary on the types of activities delivered (e.g. educational vs. interactive)

Vary on the structural issues that occurred

(e.g. session scheduling, group size, venues, availability of materials)

Vary on their group management skills and experience delivering the DPP

Patient Experience:

- Relationships
- Behaviour change
- Engagement / disengagement
- Complaints



Implications

- There are significant organisational differences and modes of delivery which appear to generate both positive and negative responses from NHS DPP patients
- Positive patient experience was observed more often in programmes containing interactive and visual activities, delivered in groups of 10-15 people
- Modifying structural aspects of the NHS DPP (e.g. reliable session scheduling, reducing group sizes and accessible venues) and increasing interaction appear particularly promising for improving these outcomes



Thank you for listening.

If you have any questions or comments, please add them as a comment below the video and we will read and respond.

More information about DIPLOMA available at:

<u>www.clahrc-gm.nihr.ac.uk/projects/diploma-evaluation-national-nhs-</u> diabetes-prevention-programme





Acknowledgements

This research is funded by the National Institute for Health Research (Health Services and Delivery Research, 16/48/07 – Evaluating the NHS Diabetes Prevention Programme (NHS DPP): the DIPLOMA research programme (Diabetes Prevention – Long Term Multimethod Assessment))

The views and opinions are those of the authors and do not necessarily reflect those of the National Institute for Health Research or the Department of Health and Social Care.

For more information about DIPLOMA:

www.clahrc-gm.nihr.ac.uk/projects/diploma-evaluation-national-nhs-diabetesprevention-programme