

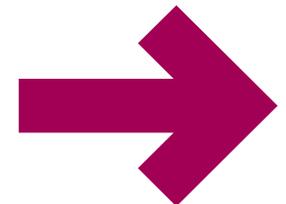
DPP Lessons Learned

Friday 2nd June 2017



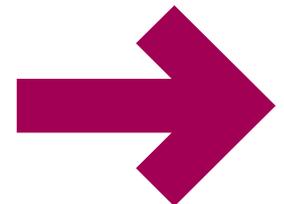
Joint Working:

- Increase and develop partnership and collaborative working between NDPP providers and Public Health to avoid duplication. Practice visits done in partnership complement the introduction of the new service. This allows the annual review process, template and e-referral to be discussed alongside knowledge about the NDPP programme delivery, content structure etc. This new approach is adding value and increasing referrals.
- Engagement of Primary Care at an early stage is key and can support pathway design. Depending on the referral approach, incentives have shown promising referral volume. There is work to do to understand referral quality and subsequent uptake.
- Providers should work closely with primary care to minimise the burden of referral and data entry, including standardising coding and looking at e-referral options.
- Co-design the pathway with providers to boost success and resolve challenges: gain provider support in PC engagement, in referral activity and trial ideas to boost uptake e.g. text messaging and follow-up phone calls.
- There is a clear role for forming links with other lifestyle & wellbeing programmes e.g. linking to less intensive programmes as a stepping stone.



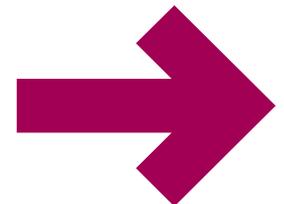
Referrals:

- Generating referrals often takes longer than anticipated.
- Provide course details and locations to referrers up front. Some referrers delay making referrals because they do not know the course details.
- Staging referrals, e.g. by cluster, prevents capacity issues on behalf of the provider e.g. inability to meet surges in administrative demand.
- Putting non-English speaking referrals on a separate referral list can help to ensure they are captured for when non-English variations of the course become available.
- Uptake is often much lower than expected, but initiatives such as 'coaches in the community' have helped to counteract this.
- Referral by healthcheck hasn't been as successful as anticipated; mailouts have been the more successful option.
- Avoid summer referrals as many people are away.
- Avoid telling patients the programme is a “nine month commitment” as this can sound daunting. Try explaining to them that it is “10 weeks plus ‘prevention plus’”, or stating the number of sessions.



Project Management:

- Ensure that all organisations involved in the programme have clarity around the role and responsibilities of the Support/Project Officer.
- Ensure that regular (fortnightly/weekly) data updates and steering group conference calls take place.
- In advance of implementation, an introductory meeting with programme educators and Public Health should take place to plan the approach, clarifying roles and responsibilities and the referral process for the local area.
- Early engagement with practices is recommended, in order to embed processes and maximise referrals from the go live date
- Provide some courses at central locations for people who would rather travel than wait. This also benefits those who work in central locations.

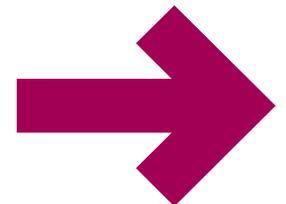


Systems:

- Ensure a long testing period on Emis and S1 to pre-empt technical issues with the e-referral that may otherwise occur in the go live period and impact on referrals.
- System and processes required refinement from the provider in regard to their contact centre processes.
- Develop discharge and notification from NDPP contact centre processes early on.

Comms:

- Utilising the Healthier you branding and content online has worked well.
- Introduce public awareness of programme early on – marketing and comms to increase uptake.
- The programme requires active promotion to primary care to encourage referrals.



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