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National Diabetes Prevention Programme

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Diabetes Self Management Education & Support

Office of the National Clinical Advisor for Chronic Disease

Diabetes in Ireland

Crowne Plaza Dublin Airport, Northwood Park

15 April 2023

16th ALL-IRELAND CONFERENCE OF THE PCDS Primary Care Diabetes Society

Integrated Care Programme for the Prevention and Management of Chronic Disease

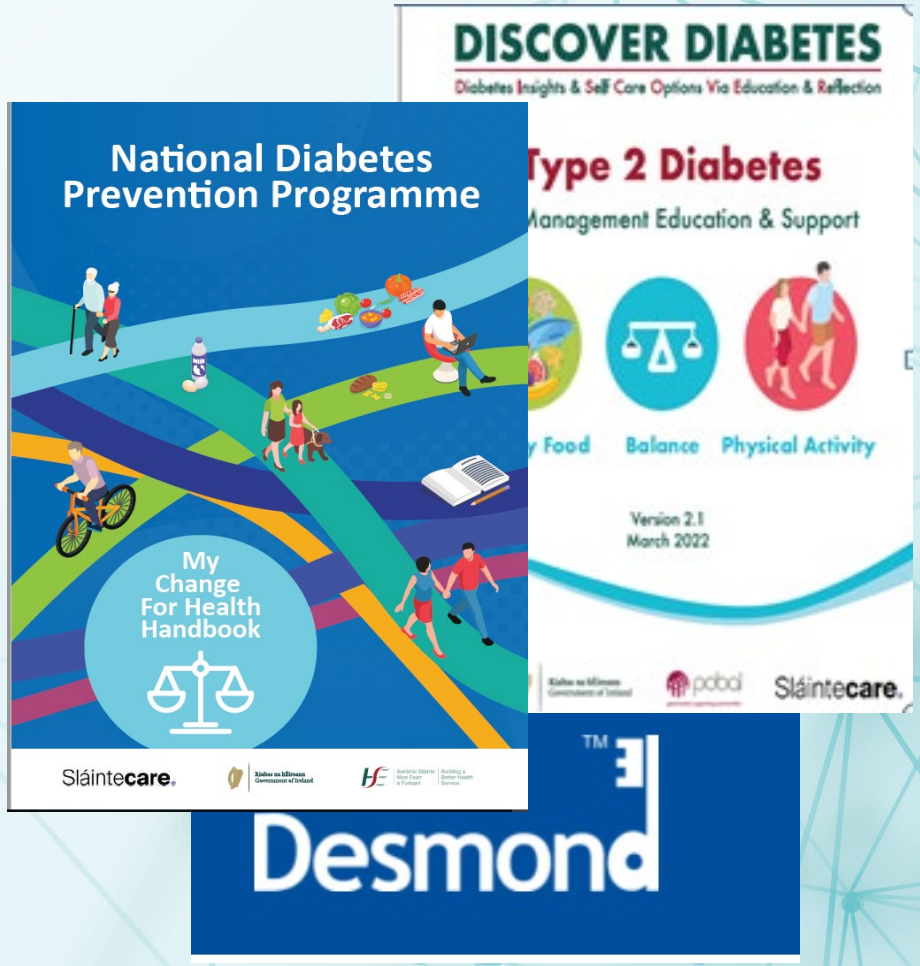
National DSMES

- Programmes for
  - Type 2 Diabetes
  - Diabetes Prevention
  - Weight management Programme collaboration
  - Educator training & Support

National Booking System – Health Course Manager

Telehealth Supports

Closed social media for participants



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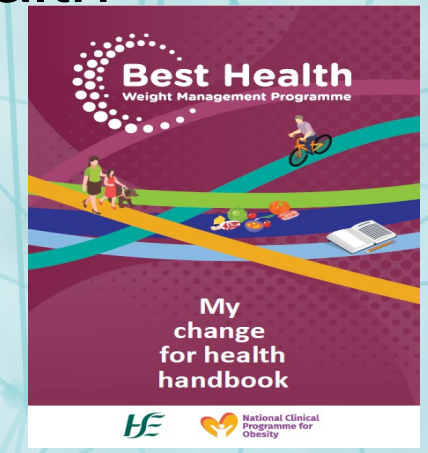
Integration with HSE services and supports

- Onward signposting to Health Promotion Supports - Smoking, Alcohol, Minding Your Mind, Mental health services, local physical activity programmes e.g. Be Active Be Well. ExWell
- HSE Website- information, course bookings
- MECC, Social Prescribers, SMES co-ordinators ‘Living Well’

Obesity National Clinical Programme – Aligning Best Health Weight Management Programme & Diabetes Prevention Programme



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Diabetes Prevention- not new

- Those with Pre-diabetes who follow a structured lifestyle intervention programme reduce the risk of progression to Type 2 diabetes by up to 60% * Tuomilehto J., et al. 2001 , **Knowler et al, 2009

- What works - Programmes of long duration, frequent sessions, focusing on empowerment, self management, knowledge & skills

- DIPLOMA, DPP UK- Introduction of the NHS DPP reduced population incidence of type 2 diabetes. McManus et al, 2022.

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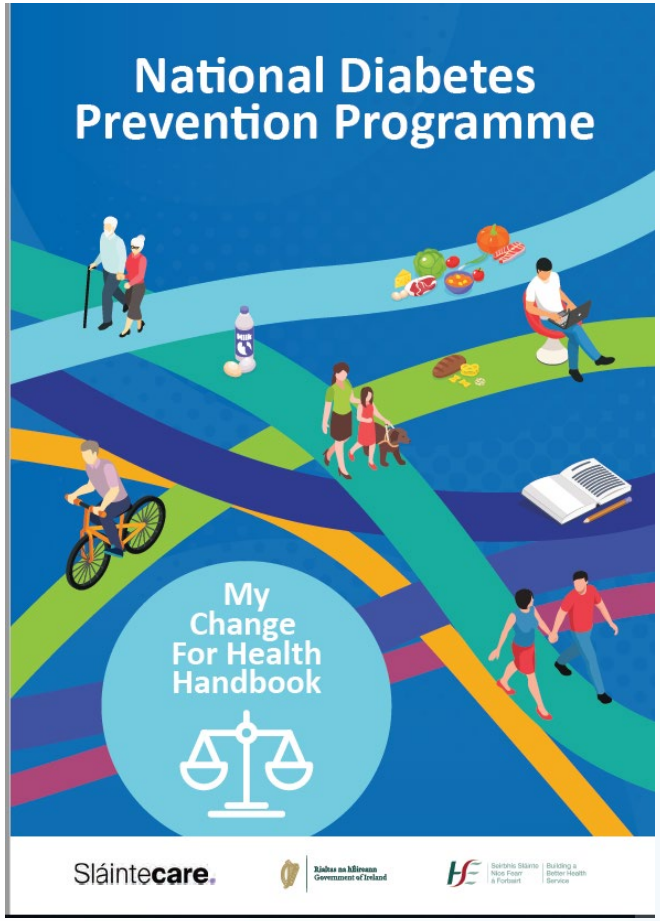
NEW ! Diabetes Prevention Programme



Designed, Developed, Piloted Ireland 2021- 2022

Slaintecare Funding

Aligned to the GP contract for Chronic Disease

- High Risk Prevention
- Opportunistic Screening
- Early Intervention

Those with HbA1c 42-47mmol/l (and FPG 6.1-6.9mmol/l)

Delivered online.
Delivered by trained Dietitians in the Community Specialist Teams

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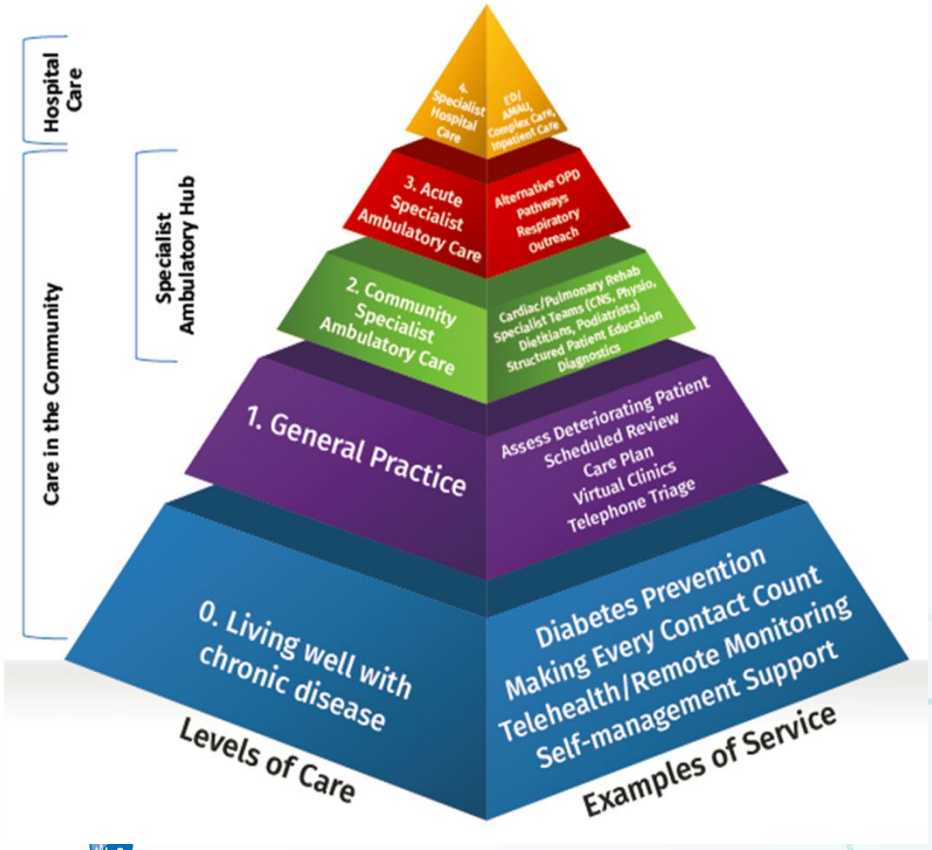
Model of Care: Prevention & Management of Chronic Disease



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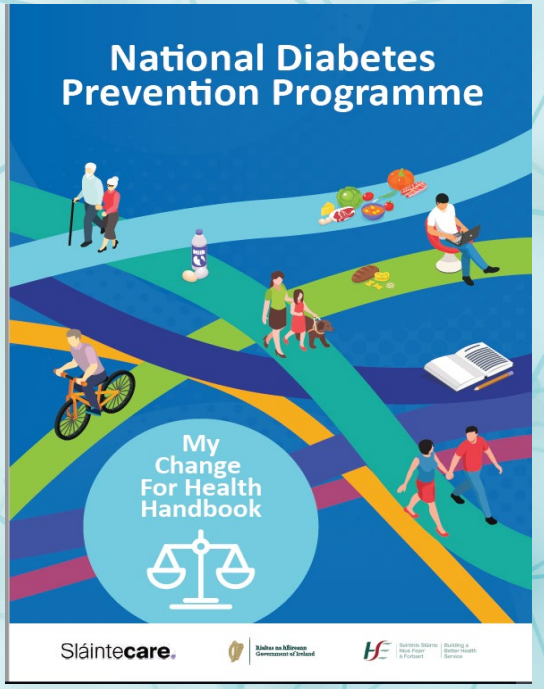
Level 2

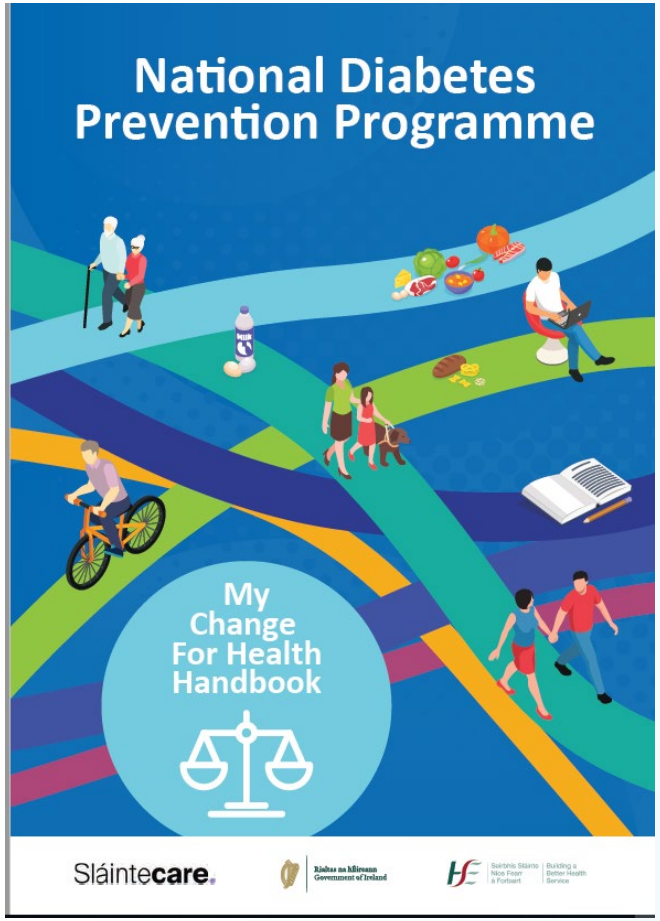
Level 1

Level 0

Diabetes Prevention Programme



NEW ! Diabetes Prevention Programme



Unique features

Individual Clinical Assessment – Assessment by a dietitian to set a Personal Plan before joining the group

Participants engage in 10mins activity during the session – physio designed and led video tools, collaboration and funding from Healthy Eating & Active Living

Started online-
In person coming soon

Tailored to individual needs, goals and life experiences & is guided by evidence based standards

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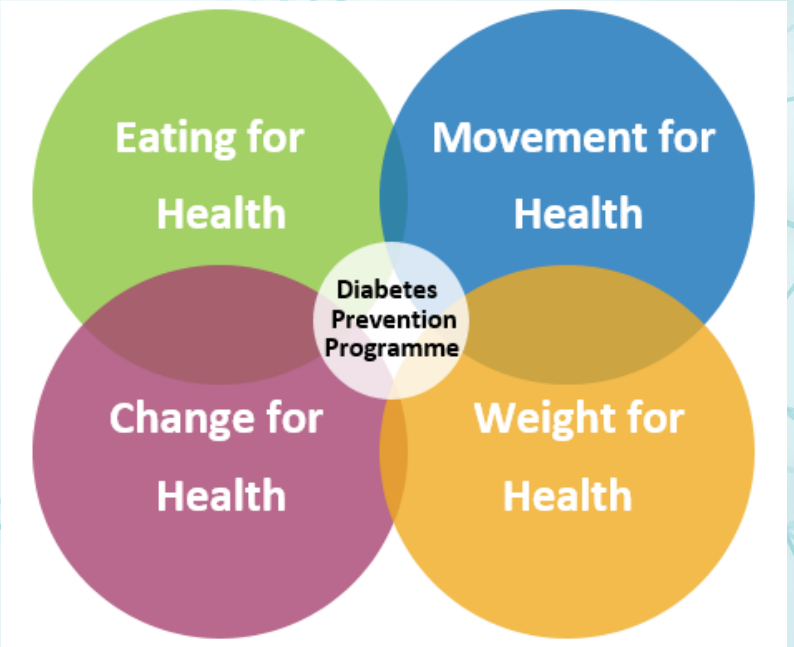
The Participant Journey

- Individual clinical assessment
- Join the group setting online, 1.5hrs



12 month block of care

1 weekly session for 6 weeks

2 fortnightly sessions

4 x monthly sessions

Meet again months 9 and 12

Changes for Implementation phase

1 weekly session for 6 weeks

8 x monthly ongpong sessions

Person at the centre of Care

Clinical Design

Robust Evaluation

June 2021 – Sept 2022

N= 73 participants

9 CHO areas

Full Report Coming soon

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Evaluation of the Pilot Phase

Baseline
6 months
12 months

Quantitative: Attendance, Demographics, Weight, BMI, HbA1c, (lipids, waist circumference)

Collected by educators

Qualitative:

Self Reported online survey

Diet, IPAQ, smoking , alcohol

Knowledge, Confidence, Satisfaction

Process:

Feedback from Educators

Sub Group of Participants reflection and feedback

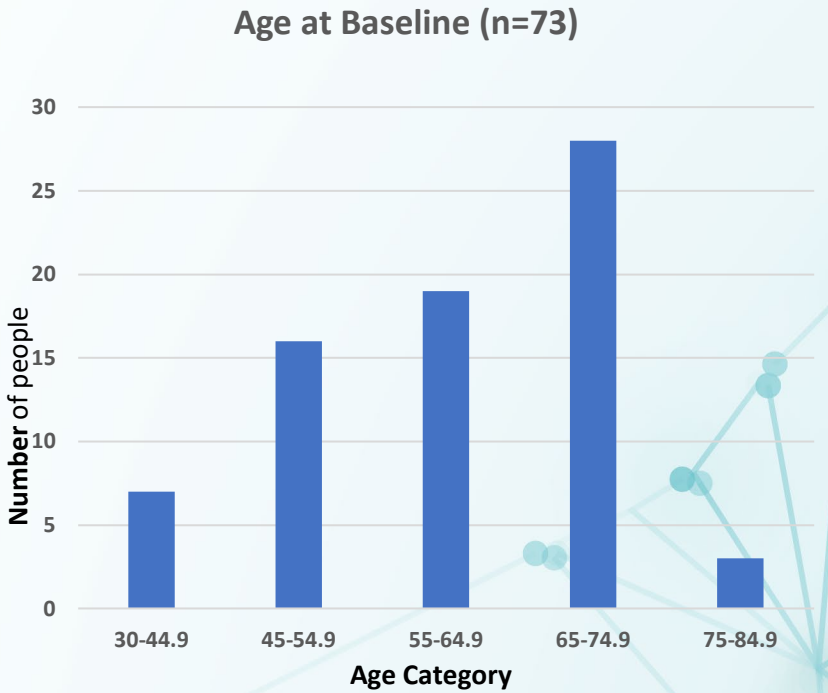
Review of materials

Profile of pilot participants- DPP

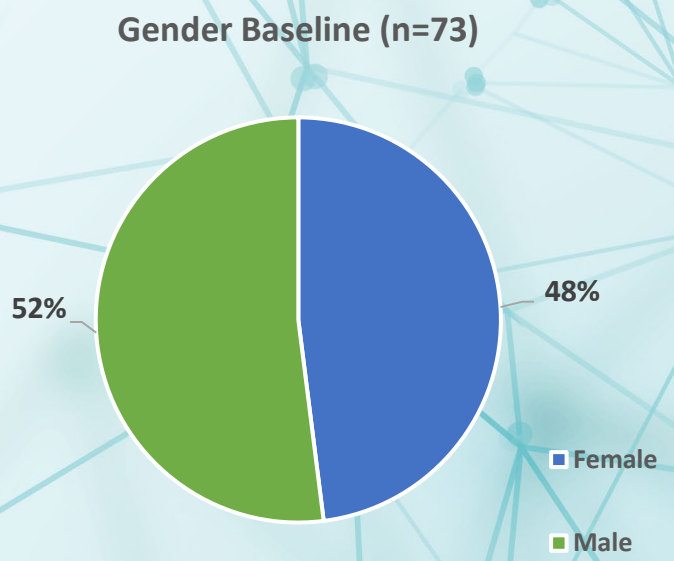
158 eligible service users offered the programme

73 accepted (46%)

67 progressed beyond initial assessment



Age range 35-82yrs



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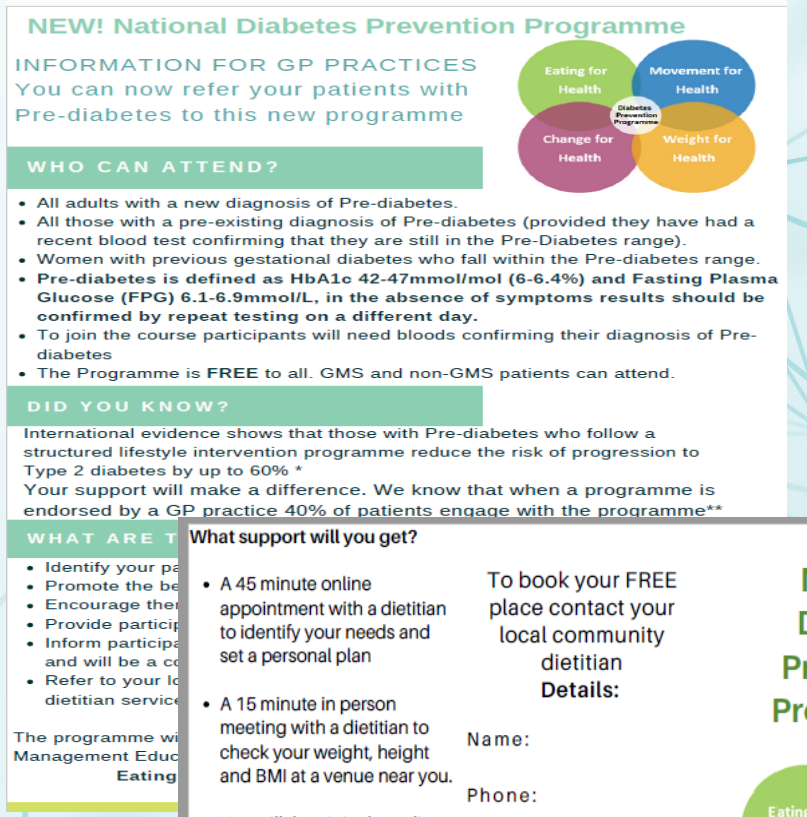
Characteristics at Baseline

Characteristic	N	N = 67[1]
Weight (kg) at baseline	64	97 (23); 95 [62 to 162]; n = 64
BMI (kg/m2) at baseline	64	34 (7); 32 [23 to 60]; n = 64
HBA1C (mmol/mol) at baseline	61	44.44 (1.66); 44.00 [42.00 to 47.00]; n = 61
Fasting plasma glucose at baseline	11	6.33 (0.21); 6.30 [6.10 to 6.70]; n = 11
Total cholesterol at baseline	53	4.93 (1.25); 4.90 [2.80 to 9.10]; n = 53
LDL cholesterol at baseline	51	2.86 (1.10); 2.70 [1.20 to 5.70]; n = 51
HDL cholesterol at baseline	49	1.34 (0.39); 1.20 [0.80 to 2.60]; n = 49
Trigycerides at baseline	50	1.63 (0.76); 1.40 [0.59 to 4.14]; n = 50
Waist circumference at baseline (cm)	12	114 (16); 115 [87 to 141]; n = 12

[1]Mean (SD); Median [Range]; n = N; n (%)

Your Role

- Early intervention: Opportunistic Screening
- Know your at risk population
- Tell your patients- good news story
- Refer to relevant community specialist teams in the local hub- dietitian led programme
- Participant and Practice Information leaflets available
- **Right Care, Right Place, Right Time**


NEW! National Diabetes Prevention Programme

INFORMATION FOR GP PRACTICES
You can now refer your patients with Pre-diabetes to this new programme

Eating for Health · Movement for Health · Change for Health · Weight for Health · Diabetes Prevention Programme

WHO CAN ATTEND?

- All adults with a new diagnosis of Pre-diabetes.
- All those with a pre-existing diagnosis of Pre-diabetes (provided they have had a recent blood test confirming that they are still in the Pre-Diabetes range).
- Women with previous gestational diabetes who fall within the Pre-diabetes range.
- **Pre-diabetes is defined as HbA1c 42-47mmol/mol (6-6.4%) and Fasting Plasma Glucose (FPG) 6.1-6.9mmol/L, in the absence of symptoms results should be confirmed by repeat testing on a different day.**
- To join the course participants will need bloods confirming their diagnosis of Pre-diabetes
- The Programme is **FREE** to all. GMS and non-GMS patients can attend.

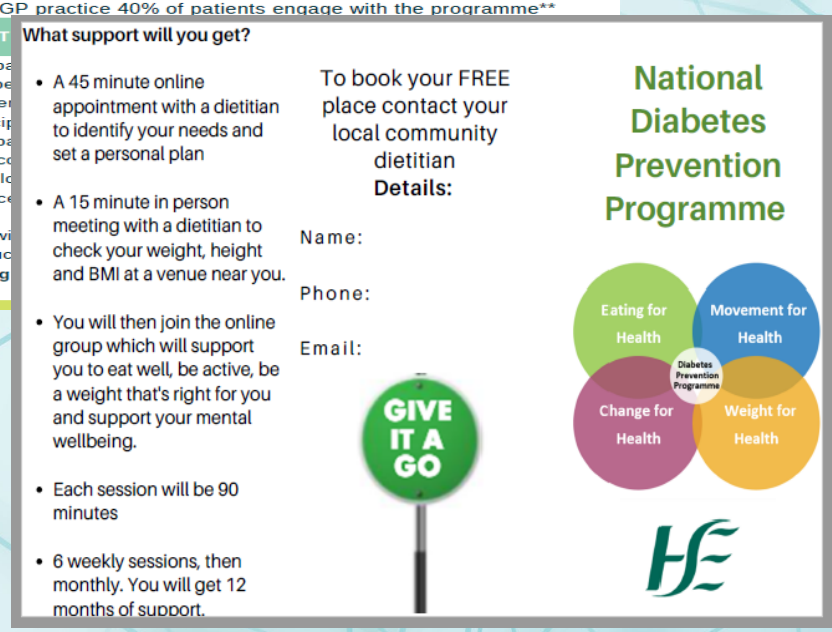
DID YOU KNOW?

International evidence shows that those with Pre-diabetes who follow a structured lifestyle intervention programme reduce the risk of progression to Type 2 diabetes by up to 60% *
Your support will make a difference. We know that when a programme is endorsed by a GP practice 40% of patients engage with the programme**

WHAT ARE T

- Identify your pa
- Promote the be
- Encourage ther
- Provide particip
- Inform participa and will be a c
- Refer to your lo dietitian service

The programme wi Management Educ
Eating


What support will you get?

- A 45 minute online appointment with a dietitian to identify your needs and set a personal plan
- A 15 minute in person meeting with a dietitian to check your weight, height and BMI at a venue near you.
- You will then join the online group which will support you to eat well, be active, be a weight that's right for you and support your mental wellbeing.
- Each session will be 90 minutes
- 6 weekly sessions, then monthly. You will get 12 months of support.

To book your FREE place contact your local community dietitian
Details:

Name:

Phone:

Email:

GIVE IT A GO

National Diabetes Prevention Programme

Eating for Health · Movement for Health · Change for Health · Weight for Health · Diabetes Prevention Programme

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How to refer

- Identify Eligible participants
- HbA1c 42-47mmol/l (and FPG 6.1-6.9mmol/mol)
- Consider High Risk Cohorts – Family History, Post GDM, Ethnicity (African-Caribbean, Black African, Chinese or South Asian)
- Age, over weight, obesity, waist circumference, blood pressure, cardiovascular history
- Dietetic Services – local pathways
- Community Dietitian in the Specialist Teams- Local Hubs
- Know how to access your local dietetic service

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2023 and beyond

- National Implementation Phase – Educator Training – Roll out in Hubs

- HSE Communications
- Blended offering to service users – online or in person

- Adaptations for cohort post GDM
- Cultural and Language adaptations
- Pilot in Mental Health settings

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Acknowledgements

- Integrated Care Programme for Chronic Disease- Dr. Orlaith O'Reilly
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- Community Dietitians –Managers, ICP Dietitians, DPP Pilot Site Dietitians
- Clinical Programme for Obesity – Karen Gaynor, Suzanne Seery & WMP pilot Dietitians
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- UCC Dept of Public Health & CRF, UCC – Evaluation
- Participants of the early test phase 2021/2022

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