The South Gloucestershire Diabetes Prevention Pilot Project
Oct 2016 – Nov 2017
Aims

- Background in brief: The course, what we did, who came
- What was achieved
- Patient feedback
- What worked well
- Challenges faced
- Lessons learned
<table>
<thead>
<tr>
<th>Date</th>
<th>Event Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>June 2015</td>
<td>Funding for pilot programme secured</td>
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<tr>
<td>Nov 2015</td>
<td>X-PERT Health as chosen provider</td>
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<tr>
<td>Dec 2015</td>
<td>Eligibility criteria - patients identified</td>
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<tr>
<td>Jan 2016</td>
<td>Patients invited</td>
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<td>Jan – Jun</td>
<td>Seven courses delivered</td>
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<tr>
<td>July - Sept</td>
<td>Data entry</td>
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<tr>
<td>Nov 2016</td>
<td>Evaluation report</td>
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Who Came?

- 99 people enrolled
- 61.6% (n=61) female
- 99% (n=98) White British

Risk factors: All aged >35 years
- 52.5% (n=52) had a family history of diabetes
- 6.6% (n=4) had a history of gestational diabetes
- 69.7% (69) were obese, and 22.2% (22) overweight
- 70.7% (70) had a comorbidity (CVD, Hypertension)
The Course

Week 1: What is pre-diabetes?
Week 2: Nutrition for health
Week 3: Carbohydrate Awareness
Week 4: Food Labels and Physical Activity
Week 5: Health Check and Reducing Risk
Week 6: Recapping and the way forward
6 month outcomes

Quantitative and Qualitative
Weight loss

Mean weight loss was 4.04kg

- 52.3% (45) achieved ≥3% weight loss
- 40.7% (35) achieved ≥5% weight loss
- 12.8% (11) achieved ≥10% weight loss
Other Outcomes

Improvements in:

- HbA1C (-3.45mmol)
- Waist Circumference (-5.32cm)
- Physical Activity Levels
- No statistically significant improvements in mental wellbeing
Participant feedback on the project
Following the course, I have made simple changes to my diet and six months later my weight, waist size and HbA1c number have all reduced .... I did not realise how close I was to getting diabetes and this was a real wake-up call (A).

The course was very well structured and put across in very easily understood terms; the mechanics of how diabetes occurred and how your diet affected this. (B)

It’s made me more positive. I’m enjoying life (E)

They gave us choices and its for us to choose. I found that more helpful because then I think it motivated me more than just being told “you’re fat and you need to lose weight” – I’d go “yeah, I know that” (A)
So what worked well?
1. Initial Letter

“Getting the letter was like a kick up the ass”

“I hadn’t even considered I was at risk”

“Why have you chosen me? Why am I on your hit list?”
2. Barry and Jackie
And also ......

- Working in partnership
- Resources
- Tea /coffee/ healthy snacks
- Relaxed learning environment
- A course which offers different learning styles
- Ongoing support ......
I find the emails a source of support and enjoy the communication, and I love seeing people after a few months at our reunion groups.

I feel the support is invaluable because you feel that you still belong to that unit of people you went through the course with and also you still have help available if you need it.

Just wanted to say that I think the monthly emails have a really good effect on me personally as they keep you on the right track, if I am struggling or having a bit of a bad week they sort me out.

It's brilliant to know that you are interested in us and our welfare and giving me the words of encouragement needed.
Challenges

• Initial GP letters – confidentiality / headed paper
• Demand exceeded expectation
• Timings of sessions – need flexibility (although evenings were more prone to drop out)
• Phlebotomy
• Patient needs:
  - Level of understanding
  - Recapping
What our patients said ....

- Make sure that educators are ‘good with people’ and are able to communicate with people from a variety of backgrounds.
- Make sure that educators have a good biological/medical understanding of diabetes.
- Make sure the programme is age appropriate. Different generations can have different experiences and expectations with regard to diet, information technology and education.
- Place more emphasis on physical activity.
- Include some friendly competition or more challenging targets for the group.
- Do not dilute the programme by trying to run it with bigger groups, fewer staff or in a shorter time.
THANK YOU

I can eat sugar with either hand.
I'm ambidextrose.