Project Scope: Digital prevention programme for people at risk of developing Type 2 diabetes

August 2023

Research question

What evidence is available on the clinical and cost effectiveness of digital diabetes (type 2) prevention programmes?

Inclusion criteria

The selection of studies for inclusion in the literature review element of the project will be based on the following criteria:

Population	People identified as 'at risk' of developing Type 2 diabetes in primary care with a diagnosis of pre-diabetes or postpartum gestational diabetes (GDM).
Intervention	Digital prevention programmes capable of national roll out. **Digital programmes that comply with NICE PH38, specifically:** • **9 months or more in duration,** • **based on a clear behaviour change methodology,** • **more intensive at the start delivering core sessions frequently (e.g. weekly or fortnightly)** • Must include health coach input (human support)
Comparator	No intervention/do nothing Non-digital or remote approaches - **in person,** NearMe, My Desmond's Lets Prevent or Prevent IT. Generic weight loss programme existing face to face service based on individual choice and needs
Outcomes	Improved patient outcomes: Reduced: HbA1c to normal range, BMI, % weight loss,

	prevention of GDM in subsequent pregnancies
	Engagement: Recruitment and uptake Dropout rates at 3, 6 and 9 months. Completion rates User experience – patient and staff experience (including accessibility, impact on waiting lists, time saving, staff freed up for more complex work), Economics: Programme costs, cost-effectiveness, QALYs, healthcare resource utilisation
Limits	English language – 10yrs.

Planned activities

1. Review literature on digital prevention programmes for Type 2 diabetes. Literature will include peer-reviewed publications as well as grey literature (especially evaluation of the Digital programme within DIPLOMA study).

2. Peer Review input

End products

At the end of the project, SHTG will publish:

- SHTG Assessment

- Plain language summary

Timescales (approximate)

Work on the project started in August 2023 and will aim to be completed by October 2023

October: evidence review draft by 16th October (for internal use only)

Nov/Dec: economic modelling/peer review and publication on SHTG website