

Public Health Guideline

Preventing type 2 diabetes: population and community-level interventions - Consultation on Review Proposal Stakeholder Comments Table

18 July – 1 August 2014

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Royal College of Physicians (RCP)/Association of British Clinical Diabetologists (ABCD)	General Comments		<p>The ABCD/RCP are grateful for the opportunity to comment on this review proposal. We would like to make the following comments:</p> <p>It is clear that significant new information has become available since this the guidance was published in 2011. Our experts are therefore in agreement with the NICE proposal that the guidance should be updated. We also agree that the guidance on Prevention of Diabetes in those at High risk should be updated and that the current guidance review should follow that review.</p> <p>We note that there have been several pieces of guidance produced by NICE since publication in 2011 which are very relevant and complimentary to the guidance in question.</p> <p>Our experts remain concerned that more needs to be done, in the health and social care context, to ensure that this and related guidance are implemented. Without sufficient infrastructure and resources being made available it unlikely that the impact of available evidence can be realised at a population level.</p>	<p>Noted. Thank you for commenting on this review proposal.</p>
Cambridge Weight Plan	General		<p>Cambridge Weight Plan would like to thank NICE for providing us with the opportunity to comment on this review proposal.</p> <p>We believe that NICE should not only take into account new evidence and changes in practice when considering the possibility of updating guidelines, but also broader trends in the area under consideration.</p> <p>In this case, the increasing prevalence of type 2 diabetes, linked to an increasing prevalence of obesity, should have been taken into account when considering the opportunity of updating these guidelines.</p>	<p>Thank you for commenting on this review proposal.</p> <p>Noted, thank you. The Evidence Update Advisory Group heard policy updates from the Department of Health, Public Health England and the National Clinical Director for Obesity and</p>

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				<p>Diabetes, during which obesity was discussed. The EUAG are experts in the field of diabetes and as such, are very aware of the impact of obesity on the prevalence of type 2 diabetes.</p> <p>The updated guidance will of course take into account the health and policy context:</p>
Cambridge Weight Plan	Section 3		<p><u>Literature searches, selection and appraisal</u> Cambridge notes that it is difficult for external stakeholders to provide comments regarding the literature search, selection and appraisal process given that NICE has decided to only provide references of the 12 papers which were chosen for inclusion in the evidence update.</p> <p>As the remaining 16 papers chosen for discussion by the Evidence Update Advisory Group (EUAG) were not included, we cannot provide a full assessment and would advise NICE to consider publishing this information in the future.</p>	<p>Noted thank you.</p> <p>The Evidence Update will be published in October and will include a list of included studies. A list of excluded studies is available on request. The updated guidance, when it has been developed and published, will also include full details of the evidence included and excluded during development.</p>

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Cambridge Weight Plan	Section 3		<p><u>Conveying messages to the local population</u></p> <p>Cambridge believes that the increasing prevalence of obesity and type 2 diabetes should have been taken into account when considering the need for updating Recommendation 6.</p> <p>In particular, the role which can be played by providers who are already present in the local community should be more prominently highlighted, given that they are well placed to convey messages regarding the prevention of type-2 diabetes.</p>	<p>Thank you for your comment. PH35 sets the current context of type 2 diabetes out clearly, including the burden of disease and risk factors. This will be updated in full when the guidance is updated. The current consultation is on whether or not to update the guidance. Recommendation 4 in the existing guidance highlights the importance of commissioning culturally appropriate and financially accessible weight management programmes from either NHS or non NHS providers.</p> <p>NICE public health guidance is also available on Managing overweight and obesity</p>

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				in adults – lifestyle weight management services which focuses specifically on the role of weight management providers.
Cambridge Weight Plan	Section 3		Advice from the expert panel: policy context Cambridge agrees that a general refresh of language and terminology used in the guidance is needed following the recent changes to the public health system.	Noted, thank you.
Cambridge Weight Plan	Section 8		Recommendations We agree that the guidance should be refreshed to ensure that the language and terminology are up to date. We also agree with the recommendation of bringing forward the review of PH38 'Preventing type 2 diabetes – risk identification and interventions for individuals at high risk' to 2014, and of carrying out any identified updates on PH35 and PH38 at the same time, to guarantee consistency and avoid confusion.	Noted, Thank you for your comments.
Department of Health	General		I wish to confirm that the Department of Health has no substantive comments to make, regarding this consultation.	Noted, thank you.
Diabetes UK	General		We agree with the proposal to update PH35 and PH38. We would be happy to be consulted as a stakeholder on both sets of guidance.	Noted, thank you.
Institute of Health & Society, Newcastle University	Conclusion and Recommendation		We fully approve the recommendation that updates of PH35 and PH38 are considered together.	Noted. Thank you for commenting on this

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	n			review proposal.
Institute of Health & Society, Newcastle University	1 Background		The rationale for dividing the guidance on the prevention of type 2 diabetes into two separate pieces of guidance does not appear to have been directly considered by the EUAG for PH35. This should arguably be highlighted as a topic for consideration in the review of PH38.	Noted thank you. The EUAG has recommended that the partial update of PH35 and any required update of PH38 are carried out together. We will now proceed to review PH38 for update following the standard CPH process, and the issue of how best to manage a joint update will be considered during this process.
Institute of Health & Society, Newcastle University	3 Consideration of the evidence and practice		<p>The brief for the PH35 Evidence Update was 'developed using the original inclusion criteria, methods and considerations used to develop PH35'.</p> <p>While this process was determined by NICE procedures, this process precludes a review of the scope and the original methods used to develop PH35. Basing the update on the original scope for PH35 (and potentially for PH38) is somewhat problematic in this particular case as the titles of PH35 and PH38 were changed during the PDG consultations. The effect of this change on the scope for the evidence review and update has not been considered.</p>	<p>The original referral was divided into two separate pieces of guidance. PH35 originally set out to address the prevention of 'pre-diabetes' among adults aged 18–74 in communities at high risk of developing type 2 diabetes. The second set out to focus on preventing the progression from 'pre-diabetes' to type 2 diabetes.</p> <p>However, in January 2011 the World Health Organization</p>

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				<p>(WHO) recommended that glycated haemoglobin (HbA_{1c}) could be used as an alternative to standard glucose measures to diagnose type 2 diabetes among non-pregnant adults. HbA_{1c} levels of 6.5% (48 mmol/mol) or above indicate that someone has type 2 diabetes – but there is no fixed point to indicate when someone has 'pre-diabetes'. (Increasing levels of HbA_{1c}, up to the 6.5% (48 mmol/mol) cut-off point, mean someone is at increasing risk of type 2 diabetes.)</p> <p>The title of the two pieces of guidance therefore changed to reflect this move away from recognising 'pre-diabetes' as a separate condition. However, the overall range and scope of the content remained the same. The change in titles therefore should not have had any impact on the evidence review.</p>
<p>Institute of Health & Society, Newcastle University</p>	<p>Interventions for communities at high risk of T2D</p>		<p>It is not entirely clear why these systematic reviews, which include studies where participants were already diagnosed with T2D (10 out of 18 studies in the Osei-Assibey review) should be considered community level rather than individual level interventions. This helps to highlight the need to reconsider the</p>	<p>Thank you for your comment. The reviews were included because a number of the studies</p>

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			rationale for the division to produce two pieces of guidance.	did included relevant population groups, and also because little evidence in this important area was identified for the original guidance and the EUAG felt it was important to review what new evidence there was as they considered the guidance for update. The available evidence will be considered in more detail when the guidance itself is updated.
Institute of Health & Society, Newcastle University	Comparing prevention approaches		The conclusion of the modelling reported in the paper by Backholer et al suggests that a combination of population wide and high-risk approaches to T2D prevention would be an appropriate strategy. They also suggest that the relative cost effectiveness is an important factor for prioritisation of different approaches. However the potential synergistic or 'knock on' effect of a combined (population, community and high risk) strategy would also need to be assessed.	Noted, thank you. These issues will be considered during the update of the guidance: The current consultation focuses only on the review proposal.
LighterLife UK Ltd	General		LighterLife welcomes the opportunity to comment on this review proposal. With a rising prevalence of type 2 diabetes among the British population, we believe there is an ever increasing need for effective measures to tackle the onset of this condition. As recognised by the recent Public Health England paper on <i>Adult obesity and type 2 diabetes</i> , there is a seven times greater risk of diabetes in obese	Thank you for commenting on this review proposal. Noted, thank you. PH35 sets out the current context for type 2

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			<p>people compared to those of healthy weight, with a threefold increase in risk for overweight people. This makes it clear that the rising prevalence of obesity will continue to lead to a rise in the prevalence of type 2 diabetes.</p> <p>We would like to stress that, in addition to considering any changes in practice since the guidance was published and any additional evidence, ... the review process for public health guidance should also take into account the broader trends at national level.</p> <p>In the case of type-2 diabetes, the total number of adults affected is projected to rise to 9.5% of the adult population in England by 2030 compared to the current 6%. We believe these trends need to be taken into account when considering the possibility of updating relevant pieces of guidance – such as this.</p>	<p>diabetes, including the burden of disease and risk factors, at the time of publication. This information will all be updated as the guidance is updated. In terms of the guidance updated review, the Evidence Update Advisory Group heard policy updates from the Department of Health, Public Health England and the National Clinical Director for Obesity and Diabetes, during which obesity was discussed. The EUAG are experts in the field of diabetes and as such, are very aware of the impact of obesity on the prevalence of type 2 diabetes.</p>
LighterLife UK Ltd	Section 3		<p><u>Literature searches, selection and appraisal</u> LighterLife notes that out of the set of 28 prioritised papers which were chosen for discussion by the Evidence Update Advisory Group (EUAG), details of the 16 papers which were not used in the evidence update have not been provided. This decision makes it very difficult for stakeholders to comment on the selection of papers used as the evidence base for this review.</p>	<p>Noted thank you.</p> <p>The Evidence Update will be published in October and will include a list of included studies.</p>

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				A list of excluded studies is available on request. The updated guidance, when published, will also include full details of evidence both included and excluded.
LighterLife UK Ltd	Section 3		<p><u>Interventions for communities at high risk of type 2 diabetes</u> Lighterlife notes the importance of focussing on interventions for specific communities at high risk of type 2 diabetes. We also believe that, whilst it is important to ensure that high-risk groups are targeted, that no one particular group of people should feel stigmatised by this guidance. We believe that the perception of overweight and obesity within both religious and cultural contexts needs to be carefully considered when managing barriers to engagement and participation.</p> <p>Lighterlife believes that lifestyle weight management providers have an important role to play in health promotion by facilitating successful weight management, as well as running nutrition education sessions and generally increasing awareness of the key messages. We believe that reference to this should be included in a partial update alongside the mention of the usefulness of community resources</p>	<p>Noted, thank you.</p> <p>Noted, thank you. Recommendation 4 in the existing guidance highlights the importance of commissioning culturally appropriate and financially accessible weight management programmes from either NHS or non NHS providers.</p>

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				NICE public health guidance is also available on Managing overweight and obesity in adults – lifestyle weight management services which focuses specifically on the role of weight management providers.
LighterLife UK Ltd	Section 3		<u>Conveying messages to the local population</u> LighterLife believes that the increasing prevalence of obesity and type 2 diabetes should have prompted the Institute to consider updating Recommendation 6. We consider that this recommendation lacks references to actions which should be taken by commissioners and providers of local public health services. In particular, we believe that more weight should be placed on the role of providers of weight management services operating in the local community, who are very well placed to convey messages for the local community about preventing type 2 diabetes and other non-communicable diseases.	Noted thank you. Please see the above comments.
LighterLife UK Ltd	Section 3		<u>Advice from the expert panel: policy context</u> LighterLife agrees that a general refresh of language and terminology used in the guidance is needed following the recent changes to the public health system.	Noted, thank you.
LighterLife UK Ltd	Section 8		<u>Recommendations</u> We agree that the guidance should be refreshed to ensure that the language and terminology are up to date. We would also welcome publication of the details of the additional 16 papers identified, but not used by the EUAG.	Noted, thank you.

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			We also agree with the recommendation of bringing forward the review of PH38 'Preventing type 2 diabetes – risk identification and interventions for individuals at high risk' to 2014, and of carrying out any identified updates on PH35 and PH38 at the same time, to guarantee consistency and avoid confusion.	Thank you for commenting on this proposal.
RCN	General		This is to inform you that there are no comments to submit to inform on the review proposal of the above consultation	Noted. Thank you.
Royal College of Physicians and Surgeons of Glasgow	general		This guideline addressed population measures to reduce diabetes mellitus (PH35) and was followed by a guideline on measures to reduce individual risk in people at high risk (PH38). Since these were published the number of people diagnosed as having diabetes has steadily increased with no evidence of slowing down. Diabetes remains a major public health issue in the UK.	Noted. Thank you for commenting on this review proposal.
Royal College of Physicians and Surgeons of Glasgow	general		We would recommend that guidelines should be revised and produced as a single revision rather than two separate guidelines as there is considerable overlap of content. The revision should concentrate on measures for which there is clear evidence in the literature. We have concerns that, for PH35 and to a lesser extent for PH38, much of the evidence was of low quality.	Noted, thank you. We will now proceed to review PH38 for update. If the process for PH38 also supports a joint update, then a scope for the update will be produced for consultation with stakeholders and this will set out what the update will and will not cover. The current consultation focuses only on the update review proposal for PH35.

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Slimming World	General		Our organisation agree with the recommendations in terms of the need to update some of the language in light of structural changes at both a national and a local level and with the inclusion of the recent relevant evidence published since May 2011. However with respect to better aligning PH 35 and PH 38 could we suggest that better still would be to combine the two guidance documents in order to make the prevention of type 2 diabetes a more seamless process?	Noted. Thank you for commenting on this review proposal. Please see our previous response: once development of a joint update has been agreed and commences, a scope will be produced for consultation which sets out how this will be managed. The current consultation focuses only on the review proposal for PH35.
Slimming World	General		Given the emphasis on weight management in preventing type 2 diabetes, could a thread throughout be making 'every contact count'. There is a theme about generally raising awareness but not specifically about making every contact count which is so important in terms of encouraging behaviour change.	Noted, thank you. Again, this is something that will be considered during scoping and development once a joint update has been agreed, during scoping and development, and depending on the available evidence. The current consultation focuses only on the review proposal for PH35.

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