

NHS Diabetes Prevention Programme GDM FAQs

NHS Diabetes Prevention Programme (DPP) – expansion of referral routes for people with a history of Gestational Diabetes Mellitus (GDM)

To support improved access to the NHS DPP, the programme now accepts self-referral for people with a history of GDM, in addition to the usual referral route from General Practice, without the need for a glycaemic test result to be submitted.

This includes those who have current GDM (i.e. are currently pregnant), who may be signposted to self-refer by maternity services and may start the programme post-pregnancy.

Every year in England, out of the approximate 700,000 women who give birth, it is estimated that around 30,000 have Gestational Diabetes Mellitus (GDM). Up to 50% of women diagnosed with GDM develop Type 2 diabetes (T2D) within 5 years of diagnosis with an ongoing elevated risk thereafter.

Lifestyle change interventions are effective in preventing type 2 diabetes. Independent evaluation of the Healthier You NHS Diabetes Prevention Programme (NHS DPP) has demonstrated that programme completion is associated with a 37% relative risk reduction in developing type 2 diabetes.

The NHS DPP provides a choice of offers including digital one-to-one, face to face group sessions and a tailored group-based video conference service specifically for those with a history of GDM.

Although the programme will allow self-referral (or referral from General Practice) without a blood test result, it is important that people with a history of GDM receive glycaemic checks postnatally and then at least annually, in line with NICE guidance.

Please see the set of FAQs below for further information. Any questions or queries should be directed to england.ndpp@nhs.net.

What is the NHS Diabetes Prevention Programme?

The NHS DPP is an evidence-based behaviour change programme that supports people identified as being at high risk of developing type 2 diabetes. It is proven to be effective in reducing the risk of developing T2D. Over 9 months, individuals receive personalised support with healthy eating and lifestyle, increasing physical activity and managing their weight. There is no cost to participants.

Who can self-refer?

Only people aged 18 to 79 with a history of GDM can self-refer. This can be at any point after GDM has been diagnosed; there is no time limit. People without a history of GDM who are eligible for the programme due to non-diabetic hyperglycaemia cannot self-refer and must be referred by their GP practice with an appropriate blood test result.

What are the exclusion criteria for the programme?

The exclusion criteria are the same whether referred or self-referred. These are:

- Individuals who have ever been diagnosed with T2D
- Individuals with an active eating disorder
- Individuals with severe/moderate frailty
- Individuals who have undergone bariatric surgery in the last two years

What has changed?

Previously, the programme required all individuals with a history of GDM to be referred through General Practice (using a referral form) and to have a blood test result within the previous 12 months (to show that they did not have T2D).

Now, anyone with a history of GDM can self-refer or be referred to the NHS DPP without a blood test result. This includes those who have current GDM (i.e. are currently pregnant), although they can only start the programme post-pregnancy.

As the GDM self-referral route will not require a blood test result, individuals should be advised of the importance of having blood tests postnatally and annually thereafter, in line with [NICE Guideline NG3](#).

Why have these changes been made?

People referred to the NHS DPP due to a history of GDM are not required to have non-diabetic hyperglycaemia (NDH); the sole purpose of the blood test result on referral for this group had been to establish the absence of T2D. This is different to those referred to the programme who do not have a history of GDM.

Following review of the evidence and engagement with a wide range of stakeholders, it was regarded that removing the requirement for a blood test would support improved access to the programme for this group, and the potential reduction of inequalities.

How can General Practice refer?

GP practices may refer using locally-agreed referral forms, which include a section to indicate whether the person referred has a history of GDM. If this is marked on the referral form, the referral will be accepted without a blood test result, although practices should continue to offer yearly HbA1c testing for people with a history of GDM, in line with NICE guidance.

In addition, practices may direct appropriate patients with a history of GDM to self-refer. This could be facilitated through clinical system searches and appropriate bulk messaging.

How will the GDM self-referral route work?

The self-referral pathway will be supported by a national NHS England GDM [webpage](#) where individuals will be able to contact their local NHS DPP provider by completing a short form or via email or telephone.

Healthcare professionals may signpost people with a history of GDM to the self-referral route e.g. by directing them to the [webpage](#) and/or sharing a leaflet. A national version of the leaflet is available in various languages (English, Bengali, Gujarati, Hindi, Polish, Punjabi and Urdu) and can be found [here](#). Systems may choose to produce their own localised leaflets using the national leaflets as a template.

What happens if someone self-refers to NHS DPP, but is then found to have T2D before starting the programme?

If an individual is found to have T2D prior to starting the programme, they should speak to their GP practice to seek appropriate clinical support and cannot start the programme.

What happens if someone self-refers to NHS DPP, but is then found to have T2D after starting the programme?

If someone is found to have previously undetected T2D after starting the programme, they will be given the option to continue on the NHS DPP as they may still benefit from support regarding improving nutrition, increasing physical activity, and achieving a healthy weight. They should also access appropriate clinical support from their GP practice.

How will the individual's GP practice be informed if they have self-referred?

The NHS DPP provider will notify the GP practice of the self-referral, as long as consent to do so has been given by the individual.