

## Frequently Asked Questions (FAQ)

# Cessation of point-of-care HbA1c testing in the NHS Diabetes Prevention Programme

NHS England and NHS Improvement



### Cessation of point-of-care HbA1c testing in the NHS Diabetes Prevention Programme

#### 1.0 Why are we ceasing the use of POCT HbA1c blood tests as part of the Diabetes Prevention Programme (NHS DPP)?

There are 3 key reasons for ceasing the use of POCT HbA1c blood tests as part of NHS DPP:

- HbA1c testing on NHS DPP was only intended to assess response to the intervention rather than monitoring for progression to Type 2 diabetes (point-of-care testing should not be used for categorisation / diagnosis of diabetes). For the independent evaluation of programme effectiveness, the requisite sample size for sufficient power to evaluate the impact of the NHS DPP on HbA1c has now been achieved. Furthermore, we have expanded the National Diabetes Audit to extract data from primary care systems for people with non-diabetic hyperglycaemia, allowing longitudinal monitoring of glycaemia and also assessment of long-term impact on microvascular complications, cardiovascular disease, and mortality.
- Analysis of participant data has shown that the performance of point-of-care HbA1c testing within the programme is not as good as laboratory measures of HbA1c, with a tendency towards systematic negative bias (underreporting HbA1c compared to venous blood tests). Our programme data also suggests there is a demotivating and disengaging effect associated with receiving point-of-care results within the normal range.
- Cessation of blood testing on the programme will simplify the pathway for participants and is expected to reduce delay between referral and starting the programme.

#### 2.0 Will patients be required to have a venous blood test prior to commencing the programme if their most recent blood test is not within the last 3 months?

The eligibility criteria for referral to NHS DPP remains unchanged with patients needing to have a HbA1c blood test in the last 12 months in the range of 42.0-47.9mmol/mol indicating non-diabetic hyperglycaemia. Providers will no longer undertake a baseline HbA1c blood test. This will simplify the pathway for patients and reduce the current delay between referral and patients starting the programme for those patients waiting for a baseline blood test.

#### 3.0 Will patients be required to have a blood test at six-month stage and at end of the programme?

Patients will no longer be required to have a blood test when they have reached the six month or end of programme milestone.

Patients who drop out or have completed NHS DPP will be signposted by the NHS DPP provider about the importance of a venous HbA1c test from their GP practice as part of an annual review to ensure that they haven't progressed to Type 2 diabetes.

In the short term some providers may continue to offer blood tests to patients at six months and end of the programme where desired by patients as they seek to utilise their remaining POCT supplies, reducing wastage.

#### 4.0 Why are some patients still being offered bloods tests at six months or end of the programme?

In the short term some providers may continue to offer blood tests to patients at six months and end of the programme where desired by patients as they seek to utilise their remaining POCT supplies, reducing wastage.

## 5.0 Will Primary Care be required to undertake blood tests for people attending the NHS Diabetes Prevention Programme?

There is no requirement for primary care to undertake venous blood tests for people attending the NHS DPP.

For people with non-diabetic hyperglycaemia defined by a fasting plasma glucose of 5.5-6.9 mmol/l or HbA1c of 42.0-47.9 mmol/mol), irrespective of whether or not they have attended the NHS DPP, [NICE Guidance PH38](#) recommends:

- Offer a blood test at least once a year (preferably using the same type of test [as previously used to identify NDH]). Also offer to assess their weight or BMI;
- At least once a year, review the lifestyle changes people at high risk have made. Use the review to help reinforce their dietary and physical activity goals, as well as checking their risk factors. The review could also provide an opportunity to help people 'restart', if lifestyle changes have not been maintained.

Patients who drop out or have completed NHS DPP will be signposted by the NHS DPP provider about the importance of a venous HbA1c test from their GP practice as part of an annual review to ensure that they haven't progressed to Type 2 diabetes, in line with NICE guidance.

## 6.0 Will providers still send POCT HbA1c results to primary care?

For patients who are currently on the programme, providers will continue to send POCT blood tests to primary care at the point of discharge from the programme.

These results are from point-of-care HbA1c tests; it is important to note that the accuracy, precision and reproducibility of point-of-care-measured values may not be as good as laboratory-measured venous values. They should not be assumed to be equivalent to venous tests, coded as venous results on the patient record or relied upon in monitoring for progression to type 2 diabetes. Guidelines state that point-of-care tests are only to track response to an intervention (such as the NHS DPP), rather than for categorisation / diagnosis. They do not replace the need for annual venous blood testing.

It will be for local determination between providers and local health economies if the POCT HbA1c test results should continue to be reported by the provider to primary care.

## 7.0 Will removal of the POCT impact upon the evaluation of the NHS Diabetes Prevention Programme?

Following an evaluation of the benefits of POCT blood tests as part of the NHS DPP, these will no longer be offered to new participants. POCT were implemented as part of the programme for 2 reasons:

1. Firstly, to help us evaluate whether the programme as a whole was working, and
2. secondly as an indicative reading for participants to try to show how they were improving their lifestyle.

Initial evaluation of blood test results at scale has now been completed. It shows that the programme is successfully helping participants improve their blood glucose readings. Further evaluations will be undertaken, using data extracted from Primary Care records through the National Diabetes Audit. POCT as part of the programme is therefore no longer needed for evaluation purposes.

## 8.0 What will providers be communicating about withdrawal of POCT to patients in response to questions such as "I haven't received a blood test, but others on my group have. Why haven't I?", "When will I get another blood test?" and "Do I need to get a blood test from my GP instead?"

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1. Firstly, to help us evaluate whether the programme as a whole was working, and
2. secondly as an indicative reading for participants to try to show how they were improving their lifestyle.

An evaluation of blood test results at scale has now been completed. It shows that the programme has been successfully helping participants on the programme to reduce their risk of developing T2D. Further evaluations will be undertaken, but these will use venous blood test data already taken by GPs before people join the programme, and at GP annual reviews with their patients following the programme. These too are already offered by GPs. This will give a better indication of the benefits of the programme over time. POCT as part of the programme is therefore no longer needed for evaluation purposes.

The evaluation of POCT results also looked at their benefit for individuals. The results suggest they gave only limited value. This is because variability in results taken using POCTs, particularly when they are used as one-off tests provides only a very rough indication of actual improvement. Instead, we are working with GPs to encourage take-up of annual review venous blood tests. These will provide a better indication of your reduced risk after completing the programme. At that time both you and your GP will be sent a letter to remind you to arrange an annual review.

## **9.0 Will patients be informed how to track that they don't have Type 2 diabetes?**

HbA1c testing on NHS DPP was only intended to assess response to the intervention rather than monitoring for progression to Type 2 diabetes (point-of-care testing should not be used for categorisation / diagnosis of diabetes).

For people with non-diabetic hyperglycaemia defined by a fasting plasma glucose of 5.5-6.9 mmol/l or HbA1c of 42.0-47.9 mmol/mol), irrespective of whether or not they have attended the NHS DPP, [NICE Guidance PH38](#) recommends:

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- At least once a year, review the lifestyle changes people at high risk have made. Use the review to help reinforce their dietary and physical activity goals, as well as checking their risk factors. The review could also provide an opportunity to help people 'restart', if lifestyle changes have not been maintained.

Patients who drop out or have completed NHS DPP will therefore be signposted by the NHS DPP provider about the importance of a venous HbA1c test from their GP practice as part of an annual review to ensure that they haven't progressed to Type 2 diabetes, in line with NICE guidance.