Non-diabetic hyperglycaemia and the Diabetes Prevention Programme 2020-21

Summary report
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The Non-Diabetic Hyperglycaemia (NDH) and the Diabetes Prevention Programme Audit measures the numbers of people diagnosed with NDH in England. It also measures the numbers who access the Diabetes Prevention Programme (DPP) and how many people go on to develop type 2 diabetes following their diagnosis of NDH. The information in the audit is collected and submitted by GP practices and providers of the DPP in England.

This report includes information on 2.4 million people diagnosed with non-diabetic hyperglycaemia. The percentage of the population with NDH has increased every year since 2017.

2.4 million people in England have a diagnosis of NDH

The percentage of the population with NDH has increased every year since the first audit in 2017.
About NDH and DPP

NDH is sometimes referred to as prediabetes. It means that your blood glucose is higher than usual, but not high enough for you to be diagnosed with type 2 diabetes. NDH is a warning sign that you are at high risk of developing type 2 diabetes. The good news is you don’t have it yet, and there are lots of things you can do to prevent or delay type 2 diabetes from developing.

GPs can identify those at high risk and refer them onto the NHS Diabetes Prevention Programme (DPP), to help change behaviour and reduce the risk of developing type 2 diabetes. People are supported to maintain a healthy weight, improve nutrition and be more active. These are things which together have been proven to reduce the risk of developing type 2 diabetes.

Key findings

Q: How many people are recorded as having NDH?

2.4 million people in England had a diagnosis of NDH in their GP records. The table below shows the increase in people with a recorded diagnosis of NDH since the first audit in 2017–18. The percentage of the population with a recorded diagnosis of NDH has also increased over this time. Although the total number of people diagnosed with NDH increased, the number of new diagnoses of NDH dropped in 2020-21 due to the impact of COVID-19.

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of recorded diagnosis</th>
<th>% of population</th>
<th>Increase or decrease</th>
</tr>
</thead>
<tbody>
<tr>
<td>2020–21</td>
<td>2.4 million</td>
<td>4.9</td>
<td>↑</td>
</tr>
<tr>
<td>2019–20</td>
<td>2.1 million</td>
<td>4.3</td>
<td>↑</td>
</tr>
<tr>
<td>2018–19</td>
<td>1.8 million</td>
<td>3.7</td>
<td>↑</td>
</tr>
<tr>
<td>2017–18</td>
<td>1.3 million</td>
<td>2.7</td>
<td>↑</td>
</tr>
</tbody>
</table>

Public Health England estimate¹ that the real number of people in England with NDH is 5 million. This means that nearly 3 million people don’t know they are at increased risk of developing type 2 diabetes.

GP practices should continue to identify and record NDH diagnoses. It’s vital that people at high risk are identified so that they can receive the appropriate care and support to prevent or delay them from developing type 2 diabetes.

Q: Do people with NDH receive the care they need?

NICE guidelines for people at high risk of developing type 2 diabetes say that:

‘People at high risk of developing type 2 diabetes should be offered a blood test and assessment of their BMI at least once a year.’

The results of this audit show that only 39% of people with NDH received these two healthcare checks in 2020-21. This is lower than previous years due to the pressures of the COVID-19 pandemic on healthcare services.

All people with NDH should have the recommended health care checks every year which will help to quickly identify people who have gone on to develop type 2 diabetes.

Q: How many people with NDH have developed type 2 diabetes?

In 2017-18, the first of these audits identified nearly 1.3 million people with a diagnosis of NDH recorded in their GP records. 13% of these have now gone on to develop type 2 diabetes.

There are certain things (individual characteristics) about people with NDH which make them more at risk of developing type 2 diabetes than others. Some of these risks are things that people can’t change. But there are other risks such as BMI (used to categorise people’s weight) that people can change with support.

<table>
<thead>
<tr>
<th>Individual characteristic</th>
<th>Higher risk</th>
<th>Can this risk factor be changed?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>40-64 years</td>
<td>No</td>
</tr>
<tr>
<td>Ethnicity</td>
<td>Asian</td>
<td>No</td>
</tr>
<tr>
<td>Deprivation level</td>
<td>Most deprived level</td>
<td>No</td>
</tr>
<tr>
<td>Body mass index (BMI)</td>
<td>BMI of 30 or over (obese)</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Health services should support people with NDH to change those risks factors that can be changed to reduce the number of people developing type 2 diabetes.

Q: How many people with NDH have been referred to the Diabetes Prevention Programme?

The Healthier You: NHS Diabetes Prevention Programme (DPP) is for people at high risk of developing type 2 diabetes. It is a joint programme between NHS England and Diabetes UK.

85% of people with a recent diagnosis of NDH would have been eligible to be referred to take part in the Diabetes Prevention Programme. But the current data shows that the majority of people who could be supported by the DPP have not been referred.

The DPP is a great step forwards in preventing people at high risk from developing type 2 diabetes. GP practices should offer referral to the DPP to everyone who is eligible and who would benefit from the programme.
Find out more