TNT estimates to implement recommended interventions to prevent type 2 diabetes in at risk people

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Please note that the estimates are rough and should be interpreted with caution.

Table 4a

Time needed to improve the outcome for one person	Time needed to provide the intervention for all eligible in a practice of 2000 people	Time needed as proportion of time available
47h of GP time, 105 h of nurse time, and 86 h for professionals outside of the GP practice, for one fewer person to progress from HbA1c 42-47 mmol/mol to > 48 mmol/mol in 5 years. Not possible to estimate for mortality, CVD-	103 h for the GP, 230 hours for the nurse, and 190 h for professionals outside of the GP practice, per year, would be needed to provide the intervention to all eligible in a GP practice of 2000 people.	9% of total GP time available with patients (for all causes), and 20% of total nurse time available with patients (for all causes) would be needed to implement the recommendations
mortality, or any other outcome since there is no evidence of a beneficial effect for those outcomes.		

How TNT estimates were derived (more details available in Table 4b below):

Based on NICE guideline available here: <u>https://www.nice.org.uk/guidance/ph38)</u>

Risk identification:Stage 1GPs: 1 minute for 20% of the population per yearOther: 2 + 2 + 10 minutes for 41% of the total population per yearStage 2GP: 1 minute for 20% of the total population per yearNurses: 4 minutes for 20% of the total population per year

In a practice of 2000 patients: GPs: 800 minutes = **13 h per year** Nurses: 1600 minutes = **27 h per year** Others: 11424 minutes = **190 h per year**

Interventions Low risk: Nurses: 10 minutes for 20% of the total population (in the first year of 5) Moderate risk: GPs: 25 minutes for 5% of the total population (in the first year of 5) Nurses: 2.5 h for 5 % of the total population (in the first year of 5) High risk:

GPs: 25 minutes for 5% of the total population (in the first year of 5) Nurses: 4 hours for 5% of the total population (in the first year of 5)

Above cut off: GPs: 25 minutes for 3.3% of the total population (in the first year of 5) Nurses: 4 hours for 3.3% of the total population (in the first year of 5)

In a practice of 2000 patients:

GPs: 2500 minutes (25 minutes x 5% of 2000 or 100 people = 2500 minutes) or 42 h for moderate and 42 h for high risk; 1650 minutes (25 minutes x 3.3% of 2000 or 66 people = 1650 minutes) or 28 h for above cut-off = Total for GPs: 112 h for the first year of 5 = **23 h per year on average**

Nurses: 4080 minutes or 68 h for low risk, 250 h for moderate risk, 400 h for high risk, 240 h for above cut-off = 958 h for the first year of 5 = **192 h per year on average**

Reassessment:

Low risk:

Nurses: 10 minutes for 20.4% of the total population every 5^{th} year = 4.1% of the total population per year (for year 2-5)

Moderate risk:

GPs: 25 minutes for 5% of the total population every 3^{rd} year = 1.7% of the total population per year (for year 2-5)

High risk:

GPs: 25 minutes for 5% of the total population per year (for year 2-5) Above cut off:

GPs: 25 minutes for 3.3% of the total population per year (for year 2-5)

In a practice of 2000 patients:

GPs: 850 minutes or 14 h for moderate risk, 2500 minutes or 42 h for high risk, 1650 minutes or 28 h for above cut-off = 84 h per year for years 2-5 = **67 h per year on average**

Nurses: 820 minutes equals 14 h for low risk = 14 h per year for years 2-5 = 11 hours per year on average

Overall GPs: 13+23+67 = **103 h per year** Nurses: 27+192+ 11 = **230 hours per year** Others: **190 h per year**

Since the evidence review for the NICE guideline did not provide clearly defined absolute risk reductions, we used the corresponding Cochrane reviews ("Screening for type 2 diabetes" and "Diet, physical activity or both for prevention or delay of type 2 diabetes mellitus and its associated complications in people at increased risk of developing type 2 diabetes mellitus"). Generally, these seemed to reach the same conclusions as the NICE review; there was no evidence of a beneficial effect on any measured outcome from screening for diabetes. There was no evidence of a beneficial effect of intense lifestyle interventions for people at high risk (ie impaired glucose tolerance (IGT), impaired fasting blood glucose (IFG) or both) on mortality or CVD-mortality. There was an effect on proportion of participants with impaired glucose tolerance (IGT), impaired fasting blood glucose (IFG) or both at baseline developing glucose levels above cut-off for a diabetes diagnosis with a follow-up of max 6 years (mean 3.8 years): absolute risk reduction: from 257 to 146 per 1000: ARR 11 %: NNT approx. 9.

This evidence applies approximately to those defined as high risk in the NICE guideline (5% of total population). According to our estimates, 103 h per year per GP is needed to implement the intervention for all eligible in a population of 2000 people. Of those, 100 people are at high risk (corresponding to 5% of the population), of which 11 will achieve outcome (due to NNT 9) = 9.4 h per year in 5 years (i.e., 47 h) for one more person to achieve the outcome. Corresponding numbers for nurses are 230 hours per year per nurse for 2000 people - 100 people at high risk – of which 11 will achieve outcome = 21 h per year in 5 years (i.e., 105 h) for one more person to achieve the outcome. And corresponding numbers for other healthcare professionals are 190 h per year per other healthcare professional for 2000 people - 100 people at high risk – of which 11 will achieve outcome for other healthcare professionals are 190 h per year per other healthcare professional for 2000 people - 100 people at high risk – of which 11 will achieve outcome for other healthcare professionals are 190 h per year per other healthcare professional for 2000 people - 100 people at high risk – of which 11 will achieve outcome = 17 h per year in 5 years (i.e., 86 h) for one more person to achieve the outcome.

Cochrane reviews available here:

https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD005266.pub2/full?highlightAbstract=screen %7Cscreening%7Cdiabet%7Cdiabetes

https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD003054.pub4/full?highlightAbstract=prevent %7Cpreventing%7Cdiabet%7Cdiabetes

Table 4b

Recommendati	on	Category of healthcare personnel	Time needed to provide the intervention to each person	Population eligible	Proportion of total population	Time needed per personnel category for all eligible
Risk identification (stage 1)	GPs and other primary healthcare professionals should use a validated <u>computer-based</u> <u>risk-assessment tool</u> to identify people on their practice register who may be at high risk of type 2 diabetes. The tool should use routinely available data from patients' electronic health records. If a computer-based risk- assessment tool is not available, they should provide a validated self-assessment questionnaire, for example, the Diabetes Risk Score assessment tool. This is available to health professionals on request from <u>Diabetes UK</u> .	GPs	Not estimated by NICE. Our estimate: if the computer- based risk- assessment tool is used, receiving the score, evaluating it, and deciding what to do with the derived information will likely take at least 1 minute per person identified. If the validated self- assessment questionnaire is used instead – the time would likely be much longer.	Not estimated by NICE. All adults would be eligible for screening – but if the screening is done "automatically", the GP would only need to spend time on the ones identified as "at risk". According to other estimates in this guideline – those defined as "high risk" constitute at least 20.4% of the total population.	20.4%	GPs: 1 minute for 20.4% of the population per year
	GPs and other primary healthcare professionals should not exclude people from assessment, investigation or intervention on the basis of age, as everyone can reduce their risk, including people aged 75 years and over.	GPs				Included in estimate above
	Pharmacists, opticians, occupational health nurses and community leaders should offer a validated self- assessment questionnaire to adults aged 40 and over, people of South Asian and Chinese descent aged 25 to 39, and adults with conditions that increase the risk of type 2 diabetes, other than pregnant	Other	Not estimated by NICE. Our estimate: 2 minutes.	Defined by NICE as 40.8% of the total population (see below).	40.8%	Other: 2 minutes for 40.8% of the total population per year

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	women. Or they should tell people how to access specific, validated online self- assessment tools, such as the Diabetes Risk Score featured on the <u>Diabetes UK website</u> . Particular conditions can increase the risk of type 2 diabetes. These include: cardiovascular disease, hypertension, obesity, stroke, polycystic ovary syndrome, a history of gestational diabetes and mental health problems. People with learning disabilities and those attending accident and emergency, emergency medical admissions units, vascular and renal surgery units and ophthalmology departments may also be at high risk. <u>NICE's guideline on</u> non-alcoholic fatty liver disease notes that it increases the risk of type 2 diabetes. Pharmacists, opticians, occupational health nurses and community leaders involved in risk assessments should advise people with a high risk score to contact their GP or practice nurse for a blood test. The aim is to check if they have type 2 diabetes or to confirm their level of	Other				Included in estimate above
	risk and discuss how to reduce it. All providers of risk assessments should explain to those attending for a type 2 diabetes risk assessment the implications of being at high risk and the consequences of developing the condition.	Other	Not estimated by NICE. Our estimate: 2 minutes.	Defined by NICE as 40.8% of the total population (see below).	40.8%	Other: 2 minutes for 40.8% of the total population per year
	All providers of risk assessments should discuss with those attending for a type 2 diabetes risk assessment how to prevent or delay the onset of the condition. This includes being more physically active, achieving and maintaining a healthy weight, eating less fat and eating more dietary fibre. They should also tell people where to get advice and support to maintain these lifestyle changes in the long term.	Other	Not estimated by NICE. Our estimate: 10 minutes.	Defined by NICE as 40.8% of the total population (see below).	40.8%	Other: 10 minutes for 40.8% of the total population per year
Risk identification (stage 2)	Trained healthcare professionals should offer venous blood tests (fasting plasma glucose [FPG] or HbA1c) to adults with high risk	GPs or nurses	Not estimated by NICE. Our estimate: 5 minutes. We believe it is	Defined by NICE as 20.4% of the total population	20.4%	GP: 1 minute for 20.4% of total population

	scores (stage 2 of the identification process). They should also consider a blood test for those aged 25 and over of South Asian or Chinese descent whose body mass index (BMI) is greater than 23 kg/m ² . The aim is to: - determine the risk of progression to type 2 diabetes (a fasting plasma glucose of 5.5 to 6.9 mmol/I or an HbA1c level of 42 to 47 mmol/mol [6.0 to 6.4%] indicates high risk) or - identify possible type 2 diabetes by using fasting plasma glucose, HbA1c or an oral glucose tolerance test (OGTT), according to World Health Organization (WHO) HbA1c criteria.		most reasonable to assume that this will sometimes be done by a GP, but in most cases by a nurse. We therefore split the time to 1 minute for GPs, and 4 minutes for nurses.			Nurses: 4 minutes for 20.4% of total population
	Ensure HbA1c tests, including point-of-care tests, conform to expert consensus reports on appropriate use and national quality specifications (see <u>NHS Diabetes</u> <u>website</u> and <u>WHO guidance</u> <u>on using HbA1c for diagnosing</u> <u>diabetes</u> . The tests should only be carried out by trained staff.	Unclear				Not included in our estimates
People at low risk	For people at low risk (that is, those who have a low or intermediate risk score), tell the person that they are currently at low risk, which does not mean they are not at risk – or that their risk will not increase in the future. Offer them <u>brief advice</u> .	Nurses	Nurses: 10 minutes Brief advice is estimated by NICE to take 5-15 min. Since "brief advice" constitutes a wide range of advice on a broad range of lifestyle factors (see below), it seems unlikely that this can be done in less than 15 minutes. But to not risk overestimating – we will assume that this takes 10 minutes. We assume that this will in	50% of those eligible for risk assessment are estimated by NICE to be found to have low or intermediate risk. Those eligible are also estimated by NICE as follows: 40,8% of the total population (38.2% of the population are above 40 y, and another 2.6% are people aged 25 to 39 of South Asian, Chinese, African- Caribbean, black African and other high- risk black and	At least 20.4% of the total population	Nurses: 10 minutes for 20.4% of the total population (in the first year of 5)

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			most cases be delivered by the nurse.	minority ethnic groups, except pregnant women). This estimate is an underestimate since we do not include "adults with conditions that increase the risk of type 2 diabetes" since we could not find an estimate of how many these are.		
	As part of brief advice: - Discuss people's risk factors and how they could improve their lifestyle to reduce overall risk. - Offer encouragement and reassurance. - Offer verbal and written information about culturally appropriate local services and facilities that could help them change their lifestyle. Examples could include information or support to: improve their diet (including details of any local markets offering cheap fruit and vegetables); increase their physical activity and reduce the amount of time spent being sedentary (including details about walking or other local physical activity groups and low-cost recreation facilities). The information should be provided in a range of formats and languages.	Nurses				Included in estimate above
Moderate risk	For people with a moderate risk (a high risk score, but with a fasting plasma glucose less than 5.5 mmol/l or HbA1c of less than 42 mmol/mol [6.0%]): - Tell the person that they are currently	GPs or nurses	GPs: 25 minutes Nurses: 2.5 hours Time not specified by NICE. Our	Estimated by NICE to be 12% of those eligible. Those eligible are 40.8% of the total population (see above)	5% of the total population	GPs: 25 minutes for 5% of the total population Nurses: 2.5 h for 5 % of

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42 to 47 mmol/mol [6.0 to eligible are population 6.4%]): Tell the person Time not total population hours for specified by (see above) hours for at high risk but that NICE. Our 5% of the total necessarily mean minutes for total population they will progress the initial advice (which (in the first	High risk	Explain that this would involve an individual assessment and tailored advice about diet, physical activity and behaviour change. Let them know which local programmes offer this support – and where to find them.		minutes	NICE to be 12%	total	minutes
6.4%]): - Tell the person they are currently at high risk but that this does not necessarily mean they will progress to type 2 diabetes. - Time not Specified by NICE. Our estimate: 25 minutes for the initial advice (which - A0.8% of the total population (see above) - S% of the total population (in the first	High risk	Explain that this would involve an individual assessment and tailored advice about diet, physical activity and behaviour change. Let them know which local programmes offer this support – and where to find them.		minutes Nurses: 4	NICE to be 12% of those	total	minutes for 5% of
- Tell the person they are currently at high risk but that this does not necessarily mean they will progress to type 2 diabetes. Time not specified by NICE. Our estimate: 25 minutes for the initial advice (which total population (see above) Nurses: 4 hours for 5% of the total population	High risk	Explain that this would involve an individual assessment and tailored advice about diet, physical activity and behaviour change. Let them know which local programmes offer this support – and where to find them. For people confirmed as being at high risk (a high risk score and fasting plasma glucose of 5.5–6.9 mmol/l or HbA1c of		minutes Nurses: 4	NICE to be 12% of those eligible. Those	total	minutes for 5% of the total
they are currently at high risk but that this does not necessarily mean they will progress to type 2 diabetes.specified by NICE. Our estimate: 25 minutes for the initial advice (which(see above) 5% of the total population	High risk	Explain that this would involve an individual assessment and tailored advice about diet, physical activity and behaviour change. Let them know which local programmes offer this support – and where to find them. For people confirmed as being at high risk (a high risk score and fasting plasma glucose of 5.5–6.9 mmol/l or HbA1c of 42 to 47 mmol/mol [6.0 to		minutes Nurses: 4	NICE to be 12% of those eligible. Those eligible are	total	minutes for 5% of the total
at high risk but that this does not necessarily mean they will progress to type 2 diabetes.NICE. Our estimate: 25 minutes for the initial advice (which5% of the total population	High risk	Explain that this would involve an individual assessment and tailored advice about diet, physical activity and behaviour change. Let them know which local programmes offer this support – and where to find them. For people confirmed as being at high risk (a high risk score and fasting plasma glucose of 5.5–6.9 mmol/l or HbA1c of 42 to 47 mmol/mol [6.0 to 6.4%]):		minutes Nurses: 4 hours	NICE to be 12% of those eligible. Those eligible are 40.8% of the	total	minutes for 5% of the total population
at high risk but that this does not necessarily mean they will progress to type 2 diabetes.NICE. Our estimate: 25 minutes for the initial advice (which5% of the total population	High risk	Explain that this would involve an individual assessment and tailored advice about diet, physical activity and behaviour change. Let them know which local programmes offer this support – and where to find them. For people confirmed as being at high risk (a high risk score and fasting plasma glucose of 5.5–6.9 mmol/l or HbA1c of 42 to 47 mmol/mol [6.0 to 6.4%]): - Tell the person		minutes Nurses: 4 hours	NICE to be 12% of those eligible. Those eligible are 40.8% of the	total	minutes for 5% of the total population
this does notestimate: 25totalnecessarily meanminutes forpopulationthey will progressthe initialit to type 2 diabetes.dvice (which	High risk	Explain that this would involve an individual assessment and tailored advice about diet, physical activity and behaviour change. Let them know which local programmes offer this support – and where to find them. For people confirmed as being at high risk (a high risk score and fasting plasma glucose of 5.5–6.9 mmol/l or HbA1c of 42 to 47 mmol/mol [6.0 to 6.4%]): - Tell the person		minutes Nurses: 4 hours Time not	NICE to be 12% of those eligible. Those eligible are 40.8% of the total population	total	minutes for 5% of the total population Nurses: 4
necessarily mean they will progress to type 2 diabetes.minutes for the initial advice (whichpopulation(in the first	High risk	Explain that this would involve an individual assessment and tailored advice about diet, physical activity and behaviour change. Let them know which local programmes offer this support – and where to find them. For people confirmed as being at high risk (a high risk score and fasting plasma glucose of 5.5–6.9 mmol/I or HbA1c of 42 to 47 mmol/mol [6.0 to 6.4%]): - Tell the person they are currently		minutes Nurses: 4 hours Time not specified by	NICE to be 12% of those eligible. Those eligible are 40.8% of the total population	total	minutes for 5% of the total population Nurses: 4 hours for
they will progressthe initialto type 2 diabetes.advice (which(in the first	High risk	Explain that this would involve an individual assessment and tailored advice about diet, physical activity and behaviour change. Let them know which local programmes offer this support – and where to find them. For people confirmed as being at high risk (a high risk score and fasting plasma glucose of 5.5–6.9 mmol/I or HbA1c of 42 to 47 mmol/mol [6.0 to 6.4%]): - Tell the person they are currently at high risk but that		minutes Nurses: 4 hours Time not specified by NICE. Our	NICE to be 12% of those eligible. Those eligible are 40.8% of the total population	total	minutes for 5% of the total population Nurses: 4 hours for 5% of the
to type 2 diabetes. advice (which (in the first	High risk	Explain that this would involve an individual assessment and tailored advice about diet, physical activity and behaviour change. Let them know which local programmes offer this support – and where to find them. For people confirmed as being at high risk (a high risk score and fasting plasma glucose of 5.5–6.9 mmol/l or HbA1c of 42 to 47 mmol/mol [6.0 to 6.4%]): - Tell the person they are currently at high risk but that this does not		minutes Nurses: 4 hours Time not specified by NICE. Our estimate: 25	NICE to be 12% of those eligible. Those eligible are 40.8% of the total population	total	minutes for 5% of the total population Nurses: 4 hours for 5% of the total
	High risk	Explain that this would involve an individual assessment and tailored advice about diet, physical activity and behaviour change. Let them know which local programmes offer this support – and where to find them.For people confirmed as being at high risk (a high risk score and fasting plasma glucose of 5.5–6.9 mmol/l or HbA1c of 42 to 47 mmol/mol [6.0 to 6.4%]):-Tell the person they are currently at high risk but that this does not necessarily mean		minutes Nurses: 4 hours Time not specified by NICE. Our estimate: 25 minutes for	NICE to be 12% of those eligible. Those eligible are 40.8% of the total population	total	minutes for 5% of the total population Nurses: 4 hours for 5% of the total
Explain that the we assume will vear of 5)	High risk	Explain that this would involve an individual assessment and tailored advice about diet, physical activity and behaviour change. Let them know which local programmes offer this support – and where to find them.For people confirmed as being at high risk (a high risk score and fasting plasma glucose of 5.5–6.9 mmol/l or HbA1c of 42 to 47 mmol/mol [6.0 to 6.4%]):-Tell the person they are currently at high risk but that this does not necessarily mean they will progress		minutes Nurses: 4 hours Time not specified by NICE. Our estimate: 25 minutes for the initial	NICE to be 12% of those eligible. Those eligible are 40.8% of the total population	total	minutes for 5% of the total population Nurses: 4 hours for 5% of the total population
	High risk	Explain that this would involve an individual assessment and tailored advice about diet, physical activity and behaviour change. Let them know which local programmes offer this support – and where to find them.For people confirmed as being at high risk (a high risk score and fasting plasma glucose of 5.5–6.9 mmol/l or HbA1c of 42 to 47 mmol/mol [6.0 to 6.4%]):-Tell the person they are currently at high risk but that this does not necessarily mean they will progress to type 2 diabetes.		minutes Nurses: 4 hours Time not specified by NICE. Our estimate: 25 minutes for the initial	NICE to be 12% of those eligible. Those eligible are 40.8% of the total population	total	minutes for 5% of the total population Nurses: 4 hours for 5% of the total population (in the first

People above cut-off for diabetes	 risk can be reduced. Briefly discuss their particular risk factors, identify which ones can be modified and discuss how they can achieve this by changing their lifestyle. Offer them a referral to a local, evidence-based, quality-assured intensive lifestyle- change programme (see recommendations 1.8.1 to 1.10.2). In addition, give them details of where to obtain independent advice from health professionals. For people with possible type 2 diabetes (fasting plasma glucose of, 7.0 mmol/l or above, or HbA1c of 48 mmol/mol [6.5%] or above, but no symptoms of type 2 diabetes): Carry out a second blood test. If type 2 diabetes): Carry out a second blood test. If type 2 diabetes]: Carry out a second blood test. If type 2 diabetes is confirmed, treat this in accordance with NICE's guideline on managing type 2 diabetes is not confirmed, offer them a referral to a local, quality-assured, intensive lifestyle- change programme (see recommendations 1.8.1 to 1.10.2). 	GPs or nurses	in most cases be delivered by the GP). For the intensive lifestyle- change programmes – it is specified by NICE to include at least 16 hours of contact face- to-face with clinician, either in groups or one-to-one. We therefore estimate 4 hours for each person (which we assume will in most cases be delivered by the nurse) and judge this to be a conservative estimate. GPs: 25 minutes Nurses: 4 hours Time not specified by NICE. Our estimate: At least the same workload as for those with HbA1c 42-47 mmol/mol, i.e., 25 minutes for initial advice (which we assume will in most cases be delivered by the GP) and 4 hours for intensive lifestyle- change programme (which we assume will in most cases be delivered by and 4 hours for intensive lifestyle- change programme (which we assume will in most cases be delivered by a nurse).	Estimated by NICE to be 8% of those eligible. And those eligible are 40.8% of the total population (see above).	3.3% of total population	GPs: 25 minutes for 3.3% of the total population Nurses: 4 hours for 3.3% of the total population (in the first year of 5)
risk	people's level of risk. Introduce a recall system to contact and invite people for regular review, using the two- stage strategy (see recommendations 1.1.3 and 1.1.4).	nurses				included in our estimates

Offer a reassessment based	GPs or				Not
on the level of risk. Use clinical judgement to determine when someone might need to be reassessed more frequently, based on their combination of risk factors (such as their body mass index [BMI], relevant illnesses or conditions, ethnicity and age).	nurses				included in our estimates
For people at low risk (with a low or intermediate risk score) offer to reassess them at least every 5 years to match the timescales used by the NHS Health Check programme. Use a validated risk-assessment tool.	GPs or other healthcare professional	Nurses: 10 minutes If all those considered at low risk at first assessment are considered at low risk also at all further assessment – the same amount of time will be needed.	20.4% of total population every 5 th year – which means 4.1% of the total population each year	4.1% of total population	Nurses: 10 minutes for 4.1% of the total population (for year 2- 5)
For people at moderate risk (a high risk score, but with a fasting plasma glucose less than 5.5 mmol/l, or HbA1c less than 42 mmol/mol [6.0%]), offer to reassess them at least every 3 years	GPs or nurses	GPs: 25 minutes If all those considered at moderate risk at first assessment are considered at moderate risk also at all further assessments – the same amount of time will be needed. However – it is unlikely that the same person will attend weight programmes every third year, we therefore only count time for GPs (and no time for the weight management programme).	5% of the total population every 3 rd year – which means 1.7% of the total population each year	1.7% of the total population	GPs: 25 minutes for 1.7% of the total population (for year 2- 5)
For people at high risk (a high risk score and fasting plasma glucose of 5.5 to 6.9 mmol/l, or HbA1c of 42 to 47 mmol/mol [6.0 to 6.4%]), offer a blood test at least once a year (preferably using the same type of test). Also offer to assess their weight or BMI. This includes people without	GPs or nurses	GPs: 25 minutes If all those considered at high risk at first assessment are considered at high risk also at all further assessment –	5% of the total population each year	5% of the total population	GPs: 25 minutes for 5% of the total population, per year (for year 2- 5)

symptoms of type 2 diabetes whose: - first blood test measured fasting plasma glucose at 7.0 mmol/l or above, or an HbA1c of 48 mmol/mol (6.5%) or greater, but - whose second blood test did not confirm a diagnosis of type 2 diabetes.		the same amount of time will be needed. However, it is unlikely that the same person will attend intense lifestyle change programmes each year, we therefore only count time for GPs (and no time for the lifestyle change		
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.	GPs or nurses	programme).		Included in above estimate.