**NDPP Intervention description using Tidier template** (Hoffman et al., 2014)

**Referral routes into the programme:** Waiting lists for community dietetics, CNS and CNS in diabetes prevention, previous waiting list for diabetes prevention, GPs in the pilot areas.

**Planned referral routes in the future:** Initially referral will be along the local referral pathway. A national online referral system (Healthlink) is being developed and this will be the referral pathway when it is available.

**Funding:** Department of Health funded from the Sláintecare Integration Fund 2019. This funding supported projects that focused on prevention, community care and integration of care across all health and social care settings.

**How were sites selected?** Collaboration with Dietician Managers and to give a spread between rural and urban.

**Training and feedback and support for facilitators:** Educator training package consisting of slides, notes and supporting resources to deliver the programme, programme promotional material (leaflets to support with recruitment), technical support (guidance docs, Q&A sessions, link to local telehealth leads, troubleshooting document to support participants) and training events to support delivery of the programme.

**Template for Intervention Description and Replication**

**1. Name:** National Diabetes Prevention Programme

**2. Why:** The goal of the National Diabetes Prevention Programme is to reduce the risk of type 2 diabetes in those who are at high risk and to deliver this programme in an online format. Theories of behaviour change, self-management education and adult learning informed the development of the programme.

Specific goals : 5-7% weight loss if appropriate, 150 mins of physical activity a week with 2 sessions of resisted exercise as per World Health Organisation latest guidelines, dietary goals in line with international guidance (less than 10% saturated fat, less than 30% overall fat, increased dietary fibre)

**3. What materials:**

* Care guidelines set out the philosophy of person centred care available for the educators.
* Educator manual supports the educator with programme delivery. Educator training includes slides, speaker notes, and resources to support online delivery. Promotional material for the course and guidance on technical support are provided with training events to support delivery.
* Participant handbook includes work sheets, self-reflection tools, goal setting, self-monitoring. The participant handbook was piloted in the first wave of the programme and feedback was sought from educators and participants.
* Pedometers provided for activity tracking
* Initial weight measured in clinic, weighing scales used at home for weight tracking (not used for programme assessment)
* Access to internet required
* Device to connect (laptop, PC, tablet, phone)

**4. What Procedures:**

* Eligible participants contacted by community dieticians from existing waiting lists (referred by GP for routine dietetic care)
* Some referrals to DPP by GP based on information on the pilot programme promoted by community dieticians
* Weigh in at initial assessment, goal setting,individualised plan, onboarding for online delivery

**5. Who provided:**

* **Management:** National Diabetes Prevention Team which consists of a programme manager, and self-management support lead.
* **Educators:** Community Health Dieticians with experience in chronic disease management, 2 educators per group
* **Groups** of up to 10 participants (family members allowed if they take part in the sessions - guidelines developed)
* Inclusion: HbA1c 42-47 mmol/mol or FPG 6.1 – 6.9 mmol/L
* Exclusion: T2D, malnutrition/sarcopenia, complex physical and/or intellectual disabilities eating disorders, moderate to severe psychological problems and pregnant women

**6. How:** Online group education. Live classes with educator.

**7. Where:** Online – locally available platforms such as MS Teams or WebEx

**8. When and how much:** 14 sessions over 12 months. (Each session is 1.5 hours long)

**Initial core phase**:

* Weekly classes 6 weeks (6 sessions)
* 2 fortnightly sessions (2 sessions)

**Maintenance phase**:

* Monthly for 4 months (4 sessions)
* 2 quarterly (2 sessions)

Prior to commencing the programme participants attend in person/ online or phone for an individual session and receive a personal plan for lifestyle change and onboarding for the online session (extra to the 14 sessions above).

The items below were not relevant as it was a pilot:

**9. Tailoring:** If the intervention was planned to be personalised, titrated or adapted, then describe what, why, when, and how

**10. Modifications:** If the intervention was modified during the course of the study, describe the changes (what, why, when, and how)

**11. Planned:** If intervention adherence or fidelity was assessed, describe how and by whom, and if any strategies were used to maintain or improve fidelity, describe them

**12 Actual:** If intervention adherence or fidelity was assessed, describe the extent to which the intervention was delivered as planned

Hoffman, T., Glasziou, P., Boutron, I., Milne, R., Perera, R., Moher, D., Altman, D., Barbour, V., Macdonald, H., Johnston, M., & Lamb, S. (2014). Better reporting of interventions: template for intervention description and replication (TIDieR) checklist and guide. *BMJ*, 348. https://doi.org/10.1136/bmj.g1687