Oviva

Oviva programmes available in Humber and North Yorkshire

March 2023

Keren Miller, Dietitian and Clinical Lead for Diabetes

About Oviva

Inspected and rated Good CareQuality Commission

NHS

Who we are

Oviva is a digital behaviour change provider. Our team of specialist healthcare professionals combined with our unique digital tools support people to improve their health and better self-manage their conditions.

What we do

We triage patients so each journey is personalised. Our programmes combine support from healthcare professionals with engaging content, and can be accessed in-person, remote (video-conferencing and telephone) and through the app.

And what does this achieve?

Tackles health inequalities

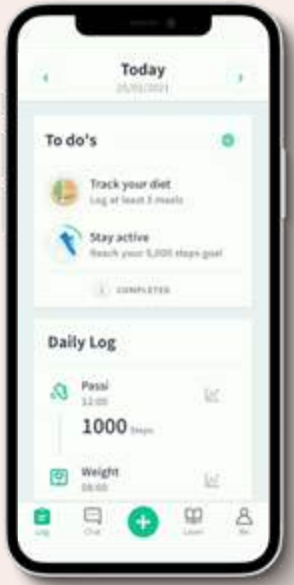
Drives high completion rates

Provides better health outcomes

Achieves cost savings

Oviva

Oviva provides behaviour change programmes for obesity, prediabetes and Type 2 diabetes



Oviva

NHS commissioned, multidisciplinary care for behaviour change

Digital tools to reduce delivery cost and improve outcomes

Excellent patient experience
4.5 FFT score and 4.6-star apps rating

Best-in-class clinical outcomes, peer-reviewed & published

Growing our experience and understanding what great NHS services look like

76%

of ICBs

We are present in 32 of 42 ICBs

62

Publications & abstracts

Market-leading Tier 3 Weight Management outcomes

ORIGINAL RESEARCH ARTICLE

WILEY

A service evaluation exploring the effectiveness of a locally commissioned tier 3 weight management programme offering face-to-face, telephone and digital dietetic support

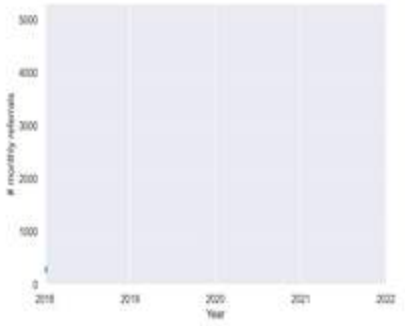
Rosemary Hurstine | Matthew Haines | Lucy Jones | Danielle Mulligan

Summary

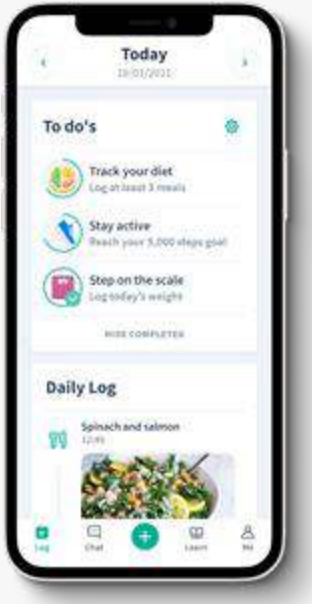
78,000

NHS Service Users supported since 2015

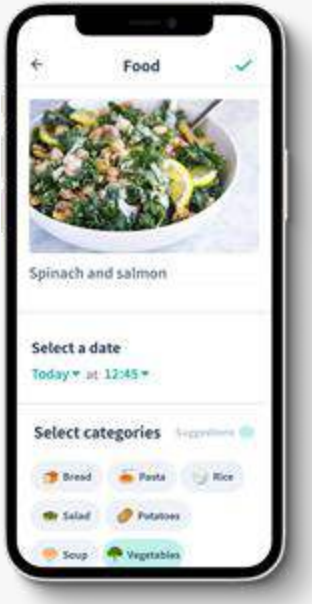
We now treat over 5000 patients per month.



Our technology



Ability to log food, exercise, mood and more



Ability to self-track increases self-awareness

Feedback and coach support on the go!

High frequency of contact supports compliance and problem solving

Easily accessible learn content

More than just the Oviva app

At Oviva we offer programmes that combine support from healthcare professionals with engaging content, and an app to support long-term behaviour change.

Proactive coaching model: to support more patients reach their goals.

Tailored content: evidence based and produced in house. Assigned to patients to keep them engaged.

Machine learning and AI: more than just a tracker. The more the patient tells it the more it learns.

Lifelong tool: The app features are designed to be used post human interaction to support long-term behaviour change.

NHSE

Low Calorie Diet Programme

The NHSE Low Calorie Diet Programme

The NHS Low Calorie Diet Programme provided by Oviva is a fully remote Type 2 diabetes behaviour change programme.

Our diabetes specialist dietitians help people with type 2 diabetes lose weight, increase physical activity, reduce their medication needs and to potentially achieve diabetes remission.

494 TDR starts*

Quick weight loss
at 3 months*
- 14.2kg

Quick reduction in BG and
BP at 3 months *
-2 mmol/L
-10.7/6.6 mmHg

*All To date -
Quarterly report Q3 2022_2023

The NHSE Low Calorie Diet Programme

The programme aims for participants to achieve:

- **Significant weight loss (15kg)**
- **Improvement in HbA1c**
- **Reduction in medication needs**
- **Potential for diabetes remission**

A patient in Humber and North Yorkshire lost **51.8kg** on the NHS Low Calorie Diet programme.

What is Diabetes Remission?

For the purpose of the Low Calorie Diet (LCD) Pilot Programme, the Expert Advisory Group for the NHS LCD Pilot Programme defined remission as the following:

1. HbA1c is <48mmol/mol (or fasting plasma glucose is < 7mmol/l if HbA1c is not clinically suitable) on two consecutive readings at least 6 months apart

1. No glucose-lowering agents to be used within the 6 month interval

At **6 months and 12 months** after starting the programme, the GP practice should review the service user, including repeat HbA1c (or FBG if HbA1c not clinically appropriate).

How to achieve Diabetes Remission?

Evidence has shown that intensive dietary intervention can help people with Type 2 Diabetes achieve remission.

DiRECT study - LCD (Low Calorie Diet)

- 46% of patients were in remission at the end of the 1 year following intervention
- 36% remained in remission after 2 years

Oviva's approach is **aligned with the evidence** to ensure our patients have the highest possible chance of achieving remission, with **12 months of support** to ensure **sustained results.**

Participant referral journey

Initial Assessment followed by an
Initial Consultation with the Diabetes Specialist Dietitian to set goals and provide a personalised health care plan*

Phone pathway	Digital pathway
12 month course with 12 weeks of a LCD (low calorie diet), 4 weeks of food reintroduction and 8 months of regular support over phone/video calls.	12 month course with 12 weeks of a LCD, 4 weeks of food reintroduction and 8 months of regular support via secure messaging in the Oviva app.

Written resources, recipes and meal plans

Structured curriculum via Oviva Learn portal & emails

Podcasts and videos

App for self-monitoring

* Pathway personalised based on patient preference and self-efficacy, and patient is matched with culturally appropriate clinician.

The Total Diet Replacement (TDR) approach

A chance to reset and view your eating behaviours from a distance

- **12 weeks** of meal replacements providing around 800 kcal containing essential vitamins & minerals*.
- 4 meal replacement products a day which are best spread evenly through the day.
- 2-2.5 litres of sugar free fluid (avoid having too many artificial sweeteners).
- Start fibre from Day 1.
- 100ml skimmed milk allowance.
- No alcohol.
- No food.

'I have structure to my day and meal times'

'I can control what I eat'

'Eating isn't always triggered by hunger'

'I don't want to go back to my old ways'

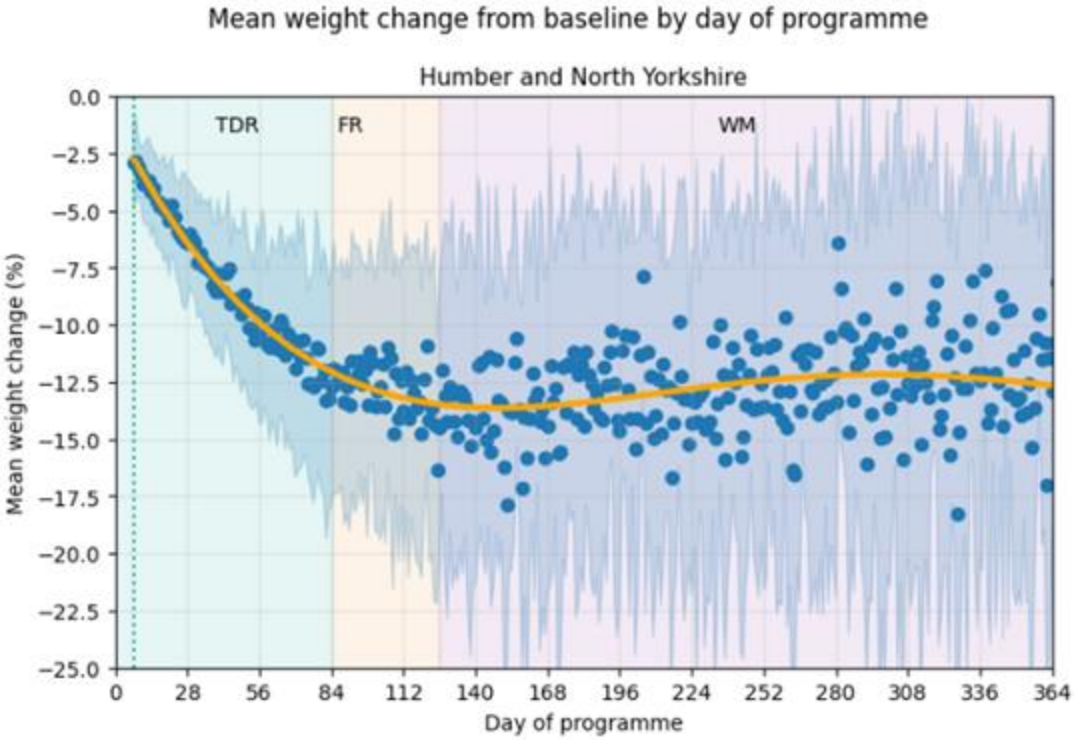
'I take my time at meal times, I am more mindful'

'I am starting to understand hunger versus habit'

*All products are free and delivered direct to their door - no food to buy or shop for for 12 weeks

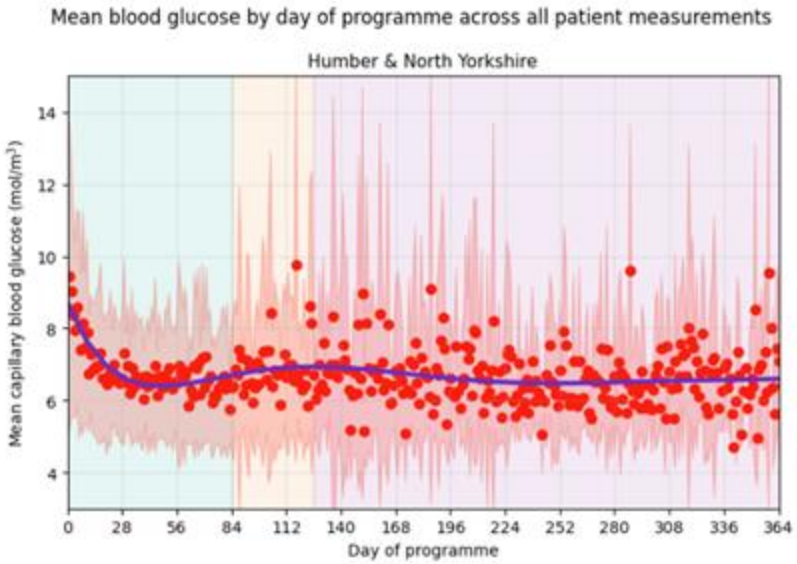
Local outcomes

- 669 accepted referrals
- 496 patients in HNY have started TDR*
- 415 have completed TDR
- The average weight loss after 3 months of TDR is **13.5kg (-13.1%) n=390**
- Weight loss is maintained, with an average weight loss of 13.7kg (13%) at 6 months
- A final average weight loss of 11.2kg (-11%) at month 12!



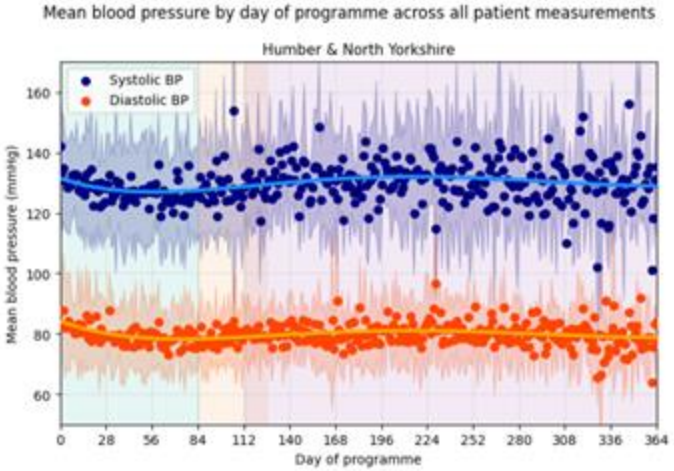
*As of 07/03/2021

Retention rates: How do we keep patients in the programme?



Clinical outcomes at 3, 6, 9 and 12 months

	All to-date			
	3 months	6 months	9 months	12 months
Mean weight loss (kg)	14.2	15.7	14.3	12.3
Mean weight loss (%)	12.7	14.1	12.8	11.2
Mean blood glucose reduction (mmol/L)	2.0	1.8	1.7	-1.3
Mean blood glucose reduction (%)	18.8	17.7	15.0	-37.4
Mean blood pressure reduction (mmHg)	10.7/6.6	8.5/7.2	6.9/6.2	4.2/6.4



There is still time to refer your patients

The contract has been live since September 2020

- There is no limit on referrals received (If every practice here today made 10 referrals all places would be used with no lost places).
- 99 practices in HNY have made referrals to LCD
- 90 referrals from 1 practice is the highest number thus far with some practices only referring 1 patient.
- All referrals must be received by **end of May 2023.**

We have resources that can support you during referral conversations with your patients. In a recent webinar, Vicky Lawson, our Clinical Lead of Psychology discussed the challenges faced when having conversations around weight and TDR, and how to respond to patient concerns.

If you would like the link to this recording, please fill in the **'contact form'** on our webpage, and we will send this to you.

The NHSE Low Calorie Diet Programme

Referral information

Inclusion criteria

- Min age of 18 and max age of 65 years old
- Min BMI of 27kg/m² (25kg/m2 in people of ethnic minority origin).
- BMI obtained from self-measured weight is acceptable for referral. If this cannot be obtained, a clinic-measured value within the last 12 months may be used, provided there is no concern that weight may have reduced, such that the individual would not be eligible for the LCD programme at present.
- Diagnosed with within the last 6 years
- HbA1c eligibility, most recent value, which must be within 12 months:
  - If on diabetes medication, HbA1c 43-87 mmol/mol
  - If not on diabetes medication, HbA1c 48-87 mmol/mol
- If there is any concern that HbA1c may have changed since last measured, such that repeat testing may indicate that the individual would not be eligible for the LCD programme at present, HbA1c should be rechecked before referral is considered.
- Must have attended for monitoring and diabetes review when last offered, including retinal screening, and commit to continue attending annual reviews, even if remission is achieved. This does not exclude newly diagnosed patients.

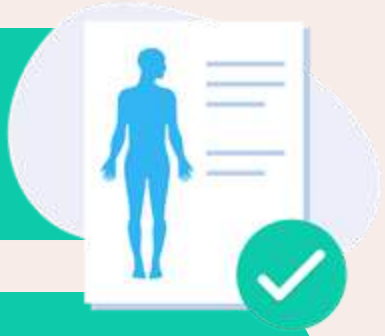
Exclusion criteria

- Current insulin use
- Pregnant or planning to become pregnant within the next 6 months
- Current breastfeeding
- Significant physical comorbidities:
  - active cancer
  - heart attack or stroke in last 6 months
  - severe heart failure defined as equivalent to the New York heart Association grade 3 or 4 (NYHA)
  - recent eGFR <30 mls/min/1.73m2
  - active liver disease (non-alcoholic fatty liver disease (NAFLD) is not an exclusion), a history of hepatoma or <6 months of onset of acute hepatitis
  - Active substance use disorder
  - Active eating disorder (including binge eating disorder)
  - Porphyria
  - Known proliferative retinopathy that has not been treated
- Had bariatric surgery (those on the waiting list not excluded)
- Patient has started the programme previously within the last 12 months
- Health professional assessment that the person is unable to understand or meet the demands of the treatment programme and/or monitoring requirements

Two referral approaches

1. Patient attends surgery for a consultation, diabetes review, health check (ad hoc)

- Small trickle of referrals
- Missed opportunity with limited appointment time
- Own bias may prevent referring



2. The most efficient way to refer patients into the programme is through a **clinical search and use of the pop-up. Implementing searches and the pop-up is the most impactful work we can do to support these patients.**

By running searches and referring patients you can:

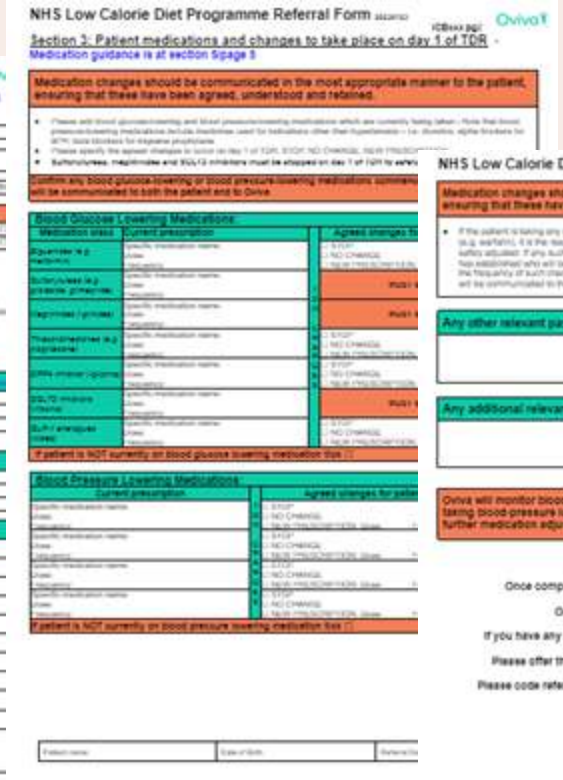
- Ensure equity of access for all eligible patients
- Ensure that all newly diagnosed patients are being flagged for referral
- Ensure patients nearing the NHSE cut offs for age and date of diagnosis are referred before they fall outside of the eligibility criteria

Referral Form


NHS Low Calorie Diet Programme Referral Form

Section 1: Confirm patient's eligibility - Confirmations must be reviewed and agreed before referring. Eligibility guidance is at section 4/page 4

Section 2: Patient Information - All information must be populated before referring


NHS Low Calorie Diet Programme Referral Form

Section 3: Patient medications and changes to take place on day 1 of TDR - Medication guidance is at section 5/page 5

Medication changes should be communicated in the most appropriate manner to the patient, ensuring that these have been agreed, understood and retained.

Blood Glucose Lowering Medications

Blood Pressure Lowering Medications


NHS Low Calorie Diet Programme Referral Form

Medication changes should be communicated in the most appropriate manner to the patient, ensuring that these have been agreed, understood and retained.

Any other relevant past medical history/relevant current comorbidities

Any additional relevant information

Oviva will monitor blood glucose in all patients and will monitor blood pressure in patients taking blood pressure lowering medications at referral. The GP practice will be notified if further medication adjustments may be needed.

Once complete, please send this form via email to

Only send patient information via secure NHSmail

If you have any questions, please contact Oviva on 0207 622 4777 or via email

Please offer the patient a copy of the NHS Low Calorie Diet program leaflet

Please code referral as 'Referral to total diet replacement programme' (SNOMED 1228571000000105)

Medications Adjustments on the Referral Form

Blood Glucose Lowering Medications:			
Medication class	Current prescription	TDR CHANGES	Agreed changes for patient on day 1 of TDR
Biguanides (e.g. metformin)	Specific medication name: Dose: Frequency:		☐ STOP ☐ NO CHANGE ☐ NEW PRESCRIPTION: Dose: Frequency:
Sulfonylureas (e.g. gliclazide, glimepiride)	Specific medication name: Dose: Frequency:		MUST BE STOPPED
Meglitinides (-glinides)	Specific medication name: Dose: Frequency:		MUST BE STOPPED
Thiazolidinediones (e.g. pioglitazone)	Specific medication name: Dose: Frequency:		☐ STOP ☐ NO CHANGE ☐ NEW PRESCRIPTION: Dose: Frequency:
DPP4 inhibitor (-gliptins)	Specific medication name: Dose: Frequency:		☐ STOP ☐ NO CHANGE ☐ NEW PRESCRIPTION: Dose: Frequency:
SGLT2 inhibitors (-flozins)	Specific medication name: Dose: Frequency:		MUST BE STOPPED
GLP-1 analogues (-tides)	Specific medication name: Dose: Frequency:		☐ STOP ☐ NO CHANGE ☐ NEW PRESCRIPTION: Dose: Frequency:
If patient is NOT currently on blood glucose lowering medication tick ☐			

Blood Pressure Lowering Medications:		
Current prescription	TDR CHANGES	Agreed changes for patient on day 1 of TDR
Specific medication name: Dose: Frequency:		☐ STOP ☐ NO CHANGE ☐ NEW PRESCRIPTION: Dose: Frequency:
Specific medication name: Dose: Frequency:		☐ STOP ☐ NO CHANGE ☐ NEW PRESCRIPTION: Dose: Frequency:
Specific medication name: Dose: Frequency:		☐ STOP ☐ NO CHANGE ☐ NEW PRESCRIPTION: Dose: Frequency:
Specific medication name: Dose: Frequency:		☐ STOP ☐ NO CHANGE ☐ NEW PRESCRIPTION: Dose: Frequency:
If patient is NOT currently on blood pressure lowering medication tick ☐		

Number of diabetes medications	Change required		GP action
1 or 2 glucose lowering medications	Stop all on day 1 of taking TDR		GP to ensure action is clearly indicated on referral form and ensure patient is aware of these changes (*from* day 1 of TDR) in the most appropriate manner
≧ 3 diabetes medications	Continue on metformin but stop all other diabetes medications	If not taking metformin, continue with a diabetes medication that is safe during TDR (e.g. DPP4-inhibitor or Pioglitazone)	

All patients will blood glucose monitor (weekly for first 16 weeks) and monthly during sustain. HbA1c at month 6 and 12

Medication may need to be restarted or the dose titrated during the programme. The Oviva coach will review these throughout the year and alert the prescriber of any out of range readings requiring GP input.

Diabetes Medication adjustment examples

Mr A	**Metformin**			Although Metformin is safe to use during TDR, as Mr A is on less than 3 diabetes medications for his diabetes it can/should be stopped.
Mrs B	**Metformin**	**Gliclazide (SU)**	**Sitagliptin**	Gliclazide **MUST** be stopped due to hypo risk with TDR. Sitagliptin should be stopped in line with guidance re 3 or more meds.
Mrs C	**Gliclazide (SU)**	**Dapagliflozin (SGLT-2)**	**Linagliptin**	Gliclazide and Dapa **MUST** be stopped when starting TDR. In line with guidance, maintain on 1 medication that is safe to do with TDR.
Mr D	**Glimiperide**	**Canagliflozin**	**Victoza (GLP-1)**	GLP-1 is safe during TDR, however it addresses just what TDR is intended to address, is invasive and at high cost.

Antihypertensives

If BP uncontrolled systolic ≥140mmHg or diastolic ≥90mmHg = No changes

If BP controlled systolic <140mmHg or diastolic <90mmHg adjust one BP med on first day

- Identify medication used solely for controlling blood pressure
- Stop the medication which would have been added last according to current NICE guidance - unless other clinical factors affect decision making

BP medication used solely for controlling Blood Pressure	Stopping Order
- Spironolactone or alpha-blocker or beta-blocker	1st
- Thiazide diuretic (or calcium-channel blocker)	2nd
- Calcium-channel blocker (or thiazide diuretic)	3rd
- ACE-inhibitor or Angiotensin receptor blocker	4th

If antihypertensive is prescribed for a reason other than for BP then continue on current prescription-no change required or cautiously reduce the dose (use your clinical judgement)

Medications Adjustments on the Referral Form

Medication class	Current prescription		Agreed changes for patient on day 1 of TDR
Biguanides (e.g. metformin)	Specific medication name: **Metformin** Dose: **500mg** Frequency: **3 x day**	TDR CHANGES	☐ STOP ✓☐ NO CHANGE ☐ NEW PRESCRIPTION: Dose: Frequency:
Sulfonylureas (e.g. gliclazide, glimepiride)	Specific medication name: Dose: Frequency:		**MUST BE STOPPED**
Meglitinides (-glinides)	Specific medication name: Dose: Frequency:		**MUST BE STOPPED**
Thiazolidinediones (e.g. pioglitazone)	Specific medication name: Dose: Frequency:		☐ STOP ☐ NO CHANGE ☐ NEW PRESCRIPTION: Dose: Frequency:
DPP4 inhibitors (-gliptins)	Specific medication name: **Linagliptin** Dose:**5mg** Frequency: **od**		✓☐ STOP ☐ NO CHANGE ☐ NEW PRESCRIPTION: Dose: Frequency:
SGLT2 inhibitors (-flozins)	Specific medication name: **Dapagliflozin** Dose:**10mg** Frequency: **od**		**MUST BE STOPPED**
GLP-1 analogues (-tides)	Specific medication name: Dose: Frequency:		☐ STOP ☐ NO CHANGE ☐ NEW PRESCRIPTION: Dose: Frequency:

Section 5b: Blood Pressure Lowering Medications:

Confirm if the patient is currently on blood pressure lowering medication If yes complete below table X☐ YES/☐ NO

Current prescription		Agreed changes for patient on day 1 of TDR
Specific medication name: **Furosemide** Dose: **40mg** Frequency: **daily**	TDR	☐ STOP ☐ NO CHANGE ✓☐ NEW PRESCRIPTION: Dose: **20mg** Frequency: **daily**
Specific medication name:		☐ STOP

NHSE LCD available resources

For patients:

- **Our patient-facing web page** provides information on the programme along with FAQs: NHS Low Calorie Diet Programme | Oviva UK Join us
- **Our patient-facing information video:** NHS Low Calorie Diet Provided by Oviva - YouTube

For healthcare professionals:

- We run **monthly drop-in sessions** on second Tuesday of the month at 1pm: Click here to join the meeting
- **Our healthcare professional webpage** contains recent updates and resources to support you in referral conversations: NHS Low Calorie Diet Programme for primary care | Oviva UK
- **We have pre-recorded training webinars available:**

  Long form video: https://youtu.be/oqIQWd31JSQ
  Short form video: https://youtu.be/MiiG0ouBmmg
  Medication adjustments video: https://youtu.be/oYKIqMUdR6w

If LCD is not quite right for your patient we can support them through:

Oviva Diabetes Structured Education (DSE) programme

Oviva Diabetes Support Programme

Oviva Diabetes Support is also working in the area to provide a fully remote, personalised type 2 diabetes structured education and behaviour change programme.

The programme is led by a diabetes specialist dietitian over 12 weeks. Availability of this programme has supported Hull University Teaching Hospitals NHS Trust to improve patients' access to structured support and reducing waiting lists.

3.7kg

average weight loss[1]

14.4 mmol/mol

HbA1c reduction[1]

73% uptake

from referral[2]

1. ABCD Abstract ID: 444 A digital approach to diabetes education, including needs-based triage and optional App coaching, achieves good completion rates and weight loss. Finnie J, Gupta N, Miller K, Diamond L, Schirmann F
2. ABCD Abstract ID: 351 Service evaluation of diabetes structured education in Kent and Medway. Miller KH, Huntriss R, Jones L

Participant journey

Initial Assessment & onboarding to provide a personalised healthcare plan*

Phone pathway

12 week course with remote personalised support and self led learning via telephone or video calls. Participants choose to have either their **own personal coach or coach-led support group** to provide expert healthcare.

Digital pathway

12 week course with remote personalised support and self led learning via secure app messaging on the Oviva app. Participants choose to have either their **own personal coach or coach-led support group** to provide expert healthcare.

Written resources, recipes and meal plans

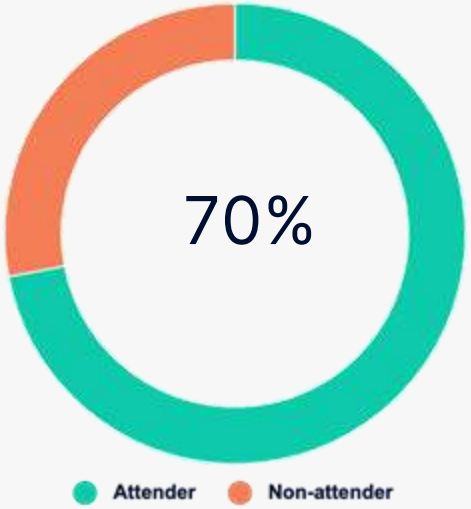
Structured curriculum via Oviva Learn portal & emails

Podcasts and videos

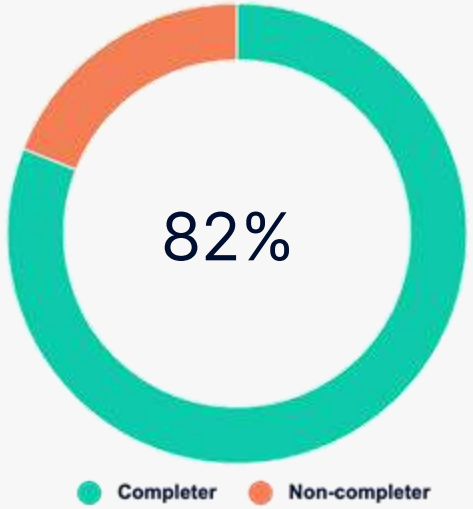
App for self-monitoring and weekly coaching

* Pathway personalised based on patient preference and self-efficacy

Recruitment & Retention in Humber, Coast & Vale



Proportion of people referred to our type 2 diabetes structured education programme who attended



Proportion of people who complete the programme after attending their initial consultation

*Oviva data on file. 12 month period (Jan 21- April 22)

Oviva Diabetes Support local outcomes

Humber, Coast and Vale: demographics of attendees

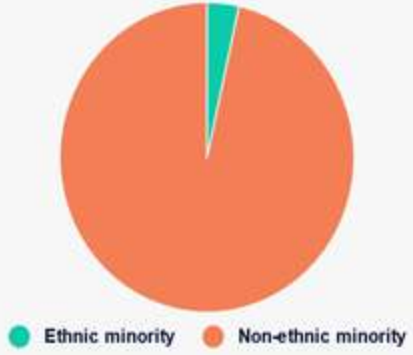
Gender

50% are male

Age

77% are working age

Ethnicity



3.5% are from a Minority Ethnic Background

Oviva Diabetes Support local outcomes

Humber, Coast and Vale

83%

Respondents reported they were likely or extremely likely to recommend Oviva's services to Friends or Family

8/10

Confidence in self-management of diabetes score (post-programme)

-3.64kg

Total average body weight loss

Oviva Diabetes Support

Referral information

Inclusion criteria

- Be registered with a GP practice within the Humber and North Yorkshire
- Be aged 18 or over
- Have a confirmed diagnosis of type 2 diabetes

Exclusion criteria

- Pregnant people
- People with type 1 diabetes
- People with a significant learning disability or untreated mental health condition that makes it difficult for them to engage in care
- People who are under the current care of a dietitian

You can use the **dedicated referral form** on your clinical system:
ovivauk.hnydiabetessupport@nhs.net

Oviva Diabetes Support available resources

For patients:

- **Our patient-facing web page** provides information on the programme along with FAQs: **Diabetes Support | Oviva UK Join us**
- **Our patient-facing information video: Oviva Diabetes Support - YouTube**

For healthcare professionals:

- **Our healthcare professional webpage** contains recent updates, FAQs and resources to support you in referral conversations: **Diabetes Support for primary care | Oviva UK**
- **More information about the programme - video: Oviva Diabetes Support - Youtube**

Thank you for joining us

If you would like to ask any questions about our programmes or request any resources including our webinar recordings, please submit your details through our contact form in the link below, or scan the QR code:

www.oviva.com/uk/en/humber-and-north-yorkshire-diabetes-nurses-event.com

Dr. Tom Milligan

Searches