



THE PUBLIC HEALTH PROBLEM

Why Type 2 Diabetes is a Growing Crisis

Type 2 diabetes mellitus (T2DM) represents one of the most pressing public health threats in the United Kingdom. GP-recorded prevalence reached **7.0% among adults** in England by March 2024, up from 6.8% the previous year, while total estimated prevalence, including undiagnosed cases, stood at 7.8% (OHID, 2025). Diabetes UK (2024) reports the number living with diabetes in the UK has surpassed five million for the first time, with a further **1.3 million undiagnosed**. The annual NHS cost is estimated at **£10.7 billion**, projected to reach **£18 billion** by 2035 (Diabetes UK, 2024).



Figure 1. Key epidemiological statistics for Type 2 Diabetes Mellitus in the United Kingdom. All data sourced from OHID (2025), Diabetes UK (2024), and The Lancet Diabetes and Endocrinology (2024).

Sources: (NHS Digital UK, Diabetes UK), 2026

THE NHS DIGITAL DIABETES PREVENTION PROGRAMME / (NHS-DDPP)

How Technology Addresses the Problem

Commissioned in 2017

Targets

- Adults aged 18+
- Individuals with non-diabetic hyperglycaemia (NDH)

Participants identified through

- NHS Health Checks
- GP retrospective searches
- GP at-risk patient registers (Tompson et al., 2022)

Programme Delivery (9-month) via smartphone app including

- Personalised** diet and physical activity coaching from trained health coaches
- Wearable** activity trackers to monitor steps and movement
- Online peer support** forums to encourage social accountability
- Structured** educational modules, nutrition, sleep, stress
- Ability to log meals, weight, and personal goals digitally (Barron et al., 2023)

Programme Impact and Expansion

- Nearly 1 million referrals by March 2022 / Expanded under the NHS Long Term Plan (2019)
- Extended for 5 additional years / Target increased to 200,000 participants per year by 2023–24 (NCBI, 2023)

Sources: (NHS Digital UK, Diabetes UK), 2026

USEFUL DIGITAL RESOURCES

NHS Diabetes Prevention Programme: Patient Information www.nhs.uk - Find eligibility criteria and self-referral pathways for the Healthier You programme.
NHS-DDPP Digital App: Feature Overview www.nhsdigitaldiabetes.co.uk - Interactive guide to the NHS Digital DPP platform features.
Diabetes UK Digital Health Toolkit for Practitioners www.diabetes.org.uk - Evidence-based resources for implementing digital health interventions.

THE EVIDENCE

What Research Demonstrates About the NHS-DDPP

- Early evaluation showed participants lost an average of **3.3 kg and improved HbA1c levels** (Valabhji et al., 2020)
- Programme completers had a **3.7% lower risk** of developing type 2 diabetes compared to non-completers (Barron et al., 2023)
- During COVID-19, digital delivery outperformed face-to-face programmes in weight loss outcomes
- Digital approach improved engagement among younger and higher-risk individuals without increasing health inequalities (Barron et al., 2023)
- Further research found participants had **50% lower odds** of developing type 2 diabetes after 24 months, with reduced risk of other long-term conditions (Nature Medicine, 2025)

"Weight losses achieved through remote and digital interventions were greater than those previously achieved through face-to-face interventions, without evidence of exacerbation of health inequalities." Barron et al., Diabetic Medicine, 2023

NHS-DDPP FEATURES



The NHS App, available on iOS and Android: integrates diabetes care pathways, digital prescriptions, and telehealth appointments. © NHS England

image sources: (iStockphoto,2026)

Sources: (NHS Digital UK, Diabetes UK), 2026

CRITICAL DISCUSSION

Advantages and Shortfalls

Advantages

- Scalable reach regardless of geography
- Digital delivery outperforms face-to-face for weight loss (Barron et al., 2023)
- Improved minority ethnic engagement remotely
- Real-time self-monitoring of diet, activity, glucose (Blythin et al., 2023)
- Reduced benefits of 30 long-term conditions beyond T2DM (Nature Medicine, 2025)

Shortfalls

- Digital divide excludes older and low-income users (Digital Health News, 2024)
- Peer support features consistently underused (Ross et al., 2023)
- Generic content causes disengagement (Ross et al., 2023)
- Requires internet, device, and English literacy
- NHS tech budget cut by £350m in 2024 (Tony Blair Institute, 2025)

Sources: (NHS Digital UK, Diabetes UK), 2026

ADDRESSING THE SHORTFALLS

A PATH TOWARD EQUITABLE DIGITAL HEALTH PROMOTION

HYBRID DELIVERY

Digital, telephone, and face-to-face must coexist



DIGITAL INCLUSION

Device lending and digital literacy hubs via libraries



PERSONALISATION

Adaptive content improves long-term engagement



PROTECTED FUNDING

Ring-fenced NHS tech budgets prevent infrastructure cuts



Closing the gap between technological potential and equitable impact requires coordinated action. Hybrid delivery models that maintain face-to-face, telephone, and digital pathways in parallel must remain the standard to ensure no patient is excluded. NHS England must forge digital inclusion partnerships with libraries and councils to provide device lending and digital literacy support, targeting older adults and deprived communities most at risk of T2DM (Digital Health News, 2024). Platforms should deploy adaptive personalisation algorithms to tailor content to individual users, addressing the disengagement caused by generic material (Diabetes Technology & Therapeutics, 2023)

image sources: (iStockphoto,2026)

Sources: (NHS Digital UK, Diabetes UK), 2026

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DESIGNED DIGITAL TECHNOLOGY

A self-service digital prescription ordering kiosk for GP surgery waiting rooms, designed to cut processing delays, reduce medication errors, and give every patient faster, safer access to their repeat medicines.

72 hrs standard GP prescription processing time

237M medication errors in England annually

1.85M hrs GP time saved by digital Pr in 2024

THE PUBLIC HEALTH PROBLEM

Prescription Waiting Times and Medication Safety in England

Delays in accessing repeat prescriptions represent a significant and underappreciated public health concern in England. NHS guidance advises patients to request repeat medication at least five working days before running out, with most GP surgeries operating a standard 72-hour (three working day) processing window, a timeline that does not include pharmacy dispensing time (Ainsdale Medical Centre, 2024; NHS, 2024). Practices receiving high volumes of requests report that this processing time is under increasing pressure, with many now urging patients to allow up to seven days (Crumpsall Medical Practice, 2024).

72hrs

Standard GP

prescription processing
time (Ainsdale Medical
Centre, 2024)

237M

Medication errors in
England per year
(Elliott et al., 2021)

66M

Potentially clinically
significant errors
annually (Elliott et
al., 2021)



Data Sources: (NHS Digital UK, Diabetes UK), 2026

THE DESIGNED TECHNOLOGY

Introducing the ScriptPoint Kiosk

DESIGNED TECHNOLOGY

SCRIPTPOINT - GP SURGERY SELF-SERVICE PRESCRIPTION ORDERING KIOSK

ScriptPoint Kiosk – Key Features

Location

- Wall-mounted touchscreen in NHS GP waiting rooms

Easy Access

- Order repeat prescriptions in under 2 minutes
- No smartphone or internet needed
- Simple touchscreen use

Safety Features

- Printed receipt includes:
 - Request reference number
 - Estimated collection date
 - If medication review is overdue:
- System prompts appointment booking
- Prevents unsafe prescribing

How It Works

Patient verifies identity using

- NHS number
- Date of birth
- Appointment slip barcode

One tap to

- Select medication
- Confirm pharmacy
- Submit request to GP

Benefits

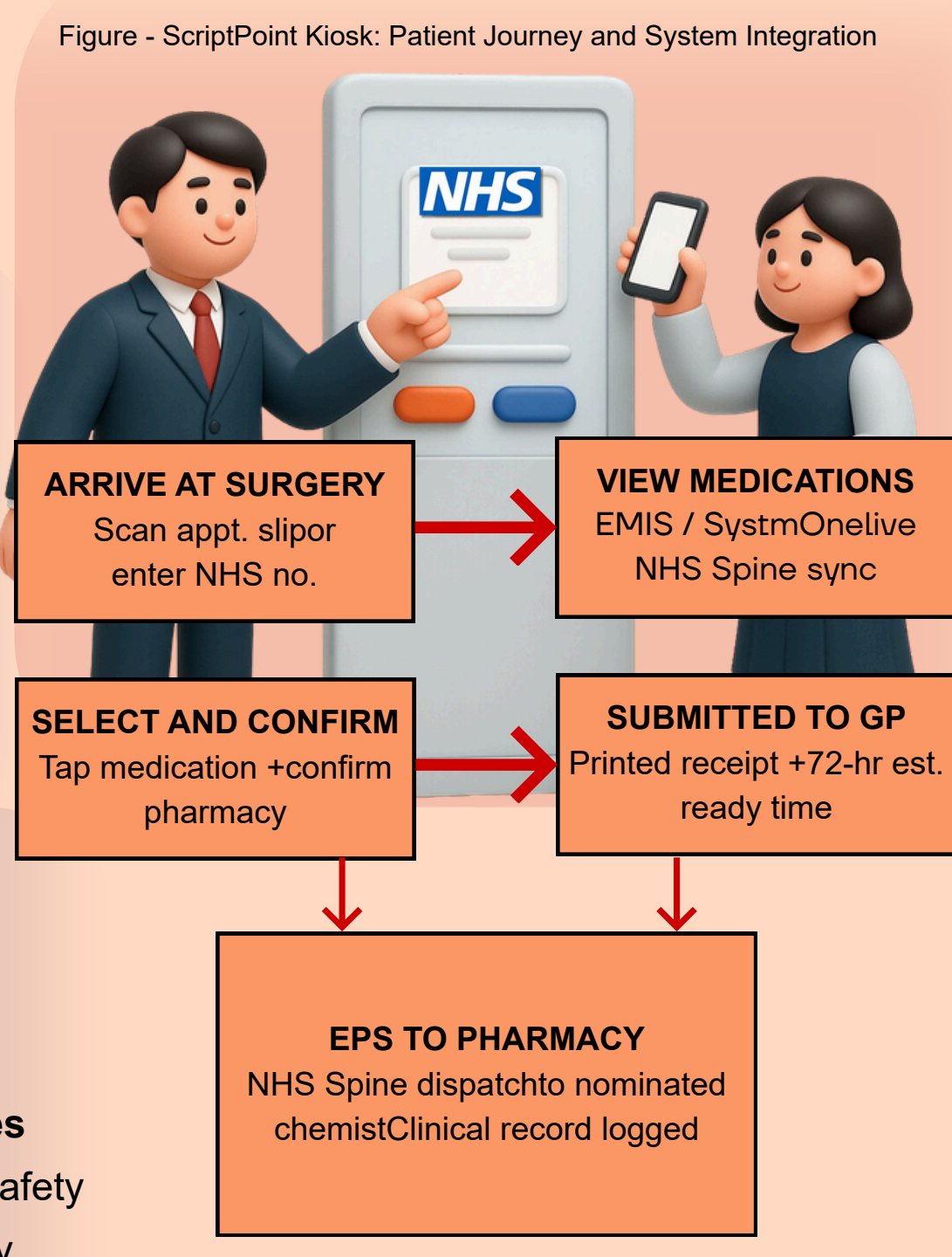
- Improves access for:
 - Older adults
 - Digitally excluded patients

Reduces

- Waiting times
- Staff workload

Increases

- Patient safety
- Efficiency



ADDRESSING THE PROBLEM

How ScriptPoint Reduces Waiting Times

ScriptPoint Kiosk – Impact on Prescribing

Converts a complex multi-step process into

- 2-minute kiosk interaction
- Completed during the patient's visit

Efficiency Benefits

NHS England (2024)

- Electronic Prescription Service saved 1.85 million GP hours
- Each digital prescription saves ~3 minutes of staff time

ScriptPoint can

- Redirect ~15 staff hours per week to clinical care

Problems in Current Systems

Common risks in repeat prescribing

- Unclear ordering processes
- System-level failures
- Difficulty overriding review-date locks
- Inconsistent patient information

How ScriptPoint Solves This

- Provides a structured, simple interface
- Integrates directly with clinical systems
- Reduces errors and confusion
- Improves safety, efficiency, and workflow

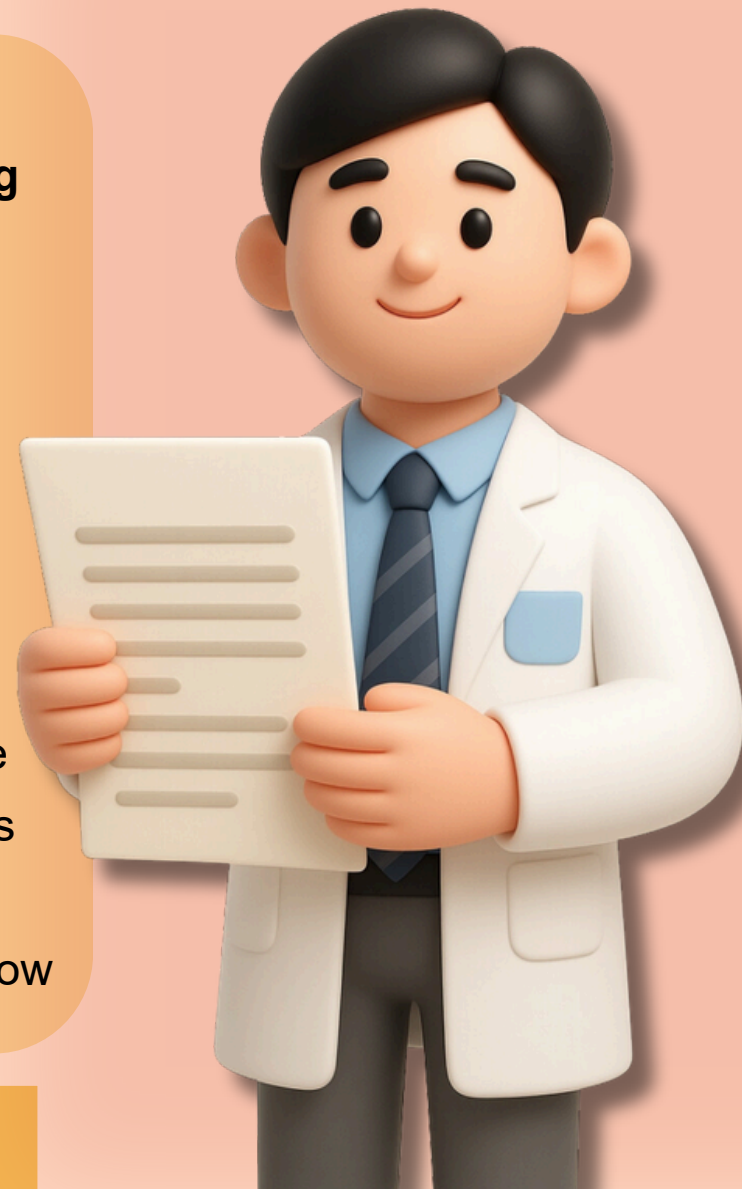


image sources: (iStockphoto, 2026)

Data Sources: (NHS Digital UK), 2026

"The most hazardous high risks in repeat prescribing systems are operational and processual, not clinical, making structured digital ordering interfaces a high-impact patient safety intervention." Pérez-Jover et al., Health Science Reports, 2018

CRITICAL DISCUSSION

Advantages and Shortfalls of the ScriptPoint Kiosk



Advantages

- Reduces ordering time from ~18 mins (telephone) to under 2 mins
- Saves 3 mins of GP staff time per prescription
- Structured interface reduces ordering errors and overrides
- 14 languages + audio assist for low-literacy patients
- Full NHS Spine clinical record integration
- prescribing governance maintained



Shortfalls

- Only accessible during surgery opening hours, no out-of-hours reach
- Housebound, immobile, or rural patients who do not visit cannot benefit
- Capital outlay of £4,000–£8,000 per unit may exceed small practice budgets
- Kiosk congestion risk during peak morning periods in high-footfall surgeries

Data Sources: (NHS Digital UK, Diabetes UK), 2026

ADDRESSING THE SHORTFALLS

Strengthening the ScriptPoint Model



AUTOMATED TRIAGE SIGNING

Routine repeat prescriptions meeting safety criteria are auto-authorised within EMIS/SystmOne, reducing GP signing time



HOME-LINK QR CARD

A paired QR card issued at registration opens a simplified browser ordering page from any device



PHARMACY MIRROR KIOSK

A paired ScriptPoint terminal at each patient's nominated pharmacy captures those who collect but do not attend the surgery

The **ScriptPoint Kiosk** is a targeted, digital health intervention, one that directly reduces a well-documented patient safety risk by removing ordering friction, structuring the prescribing request process, and integrating seamlessly with existing NHS clinical systems. Paired with automated signing pathways, home-link functionality, and equity-focused funding, its limitations are addressable.

image sources: (iStockphoto, 2026)

Data Sources: (NHS Digital UK, Diabetes UK), 2026

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