XX GP practice

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Name

Address

Date:

Dear XXXX,

You are eligible to attend an NHS programme that will support you to potentially put your diabetes intoremission, reduce your medications, lose weight, and improve your health.

The NHS Type 2 Diabetes Path to Remission Programme provided by Ovivais a free NHS service lasting for 12 months, including a 12 week Low Calorie Diet using meal replacements. You can choose how the programme is delivered to best suit your needs. This can either be one-to-one digital support or one-to-one in-person support. For the digital pathway participants will not need to travel to a specific location for appointments.

In our area, the service is provided by Oviva. Their team of specialist healthcare professionals combined with their unique digital tools support people with type 2 diabetes to improve their health and better self-manage their condition.

You will receive all the help and advice you need throughout every phase of the programme from your personal coach. Your coach will provide expert one-to-one healthcare, with tailored support over the 12-months of the programme. The whole programme, including the meal replacement products, is funded by the NHS and completely free-of-charge to you.

Taking part can help prevent you from developing more serious conditions related to your diabetes later in your life. Places are assigned on a first come first served basis and there are limited places available. Please contact your GP practice to sign up for the service. Alternatively tear off the slip below and return it by post or hand to the reception team.

Please see the enclosed leaflet for more information and you can also find out more by visiting the Oviva website: [www.oviva.com/uk/en/t2dr](http://www.oviva.com/uk/en/t2dr)

We look forward to hearing from you,

Kind regards,

Dr XX

XX GP practice



<Name, NHS number, DOB, Telephone number >

**Please sign me up for a place on the NHS Type 2 Diabetes Path to Remission programme provided by Oviva. I give consent for my relevant medical data to be shared with Oviva to enable me to take part in the Oviva programme.**

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address (please print clearly): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I have a blood glucose meter (please circle): Yes /No