

# DESMOND 2020 HIGHLIGHTS REPORT

An annual update from the DESMOND National Office on the work across UK and Ireland, with reference to our international partners in Australia.

Covering April 2020 – March 2021

## Foreword

Since the first DESMOND research began back in 2003, the DESMOND Programme has been providing structured education to thousands of people living with, or at risk of, type 2 diabetes. 2020 was a year like no other, with the emergence of the Covid-19 pandemic and its impact on people living with type 2 diabetes. This altered the way DESMOND could be delivered, as well as affording opportunities to try new innovations to ensure DESMOND remains a leader within the health sector and at the heart of the NHS in the UK.

The DESMOND National Office is part of the Leicester Diabetes Centre, which is hosted by the University Hospitals of Leicester NHS Trust. Therefore, being at the cutting edge of the pandemic, we were seeing staff and resources redeployed to cope with the pandemic. However, we still had an obligation to the wider DESMOND community to provide the same quality and level of care for which we are renowned.

The DESMOND Training and Assessment team went into action developing virtual means of delivery for all of the group-based modules and opening up the DESMOND Academy to create a sense of community amongst Educators and Providers who were still determined to offer a service to people living with diabetes. Coupled with this was a substantial increase in uptake to the MyDESMOND online patient educational platform.

In March 2020, there were a little over 2,000 users on the MyDESMOND platform and now in June 2021, this has risen to over 18,500, all working their way through the comprehensive educational materials and connecting with others via the MyDESMOND forum. Having access to this information during a time when other avenues for routine care had been diminished has been a lifeline to many. With new developments as part of the platform, this presents a huge opportunity for the future direction of diabetes education.

2020/2021 has had its challenges but DESMOND continues to grow and expand to help complement the lives of people living with, or at risk of, type 2 diabetes.

Professor Melanie Davies on behalf of the DESMOND National Team



To know more about how our international partners in Australia have adapted during the last year please visit <https://www.diabeteswa.com.au/>

## Virtual Group Adaptation



The above figure describes the thorough, iterative process that was undertaken in 2020 to adapt delivery from face-to-face to virtual delivery of our three key modules (Newly Diagnosed and Foundation, Let's Prevent Diabetes and Walking Away from Diabetes). This included a number of key considerations along the way to ensure our final offer was fit-for-purpose. This is not the end of the story; work continues as we are constantly striving to improve. Summer 2021 will see the release of V3.0.

Virtual delivery began across our UK and Ireland Providers throughout 2020 and continues to grow.



## DESMOND Academy

July 2020 saw the launch of the DESMOND Academy as a new, innovative way to support our existing Educators and Providers. Through the DESMOND Academy we now offer a range of virtual workshops including building and maintaining Educator confidence to deliver groups virtually, MyDESMOND administration demonstrations, and general Q&A sessions.



**78 Workshops Delivered**



**484 Attendees**



**96% found the workshops useful/very useful**



**84% felt more confident as a result of attending an Academy workshop**

2021 has already seen the launch of our 'Lunch with LDC' series; a chance for any DESMOND Educators and support staff to hear from the world-renowned experts at the Leicester Diabetes Centre: to learn from them, to understand the research that is being undertaken, and to have a chance to network outside of their local teams. The last of these saw Professor Melanie Davies presenting on the latest international diabetes guidance.

## DESMOND Evaluate

DESMOND Evaluate was established to help and support all DESMOND Providers in gathering and evaluating feedback from participants attending their groups.

Designed as a means to provide standard reporting mechanisms, DESMOND Evaluate has gone from strength to strength, offering Providers meaningful outputs for service development and giving confidence in the delivery of the DESMOND suite of programmes..



2020-2021

**14 DESMOND Providers Signed Up**



2020-2021

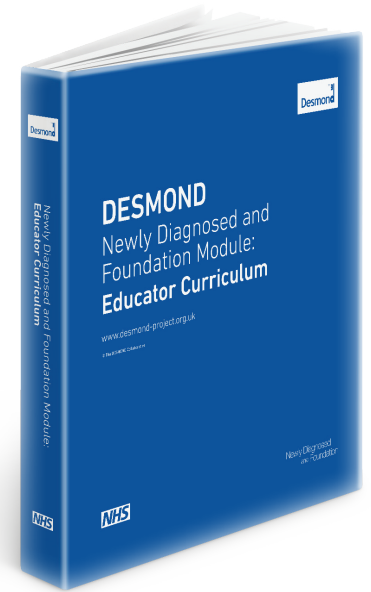
**147 Participant Responses**

A poster of the 2020-21 feedback was presented at Diabetes UK APC in April 2021 (see Evidence section). The interest in DESMOND Evaluate is already growing: there are now 29 Providers signed up and over 470 participant responses have been received.

# Educator Training & Quality Development

Once the virtual group delivery was established, work quickly began on adapting the training package for new Educators to be able to deliver virtually. The training team put a lot of care and attention into ensuring a good training experience, and a great deal of positive feedback has been shared. Since the first virtual Educator training took place in September 2020, there have been 61 new Educators trained. The training provides them the ability to deliver both virtually and in face-to-face groups. This hybrid approach provides DESMOND teams the ability to be flexible to future needs, depending on local circumstances as well as any pandemic-related issues.

Feedback was excellent:



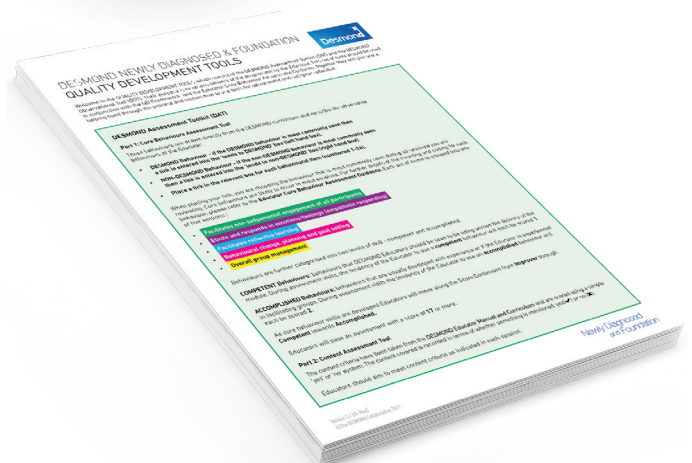
90% learnt new skills

95% would recommend it to their colleagues

Just a huge thank you to the trainers - such a wonderful training day and one I will keep in mind for when I'm asked in the future 'can you remember a very good training session and why was it good'

Very good trainers, really enthusiastic and clear presenting. Good use of the skills we are being trained on. Thank you.

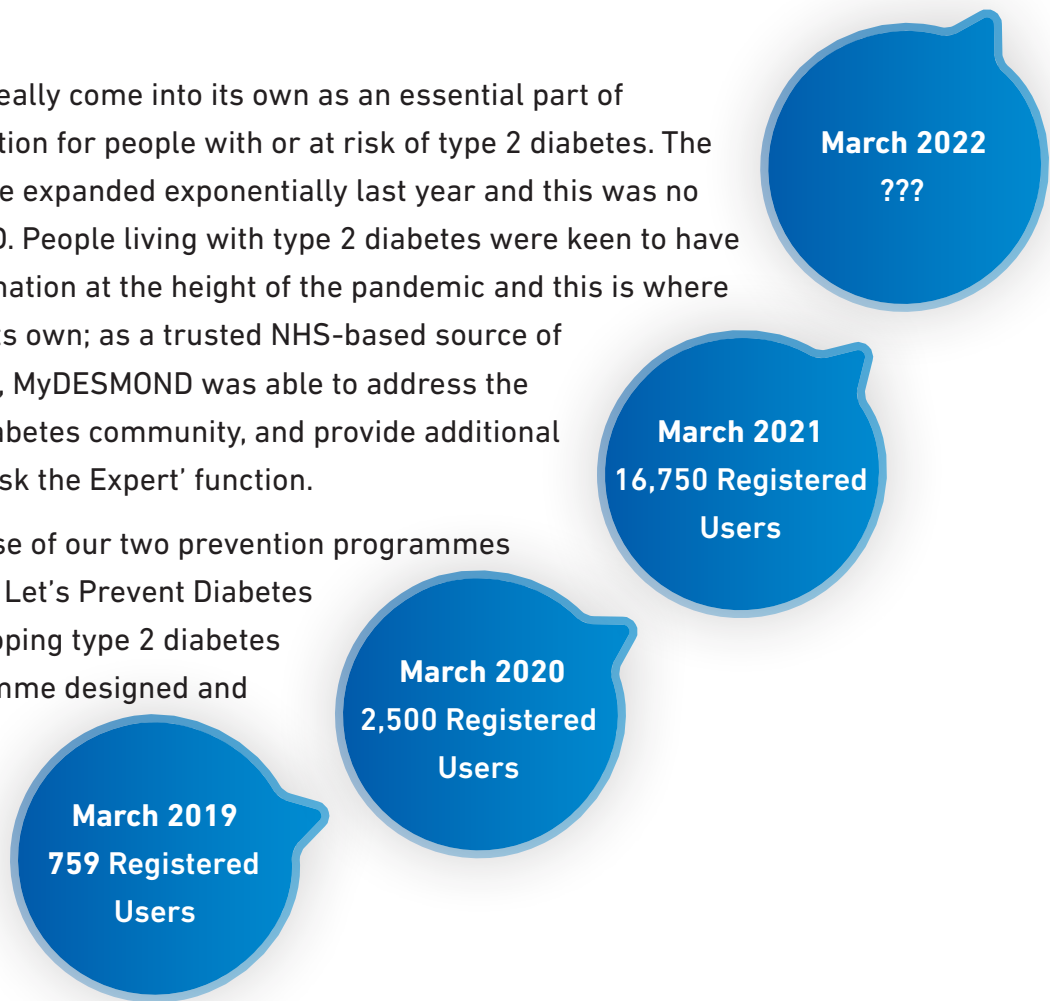
Alongside the revisions to Educator training, the Quality Development tools were reviewed with virtual delivery in mind, and in March 2021 our Assessors began carrying out mentoring and assessment virtual visits for Educators across the UK and Ireland.



## MyDESMOND

2020 saw MyDESMOND really come into its own as an essential part of management and prevention for people with or at risk of type 2 diabetes. The world of digital healthcare expanded exponentially last year and this was no different for MyDESMOND. People living with type 2 diabetes were keen to have reliable sources of information at the height of the pandemic and this is where MyDESMOND came into its own; as a trusted NHS-based source of knowledge and expertise, MyDESMOND was able to address the changing needs of the diabetes community, and provide additional assurances through the 'Ask the Expert' function.

June 2020 saw the release of our two prevention programmes across part of Scotland – Let's Prevent Diabetes for those at risk of developing type 2 diabetes and Babysteps, a programme designed and tested specifically for women with a previous diagnosis of gestational diabetes.



## MyDESMOND Development Work

In 2020, we successfully secured funding to support the development, design and roll-out of some key new additions for the MyDESMOND platform.

### 1) To develop content tailored specifically for ethnic minority populations

Working with the team from the Centre for Ethnic Health Research based at the LDC, Patient and Public Involvement (PPI) work began and, subsequently, translations into Bengali and Hindi as well as cultural adaptations were made to key information throughout the MyDESMOND platform. This is now available to all MyDESMOND users.

### 2) To develop content to aid resilience and well-being during the Covid-19 pandemic

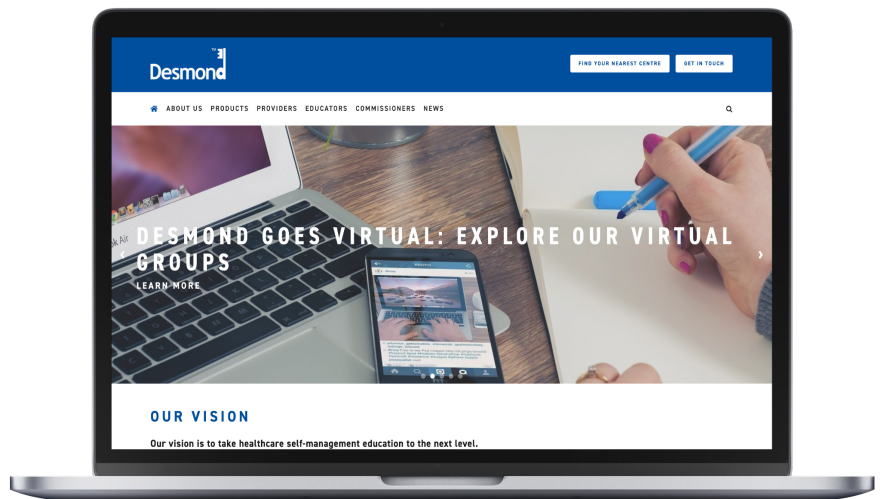
Addressing the psychological impact of the Covid-19 pandemic on people living with type 2 diabetes was welcomed by the existing MyDESMOND users. This focuses on building resilience, self-compassion and improving overall emotional well-being during unforeseen changes. This is a resource that will continue to be relevant for years to come.

A number of key findings have been published throughout 2020-21 highlighting the impact of MyDESMOND. Further details can be found in the Evidence section of this report.

## New Look Website

The DESMOND public-facing website has been enhanced to make it fresher, more inviting and user-friendly. A change to [www.desmond.nhs.uk](http://www.desmond.nhs.uk) was introduced to further establish DESMOND's unique position as an NHS service.

The latest DESMOND news and events can be found on this site.



**47,964** page views since launching



**13,901** unique number of visitors in total

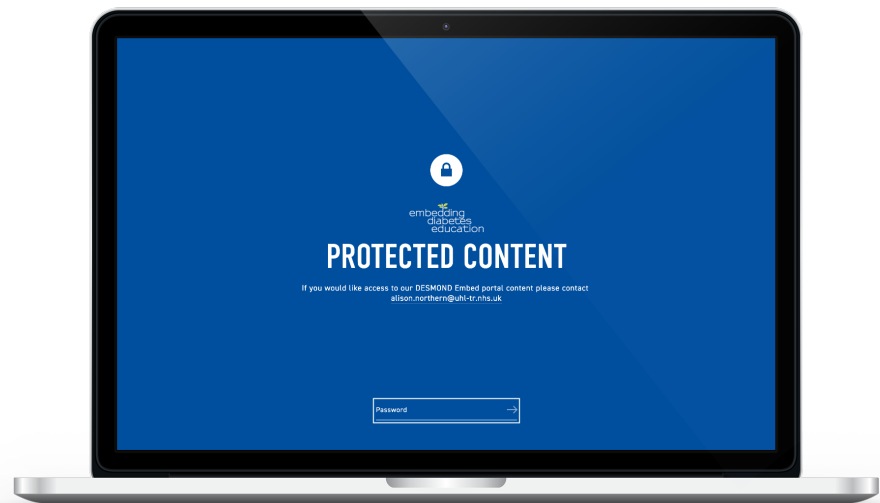


**6,712** visits to: 'find our nearest centre' page



**384** visits to: DESMOND goes Virtual page

The new DESMOND website has a new section which is only available to current DESMOND Educators and Providers. This is a free resource based on evidence from the NIHR Embedding Diabetes Education study on embedding structured education at local level.



## Evidence

The following provides an overview of the published papers and abstracts from the last year that build on the strong foundation of previously published publications and evidence relating to DESMOND and MyDESMOND.

### Using Intervention Mapping to Develop a Digital Self-Management Program for People With Type 2 Diabetes: Tutorial on MyDESMOND

[jmir.org/2020/5/e17316/](https://jmir.org/2020/5/e17316/)

JOURNAL OF MEDICAL INTERNET RESEARCH

Hadjiconstantinou et al

#### Tutorial

## Using Intervention Mapping to Develop a Digital Self-Management Program for People With Type 2 Diabetes: Tutorial on MyDESMOND

Michelle Hadjiconstantinou<sup>1</sup>, BSc, MSc, PhD, CPsychol; Sally Schreder<sup>2</sup>, MSc; Christopher Brough<sup>2</sup>, BSc; Alison Northern<sup>2</sup>; Bernie Stribling<sup>2</sup>, MBA; Kamlesh Khunti<sup>1</sup>, MBChB, PhD, MD, FRCGP, DCH, DRCOG; Melanie J Davies<sup>1</sup>, MB, ChB, MD, FRCP, FRCGP

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#### ***Abstract***

Digital health interventions (DHIs) are increasingly becoming integrated into diabetes self-management to improve behavior. Despite DHIs becoming available to people with chronic conditions, the development strategies and processes undertaken are often not well described. With theoretical frameworks available in current literature, it is vital that DHIs follow a shared language and communicate a robust development process in a comprehensive way. This paper aims to bring a unique perspective to digital development, as it describes the systematic process of developing a digital self-management program for people with type 2 diabetes, MyDESMOND. We provide a step-by-step guide, based on the intervention mapping (IM) framework to illustrate the process of adapting an existing face-to-face self-management program (diabetes education and self-management for ongoing and newly diagnosed, DESMOND) and translating it to a digital platform (MyDESMOND). Overall, this paper describes the 4 IM steps that were followed to develop MyDESMOND—step 1 to establish a planning group and a patient and public involvement group to describe the context of the intervention and program goals, step 2 to identify objectives and determinants at early design stages to maintain a focus on the strategies adopted, step 3 to generate the program components underpinned by appropriate psychological theories and models, and step 4 to develop the program content and describe the iterative process of refining the content and format of the digital program for implementation. This paper concludes with a number of key learnings collated throughout our development process, which we hope other researchers may find useful when developing DHIs for chronic conditions.

(*J Med Internet Res* 2020;22(5):e17316) doi: [10.2196/17316](https://doi.org/10.2196/17316)

#### **KEYWORDS**

diabetes mellitus, type 2; technology; self-management



# Use of MyDesmond digital education programme to support self-management in people with type 2 diabetes during the COVID-19 pandemic

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## LETTER

### Use of MyDesmond digital education programme to support self-management in people with type 2 diabetes during the COVID-19 pandemic

The pandemic has presented unique challenges for people with type 2 diabetes, who comprise a high-risk group for severe COVID-19 infection.<sup>1-3</sup> There has been increased emphasis on the importance of self-care activities for people with type 2 diabetes to optimise their diabetes management; however, this has proven difficult because of restrictions due to lockdown and reduced face-to-face diabetes education.<sup>4</sup> Nevertheless, the pandemic has also presented people with type 2 diabetes and their healthcare teams with an opportunity to innovate and move quickly towards increasingly digitalised care, to continue supporting people with type 2 diabetes from their own homes.

MyDesmond is an online programme to support people with type 2 diabetes with their self-management.<sup>5</sup> It is accessible on the NHS Apps Library and incorporates content from the NICE endorsed face-to-face DESMOND programme.<sup>6,7</sup> MyDesmond is due to be rolled out in Australia at the end of 2020, based on a recent pilot evaluation, which showed a significant improvement in health outcomes, including diabetes empowerment and diabetes-related distress.<sup>5,7,8</sup> This theory-based digital programme adopts evidence-based strategies to optimise learning and engagement while allowing people with type 2 diabetes to progress through the educational content at their own pace. Other features of MyDesmond include discussion forums, booster sessions, goal setting features, monitoring steps, 'Ask the Expert', step challenges, health trackers and a buddy system to tailor self-management strategies and promote behaviour change.

During the pandemic, MyDesmond was made freely available across the United Kingdom and uptake increased by 400% in a month with a current total of 10,000 registered users. We therefore undertook an online survey in August with registered users to ascertain satisfaction and usefulness of the MyDesmond programme, and to understand what aspects of self-care activities the COVID-19 pandemic had impacted. This survey was available for 1 week.

Of those who responded ( $n = 803$ ), the majority had been diagnosed with type 2 diabetes in the last year (55%), 28% had been living with type 2 diabetes for 1–5 years and 17% for more than 10 years. Experience of MyDesmond also varied with 21% having used the programme for <1 month, 51% for 1–6 months and 28% for >6 months.

Users accessed MyDesmond on computers and smartphones, and the majority found the content sufficiently detailed (83%), providing clear and concise information (92%). A further 85% agreed the programme was easy to use, 83% enjoyed using the programme and 83% would recommend the programme to others.

In addition, 81% reported that the programme helped them to better understand their condition, and the educational material were considered the most helpful aspect of the programme. The interactivity incorporated was considered to be engaging by 79% of the respondents. Sixty-seven per cent said they had improved their diet, 59% became more active because of the programme and 39% felt the programme helped them to better manage stress.

In terms of how the pandemic and lockdown period affected self-management behaviours, compared to pre-lockdown, 24% reported eating more than usual, 37% were less active than usual and 35% felt more anxious or depressed, with 30% sleeping less than usual. Overall, 19% felt less confident in self-managing their diabetes during the lockdown period, which further highlights the added burden of stress impacting diabetes management during the pandemic [Gupta 2020]. Users continued to access diabetes care services during the lockdown period, with 24% having attended a face-to-face appointment or received face-to-face treatment (12%), 8% had a video consultation, whereas 50% had a telephone consultation with a healthcare professional. Overall, 58% embraced a digital consultation and 81% were satisfied with the care received, demonstrating high accessibility and satisfaction. However, for a minority, 20% reported reducing prescription orders and medication intake, and a further 15% had avoided seeking expert advice or medical care during the pandemic. This highlights the added fear and anxiety experienced due to local restrictions, and emphasises the strong need to consider and address these negative emotions in digital self-management programmes.

Overall, these findings suggest that MyDesmond provided a positive experience for people with type 2 diabetes to encourage lifestyle and self-care activities. Self-management was an increased challenge during the pandemic, and reported changes in lifestyle behaviours were concerning, given the increased risk of COVID-19 infection with suboptimally

# Improved diabetes-related distress and self-efficacy outcomes in a self-management digital programme for people with type 2 diabetes, myDESMOND

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## LETTER

### Improved diabetes-related distress and self-efficacy outcomes in a self-management digital programme for people with type 2 diabetes, myDESMOND

The Long-Term Plan published in 2019 by National Health Service (NHS) England commits to better care, by urging the application of technology and digital solutions in the future of diabetes treatment.<sup>1</sup> Digital self-management programmes are becoming increasingly popular as a supplement resource to face-to-face diabetes self-management education and support (DSMES) programmes, showing the potential to improve biomedical outcomes such as HbA1c.<sup>2,3</sup> However, evidence on psychological outcomes remains limited.<sup>4</sup>

In the UK, the COVID-19 pandemic has put 'traditional' DSMES programmes on hold due to lockdown restrictions, enabling a number of digital DSMES programmes to rise to the occasion and provide remote support to people with type 2 diabetes. The influence of this social phenomenon has led to the increased uptake of many digital DSMES programmes, including myDESMOND, X-PERT and Changing Health to name a few.

In a recent Letter published in *Diabetic Medicine*,<sup>5</sup> we highlighted the importance of an implemented digital self-management programme, myDESMOND, in supporting people with type 2 diabetes during the COVID-19 pandemic.<sup>6</sup> The Letter was based on a survey conducted in 2020 ( $n = 803$ ), which showed that the digital programme was widely used across the UK, with improvements reported in self-management activities, including food choices, physical activity and stress management.<sup>5</sup>

Overall, the stress and demands of living with type 2 diabetes can be challenging and overwhelming. These emotions can lead to high levels of diabetes-related distress and low levels of self-efficacy, which can ultimately act as a barrier to optimal diabetes self-management and self-care.<sup>7,8</sup> With this in mind, we wanted to explore the impact of myDESMOND on two key psychological outcomes, diabetes-related distress and diabetes management self-efficacy. As part of our service evaluation, two widely used and validated questionnaires were completed by myDESMOND users; the PAID-5 questionnaire to measure diabetes-related distress<sup>9</sup> and the DMSES questionnaire to measure self-efficacy.<sup>10</sup>

Between October 2019 and October 2020, 1,537 users of myDESMOND provided complete baseline and follow-up PAID-5 data while 1,671 users provided complete DSMES data at baseline and follow-up. Both samples of users were

ethnically diverse. The majority of follow-up data was collected 4 weeks after users began using the myDESMOND programme, however due to logistical reasons, a small proportion of follow-up data was collected after 8 weeks (8.1% of users who provided follow-up PAID-5 data and 10.7% of users who provided follow-up DSMES data). As significant differences in both scores were observed in the 4-week and 8-week follow-up groups, data were merged and are presented as one dataset in Table 1.

Nonparametric tests were conducted to compare scores at baseline and follow-up, and logistic regression was used to assess the effect of covariates (sex, age and ethnicity) on the difference in scores between baseline and follow-up. All statistical analyses were conducted using STATA version 16.0 (Statacorp., College Station, TX, USA). A significant decrease in the prevalence of diabetes-related emotional distress was observed between baseline (56.7%) and follow-up (47.8%) ( $p < 0.001$ ) in the total sample (Table 1). The reduction in the prevalence of distress was significant in both males and females, and in users from both age groups ( $<60$  years,  $\geq 60$  years). However, the reduction was significantly greater among females compared to males (OR = 1.34, 95% CI: 1.06–1.70), and significantly smaller among users aged 60 years or over compared to those aged under 60 years (OR = 0.75, 95% CI: 0.60–0.95). Although a significant decrease in the prevalence of distress was observed in both the White and the Black/Asian ethnic groups, the prevalence of distress remained higher in the Black/Asian group compared to the White group at follow-up.

The prevalence of high self-efficacy significantly increased between baseline (39.1%) and follow-up (49.6%) ( $p < 0.001$ ). A significant increase in high self-efficacy was observed in both males and females, although the increase was significantly smaller in females compared to males (OR = 0.67, 95% CI: 0.52–0.86). A significant increase was also reported by users from both age groups ( $<60$  years,  $\geq 60$  years) and by users from both the White and Black/Asian ethnic groups. However, the prevalence of high self-efficacy remained lower in the White group compared to the Black/Asian group at follow-up.

The results of this service evaluation showed significant improvements in self-efficacy and diabetes-related distress.

# Evaluating a digital diabetes self-management programme (MyDESMOND) during COVID-19

## Evaluating a digital diabetes self-management programme (MyDESMOND) during COVID-19

Northern A<sup>1</sup>, Farmer J<sup>1</sup>, Brough C<sup>1</sup>, Burdon J<sup>1</sup>, Schreder S<sup>1</sup>, Hadjiconstantinou M<sup>2</sup>, Troughton J<sup>1</sup>

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### Background:

MyDESMOND is a responsive website that can be used on smartphones, tablets, laptops and PCs; designed to support self-management of and prevention of type 2 diabetes (T2DM) through interactive educational material. There is an 'Ask the Expert' facility, where users have access to Leicester Diabetes Centre's multidisciplinary team to help answer their questions. There is a Chat forum, where users can talk together and share successes /challenges relating to their diabetes management. During COVID19, MyDESMOND was offered freely to anyone with T2DM across the UK.

### Aims/objectives:

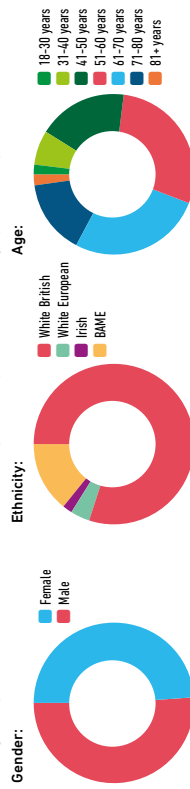
To evaluate uptake, accessibility, and acceptability (March- September 2020).

### Methods:

Service evaluation of data captured during period of March- September 2020.

### Results

During time period, there was a 400% increase in uptake to MyDESMOND. Demographic self-reported data showed:



Uptake to 'Ask the Expert' and 'Chat forums' has been high. Feedback from service users suggests that during COVID, MyDESMOND has provided them with a place to go to find out information, have their concerns addressed, and access avenues of support.

### Conclusions/summary:

MyDESMOND is accessible across gender, age and ethnicity for those with T2DM. It has filled an unmet need during COVID19 for those who cannot attend face to face education or easily access healthcare professional support

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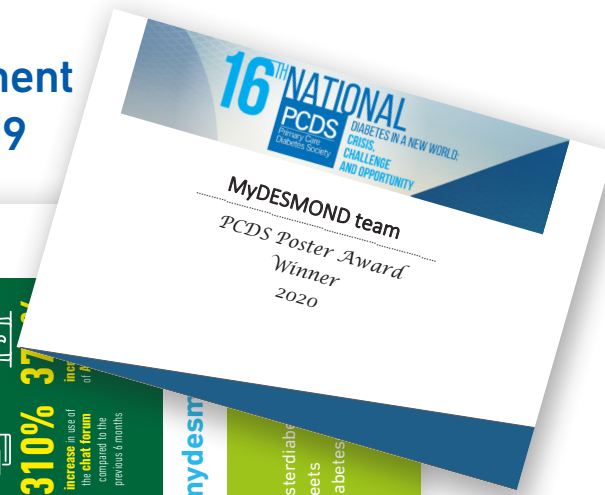
**User feedback:**

- 92% of users agreed or strongly agreed the information was presented clearly and concisely
- 81% of users reported to better understand their condition
- 85% of users agreed or strongly agreed that mydesmond was easy to use?
- 82% of users would recommend mydesmond to others
- 83% of users found the information valuable or extremely valuable
- 310% increase in use of the chat forum compared to the previous 6 months
- 37% increase in use of the forum

**Testimonial:**

"I was diagnosed in March 2020 with no help because of lockdown. MyDesmond has helped me learn a lot about diabetes and helped me to understand it more"

"...in small chunks at a time I find that the information stays with you better than trying to take ever thing in at once in a day session. Big thank you for putting it all together."



UNIVERSITY OF LEICESTER

University Hospitals of Leicester NHS Trust

www.leicesterdiabetes  
@LDC\_Tweets  
leicesterdiabetes

www.mydesmond

# How do patient attendees rate virtual group education: our initial findings

## How do patient attendees rate virtual group education: our initial findings



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1. Leicester Diabetes Centre, University Hospitals of Leicester NHS Trust, Leicester, UK, 2. Diabetes Research Centre, University of Leicester, Leicester, UK

### Aim:

To understand how patients find the experience of attending virtual group education during the COVID-19 pandemic.

### Method

Diabetes Education and Self-Management for Ongoing and Newly Diagnosed (DESMOND) programmes for people with or at risk of Type 2 diabetes were adapted for virtual delivery in May 2020, so UK and Ireland DESMOND providers could implement virtual groups during COVID-19.

14 DESMOND providers distributed online surveys at the end of each group; either via chat functions or follow-up emails. A range of questions were included rating how participants had found the experience before and during attendance. The responses were all entered anonymously and automatically analysed by the online survey software.

### Results:

To date 147 responses have been received. Figures 1-2 show participant's opinions and responses to the virtual programme. 92% were happy to attend virtually rather than wait for in-person groups. Figures 3-4 show the percentages of participants making a plan for change from the programmes and the focus of these plans.

Figure 1: Overall participant experience of virtual groups



### Conclusions:

Although implementation is in early stages these initial findings suggest those who attend a virtual DESMOND group find the overall experience positive. It is envisaged that virtual means of group delivery will now become part of diabetes education provision permanently.

**Acknowledgement:** on behalf of DESMOND licenced providers and educators

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Figure 2: Participant responses to questions asked about the virtually delivered programme

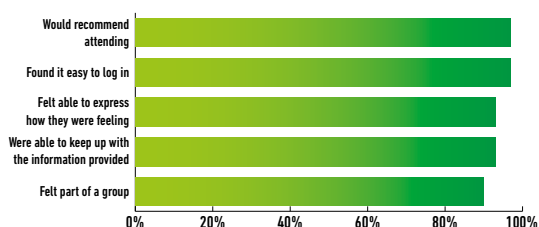


Figure 3: Percentage making a plan to make a lifestyle change

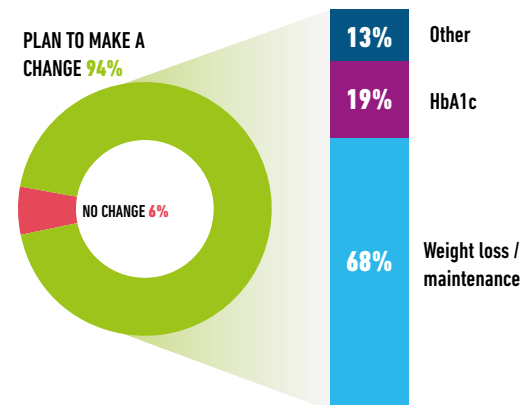


Figure 4: The focus of the participant's plan

For more information: [www.desmond.nhs.uk](http://www.desmond.nhs.uk) | [@DESMOND\\_Tweets](https://twitter.com/DESMOND_Tweets)



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# Launching virtual type 2 diabetes education across Northamptonshire

## Launching virtual type 2 diabetes education across Northamptonshire



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1. Leicester Diabetes Centre, University Hospitals of Leicester NHS Trust, Leicester, UK, 2. Northants Diabetes MDT, Northamptonshire Healthcare NHS Foundation Trust (NHFT), Northampton, UK

### Aim:

To launch a virtual means of delivering DESMOND (Diabetes Self-Management for Ongoing and Newly Diagnosed) groups across Northamptonshire.

### Method

In March 2020 all face-to-face groups were cancelled and as a result a virtual programme was developed by DESMOND National Office. In Northamptonshire, a small task and finish group of DESMOND Educators and administrators reviewed this and attended virtual workshops to support rollout, subsequently delivery pathways were revised. Volunteers from NHFT Voluntary Services assisted with testing Microsoft Teams, trialling new processes and the co-production of promotional materials. Mock sessions were delivered between Educators to build confidence and provide peer review. The first virtual DESMOND was delivered at the end of September, delivering the six-hour curriculum over three, two-hour sessions.

### Results:

Between September and December 2020, the Northamptonshire Diabetes Multidisciplinary Team (MDT) delivered 14 virtual groups with 46 participants attending all three sessions. The importance of administrative support was deemed paramount to securing attendance, reducing anxiety relating to remote attendance and troubleshooting technical queries. This allowed Educators to concentrate on educating and for attendees to participate in learning.

Evaluation data (Table 1) showed self-management confidence scores increased from 5.93/10 pre-group to 8.41/10 post-group (n=28), with 100% of respondents stating their expectations had been met. Qualitative data highlights the usefulness of attending in helping people to better understand their type 2 diabetes, as well as a wealth of positive feedback about the use of virtual delivery and the Educators delivery skills.

### Conclusions:

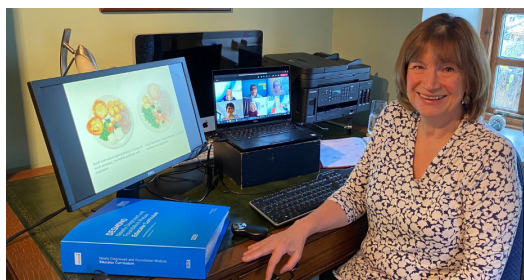
For this group of virtual DESMOND attendees the experience was positive and led to a noticeable increase in confidence to self-manage their condition. For the first few months of 2021, Northamptonshire Diabetes MDT have 13 virtual groups per month planned.

Ongoing development and programme adaption continues as the team gather and assess evaluation data from the virtual DESMOND attendees.

Table 1. Evaluation data

Confidence Score (1-10)	
Before Virtual DESMOND	5.93 Avg
After Virtual DESMOND	8.41 Avg

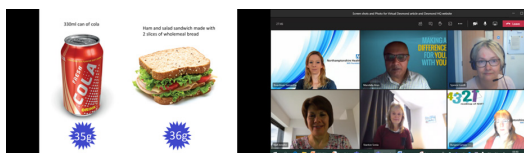
### Educator set-up:



### Participant quotes:

- “ I found the whole course very informative and engaging, especially getting to know the real causes of diabetes and how to regulate them and also knowing that we have so much help to hand within the county including mental well-being.”
- “ The course was very comprehensive and provided useful information, which I now need to review and apply to my situation. It is worth mentioning the two educators, who were excellent.”
- “ It all gave me a greater sense of what it entailed and gave me a greater sense of confidence to cope with diabetes.”

### Split screen view:



University Hospitals of Leicester  
NHS Trust

NHS  
Northamptonshire Healthcare  
NHS Foundation Trust

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# Building educator confidence, through training workshops, to deliver structured self-management education for type 2 diabetes and pre-diabetes virtually during the COVID-19 pandemic

## Building educator confidence, through training workshops, to deliver structured self-management education for type 2 diabetes and pre-diabetes virtually during the COVID-19 pandemic



Leicester Diabetes Centre  
Committed to Growing International Research, Education & Innovation



Harrison S<sup>1</sup>, Brant F<sup>1</sup>, Douglas T<sup>1</sup>, Farmer J<sup>1</sup>, Johnson V<sup>1</sup>, Northern A<sup>1</sup>, Rodgers A<sup>1</sup>, Troughton J<sup>1</sup>.

<sup>1</sup>. University Hospitals of Leicester NHS Trust.

### Objective:

To provide training and support to build confidence of educators delivering an adapted portfolio of diabetes education and self-management for ongoing and newly diagnosed (DESMOND) structured education programmes during the COVID-19 pandemic.

### Method

The DESMOND curriculums and resources were adapted from face to face delivery to support virtual delivery, but remain congruent to the theoretical and philosophical underpinning of the interventions and content.

A virtual DESMOND academy was established, offering a portfolio of 2 hour workshops to support existing DESMOND educators with confidence to set up and deliver bespoke virtual DESMOND programmes.

Workshops included a demonstration of visual resources available to support virtual delivery and discussions about how to use behaviour change techniques virtually, based on the DESMOND philosophy and learning theories.

### Results

- > 47 workshops were delivered to 329 attendees.
- > The workshops were rated as useful/very useful and attendees were more confident to deliver virtually afterwards.
- > Aspects of training reported as most useful were; an overview of the visual aids, facilitation skills for virtual delivery and sharing good practice.
- > The main concern was the use of, and access to, reliable technology by educators and participants.

### Conclusions

Workshops designed to build confidence of educators to deliver self-management education virtually are effective in increasing educator confidence. Technology skills and access are concerns that need to be further addressed.



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# Virtually delivering a diabetes prevention programme (Healthier You) increases accessibility and equity.

## Virtually delivering a diabetes prevention programme (Healthier You) increases accessibility and equity.



**HEALTHIER YOU**  
NHS DIABETES PREVENTION PROGRAMME

Johnson V<sup>1</sup>, Harrison S<sup>1</sup>, Lewin J<sup>2</sup>, Troughton J<sup>1</sup>, Stribling B<sup>1</sup>

<sup>1</sup> Leicester Diabetes Centre, University Hospitals of Leicester NHS Trust, UK <sup>2</sup> Ingeus, UK

### Aim:

Healthier You (HY) is an NHS England commissioned diabetes prevention programme meeting criteria for structured education programmes (SEPs). It is evidence-based, informed by theory, underpinned with a philosophy and usually delivered as thirteen 90 minute face-to-face group sessions for participants at risk of type 2 diabetes.

We decided to adapt HY for virtual delivery to enable this SEP to continue during COVID-19. We aimed to examine the uptake and impact of this new delivery mode.

### Method:

A multidisciplinary group of stakeholders reviewed and modified the programme to support virtual delivery, whilst retaining credibility as a structured education programme. Healthier You facilitators were trained in the new mode of delivery.

Delivery of virtual HY began April 2020. Data was collated over 2 time periods; face-to-face delivery (2019) and virtual delivery (1/4/2020 – 1/12/2020) and compared for acceptability and accessibility.

### Results:

Increase in uptake was seen for virtual HY compared to face-to-face during COVID-19 (Table 1). There was particular increase in attendance of people from the most deprived quintile of deprivation, from ethnic minority groups and <35 years of age (Figures 1-3). Average weight loss improved with virtual delivery, compared to face-to-face (Figure 4).

### Conclusion:

Since COVID-19, there has been increased uptake to virtual HY by those who are younger, employed, from ethnic minority backgrounds and/or socially deprived areas. Fewer older, retired people attended. Post COVID-19, a hybrid approach to HY delivery may support accessibility and equity, whilst improving weight loss.

Table 1:

Year	Total bookings	Total attendances	Attendance rate
2019 Face-to-face	81481	53774	66%
2020 Virtual	48453	33660	69.47%

Figure 1: Attendance by deprivation group

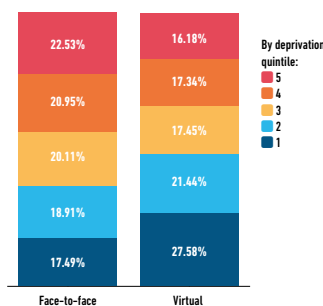


Figure 2: Attendance from Ethnic minority groups

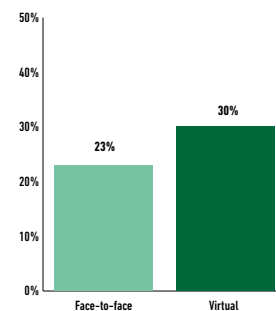


Figure 3: Attendance by age group

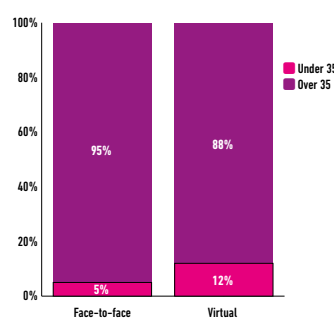
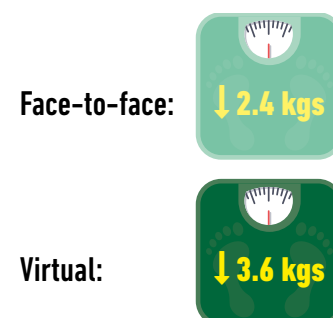


Figure 4: Average weight loss



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# The role of digital diabetes education (MyDESMOND) during the COVID-19 pandemic

diabetesonthenet.com/journals/issue/641/article-details/role-digital-diabetes-education-mydesmond-during-covid-19-pandemic

COMMENT

## The role of digital diabetes education (MyDESMOND) during the COVID-19 pandemic

Launched in 2018, MyDESMOND has been designed to support self-management and prevention of type 2 diabetes through digital means to fit around modern lifestyles. Primarily developed with mobile use in mind, MyDESMOND is a responsive website that can be used on smartphones, tablets, laptops and PCs. It was developed by the multidisciplinary team (MDT) at Leicester Diabetes Centre to fill an unmet need for a digital self-management education programme for people with type 2 diabetes.

MyDESMOND is based on the evidence-based Diabetes Education and Self-Management for Ongoing and Newly Diagnosed type 2 diabetes (DESMOND) group education programme (Davies et al, 2008). It was recognised that group education was not going to meet all needs and that using digital technology could potentially reach a different patient group, as well as provide an ongoing resource for those who attend a group programme. It was important for the MDT at Leicester that the digital programme retained the person-centred approach and the strong theoretical underpinning that had been successfully adopted within the evidence-based group programme.

The development of MyDESMOND used an iterative approach grounded in optimising user learning and engagement (Hadjiconstantinou et al, 2020). Since its conception, the platform has undergone a rigorous testing process and has been approved by NHS Digital, highlighting the high levels of data security and quality assurance built in to ensure confidence in access for primary care providers and people with diabetes alike.

### Programme description

To date, three programmes have been made available within the MyDESMOND platform:

1. **Type 2 diabetes** – suitable for anyone with a diagnosis of type 2 diabetes, regardless of whether they are newly diagnosed or have established diabetes.
2. **Let's Prevent Diabetes** – for those who find themselves at risk of developing type 2 diabetes.
3. **Babysteps** – a programme designed specifically for women who have previously been diagnosed with gestational diabetes.

Core functions that are available across all three programmes include:

- Interactive educational material based on the award-winning group-based DESMOND programmes. These are called “Learning Sessions” and are available to users on registration.
- Weekly “Booster Sessions” that build on the key messages of the Learning Sessions.
- Opportunities for users to make decisions about what they want to do to improve their health through the Decision Maker tool.
- A number of Health Trackers, including HbA<sub>1c</sub>, weight/shape, healthy eating and blood pressure, in which users can self-report their latest data and track their progress.
- A range of activity-tracking options, including steps and minutes, that link to wearable technology such as Fitbit, Garmin and Google Fit.
- “Ask the Expert”, in which users have access to Leicester Diabetes Centre’s MDT to help answer their questions.
- Chat, in which users can talk with each other and ask questions in the MyDESMOND Community about their successes and challenges relating to their diabetes management.
- Technology Support provided by Leicester Diabetes Centre, in which users are supported

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## Looking ahead to 2021-22: Our Commitment and Action Plan

- To continue to learn and listen to feedback from our national and international DESMOND community on how best to deliver innovations that continually meet the needs of people living with or at risk of type 2 diabetes
- To evaluate delivery, implementation and impact of all DESMOND programmes ensuring that developments and new innovations are grounded in feedback and evidence
- To diversify the portfolio, ensuring greater emphasis on more long-term conditions
- To expand delivery of all DESMOND and MyDESMOND programmes across the UK and beyond
- To actively encourage Educators to come forward for Quality Development visits, ensuring greater transparency between the outcomes of structured diabetes education and the benefits to people living with or at risk of type 2 diabetes
- To finalise and distribute V3.0 of our virtual patient groups - this will solidify the groups as a formal element of the DESMOND offer for the future
- To acknowledge the great work of DESMOND Provider teams through the reintroduction of the 'Celebrating DESMOND Awards'



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