

DESMOND 2021 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.

April 2021 – March 2022



Foreword

Building on the innovation and changes of 2020, 2021 was a year of continued great achievements for DESMOND. The DESMOND National Office, which is part of the Leicester Diabetes Centre (LDC) and hosted by the University Hospitals of Leicester NHS Trust (UHL), has remained at the forefront in ensuring provision of diabetes education services throughout the UK and Ireland, as well as supporting the restoration and recovery of services whilst the NHS landscape continues to evolve.

The success of the MyDESMOND digital programme saw this being adopted by NHS Wales as their digital type 2 diabetes education programme of choice; the first of the home nations to make a wholesale offer of this kind. We also look forward to this expanding into diabetes prevention in Wales in the coming year.

Our virtual group programmes have been through a further iteration to integrate feedback and learning from delivery of initial versions, and we are pleased to have accredited an Educator through virtual means for the first time. This individual was also one of the first Educators to train with us virtually.

2021 marked 10 years since the beginning of our collaboration with Diabetes Western Australia in the roll-out of DESMOND. They are now working on further cultural adaptations and introducing virtual delivery based on the experiences here in the UK. 2021 saw MyDESMOND Australia being handed over to the NDSS and receiving really encouraging results with the digital Babysteps programme.

DESMOND, with its hybrid offer of face-to-face and virtual groups alongside the digital MyDESMOND platform, offers greater choice than ever before for people living with or at risk of type 2 diabetes, and all of this hard work was rewarded in October when we were announced as winners of the Quality in Care award for 'Diabetes Education Programmes: People with Diabetes'.

Professor Melanie Davies, on behalf of the DESMOND National Team.

Quality in Care: Diabetes Award Winners

October 2021 saw the DESMOND National Team winning the award for 'Diabetes Education Programmes – People with Diabetes'. This is the summary of the application and the judge's comments:

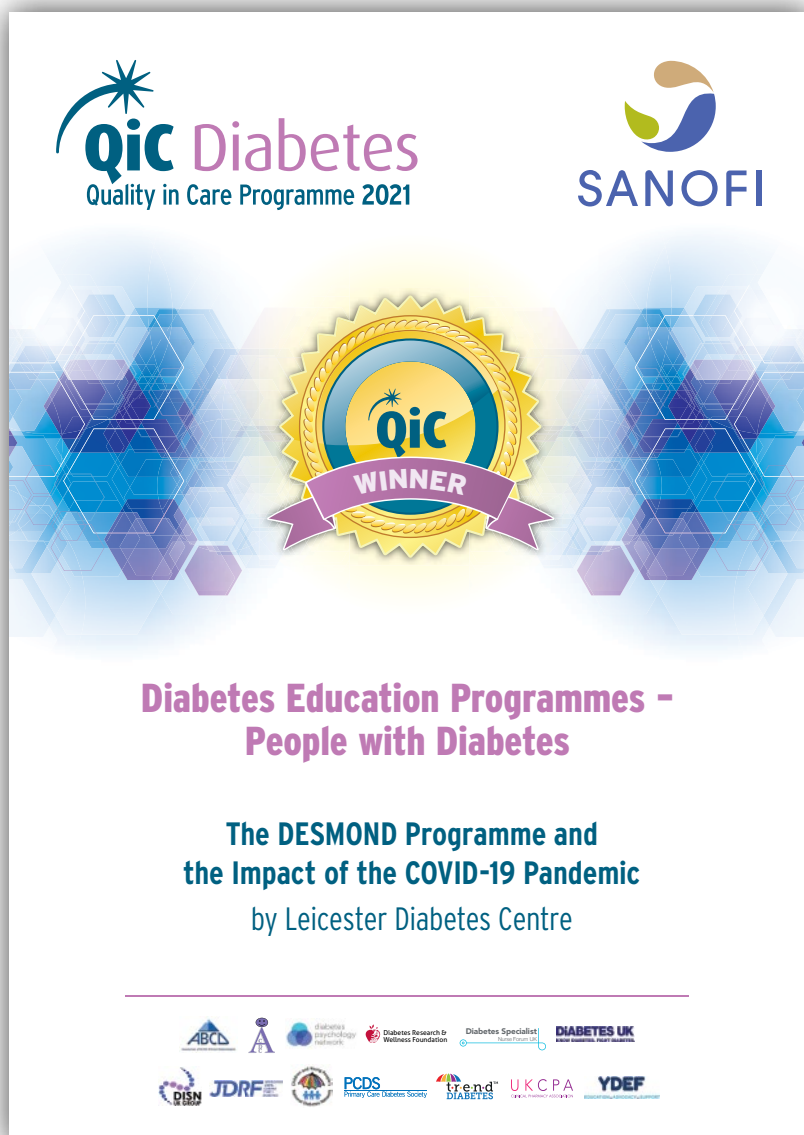
The DESMOND Programme and the Impact of the COVID-19 Pandemic

By Leicester Diabetes Centre

With face-to-face patient diabetes education on hold during the COVID-19 pandemic, the Diabetes Education and Self-Management for Ongoing and Newly Diagnosed (DESMOND) team at Leicester Diabetes Centre took various actions. New materials were added to MyDESMOND relating to COVID-19 and diabetes, resilience and emotional wellbeing, ensuring fair access for all. Virtual Delivery Packages were set up for all DESMOND modules. Guidance for Educators was written and made available to all DESMOND teams. The DESMOND Academy was launched with virtual workshop support for existing Educators, new Educator training was redesigned, and Quality Assurance assessment methods were refined for virtual delivery.

Judges' Comments:

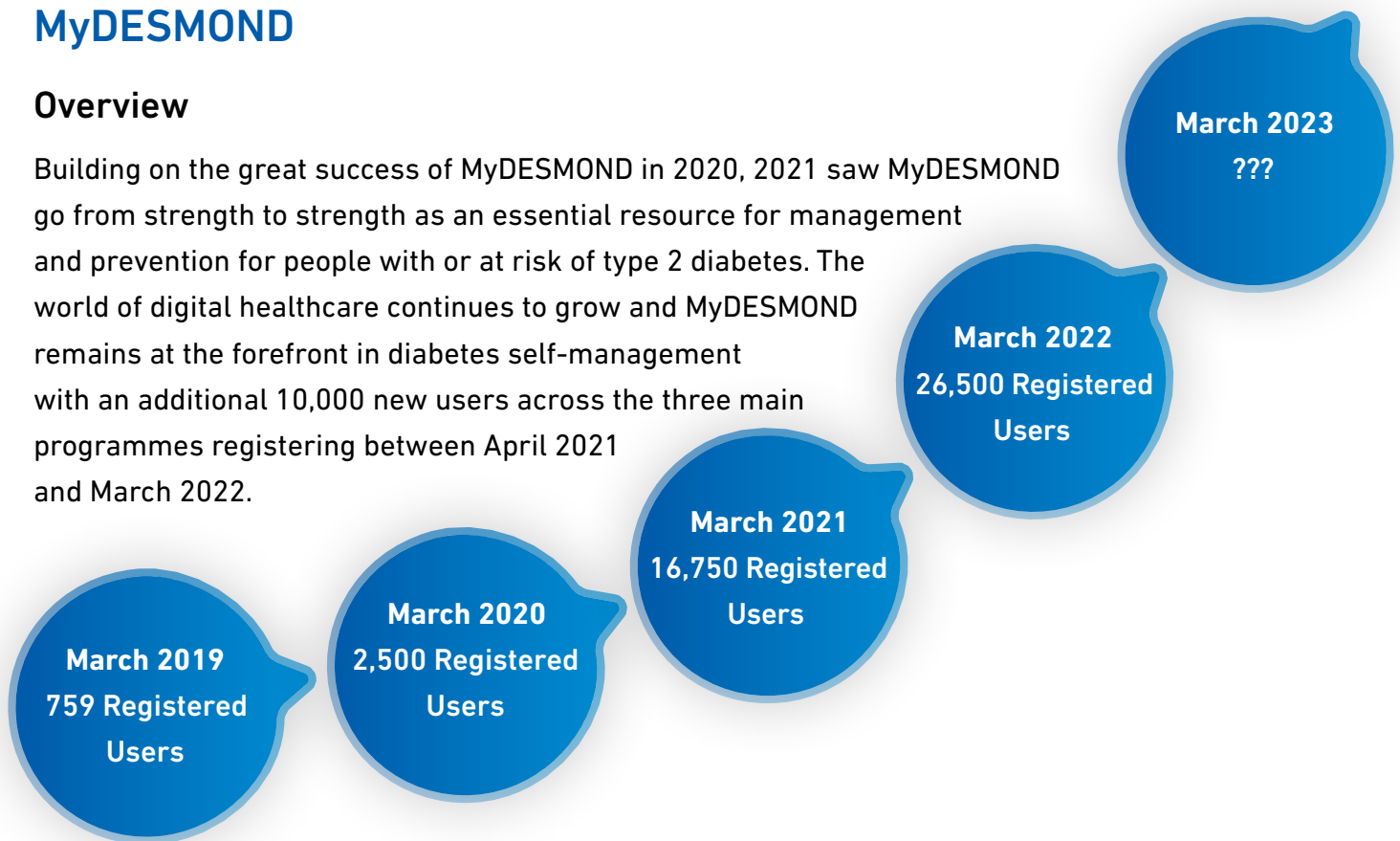
"This highly professional team have submitted a well-crafted and impressive entry. It was clear they helped other services that were in trouble during the pandemic, giving a good example of scalability. The team listened to concerns around access and were responsive to feedback on their virtual and flexible platform. The judges were also impressed with how culturally aware the programmes were, developing them in different languages. They went beyond just translating the programme from face-to-face to virtual. Outstanding!"



MyDESMOND

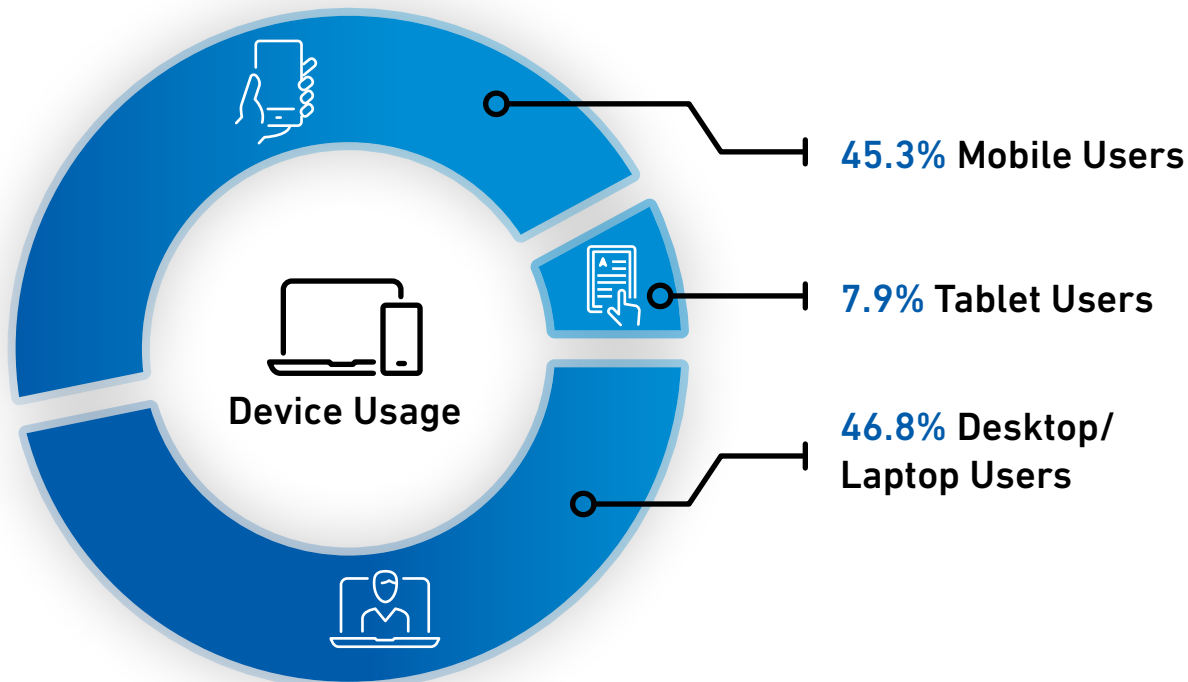
Overview

Building on the great success of MyDESMOND in 2020, 2021 saw MyDESMOND go from strength to strength as an essential resource for management and prevention for people with or at risk of type 2 diabetes. The world of digital healthcare continues to grow and MyDESMOND remains at the forefront in diabetes self-management with an additional 10,000 new users across the three main programmes registering between April 2021 and March 2022.



Google Analytics

Our latest Google analytics report shows the following device usage split:



Annual User Survey

In June we provided the opportunity for all MyDESMOND users to provide feedback in our annual user survey, and received 2579 responses within two weeks. The findings from this showed:



85% found the programme easy to navigate



92% said the information was presented clearly and concisely



82% stated they would recommend it to others



82% felt they understood their diabetes and how to manage it better



61% reported being more active as a result of using MyDESMOND



73% reported a change in their diet

"It was an excellent tool and especially useful in the lockdown periods..."

"Overall using this program has helped me focus on my life style. I am now more active I have changed my diet and I have lost weight. I feel better and have more energy."

Key highlights for MyDESMOND in 2021:

- **ORCHA Review** – in June MyDESMOND was awarded ORCHA certification with a score of 89% (ORCHA), which puts MyDESMOND in the top 4 diabetes apps on the ORCHA App Library. This score demonstrates MyDESMOND is safe and secure to use. It is these assessments that help build confidence in the digital support offered through MyDESMOND.
- **Wales Rollout** – in July MyDESMOND became the diabetes digital self-management programme of choice across Wales – the first home nation to understand the benefits of a whole system approach for their population.
- **QISMET Accreditation** – in September MyDESMOND received accreditation by QISMET using the QIS 2020: Universal Quality Standards. Please keep reading for an extract from the final report.
- **Languages** – Welsh audio translations have been added to the platform, to accompany the Bengali and Hindi translations added the previous year.

Educator Training & Quality Development



QISMET Accreditation for MyDESMOND

MyDESMOND has undergone a review and received accreditation by [QISMET](#) using the [QIS 2020: Universal Quality Standard](#). The key requirements are that the intervention, in this case MyDESMOND, must involve structured education and have clearly defined outcomes. It contains the fundamentals of good practice that apply for any type of self-management education interventions.

The Auditors from QISMET were very complimentary about the MyDESMOND platform and its current three programmes (Type 2 management, Let's Prevent Diabetes and Babysteps). The following is an extract from the final report:

The following aspects were identified as particular strengths with regard to the provision of the programmes:

- The app programmes were easy to use with a useful home page and side bar for navigation
- The Decision Maker Tool within the app which helps in the setting of SMART goals is very structured and gives excellent options regarding goals and change strategies and is easy to use and once goals are set with a timeline there are email nudges regarding the completion of the goal and setting new goals
- The Chat Forum provides the opportunity for users to discuss their experience and concerns with other users. After posting in the forum users are notified via email about further posts in the discussion thread which encourages engagement
- The Educators within the National Team are on a rota to check the content of the Forum and Ask the Expert on at least a daily occurrence and respond appropriately or signpost users to the relevant sections of the app which gives more information
- The Educators can pick up 'hot' topics from the Forum or Ask the Expert and have in the past developed appropriate FAQ's e.g., fruit; blood glucose monitoring and more recently information about low carb diets
- A user group is in the process of being set up from members of the forum who can comment on future developments and especially the multi-cultural elements of the programmes
- The apps have newly developed 'How to' videos following feedback that users needed more guidance on how to use the health and activity trackers, the chat forum, and the decision maker tool on the app
- Users can now input historical data as well as current data into the trackers
- Weekly booster sessions help to keep users engaged over a period of time
- Six of the key videos have been translated into Hindi and Bengali
- Sophisticated anonymised reports can be produced by the local centres on the usage of the apps by their users
- The administrators of local teams are taught how to use My DESMOND with the aid of excellent training screencast-o-matic videos and full support is given centrally by Alison and her team
- The weekly meetings of the MyDESMOND team and the sophisticated change log

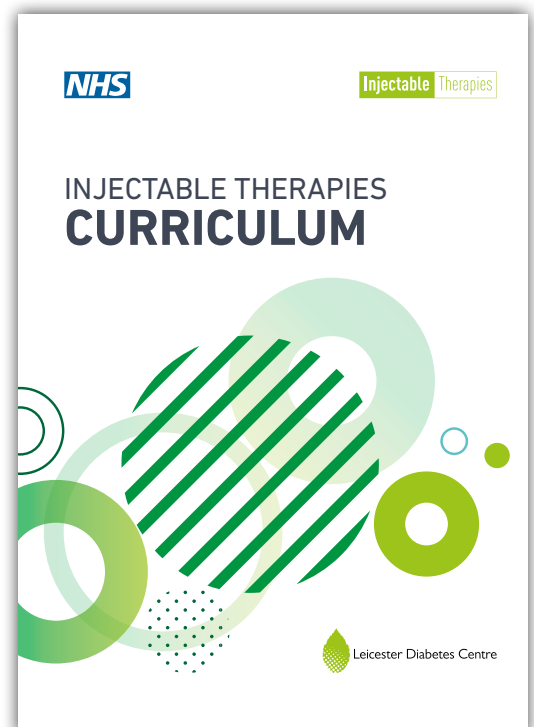
Group Programmes

Overview

2021 has seen the return of face-to-face groups in some areas, and many local DESMOND teams throughout the UK and Ireland also continued to offer virtual group programmes. The pandemic continues to impact on services with large waiting lists, and staff redeployments and turnover affecting provision on the ground. However, the drive of local DESMOND teams to provide excellent services for their patients is second-to-none and has seen a recent surge in training of new Educators, as well as a return to quality development observations to ensure those delivering are meeting their Educator competencies, and the fidelity of the programme is being maintained.

Key Highlights for DESMOND Group Programmes in 2021 were:

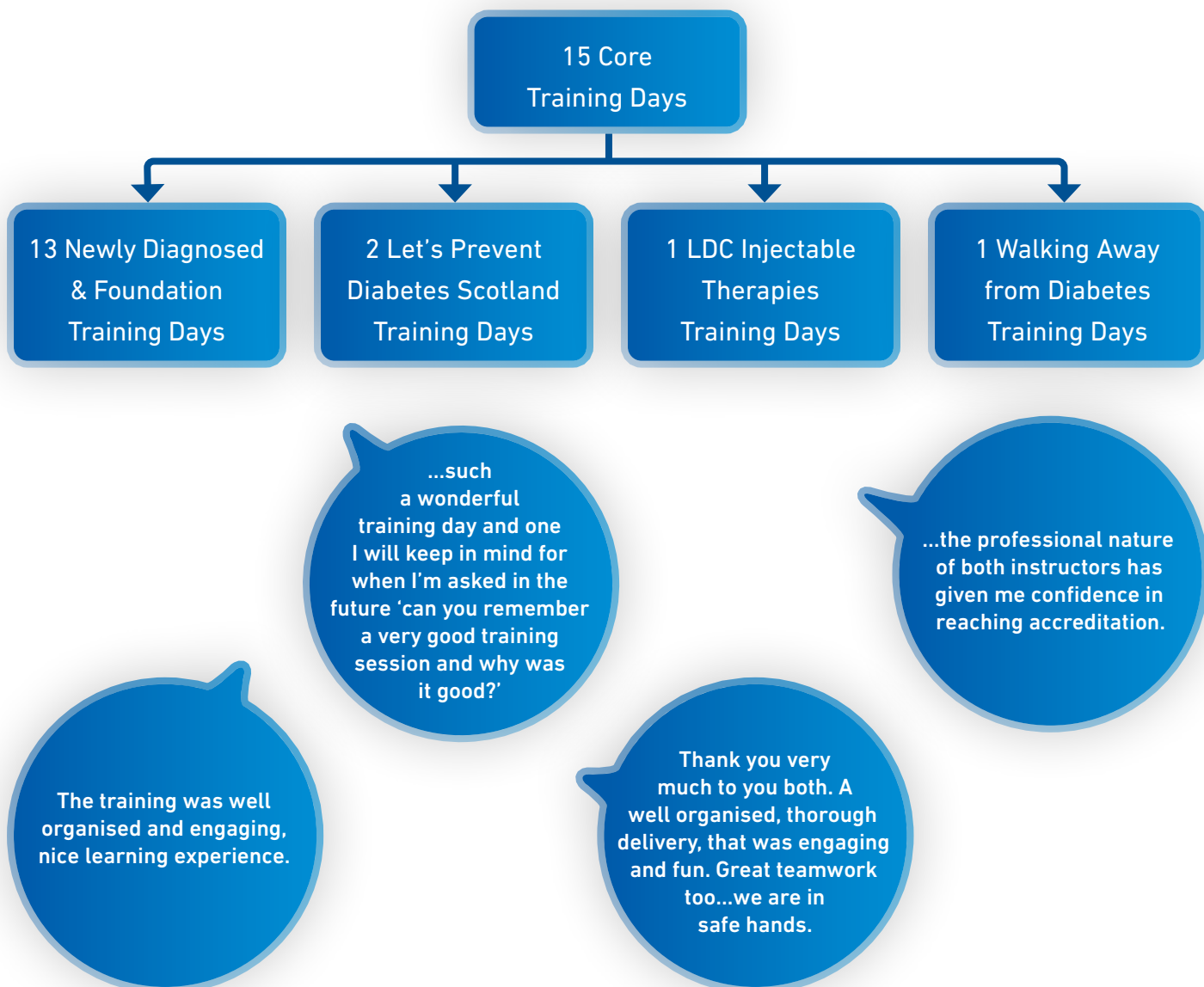
- **Virtual QD for Educators** – August 2021 saw DESMOND accredit its first Educator virtually. Not only was this Educator the first to be accredited in this way, they were also one of the first to be trained virtually the previous year. Suki, a member of the Nottinghamshire Healthcare team says: “I felt very supported throughout the process. Being trained and accredited virtually was always going to be a bit different, but the whole process was really well managed and thought-out by the DESMOND team”.
- **The release of Virtual V3.0 Newly Diagnosed and Foundation** – An iterative process of stakeholder feedback was undertaken, including online surveys of Educators and participants alike, as well as feedback-gathering workshops. In October 2021, version 3.0 of the virtual version of the DESMOND Newly Diagnosed and Foundation (NDF) module was released. Virtual NDF v3.0 has seen a reduction in the use of written word throughout the complete slide deck as well as a reduction in the total number of slides and a greater emphasis of using the slides as a support/summary tool rather than to lead the discussions. A ‘Lunch with LDC’ workshop was put on through the DESMOND Academy as well as a Diabetes UK conference poster (see evidence section) to disseminate the work undertaken.
- **Cultural adaptation** – Throughout the year adapted resources for virtual delivery have been created, tested and released to all DESMOND providers through our online portal and this has been accompanied with a workshop and Diabetes UK Conference poster (see ‘Evidence’ section), detailing the work carried out.
- **Injectable Therapies** – Alongside colleagues from across the Leicester Diabetes Centre and the EDEN team, the Injectable Therapies programme was updated to include resources to deliver the package virtually. Training for Educators is now available to accompany our new online Injectables portal.



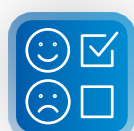
DESMOND Training, QD and Academy

Educator Training

Following adaptation to virtual means of delivery last year, our training programme for new Educators has continued to be successful. In 2021-22 we have trained a further 105 new Educators to deliver our group-based programmes – training them remotely to deliver both virtual and in-person groups.



From those attending our training for new Educators, we found:



92% would recommend the training



98% were able to connect easily via MS Teams



94% were satisfied/very satisfied with the pre-course material



97% found the training to be useful/very useful – with the majority finding the Having A Go section the most helpful

Quality Development

Although we have only seen a small number of Educators coming forward for their mentoring and assessment visits we are pleased to be able to continue to accredit people via virtual means and feedback from Educators continues to support this:



100% found the overall experience very useful



86% felt more confident as a result of their observation



All Educators observed rated their Assessor as **100%** meeting the Assessor competencies

The whole assessment process felt well organised and well thought out. The feedback documents are really helpful and allow me to reflect on my delivery as well as highlight areas to improve. The feedback discussion was also incredibly helpful as it was great to be able to discuss my thoughts on the sessions, as well as have a two-way conversation about areas I could improve on and how I felt about those areas.

All feedback was objective and had examples to back it up.

My Assessor's friendly and approachable demeanour made it all feel more calm and controlled. I found the overall experience very insightful and actually quite enjoyable. Thanks!

Academy

Provision of ongoing support for existing Educators continues to be of paramount importance and the DESMOND Academy provides the structure and opportunity to allow this to continue. It is envisaged that the role of the Academy will adapt over coming years to ensure flexibility to mould to needs and to the changing landscape as more organisations face restoration and recovery post-pandemic.

In 2021-22 252 Educators from across the UK and Ireland attended our selection of workshops and discussions. The workshops that we have offered through this year have been:

- **Building Your Confidence to Deliver Virtually** – our workshop is designed to support Educators to make the transition from delivering each of our modules in-person to doing so over the internet. Providing time to explore the revised resources, discuss top tips and have a go in a safe space
- **Going Forward with Let's Prevent** – our half-day follow-on for Let's Prevent Diabetes (LPD) Educators to upskill them in the delivery of our 12-month follow-on group session
- **Where Are We Now** – This workshop provided an opportunity for Educators delivering virtually to share good practice and learn from each other, as well as share their feedback with the DESMOND National Training team
- **Thinking About Resuming Face-to-Face Groups** – Following the relaxation of some Covid-19 restrictions some DESMOND providers began offering face-to-face groups again, this workshop provided the opportunity to consider the changes

that both Educators and coordinators need to make to accommodate any infection prevention and social distancing regulations. This was a chance to discuss logistics as well as content and changes to the delivery of some activities. Following the workshops, a top tips page was set up on the DESMOND Embed portal to share thoughts and ideas with those that were unable to take part

- **Uptake and Attendance Struggles** – In early 2022 many DESMOND providers were sharing that they were struggling to attract people to book onto virtual groups. In order to help address this, a workshop was scheduled in March to aid discussion and sharing of ideas between teams and Educators. As a result, a top tips page was created as a resource for others to benefit from and work is underway to develop a number of additional resources that it was felt may help to encourage uptake

- **Lunch with LDC** – throughout the year we have delivered four plenary sessions to showcase the work of the Leicester Diabetes Centre (LDC) and large scale changes in the world of DESMOND. These have included:
 - **Professor Melanie Davies** – who provided an overview of the latest hyperglycaemia management guidelines from the ADA/EASD
 - **The NDF Virtual V3.0 Launch** – DESMOND Trainers showcased the iterative process that got them to the most recent release of our virtual group programme for those living with type 2 diabetes
 - **Cultural Adaptation** – Panna Mandalia from the LDC IMPACT team presented the development of culturally adapted virtual resources and MyDESMOND translations

Useful hints and tips throughout session

I was struggling to figure out how delivering DESMOND virtually would work, this workshop made me feel much more confident in being able to deliver virtually.

Educator tips on things that other educators have done that have worked well

From those attending our various Academy workshops, we found:



100% found the workshop/s they attended to be useful/ very useful



82% feeling more confident as a result of attending a Building Confidence to Delivery Virtually workshop

DESMOND Evaluate and Audit

Throughout 2021-22 there have been a number of evaluation and audit pieces undertaken that allow for the continued review of our current offer both to DESMOND providers, as well as to patients.

Evaluate – The Participant Experience

Building on the great start to the DESMOND Evaluate workstream last year, 2021-22 has seen the following:

29 DESMOND providers offering online surveying through our centralised system

1035 Participants of group programmes have provided feedback (of which 1% stated they attended a face-to-face group, therefore 99% attended virtual groups) from this:

- 95% rated their overall experience as 4 or 5 stars out of 5
- 98% would recommend attending to others
- 92% that attended virtually found it easy to log on
- 91% felt the course was facilitated very well
- 91% felt they had their questions answered very well
- 96% of attendees set themselves a goal to make a lifestyle change of which:
 - 47% chose to focus on weight
 - 13% on HbA1c
 - 13% on physical activity levels
 - 8% on food choices
 - With the remainder on cholesterol, blood pressure and other health outcomes

DESMOND Provider Audit

During 2021-22 we have continued to collect referral and attendance figures from DESMOND providers, where possible. From the 69 teams that have shared data (covering March to December 2021) we can see:



28.5% of referrals have been granted access to MyDESMOND



5.8% of referrals received 'did not attend' their booked programme



6.8% of referrals have attended a virtual group



5.8% of referrals have attended a face-to-face group



25.5% of referrals declined to take part when contacted by their local DESMOND team

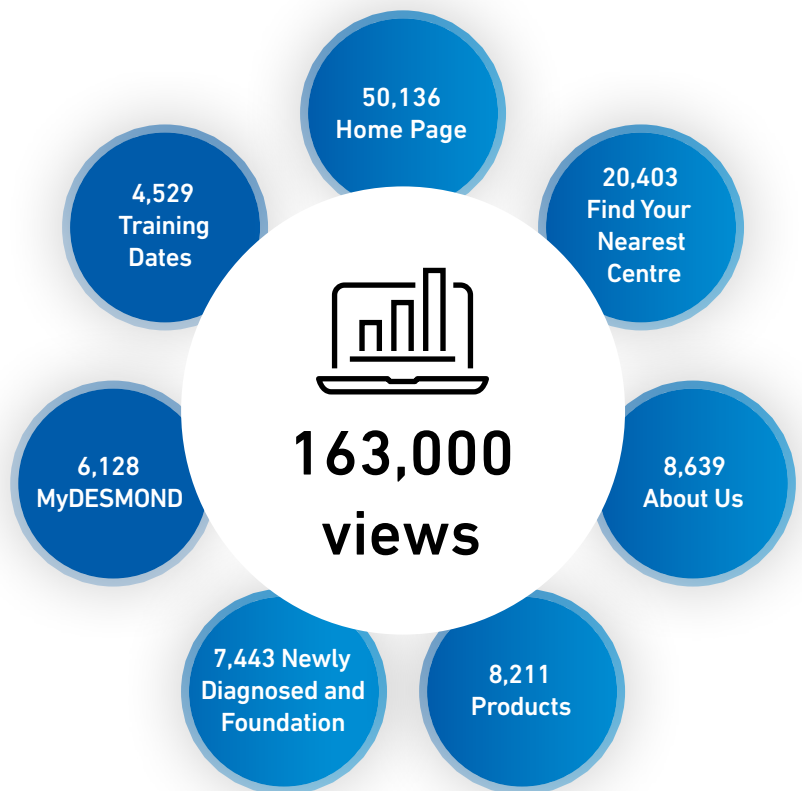


With the remaining still on waiting lists to either be booked or awaiting the return of face-to-face groups in most areas

Website and Social Media

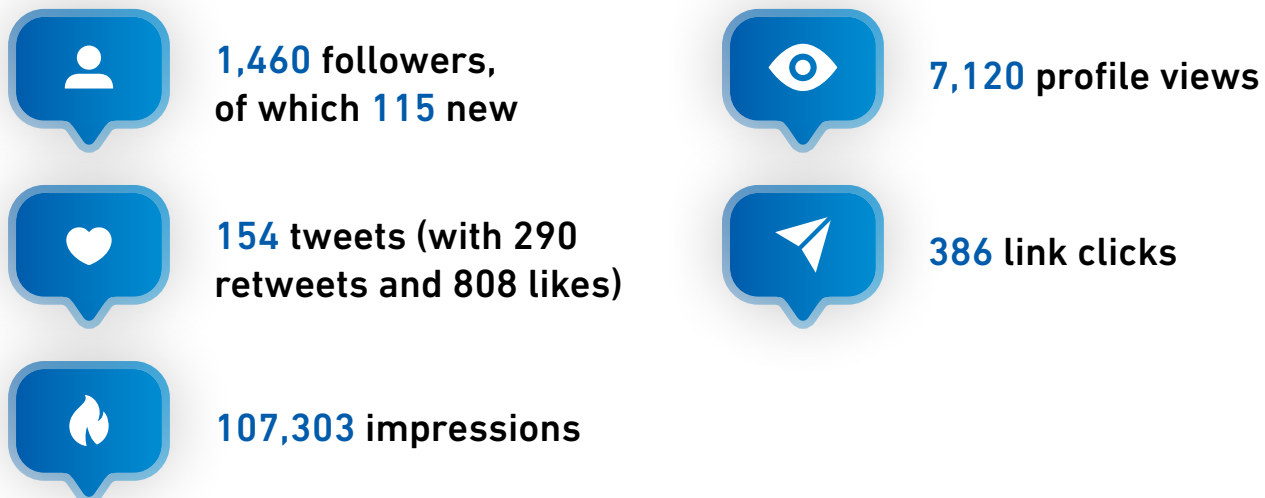
Analytics covering April 2021 – March 2022 from our main public-facing website desmond.nhs.uk show the following total views and some of our most popular pages:

Traffic to the website came from a number of sources including direct to the site (24,825), search engines (25,057), referrals from other websites (6,709 inc. 2,746 from Nice.org.uk), as well as from social media channels.



Twitter

Twitter continues to be our main social media focus and during 2021-2022 our stats show:



Facebook

The DESMOND Educators and Providers Group was set up as a closed group on Facebook. It is a forum for current DESMOND Educators, administrators, coordinators and service leads to virtually network with each other and the DESMOND National Team members. The group was established as a space to share ideas, good practice and to learn from one another.

During April 2021 – March 2022 the group had a 25% increase in members with 117 in total and engagement with 46 posts from the group.

International DESMOND

The Anglo-Australian collaboration for DESMOND reached its 10 year milestone in 2021. Celebrating 10 years of providing “vital education and information” to thousands of people across Australasia is a huge achievement for everyone involved.

In 2011, Diabetes Western Australia (DWA) introduced the programme Down Under after striking up a partnership with the DESMOND team from LDC. A series of changes were made to adapt and ensure the programme was culturally relevant. This work continues, including the introduction of Diabetes Education and Self-Management Yarning (DESY) workshops for Aboriginal and Torres Strait Islander communities in the region.

Thanks to the roll out in Australia, last year 3,800 people attended face-to-face DESMOND groups, while 4,440 completed MyDESMOND, with the pandemic leading to lower than normal attendances.

DESMOND and the associated programmes like Let’s Prevent Diabetes, Babysteps and MyDESMOND have gone from strength to strength through this collaboration. This relationship is more than a decade old and in this time there have been real changes getting these programmes to be part of mainstream delivery of structured education across the continent.

People living with diabetes in Australia register with the National Diabetes Services Scheme (NDSS), which is administered by Diabetes Australia, the national governing body on diabetes. The NDSS helps people with diabetes to understand and manage their life with diabetes. It also provides timely, reliable and affordable access to the NDSS support services and products. This includes group programmes and MyDESMOND access.

DWA have also made cultural adaptations to the DESMOND programme for both their Maori and Arabic communities, and work is underway to adapt all programmes for virtual means of delivery

Alongside all of the great work, DWA have also been consumer testing the digital Babysteps programme with impressive results, see below:

- Average age **34.1** years (range 24-48)
- **38%** born outside of Australia
- **15.8%** spoke a language other than English at home
- **3.7%** Aboriginal or Torres Strait Islander
- **58.4%** 12-18 months post-partum
- Approximately equal representation from all five socioeconomic quintiles
- All geographic areas represented, from major cities to very remote

The adaptation of face-to-face structured self-management education programmes for people with, and at high risk of, type 2 diabetes for virtual delivery during the COVID19 pandemic and beyond



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



S Harrison¹, F Brant¹, T Douglas¹, J Farmer¹, V Johnson*¹, A Northern¹, A Rodgers¹, H Rowntree¹, J Troughton¹, MJ Davies¹

¹University Hospitals of Leicester, NHS Trust

Objective:

To adapt Diabetes Education and Self-Management for Ongoing and Newly Diagnosed (DESMOND) structured education programmes for virtual delivery during COVID-19 (Figure 1).

Methods:

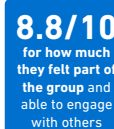
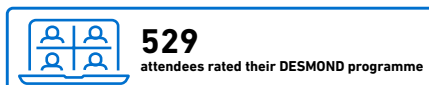
Face-to-face structured education programmes stopped in March 2020 due to COVID-19. A multi-disciplinary stakeholder group adapted the existing evidence-based DESMOND curriculums and resources to support a new model of virtual delivery, while remaining congruent to the theoretical and philosophical underpinnings.

Version 1 was released in May 2020 (Figure 2). Educator training was provided to increase confidence in delivering virtually. An iterative process of stakeholder feedback, and review of resources led to two updated versions of the adapted programmes being released. Version 3 (figure 3) was made available in October 2021.

New Educators are now trained virtually. In August 2021 the first Educator completed their pathway of training, mentorship and quality assessment virtually.

Results:

Between May 2020 and August 2021



Feedback from Educators indicated low drop out rates between sessions and virtual delivery had increased the opportunity for evening and weekend sessions enabling more people to attend. Educators found the virtual resources easy to use (Figure 4).

Conclusions:

The adaptation of face-to-face to virtual delivery is acceptable to participants and Educators. Virtual delivery should continue to be included as an option in the future.

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Figure 1:



Figure 4: Educator Feedback

- ✓ Low drop out
- ✓ Flexible delivery options (evening and weekend)
- ✓ Easy to use virtual resources

Figure 2: Example of Powerpoint slide from Version 1 virtual resources

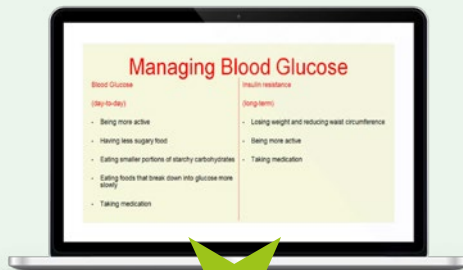


Figure 3: Example of updated slide in Version 3 virtual resource



Cultural adaptation of the virtually delivered Diabetes Education and Self-Management for Ongoing and Newly Diagnosed (DESMOND) Newly Diagnosed and Foundation (NDF) structured education programme.



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Objective:

People from some ethnic minority groups have an increased prevalence of type 2 diabetes. Since Covid-19, virtual diabetes self-management programmes (such as virtual DESMOND) (Figure 1) have emerged and become more widely used. However, they are often not culturally-specific, which could limit engagement and effectiveness. We aimed to culturally adapt the existing virtual DESMOND Newly Diagnosed and Foundation (NDF) programme and resources in order to provide a more fair and equitable service, to meet the needs of several ethnic minority groups.

Methods:

Utilising DESMOND's cultural adaptation pathway (Figure 2), commissioner's request and experience from the Centre for Ethnic Health Research, we culturally adapted existing DESMOND-NDF virtual resources, including PowerPoint slides and worksheets, into:

- > Hindi
- > Bengali
- > Punjabi
- > Urdu
- > Polish
- > African Caribbean versions.

Figure 2: DESMOND Cultural Adaptation Pathway



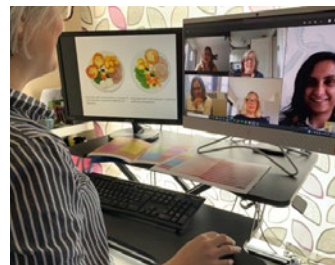
Members of the Leicester Diabetes Centre (LDC) with experience of developing and delivering DESMOND programmes, worked with minority groups and/or who were of the same ethnic background, carried out the adaptation work.

An initial meeting was held to ascertain what changes were required to the existing slide set and worksheets to make them more culturally appropriate. The slide sets were then updated by members of the LDC to reflect the changes discussed and were reviewed by the group/individual and any further refinements were made before a final version was agreed upon.

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Figure 1: Virtual DESMOND delivery



An iterative process was used and the main changes were:

- > Using culturally appropriate food images (Figure 3)
- > Using more images instead of words (Figure 4) as some people may understand a different language but cannot always read or write it. An adapted, simplified version of the action plan was also produced.
- > For communities who can read and write their native language, resources with images and translated text was produced (Figure 5).
- > An updated 'health profile' resource for participants to plot their health results (e.g. waist circumference), for South Asian and African Caribbean communities, as their target health measurements are lower than other ethnicities (Figure 6)

Figure 3: Example of resources including culturally appropriate food images



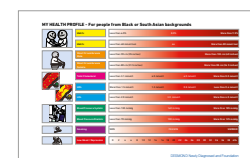
Figure 4: Use of more images within resources



Figure 5: Example of resources with images and translated text



Figure 6: Updated Health Profile for South Asian & African Caribbean communities



Results:

Initial feedback about the adapted slides and resources were very positive and as a result, six new culturally adapted DESMOND-NDF versions are available.

Conclusions:

Culturally-relevant resources are now available for educators to use when virtually delivering DESMOND. Feedback is being sought from service users to inform any other refinements needed.



Tutorial

From the United Kingdom to Australia—Adapting a Web-Based Self-management Education Program to Support the Management of Type 2 Diabetes: Tutorial

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Abstract

Diabetes self-management education and support can improve outcomes in people with diabetes. Providing health interventions via digital modes of delivery can extend the reach of programs delivered through traditional means. The web-based version of the Diabetes Education and Self-Management for Ongoing and Newly Diagnosed (MyDESMOND) is a digital diabetes education and support program for people with type 2 diabetes. The program was originally developed in the United Kingdom and is evidence-based, grounded in behavioral theory, and designed through a rigorous process of intervention mapping. As such, MyDESMOND was considered an ideal candidate for adaptation to the Australian setting. Program content and the digital platform were modified to suit the local context to increase the likelihood that the revised version of MyDESMOND will deliver similar outcomes to the original program. The aim of this paper is to describe the systematic processes undertaken to adapt the digital MyDESMOND diabetes education and support program for people with type 2 diabetes to the Australian setting. The adaptation involved a multidisciplinary group with a diverse range of skills and expertise—a governance structure was established, a skilled project team was appointed, and stakeholder engagement was strategically planned. The adaptation of the program content included modifications to the clinical recommendations, the inclusion of local resources, practical changes, and revisions to optimize readability. A 2-stage independent review of the modified content was enacted. Digital adaptations were informed by relevant standards, local legislative requirements, and considerations of data sovereignty. The digital platform was extensively tested before deployment to the production setting. MyDESMOND is the first evidence-based digital diabetes education and support program for Australians with type 2 diabetes. This paper provides a road map for the adaptation of digital health interventions to new contexts.

(*J Med Internet Res* 2022;24(4):e26339) doi: [10.2196/26339](https://doi.org/10.2196/26339)

KEYWORDS

diabetes mellitus; type 2; technology; self-management

Looking Ahead to 2022-2023

- Updating Let's Prevent Diabetes and Walking Away from Diabetes virtual resources in line with NDF V3.0
- Expanding provision of culturally inclusive resources for virtual groups across all modules
- Continuing to adapt and be flexible to the changing needs of the NHS and for people with and at risk of type 2 diabetes
- Evaluating the iCan programme, developed for under 18s with/at risk of type 2 diabetes alongside colleagues in LDC and considering opportunities for wider rollout
- Evaluating an NDF programme that has been adapted for a prison setting
- Continuing to analyse our site audit data and evaluation work to understand the longer term impact of the pandemic on provision
- Incorporating MyDESMOND into a number of large research trials, which will include additional developments aimed at people aged between 18 & 40 years old with a type 2 diabetes in the M3 study and also around foot ulcers through the MiFoot study
- Looking at increasing social media presence and targeted marketing to provide further support to existing providers
- Seeking further opportunities to expand the whole suite of programmes both nationally and internationally



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