

DESMOND 2022-23 HIGHLIGHTS REPORT

An update from the DESMOND Head Office on the work across the UK, British Overseas Territories and the Republic of Ireland, with reference to our international partners in Australia and other implementation related activities from the team at the Leicester Diabetes Centre.

April 2022 – March 2023

Foreword

2023 marks 20 years of DESMOND and what a great achievement that is. It is hard to believe that over 500,000 people newly diagnosed with type 2 diabetes have now taken part in a DESMOND group since our pilot work in 2003, with many more attending our prevention groups as well as over 40,000 people now taking part in our family of digital programmes available on the MyDESMOND platform.

The success of DESMOND and all our related programmes is down to many factors; none more than the dedication of provider teams through the UK and Ireland, as well as from our partners in Australia, in wanting to provide quality structured self-management education for people at risk or living with type 2 diabetes .

This work would not have been possible without the hard-work, dedication and focus of the central office team at the Leicester Diabetes Centre. The team strive to provide dedicated account management and support for all DESMOND teams, as well as exceptional training and quality assurance for Educators, all designed to ensure the fidelity of our programmes is maintained.

Restoration and recovery post-pandemic has continued to be the focus over the last twelve months which has led to one of our busiest years for Educator training ever, and this does not appear to be slowing down!

We are pleased to be bringing back the Celebrating DESMOND Awards this year, please take a look at our website for application details. This will culminate in a celebratory event in October; we hope to see lots of you there.

We look forward to 2023-24 being another fantastic year for DESMOND and all its supporters.

Professor Melanie Davies CBE and Professor Kamlesh Khunti CBE

Co-Directors of the Leicester Diabetes Centre (LDC)

On behalf of the DESMOND Head Office part the LDC Implementation Team.

Keep in touch with all things DESMOND via:

 @desmond_tweets #20yearsofdesmond

 desmond.nhs.uk

Our Current Offer

Here at DESMOND we currently offer a range of group and digital interventions in the field of diabetes prevention and management, here is an overview of these:

Digital programmes (available on the MyDESMOND platform)

- **Type 2 Diabetes Management** – for anyone with a diagnosis of type 2 diabetes, regardless of how long someone has been diagnosed, either as a stand-alone or as ongoing support after attending a group programme.
- **Let's Prevent Diabetes** – for people identified at risk of developing type 2 diabetes either as a stand-alone or as ongoing support after attending a group programme
- **Babysteps** – for women with a previous diagnosis of gestational diabetes to support them to reduce their risk of developing type 2 diabetes in the future
- **LENA** – An online Low-ENergy Approach programme to support weight loss, in conjunction with Lighter Life.

Group programmes

- **Newly Diagnosed and Foundation (NDF)** – six-hour evidence-based type 2 diabetes management programme delivered by two trained Educators for up to 10 participants either virtually or in-person
- **Let's Prevent Diabetes** – six-hour evidence-based type 2 diabetes prevention programme delivered by two trained Educators for up to 10 participants either virtually or in-person; with a short annual follow-up session.
- **Walking Away from Diabetes** – three-hour evidence-based type 2 diabetes prevention programme focusing on increasing physical activity through walking, delivered by two trained Educators for up to 10 participants either virtually or in-person
- **Injectable Therapies** – four-session programme to support people living with type 2 diabetes on insulin or GLP-1 therapy. Delivered by trained Educators either virtually or in-person.

Additionally, take a read through this report for detail of other programmes that are in development or are currently being evaluated.

If you are interested in finding out more about any of our programmes or those in development please email us on ✉ ldcimplementation@uhl-tr.nhs.uk

Who can access DESMOND or MyDESMOND across the World?

Despite difficulties with service provision and post-pandemic restoration, our programmes, both group and digital, in the field of type 2 diabetes management as well as prevention continue to be offered widely across the world.

Currently in the UK and Ireland:

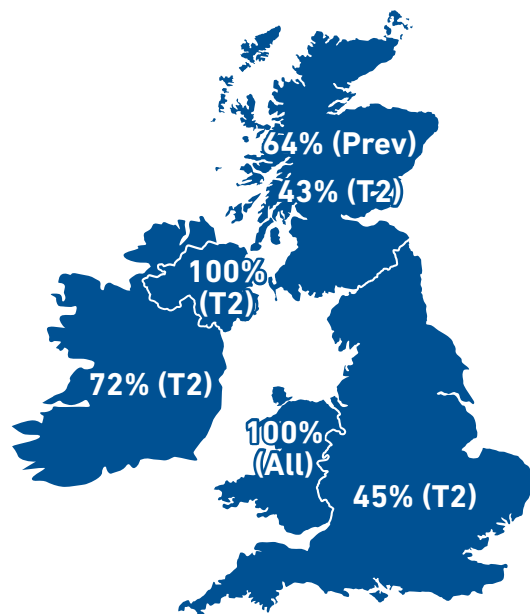
- DESMOND type 2 diabetes management programmes (mix of group and digital) are licensed for 45% of the population in England
- All five health and social care trusts in Northern Ireland license DESMOND type 2 management programmes
- 73% of counties in the Republic of Ireland offer DESMOND type 2 management programmes
- Of the health boards in Scotland 43% offer type 2 diabetes management and 64% offer prevention programmes
- All three of our digital programmes are available across Wales for anyone with, or at risk of developing type 2 diabetes, with the MyDESMOND being the digital diabetes education programme of choice there.

Additionally, our programmes are also available in some British Overseas Territories: Gibraltar offers our type 2 management programme, and both Isle of Man and Jersey offer both management and prevention programmes (mix of group and digital).

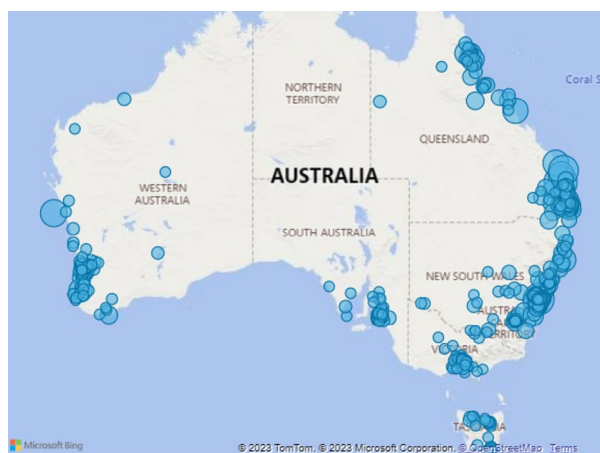
Plus, DESMOND can also be found in areas of Ghana, Kenya, Malawi, and Mozambique as part of the EXTEND and CREATE research projects.

All DESMOND groups and digital MyDESMOND programmes are also widely available in groups or digitally via the National Diabetes Services Scheme (NDSS) in Australia.

(See International section for more detail of the programmes on offer internationally)



CREATE EXTEND



The MyDESMOND Digital Platform

Overview

The rollout of MyDESMOND continues to go from strength-to-strength with an additional 10,000 new users joining the platform over the last twelve months.



Digital Programmes

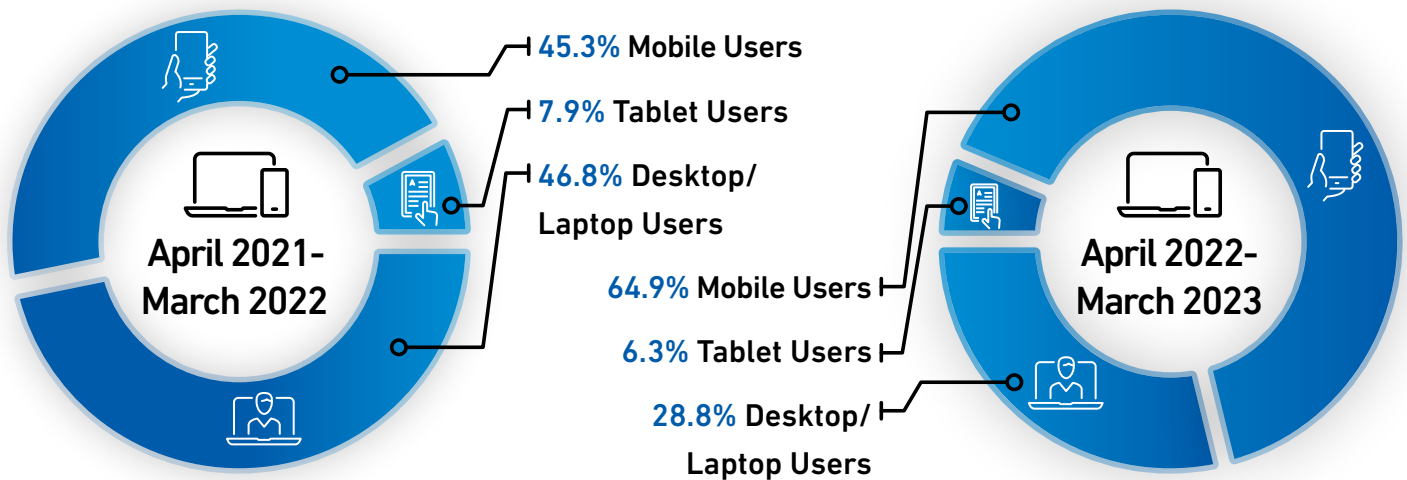
We are now pleased to have four programmes available on the platform (see page 3 for overview), as well as a number in development:

- **Steps4Health** – a personalised physical activity programme. This programme brings together the latest evidence with the physical activity expertise of the Leicester Diabetes Centre Lifestyle and Health Research Group in a programme designed for people with or at risk of long-term health conditions
- **M3** – diabetes management specifically designed for 18-40 year olds as part of a UK-wide research trial looking at revolutionising diabetes care services for 18-40 year olds.
- **MiFoot** – a programme under development as part of a UK-wide research study aimed at improving cardiovascular outcomes for adults with type 2 diabetes and previous/current diabetic foot ulcers

If you are interested in finding out more about any of our new programmes or those in development please email us on ✉ ldcimplementation@uhl-tr.nhs.uk

MyDESMOND Google Analytics

Our latest Google Analytics report a significant change in the use of devices over the last two years with almost 20% more users opting to access MyDESMOND via a mobile phone, as opposed to desktop computers or laptops in the previous year – MyDESMOND has the added benefit of being designed with adaptive functionality to ensure that it is completely user-friendly on any device:



Annual User Survey

Last Summer, we provided the opportunity for all MyDESMOND users to provide feedback in our annual user survey, the findings from this showed:



Love the chat forum and ask the expert, the program has been invaluable I have learnt such a lot. It should be available to more people.

It was a very upbeat programme that really helped me to feel positive about my diabetes diagnosis.

A Focus on Babysteps

B A B Y ★ S T E P S

In 2022-23 there has been a focus on our Babysteps digital programme supporting people with a previous diagnosis of gestational diabetes to reduce their risk of developing type 2 diabetes, through self-management education and increasing their physical activity. This programme is the first-of-its-kind with this focus.

In the evidence section at the back we have provided a link to the Babysteps trial paper from Diabetic Medicine. Our findings show that Babysteps supported an increase in physical activity, as well as reducing anxiety, and increasing quality of life and self-efficacy for exercise whilst being highly cost-effective.

Additionally, implementation of the programme is being evaluated across Leicester, Leicestershire and Rutland as an adjunct to the local NHS England National Diabetes Prevention Programme offering. Although uptake and engagement can be labour-intensive, with the right strategies including direct text messaging and close working with local maternity services it is possible to attract an ethnically-diverse population to sign up to this specialised programme with our baseline characteristics showing 42% of users are from a black, Asian or mixed ethnicity (Northern et al, 2023).

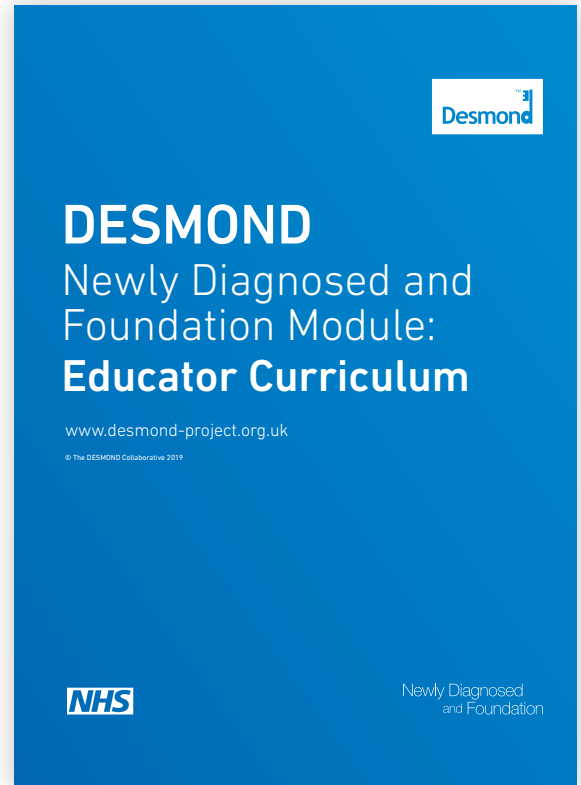
Group Programmes

2022 saw many provider teams getting back to offering courses on par with pre-pandemic levels, with some still impacted by growing waiting lists and staffing problems.

The drive to reinstate pre-pandemic service levels has resulted in an increase in demand for Educator training with us delivering training to 180 new Educators between April 2022 and March 2023 as opposed to 105 in the same period the year before.

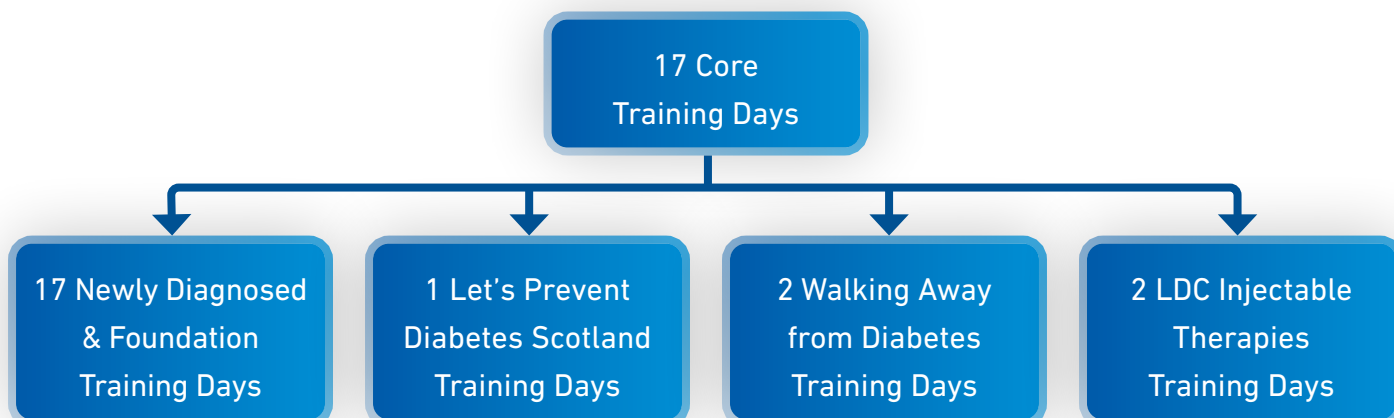
Additionally, quality development observation requests have increased but there are still a significant number of trained DESMOND Educators that have not yet come forward or that require reaccrediting (i.e. 3-year reflection), which will be a very important focus for us over the coming year. This will be supported with a range of workshops and podcasts available via the DESMOND Academy.

Becoming an accredited DESMOND Educator is important in delivering a quality programme, as this ensures the fidelity of the programmes is maintained.



Educator Training

Through 2022 we have continued to offer training for new Educators virtually, where Educators are trained to deliver both virtual and in-person groups. Following the success of our virtual training programme and learning over recent years, we have increased the number of Educator places we offer per training event to enable us to meet the continued growing demand.





The facilitators were excellent for putting us at ease and instilling confidence. I was not looking forward to the role play...but after their input I felt much better about it.

Overall, very helpful and informative. Trainers are very interactive, informative and pleasant.

The course was excellent, well organised and very well delivered, thank you.

Feedback from attendees:

 **95% would recommend the training to others**

 **100% found the training useful – with the majority finding the 'Having a Go' section the most helpful**

 **100% were able to connect easily via MS Teams**

Quality Development

Requests for QD observations and mentoring have increased somewhat over the last year with the return of in-person observations whilst we continue to look at ways to support remotely, and feedback from Educators shows that this continues to go well:



79% felt more confident to deliver after their observation and feedback



86% gave the feedback 5 out of 5



Of those observed **71%** were observed virtually with a separate video call on the same day to discuss feedback

Feel a lot more confident now. Positive feedback session with highlighted areas for improvement that I am working on. Opportunity to ask questions that I had.

Excellent assessor and made feel comfortable especially on 2nd day felt at ease

V constructive feedback given with ways to improve.

DESMOND Academy

November 2022 saw the return of the DESMOND Educator study days, which has now had a refresh and is called the 'Educator Refresher' available via the DESMOND Academy. Educators are offered the opportunity to network with other Educators from other teams and share good practice and problem solve together.

Between November 2022 and March 2023 four Refresher workshops ran with 60 Educators in attendance, feedback has been great so far and there are many sessions planned for the coming year:



79% felt more confident to deliver after their observation and feedback



86% gave the feedback 5 out of 5



Of those observed **71%** were observed virtually with a separate video call on the same day to discuss feedback

Well run by the tutors. You always learn something new. Good to integrate with other DESMOND educators and sharing ideas

Thank you, today was very helpful especially speaking to others and using the breakout rooms for discussions. A very good refresher

Project Work & Service Evaluation

In 2022-23 we have continued to adapt our programmes and services for applicability in other settings:

- **Prisons** – we have a project underway where we have adapted DESMOND- NDF within a prison setting. Initial evaluation and refinement will continue throughout 2023-24 and we aim to evaluate its effectiveness in due course.
- **Mental health services** – we have trained Educators from across two different areas to offer DESMOND NDF to people with type 2 diabetes for both a forensic in-patient setting and through recovery colleges. In 2023-24 we will continue to expand this work and hope to build a 'Community of Practice' to provide a supportive network for other teams delivering in this setting, responding to the needs of bringing mental health and physical health services together.
- **Deaf community** – a project is taking place across Greater Manchester to pilot and refine DESMOND NDF for delivery to people from the deaf community that are currently unable to access group-education
- **Waiting list management and group delivery** – the team at Leicester Diabetes Centre have been supporting teams across the UK by managing their waiting lists and delivering virtual groups on their behalf enabling us to bring people with type 2 diabetes from anywhere together

We also have some new group programmes in development and currently being tested:

- **Under 18's** – our colleagues at Leicester Diabetes Centre, have developed two new programmes aimed at children and young people under 18 which we are beginning to evaluate:
 - **iCan Live Well with Diabetes** – a four-session group programme for anyone under 18 with diagnosis of type 2 diabetes (currently only available as in-person but virtual delivery means are under development which will aid delivery across larger territories and in time may help support a nation-wide offer)
 - **iCan Live Healthily** – a six-session group programme for anyone under 18 with complications from excess weight
- **DESMOND-Intellectual Disabilities (ID)** – the programme, originally piloted in 2018, has this year undergone a review and is now being trialled as part of a large randomised controlled trial (RCT). The feasibility part of this work hopes to report towards the end of 2023.

If you are interested in finding out more about any of our new programmes or those in development please email us on ✉ ldcimplementation@uhl-tr.nhs.uk

DESMOND Evaluate and Audit

Through 2022-23 we have continued to gather data and feedback to enable the review of our current offer to both DESMOND Providers, as well as to patients.

Evaluate – The Participant Experience

Following on from previous years successes, 2022-23 has seen the following (data captured March – December 2022):

37 DESMOND Providers offering online surveying to their participants through our centralised system

To date 1869 participants at group programmes have provided feedback via our centralised system from this we can see:

- 94% gave the group 4 or 5 stars out of 5
- 90% would recommend attending
- 95% set a goal to make a lifestyle change of which
 - 49% focused on weight loss/maintenance
 - 15% selecting to work on reducing their HbA1c as their key priority
 - 14% choosing to increase their physical activity
- 90% felt they have all their questions answered
- 90% felt able to express how they felt about their diagnosis
- 80% stated they had attended virtually of which
 - 90% reported they logged in easily
 - 89% still felt part of a group

When asked to rate their understanding of type 2 diabetes before and after attending

- 44% rated good/very good understanding BEFORE attending
- 95% rated good/very good understanding AFTER attending

DESMOND Provider Audit

During 2022-23 we have continued to collect referral and attendance figures from DESMOND Providers, where possible.

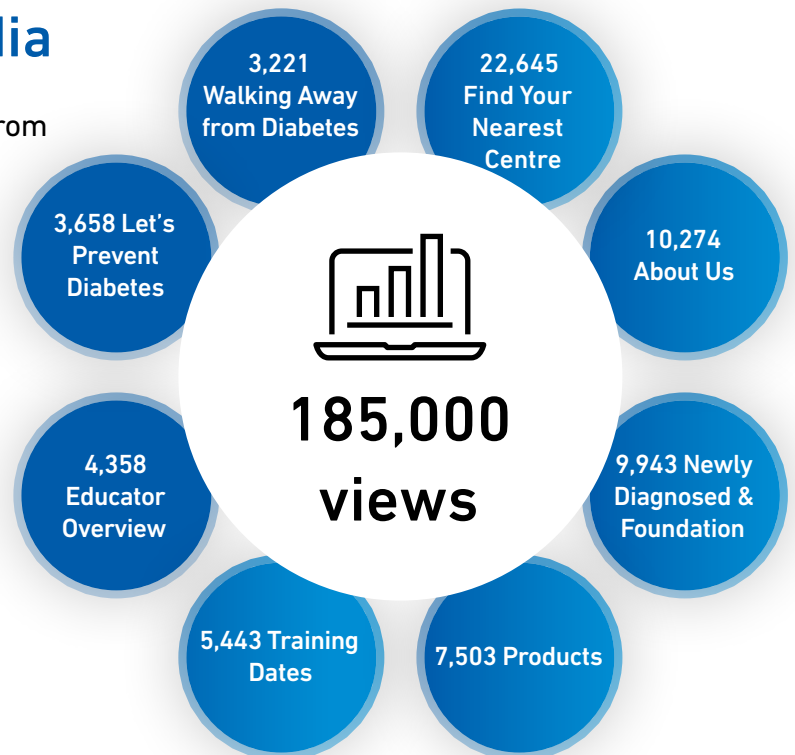
From the 74 provider teams that have shared data in at least one quarter between April 2022 and March 2023 50,682 referrals have been accepted and from this data we can see:

- 43.5% of referrals took part in structured education
 - 16% attending a virtual group
 - 35% attending a face-to-face group
 - 49% registered for digital education via MyDESMOND
- 7 teams have reported as having no administrative support
- Of the remaining referrals – 27.3% declined after being referred, 8.2% did not attend once booked and 21% remain on waiting lists

Website and Social Media

Analytics covering March 2022 – April 2023 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 (19,812), search engines (35,214), referrals from another website (12,712 inc. 7,528 from NHS.uk), as well as from social media channels and links in emails.



International DESMOND

An update about DESMOND at St Johns Hospital Mzuzu, Malawi

Message from Dr Joe Gallagher describing the attached photograph:



Third Desmond programme today. Very impressive. One of the most empowering experiences. Fantastic work from all involved including the Leicester DESMOND team.

An update from our partners in Western Australia (WA)

Over 2,600 people living with type 2 diabetes have attended a DESMOND group over the past year across Australia. They have attended from all capital cities, with many attending from rural and remote areas of Australia.

DESY (Diabetes Education and Self management Yarning) is the culturally adapted DESMOND program for Australian Aboriginal and Torres Strait Islander people and we have trained over 20 Aboriginal Health Practitioners to deliver DESY this year alone.

(Diabetes Australia acknowledges Aboriginal and Torres Strait Islander peoples as the Traditional Owners and Custodians of this Country. We recognise their connection to land, waters, winds and culture. We pay the upmost respect to them, their cultures and to their Elders, past and present. We are committed to improving health outcomes for all Aboriginal and Torres Strait Islander people affected by diabetes and those at risk.)

The program is co-delivered by trained Aboriginal Health Practitioners and Allied Health Professionals

Following in depth co-design with key Aboriginal organisations in Western Australia, the training program for facilitators was designed to span over 5 days instead of the usual 2 day training for DESMOND. This allows a gradual building of skills and confidence to deliver the program. Mentoring and support is offered regularly following training with our DESMOND accredited Aboriginal Health Coordinator, Natalie Jetta.

Before the program is introduced into a new Aboriginal Community, It undergoes a cultural safety pathway as there is great diversity in Aboriginal Communities from different parts of the country.



Evidence

Throughout 2022-23 we have continued to expand our evidence base and are looking forward to sharing some new publications very soon.

Impact of digital type 2 diabetes education on diabetes-related distress, self-efficacy, weight and hyperglycaemia



M Barker¹, A Northern², J Burdon², C Brough², J Farmer², M Hadjiconstantinou³, S Schreder², B Stribling², K Khunti^{2,3}, MJ Davies^{2,3}.

1. Unit of Integrative Epidemiology, Institute of Environmental Medicine, Karolinska Institutet, Stockholm, Sweden. 2. Leicester Diabetes Centre, University Hospitals of Leicester NHS Trust, Leicester, UK. 3. Diabetes Research Centre, University of Leicester, Leicester, UK

Aim: To investigate changes in weight, hyperglycaemia (HbA1c), diabetes-related distress and diabetes management self-efficacy in users of MyDESMOND digital type 2 diabetes education programme.

Method: All self-reported user data-sets with both baseline and at least one follow-up data-point was extracted from MyDESMOND and analysed to understand trends in outcomes.

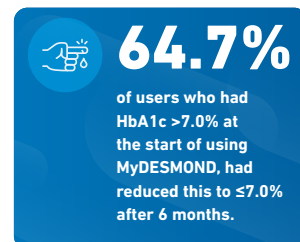
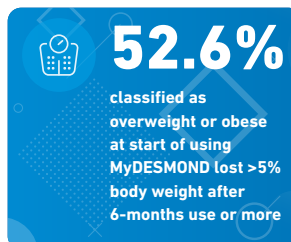
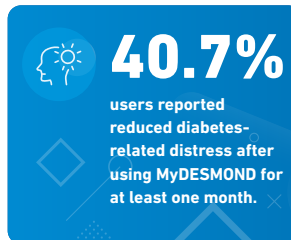
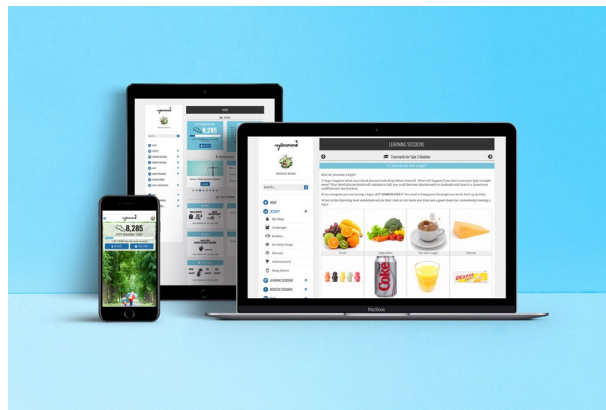
Results: 40.7% of users (n=5,662) reported reduced diabetes-related distress after using MyDESMOND for at least one month. 58.8% (n=5,662) reported significant levels of diabetes-related distress at start (PAID-5>8). Of these, 19.9% reported non-significant levels of diabetes-related distress after using MyDESMOND for one month or more.

57.5% of users (n=3,736) reported increased diabetes management self-efficacy after using MyDESMOND for at least one month. 63.7% (n=3,736) reported low or moderate diabetes management self-efficacy (DMSES≤100) at baseline. Of these, 21.0% reported high diabetes management self-efficacy after using MyDESMOND for at least one month.

52.6% of users (n=382) classified as overweight or obese at start of using MyDESMOND lost >5% body weight after 6-months use or more. 36.5% (n=382) classified as overweight had a healthy BMI after using the programme for 6 months use or more. 24.8% (n=382) classified as obese had an overweight/healthy BMI after using MyDESMOND for 6 months or more.

Median HbA1c values of users was 6.9% (IQR: 6.5-8.1%) (n=338) at the start of MyDESMOND, and 150 users reported HbA1c >7.0%. Of these 150 users, 64.7% achieved HbA1c ≤7.0% after using myDESMOND for 6 months or more.

Conclusion: MyDESMOND is an effective digital type 2 diabetes management programme impacting positively on weight, HbA1c, diabetes-related distress and diabetes management self-efficacy.



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User retention and engagement in a digital type 2 diabetes self-management education programme



M Barker^{1,2}, R Chauhan¹, MJ Davies^{1,3}, C Brough³, A Northern³, B Stribling³, S Schreder³, K Khunti^{1,3}, M Hadjiconstantinou¹.

1. Diabetes Research Centre, University of Leicester, UK; 2. Unit of Integrative Epidemiology, Institute of Environmental Medicine, Karolinska Institutet, Stockholm, Sweden; 3. Leicester Diabetes Centre, University Hospitals of Leicester NHS Trust, UK

Background: Digital health interventions, have the potential to improve the physical and psychosocial health of people living with type 2 diabetes. However, research investigating the long-term (≥ 1 year) retention and engagement of users within these programmes is limited.

Aim: To evaluate long-term user retention and engagement in a digital-based self-management programme (myDESMOND), using real world data.

Methods: User retention was defined as the period between a user registering onto myDESMOND and their last date of access. The primary engagement outcome was defined as the total number of logins to the programme per user. The associations between retention/engagement and sociodemographic factors (age, sex, ethnicity) were tested using Cox regression models and Wilcoxon rank sum tests (Table 1).

Results: Retention was significantly higher among older users (Figure 1); the adjusted hazard ratio (representing the risk of users leaving the programme within the first year) among users aged ≥ 50 years, compared to those aged <50 years, was 0.80 (95% Confidence Interval: 0.75-0.85). In total, users logged into myDESMOND 8 (IQR: 4-18) times, however, engagement was significantly higher among older users, and users from a White ethnic background.

	Duration in programme (weeks)	Total number of logins	Total time spent on programme (mins)	Estimated time spent per login (mins)	Logins per week
Total	7.57 (0.00-36.43)	8 (4-18)	63.74 (20.87-191.80)	5.35 (2.22-11.80)	0.77 (0.32-1.84)
Sex					
Male	7.00 (0.00-36.86)	8 (4-20)	75.74 (24.45-221.17)	5.82 (2.60-12.57)	0.80 (0.35-1.89)
Female	7.14 (0.14-28.57)	8 (5-18)	82.55 (28.80-232.43)	6.82 (3.07-14.00)	0.89 (0.41-1.93)
P value	.37	.76	<.05	<.01	.06
Age					
<50 years	4.00 (0.00-22.14)	7 (4-15)	62.33 (20.33-161.58)	5.53 (2.35-12.38)	0.88 (0.36-2.17)
≥ 50 years	8.00 (0.29-36.29)	9 (5-20)	86.10 (28.53-245.23)	6.53 (2.98-13.64)	0.84 (0.38-1.87)
P value	<.01	<.01	<.01	<.01	.13
Ethnicity					
White	7.14 (0.14-33.43)	9 (5-19)	81.75 (28.0-227.85)	6.40 (2.88-13.53)	0.86 (0.38-1.97)
Black/Asian	6.86 (0.00-28.14)	7 (4-17)	70.40 (20.85-223.33)	5.80 (2.50-13.28)	0.80 (0.35-1.75)
P value	.07	<.01	<.01	<.05	<.05

Table 1: Retention and engagement metrics by sex, age, and ethnicity
Data presented as median (IQR). Excludes users who spent less than one week using the myDESMOND programme.

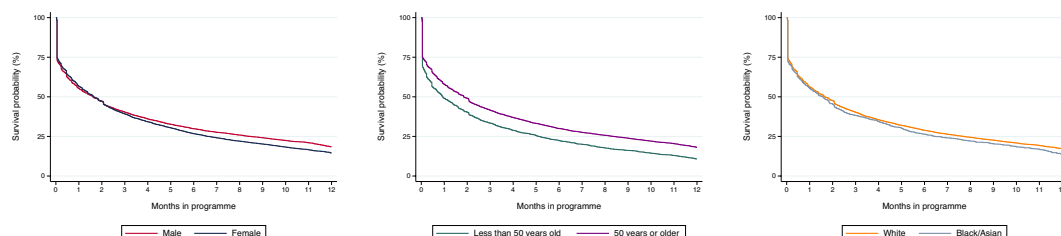


Figure 1: Kaplan-Meier curves showing the time to users stopping using the myDESMOND app after the course of a year for A) users stratified by sex B) users stratified by age range (<50 years, ≥ 50 years) C) users stratified by ethnicity

Characteristics

- > A total of 9,522 myDESMOND users were included.
- > Gender: Male (41.7%); female (40.4%).
- > Age: <40 s (5.5%); <50 s (17.8%); 50 s $>$ (64.4%)
- > Ethnicity: White (68.0%); Black/Asian (12.0%); Other/Mixed (1.8%); Missing data 18.2%
- > 56% remained using myDESMOND for at least a month
- > 18% remained on the programme for at least one year.

Conclusion: Retention and engagement were found to be high. These findings highlight the need for age- and cultural-specific implementation strategies and content adaptations, in order to improve retention and engagement among users of digital programmes.



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Implementing digital type 2 diabetes management and prevention education programmes across Wales

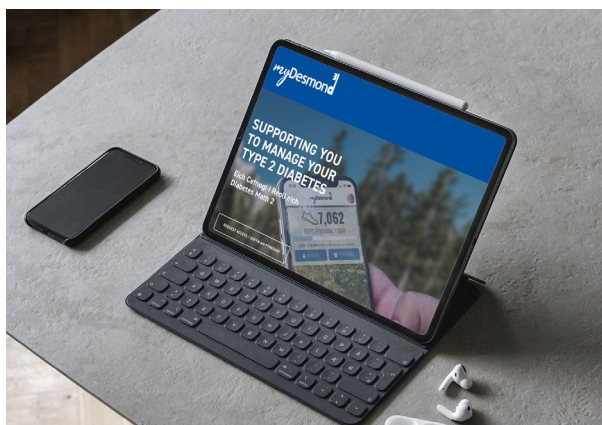


A Northern¹, C Washbrook-Davies², M Chandra¹, C Solanki¹, K Khunti^{1,3}, MJ Davies^{1,3}

¹Leicester Diabetes Centre, University Hospitals of Leicester NHS Trust, Leicester, UK. ²All Wales Diabetes Implementation Group, Cardiff and Vale UHB, Cardiff, UK. ³Diabetes Research Centre, University of Leicester, Leicester, UK

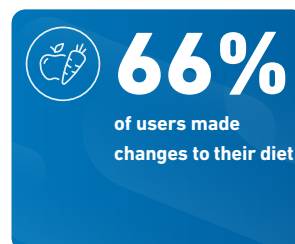
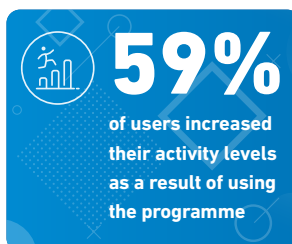
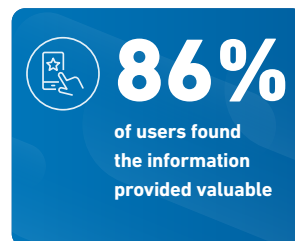
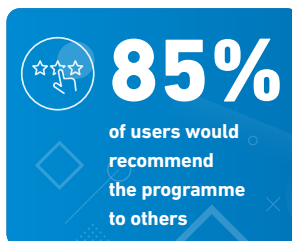
Aim: To begin the first Wales-wide implementation of a digital type 2 diabetes education programmes for people diagnosed with or identified as at risk of developing type 2 diabetes.

Method: Self-referral portals, with relevant governance, were set up to enable those eligible to request free access to their chosen programme. Programmes available are: MyDESMOND for people with type 2 diabetes (launched June 2021), Let's Prevent for anyone at risk of developing type 2 diabetes in the future (launched January 2022) and Babysteps for women who had gestational diabetes (GDM) in a recent pregnancy (launched January 2022). Key videos were translated into Welsh. Marketing primarily focused on health board diabetes services and GP practices with flyers, posters and animations provided across Wales. Press releases were circulated to all media outlets across Wales.



Results: Since launch 798 have requested access to MyDESMOND, 291 to Let's Prevent and 88 to Babysteps. Demographics for all programmes: 55% are female. 20% are between 18-40 years, 17% 41-50 years, 26% 51-60 years, 26% 61-70%, 10% over 71 years. 89% are White British. 85% of users would recommend the programme to others, 86% found it easy to use, 87% found the information provided valuable with 59% of users increasing their activity levels as a result of using the programme, and 66% made changes to their diet (all data correct as of October 2022).

Conclusion: Promotion of these programmes widely across Wales continues. The work so far highlights the acceptability of these programmes for people from Wales; more detailed analysis of self-reported biomedical information is underway.



Grŵp Gweithredu Diabetes Diabetes Implementation Group

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Implementation insights of a health behaviour web-app (BABYSTEPS) for people with a previous diagnosis of gestational diabetes



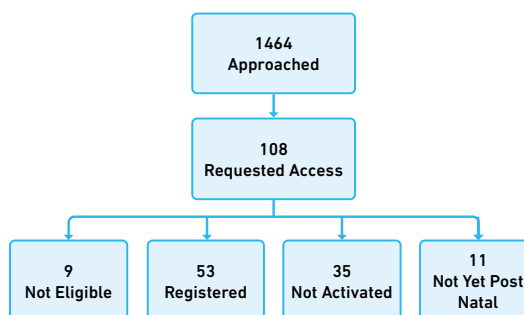
B A B Y ★ S T E P S

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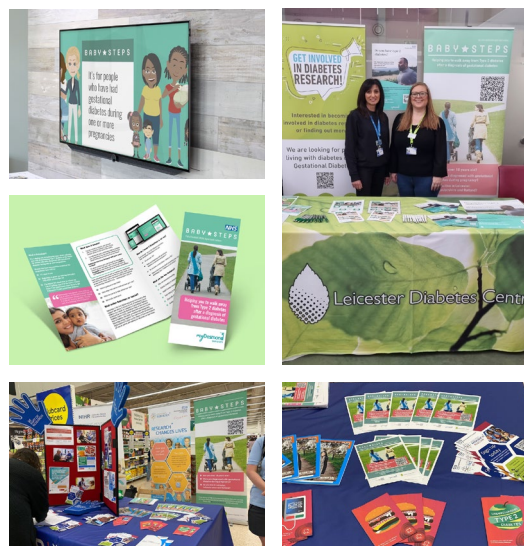
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Aim: To evaluate the implementation process for the Babysteps web-app for women post gestational diabetes (GDM), alongside the national diabetes prevention programme (NDPP), across Leicestershire and Rutland from July 2021 to December 2023.

Method: Babysteps is based on the NHS-approved MyDESMOND platform. Public engagement supported resource development, including a promotional website and identified preferred recruitment activities. April 2022 Babysteps was launched. Recruitment is via self-referral and an online form, supported through the local NDPP provider Xylahealth. Recruitment strategies include; posters, flyers and videos in clinical settings, pharmacies, local community (e.g. coffee shops) and primary care. An engagement officer attends clinics, community events and local maternity services. Implementation is robustly recorded and outcomes will lead to an implementation toolkit.



Results: Since launch, 230 women with GDM have been approached in clinics or at events, and 1,234 people post-GDM received a Babysteps text message. 108 have self-referred, 9 not eligible, 53 registered, 35 have been provided access but have not yet registered and 11 are awaiting access. 58.5% are White British, 24.5% Asian or Asian British (Indian). 8% aged between 18- 30 years, 75% 31-40 years, 17% over 41. Two main strategies positively impacted uptake; engagement within maternity services and text messaging. 69% of uptake from text messaging.



Conclusion: Recruitment has been challenging despite early public engagement and diverse recruitment methods; maternity services and text messaging being the key strategies thus far. Evaluation outcomes including strategies used for community engagement will inform an implementation toolkit.



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Summary of Revisions: *Standards of Care in Diabetes—2023*

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Nuha A. ElSayed, Grazia Aleppo, Vanita R. Aroda, Raveendhara R. Bannuru, Florence M. Brown, Dennis Bruemmer, Billy S. Collins, Kenneth Cusi, Sandeep R. Das, Christopher H. Gibbons, John M. Giurini, Marisa E. Hilliard, Diana Isaacs, Eric L. Johnson, Scott Kahan, Kamlesh Khunti, Mikhail Kosiborod, Jose Leon, Sarah K. Lyons, Lisa Murdock, Mary Lou Perry, Priya Prahalad, Richard E. Pratley, Jane Jeffrie Seley, Robert C. Stanton, Jennifer K. Sun, Crystal C. Woodward, Deborah Young-Hyman, and Robert A. Gabbay, on behalf of the American Diabetes Association

SUMMARY OF REVISIONS

GENERAL CHANGES

The field of diabetes care is rapidly changing as new research, technology, and treatments that can improve the health and well-being of people with diabetes continue to emerge. With annual updates since 1989, the American Diabetes Association (ADA) has long been a leader in producing guidelines that capture the most current state of the field.

The 2023 Standards of Care includes revisions to incorporate person-first and inclusive language. Efforts were made to consistently apply terminology that empowers people with diabetes and recognizes the individual at the center of diabetes care.

Although levels of evidence for several recommendations have been updated, these changes are not outlined below where the clinical recommendation has remained the same. That is, changes in evidence level from, for example, **E** to **C** are not noted below. The 2023 Standards of Care contains, in addition to many minor changes that clarify recommendations or reflect new evidence, more substantive revisions detailed below.

SECTION CHANGES

Section 1. Improving Care and Promoting Health in Populations (<https://doi.org/10.2337/dc23-S001>)

Recommendation 1.7 was added to address the use of community health workers to support the management of diabetes and cardiovascular risk factors, especially in underserved communities and health care systems.

Additional language and definitions regarding digital health, telehealth, and telemedicine were added, along with the benefits of these modalities of care delivery, including social determinants of health in the telehealth subsection.

The subsection “Access to Care and Quality Improvement” was revised to add language regarding value-based payments to listed quality improvement efforts.

The “Migrant and Seasonal Agricultural Workers” subsection was updated to include more recent data for this population.

More defining terms were added for non-English speakers and diabetes education in the “Language Barriers” subsection.

Section 2. Classification and Diagnosis of Diabetes (<https://doi.org/10.2337/dc23-S002>)

Recommendation 2.1b was added to the “A1C” subsection to address the utility of point-of-care A1C testing for diabetes screening and diagnosis.

Section 3. Prevention or Delay of Type 2 Diabetes and Associated Comorbidities (<https://doi.org/10.2337/dc23-S003>)

Recommendation 3.9 was added to address statin use and the risk of type 2 diabetes, including the recommendation to monitor glucose status regularly and enforce diabetes prevention approaches in individuals at high risk of developing type 2 diabetes who were prescribed statin therapy.

Recommendation 3.10 was added to address the use of pioglitazone for reducing the risk of stroke or myocardial infarction in people with history of stroke and evidence of insulin resistance and prediabetes.

Recommendation 3.12 was added to communicate that pharmacotherapy (e.g., weight management, minimizing the progression of hyperglycemia, cardiovascular risk reduction) may be considered to support person-centered care goals for people at high risk of developing diabetes.

Disclosure information for each author is available at <https://doi.org/10.2337/dc23-SDIS>.

Suggested citation: ElSayed NA, Aleppo G, Aroda VR, et al., American Diabetes Association. Summary of revisions: Standards of Care in Diabetes—2023. *Diabetes Care* 2023;46(Suppl. 1):S5–S9

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RESEARCH ARTICLE

Structured group education programme and accompanying mHealth intervention to promote physical activity in women with a history of gestational diabetes: A randomised controlled trial

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Funding information

National Institute for Health Research Collaboration for Leadership in Applied Health and Research Care East Midlands

Abstract

Aims: Assess effectiveness of a hybrid intervention targeting physical activity in women with prior gestational diabetes.

Methods: Randomised controlled trial with parallel arms. 293 women (35.1 ± 5.1 years; 40% ethnic minority) recruited from two hospitals and randomised to routine care or hybrid lifestyle intervention comprising two group sessions and access to a mobile web app. Primary outcome was a change in objectively measured physical activity at 12 months. Secondary outcomes included self-efficacy for exercise, quality of life and anxiety and depression. Linear regression compared outcome measures between groups.

Results: 83% of intervention participants attended at least one group session, of whom 66% registered to use the app. There was a non-significant increase in physical activity at 12 months (between-group difference of 0.95 mg [95% CI: -0.46 to 2.37]), equivalent to approximately 500 steps per day. Intervention participants reported higher self-efficacy for exercise (0.54, 95% CI: 0.05 to 1.102; $p=0.029$), lower anxiety (-0.91, 95% CI: -1.74 to -0.09; $p=0.031$), and higher quality of life (0.05, 95% CI: 0.004 to 0.09; $p=0.032$), compared to controls.

Conclusions: The intervention improved confidence in exercise and quality of life. Further research is needed to improve participant engagement with physical activity interventions in multi-ethnic populations with a history of gestational diabetes.

KEYWORDS

gestational diabetes, group education, mHealth, physical activity, prevention of type 2 diabetes

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