

Central Manchester DESMOND Team
Diabetes, Endocrine and Metabolism centre
Peter Mount Building
Manchester Royal Infirmary
M13 9WL
mft.DESMOND@nhs.net

Type 2 diabetes structured education DESMOND (Central Manchester area)

Virtual DESMOND is an education session delivered over MS Team in two 3 hours sessions. It is designed to improve your knowledge of Type 2 diabetes and to help you to self-manage your own condition, you will also get to meet other people with a diagnosis of type 2 diabetes.

It is suitable for people with newly diagnosed type 2 diabetes and those with a longer standing diagnosis who have never attended structured education.

We can only accept **self-referrals** from people with a confirmed diagnosis of Type 2 diabetes registered with a Central Manchester GP.

If you wish to attend, please complete the attached referral form and post or email your details to:

Central Manchester DESMOND Team
Diabetes, Endocrine and Metabolism centre
Outpatients CSU
Peter Mount Building
Manchester Royal Infirmary
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On receipt of the completed form, you will be sent a list of course dates and times to choose from (although this may not be straight away due to the waiting list)

In the meantime, you can get lots of support and information by visiting the following websites which we highly recommend:

<https://diabetesmyway.nhs.uk/> : This is run by Manchester NHS and includes online courses/information as well as personalised information related to your own results Resources are also available in other languages
(If you prefer to attend an online course in your own time- these can be accessed on this website)

<https://www.diabetes.org.uk/> Diabetes.org.uk is a charity organisation run by diabetes professionals, the website has lots of up to date and reliable information, menu planners and includes booklets you can order for free.

Please do not hesitate to contact the DESMOND team if you have any queries using the details above.

Self-referral form for DESMOND type 2 diabetes structured education course (Central Manchester)

Sections marked * are required.

Date sent	
Year of diagnosis of type 2 diabetes	
*Full name	
NHS number (if available)	
Date of Birth	
*Address	
Contact telephone numbers	
*Email address	
*Any communication needs? (hearing/language etc)	
*GP Details	
Patient signature	

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