Help us get it right
If you have a complaint, concern, comment or compliment please let us know by speaking to a member of our staff. We learn from your feedback and use the information to improve and develop our services.

If you would like to talk to someone outside the service contact the Patient Experience Team on 0113 220 8585, Monday to Friday 9.30am to 4.30pm or email lch.pet@nhs.net

Do you have diabetes?
Do you want to increase your skills, knowledge and confidence in managing your diabetes?

THE LEEDS PROGRAMME

Since attending the course I have learnt a lot more about managing my diabetes and the symptoms from high and low blood sugar levels.

www.leedscommunityhealthcare.nhs.uk
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We can make this information available in Braille, large print, audio or other languages on request.
What is the LEEDS Programme?

- The LEEDS Programme is a three week course with the option to attend more specialist sessions if you wish.
- Each of the three sessions will last for 2½ hours.
- You will learn all about the up-to-date treatments and management of diabetes.

Who is it for?
The LEEDS Programme is for people who have Type 2 diabetes and are registered with a Leeds GP.

What can I expect from the Programme?

- The Programme aims to increase knowledge and self management skills.
- You will also have the opportunity to explore and address problems that you may have with your diabetes.
- Courses are running throughout the year all across the city of Leeds.
- To book your place or find out your nearest venue and forthcoming dates please complete the form opposite or telephone 0113 843 4200 or email lch.leedsprogramme@nhs.net to book your place.
- It is recommended that you attend all 3 sessions to get the most out of the programme. If you wish you may bring along a family member or friend.

If you have diabetes and are interested in attending the LEEDS Programme please fill in the slip below:

Name .................................................................
Address ..............................................................
DOB .................................................................
Tel .................................................................
GP name and practice ...........................................

Please send to:
Leeds Community Healthcare NHS Trust
Diabetes Service
Chapeltown Health Centre
Spencer Place
Leeds LS7 4BB