
CONFERENCE ABSTRACT

The drawing board – Co-designing a group-consultation with adolescent patients with Type 1 Diabetes

ICIC20 Virtual Conference – September 2020

Harsh Samarendra¹,

1: Imperial College Nhs Trust, London, United Kingdom

Introduction

Young people with type 1 diabetes face considerable demands in managing their condition: monitoring and treatment, lifestyle adaptations, and increasing independence and autonomy over their health. Group-consultations (shared medical appointments) are likened to a ‘learning community’, in which bonds between participants can give them more motivation to share common struggles and offer support and solutions to one another.

Aim

In this paper, we describe the development, implementation and evaluation of a school-based group-consultation model, designed with continuous patient involvement and comprehensive stakeholder engagement. In this iteration of our school-based model, a 2-hour session was delivered to a group of 6 young people, in the absence of their parents, requiring a single facilitator and two clinicians.

Population and stakeholder engagement

Consultation design has been informed by (1) patient and parent involvement, (2) engagement of the diabetes multidisciplinary team, (3) literature review of peer-reviewed papers reporting experience with group-consultations.

Timeline

Design, planning stage and implementing of our first iteration was completed within a 2-month period. A second iteration modified in accordance with our evaluation (below) is planned.

Highlights, innovations, outcomes

We adopted a multimodal approach in assessing outcomes that are relevant and impactful for patients. All participants communicated that their experience was positive. When asked: “If you were invited to another group-consultation, would you like to attend?” All participants answered yes. Group discussion revealed some misconceptions and importantly, a strong desire to learn about the biology of type 1 diabetes, and the relevance

of HbA1c. All clinicians involved expressed strongly positive views about the consultation, particularly noting the value of shared learning, and of adding variation to clinical practice. Feedback illustrates that young people were given greater opportunity to steer discussion to address their concerns, benefited from peer-to-peer learning, and felt supported to share care constructively with their parents. Patients and clinicians alike highlighted the benefits in the school setting, where familiarity has a role in making young people more able to draw personal value from the consultation.

Sustainability

Our experience indicates a school-based model can be implemented without use of additional space, time or staff. Additionally, the setting of a school has the added advantage of having no estate costs, no travel costs for young people and minimal disruption to the routines of young people and their families.

Transferability

Group-consultation model are increasingly adopted across both paediatric and adult populations to manage long-term conditions in young people, including asthma and epilepsy. Our group are exploring the use of group consultations in children with asthma, in addition to evaluating differing consultation models.

Discussion

Our development and evaluation demonstrates that group consultations are acceptable, popular and effective in young people with type 1 diabetes. Our experience demonstrates that previously unacknowledged gaps in knowledge, or psychosocial stressors, can be brought to light through group-consultations. The impact of these benefits may extend to patients' medication adherence, school and social functioning and overall health and lifestyle behaviours. Our results indicate good compatibility and few barriers, which we attribute to our patient-led design process.