

TOGETHER study

Better care for young adults with diabetes using group clinics

Setting up group clinics for young adults living with diabetes: Initial findings from a feasibility study

April 2020



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“ ...the group clinic, it’s more free. We can speak more about what is going wrong ”

Young person

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Why try a group clinic model?

Young adults with diabetes often report dissatisfaction with care and have poor diabetes-related health outcomes. The transition to adulthood is critical for learning how to independently manage long-term conditions, but young adults can face a lack of age-appropriate services. Service providers, on the other hand, are concerned about young adult's relatively poor attendance and engagement. To improve their experiences and outcomes, alternative ways of engaging young people in diabetes care are urgently needed.

Group clinics are becoming popular as a new care model in diabetes generally but are relatively untested with young adults. However they may provide a more successful way of encouraging engagement. A review of research suggested that models of group-based care varied significantly, with different amounts of clinical and educational content¹. Our NIHR-funded project examined how group-based care could be developed and delivered in the NHS specifically to meet the complex and distinct needs of young people living with diabetes in socio-economically deprived settings.

What the group clinics involved

We began by working with young people, service providers and commissioners to co-design a new model of care for young adults under 25, in the care of adult diabetes services in two hospitals in diverse London boroughs. The group clinics were run over a period of two years, alongside young adults' usual care. Throughout this time we recorded the experiences of everyone taking part by observing clinics, interviewing participants and staff, analysing documents, recording routine diabetes test results and estimating the financial cost.

Most of the clinics were led by a diabetes specialist nurse and a youth worker, with additional health professionals from the wider multidisciplinary care team contributing as required. The content of the group clinics was varied and was developed jointly by healthcare professionals and the young adults. Sessions included

diabetes self-management and education including diet and carbohydrate counting, issues of mental health and motivation, how to manage physical activity, sexual health and relationships. Clinics were not designed to replace usual consultant care but they went beyond simply being education sessions, involving peer to peer support, sharing and problem solving.

The clinics were organised differently at the two hospitals, guided by co-design at each site, with one hospital running group clinics on a usual 'clinic' afternoon, and the other at another, separate time. Generally the clinics took place on the hospital premises, but efforts were made to keep the setting as informal and participatory as possible.

Engagement varied between sessions but improved as the young people became more familiar with the new care model.

1. Papoutsi C, Colligan G, Hagell A, Hargreaves D, Marshall M, Vijayaraghavan S, Greenhalgh T and Finer S (2019) Promises and Perils of Group Clinics for Young People Living With Diabetes: A Realist Review. *Diabetes Care*, 42(5) 705-712

What young people said

Young people who took part in the group clinics were generally positive about the additional and different benefit that they could get from groups compared with their usual experience at the hospital. The flexibility, sharing, openness, non-judgmental language and understanding of their life stage were all viewed as important. The benefits included:

- Meeting other young people with diabetes

“ You hear about it but I've never actually met another Type 1. ”

- Feeling better supported emotionally

“ ...you know that there's people that will understand your feelings and maybe feel the same way as you do. ”

- Learning from other young people's experiences

“ [...] the doctor hasn't been there [...] people are talking from experiences in the group clinic which is actually a lot of help. ”

- Being able to speak more freely

“ There's certain questions that I prefer to not ask my nurse. But going to the group clinics, someone else may ask it, and then I can learn from it. ”

“ ... the group clinic, it's more free. We can speak more about what is going wrong. ”

Health professionals' views

“ They come with a big barrier, a massive protective ball around them...Once we take that shield off them then they're just themselves, they're just who they are. And they get the best out of us and we get the best out of them. ”

Health professionals described the delivery of group clinics as a steep learning curve, but one that built different kinds of interactions and relationships with young adults than standard clinics. Key elements of the group clinics included building trust, being non-judgmental, and supporting the development of peer processes, and it took time and skill for these to emerge. Facilitation by a youth worker contributed significantly to this process. Competing behaviours between peers had to be managed carefully to result in beneficial outcomes, such as improved self-reflection and engagement with services.

“ If you have their trust then they'll engage with you as much as you want them to engage, but they have to trust you. ”

To accommodate the significant operational burden, good working relationships and reciprocity between health professionals was necessary. Beyond organising the sessions, clinicians had to make an active effort to follow the needs of young adults with diabetes and co-ordinate with the rest of their care team, so that the content of group discussions could be harnessed in ways that were useful and provided added value to all participants.

“ I think there's a very significant amount of additional work that is needed in order to get the current model of care to work. ”

Learning and challenges

During the course of the project a total of 29 group clinics were delivered in two hospitals. The experiences of everyone taking part (staff and young adults living with diabetes) were compared with experiences of routine care in two other hospitals. In total, 37 young people took part in at least one clinic. Initial findings showed that a broad cross-section of young adults attended the group clinics, including some who were finding it particularly challenging to achieve control of their blood glucose, or with low clinic attendance. The data we have been collecting throughout the project show promising signs that group clinics could help improve attendance, enablement, and diabetes control for young people with diabetes. Further research, for example in a clinical trial, would be needed to confirm whether these findings hold up in more settings and translate to definite clinical benefits.

Implementation of group clinics was not always straightforward. Staff had to work hard to engage young people in the group clinics and on occasions there was a relatively low take up. Organising and delivering group clinics involved significant effort and co-ordination, which was often challenging to manage alongside usual clinical care. Slow engagement with the group clinics was often de-motivating for the health professionals running them. Various adjustments to operational and clinical processes were required to establish and deliver high-quality care. Overall, it seemed that group clinics could be a useful addition to usual practice – and might improve engagement with routine care – but were unlikely to replace it.

Making a success of group clinics for young people

Combining learning from our initial realist review² and the initial findings from this study some general principles begin to emerge about implementing a model that could potentially improve attendance, diabetes control and engagement:

- 1 Challenges need to be anticipated at the outset; service providers need to be prepared to manage the tensions that arise.
- 2 A group clinic model of care for young adults is likely to be needed in addition to individual consultations, not instead of them.
- 3 Clinics need to emphasise self-management and empowerment as well as practical knowledge, in order to be different from usual education sessions.
- 4 Staff need to support the development of a sense of affinity between young people living with diabetes attending group clinics, and this may require particular skills (such as those of youth work).
- 5 Clinics should provide safe, age-appropriate care.
- 6 The potentially different needs of the group and different individuals needs balancing.

2. Papoutsis C, Colligan G, Hagell A, Hargreaves D, Marshall M, Vijayaraghavan S, Greenhalgh T and Finer S (2019) Promises and Perils of Group Clinics for Young People Living With Diabetes: A Realist Review. *Diabetes Care*, 42(5) 705-712

Costs per group clinic

As part of the project we worked with a health economist to understand the costs of all elements of delivering the group clinics.

The average cost of each clinic, including staff time both before, during and after each clinic, note taking, activities, and expenses came to just under **£200**. The average cost per participant ranged from approximately **£45-£55**.

Next steps for group clinics for young adults with diabetes

Our project was designed to test the feasibility of introducing group clinics for young adults into usual NHS care. We wanted to find out more about the complexity of implementing group clinics, but also to identify any positive advantages for the young people and service providers involved. Initial findings suggest there may well be advantages, but that considerable staff skill and investment is needed to make them work.

Our study provides a detailed description of the implementation of group clinics and the experience of people taking part in them.

More research will be needed before we can conclude whether group clinics 'work' or not. We will also need to know how they work in different settings and with different groups of young people. However, our research sheds light on the important components of group-based care for young adults that will lead to its successful implementation within the NHS. Our work highlights the particular value of having a youth worker embedded within this care model. Detailed findings of our research are currently being written up in a report and publication, and will be shared widely.


With many thanks to study participants, clinical teams at participating study sites and the study steering group. The Together Study acknowledges the support of the National Institute for Health Research Clinical Research Network (NIHR CRN). This study was funded by the NIHR (Research grant: 15/25/20).

More information

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