

Focus group guidelines - FOR CLINICIANS, PATIENT ORGANISATION REPS, INDUSTRY REPS

Black = Speech to be directed to participants

[Italics] = Guidance for moderators or instructions

Numbers = Timing indications, how long each section should take

Instructions to moderators:

- *Create warm and friendly environment*
- *Interact with participants, and stimulate interaction between participants*
- *Make seating arrangements for participants according to their needs*
- *Exercise mild unobtrusive control (moderate the discussion but do not interrupt too often)*
- *Adequate knowledge of topic*
- *Have the discipline of listening and apply active listening*
- *Take into account the different types of participants and try to balance the conversation while addressing the obligatory topics: dominant talkers, shy participants, etc*

00.00 Welcome

Welcome, my name is..... and I will be your moderator guiding the discussion. Today we would like to discuss your thoughts about glucose monitoring devices, and any opinions, preferences, or concerns you might have. This discussion is part of a large European project called PREFER, which aims to make patients more involved in the development of their drugs or medical devices. The opinions collected today will be used to write reports and articles to inform companies, health authorities, and other researchers about what matters most to patients when it comes to their choices about glucose monitoring.

There are no right or wrong answers, we are looking for your personal opinions. It is possible that you might not agree with each other, but it would be nice if you could listen respectfully to each other. We're audio recording, so we'd like to ask that only one person is speaking at a time. Also please put your mobile phones on silent. We will use first names today, but your names will not be used in any reports. If there are any questions or terms that are used during the focus groups that are not clear to you, please let us know.

00.05

So, we will now start the focus group. Is that OK for everybody?

Let's go around the circle and say your first name and where you work

00.12

Today we'll be talking about glucose monitoring devices. There are lots of different kinds of devices that can help you monitor your glucose.

- Firstly, how do you think patients feel about using a device to monitor their glucose?

00.15

There are several different kinds of glucose measuring devices, as you can see in your handout, including finger-prick devices and new devices becoming more available called continuous glucose monitors. These are small devices that have a tiny sensor that's inserted under the skin. This is attached to a transmitter that sends your blood sugar levels to a hand-held display device for you to look at, or even to your insulin pump if you have one. The device measures your glucose levels throughout the day and night, and lets you see trends over time, and can give you alerts if you are having high or low blood sugar. There is information and a picture in your participant information sheet

- What are your opinions about continuous glucose monitors?
- How do continuous glucose monitoring devices compare to devices that use a drop of blood from your finger?
- What do you think about when making a comparison?

00.25

Continuous glucose monitors would let you see your glucose levels over a long period of time. They can also help you tell you if your glucose is currently rising or dropping (and at what speed) helping you with timing your insulin, diet, and exercise

- How important is this to patients?

00.30

These devices have a sensor that needs to go under the skin.

- How do you think patients feel about that?
- How do you think patients feel about how it looks?
- How do you think patients feel about its size?

00.35

The sensor needs to be replaced every so often, depending on what kind of model and brand it is. Some sensors need to be replaced every two weeks, other every six months. With some models, patients can insert the sensor into their skin, by themselves, at home. With other models, they need a doctor.

- How difficult to patients find it to replace the sensor themselves?
- Are there any challenges you can foresee with replacing sensors?
- How important do you think it is for patients that the sensor can have a long life?

00.55

Continuous glucose monitors can give you an alert or alarm to warn you when your glucose is getting too high or too low

- How important do you think this might be to patients?
- When might this be convenient?
- When might this be inconvenient?

01.05

Some continuous glucose monitors can be linked to an insulin pump, and automatically control your insulin depending on how high or low your blood glucose is

- How important do you think this might be to patients?
- When might this be convenient?
- When might this be inconvenient?

01.10

Some continuous glucose monitors still need you to check your blood glucose twice a day using a finger-prick test, to make sure it's measuring your glucose accurately. This is called calibration. There are other devices that don't need you to do this finger-prick check at all. But they are sometimes less accurate when your glucose is very low.

- Which do you think would be more preferable to patients?
- Which would be in their best interest?

01.20

Final questions now

- What do you think is most important to patients when choosing a new glucose monitoring device?
- What do you think is least important to patients when choosing a new glucose monitoring device?

01.30

Does anyone have any final comments to add?

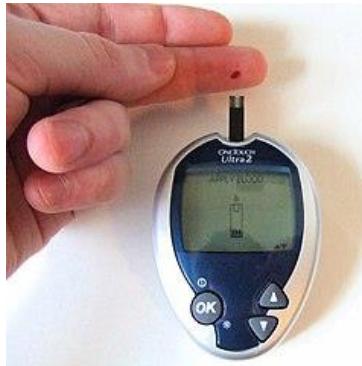
Thank you for your participation. Would everyone here feel comfortable being contacted in the future to be asked follow-up questions, or to help with this project further?

[Hand-out to participants]

Finger-prick glucose monitors



(Finger-prick photo courtesy of TesaPhotography)



(Finger-prick blood glucose monitor photo courtesy of David-i98)

Continuous glucose monitors



(Dexcom G6 © Dexcom Deutschland GmbH)



(Flash glucose monitor photo courtesy of Sjö - Own work)