

Setting the Top 10 Research Priorities to Improve the Health of People with Type 2 Diabetes: A Diabetes UK - James Lind Alliance Priority Setting Partnership

Finer et al. (2018)
<https://doi.org/10.1111/dme.13613>

For which topic were research priorities identified?

diabetes type 2

In which location was the research priority setting conducted?

Europe - United Kingdom

Why was it conducted at all?

Type 2 diabetes is a chronic, complex condition increasingly affecting the global population, with high morbidity and mortality from microvascular and macrovascular complications, and high economic burden on health systems. The care and prevention of Type 2 diabetes involves multiple agencies, sectors and professional groups, aiming to deliver high-quality care; however, there is an unmet and urgent need to fill knowledge gaps with research to better understand its cause and complications, deliver prevention, improve care and treatment, and reduce impact on people living with the condition, their families and health services. To date, research prioritization exercises for Type 2 diabetes in the UK appear to be few and limited in scope and scale, none appear to have taken place recently, and none have extensively consulted people living with the condition and health professionals.

What was the objective?

to identify the top 10 research priorities in type 2 diabetes, involving people living with the condition, their carers, and healthcare professionals

What was the outcome?

a ranking list of 10 research questions

How long did the research prioritization take?

April 2016 - July 2017

Which methods were used to identify research priorities?

JLA method

How were the priorities for research identified exactly?

Step 1: survey: participants were asked: What questions would you most like to see answered by research?, 7978 proposed research questions. Step 2: data processing: submissions re-formulated into PICO format, grouped to form 114 indicative summary questions. Step 3: interim ranking: via survey, participants were asked to select 10 questions that matter most using 3-stage process: select questions where more research is needed, select top 10 most important, rank top 10, resulting in shortlist of 24 questions equally weighted to contributions of people living with diabetes and their carers and those of healthcare professionals. Step 4: final prioritization: workshop: with nominal group technique, small group discussions, small group rankings, consensus on top 10 research priorities

Which stakeholders took part?

People living with Type 2 diabetes, their carers, healthcare professionals. Survey: 2587 participants. Interim ranking: 1506 participants. Workshop: 28 participants: people living with diabetes (n=14), carers (n=4) and multidisciplinary healthcare professionals (n=10).

How were stakeholders recruited?

Distribution of the questionnaire was managed by Diabetes UK under the guidance of the steering group, and was disseminated through their existing networks, community champions, wider professional networks, opinion leaders (e.g. the NHS England National Clinical Director for Obesity and Diabetes), social media, publications, at conferences, and specific target groups.

Were stakeholders actively involved or did they just participate?

Stakeholders not only participated but were also actively involved in the research prioritization process: They were part of a steering group. The steering group consisted of 19 members: 5 people with type 2 diabetes, 5 healthcare professionals, 1 information specialist, 7 members of Diabetes UK research and senior leadership team, and 1 JLA senior advisor. The members held 12 meetings in person or by teleconference. The members closely monitored and