I: **Yeah, we are now in the recording mode. Thank you so much, once again, for being willing to take part in this interview. So, this interview will take about one hour and this interview will mainly focus on your experience with using the app, particularly the Diabetes Friendly Meals community. The information you provide in this interview will be used to inform the evolution of the platform which may actually contribute to changes made to the platform. And of course the responses that you provide will be anonymised in the reports. We will not use any name or any identification. So just to start. Why did you want to participate in this interview, I mean, we wrote to you by email, but even though what made you think to participant in this interview?**

P: Having received [audio not clear] way back in September, my blood test was also a little bit high at 47 mmols or whatever they are, and then of course they also pointed me in your direction by giving me this [welcome pack] I suppose, probably designed by the NHS. And then of course the link comes back into your set up WW Health Solutions and all the rest of it. So presumably you're fully aware of it…[Welcome Pack] here you go, and that also was delivered on what, 26th September last year, Since then I've attended, I think probably three of your online sessions and I’ve I got to say I wasn't too impressed. I don’t want to up set your day early on.

I: **No, no problem. We are just doing the research for them. We are not actually the company itself, but we are just doing the independent research for them.**

P: Do you work at a research unit in the university?

I: **Yeah. We are based at Coventry university. I'm doing a PhD here. So I mean, we're doing the research for them. So you can feel free, whatever you feel, so that your honest observations can come out.**

P: In the course, then, over this last year, then I repeatedly received requests to fill in two or three forms or questionnaires, whatever you call them, that I've done and have heard nothing back from it. The answers I gave were a little bit critical of the system. Basically everything I had or saw or listened to was all to do with over-weighters, people who were overweight and ate too much, had dietary problems and weight problems.

So I start off then by saying, I think what appears on the screen in the right hand side is a little section, something like communicate with the nurse or a recorder. So that goes a bit wrong from the start in that I fill in my H number and all the rest of it and my height, weight, and all the details. Nothing happened from it. So this went on once or twice and I said, look, how do I know that this information, because it stays on the screen has gone through to the medic? Oh, well it’s bound to have done. So I said, well, can you check with the medic? No, she hadn't seen it. And it was something to do with which button do you press to get the information on that questionnaire box through to the medics. And apparently you've got to leave your…the other end of this one when you press it, the cursor has got to be left on top of the message otherwise it didn't go through. So she admitted she lost lots and lots of people replying, but that's only a small technical issue. But I did say to your guy that you want to look at this. I haven't been on it since, so I wouldn't know whether or not they put it right. So that's fine.

But as I say the whole scheme seems to be aimed at overweight people and principally then putting them on a diet.

I: **Okay.**

P: My problem with that is that I'm, what, five foot eight or nine, weigh in at about 11, 3 or 4 and I’m as fit as a butcher's dog. So I don't have weight problems, I don’t have diet problems, I don't have exercise problems, I'm always out on the bike and so on. And when I gave that information to the guy who is running the…because this is a meeting of about eight people, I think you have in your groups, something like that, from there afterwards I’ve received just about nil discussion on it simply because I didn't fit the picture of what these meetings were principally about in persuading people to look at their weight, their diet, their activities and so forth. So in a way that is the major problem.

I: **Yeah. So I mean, which part of the platform did you mainly use? Did you use the meal planner? Did you use the recipes or shopping list…Did you explore this?**

P: I looked at it from the point of view of my diet, yeah, and oddly enough…we've got two or three grandkids around, and we're having fun at feeding them on things like chocolate cream eggs, which are just solid sugar, if you like. And every time they come we’d get them out and so forth, so I just looking at my sugar intake and decided I can cut it out and I have done that for, what, nine months taken out sugar from the equation, not in tea, coffee, or anything like that, watch what you eat by way of sugary cakes and that sort of thing. Breakfast cereal is very often totally sugared, that sort of stuff, taken all that out but I was asking your people there what would they recommend other than that on attempting to lower the sugar level, and have received absolutely nil by way of recommendation or suggestion or whatever. And since we do feed by and large on a really quite green diet, lots of salad-y sort of stuff – I’ve got ton in the house, I grow a lot of that stuff in the garden, so yeah we have a good diet and it has now been sugar-free for six, nine months.

I: **Okay, great. I mean, if you don't mind, I’ll just try to share the screen of the app so we can talk through the different parts of this app. So I'm now trying to share my screen so that we can talk through the app a little bit more. So can you see my screen now?**

P: Yes. It’s got pictures of salads.

I: **Yeah. So if we go to the Diabetes Friendly Meals community, then we can talk through this bit.**

P: I’ve not seen this screen before.

I: **You didn't say this app before?**

P: No.

I: **Okay. So have you been using the app in your mobile phone or computer in Norway?**

P: No, I've only been in touch with the platform development team, I think, three times and I thought, look, I'm wasting my time here. As I say everything is…it all seemed to be aimed at people substantially reducing weight and exercising more and that sort of thing, rather than answering questions on like in my case, so being fit, not overweight and so forth and eating an awful lot of salad stuff, but I must admit when I look at this screen now with all the different suggestions on it, then yes, I'd be happy to have a go at that.

I: **Okay. So you say you [unclear 0:10:23] three times with the app, so how did that actually take place, or on the app itself?**

P: No, on the screen, yeah.

I: **Okay. So which part of app, I mean, is there anything you like from this app? Is there anything that you have noticed is good or anything that you’ve noticed…you already mentioned that everything's actually focused on losing the weight, but anything other you want to mention, particularly anything that you liked most from this app?**

P: You mean generally? Do you mean has it been of use to me or benefit?

I: **Yeah. Yeah, particularly the benefits.**

P: I think the answer is no because I haven't really had the faith in WW’s approach to answer my queries or whatever the case may be in that no one has answered yet when, like as I say, I must be in a slightly different category, not overweight and not under, exercising, et cetera, et cetera. And nothing seems to have flowed from that.

I: **Okay. So you say actually that everything is focused to reducing weight. Is there anything else that you want to mention that you actually didn’t like about this app?**

P: The odd question I asked was firstly, given this blood test was at the end of October, or September last year, and was how often should one have a blood test and to what advantage once it's been done. The answer came back, that's not our field, that's up to you to make your own inquiries and I thought to myself, hang on a minute, you're supposed to be the experts, making suggestions to your, call them clients, as to how often they ought to be asking their doctor or whatever, to retest blood and see what effect, whatever, you’re suggesting by way of diet or whatever or sugar reduction, what effect it's having on your diet number. Now that has had absolute nil response. And I think that a bit odd.

I: **Yeah. I mean, so the point is the app is only mainly focused on food related issues, particularly in regards to diabetes management, but you were missing some things like [Diabetes Management] package, particularly the information, health checkup thing, and also other aspects of diabetes management, particularly, apart from food. Am I correct?**

P: Yeah, that’s about it.

I: **Yeah. Okay. So if you see my screen, you can see there are the recipes here, and also the description of the recipes and also the ingredients they needs. Can you see the screen?**

P: Yeah.

I: **Yeah. So you can see the ingredients and also the health score, particularly. The health score shows you the different aspects of this food, particularly fat, fibre, protein, potassium, carbohydrates aspect. So do you think these elements are useful for you?Do you find them okay or not?**

P: Yeah, I would have no trouble trying them, following them, whatever the case may be.

I: **Okay. Did you ever try any of the recipes from this app? Did you prepare anything from it?**

P: **No, I didn’t. I’ve just concentrated solely on sugar, taking sugar out of the diet since that's what the local surgery says, well it’s principally… your sugar level in the blood test presumably is too high. The other thing, by the way, I ought to mention it is then I started…I’ve got four sisters and I asked them and also had my parents who are long, gone now, suffered from this sort of thing and they all came back and said, well, I think as a family trait, we seem to be always on the upper level of the readings. So do you ever take into account what is happening in your clients’ other families or family extensions?**

I: **Could you elaborate a little and expand on the point you’re making.**

P: So I'm 47 in your scale of whatever that means that if you then found out that the rest of the family are similarly high, then there's obviously a link…like a hereditary link. I don’t know, I’m just interested to know if you ever take that into account.

I: **Yeah. I mean, apart from the uses, and your experience of using the app, I mean, the things you’ve found most useful or have found most difficult or whether the app is easy to use and the elements you are missing, yeah, you can definitely say that, and when we do the report we will focus on that aspect. So yeah, your feedback is really important.**

**The app has something like a meal planner for the week or for the week day, did you also notice that in the app?**

P: Yeah. I’ve seen it there, but given the difficulty leading up to this stage and not a comment on how say people in my category, if you want to call it that, who aren’t over weight, who aren’t unfit, how do they fit into what is substantially a meal planning set up? It just didn’t course me to get excited about it and start trying it.

I: **Okay. Alright. So in terms of the technicality of using this app, particularly the different options in the app, particularly like adding the meal planner or going through the shopping list, or, whatever you want to do, do you find it is relatively easy or difficult to use this app? The technical side I mean.**

P: Yeah, it's pretty straightforward. It's not a problem. It might upset my dear wife's shopping arrangements temporarily. But of course then a diet like this then presumably would have to apply to whoever else is in the household. Our kids have long gone, they're 50 year olds now so it's just myself and my wife so that would be easy enough, but she's in the same situation. Come to that, I don't think she's had a blood test in years. That's another technical issue point is to, I'm not quite sure why they gave me a blood test, probably to do with the fact that I’m a bit high in INR. You don’t ask then for, say, why don’t you take a blood test to see if the diet such as we lead, or have lived with for years as to whether or not that has pushed her level up. I only just really tweaked on it as to why then you don't ask for the rest of the family, say, to do a similar blood test just to see if there's a link.

I: **Okay.**

P: You don't sound too convinced.

I: **I mean the app is actually… you also noticed perhaps that it’s particularly focusing on one aspect, particularly the diabetes friendly meals, and I mean focusing your meal planning and the food you should eat for particularly maintaining your weight, maintaining your carbohydrate level and your sugar level, something like that. But I can see the other aspect you’ve just mentioned, which is missing in this app, but the app may not have that focus. Is that right?**

P: Sure.

I: **So you found the app is easy to use particularly the technical bits. So why do you think it's really easy? Just any observation, is it very straightforward or any other aspect you want to mention?**

P: Well, I look at this screen here with all the pictures, the recipes, and so on, yes, it would be technically easy to follow. It's not going to be very different from my wife and I's diet, as it stands at the moment. But what I don't know is if I follow this one, and then what reaction does that produce from the admin side? Presumably it leads up to a retest or does it not? And this is one of the points I raised in the question as to how often one ought to have a further blood test to check on progress, to see if that 47 comes down to say below 45, or whatever the case may be. So if you fill everybody here with very healthy food and the like, how do they know it's working? Do you recommend that they get retested? And at the moment from what I see of your system, you don't.

I: **The app doesn't that much… I mean the way the app management is, you think it’s relatively poor. Do you mean that?**

P: Sorry. I missed the point.

I: **So you’re saying this aspect, what you wanted to know, particularly when you should be taking your blood examination and other aspects, and also you wanted some expert opinion from this app, which is missing. Is that the point you want to mention?**

P: Well not necessarily from your staff but you're the experts, you ought to be saying to somebody, it’s a bit like INR testing, they will give you a timescale and if you're outside of the acceptable band, then you've got to either increase or decrease your medication. And the testing regime then is much smaller periods in between. Whereas once you're safely within the band that they recommend is correct, then they will stretch out the retesting from something like two or three weeks to two to three months. And yet that is totally missing your approach.

I: **Yeah. Got it.**

P: So going back again, I follow your lovey diets and whatnot for three, four months or something like that, when do I go for a further test? At the moment you don't make any recommendations, guidance or whatever. It's got to be a big hole in your research.

I: **Yeah, I have noted this point. So you found the app is relatively easy to use in terms of…**

P: It could be easy to use, because I haven't used the diet issue yet, but looking at it, you know, I'm not a techie wizard but at least I can use the computer and so it wouldn't be difficult for me to choose a diet, list it, it’s just a bit of calculations isn't it, and follow that for a while. But what I want to be sure is somewhere down the line then that you, or whatever, or the recommendation is after such and such a period have another test to see that it’s working. That strikes me as a fundamental issue. I can't understand why you don't follow that. Again, I've no idea, I'm hardly ever, I can't even remember our doctor's name, I haven’t been there for years.

I: **Yeah. Thank you for these comments and this feedback. Do you think this app is user-friendly for people with diabetes, particularly from different backgrounds, particularly different age groups, different ethnicities, or those experiences of using computers, smartphones, some people don't have that many technical skills? Do you think this app is really user-friendly concerning all these aspects, age, ethnicity, varying technical skills?**

P: Just summarise the point again…

I: **I mean, do you think that this app is really user friendly for people with different backgrounds, those with diabetes, but with different backgrounds, particularly different age groups or people from different ethnicities, like Asian, African or American?**

P: I wouldn't know anything about that at all. All I'm really working on is my situation. The information which I get off WW’s whole app and this is where it comes back again to the fundamental view thus far that it’s saying principally diet control, lose weight, get on your bike and get a lot more energy inside you, none of which really apply at the moment to me other than a closer look at the dietary control.

I: **Okay. Yeah.**

P: So you see, there's never a comment about how someone say is as fit as me or whatnot gets into this situation and it's obviously to do with some form of diet control, but I haven't had one specific suggestion from what I've dealt with so far as to how one gets that magic 47 down to an acceptable level.

I: **Yeah. That's really important, yeah.**

P: It's never been mentioned once you see, and this strikes me as a bit odd, but this is the sort of thing here, I thought to myself I’m too busy to piddle around with something like that. It seems to be a bit aimless and I don't upset your day by being too grumpy or anything like that.

I: **It's totally okay. Have you seen the recipes that exist, do you think it’s accommodating to people of different ages, particularly the Asian communities or the African communities?**

P: Could you just hang on a second, we’ve got a ….Sorry, the dog’s being taken out for a walk, a very important part of the day. Sorry. Whose turn was it to speak?

I: **Shall we continue the interview now?**

P: Yeah continue yeah.

I: **Great. So, when you look into the app, and the recipes, did you notice that it doesn't actually cover all the communities? Are the recipes inclusive to different communities, particularly people with different tastes?**

P: Yes. I would need to sit down and study it and look for what applies to me if you like, and then if I followed that diet, keep my fingers crossed that it affects my blood level but again, unfortunately to the same old thing. How long do I keep that going? When do I ask for another blood test? Is there any other way other than the blood test of checking your… and presumably the number is the key factor, is it?

I: **Yeah.**

P: What do you call it? Blood test results, standard…what’s …by the way there’s X A P B T or mmol. stand for?

I: **Oh yeah, that's SBA 1C. That means your glucose level, the glucose level in the blood.**

P: Yeah, so the aim presumably is to reduce that figure.

I: **Yeah. Yeah.**

P: I'm going to come back again to all well and good, fresh diet, dah, dah, dah, keep going, when do I go for another test? It's key to it because you need an aim rather than so what, how will I ever know that it's working.

**I: Alright. Okay. If we move on to the next question. So do you think that the app will support you in planning the meals more efficiently, and I understand that you didn't go, I mean, you didn't follow the meals or the recipes, the sizes there, but do you think overall it could be useful in supporting people with diabetes for planning their meals more efficiently?**

P: Yes. I think it’s band to be, you're obviously the experts on this and you’ve produced a list there and looking at those pictures of all the various different meals, they look appetising and I wouldn't see any problem with following them.

I: **Okay. Do you think that they’re actually making healthy food choices by suggesting these recipes**?

P: Sorry, say that again.

I: **I mean, do you think the Diabetes Friendly Meal community, all the recipes they’re giving are giving the healthy food choices for the people?**

P: Yeah, it’s all available. It's all there, and you’re free to choose presumably.

I: **Okay. And you’ve already covered some of this, but do you think that the platform supports you in your diabetes management, particularly losing your weight or waist size, blood glucose level, blood pressure level, or cholesterol level, these aspects? Do you think that the app is actually supporting diabetes management for people in this aspect, weight losing blood glucose level, blood pressure level, cholesterol level, these aspects?**

P: That's a good point there. These diets are probably principally aimed at weight loss, right, but at 11 stone, two, three, four, whatever I don’t want to lose an ounce. I’ve got to eat well and eat substantially to keep my weight at that level. Now there's the problem. If I follow all of your recipes religiously, presumably I'm going to start losing weight…well the only thing I can lose is muscle bulk rather than fat because I don't trade in fat, so that's one of the other main things as to why I haven't followed your diet because I just do not want to lose bulk. I cannot afford to lose weight, strength or whatever. I do a lot of physical work and I need to be fit to do everything that I do in the community, you know, physically and in the community and so forth. I just cannot afford to lose weight. But there's not one comment on your system about, well, if you follow this, you are likely to lose weight and that's why I think that your whole [unclear 0:34:58] is geared at people losing weight, but in certain circumstances or mine included, it's got to be the wrong aim.

I: **Yeah. I mean, we know people with the different categories of diabetes, particularly type one, type two or a prediabetes situation, so considering all these aspects, maybe they’ll develop this app. So your point is well taken, but apart from that do you think people who have type one or type two diabetes, for them, do think that this app will be helpful?**

P: Yes it will. Type one, what sort of levels of mmol are you talking about?

I: **I mean, yeah, the SBA IC, the glucose level actually, so anything below [26] mmol is a little bit safer, about the limit, which actually could be causing problems, yeah.**

P: What figure do you need to hit before you run into the danger zone of type two?

I: **I mean the blood sugar level, I'm not actually that expert on those aspects, but I just have a general notion that anything below the 6…I mean below the 40 mmol level is actually safer I think. Or for one category, it is below the 6, something like that, blood glucose level is 30 or 40, less than 40 is actually safer. Or in terms of SBA 1C less than 6 on the scale is safer, I think something like that. So I'm not that expert on that aspect, but yeah, your point is these things need to be more clearer in the app. Is that what you want to mention?**

P: That is another point there that unless you give your clients levels at which to aim for one's chasing shadows. In my game which is construction and so forth and engineering, you need targets to aim at. You give people targets to aim at, you need to be there to either show an improvement on what you've got at the moment or whatever. And again, that's a missing subject. Something your research boys might need to look at because I'm asking you what is regarded as a safe level, and I haven’t …I must admit I should, I suppose, have looked on the net and found out more about it. But nevertheless, you are the expert, you're supposed to be dishing out this information or not you in particular, but whatever the system, WW possibly.

I: **I mean, we are not health experts, we are just doing the general aspects of this research, particularly the usability of the app or how this app can be improved. So you point is actually taken and we'll of course convey this message to that app developers definitely. But yeah, on my side, I'm just a social scientist, so I don't have that much of a medical background, but yeah, this is fine.**

P: If you haven't got the information or the skills, that's all well and good, but somebody in your set up must have it and you seem reluctant to advise the clients again as to what they should be aiming at. And it comes back again, how do you know you’ve hit that target if you don't get another test…there you go, when do I have another test? You know, it strikes me as all a bit whatnot about face, some of this.

I: **Yeah. I'm totally understanding your viewpoint, it’s totally understandable. You say they just focus on the meals, but what’s missing is when you’re taking this meal, how much will that reduce your blood sugar, how much will it reduce your cholesterol, so these aspects of information you say are missing in this app. Am I correct?**

P: Yes. At the moment I feel as though I’m totally in the dark as to what I should be aiming at, in theory all well and good, how do I attain it and how do I satisfy myself that this is actually working.

I: **Yeah, I get that. The app also has a shopping list, do you find that the app supports people in terms of their food shopping experiences?**

P: The shopping and the like is not a problem. My wife is quite a smarty drawers, she can go in and accommodate something like that with comparative ease, someone who's my age, well 79, has more than enough experience, around 53 years or whatever it is, we’ve been married to adjust to certain things. It’s a bit like trying to adjust to how many glasses of wine you're allowed a day or a week, you know when you've had too much. It's a bit more difficult of course with diets because you tend to eat what you like and you adjust quantity and so forth. So it's like living in a comfortable existence. Yes, when I go and get a letter there from the doctor saying you’re close to type two, I have to do something about. If he hadn't written to me, put it that way, then I would have sailed on quite badly pouring sugar into tea and coffee, not pouring a lot in, but nevertheless used it continuously for years, and now I suddenly realize, well, yeah, he's got a very good point if it is principally sugar level. And there's another question then, is it principally sugar levels that cause this?

I: **Okay. Did you ever use this shopping list on the app or try to use that?**

P: No. All from the point of view of weight loss and the like, in that if it's principally salad fueled then that is bound to result in weight loss, and energy input, put it that way.

I: **Okay. So you didn't that much like the recipes and so also don’t like shopping for those recipes. Am I correct?**

P: I'll have a go at this and start pushing the point a bit and sure enough, I don't anticipate a problem of reorganizing the diet a bit, but same thing again, I want to know when I should then be checking on the result and how long …There's no point in me going on to a salad diet for 10 years and suddenly realise that I took the wrong road.

I: **Yeah. I note your point. If you use the app again and different dimensions of the app, I mean, particularly the meal planner, the recipes or the shopping list, and if you find anything that you might want to comment on later on, just write to my email, or our email, so that we can accommodate those aspects. Because you didn't use the app much because you think that the whole thing's actually geared to weight loss, so you didn't like the recipes or you didn't explore it that much. So if you later find anything interesting, then please let us know by email.**

P: Yeah.

I: **So have you learned anything from the app, so when you were just exploring the app, did you learn anything while using the app?**

P: A difficult question, I suppose I have to say other than the – I wouldn’t say picking holes in the system, that one comes back to targets again unfortunately, what am I aiming at? And the app is not telling me very much on that sort of thing. So other than listening to what you’ve been saying which makes obvious sense and so on and that I'm prepared to give it a try, but once again, I want to be sure that what I'm doing is working and how do you find out if it's working, you either curl up your toes and snuff it because you've gone the wrong way or you get results. But certainly one of the results I don't want is weight loss or energy loss. I’m afraid one unfortunately keeps coming back to several basic points on this.

I: **Yes. If you see some of the recipes they have actually high carbs as well. So high carbohydrates as well. And some of the recipes are less carbohydrates. You can also see the health score of particularly the nutrient position as well. So definitely, all of the recipes may not be appropriate for you, but some of them may be appropriate.**

P: In that case then is one of the major differences between say myself, and probably the majority of your clients are way overweight and shouldn't get in that situation, is that you could maybe reshuffle or get WW to look at the constitution of their advice sheet or the meals and so on, and be saying, this section here applies to those who don't want to lose weight, and you guys who have been stuffing too much, whatever, pay more attention to this. It’s just how you perceive it. And certainly if I had seen on your list there dietary control for those who don't want to lose weight, then I might've been more interested.

I: **So, I mean, you're saying you want to [unclear 0:46:49] categories, the recipes in terms of these aspects particularly people who don't want to lose weight or people who want to have a high carb diet or people who want to have a less carb diet so that they can actually more focus on the one they're looking for.**

P: Yeah. But who knows whether they want more carbs or whatnot, I’m not a dietician, I never even think about it, I just crash on with whatever I'm doing, but I'm not an expert, that's yours or WW’s aspect as to what are you looking for to achieve the…the main aim, presumably, is a reduction in your mmol number.

I: **Yeah. So this kind of information, or further clarification you think is needed in the app. Am I correct?**

P: Yeah. By the way I need to be out of the door in seven minutes.

I: **Okay. Yeah. We will be finishing soon.**

P: I’m picking up the wife and the dog who are probably exhausted through eating too much salad.

I: **Okay. So if you want to change the app…we have just talked about this. So if you want to change the app, which aspect would you change?**

P: How do you mean, do I want to change?

I: **I mean, would you like to see any changes in the app, so you already mentioned some of this, but anything else you want to mention?**

P: No, I think we've covered the subject fairly well. But one other question was is there any link between diabetes and things like cholesterol levels and things like that?

I: **Okay. I'm not a dietician or a health expert, but you want these aspects also in the app?**

P: Yeah, in that if, say, I went for the whole diet, loss of weight and all the rest of it, does that affect people, I don't think I suffer from cholesterol problems, but on the other hand, I can't ever remember going for a cholesterol test. Now, if there is a direct link between the two, then presumably your boys ought to know that and could advise accordingly.

I: **Yeah. So in terms of your suggestions to improve the app particularly in the Diabetes Friendly Community, we have talked about you need some more clarification, some more information or some more issues related to giving people the target, which level you are at and what level you want to achieve, this kind of information you want to incorporate in the app. Any other things for the improvement of the Diabetes Friendly Community app?**

P: No, I just need to take a fresh look at the app and have another study of it to see all the points we've discussed and it’s being fairly comprehensive as to whether or not I think the app could be improved. Do you have an input into its design already?

I: **Yeah. I mean, people are also talking about the design aspect, maybe people with different ages or higher ages they may find it very difficult in terms of font size or other things. Some people are saying those aspects. If you think of anything later on, you can definitely write back to us in the email.**

P: Age is obviously a problem there because also I knocking on 80 this year and I can see there that as it goes on your ability to take exercise, and unfortunately one's natural ability to put weight on if you're not taking exercise is a problem. So presumably your dietary control needs to be taking age into account.

I: **Yeah. Right. Do you think you would recommend the use of the app to other people with diabetes?**

P: I would be a little bit cautious on recommending that at the moment. If I can see that they're hugely overweight, under exercised and all the rest of it, and you look at their diet, if they shovel the sugar into their tea, yes you would say to them that you want to get a grip on yourself, but I'm not the diplomat of the family and so my wife tells me be careful what you say to people.

I: **Okay. And do you think that the platform would be valuable addition to Diabetes UK? Diabetes UK have their own app as well, and own website, but do you think the platform could be a valuable addition to the Diabetes UK regarding diabetes management?**

P: Yeah I think it’s all good.

I: **Okay. Why do you think that it could be add value to it, do you think it has some good friendly meal choices or some good recipes so that people have a good choice.**

P: I have to be going in a minute, how does one contact you the easiest, rather than go through WW and all the rest of it? I was just looking at the emails

I: **The app website information you want… sorry, I didn't actually understand you.**

P: It’s just that once I have a good look at this one, you know, I might come with other points and I will just contact you and just talk them over. It doesn't have to be face-to-face, it can be just on the phone, something like that.

I: **Okay. So in that case, I'll share my mobile number. I will email you with my mobile number.**

P: Okay then. Very good. And you're happy with that as being sufficient for today then?

I: **Yeah, yeah, the interview is really resourceful in terms of your input into that. So if you think of anything you can always let us know.**

**Are you aware of any other similar application to the app? Anything that has similar aims?**

P: Hopefully I don't deal with apps, I’ve got more than enough on my plate for everything that I do. I suppose this is really just a bit of a selfish one for me that is in that I'm looking at me, me, me on this instance, not the general view. I think next time I go in to see them in the surgery I should say, look, can I have another blood test? Then I can come back to you and say …if I drop out of sight on the list and come down, say, to 40 and below, then presumably I've got where I want to be.

I: **Yes. And one last question. Do you think that the platform, particularly in the COVID situation, do you think the app would be useful for people with diabetes?**

P: Yes. It's a good starting point. But I think you need to be careful on the information or the advice they're dishing out there a little bit. They’ve got the blinkers on a bit and if other people take the same view that I did that it's nothing more than flogging salads, then they're up against it a bit. It needs to be a little bit more purposed and focus on how do I improve…and I don't see that, or what are my targets, what am I aiming for? And that’s important.

I: **Yes. So in COVID-19 times, particularly in lockdown, would that affect the users of the app?**

P: I don’t think it’s got anything to do with it, other than people sitting on their fat butts for far too long and that's not helping their weight and dietary control and everything like that. So, you do need to look beyond COVID and assume that that life will return to relative normality within these next few months. So there we are sir. I’ve got to swan off otherwise I’m going to get my head taken off and then you wouldn't be pleased.

I: **Thank you so much for the time and if you think of anything, please write back to us. And I also will give the contact number in the email. Thank you again, sir.**

P: Okay. We'll be in touch. Bye.

[ENDS]