I: **Thank you so much again, for making the time to be interviewed around the project. Just to start off with a couple of general questions about your background as well. What made you think it would be useful to take part in this project specifically?**

P: I was very interested. It’s good to see what companies are doing in the partnership that we’ve got. I haven’t been involved in this project, but I’ve been a [anonymized] for over 25 years now. So, just keeping abreast of what’s going on.

I: **Definitely. How long have you been at Diabetes UK as a [anonymized]?**

P: Eighteen years, a long time. We have a very generic role, as senior clinical advisors. Our role encompasses not just the diet aspects of managing diabetes, but I am involved with analysing recipes and updating menu plans and dietary queries and the nutritional guidelines that [anonymized] and myself were involved in that were published in Diabetic Medicine a few years ago.

I: **A dynamic role within the organisation. That sounds good. You were saying you’ve not been involved, specifically, in this project but did you hear something, or did you have a short handover from [anonymized] about the project and the app?**

P: Yes, yes.

I: **Okay. If you’re on the website or app, would you be able to screenshare with me through Teams? Do you know how to share content so I can look at what you’re looking at on the website?**

P: No. Let’s have a look.

I: **Perfect and are you in the diabetes-friendly meals community?**

P: Yes.

I: **Brilliant, that’s it. The first encounter with the app, are there specific things you like about the app or things you say, hmm, I’m not too sure about this? Do you have any initial thoughts?**

P: It’s user generated, isn’t it? You don’t know their criteria. They’re saying it’s diabetes friendly. That’s the concern, isn’t it? Someone could be following a low carb diet, which there is evidence for if you’ve got type 2 diabetes. Some people follow a low carb diet, could be loading low carb images but then, you could have a parent of someone with child type 1 diabetes, where a low carb diet is not appropriate. It is a concern. It’s people’s perception of what is diabetes-friendly. Yes.

I: **Okay. I think it is user generated, partly but I think there are also transfers from the BBC Good Food website. They transferred some recipes and also, from Diabetes UK. I think you guys use BBC Good Food as well, as a reference and a source for recipes, don’t you?**

P: I know we’ve created lots of new recipes. I’m aware we’ve always devised them, ourselves, developed them from scratch and using chefs in the kitchen. You’d have to check that out with [anonymized].

I: **Okay.**

P: I’ve not used the Good Food.

I: **I spoke to one of the participants who has diabetes type 1 and he actually said he felt it was more focused on diabetes type 2. Is that something that strikes you as well, if you see the community?**

P:It’s important for all of us to follow a healthy diet. [Inaudible 00:05:14].

I: **Diabetes UK.**

P:And bang bang chicken salad is very popular. I recognise lots of them.

I: **I think it’s partly generated by the users of the community and partly by Diabetes UK.**

P: I mean, people have got to enjoy what they eat and that’s one of our Enjoy Food project, which ran over several years and people are confused about what to eat and when they go shopping, in particular. That’s why we ran that project, to help people enjoy their food and shop and cook and eat. That stemmed from it. It was a very popular and successful project.

I: **Yes, the whole process.**

P: [Inaudible 00:06:01] Tesco’s. It’s great at giving people choices. It’s just it’s got to have that caveat to make sure it’s safe for people.

I: **Yes, and I guess specifically when you’re talking about people with type 1 or type 2 diabetes or just diabetes?**

P: There’s a nice range, definitely and any tool that can help people, we’re obviously, supportive of. I don’t know if it’s clear that it’s user generated. I guess people would maybe, see who is posting and think well, that’s user generated.

I: **Yes. I think you can see it’s added by…**

P: That’s just my concern.

I: **Yes, okay. It might not guarantee the quality of the recipes and how healthy they are for the group we’re actually offering.**

P: We do have caveats. May not be appropriate for you or before making any significant changes to your diet or your physical activity, check with your healthcare professional first. We always say that, you see.

I: **Yes, okay. I mean, you would expect, as a community, if it’s specifically around diabetes, it would be in the same range of healthy for those people but in the beginning, you were also mentioning or referring to type 1 and type 2. The carb counting, I guess, is an important aspect for the type 2.**

P: Yes, definitely.

I: **Type 1, I think will still consider that but will also consider the whole nutrition value for them as well, on a different level. Is that something you think would be improved, based on this first glance of the recipes and the platform?**

P: Yes. You wouldn’t want it to separate it because the diet would be the same for type 1 and type 2. Eat the same foods, you’ve got the carbs. I’ve clicked on this one already, the easy [inaudible 00:08:11] pie crust and it’s made with coconut oil, which again, is high in saturated fats. We don’t recommend coconut oil.

I: **Okay. Well, that’s good because I think the whole prospective of the platform is also to make it open and accessible as possible for people. But I think when you have a specific group with health needs, what you’re actually saying is oh, we might need to protect that a bit more and check actually, the content of the recipes, if they’re suitable for this group. Yes, I think that’s a valid remark and in terms of the features of the app, are there specific things you like?**

P: You’ve breakfast sausage pates. Again, because of the Bone Health Organisation guidance on red and processed meat, we don’t… Certainly now because the guidance came out a few years ago. With processed meat, we wouldn’t add any recipes with sausages in, going forward in our patient magazine, our Balance magazine.

I: **Is that specifically related to diabetes?**

P: Saying that, it does include… I mean, you actually click on the ingredients. It does say lean, ground turkey so that’s fine. That’s okay.

I: **Yes. It can be a bit misleading I guess, based on the title but yes, it’s good that there’s nutrition content there as well. In terms of the overall app, in terms of the shopping list and the meal planner in the community and the recipes, are there specific things you like about that or maybe not like, you don’t like that as much?**

P: Because the recipes transfers automatically into a shopping list, doesn’t it?

I: **Yes. You can click on the recipe and you can transfer the ingredients to the shopping list for Tesco or Asda or some other shops. You can adjust the servings as well, for how many people you would prefer.**

P: I mean, that’s a very useful tool.

I: **And a weekly planner, so you can actually plan your meals over the week. Yes, I think if you’re referring to the shopping list, that’s a nice tool and…**

P: Does it say the cost? Because I’m just thinking, especially in COVID times, in terms of cost per serving because we include that now, certainly in our patient magazine.

I: **Okay. I’m not sure. If you click on the recipe, you won’t see any cost, but I think if you’re putting your shopping, it’s actually in your cart of the shop you want. For example, Tesco, then it will show up with the amount and then also, you can adjust different products based on the price. You can go for house brand or another brand for certain products. You can adjust quite a bit in that sense.**

P: It might be helpful to have a guide price, initially because I’m just thinking especially with type 2 diabetes where it’s more prevalent of people of lower socioeconomic status. Money is an issue and certainly, now with COVID. We’re in the midst of a global pandemic. It’s affecting so, so many people. We do try and have recipes with a budget in mind.

I: **Yes. I think part of the planning process is to have less food waste and also, try to have that budget in mind. I think it’s a valid point you’re making, that something might be more visible in first instance, where they can budget their shopping, really, related to the socioeconomic background of people and type 2 diabetes.**

P: Or group it so if you wanted to cook on a budget.

I: **Okay, I like that.**

P: People like to use it per portion because we have a lot of enquiries where people are living in single households and that’s more and more common, isn’t it? Wanting recipes that are just for one person.

I: **Yes. I guess it’s difficult to cook for one person. Yes.**

P: We give lots of tips about whether or not you can freeze the food.

I: **Exactly. Portion size and pre-cooking and prepping your meals and stuff, yes. Are there specific things, when you see the recipes in the community and the shopping list and the meal planner, do you find it easy or difficult to use this, the platform, in general? Do you think it’s user friendly or you think well, there could be something improved?**

P: It is user friendly. It’s interesting you use cups. Let’s have a look.

I: **Yes. I think you can adjust the measurements as well because that’s a very American thing, I think, to use cups.**

P: Yes. I don’t know if that’s because I clicked… Let me go back to diabetes-friendly. I do find lots of people don’t know what cups meant. Let’s have a look if that one’s… I’d be interested to know what the feedback is regarding the use of cups. For example, this fried eggs, when you’ve got cups of walnuts.

I: **Yes. I think you’re able to adjust that.**

P: That’s very American and we would always put the ounces in grams because you still find many people using ounces.

I: **Yes, true. I think there’s an option. You can actually change that but yes, maybe as a standard presentation, it should not be in cups in the UK. Yes.**

P: Carb counting. It could be anything. I know it’s meant to be an American measurement, a standard measurement but I would imagine not many people have that type of cup in their households. Using lots of different sized cups could make the nutritional analysis very different to what they’re cooking, to what someone else has analysed, which has huge implications for someone with diabetes when they’re carb counting or trying to keep their energy intake down.

I: **Make it more reliable and exact and people feel comfortable using those measurements, yes.**

P: Grams. If you’re dose adjusting for your insulation over the day or week, would have a big implication. That strikes me. I remember that when I looked at, initially.

I: **If you go to the planner and the shopping list, do you just want to browse through those at the top? You can click them, to see if you feel like it’s easy to use or it’s something I’m not really…**

P: I know people print off so many diet plans and weight loss tools. People should have access to a [anonymized] but don’t get access to a [anonymized] very easily. It’s nice you’ve got that. It gives people structure, doesn’t it?

I: **Yes, definitely. I think planning your meals is half the work and also, being more adherent, I guess, with the foods you’re planning to prep and cooking. What do you find about the planner? You think it’s easy and structured or is there any room for improvement?**

P: I’m just saving some recipes and adding it because if I can manage it, everyone can manage it. I use all the apps.

I: **Yes.**

P: I’ve got my 10-year-old at the moment. I’ve been home-schooling. She’s a whiz with the computer. I’m sure it’s an age thing.

I: **It is a digital era nowadays. I work and research technology, but I don’t know everything compared to my partner, for example. He’s more tech focused.**

P: Just with the shopping list because I use Ocado. Can you save your list? Say if you’ve got favourites. I haven’t gone through that, you see. Because we’re creatures of habit. There are only several meals that you have each week, and you keep repeating it. I know the idea of this is to increase your variety, but can you move your list each week?

I: **Yes. If you have the meal planner, you can create a different list based on your recipes, yes. You can just mix and match in that sense. I think you can add recipes there where it says add item or ingredients. Yes, that would be in the video ingredients, but you can also, I think, do the recipes, move that to your shopping list to create an automated…**

P: Okay. I’m trying to. Let’s have a look. I’m trying to add the recipe I saved. Let’s have a look. I’m struggling with that. I don’t know if it’s just me. How do I do that? Because I’ve saved two recipes in my saved.

I: **Yes. I think if you click on a recipe, you can either put it in your… Yes, the three dots in the corner. Then, you can click or unclick the items. If you want to change capers to something else. You can do that, manually but if you add this, then you have this menu sorted from your side, in the shopping list area.**

P: Three cloves of garlic. What if that’s bulbs of the cloves or just the individual?

I: **I think it’s the individual. I hope so because otherwise, it would be very garlicky.**

P: That’s interesting, whether or not you’re going to get three big bulbs.

I: **I know. I think what you’re saying, based on going through the meal planner, you find it quite structured and intuitive but the shopping list, how to add your recipes, wasn’t that straightforward in the first instance.**

P: No and it might be made a bit clearer. It would be interesting to see what [anonymized] says. I like the pictures and it’s very… Do you know in terms of visually impaired, the font sizes, did you look at that?

I: **I’m not sure if they looked at that, no. Do you mean the font size or the specific font they’re using?**

P: Yes. That’s not my area but I know it’s something we’re mindful of because people with diabetes unfortunately, can be visually impaired.

I: **Actually, that’s a great suggestion, yes. I mean, it also depends, also, on what device you’re using. If it’s on a laptop, it might be more enlarged than when you use it on a small screen of your smartphone. Yes, I think people they both have advantages and disadvantages but yes, that’s definitely something.**

P: I know that the background colour of the screen and everything makes a difference.

I: **Definitely. If we go back to the recipes, if you just click on one of your recipes you like, just to dive into that a bit deeper. Do you think the recipes represent a good variety of foods and nutrition values and are there enough food options for people with diabetes, do you think?**

P: How many meals were there? Let’s have a look.

I: **Oh, I can’t remember but there was quite a significant amount. I don’t know if you can see how many recipes are in there. I saw the members of the community, the amount of people who are in the community but I’m not sure about the recipes on the top of the page.**

P: Low carb cheesecakes. Again, it’s the coconut. This one, for example, is low carb but saturated fat content would be through the roof with the cream cheese and the whipping cream and the coconut flour. We wouldn’t have that on our website.

I: **Yes, and it’s also giving quite a low health score because you can score from zero to ten and the higher, the healthier, it will also appear green. That represents some nutritional value, I guess. But do you think that the health score represents the nutrition values adequately? Because there was some discussion about that, I think.**

P: Yes. I wasn’t sure, with the score, how it worked because we use the government’s traffic light labelling to analyse it and it’s colour coded.

I: **Yes. I think that’s what they have the health score here. It’s the low, medium, high and it will also colour, like the traffic light, with red, amber and green. If you see the amount per serving, the calories and the fat, carbs, sugar, what is your first thought on that, if they base it per serving?**

P: Yes. You use sodium, don’t you? We would use salt. I don’t think people would know what sodium means.

I: **Yes, okay.**

P: That’s the American version of fibre. Yes, it’s just how you’ve worked out the 9.3 out of 10, what the criteria was for the health score. If I click on the i, does that tell you?

I: **Yes, you will get a bit more background around that. It’s on the USA recommendations. Is that the same recommendations you’re using in Britain or is it something else you would use?**

P: Something else. We use the gov.uk, the government’s traffic light labelling. I know they’re looking at it at the moment, looking at whether or not it needs to change.

I: **Yes. Why are they considering changing it?**

P: It’s just been a few years now since it was…

I: **Updated.**

P: Yes. I guess with us leaving the EU, maybe it’s an opportunity to revisit it. [anonymized] would know more. I know we fed into the consultation.

I: **Yes. I have a chat with both [anonymized] later today and tomorrow.**

P: [Inaudible 00:25:07] the [anonymized]. I know the colour coding was well researched because, at the time, I used to go to the Food Standards Agency. Their offices were involved in the consult right from the very start. They involved industry but they also involved many people with diabetes and many people from the general population as well. It was well researched.

I: **Okay, and is there anything around health score that you find clear or maybe, a bit unclear? You already said about the sodium, that would be labelled as salt normally, for you.**

P: Yes. I’d probably reserve comment, really. I’d want to know a bit more because I’d need to really go through all of them and see how you score to make sure it’s not too… I know [anonymized] had some concerns on the scoring. Banana bread, for example. [Inaudible 00:26:19] has got 6.6, so they could think oh, that is healthy but then, you wouldn’t want people to just be eating banana bread all day. It’s so difficult with scores, isn’t it? I don’t know if you’ve got any research behind the scores and how people are using it.

I: **We’ve not actually nailed that down yet, how they are using the scores. I mean, I think the people I spoke to now, with diabetes, I think had diabetes type 1 and he actually said, I just do the carb counting mainly with another app. Then, he said he needed to gain weight, actually. He said for him, it would be easier to do it per 100 gram instead of per serving and yes, he said he felt it was a bit more appropriate for diabetes type 2 instead of type 1. He didn’t really elaborate on that, I think. It’s also personal preference, I guess, what attracts you to certain types of food and you’re more drawn to the sweeter stuff or more the savoury stuff.**

P: Okay. It’s great in terms of the servings, it changes the ingredients and the quantity. I’m just looking at the nutrition. For example, on the healthy double chocolate zucchini muffins, nutrition per serving. Where does it say the serving size? I was looking to see if the serving changed. Where would it say if you actually…?

I: **I think the nutrition is just calculated on one serving. If you’re eating with two people, it would be two servings, but it’s not reflected in the nutrition value, then. I think you always look at one portion, one serving for you and then, you can adjust it for your shopping list if there are more people eating the same dish. I think that’s the thinking behind it.**

P: Okay. I’m just thinking I’ve put in for 12 of them and so, it’s giving me those ingredients, which is if I went down, it would be less ingredients.

I: **Yes, exactly.**

P: I know, for our recipes, it’s very clear about how many servings the ingredients we’d use. How will people remember how many serving sizes they chose in terms of how much to buy? They might add that to their shopping list [inaudible 00:29:04] but would they remember, when they make it, oh I [inaudible 00:29:10] it for so many people?

I: **No, I don’t think so. I think they probably will go back to the recipe in the app, yes.**

P: Then, it varies, doesn’t it? I put it in for 10 but it wouldn’t stick at 10 servings, would it? Would it go back to…?

I: **I’m not sure. I think the default setting is just a serving and then, you can manually adjust it, but I don’t know if that will be saved, that serving amount will be saved in your recipe book. I’m not sure.**

P: Because we’re always very clear, the weight of one serving. There isn’t a weight of one serving, which is an issue. See what I mean? We always say to somebody, in our ingredients, how much one serving would weigh.

I: **Okay. So, you would, by default, always present it as one serving.**

P: Yes.

I: **Okay.**

P: Am I clear?

I: **Yes, yes. You are clear, yes. Definitely.**

P: People wouldn’t know. When you’re analysing the recipe, you need to have the actual weight of your serving because it can be meaningless otherwise.

I: **Yes. Well, the nutrition is reflected, per serving. So, that would be one serving and that’s the calorie count and the fat, the carbs and the health score as well. It’s all based on one serving.**

P: But people would need to remember how many servings they’ve used.

I: **Yes. It depends on how many people, I guess are coming over for food. In the case of a one person meal, if there are other people coming, you have bigger servings. I guess that’s the intention behind the servings, what I understood from it, but I guess, based on your experience or going through it, it’s not very clear.**

P: No. You’d think because they’ve obviously analysed it, they’d need to put in brackets, what the weight of the serving is. I’m clear it has been worked out and I can see why the ingredients change per servings but if the aim is to use this not just for one recipe, lots of different recipes for a weekly shop, you may not remember how many servings you’ve accounted for. When you come to serve it, your whole weekly menu, it could be very, very different.

I: **Is that the same, what the other participant was mentioning then, that he would rather have the nutrition value per 100 grams?**

P: That’s interesting because you wouldn’t eat in 100 grams, would you? You’d eat per serving. People have always found that popular, per serving. We’ve always had per serving and when we have, very, very occasionally, missed the serving size, it gets picked up. On the very rare occasion when we haven’t put the serving size because people sometimes weigh their food, with diabetes.

I: **Yes, that needs to be quite exact, I can imagine. If you go to the glycaemic index and load at the bottom under the nutrition value, it says moderate and 14. If you click on it in the information button, what are your thoughts about that, offering that as extra information for people with diabetes, as an aspect?**

P: For someone with type 2, the glycaemic index is useful in terms of how food is digested. Type 1, it’s more the quantity of carbohydrate that makes the biggest different in terms of a person’s glycaemic control. It’s useful to know, especially if you encourage the low GI foods that are healthy. The wholegrain breads, the pasta, the porridge oats, for example but as a teaching tool, it’s very much the carbohydrate counting for someone.

I: **Okay. Do you see people actually using this? Do you think it’s useful and valuable for people with diabetes, specifically type 2?**

P: There is evidence and we do talk about the glycaemic index in our nutritional guidance book that was published in Diabetic Medicine. That informs all [anonymized] in this country but we do separate it out for people with type 2 and type 1 and it’s used a tool in the whole package of healthy eating. I think ten years ago, when it was very big in Australia, there was this hope that it was just all focused on glycaemic index, but it isn’t. You need to know about everything else.

I: **It’s more a holistic approach, yes.**

P: Yes, and it’s the load as well, which is good because we used to get enquiries, more then 10 years ago now because it was very big in Australia. It lists but it’s meaningless because you could have something with… Pasta, for example, has got a fairly low glycaemic index but if you have a mound of pasta, then it would have a big impact on your blood glucose levels.

I: **Yes, because of the carbs.**

P: The load. It’s quite a difficult concept for a lot of people but then, it’s nice that you talk about it. We would have more information, I guess, there in terms of the information specific for people with type 1 and specific for type 2. We wouldn’t block it all together.

I: **Yes, okay. You would separate it for the different types.**

P: Yes.

I: **Okay. I think that’s very useful, to be honest.**

P: It’s different information if you’re talking to both audiences because it very much is the quantity for people with type 1 diabetes. [Inaudible 00:35:17] person’s blood glucose levels.

I: **Okay. I think, based on your expertise, that’s good input for improvements as well. Would it support people with planning their meals more efficiently, do you think, through this app? Would they spend less time on cooking and planning because they used this app, or you don’t think it would make a difference? It’s about your expectation, really.**

P: It would help make life easier with shopping. Especially with many people moving to online shopping.

I: **Yes, with COVID.**

P: I guess it would help if there was a supermarket… I think you’ve got Tesco’s and Sainsbury’s. [Inaudible 00:36:08] other companies would help with the range. Yes, anything that can make life easier for people with diabetes is a good thing. The serving, I know I talked to you about it. The servings, that is so important and that needs... [Inaudible 00:36:26]. It is great that you can increase the serving size and it automatically does all the calculations for you.

I: **Yes. Sorry, you were referring to the Asda and Tesco component. I know there are some other shops related to it but are you referring to more a variety of shops? Also because of the socioeconomic background.**

P: Yes. You’re aware of Lidl and Aldi, aren’t you? That people shop there as well now.

I: **Yes, and that refers back to your comment.**

P: I think Sainsbury’s are doing the price matches now, with Aldi and Lidl.

I: **I think they’re trying on the home brand, don’t they? But I always find I come out of the shop with less shopping but more expensive than when I go to Aldi or Lidl, for example. Yes, I think that’s also an agreement between the platform and different shops. I think it’s always good to mention that as an improvement, given the characteristics of people with diabetes. Yes. I think that’s a valid point.**

P: In terms of equality and so it can be useful for everybody.

I: **Definitely. So, more accessible, yes and would it support people in making healthy food choices, do you think, compared to when they don’t use the platform?**

P: I’ll reserve judgement. It can be useful but there are still concerns because I’ve got to say that, as [anonymized], it is user generated with people that are not registered [anonymized], that have not gone through five [inaudible 00:38:09] of training. That’s my concern. That’s with any social media site, with health and the current situation with the vaccine. People post anything on there that’s not vetted. I’ve got to be honest. That is a concern. It’s great it’s got choice and if you’ve got the knowledge, it is useful but then, I’ve only spent 40 minutes with you and I’ve already clicked on quite a few things where we wouldn’t have it on our website. People with diabetes, both type 1 and type 2 are increased risk of cardiovascular disease and you’ve got a recipe with pure saturated fat. Of course I’m going to be concerned.

I: **I think you’re mentioning two aspects there, yes.**

P: Before it goes live, a team could look at it, like what we do. We do have developers sending us recipes before they get published and there’s some recipes that we don’t put on our website or we tweak and change the ingredients.

I: **Yes.** **There’s like a quality control there instead of having it open, which is a nice concept, to have it accessible and open for all kinds of people who care for people with diabetes or have diabetes.**

P: You want the healthier choice to be the easiest choice, but it needs to be the healthier choice. For example, the five ingredient home-made protein bars. It’s got dark chocolate. It’s well known to provide some fantastic cardiovascular health benefits. I’d be struck off if I said that, really. Yes, again, it’s got coconut flour and dark chocolate. We don’t say people can never have dark chocolate but it’s just the messaging.

I: **Yes, you need to moderate and balance it, I guess, in your whole meal planning.**

P: That’s come out as a 9.4 out of 10, so of course, I don’t know how that’s come out as 9.4. That’s a concern.

I: **Yes, okay. Summarising your responses. It can have the potential to make people eat more healthy food, but it needs to be quality controlled by someone with a proper background, like you as a [anonymized], for example.**

P: Yes. For example, Jamie Oliver employs a nutritionist, doesn’t he?

I: **I’m not sure, yes. I always liked his meals and how he was presenting and cooking it. I’m a big fan. Would it support people in their diabetes management, concerning their glucose, blood sugar levels or weight, more like the physical measurements and diabetes related health measurements? Do you think it would support them in diabetes management, overall?**

P: It has the potential. The current format, I think because we do know people don’t have access to [anonymized] and aren’t getting enough nutritional advice, especially during this pandemic. People aren’t having easy access to their healthcare professionals and a newly diagnosed with diabetes during this pandemic, my worry is it could confuse some people if they… It has the potential to really, really help but I just think it needs another layer.

I: **Okay, and that’s more the quality assurance and monitoring of the recipes and how people use it.**

P: Yes.

I: **Okay, yes. That makes sense, thank you.**

P: We know recipes submitted by people are helpful. We do have, on our website, submitted by people recipes but again, they’ve gone through [anonymized] looking at them and analysing them.

I: **Yes. Would it support people in their food shopping experience, do you think? You mentioned already, with COVID, that you can order online and stuff. That makes it easier. Is there anything else you can think of that would help with the shopping experience of people?**

P: I just think the fact you can transfer to your shopping list makes it easier and on the go as well. People take their phone with them shopping, don’t they?

I: **Definitely, yes and you can share shopping lists as well, among people in the household. You can easily see what’s already bought or stuck off the list. Yes, and you also mentioned maybe it’s good to have a budget indication in the first instance, already visible for them so they can also shop around a certain budget. Okay. You can keep the screen open, but I have more general questions about it but yes, please feel free to scroll through. I think we touched upon this topic.**

P: Again, here we’ve got sunshine healer, in brackets, anti-inflammatory. It’s promoted as a medical, a health platform, isn’t it? You just have to have that extra layer. You need that screening.

I: **Yes. I’m not sure if it’s actually promoted… I mean, it’s promoted as a nutrition tool, I think.**

P: I think if you’ve got the diabetes friendly, it makes it…

I: **It makes it a bit more medical, I guess. No, I get that. It’s also about labelling and how you position it, yes. Definitely. We already touched upon this a bit more, but do you think the platform attracts and is user friendly for a variety of people with diabetes, in terms of the age groups? So, for younger and older people but also, in terms of ethnic backgrounds and also, what you were saying, like socioeconomic backgrounds and digital literacy, how good they are with technology. Do you think it presents a broad variety of those people with diabetes or is it more focused or specific for a certain group?**

P: It does strike me, and it may be that the people that are submitting the recipes are very city-centric, a bit London, affluent, digitally aware, disposable income. Yes, it just strikes me. I don’t think it would, in the current format, appeal to a broad range of ethnicities or demographics. Some of the ingredients, for example. You’re looking at them. Elderflower syrup is on this one. We obviously want to support all people with diabetes, and we do try and have a different range of recipes. That could be in terms of when you’re raising awareness or you’re asking people to submit recipes. That could be Facebook conversations with people from BAME communities. For example, with our learning zone, we’ve got our global food hacks where people have shared videos of how they manage their diabetes and we used our engaging community team and did a Facebook part. Then, we’ve got people from the Bangladeshi community or Chinese, for example. They posted how they managed their diabetes, to make sure we represent everybody. Is it clear in terms of if recipes are vegetarian or vegan as well? I wasn’t sure.

I: **Oh, no. I’m not sure either because I think they have vegan or vegetarian communities. So, you would probably go there for a vegetarian recipe but then, if you wanted to be diabetes friendly, I guess you’d just have to check the nutrition values for it. Yes, that might be…**

P: That struck me. Especially now when people are very keen to follow a plant-based diet or a vegan diet. I know it’s two different things. A plant-based diet is not necessary vegan. A vegan diet is not necessarily plant-based, but it’s something we’ve always incorporated. People find it useful.

I: **Okay. That’s a valid point.**

P: It’s how I’m perceiving it. I don’t think it would appeal to the BAME community at the moment. Some of the recipes would be.

I: **There could be more engagement from that angle as well, reflected in the recipes, yes. I can definitely imagine that. Did you learn anything from this session, going through the platform, apart from how it could be improved? Did you learn anything different?**

P: It’s great to see how it can easily be added to your shopping list in stores. I’m very lucky. Because I’ve always shopped with Ocado over the last few years, I hold onto my online delivery. That is a big asset, transferring it because it’s very… Recipes and writing a shopping list, it’s time-consuming.

I: **You don’t have to calculate the servings as well. It has to be adjusted for more people or less.**

P: Yes. I think that’s brilliant and especially when you do live in a single household. That, in a way, helps… You’ve covered that very well because if you serve one, it automatically works out the amount of items that you need to buy. That’s a big plus.

I: **You already mentioned some improvements for the platform. I mean, in terms of the budget and maybe also, the vegan and vegetarian labels about the serving, about the variety of shops you can relay your shopping list to. Is there anything else that strikes you for making it more accessible to the ethnic minority groups as well and more appealing for them? Is there anything else you think could be improved, on your first impressions so far?**

P: I guess for ease, if you’ve thought about categorising it in terms of meals. Like breakfast, lunch, evening meal, unless I’m missing that in terms of the search. Or you want chicken recipes, fish recipes.

I: **Yes. I think you can make it your own, like recipe books and you can organise it for yourself, but it’s not presented like that, I think, in this overall screen, the community. I think you can organise it as a collection, by yourself. If you save the recipe, you can put it in a certain collection. For example, breakfast or lunch. I’m not sure if you can filter or organise at the top of the page, in those categories.**

P: Yes, okay.

I: **There you go. Some breakfast options. Yes, you can filter it.**

P: I know in our recipes, we make it clearer for people, to say well, you can type in the meals you’re choosing, or we have a list of search items that prompt people. Maybe make it clearer. It is easy to use, doing that but may not realise that you can do that.

I: **Yes, definitely. Okay. Would you recommend the platform for people with diabetes, do you think, or people who are caring for someone with diabetes? Would you recommend it in its current format?**

P: If I was fortunate enough to have the ability to have a one to one and be able to explain, in context of how it’s user generated but be mindful that some recipes are posted that aren’t appropriate. As an additional tool, yes but at the moment to say oh yes, everything’s diabetes friendly, as a registered healthcare professional, I’d have some concerns.

I: **Yes. I think it started off with mainly, the Diabetes UK approved recipes but I see there are a lot of additional recipes from people who are engaged with the community.**

P: It’s such a responsibility and you wouldn’t believe the amount of adverts people try to put in our magazines and we just have to… Because people come to us as trusted, gold standard advice that’s safe and to support them because they don’t have access, always, to see a registered healthcare professional regularly. We just have to give them evidence-based advice, nutritionally. All our advice is evidence-based and there isn’t evidence in some of these recipes, at all.

I: **It is a tool, and you would recommend it in a certain context when you have a one to one and you can give a bit more explanation about it, but you wouldn’t just say, okay, you can use this, and you’ll be good.**

P: People could just think, okay, I’ll have all this coconut oil or chocolate, that’s fine for me. Someone who’s needing to lose several stone of weight with type 2 diabetes would ruin their control and people do. They see in print, they think that’s fine. They could be having chocolate every day and that’s not a healthy diet. When you’re talking to a range of different people, that’s why these caveats are so important and you just want the healthier choice, the easiest choice. That’s why you wouldn’t find recipes with lots of chocolate because you just have to be so careful. There are so many food myths out there and confusion and people have been waiting months if not years, to get to see a dietician.

I: **Wow. I didn’t realise the waiting was so long. I can imagine, in these times with COVID, it’s difficult but yes.**

P: Maybe not so much with type 1 but certainly, with type 2 diabetes. If you think the millions of people with type 2 diabetes, yes, that’s why I’ve worked with Diabetes UK for so long because you do feel like you’re making a difference and people are relying on you for content. A tool that helps people shop and cook and increases variety is a good thing. It just needs to be the right choice for people.

I: **Definitely and do you think it would be a good addition to your Diabetes UK Learning Zone? Because I had a look, myself, there. Do you think something like this tool would fit in there?**

P: We’d always want people to go to our recipes, so I don’t know. That’s a discussion you’d have to have with [anonymized], I guess. Yes, [anonymized]. Obviously, at the moment, some of the recipes are not…

I: **If you could use the recipes you already have there but more the tool, like the features around meal planning and shopping list and adjusting your servings, would it be something you would position there in the Diabetes Learning Zone or is it something you would say, no, not really?**

P: [anonymized] our Learning Zone person. We have our own recipes, you see. I just think you’d need to have a discussion with her and [anonymized].

I: **Okay, yes. I’ll speak to [anonymized] tomorrow.**

P: We have nutritional criteria and if they don’t meet the criteria, we don’t put them on our website.

I: **Yes, okay. That makes sense and are you aware of any other similar applications for people with diabetes?**

P: No. I’m not a digital person. I don’t know if there’s any out there. I know there’s many apps out there now. My Fitness Pal, you can put in a food and it gives you the nutritional analysis. I’m not aware. [anonymized] might know.

I: **Yes, that’s all right. It’s just to get a broader perspective of what kinds of competitors or is this a really unique approach or there might be something similar out there that I’m not aware of and you, as a [anonymized], are. Yes, that’s fine. That’s good.**

P: What I do find that’s interesting, which is why I was intrigued by this interview, I signed up to the Weight Watchers app, just to see what they do. They have their meals, but I don’t know if it can transfer easily to a shopping list. I’m just interested.

I: **I’m not sure.**

P: I just think, as a [anonymized], it’s interesting to see what people are doing. I’m not aware if you can transfer it to a shopping list. People love apps.

I: **Yes, normally I think they do. I mean, it makes it more accessible on their phone and it’s a bit easier to use than from a recipe book or something else because you can import different recipes from external websites to this space. You can just save it in your own online digital recipe book, so you’re building up your own recipe book based on stuff you find on the internet as well. It’s about the source, I guess. What I learned from you as well, it needs to be quality checked by a professional as well. Then, final question. I think you already said it a couple of times, in terms of the shopping aspect but how do you think COVID-19 would have affected the use of this platform for people with diabetes here in the UK?**

P: Availability of some of the ingredients, I would have thought is more difficult. Not so much now but certainly, even for things like basics like flour, at the beginning of the lockdown. It’s cost, money. There are not many industries that haven’t been affected and it’s not going away, is it? Just thinking of the announcement on the news with the travel industry and I just think the cost. I suppose it’s different. The first time, people had more time, but I don’t know whether or not… I know the latest research shows people are exercising less and gaining more weight. People are finding this lockdown particularly tough, this new lockdown. The inclination and motivation, to eat healthily is tricky. The shopping, I guess it’s helpful because you can put all your ingredients and you’ve got this big list because people are encouraged to only go once a week, do as few trips as possible. Does it give you an alternative ingredient? I couldn’t see.

I: **I think for example, if it’s a certain brand of olive oil, I think you can replace it with other brands or a home brand in terms of the cost but I think you can also just change ingredient. If you think oh, I don’t like ginger, I want to put some lemon in it, I think you can just remove it from your shopping list. Yes.**

P: I was just thinking, for example, we knew tinned tomatoes would be difficult to access, so we suggested passata. People wouldn’t necessarily think oh actually, I could use passata [inaudible 00:59:48] instead. Certainly, online shopping has increased, food shopping. I think that’s going to be here to stay now and people will be less likely to go to the shops.

I: **Yes, in terms of the COVID affect…**

P: That’s if people have got the money to shop weekly because there are many people in this country that are living day to day, have not got the money to shop for a week. We, as an organisation, have put guidance together for charities for foodbanks. Now, we have people with diabetes who are going to foodbanks.

I: **Definitely. To be aware of that also, for using this app and make it accessible and suitable for everyone.**

P: There will be certain people still, that will be going for cost or just through choice, supporting their local markets. Sometimes it’s for the cost, it’s cheaper. Sometimes, it’s just to support local communities. People wouldn’t be shopping, necessarily, just in supermarkets.

I: **Yes, definitely. On the one hand, you see it’s a big online shopping movement. That fits also, with the shopping list you can create and relay to different shops. On the other hand, you said people have more time but at the same time, you would expect that they would spend more time cooking but on the other hand, with the third lockdown, there’s a lot of people actually gaining weight and eating less healthy instead of healthier. That could have affected the use of this app as well. Is that correct?**

P: Yes, yes. I suppose that would need to be researched, whether or not that’s true. I don’t know what the data is in terms of if people are cooking more but I would have thought there’s many parents out there with home schooling and juggling.

I: **Yes, definitely. I have a lot of colleagues who have that. Mine is going to nursery. That’s less of an impact in that sense but yes, definitely.**

P: I would have thought so because there are millions of school children that are still at home, so I do think, because one of my areas is learning disabilities, I know, for example, Slimming World produce menus and recipes for people with learning disabilities. But people with learning disabilities, the prevalence of type 2 diabetes, in particular, is higher. Many people with learning disabilities have PAs or support when going shopping. I was looking to see… I don’t know if that’s been explored because it’s an easy way of transferring the list to a shopping list.

I: **Yes, for that specific group.**

P: Yes. I’m just throwing that in there, that the prevalence is high amongst people with learning disabilities, of diabetes.

I: **Okay.**

P: It’s largely thought, due to more people living with obesity and being overweight and unfortunately, lack of access to physical activity.

I: **Yes. I guess there is more complex elements and factors involved than just one thing, in the whole picture. It’s just always more actors than one single factor.**

P: Slimming World, they do some videos with people with people with learning disabilities, to help them cook. Just simple recipes, with just a few ingredients so people don’t get overwhelmed and the cost is a factor as well. We do get asked that as well, in terms of have you got recipes with just a few ingredients as well.

I: **Yes. To keep a good structure and overview, actually, and make it more practical for them. You’re actually saying that, in the group of people with diabetes, there’s often also a comorbidity in terms of the learning disability.**

P: Yes, the prevalence of diabetes is higher.

I: **I wasn’t aware, yes.**

P: Amongst people with learning disabilities. Again, we’ve got a whole learning disability section on our website.

I: **Okay, wow. I wasn’t even aware of that. That sounds really good. Is there anything else? Because I think we’re almost wrapping up, after already over an hour, which is great. Thank you so much for your time. Is there anything else that we didn’t really address or chat about concerning the app or any other [inaudible 01:04:28]?**

P: I know [anonymized] is going to give you a detailed interview as well. No. I hope my comments were useful.

I: **Yes, they were, definitely. I think I will just stop the recording.**

[ENDS]