

Supplemental file

Table 1 Overview of studies and datasets

	Study A: Together-1 (2016-21)	Study B: Spread and scale-up (2020-21)	Study C: Together-2 (2022-25)
Focus	In-person group clinics delivered as part of the study	Video group clinics delivered during early stages of the pandemic	Video and hybrid group clinics delivered after the emergency Covid-19 period
Study location	2 NHS hospital Trusts in socio-economically deprived areas in London and 2 comparison sites	2 general practices (with additional interviews across 6 more practices in England)	5 general practices (including follow-up research with 2 general practices from study B) and 4 comparison sites in England
Patient groups involved	Young people (16-25) living with diabetes	Adults living with diabetes, asthma, cancer, shielding individuals, families identified as vulnerable.	Adults living with diabetes, (peri-)menopause, cancer, individuals identified as high clinical priority
Qualitative methods	<p>31 interviews with 19 young people with diabetes and 11 NHS staff in 2 hospital Trusts</p> <p>Observations in 29 audio-recorded group clinics, including feedback discussions with patients (~70hrs)</p> <p>Observations in 15 individual diabetes consultations</p> <p>Observation in non-clinical encounters in the context of the implementation study (e.g. co-design sessions, implementation meetings, facilitation training) (~50hrs)</p>	<p>32 interviews with 5 patients, 15 NHS staff from 8 early adopter GP surgeries (of which 2 were followed longitudinally over 12 months including repeat interviews), 5 policy/decision-makers and 3 representatives from training providers and IT industry</p> <p>3 co-design workshops with 21 staff, patients and decision-makers</p> <p>Observations in online group clinic training, policy and industry meetings</p>	<p>41 interviews with 24 patients/carers and 17 NHS staff at 5 practices</p> <p>Observations in 30 in-person, hybrid, and online group clinics (of which 20 video-recorded) and back-end processes (~80hrs)</p> <p>7 interviews with 4 policy/decision-makers and programme managers; and 2 staff from additional practices</p> <p>1 feedback discussion with patients</p> <p>4 codesign workshops and 7 interviews with staff, PPI contributors, and third sector</p> <p>Observations in broader implementation context (e.g. training sessions, promotion seminars) (~15hrs)</p>
Other methods and metrics	Across 2 implementation and 2 comparison sites: Clinical data;	National survey on activity related to one-to-one and	Scoping survey on in-person, video and hybrid group clinic

	<p>service use data within the last year; patient enablement, psychological outcomes and diabetes distress; sociodemographic data; economic data on estimate use of resources and cost of group clinics.</p>	<p>group video consultations; patient satisfaction data from feedback survey in the 2 longitudinal practices.</p>	<p>provision across the UK; Case vs. control comparisons of survey on patient experience, satisfaction, activation and health-related quality of life; quantitative data on healthcare utilisation in primary and secondary care; cost analysis and cost-effectiveness modelling.</p>
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