



# GOOD PRACTICE RECOMMENDATIONS FOR THE INVOLVEMENT OF YOUNG PEOPLE WITH TYPE 2 DIABETES IN RESEARCH

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## BACKGROUND

The M3 Programme was funded by a five-year NIHR Programme Grant for Applied Research, and aimed to develop and test a new approach to care, specifically tailored for young adults (aged 16-40 years) living with type 2 diabetes (often referred to as 'early-onset type 2 diabetes'). Public involvement was a fundamental part of the M3 Programme from the outset, as the research team recognised the importance of making sure that the new care package considered individuals' needs, priorities, and preferences.

The public involvement strategy for the M3 Programme benefitted from the expertise and infrastructure of core teams, including the NIHR Leicester Biomedical Research Centre (BRC), University of Leicester Centre for Ethnic Health Research (CEHR), and Leicester Diabetes Centre (LDC).

Engaging young adults in research is challenging because they often work long hours, have busy personal lives, are early in their careers, may face financial insecurity, and often experience exclusion due to their backgrounds. The M3 Programme provided a chance to try new ways of involving them in research.

The public involvement throughout the M3 Programme was a whole team effort and it combined:

1. Recruitment of a mailing list of people living with early-onset type 2 diabetes through social media, attendance at events (e.g., Freshers Fair at the University of Leicester) and letters sent through clinic lists.
2. Development of a hybrid patient advisory group (PAG) and peer support group. In delivery, the PAG and peer support sessions were separated and, due to the impacts of COVID-19, delivered solely online despite intentions to deliver a hybrid model.
3. Collaboration with a Co-applicant with lived experience.

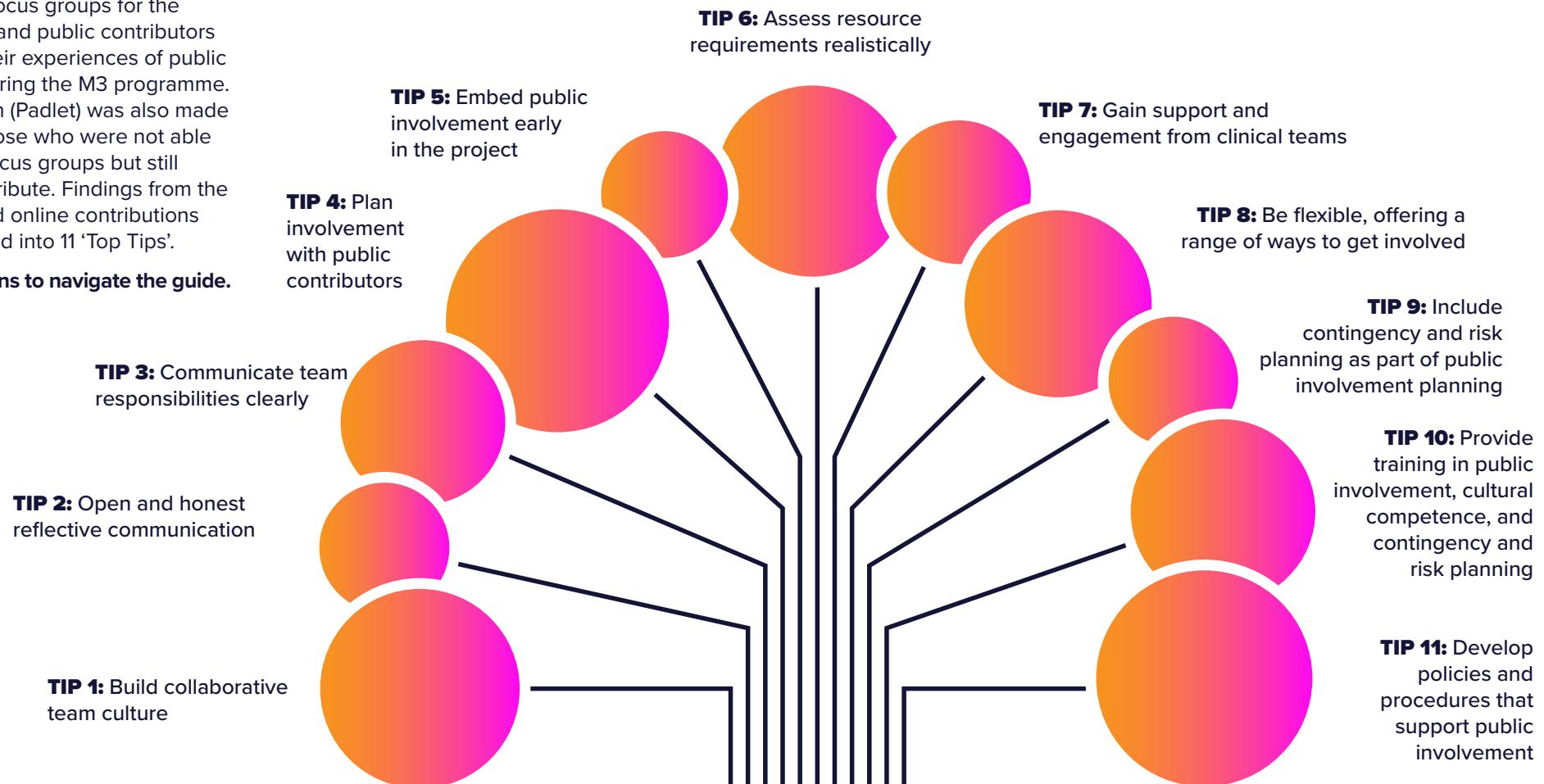


# DEVELOPING THE TOP TIPS



A reflective evaluation was undertaken with separate focus groups for the research team and public contributors to reflect on their experiences of public involvement during the M3 programme. An online forum (Padlet) was also made available for those who were not able to attend the focus groups but still wanted to contribute. Findings from the discussions and online contributions were condensed into 11 'Top Tips'.

**Click on the icons to navigate the guide.**

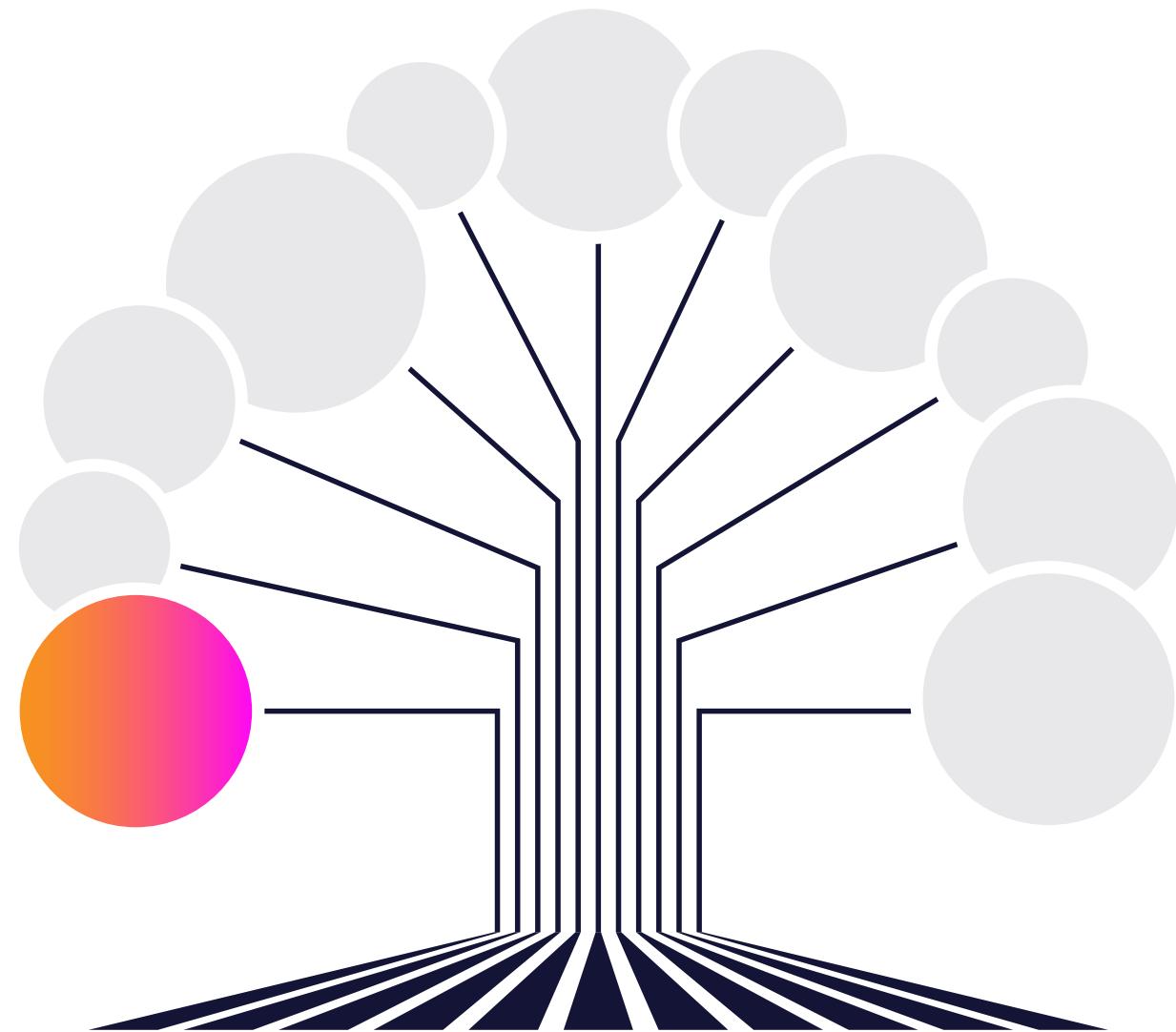


Full details can be found in Pritchard, R., Davies, M., Slater, T. et al. Involvement of underserved 18–40 year olds living with early-onset type 2 diabetes in the M3 NIHR programme grant. *Res Involv Engagem* 11, 131 (2025). <https://doi.org/10.1186/s40900-025-00799-9>

## TIP 1: BUILD COLLABORATIVE TEAM CULTURE

**Building a culture in which research teams work collaboratively with whole-team responsibility for public involvement underpins skill development and motivation.**

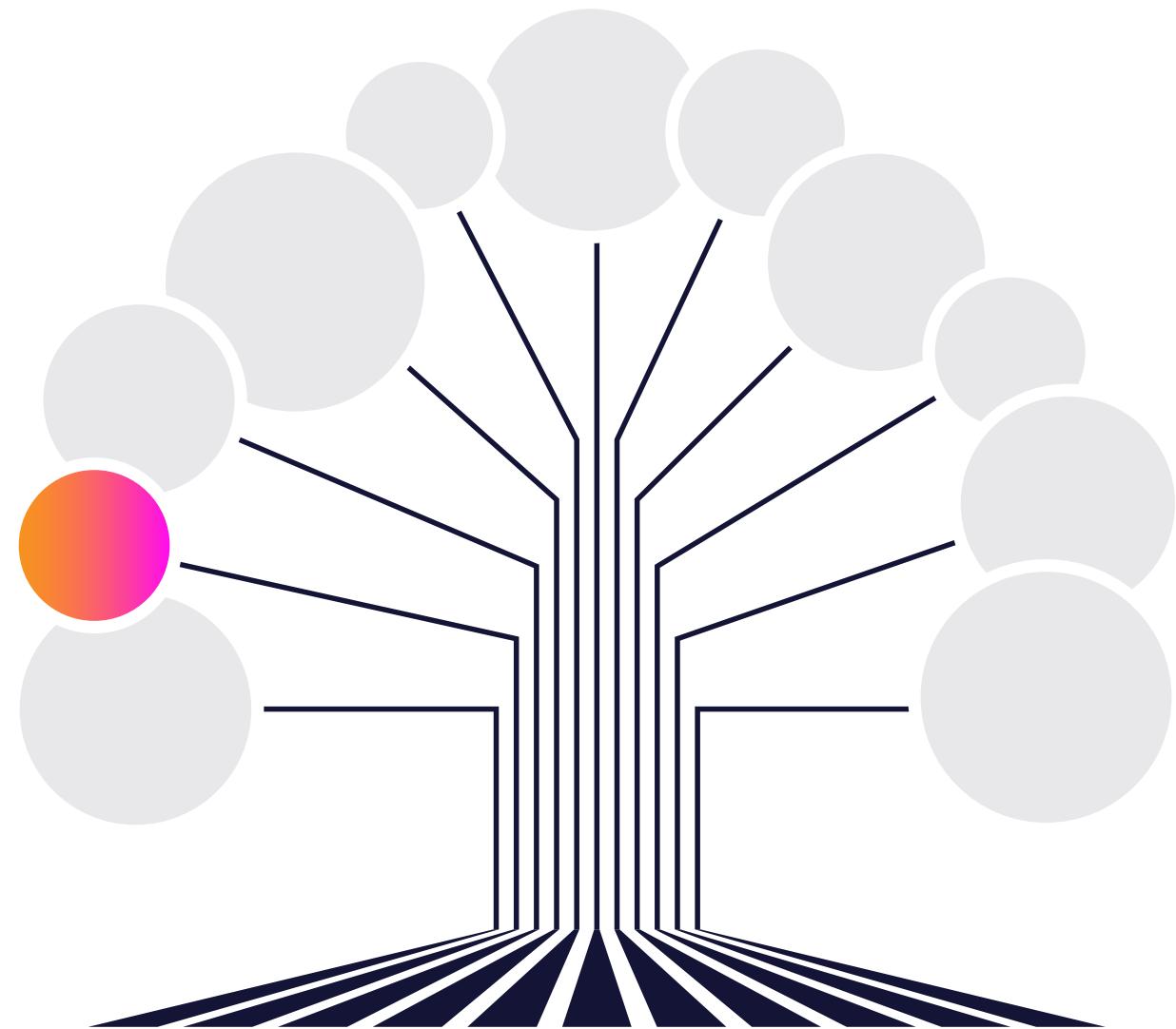
We involved all facets of the project team in work with the public, including professors, researchers, technologists, managers and administrators. We found that this supported adoption of a culture of involvement that foregrounded the experience of people living with early-onset type 2 diabetes.



## TIP 2: OPEN AND HONEST REFLECTIVE COMMUNICATION

Developing teams where personnel communicate openly facilitates discussion about good practice.

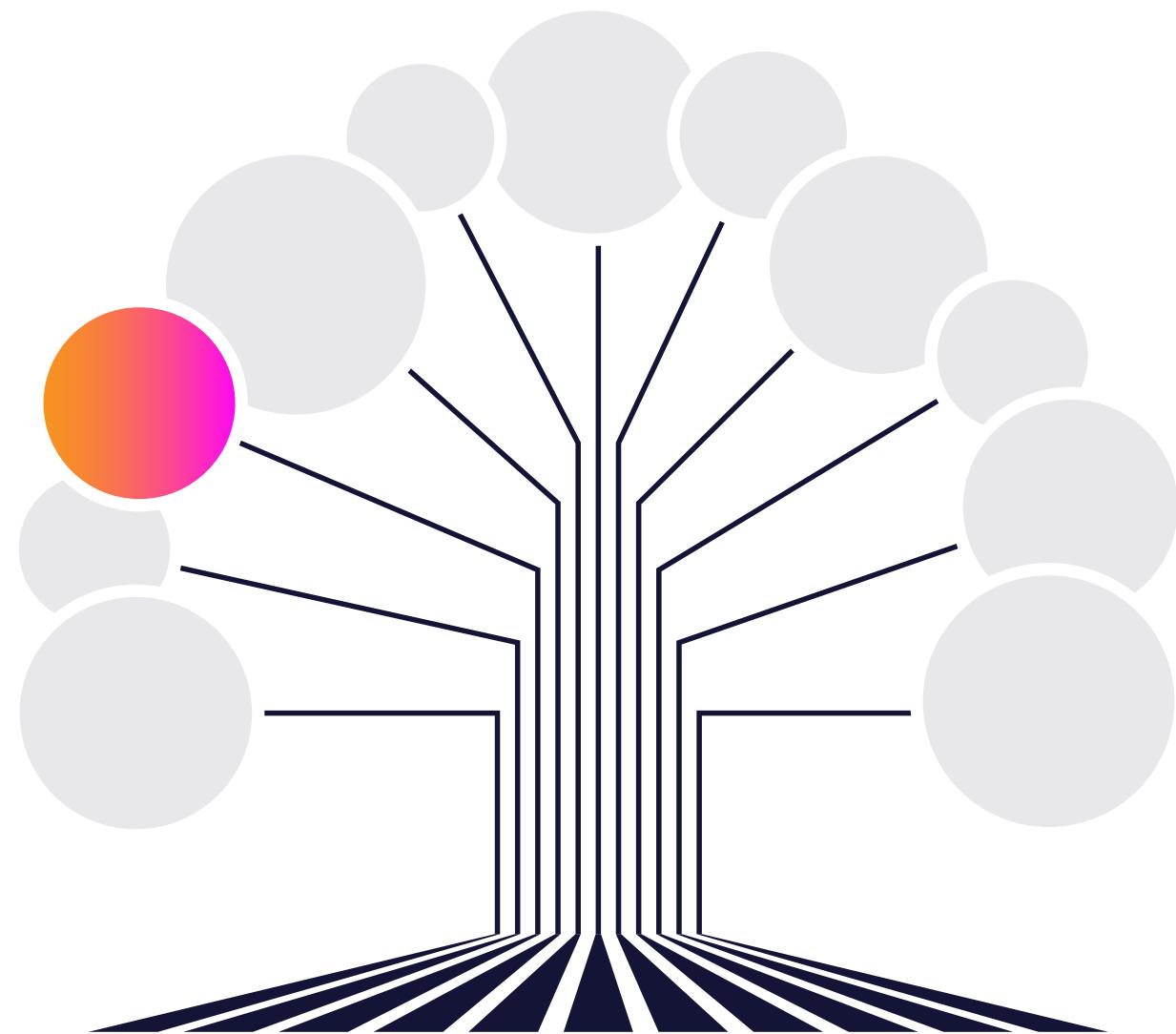
Team personnel felt motivated when they could see and share the impact of public involvement, especially where this was tangible, and were able to share their experiences (positive and negative) so they could develop their practice together.



## TIP 3: COMMUNICATE TEAM RESPONSIBILITIES CLEARLY

Clarity around roles in delivering public involvement facilitates success.

All team members delivered public involvement supported by public involvement colleagues. We needed to consider all aspects of upcoming work and ensure that all tasks had a named person responsible for delivery. Sometimes this was in tension with the need for flexibility and agility.

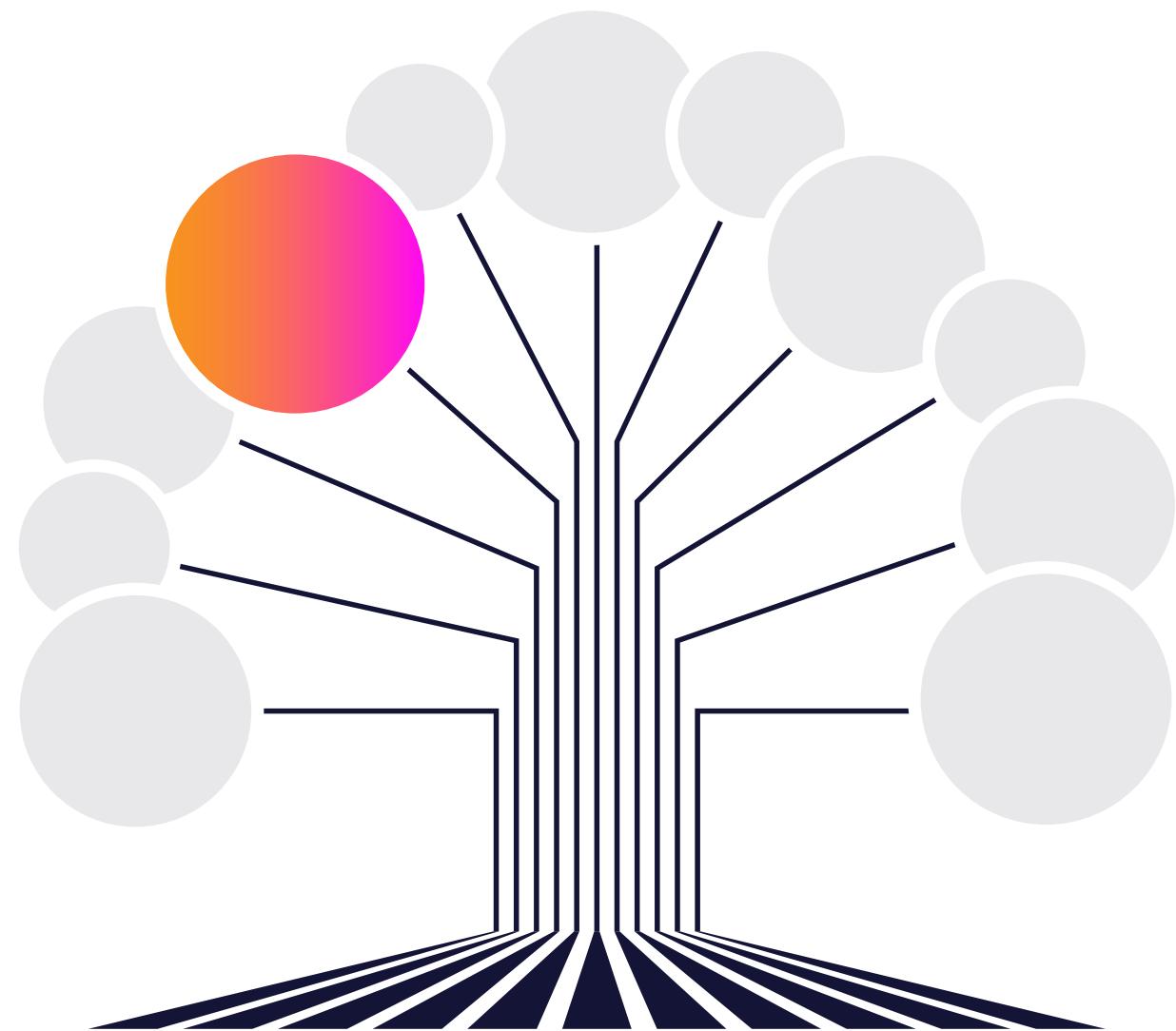


## TIP 4: PLAN INVOLVEMENT WITH PUBLIC CONTRIBUTORS

Collaborating with public contributors to design and coproduce public involvement enhanced quality.

Public contributors helped us plan our public involvement in detail and helped us to understand what motivated them to get involved.

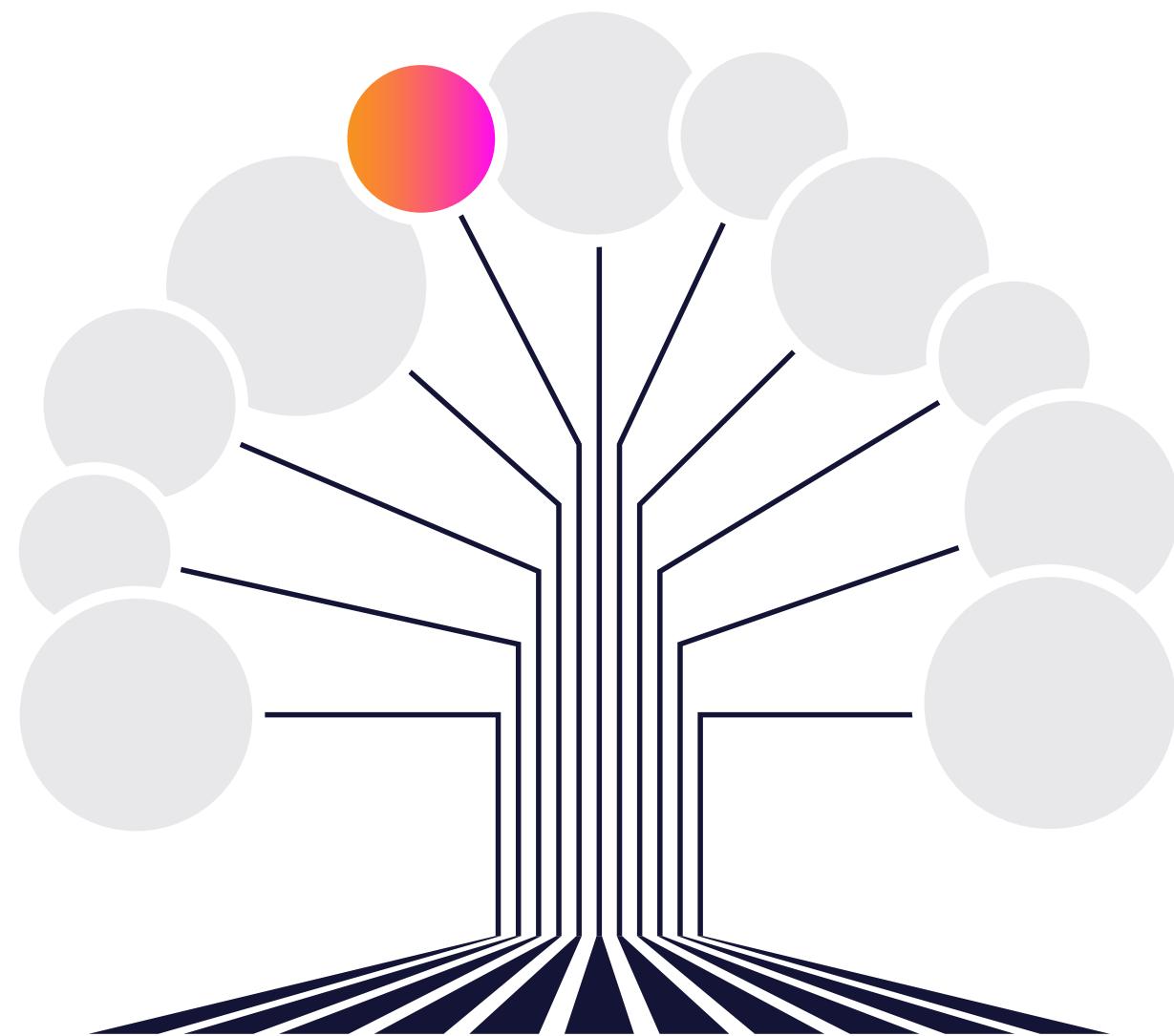
Two key factors were identified by public contributors as motivating; 1) reward and recognition for their time and effort, and 2) impact arising from their contribution. It was therefore important to ensure that public contributors were kept informed of their impact on the project.



## TIP 5: EMBED PUBLIC INVOLVEMENT EARLY IN THE PROJECT

Early work on public involvement ensures that researchers have the opportunity to build on the work of colleagues around them who have experience working with the target demographic.

Intra-departmental communication and resourcing of both pre-bid involvement work and generic engagement activity were important to our success. Existing attempts to gain funding for a project looking at the needs of people with early-onset type 2 diabetes had led to the prior creation of a community of public contributors.

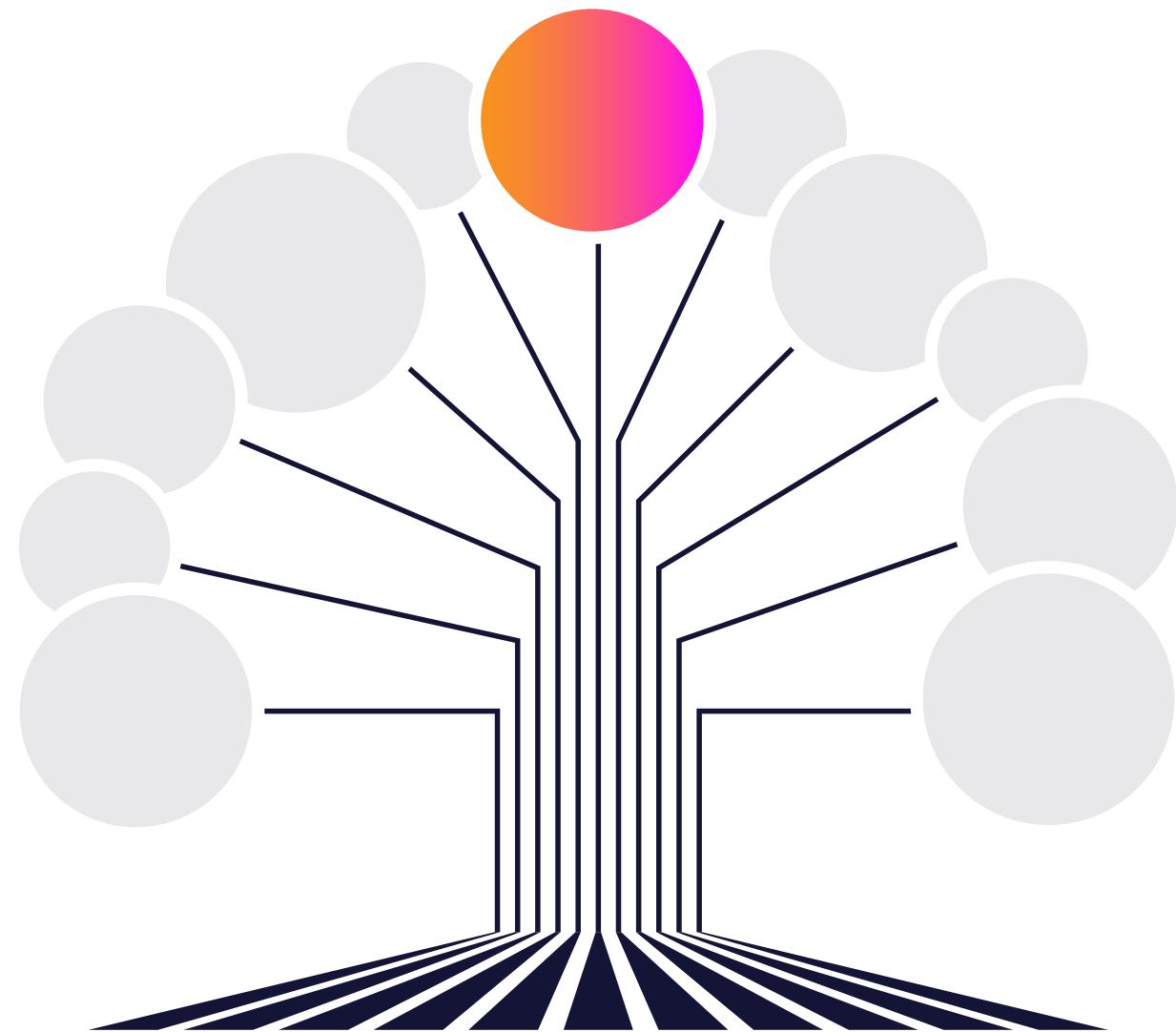
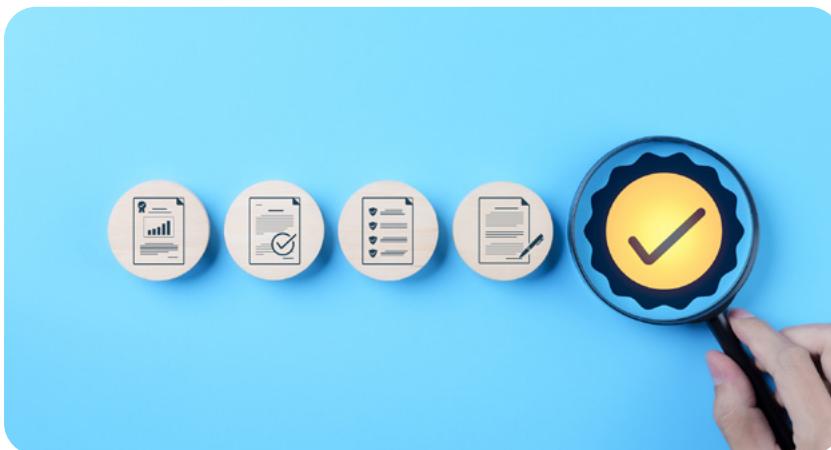


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## TIP 6: ASSESS RESOURCE REQUIREMENTS REALISTICALLY

Do not underestimate the staff resourcing required for networking and building contacts and community.

Skill development, inter-professional working and working outside typical office hours were highlighted as key areas of demand for management and staffing capacities.

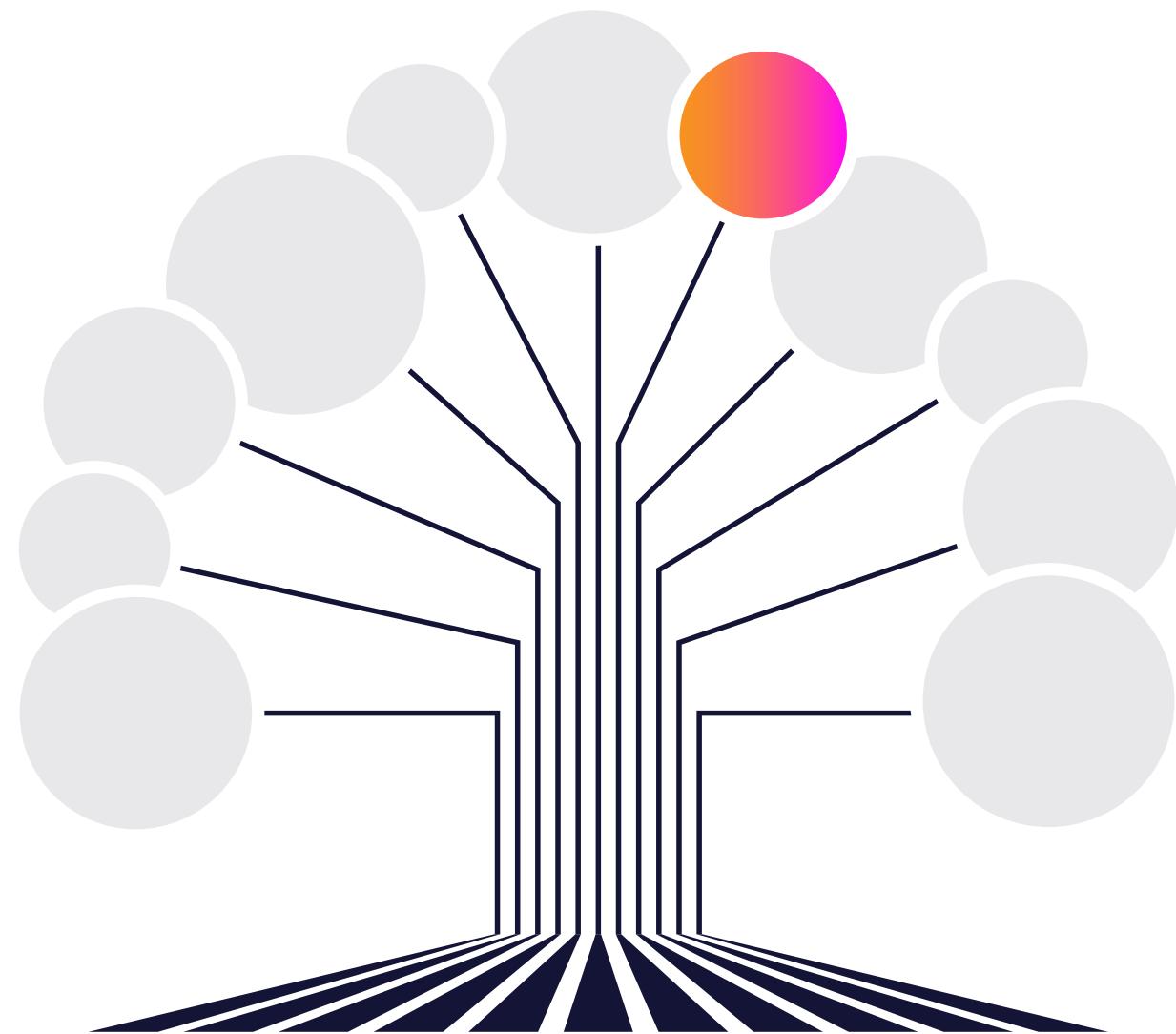


## TIP 7: GAIN SUPPORT AND ENGAGEMENT FROM CLINICAL TEAMS

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Clinical teams can support networking and building contacts and community.

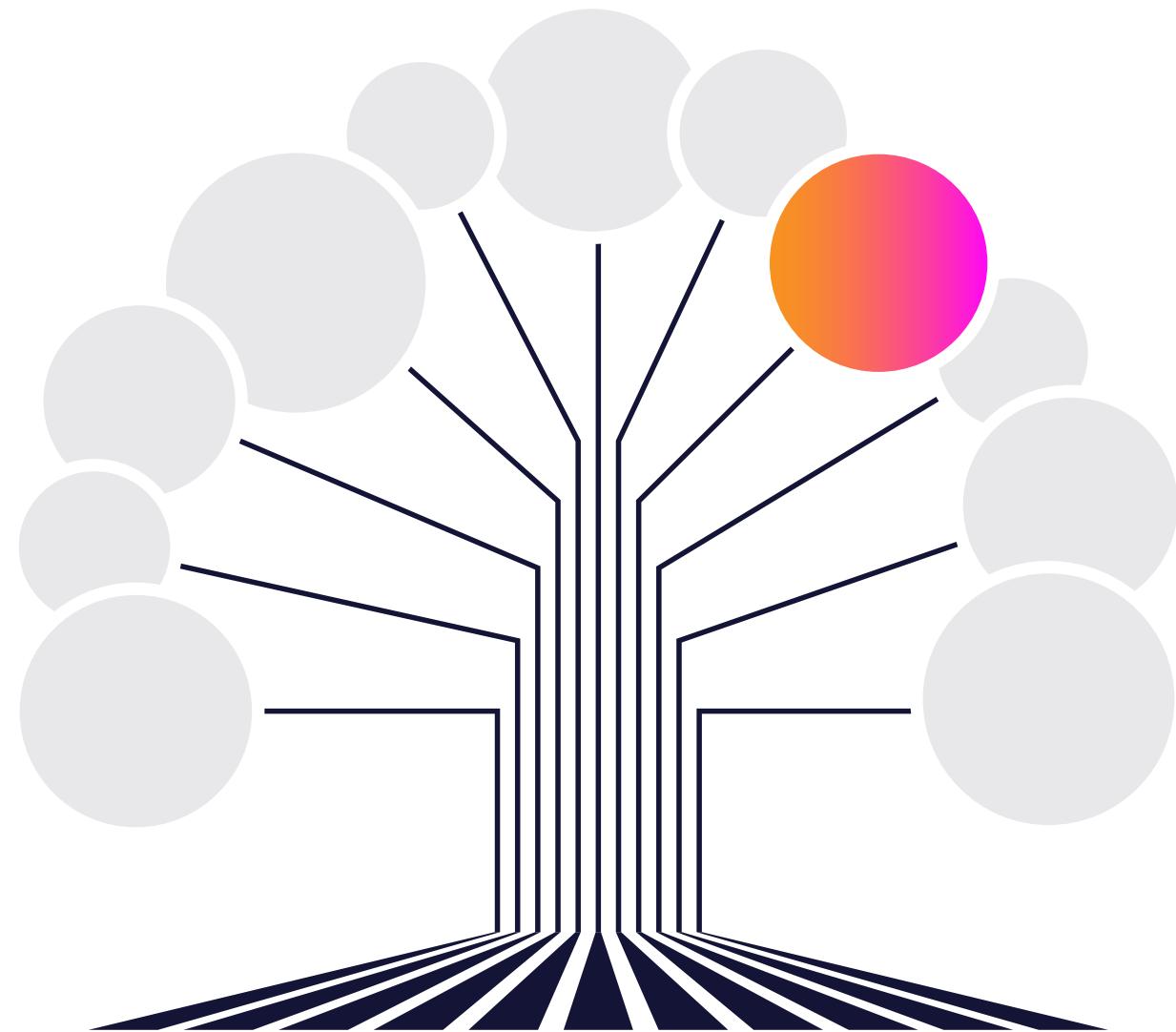
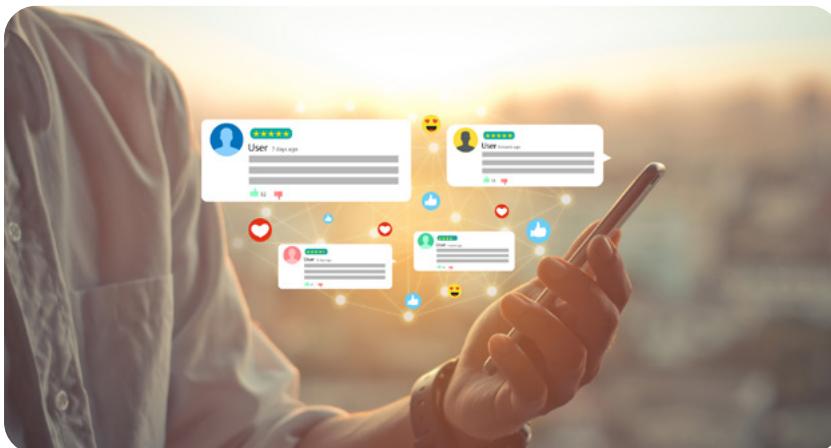
Working in partnership with clinical teams was the most effective approach to building a community of public contributors for the project.



## TIP 8: BE FLEXIBLE, OFFERING A RANGE OF WAYS TO GET INVOLVED

Offer a range of ways in which to get involved using diverse media and be willing to adapt especially in response to opportunities to coproduce.

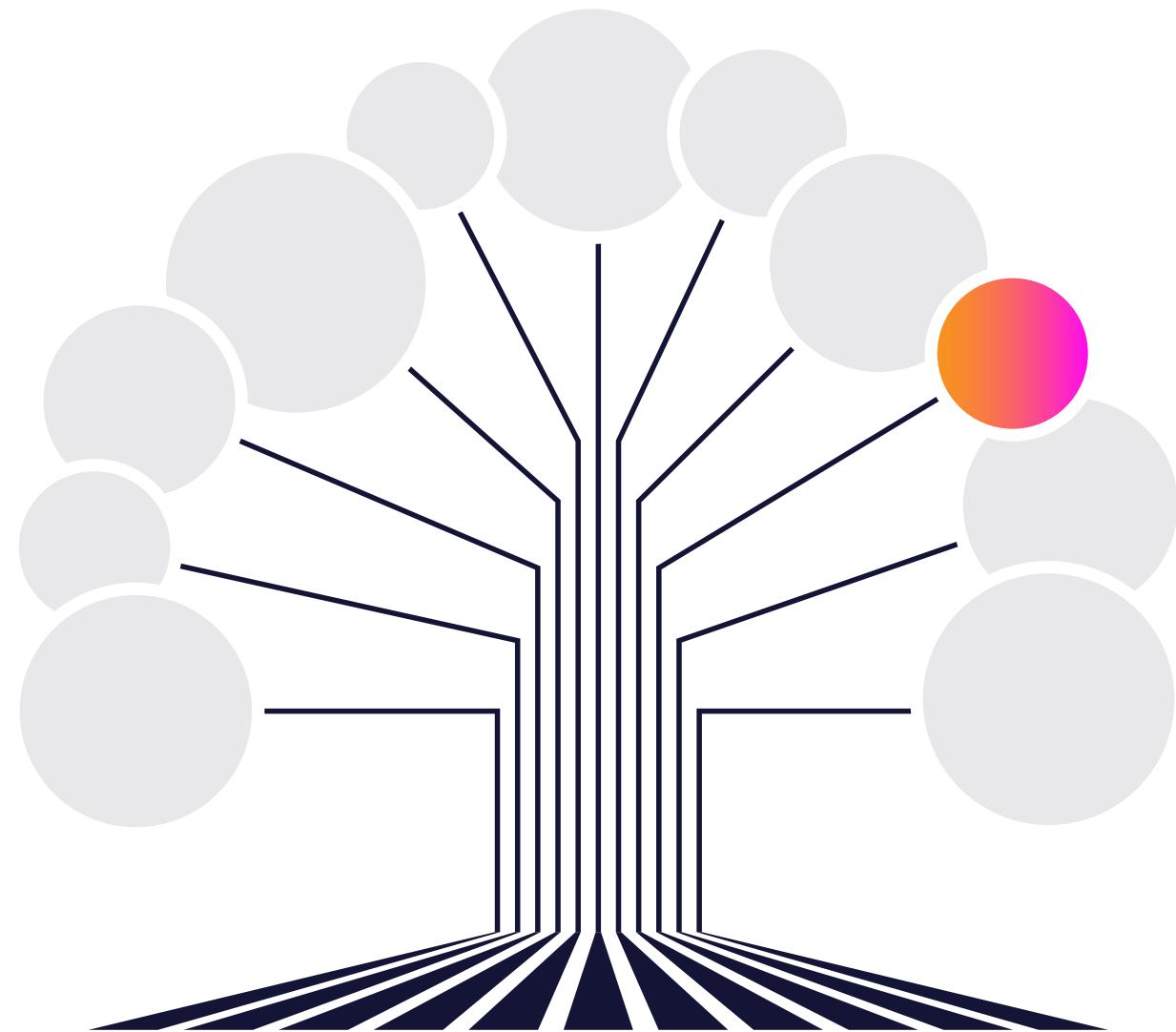
For the group with whom we worked, weekday evenings and online were most popular which highlights how important it is to consider out-of-hours working commitments early in the process.



## TIP 9: INCLUDE CONTINGENCY AND RISK PLANNING AS PART OF PUBLIC INVOLVEMENT PLANNING

This is particularly necessary where new personnel will be recruited or novel approaches are to be used.

Because public involvement is a developing field of practice, we needed to embed trial and error into our approaches. Since innovation is not guaranteed to be effective, flexibility was essential.

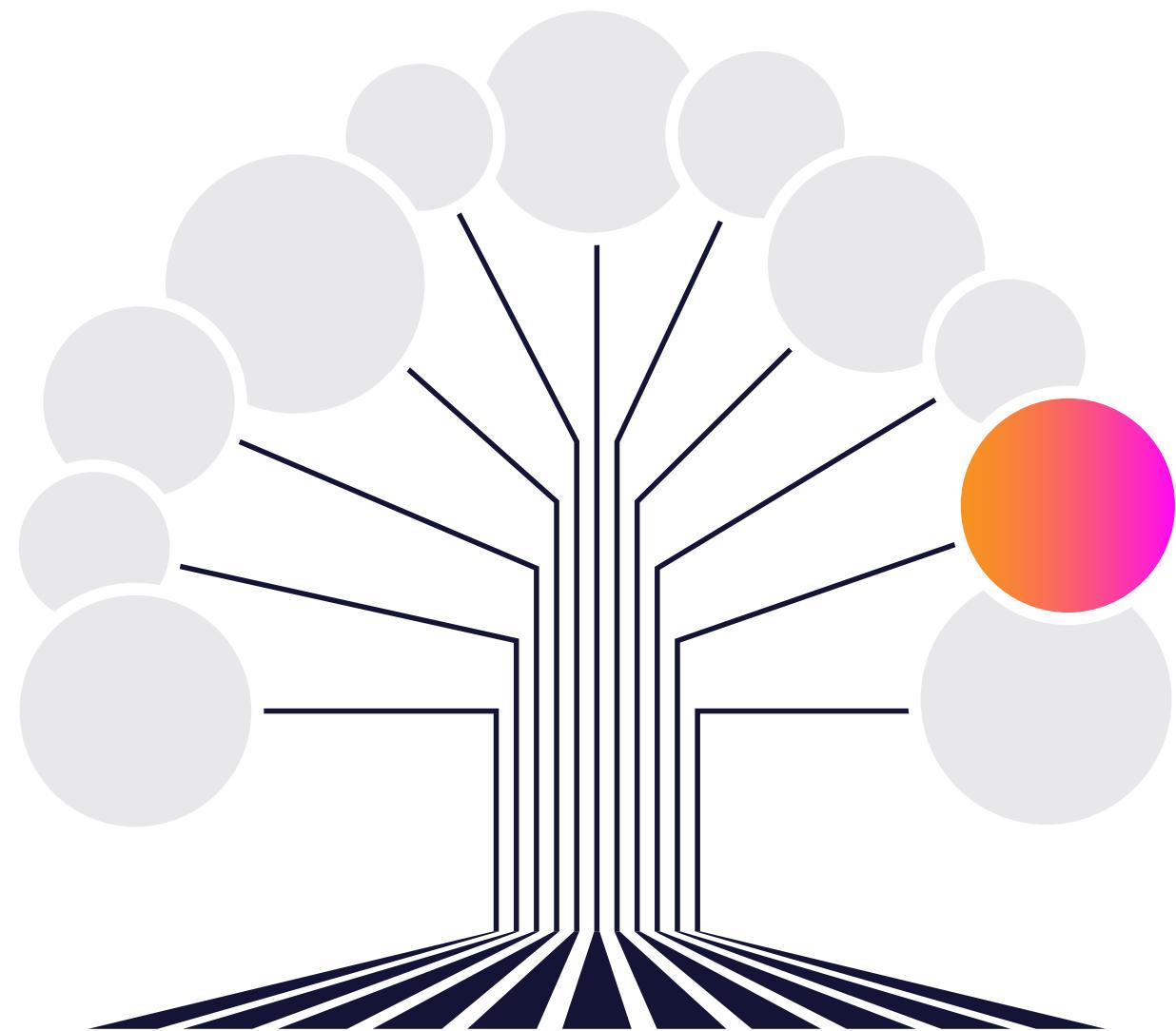


## TIP 10: PROVIDE TRAINING IN PUBLIC INVOLVEMENT, CULTURAL COMPETENCE, AND CONTINGENCY AND RISK PLANNING

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Ensure that your team has the necessary skills to deliver public involvement confidently.

This is something the team believe would have improved their confidence. We recommend training the whole team in public involvement, cultural competence and possibly contingency and risk planning.

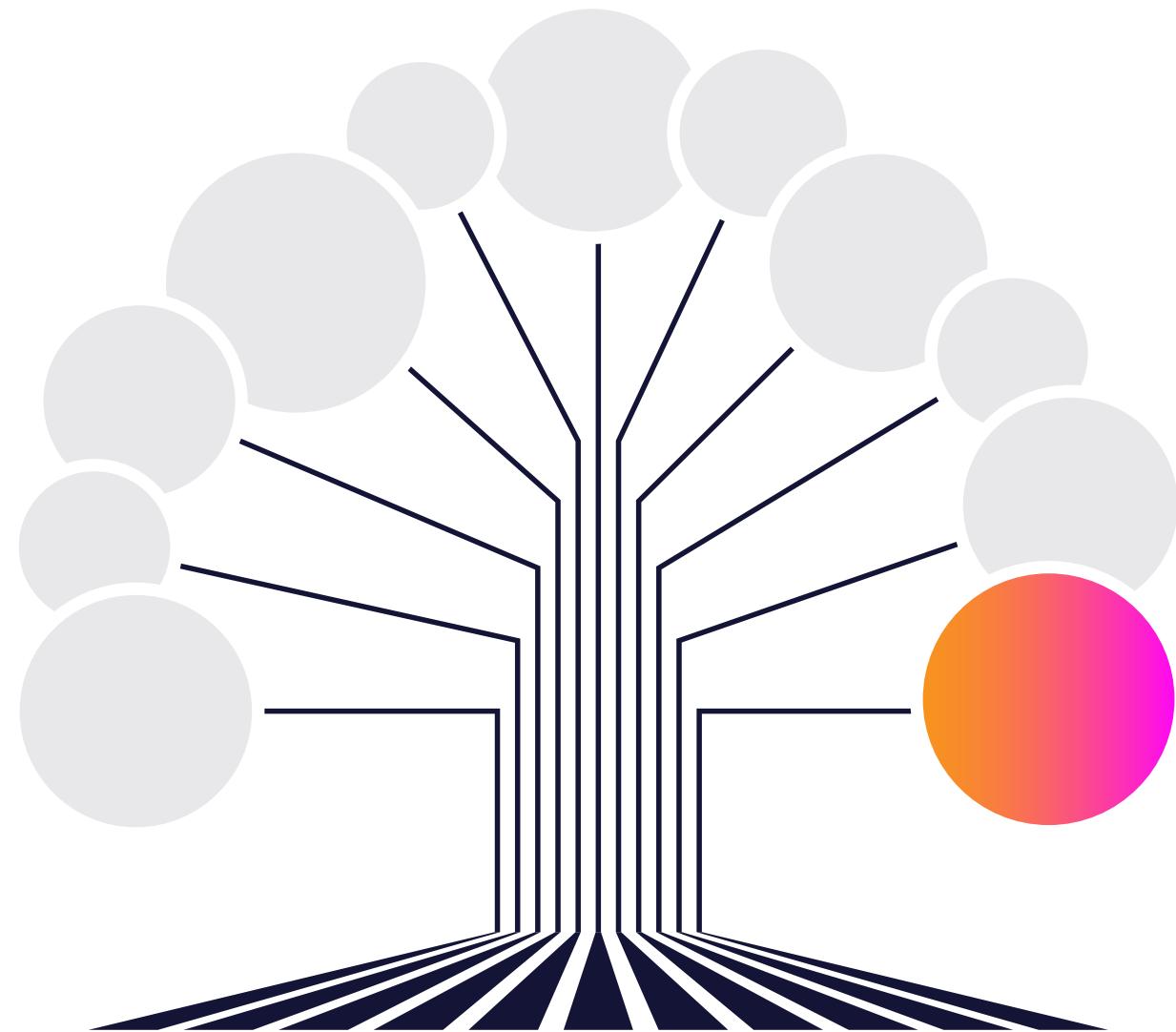


## TIP 11: DEVELOP POLICIES AND PROCEDURES THAT SUPPORT PUBLIC INVOLVEMENT

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At the organisational level, policies and procedures that support public involvement aligned to national public involvement guidelines are needed.

The M3 public involvement was facilitated by host organisation Reward and Recognition policies, employment policies relating to Peer Researchers, GDPR guidelines tailored to the research environment, and policies for working in partnership with clinical teams.





### Further Information

Further information is available from the M3 Study Team. Enquiries can be directed to [uhl-tr.m3researchmailbox@nhs.net](mailto:uhl-tr.m3researchmailbox@nhs.net)



Leicester Diabetes Centre



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