



FINAL REPORT

Group consultations learning support evaluation report

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1. Introduction

1.1 Context

New consultation types, including group consultations, are one of the 10 High Impact Actions described in the GP Five Year Forward View.

Group consultations for children and young people (CYP) represent a means of improving care and care management through reduced waiting times and increased contact with a GP or practice nurse. They also offer the potential for peer support between adolescent patients and for parents of younger children.

Group consultations may be well suited to replace non-urgent appointments, such as annual reviews for people with long term conditions, or to improve medicines or device use among specific groups of patients.

Healthy London Partnership (HLP) made funding available for one primary care practice to pilot and test how group consultations for families with a child living with long term health issues might work practice.

HLP supported clinical teams with training and learning support. The learning programme support was provided by The ELC Programme (ELC) www.elcworks.co.uk

The participating teams guaranteed to use the learning to undertake a minimum of two group consultations per clinician in six months; to go on to routinely apply the practice if it proved successful, and to collect feedback from both patients and healthcare professionals on their experience of the process during the pilot phase.

1.2 Programme aims and objectives

The programme aims were:

- To generate learning and insight to inform the roll out of paediatric group consultations in primary care across London
- To create informal peer mentors for others who would like to develop this way of practice with children and young people in London



The programme objectives were:

1. For all participating clinicians to experience a minimum of 2 group consultations in 6 months
2. To support one practice team to trial group consultations to support delivery of care for children and young people in one location, using mixed learning methodologies, including:
 - Practice self-assessment tool to enable you and practices to assess their readiness to pilot and whether the chosen practice meets the CSFs for successful mobilisation
 - Twelve-month access to an e-learning platform to gain knowledge and support skills development to practice group consultations
 - A personal training needs analysis (TNA) for every participant to support them to get the most out of the programme
 - Support and advice to identify the best group of families, children and young people to pilot with
 - A half day of onsite co design session with the whole team to help them set a shared ambition and plan their group consultation programme. This will include experiencing a 'dry run' of a group consultation
 - Positive challenge and mentorship from experienced group consultation coaches to ensure the pilot programme builds on best practice and family insights into what matters from a National insights archive, which the ELC programme maintains
 - A half day face to face coaching and training for up to 2 process facilitators on group consultation facilitation skills
 - 2 webinars to help the practice team to prepare for launch
 - Observation and coaching feedback at initial group consultations (n= 2 days)
 - A reflection and celebration session to capture learning and improvements and prepare for next steps
 - Provision of evaluation tools for the practice to capture staff and family experience (pre- and post-group consultation experience) and advice on capture of clinical measures (based on evidence base and previous evaluations of group consultations)

The ELC team undertook learning support evaluation. It also undertook evaluation with practice staff. Analysis of patient data was outside the scope of ELC programme evaluation.



1. Programme impact and deliverables

This had two aspects:

- Programme reach
- Programme deliverables

1.1 Programme reach

The original scope was for the ELC team to support one primary care practice team to apply group consultations as a solution to routine care and follow up for families with a child with a LTC.

This primary care team was to include: up to four clinicians; up to two process facilitators and up to two practice administrators (n = eight staff).

In fact, the ELC team supported three teams; one from Oxleas NHS Foundation Trust community nursing team and two GP practice teams. This added up to eight staff in total.

The participating teams and their group consultation focus are set out in figure one below:

Figure one: participating clinical teams

Practice	Focus community
Lyndhurst Medical Centre, Barnehurst DA7 6DL	Asthma children 5-9 years
Amersham Vale, New Cross, SE14 6LD	Asthma children 5-8 years
Oxleas NHS Foundation Trust Children's community nursing team	Under 1's with sickle cell anaemia (three monthly follow up)

1.2 Programme deliverables

Figure two summarises learning programme deliverables and timelines. The main difference compared to the original scope was that the three teams had different needs, and so the action learning support offered after the co initial design workshop and before each team's first group consultation was tailored and personalised to each team.



Figure two: learning programme deliverables

Deliverable	Description of work	Completion date
Practice based co-design session and process facilitator training	<p>1 day preparation and follow up</p> <p>1/2 day of face to face briefing and co-design session (morning session) with the full team who will deliver the programme will be critical.</p> <p>Patient leaders e.g. PPG members can join this morning co-design session if the practice would like.</p> <p>We would also encourage the practice to invite key local decision makers who need to be involved in supporting spread.</p> <p>1/2 day face to face training for two group consultation process facilitator (afternoon of same day)</p>	25 September 2017
Group consultations on-line training programme sign up	Access to online training programmes for 4 clinicians, 2 process facilitators, 2 group consultation co-ordinator (admin support)	From September 2017 to September 2018
Group consultations action learning support	Delivered online, by telephone and face to face; personalised to each team	January 2018
On site coaching with practice team, including observation and coaching at initial group consultation sessions	This is a major change in practice and experience teaches is that people need support on site to make change happen. These days will be spent, working on site with the administrative team, as well as observing initial group consultations; providing coaching and feedback	January 2018
Reflection and celebration	Face to face workshop	22 January 2018



2. Programme evaluation

This had three aspects:

- Learner feedback from the initial co design event
- Staff experience of 1:1 versus group consultation
- Practice posters submitted by the three teams, summarising their group consultations achievements

2.1 Learner feedback from co design event 25 September 2017

The ELC Programme collected feedback at this event from participants. It is presented here. This covered two aspects:

- Baseline staff feedback about perceptions of group consultations
- Staff feedback about the workshop

2.1.1 Baseline staff feedback about perceptions of group consultations

Through the exercises undertaken at the learning workshop, staff shared their perceptions of group consultations at baseline.

Group consultations...

Staff was asked what group consultations are. The emerging themes are summarised here. They said group consultations:

Are innovative

- New to me (n=2) “I have never been in one”
- An innovative way of work
- A challenge!

Offer patient benefits

- A way to help and support each other
- A great way of networking patients with the same diagnosis
- A workshop to enable individuals to discuss and explore
- Time to talk

Offer staff benefits

- Empowering for the GP
- More fun



Deliver “must dos” for practices

- A way to provide health promotion
- More efficient?

As evaluation shows, many of these benefits were realised.

What excites and concerns participating teams

The group reflected on what excited and concerned them about group consultations. They said:

What excites us:

- **It’s new:** a different, new challenge and completely role from my current role; a new and exciting way of working together with patients and engaging them in their health care
- **It could improve efficiency:** could be productive for the practice; I can reach more clients; it could help deal with the ‘tick box exercise’
- **It supports self-care:** will help my patients with chronic diseases; they support self-care

What concerns us:

- **Recruitment and consent:** getting patients to attend; lack of interest amongst parents; parental consent
- **Engaging patients:** engaging with young people and keeping their attention; patient ownership and engagement. It’s a change
- **Logistics:** time constraints; the admin and logistics; my shift pattern
- **Leadership:** direction? Responsibility – who?
- **Confidence:** Not being able to give answers to patients’ questions in a group setting.

These concerns mirror those most practice teams articulate at this stage of their learning and are addressed as part of the subsequent training and coaching support programme. Recruitment and logistics did prove problematic in practice.

2.1.2 Workshop feedback

The ELC Programme applied its standard evaluation process. The workshop was evaluated in two ways:

- **Qualitative:** Participants were asked at the end of the morning and afternoon sessions what worked well and what could be improved about each session
- **Quantitative:** Participants were asked to rate their confidence that they could run group consultations at the start and end of the day



Qualitative evaluation

Teams fed back:

What worked well:

- **Group size and environment:** Friendly, relaxed, encouraging learning environment; small group, allowing more individual focused conversations;
- **Working as a team:** Group activities; good team work; getting planning off the ground
- **Content:** the communication discussion; having practical tips; a practical session; information from past team (with experience of group) consultations
- **Trainers:** reassurance from trainers of ongoing support; the enthusiasm of the trainers about the process

What we can improve:

- Have coffee, drinks, food available (n=2)
- Have another break
- (Remove) background music when trying to complete form. It was distracting
- Use actual examples with statistics of how well group consultations have worked

Quantitative evaluation

Participants were asked to rate their confidence levels around delivering group consultations at the start of the day, lunchtime and end of the day. At lunchtime, confidence levels had not changed from baseline and remained at 5.4.

Figure three summarises the average confidence score at baseline and end of session.

Figure three: self-reported learner confidence levels at co design and learning event

Baseline (start of day)	End of session
5.4	8

In response to learner feedback, the ELC team:

- Worked with HLP/NHS Oxleas Foundation Trust to ensure that refreshments and lunch are available at celebration event in January 2018
- Is developing case studies for use at future learning sessions. The case studies being prepared by the three teams participating in this programme will be part of this archive.



2.2 Staff experience 1:1 versus group consultation

Appendix One summarises clinician feedback at baseline and follow up. The numbers participating are low (five clinicians at baseline; three at follow up). With this caveat, the main messages from clinicians are:

2.2.1 Group consultations have a positive impact on time and relationships with patients

Building relationships with patients matters a lot to a positive clinician experience, and relationships are seen as vital to effective care planning, and quality of care in clinicians' eyes. They reported being frustrated by the rush and lack of time in building relationships with patients; feeling hemmed in by 'protocols' and tick boxes and being unable to do prevention work and address their patients' real concerns during 1:1 consultations. This led to current practice being experienced by some as 'draining'.

The informal nature and longer length of group consultations had a positive impact on the length and quality of time clinicians perceived they spent with patients. They reported their relationships with patients and subsequently their experience of conducting reviews and planned care improved, and their personal and professional fulfilment increased.

This was reflected in both qualitative and quantitative feedback, with their scores for each of these touchpoints increasing significantly with group consultations compared to baseline.

Clinicians said:

"This was a unique opportunity to sit down with my patients and their mothers. The informal interaction with the pair will go a long way in educating the child as well as the mother. More importantly building that relationship of trust and responsibility on both parties to help manage asthma better"

"It is much easier to build relationships in a more relaxed environment of a group consultation"

"Consultation is less rushed and addresses issues that are of most important to them as well as routine interventions"

"The time spent in the group was very much enjoyable and gave me a "buzz" and positive feeling to me as a doctor. I felt empowered to change things"

Clinicians did not report any significant changes in their personal resilience from group consultations.



2.2.2 Group consultations have a positive impact on education and self-care

Despite reporting at baseline that they felt made a difference and had good resources to support education and self-care, all clinicians perceived group consultations had a positive impact their ability to educate patients and provide information and support people to self-care. The scores for both were much higher for group consultation than 1:1. They said this was because of the interaction in the group:

“We are able to reach more people and make education and information more interactive”

“The patients learnt from each other and as they observed other parents and children. This immensely made it a powerful tool for education”

“A key advantage of group consultations - really answering the questions patients have”

Patients leading the agenda and peer support also made group consultations empowering:

“Ensuring issues that are of most importance to them are address, whilst building peer support”

Group consultation also had a positive impact on their perception of ability to explain clinical terms in simple words. Having more time aided explanations, as did patients explaining things to each other in peer language they better understood.

2.2.3 There are benefits to an MDT group consultation model

One clinician felt that having an MDT presented made consultation better:

“Having a multi-disciplinary team in the room makes reviews more effective and holistic”

One clinician asked their facilitator to undertake tests as she was trained to dot them. This proved helpful and meant more could be done on the day and in the room.

2.2.4 Practice makes perfect

Clinicians expressed concerns about logistics and time management and recognise that consulting with groups was a skill that needed to be learnt:

“Group consultations can be a bit chaotic so it is hard to feel you have quality time, although patients definitely seem to feel the time is valuable”

“Group consultations are definitely the right thing to do. At the moment, group consultations are still proving hard to organise due to the logistics, but I enjoy each one and this will hopefully get easier”



“I think I spent way too time and possibly ran behind...Time management as well as other skills in group consultation will obviously improve with practice and repetition”

2.2.5 Addressing critical success factors matters

Evaluation reinforced the importance of the critical success factors for group consultations that ELC’s learning support recognises including:

The importance of leadership and whole team buy in

Clinicians had mixed experiences of getting team buy in, with some struggling to get colleagues and line managers who were not in the room at the consultation to recognise the benefits:

“..and it is improving with regards my line manager. My line manager informed the team of group consultation at the last meeting and hopes to adopt this form of consultation to manage other caseloads as appropriate”

“Difficult. They were not able to see the benefits”

This reinforces the importance of team leaders and other decision makers in primary care buying in.

Generally, the team working between the facilitator and clinician was good, and this partnership was enhancing team working:

“I am working well with my facilitator...”

“Enhanced team working during and in planning for the group”

The importance of the right space

All clinicians recognised the importance of the right space; an especially success factor with families because they attend in groups. One clinician felt their clinic space was a bit cramped and could be bigger. One practice held their group consultation in a church hall because of space issues. This clinician felt this made the group consultation even more special. One found a space within their Trust, but after the group consultation recognised this space was too small and is looking for a new space.

One clinician recognised the need for a private space for discussion of sensitive issues:

“I have considered having a second, smaller room to conduct some 1 to 1 session, to maintain privacy and confidentiality as some parents might have sensitive issues to discuss”

The importance of clear roles and responsibilities



Clinicians recognised the importance of having a facilitator:

“Control of the group needs to be done to achieve this outcome (completing reviews) as many questions needed to be answered. Planned reviews were incorporated into this consultation but I need to possibly improve on it myself. Overall I can see that this can be Incorporated quite easily”

“I think I spent way too time and possibly ran behind...”

In one team, the facilitator had to mind the children because so many siblings came along, and was unable to act as facilitator. This session ran over by one hour.

2.2.5 The best and worst things

The best thing about group consultations clinicians reported were the way this consultation model supports improved outcomes and the planned care experience for both clinicians and patients:

“I am able to facilitate productive outcomes for the parents and children by inviting different characters, with varying experiences, which could be shared to support one another”

“They enhance multi-professional working and are enjoyable for patients and staff”

“The simple human face to face interaction in a controlled informal setting; no computer screens between myself and my patients; no interruptions from telephone calls. A safe place for me to spend quality time with my patients”

The worst things linked to planning and administration:

“It takes a lot of organisation and planning”

“Sorting out the logistics of physical space for the group and recruiting patients to attend (once they come they enjoy it)”

Clinicians wanted changes that would make administration and planning easier:

“To have a supportive patient participation group, which may be able to help organise and co-ordinate patients so that they attend on the day.

“Having administrative support”



“Be clearer on the logistics and make group consultations ‘business as usual’ as quickly as possible”

Appendix Two summarises facilitator feedback at baseline. Despite six reminders, only one facilitator returned the follow up evaluation. This made it impossible to draw any meaningful conclusions about facilitator experience of care compared to baseline.

The main messages from the three facilitators who completed baseline evaluation were:

- Their time with patients was too short and they often felt rushed. When they had more time, consultations empowered patients more. This mirrors clinicians’ feedback
- They did not feel they had the information and support they needed to help patients to make changes and take control. They rarely saw patients changing their behaviour
- They recognised the importance of families as a source of support for patients around making changes in their lifestyle
- One facilitator was a lone worker and so had little support or interaction with any colleagues. Those who worked in teams felt that they got support
- No facilitators commented on their personal fulfilment in their current role.

This baseline picture suggests that group consultations are likely to improve facilitators’ experiences too since group consultations enhance many of the things they find challenging currently. However, unless formal feedback is received, we cannot show this for sure.

2.3 Practice posters

The practice posters completed by the three teams are provided in full at Appendix Three. Here are the pen pictures of the work the three team have achieved:

2.3.1 Amersham Vale (Lewisham CCG)

For full report, see Appendix 3A.

Baseline

Dr Emily Symington works as a GP in Croydon and Amersham Vale. Having consulted with groups in her Croydon practice, Emily wanted to transfer the model to Amersham Vale in Lewisham.

What the team did

By January 2018, the Amersham Vale team had run two group consultations for children in two different age groups diagnosed with asthma. They ran the search to distinguish list of patients that we need to invite; had a practice meeting to establish the date of consultation, its content – the data that needed to be gathered and completed related admin work e.g. preparing questionnaires, confidentiality forms, setting up the group consultation sessions



set up, booking the room etc. They invited patients via post; over the phone and recently through text messaging system (Mjog).

They ran the sessions. Patients who attended filled feedback forms pre-consultation and post-consultation to help establish what the team did well and where they needed to improve.

Results

The first group consultation was with children aged 8-11 years with a diagnosis of asthma. 6 attended, accompanied by 6 parents and 3 siblings. It ran from 16.00 – 18.00. A GP and nurse ran the clinical aspects of the session, with a second GP observing so she could gain confidence to undertake group consultations too. Clinical input lasted 90 minutes. Parents were present together with children. Both parents and children had opportunity to ask questions and get involved in discussions.

The second group was with young people aged 10-17 with a diagnosis of asthma. 2 attended, with one parent. A GP and nurse did the clinical work. Clinical input was 30 minutes. The parent left the room for the time of clinical consultation. Young people had a chance to speak up and share their point of view/ask questions.

Overall patient satisfaction was great. Patients found group consultations helpful, informative and engaging. Patients said they were happy to attend future group consultations.

The team learnt:

- Small group of young people are hard to engage with. However, based on feedback, and despite being quiet, they learnt a lot from the group consultation
- Group consultations for younger children need to be shorter. The consultation needs to encourage the children to participate (competitions, rewards, attention)

Next steps and messages to others

GPs within the practice are now further developing group consultation practice:

- There are regular, monthly group consultation slots booked into the practice administration system now
- Emily is planning (and has now undertaken) group consultations with adults (obesity and healthy lifestyle)
- Anushka (a second clinician who attended training) would like to do group consultations with young people with diabetes and epilepsy



- Anna (trained as a facilitator) is scoping the potential of group consultations to address mental health issues amongst students as the practice is the local surgery for Goldsmiths College
- Anna has presented and discussed group consultations with the Patient Participation Group. They are supportive of spread to other conditions and patient groups.

The team's messages for others:

“Just do it! Don't be scared and don't give up easily. Group consultation is a great opportunity to gather all patient information in more relaxed and fun way, while engaging patients and helping them to gather together to discuss their diagnosis not only with professionals, but with people that have similar issues and struggle”

2.3.2 Lyndhurst (Bexley CCG)

For full report, see Appendix 3B.

Baseline

The Lyndhurst practice had not run group consultations before and was keen to explore their potential.

What the team did

The team set up group consultations for children and young people living with asthma from 3-8 years old. Dr Mehal Patel did a search of patients and reached out to other GPs in the practice to supply names of patients who could be invited.

Initially focusing on high A&E attenders and those known to have poor symptom control, he invited patients personally by phoning mums. He was supported by the administrative team to get details and send follow up reminders. The team were very positive and enthusiastic about supporting this work.

To ensure they had enough space to deliver the session as it included not only children but parents and siblings, the team held the session in the church across the road from the practice.

Vicky, the facilitator, set up the session and created a safe, friendly and informal space in the church hall, providing healthy snacks for parents and children.

Colour coded name badges made it really easy to quickly identify each child and their parent.



The session kicked off with a great icebreaker that involved children as well as parents and so children were involved from the outset - something that does not always happen in 1:1 consultation.

The Results Board included:

- Child's name
- Parents name
- Age
- Peak flow
- Medication
- Inhaler technique review
- A&E attendance.

Dr Patel carried out 1:1 consultations with each child and got them to share their techniques and then answered any individual questions. Both he and the parents were surprised how quickly children got involved.

Dr Patel was surprised at lack of parent and child awareness of the need to clean inhalers and aero chambers and spent a little time covering that with group. Lots of the children's inhaler techniques were not great and the group was able to support each other with this and did not leave it all to the GP to show them how! Children got very enthusiastic and keen to show their 'technique'.

Results

Efficiency

5 families attended. There was a 50% DNA rate, with 2 families citing sickness.

Service use

Dr Patel is monitoring A&E attendance and any changes in symptom control.

Family experience

Feedback from families was positive. They liked the informal feel of the consultation:

"Speaking to Dr Patel in a more informal, relaxed setting"

They found it helpful and informative:

"It was very helpful and informative"
"It was very helpful I would recommend"



They learnt new things:

“I found out you need to wash spacer”
“I did not know we had to do small puffs – 10 puffs”
“I was happy with our first session learnt some new things we didn’t know”

They liked exchanging stories:

“Listening to parents with older children regarding how they are affected”

They liked the small group:

“Please keep groups small so we have the chance to listen to everyone – it was great today!”

Staff experience

Dr Patel reported he interacted much more with the children than he normally would in 1:1 consultation and very much enjoyed it. A GP trainee observed the session as a teaching and learning opportunity and reported that she very much enjoyed it and could see how participative and inclusive it was. He said:

“I loved it! This is a great way to deliver care to children and young people. I was surprised at the lack of basic information e.g. need to clean out aero chambers, which parents were equally surprised that they needed to do! Children joined in really quickly and share information freely and in a fun way”

Next steps and advice to others

Dr Mehal’s next steps are:

- Get wider team involvement and more members of team trained up to support and deliver care this way
- Continue to deliver care this way. The team is looking at more children and young people groups and at: HRT, dementia (carers), LTC reviews
- Dr Mehal would like his practice nurse to look at group consultations for diabetes. However, she is not keen (having made up her mind before she really knows what it is). He plans to share group consultation mock up video link

Dr Mehal’s advice to others:

“Do it. It saves time. It gets you more involved with patients. The patients gave really positive feedback and I had fun”



“Invite 50% more people than you want to turn up more is better than less. I will continue to invite patients personally at this stage as I think it’s good to speak to mums when inviting”

2.3.3 Oxleas NHS foundation Trust

For full report, see Appendix 3C.

Baseline

Currently one community based nurse, Carolyn George-Davies, is responsible for a case load of 380 families with a child with sickle cell anaemia. Families with a child under one (n= 40 families) account for a significant proportion of her workload as they need to be seen every three months. Currently, this is done with a home visit. The specialist nurse averages 3 home visits a day and aims to see half of her families with a child under one every month (n=20). Oxleas NHS Foundation Trust is keen for her to take on more responsibilities within the community team. In addition, Carolyn felt she wanted to create time to support families with older children. The only way to do this being to increase the efficiency of the way she sees families with a child under one.

Carolyn also identified that because of social stigma, many families feel isolated. Often parents do not even tell their immediate family that their child has sickle cell because of social stigma. She recognised that group care would potentially impact hugely on the psycho-social aspects of care, and getting parents to attend a group was likely to be especially challenging as they often hid their child’s diagnosis from others. However, the benefits of connecting parents were potentially life transforming for that very reason.

What the team did

After gaining approval through its internal governance processes, the sickle cell anaemia group consultation team has run three group consultations so far.

The group consultation starts with taking key measures from the child, including blood oxygen and weight. These are added to the Results Board, alongside haemoglobin levels. The nurse and facilitator did this together.

The Results Board included:

- Current haemoglobin level
- Percentage of baseline
- Blood oxygen level
- Baby weight
- Pain score

Because it is hard to ascribe ‘normal’ levels to babies with sickle cell – and as clinicians track each child’s progress by monitoring how close they are to their baseline level, the team is using the Results Board in a slightly different way. The team is still piloting this and refining



it. The team also adapted the template materials, and produced educational posters to put on the walls of the clinic.

Only one mum attended the first and the second group consultations; although the second was held on a day when the unexpected snow was bad and it was very understandable that parents did not want to leave the house that day. Whilst disappointing, these sessions provided the opportunity for a safe 'dry run' and built team confidence in the process.

The third session was the most successful so far. 15 families were invited; 5 attended (a total of 20 people). The session was scheduled in the school holidays and in many cases both mum and dad attended. Because there were so many siblings, the facilitator had to look after the children, and so the clinician ran the session unaided. It lasted 3 hours; partly as a consequence of the facilitator not being there.

Results

Efficiency

From an efficiency point of view, it would have taken the specialist nurse a minimum of 1.6 days to complete the same five one to one home visits to five families (average 3 home visit a day). The group consultation ended up being 3 hours long. Future consultations should be no more than 2 hours, and based on experience to date, a maximum of 5-6 families would be the optimum number to attend.

This suggests that the clinician time saved by this group consultation compared to home visits is between 1 to 1.5 working days.

Scaling this up, if this option replaced the current care model and the specialist nurse could maintain her current contact levels with families ($n=20$ a month), she calculates that instead of 6-7 days a month for home visits, she would need 1-2 days a month of group clinics – a very significant time saving.

Furthermore, as more fathers attend, she is able to provide a more whole family centred service at the group clinic.

Family experience

The numbers of families involved so far ($n=7$) is small to draw any firm conclusions about family experience compared to one to one.

However, anecdotally, parents show strong preferences for group consultations. For instance, the mum who attended the first session was keen to attend again, and come back in three months and meet others at the group consultation. At the third session, which was a better test of the process, parents fed back:



- They learnt a lot more about the management of the condition in the group setting compared to a one to one. One parent reported that they felt they learnt more in the group consultation than they had learnt from all the professionals they had been in contact with since their child was born
- They felt reassured by talking to other parents – especially those whom Carolyn had been struggling to engage in accepting the diagnosis of Sickle Cell seemed to have a ‘lightbulb moment’
- One father reported that the usual clinics felt like a clinical ‘tick box’ and did not focus on his concerns and what mattered to him as a parent whereas the group clinic covered the issues that mattered to him as a parent

At the first consultation, Carolyn reflected that the mum asked more questions in the group setting. This mum reported she felt she had learnt a lot at the group session, and was disappointed only because she had hoped to meet other mums.

After the third session, Carolyn reported that parents whom she had struggled to engage with transformed into parents who were volunteering to support the running of the group and finally wanted to engage with Carolyn and her support; take control, accept the diagnosis and learn about how to manage Sickle Cell. She felt that these previously disengaged parents now ‘got it’ and recognised the stigma and negativity that had stopped them engaging with Carolyn was unhelpful and ‘they had put that to bed’ for once and for all.

There were also early signs of community building amongst parents. For instance, parents said they wanted a What’s App group. Carolyn suggested they set that up themselves; Carolyn also shared with them that she needed to cancel the May group consultation because she is having a surgical procedure, and one parent said, ‘we need to meet monthly, I will make it happen even if you can’t be there’. This was after just one group consultation. Carolyn is securing a venue for them to meet.

Staff experience

After the third session, Carolyn felt the ‘buzz’ that the trainers and Dr Symington had promised - and wanted to dance (in fact – she did)! Carolyn and the team have learnt a lot of lessons (all captured in Appendix 3C), and are building on these.

Next steps and messages to others

Carolyn’s next steps are:

- Making group clinics mandatory and routine – the main offer for families with a child under one year. Carolyn and her facilitator are scheduling monthly group clinics (2 on the same day), which she hopes will cover most of her caseload



- Bringing in older children to group clinics during the summer school holidays (4 group consultation sessions). These will capture all older children on Carolyn’s caseload. Group clinics will particularly focus on pain management and planning for transition to adult services, starting with children as young as nine years and growing the child’s independence and ability to self-manage their condition. This will be evaluated
- Sharing families’ positive stories after attending the group clinic and continuing to develop a positive, family centred narrative, which stresses the benefits families get from being seen in a group consultation to boost attendance
- Building parent mentors and volunteers. This is evolving of its own accord as demonstrated from the feedback from the third session
- Continuing evaluation to allow Carolyn to demonstrate to the Trust the positive family experience and learning and efficiency gains compared to 1:1.

NHS Oxleas Foundation Trust is also looking at the potential of expanding group consultations to other areas of community nursing.

Carolyn’s messages to others are:

“It may be a slow start. Keep going. You will get there! The only thing that kept me going (after the second one) was the excuse of the bad weather. Then the third one really left me elated”

“Keep pushing on and testing different ways of engaging the parents. I found saying to them, ‘just turn up and see if you like it’ seemed to work. Now they want the sessions more often than I can offer them!”

3. Lessons learnt and recommendations to maximise impact of future group consultation learning support programmes

Based on learning to date, the following recommendations emerge to maximise the impact of future group consultation learning programmes related to:

- Learning support design
- Group consultation delivery with children and young people
- Experience of care
- Clinical team engagement



3.1 Learning support design

These findings teach us the following things about group consultations learning support:

- Learning support provided has resulted in positive outcomes, with all three teams running at least two group consultations and adopting and embedding group consultations as a routine way of working. Within six months, the community nurse has moved to group consultations being a monthly, routine way of delivering care to her patients under 12 months. Both GP practices are continuing to deliver group consultations, with one now running regular monthly group consultations and planning to move to two weekly scheduled group clinics. This is a high success rate for a programme of transformational change. Teams have stayed resilient despite set-backs and overcome them with ongoing support from the ELC team when the going got tough. Programme design worked well
- Learning support focused teams on the critical success factors that matter most. This is reinforced in feedback from clinicians
- In terms of workshop design:
 - There should always be a clinical mentor who has run group consultations present
 - There should ensure learners experience small group working and learning
 - All staff who are trained initially should attend learning and celebration event if possible
- In terms of follow up support, after the initial learning event, teams appreciated tailored one to one support and follow up. Coaching onsite was highly valued:
“It was great to have an experienced coach on hand to build confidence”
- In terms of evaluation of the programme, follow up evaluation forms should be completed by staff at the learning and celebration session to avoid losing staff to follow up
- In terms of hygiene factors, lunch and refreshments (tea, coffee, water) should always be provided at training sessions.

3.2 Group consultation delivery with children and young people

These findings teach us the following things about transferring group consultations from adults to children and young people:

- The ELC group consultation model transfers well to consultations with children and young people. Every team will need to design its own Results Board. This is part of the local adoption process



- There may be higher DNA rates amongst families. Teams should always invite more families than they expect to come to counter-act this (this fits with findings from Hertfordshire where they have scaled child development group reviews)
- Because parents and children (and siblings) attend, group consultations for 5-6 families are the ideal (and probably maximum) size for a family group consultation (this fits with findings from Hertfordshire where they have scaled child development group reviews)
- Making this “the way we deliver care” and booking regular slots in the clinic schedule helps group consultations to stick (this fits with findings from Hertfordshire where they have scaled child development group reviews)
- Both younger children and young adults respond well, join in, interact, share their knowledge and enjoy group consultations. Group consultations support them to be more active participants in the group consultation
- Having a way to entertain siblings may be important to success – especially when group consultations are held in school holidays and after school hours. This requires forward planning and creative thinking to keep them occupied
- You may need a larger space because of more family members attending. It needs to be safe and child friendly, with a private area for discussion of sensitive issues
- Potentially, peer support group can be very easily seeded through family group consultations. Parent and child peers and mentors quickly emerge and can be supported to set up and run support networks, with social media and phone technology sustaining peer connection.

3.3 Experience of care

These findings teach us the following things about how group consultations impact on experience of care amongst staff and children and young people. They resonate with findings from previous evaluations ELC has undertaken:

Families

- Even though it can prove challenging to get them there in the first instance, families enjoy group reviews and children engaged quickly once they were in the room. Clinical teams need to persevere with recruitment and over-invite families
- Families found group consultations helpful and informative. They liked the informal atmosphere and the fact they got to discuss their concerns rather than just clinical tick boxes
- Parents reported they learnt news things. Some compared them with one to ones and felt they learnt much more
- Parents enjoyed exchanging stories and experiences, and learnt from each other
- Just like adults, children are keen to help and support each other to learn e.g. with inhaler technique
- Parents and children were keen to come back to future group consultations.



Clinicians

- Clinicians enjoyed delivering group consultations to children and young people
- The biggest impacts clinicians identify group consultations have is on the quality of their relationships with their patients and their ability to educate and support them to self-care and take control of their health issues. This is mainly because the interaction in the group setting means patients explain things and educate each other
- Clinicians were surprised at how group consultations helped them uncover things parents and children did not know, and engaged parents who were previously disengaged and not open to learning and taking control
- Group consultations create time to care, with clinicians feeling they are more patient and family centred because they focus more on what matters to children and young people and their parents. They also get clinicians away from their computer, which allows them to be fully present and engage completely in the consultation conversation
- Clinicians all observed that peer support was highly valued by parents and children
- Some clinicians observed that parents took information and advice on board better when it came from a peer rather than from them. In some cases, they felt the parent 'heard it for the first time' when a peer said it (even though the clinician had said the same thing to the parent many times before)
- Group consultations removed many of the frustrations with 1:1s, including feeling rushed; being unable to address patients' real concerns; feeling hemmed in by tick boxes and protocols. The environment was more relaxed and informal so they got to know patients and families better. This was rewarding
- Group consultations gave clinicians a 'buzz' and were energising compared to one to one that were described as 'draining'.

3.4 Clinical team engagement

These findings teach us about the important of have a strong shared ambition and involving the whole team in mobilising group consultations, especially line managers and team leaders who are not directly involved in delivery:

- To ensure clinicians, facilitators and administrators teams get the support they need, when NHS trust teams are being trained, team leaders/line managers should attend co design event so they can effectively support and advocate the change further up the chain
- For the same reason, in primary care, practice managers should attend the half day co design session so they understand the benefits



- So that group consultations stick, clinical teams should be encouraged to plan for an ambition of regular group consultation sessions from the start, and align administrative support and systems to make this happen

These critical success factors are already identified within ELC learning support for group consultations mobilisation, and this evaluation reinforces their importance.

3.5 The potential power of a supportive patient champions

Feedback reveals the potential for Patient Participation Groups (PPGs) in primary care to become actively involved in championing group consultations – and even recruiting patients to attend. Likewise, within the specialist team, there are early signs of parent champions emerging who could support the clinic team by talking their peers who may be reluctant into attending. Recruitment is a challenge before group consultation become routine and embedded and developing patient champions could prove a very successful way of supporting the adoption and spread of this way of working that most patients prefer once they gain experience.

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