

## **Group Consultations – Frequently asked questions**

### **Why are we doing group consultations?**

People with long-term health issues tell us that to take control of their health issues. They want:

- To spend longer with a clinician (GP / Nurse or other healthcare professional) who knows them because they gain confidence from this regular connection; feel better supported and more confident to self care when they regularly see a clinician whom they know and trust
- Proactive routine follow up and review because this helps them to take control; reassures them; reduces their anxiety and prevents them “falling through the net”
- To set goals together with their clinician, both around what they can do to help themselves and what their clinician can do to help them
- To review these goals regularly (a robust, proactive care planning approach)
- Connection with people with the same condition because it gives them confidence, hope and inspires them to change and take control.

### **This is impossible in a 10-minute appointment.**

Primary care teams have to find innovative new ways of delivering routine care in general practice that simultaneously save time and improve quality.

### **What are Group Consultations?**

Group consultations are a sustainable alternative to current primary care practice of seeing people one to one. They make it possible for the practice team to support people in the way they want AND simultaneously reduce clinician workload, thus creating access and continuity of care for patients.

### **How do Group Consultations work?**

This is how they work in general (this may vary slightly from condition to condition):

- Group consultations are led by a (process) facilitator. They can last around 90 minutes
- The clinician decides who participates – generating a list for the administrator to invite people from amongst their own patients
- Prior to the group consultation, people have all the right health tests and check ups so they ‘know their numbers’ e.g. Hba1c, cholesterol. These are put on a results board in the room, so everyone can see how they compare with others
- The facilitator ensures that before the clinician joins the session, each individual is clear about what they want to discuss with the clinician

- The clinician joins 20 – 30 minutes or so into the group consultation, once this is all set up. He or she joins the group and reviews the board with people's tests and the questions they want to ask all set out clearly
- The clinician then holds brief 1:1 consultations with each of the participants in the group setting. They usually raise no more than one or two questions. This lasts 45-60 minutes. Everyone listens and learns from the conversation and advice given to everyone in the group. Of course, sometimes people's questions are answered before it is their turn, which avoids repetition and enables people to understand they share the same concerns. Patients can also share what has worked for them and helped them manage their long-term condition, so peer learning happens. The facilitator manages the group through this whole process, and the conversations, so the clinician stays on time and the group remains positive, with everyone feeling listened to and respected
- If someone needs to speak to the clinician alone, this happens after the hour is over or they get an appointment scheduled shortly after – this is rare!
- The clinician leaves the session
- The facilitator closes the session; summarises with the group individual goals for review at next session (if appropriate), building on what the clinician agreed with each person. The facilitator reminds the group that these will be reviewed the next session and is available to signpost people to support e.g. with weight management, exercise programmes, understanding diabetes/COPD etc.

### **Is there any evidence group consultations work?**

Group consultations are tried and tested in primary and specialist care in England (Smethwick in Birmingham, Slough, Croydon, Leeds and North West) and used extensively in United States of America and Australia. Our programme builds on best practice from these areas – we have worked with the GP practice team in Smethwick and our international colleagues to learn from their experience and expertise. Specialists, nurses, GPs and pharmacists – and potentially others e.g. dieticians, health visitors, physiotherapists and occupational therapists - can all potentially run group consultations as an alternative to one to one consultations.

### **Group consultations have been shown to:**

- Improve access to continuity of GP care and increase perceived time spent with the GP
- Improve access to routine care for people with long term health issues: group consultation practice management processes ensure that people get routine tests prior to the group consultation (so results can be discussed at the session)
- Systematise care planning follow up and review: Supported by the process facilitator, participants and the clinician, set and review personal and therapeutic goals

- Create efficiency and time savings: they take potentially half the time of 10-minute appointment e.g. instead of minimum 10 minutes per individual patient per appointment, the clinician spends 45 - 60 minutes reviewing up to 15 patients (depending on complexity of condition) in a group consultation setting
- Seed and build peer connection and peer led support groups: people connect with the rest of the group. Group Consultations are designed to encourage and nudge people to continue to meet outside of the group and form peer support networks that build resilience and give people confidence. The facilitator supports and encourages this
- Activate confident self-management in those who need to build confidence and self-esteem: Our model of Group Consultations builds on best practice in person centred care and published evidence on what supports people to take control
- Reduce or streamline GP appointments (especially important for people who work)
- Improve person and family care experience

For further evidence and references <http://www.groupconsultations.com/evidence/>

### **Why do we need training and coaching to run group consultations?**

Running group consultations is a change in clinical practice and culture for most practices - both for primary care professionals who have to get used to working with the dynamics of a group and have the confidence to conduct individual consultations observed by a group of up to 15 patients – and for practice teams and patients too. Group consultation practice teams are generally made up of:

- Clinicians (GP, Practice Nurse or other healthcare professionals) who lead group consultations
- Group consultation facilitators who support the clinicians by managing the process and dynamics within the group consultations
- Practice administrators who manage the set up and administration of group consultations within the practice, supported by the practice manager.

All tell us they need training and mentoring support to fast track progress and embed this innovative new practice successfully. In return, this non-recurrent investment can potentially reap massive rewards for participating practices and their patients in terms of efficiency and quality gains and in enabling people to take control and manage their health issues independently.

## Common Mistakes

This list is based on lessons learned feedback from the UK, USA and Australia:

- Not having a trained facilitator
- Not securing required support for group consultations programme (admin support, team approach, marketing and appropriate training)
- Not confirming bookings
- Premature launch of poorly designed programme
- Not following the structure and flow of session (timings, including when clinician should join and leave session; facilitator allowing some pts to dominate; group becoming a health promotion/ group education session not a medical consultation and not doing team debriefing)

## How widely can I apply group consultations?

Group consultations can be applied in many areas of practice. The routine management of long-term conditions is likely to be an area where there are big early wins and efficiency gains and one - off group consultations are successful in some therapy areas too.

## What are the benefits for GPs, practices and patients?

Benefits for practices and clinicians	Benefits for patients
<ul style="list-style-type: none"> <li>• Efficiency gains for practices, including: better use of limited GP, pharmacist and nurse time; systemised follow up and review of people with long term conditions who often use GP services more than once a month; fewer multiple appointments per patient; one stop shop for all routine monitoring and tests</li> <li>• Shorter consultations and more connection: average 5 minutes per patient versus 10 minutes in one to one consultations - and in some cases, even greater savings where patients are attending several times a month. N.b. patients report that they like having longer with their clinician as they are listening and learning on advice given to others in the group.</li> <li>• Improved relationship with patients; able to spend longer with patients on the whole</li> <li>• A more rewarding experience for clinician; may reduce clinician burn out</li> </ul>	<ul style="list-style-type: none"> <li>• More time with my clinician. 'It <b>feels</b> like I see my own clinician for 60 minutes'</li> <li>• Greater continuity of GP care. The session is run by my clinician and I see him <u>more</u> regularly</li> <li>• I get answers to questions I never knew I had, from listening to advice given to others in the group</li> <li>• Proactive, reassuring follow up and review of my condition, treatment, medicines etc.</li> <li>• Connection with peers who live with or are recovering from same condition, which builds my confidence; gives me hope and inspires me to change my health habits</li> <li>• Sets up on-going peer support networks</li> <li>• Confidence and support to take control and self-manage condition / health issues</li> </ul>

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| <ul style="list-style-type: none"> <li>• Variety in working day</li> <li>• A chance to innovate and develop professional practice: hone consultations skills; learn from facilitator and transfer practice that will be useful during one to one consultations too (especially around behaviour change)</li> <li>• Continuing professional development and improvement, including CPD credits</li> <li>• Improved, proactive care planning and review/ follow up = better clinical outcomes</li> <li>• Improved quality of care and outcomes for patients</li> <li>• Improved experience of delivering routine care</li> </ul> | <ul style="list-style-type: none"> <li>• Improved health outcomes</li> <li>• Improved care experience</li> <li>• Improved activation and confidence to self - care.</li> <li>• I get to discuss 'what matters to me' and not just go through a tick list of questions</li> </ul> |
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## What Group Consultations are and what they not?

Group consultations - also called shared medical appointments, group medical appointments or group appointments - are clinical consultations delivered in a supportive, peer group setting. It is the peer support and group dynamic that makes a group consultation different.

The clinician, working with a group of people who live with a similar or the same condition and symptoms, means that clinical care and the consultation conversation benefit from the dynamic that a group brings. Over time, the power balance shifts towards peer support and self-care and away from reliance on the GP or nurse as the expert, with people and families taking control of their care. This is great because people tell us they want to be in control of their condition. They also tell us that connecting with people with the same condition really helps them feel supported and take control.

As well as being more empowering for the person and the group, group consultations are very efficient. The clinician is not in the room for the whole session; only about 45 minutes. As the groups usually include 10 – 15 people, this would mean logistically that the clinician sees people for an average of 3 - 4.5 minutes. However, the individual person experiences the clinician being with them for a full 45-minute consultation! This is great because people living with long-term health issues tell us that having longer with their GP or nurse really matters to them and makes them feel supported.

Alongside making better use of the clinicians' time, group consultations enhance the healing experience because they integrate clinical support with peer support.

Group consultations improve follow-up; provide a platform for physical examinations; support new patient intakes, chronic disease management and people who are newly

diagnosed with a long-term health issue.

When group consultations are working really well, peoples' tests and reviews are aligned with the group consultation. By ensuring that everyone receives their necessary test results ahead of the group consultation e.g. blood pressure, cholesterol and blood sugar, people are able to share test results and get motivation to stay on track from the group. This is great because people who have long-term conditions tell us they want to be regularly followed up and reviewed and that it provides an important sense of reassurance and security - as well as it being critical to good quality primary care.

Group consultations **are NOT**: health education classes; group lifestyle change classes; behavioural medicine programmes; community support groups; group counseling or 12-step programmes. The difference is that these types of group sessions are mainly about people talking and learning from each other - and often there is no clinician involved. In contrast, group consultations always involve a clinician (doctor or nurse) and are doing the clinical work that would otherwise happen one to one in the consultation room, in a group setting, with everyone supporting each other to manage long-term clinical conditions together.

## **What are the potential efficiency gains?**

Group consultations can help by:

- Providing planning focus and streamlining diagnostic and routine testing; making sure the person has all their tests done on the same day and in advance of the group consultation, thus creating a one stop shop
- Improving access for people living with long term health issues
- Reducing 'do not attenders' (DNAs)
- Sharing workload around the management of long term health issues between clinicians and non-medical staff
- Building skills and confidence to self-care amongst people and families so that, in time, people become more self-reliant and need less clinician support and stay well for longer
- Supporting those who are attending their GP frequently and feel they need a lot of support by linking them in with patients who are more confident, coping better and who can inspire and support them to take control and self-care.
- Offer an alternative to patients thus making more efficient use of clinician's time freeing up appointments quicker for patients who choose traditional 1:1 consultations

## What problems do group consultations solve?

**Greater efficiency:** We know that clinicians are overstretched, with too much to do and too little time. Against this background, people living with long-term health issues tell us they want:

- Regular follow up with a known GP
- Regular review
- Time for important conversations
- Support from people who live with the same condition
- To be able to self-manage their condition with confidence

Group consultations provide a way of using clinician time differently so that people get what matters to them and it takes clinicians less time to deliver their care. In the end, group consultations are about everyone getting what they want and need.

**Increased professional satisfaction:** Clinicians tell us that they currently feel frustrated that they are unable to support people better and spend more time with them. Group consultations provide the opportunity to make clinical work a more rewarding experience for all concerned.

**A 'win-win-win' innovation:** By increasing capacity and decreasing demand, well-run group consultations offer an innovative solution for stressed out primary care teams. They are a "win-win-win" innovation that fit with what patients, clinicians and primary care needs. By focusing on what matters to people living with long-term health issues, group consultations improve:

- Person centred care
- Self care knowledge and skills
- Clinician and patient satisfaction
- Access
- Service quality
- Outcomes
- The practices' bottom line.

## Do I need to be good at facilitating groups to work this way?

The answer is absolutely not. In fact, it is important that the person holding the space and facilitating the group consultation process is NOT the clinician. You cannot do both roles well at the same time. Group process facilitation requires the full attention of a facilitator. Being the clinician in the room requires the full attention of the GP, pharmacist or nurse. As a clinician or a facilitator, you will benefit from training in best group consultation



practice. You will receive this through both online and face to face training. You will also have access to a peer coach.

## **What kinds of people can I include in my group consultations?**

### **People who will benefit most from group consultations:**

People living with long-term conditions who take medication; need regular reviews, tests and follow-up i.e. almost all people living with long term health issues who are willing to give group consultations a go. In particular, involve people whom you view as difficult or problematic, including:

- High and low service users
- People who are struggling to comply with treatment and are poorly controlled
- People with psychosomatic conditions or psychosocial issues
- People who need lots of information
- People looking for more time with the clinicians
- People who feel they would benefit from peer support, or extra professional handholding e.g. in the first-year post diagnosis
- People who have little social support and may be lonely or coping alone.

### **People you may want to exclude from group consultations:**

- People with advanced dementia
- People who are hearing impaired
- Those with serious infectious illnesses e.g. SARs, TB, bird flu. A minor cold and flu symptoms are OK when the person takes adequate preventive measures
- Acute medical emergencies needing urgent or A&E care
- Complex medical procedures (although minor procedures can often happen linked to a group consultation)

## **Are group consultations the way forward?**

Group consultations have the potential to play a major role in transforming primary care. Well-run group consultations can improve outcomes for patients, help resolve the time pressures facing busy, backlogged clinicians and bring back some joy to the practice of primary care medicine. For all these reasons, expect to see group consultations playing an increasingly important role in the delivery of high quality, efficient and cost-effective mainstream primary care in the future.





**For more information, contact:**

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