Welcome

Group Consultations The Great Paradigm shift

> Alison Manson Group Consultations National Training Lead







Who are you?

- Doctor
- Nurse
- Pharmacist
- Dietician
- Manager
- Other
- PATIENT ?



Have you ever participated or seen a Group Consultation?

- Yes I have delivered a Group Consultation
- Yes I have attended a Group Consultation
- No But I have heard of it
- No I have never heard of it



What do you think of the idea?

A Fantastic

B Has potential / Looks promising

C Unsure of it

D Don't like the idea



What we will cover

Understand what we mean by the term Group Consultation

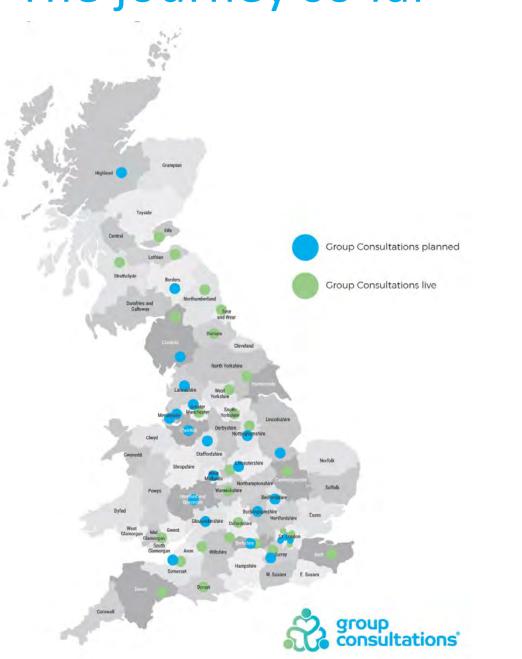
Look at how Group Consultations help us to support people living with LTC's

Hear from colleagues who are delivering Group Consultations

The patient's experience of Group Consultations

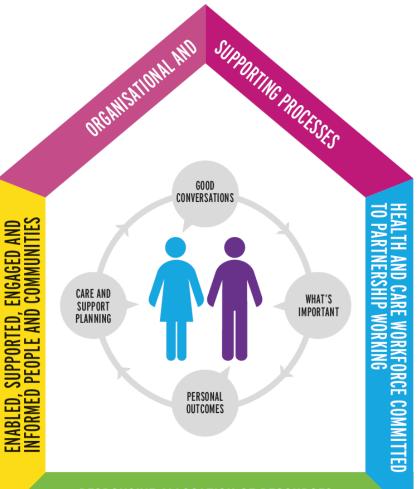
group consultations Answer any questions you may have

The journey so far



- LTC reviews diabetes/COPD/asthma
- Extended access
- Children & young people reviews / specialist care
- Chronic pain
- Rheumatology / MSK
- Mental health
- Antenatal care / Health visitor reviews
- Lifestyle & prevention
- Orthopaedics
- Menopause
- Renal dialysis / transplantation





RESPONSIVE ALLOCATION OF RESOURCES

Our lead collaborators



British Society of lifestyle medicine



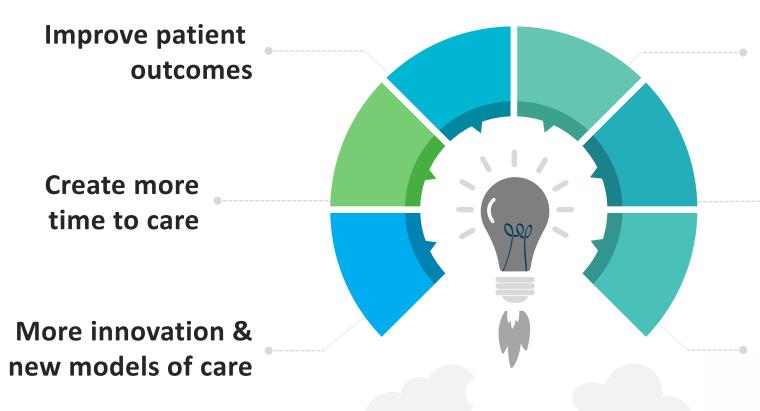
Dr Rob Lawson British Society of Lifestyle Medicine (BSLM) Chairman & GP

Dr Fraser Birrell Consultant Rheumatologist Group Consultations Academic Lead

Practice UNB UND



Why we need Group Consultations



Support Care & Support planning and SDM

Improve staff wellbeing and workforce development

Optimise delivery of specialised care services

A solution to the NHS workforce crisis



Why we need Group Consultations

Delay per specialty	In weeks
Gastroenterology	114
Dermatology	57
Ear, Nose and Throat	34
Gynaecology	14
Diabetes	11



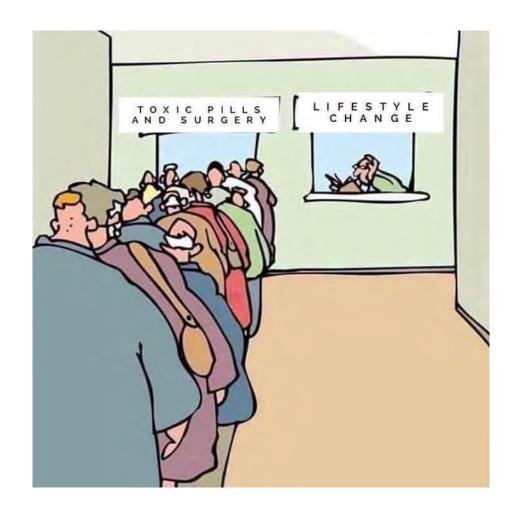
Why we need Group Consultations

Long term conditions	In UK
2013 self-reported	36% adults LTC 20m
3 or more LTC	2.9 million people
GP Appointments	50%
OP Appointments	64%
IP bed days	70%
Cost	70% of health budget (£126bn)
Prescribed med	£17.4 bn



Figures from ONS 2018

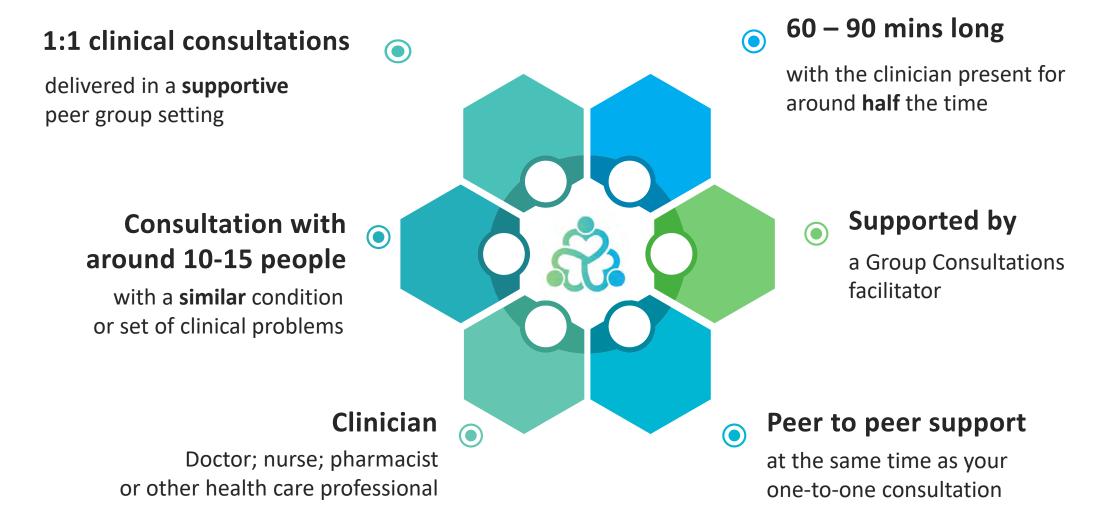
The Lifestyle Challenge





Food for thought	
Between 40-90% of chronic disease (lifestyle related disease) is preventable	
80% of General Practice workload is due to	
lifestyle related disease	
Alert nomenclature: Chronic Disease=Lifestyle Related Disease=Non Communicable Disease	
British Socie	ety of

Group Consultations are ...



An alternative way to deliver high quality personalised routine care



Group Consultations are NOT ...



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Stand alone patient education programmes Self help or peer support groups



Although Group Consultations may deliver similar benefits





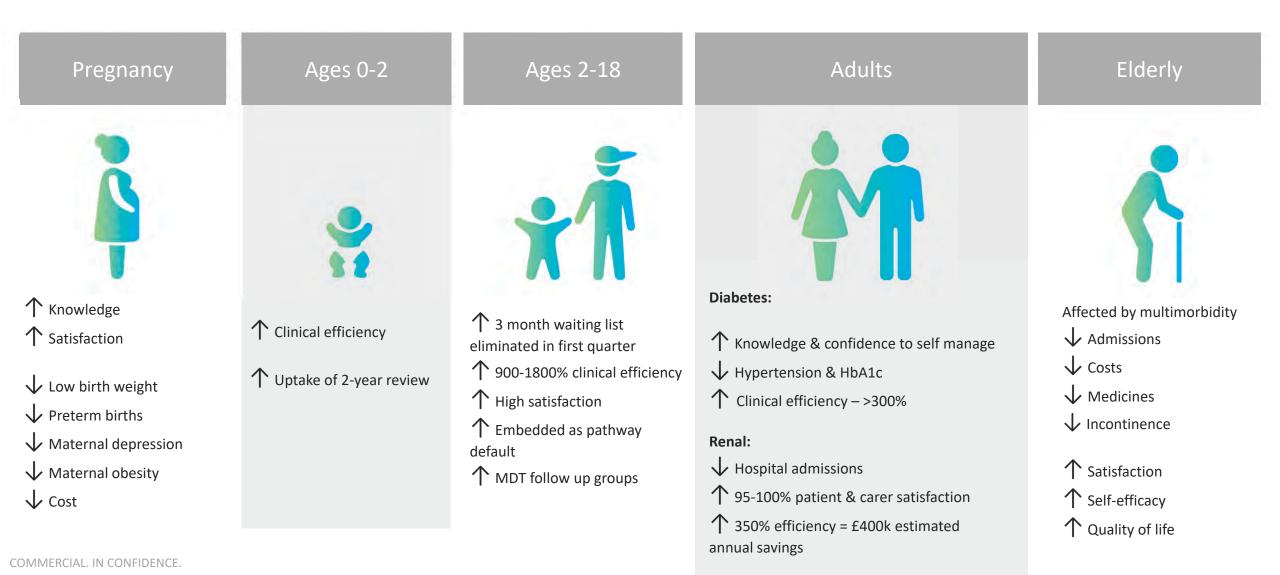
Remember

A one-to-one consultation actually takes place within the group setting replacing routine 1:1 appointments





Evidence Across Life



Healthcare System Benefits

Efficiency gains (clinician time)

NESTA found that consultants applying group clinics in outpatient settings saw 15 patients in the time it had previously taken to see 9; a 40% productivity gain.



Lower care and societal costs

Seager et al estimated annual savings of 65.1% from group bariatric surgery clinics; Miller et al found reduced costs for patients with LTC, sustained at 2 years.



Reduced bed days

Jones et al found a 50% reduction in psychiatric bed days at 6 months; an impact sustained at 2 years; lckovics et al found babies whose mothers had group antenatal care needed fewer neonatal intensive care bed days.



Reduced A&E use & emergency admissions

Compared to usual care, Croydon psychiatrists saw a 30% reduction in A&E admissions; Clancy et al found reduced A&E attendances in type 2 diabetes with LTC had fewer emergency admissions.



Reduced waiting times

Kaider-Person et al found compared to usual care, group clinics reduced waiting times for new and follow up patients. Oehlke found that group clinics reduced waiting times from 3 months to 3 weeks.

For further evidence and references

What does a Group Consultation look like





A Diabetes Case Study





Daniel Smith, 47 years old

- NHS Health Check
- Attends for blood test results
- Type 2 Diabetes
- BMI 34 Obesity
- Eats "Normal diet" few pints in the pub
- Physical Activity None
- Low in mood
- Marital Problems





10 minute GP consultation

- T2 Diabetes
- Obese
- Referred to course 3.5 hours
- Advised about exercise
- Offered counselling





10 minute GP consultation

- I'm going to die
- I'm fat
- I've got to go to fat camp
- I have to eat less
- I'm lazy
- Counsellor 🛞







90 minute Group Consultation

- T2DM can be reversed
- 1/3 people are obese
- Other people have exactly same problems
- There are loads of foods I like that are really good for me
- I don't need to go to a gym to be fit
- Can be Rx Viagra on NHS





6 months later...







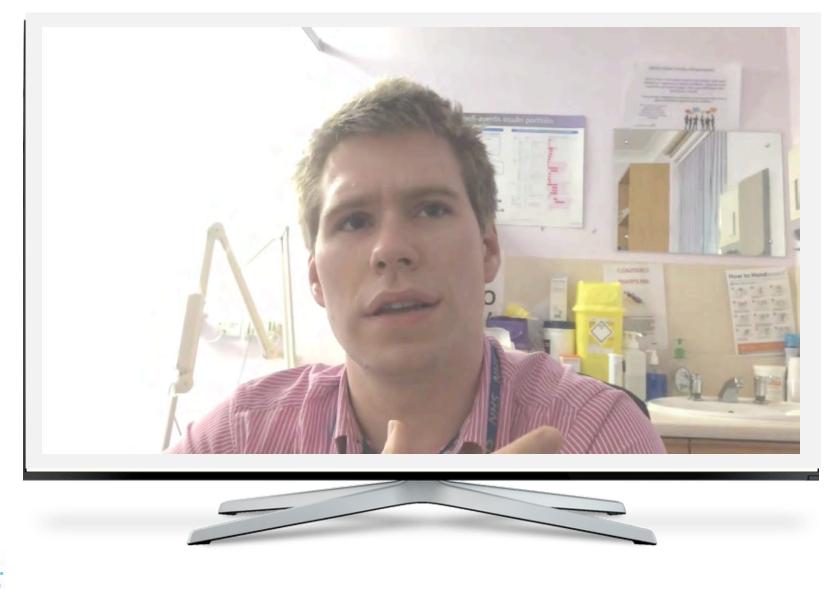
12 months later...







Dr Alex Maxwell





Dr Emily Symington





A GPN Perspective





Benefits of Group Consultations





What matters to people living with long term conditions?



More time with clinician & focused on what matters to them



Feel more confident to self care



Connected with people with similar conditions or challenges



Systematically followed up



What percentage of patients, do HCP's think feel involved in decision making around their condition?

A - 100%

B – 85%

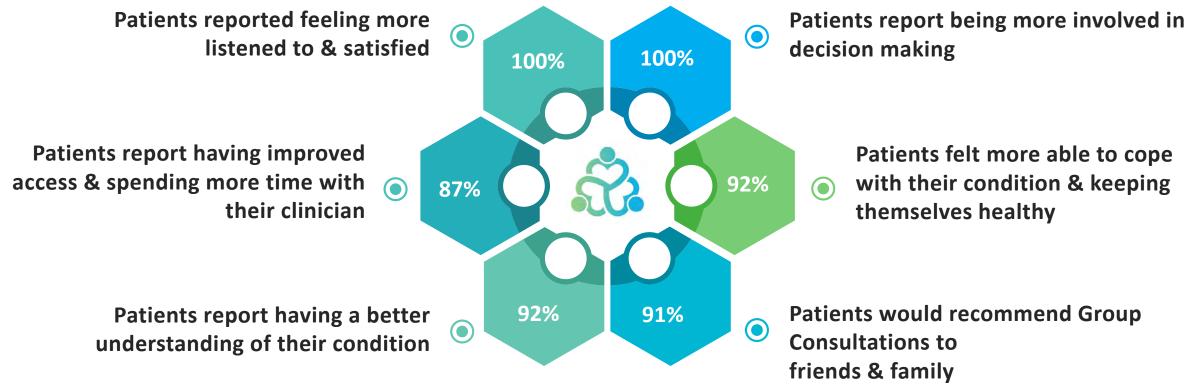
C – 50%

D – 20%

What % of patients ACTUALLY feel involved in decision making around their condition?

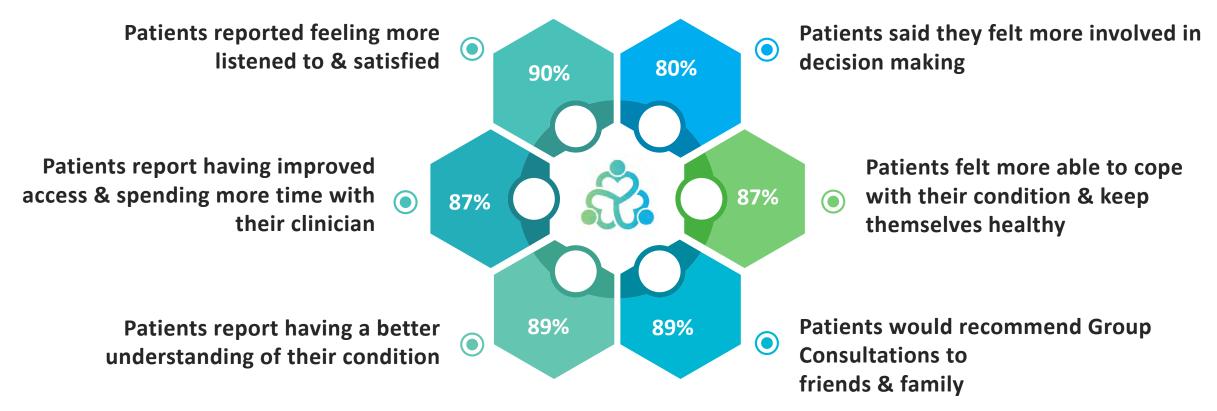


What patients living with diabetes told us about their Group Consultations experience. (community)



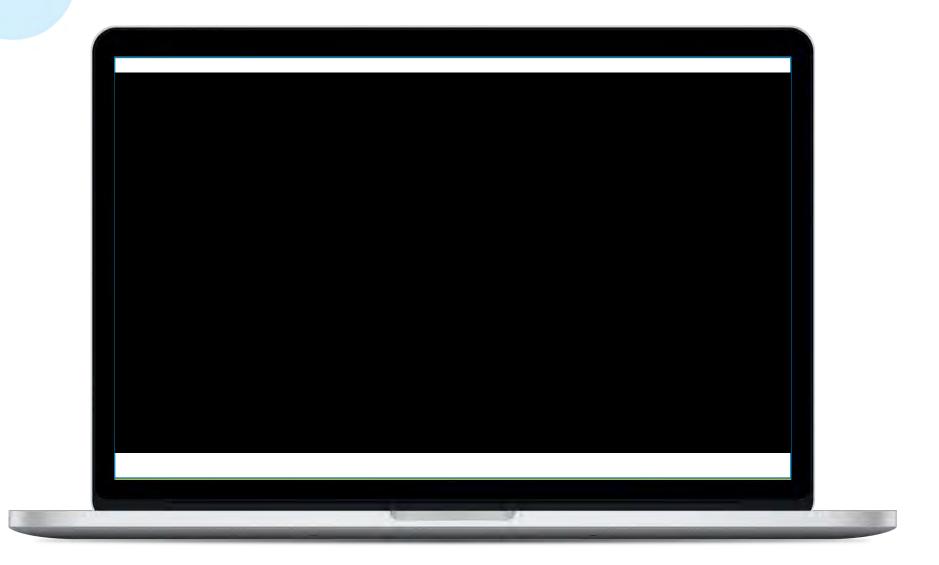


What patients living with told us about their Group Consultations experience (primary care)





Lets Hear what patients are saying











Refreshing way to deliver care



Patients do better



High quality care delivered more efficiently 300% -900%



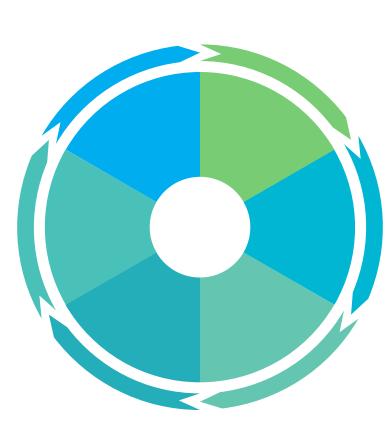
Critical success factors:

making group consultations work at scale

Strong practice leadership; whole team buy in

Effective planning and organisation; team focus on the 'Why'

Designing a group consultations that ticks the boxes



 A strong patient recruitment strategy

 Following best practice, including defined roles and responsibilities

 Finding and booking out the room

Common Mistakes

- Not following best practice
- Not having a trained facilitator, clearly defined roles or team approach
- Not securing required support for your programme including:
 - Admin support and budget
 - Team buy in
 - Materials and training
- 'Jumping in' Premature launch of poorly designed programme
- Delivering Group Education and NOT Group Consultations





Group Consultations A blended learning approach

E learning with online resources



Face-to-face workshops Optional

Facilitator accreditation (BSLM)





Questions?

Download our app

Or contact

alison@groupconsultations.com

What do you think of the idea now?

- A Fantastic
- B Has potential / Looks promising
- C Unsure of it
- D Don't like the idea

