



## Group consultations: a quick guide to the evidence

Despite it being a relatively new practice in the United Kingdom, hundreds of papers have been published evaluating group clinics in the international literature.

The published evidence for group clinics in the United Kingdom is emergent, and findings in evaluation undertaken in this country align with the systematic reviews of the literature.

The references provided here are especially useful for those wanting to get to grips with and review the literature around group clinics, without going into too much detail:

Hayhoe's BMJ article summarises the literature for group clinics succinctly and is very helpful quick read and introduction:

<https://www.bmj.com/content/358/bmj.j4034>

Kirsch et al's 2017 realist review explains why group clinics work and outcomes are improving:

<https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-017-2064-z>

This Future Healthcare Journal article by Jones et al provides a comprehensive review of the literature and details the scope of the application of group clinics:

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6520080/>

This 2017 New England Journal of Medicine article by Ramdas and Darzi sets out the key drivers for adoption and spread of group clinics and similarly complex health innovations:

<https://spiral.imperial.ac.uk/bitstream/10044/1/46086/6/nejmp1612803.pdf>

### Managing chronic disease in primary care

Edelman has led a number of systematic reviews, including of chronic conditions published in 2012: <https://www.hsrd.research.va.gov/publications/esp/shared-med-appt.pdf>

And their most recent review of Diabetes Mellitus:

<https://link.springer.com/article/10.1007%2Fs11606-014-2978-7>

A UK systematic review confirmed that the best evidence is in diabetes:

<https://www.ncbi.nlm.nih.gov/books/NBK333454/>

In 2019 Gandhi et al published an evaluation of group consultations for management of diabetes in UK primary care

<http://www.pharman.co.uk>

Egger et al tested the model in primary care for the management of chronic conditions in Australia and published their evaluation in 2018:



[https://epubs.scu.edu.au/hahs\\_pubs/2594/](https://epubs.scu.edu.au/hahs_pubs/2594/)

Highlighting an opportunity to build integrated working within primary care networks, Beck et al found proactive, monthly primary care led group care reduced overall care costs, including: fewer A&E attendances, visits to specialists and repeated hospital admissions:

<https://onlinelibrary.wiley.com/doi/abs/10.1111/j.1532-5415.1997.tb03085.x>

Coleman et al found similar results:

<https://www.ncbi.nlm.nih.gov/pubmed/11329985?dopt=Abstract>

Scott et al followed up for two years with similar results:

<https://onlinelibrary.wiley.com/doi/abs/10.1111/j.1532-5415.2004.52408.x>

### **Outpatient models**

Birrell has evaluated the feasibility of group clinics for management of people with inflammatory arthritis in an outpatient setting:

[https://academic.oup.com/rheumatology/article/55/suppl\\_1/i16/1793319](https://academic.oup.com/rheumatology/article/55/suppl_1/i16/1793319)

Mackay's 2018 submission illustrates the potential of group clinics to transform outpatient follow up: <https://www.bmj.com/content/358/bmj.j4034/rr-9>

De Vries' 2008 paper shows the positive impact of nurse practitioner led outpatient group clinics on exercise tolerance in COPD:

<https://deepblue.lib.umich.edu/bitstream/handle/2027.42/75169/j.1745-7599.2007.00300.x.pdf?sequence=1&isAllowed=y>

A 2010 paper evaluates group post-cardiac surgery discharge care delivered by specialist nurses:

[https://journals.lww.com/jcnjournal/FullText/2010/03000/Shared\\_Medical\\_Appointments\\_After\\_Cardiac.7.aspx](https://journals.lww.com/jcnjournal/FullText/2010/03000/Shared_Medical_Appointments_After_Cardiac.7.aspx)

There has also been evaluation of video diabetes group clinics conducted online so e-consultations and group consultations may be complimentary changes outpatient teams can introduce:

<https://www.ncbi.nlm.nih.gov/pubmed/27435945>

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