

Supporting adults with asthma at Low Moor Medical Practice, West Yorkshire

# VIDEO GROUP CLINIC CASE STUDY



General Practice: people living with asthma

## What we did



"After I put in my contact lenses, I take my steroid inhaler and celebrate!"

## What changed and improved?

### OUR CHALLENGE

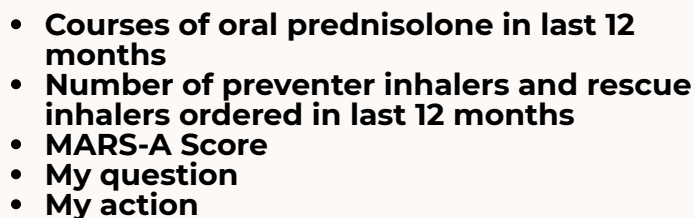
The practice wanted to offer proactive support to patients with asthma who were struggling to remember to take their inhalers in a bid to support them to remember, improve their overall control and reduce over-reliance on rescue inhalers. VGCs were identified as an ideal solution for this

### OUR GROUP CONSULTATION DESIGN

The team identified people on the asthma register and sent two texts, inviting them to email a dedicated VGC email address to attend a VGC. Patients who did get a link to the MARS-A questionnaire and an invitation to attend VGC. The discussion board covered the key domains of an asthma review. This supported deeper exploration of what was going on in the airways and which inhaler worked where. Dr Hickman then introduced a five minute session on 'Tiny Habits', a behaviour change model that can help patients to remember to take their inhalers. Dr Hickman followed up with the patients via email for the 5 days after the group consultations to see whether or not they had implemented Tiny Habits to remember to take their reliever.

The first three VGCs were 60 minutes long. The team would like to extend VGCs to 90 minutes in the future. A GP and pharmacist ran the first few VGCs. Moving forward reception staff will facilitate the nurses will consult in VGC.

### OUR DISCUSSION BOARD

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- Courses of oral prednisolone in last 12 months
  - Number of preventer inhalers and rescue inhalers ordered in last 12 months
  - MARS-A Score
  - My question
  - My action

**"I believe VGCs are the future for chronic disease management in general practice" GP**

### EFFICIENCY AND ACCESS

- An average of three people attended the first three VGCs. Each patient would normally have had 20 minute appointments for a 1:1 asthma review. The average time with the clinician in VGC was 10 minutes; a 50% efficiency gain

### CLINICAL IMPACT

- Patients found it so useful to know exactly why they were taking their preventer inhaler regularly and were equally surprised that one rescue inhaler should last them a YEAR and using any more than that is a sign of poor asthma control
- All patients agreed they had found the session very useful and two patients added 'Tiny Habits' to their daily routine and were now remembering, without fail, take their preventer inhaler
- It became apparent very early on in the VGC that the MARS-A scores indicated poor adherence and nearly all patients said they remembered to take their preventer. The relaxed atmosphere in the VGC supported clinician to explore this with patients and discussion uncovered that the MARS-A questions are confusing and need to simplify

### PSYCHO-SOCIAL IMPACT

- There was a great sense of fun during the session and patients shared lots of tips with each other

### EXPERIENCE OF CARE

- All patients agreed the VGC was a super useful, fun experience
- Nobody had any technical issues and the sessions ran very smoothly with lots of engagement and laughter
- The main issue for the team was the stress of getting Microsoft Teams integrated with the practices' Outlook calendar. This involved numerous conversations with IT and when it was finally set up, it was super simple to run
- Dr Hickman believes VGCs are the future in General Practice with regards to supporting patients with management of their chronic conditions. They are fun for all, practical, time efficient and provide enormous value to both the patients and clinicians
- Dr Hickman hopes to start running Long Covid clinics shortly

For more information about this programme, contact:

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