



For more information about this case study contact:

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Our Challenge

One community nurse responsible for a case load of 380 families. Families with a child under one (n= 40) must be seen every 3 months; previously this was by 1:1 home visit. Older children need more help with transition. Nurse had no time left to support them.

Our Group Clinic Design

Specialist nurse (clinician) supported by a HCA (facilitator) run group clinics every month - 2 in one day. As before nurse manages her diary and books parents in by personal invite. Group clinic is presented as the only option to parents. Oxygen levels measured and baby weighed on arrival by qualified facilitator. Parents identify questions prior to clinical session, which consists of 1:1 discussions in a group setting. Siblings may attend.

Results Board

Current haemoglobin

Percentage of baseline Blood oxygen level

Baby's weight

Pain score

NOTE: we are still refining this

What Changed & Improved?

Efficiency gains

- Estimated caseload time management reduction for under ones reduced from 7 days a month to 2 days; a 70% efficiency gain
- Clinician time freed to support older children with self management and transition to adult care

Clinical Impact

- Too early to measure. The change in family engagement bodes well for positive impact on clinical outcomes

Psychosocial Impact

- Community, support, and friendships forming between parents
- Parents self-organising peer support group outside clinic
- Stigma of Sickle Cell reducing
- More positive parental response (mums and dads) to nurse specialists' advice
- Powerful peer learning and support Previously disengaged parents accepting Sickle Cell diagnosis

Experience of Care

- Energising and rewarding for nurse specialist and facilitator
- Parents report learning more compared to 1:1 visit



“It can be a slow start - persevere! The third clinic left me elated. I have made group clinics the mandated care model for this group now”

