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**We thought asthma was a simple problem.
It isn't. You need to invest time. After a
good review, few patients have presented
with exacerbations**

Our Challenge

GPs in North West London recognised that young people weren't attending reviews and had no asthma care plans. Working in an area of deprivation, with high pollution levels and low trust in public bodies in the aftermath of the Grenfell Tower disaster, engagement is challenging and need is high. GPs were already working closely with specialist teams to reach out and support the community. Group clinics were an additional way of supporting young people closer to home; building confidence and ability to manage asthma and ensuring they understand and follow their care plans. The team began its work face to face and switched to video when COVID hit.

Our Group Clinic Design

90-minute group clinics spanned 2 primary care networks. Harnessing 'Whole Integrated Systems Care' (WISC) - a population health database - the team identified young people at the highest risk, and texted invites to 6 monthly group reviews. Online, Dr Yasmin was facilitator and supported a specialist respiratory doctor clinician. Teens completed an e-questionnaire in advance: peak flow, the asthma control test (ACT) and their questions and concerns. Parents stayed in the background, joining for care planning only. Face to face, a nurse educator, experienced working with adolescents, facilitated. Teens completed an interactive, age appropriate quiz based on gaming technology. Parents had a discussion in a separate room. 6-10 young people attended both. Asthma care plan were sent out and they can update themselves every 6 months. Evaluation focused confidence and satisfaction.

Results Board

- Peak flow
- ACT score
- Days off school
- How often do you use your blue inhaler?
- Second hand smoke in house YES/NO
- Do you have an asthma care plan YES/NO
- BMI (available to clinician only)

What Changed & Improved?

Efficiency and Access

- Group clinics deliver care planning (GMS contract) efficiently
- Proactive, planned group care enhanced quality. The team reviewed the whole practice list in one session. Young people saw both a GP and specialist in one visit. The time by clinicians invested was similar to one to one
- After this in depth review, few young people presented with exacerbations or required hospital admission
- Not having to print copies of care plans saved time. Using the MedLink e-asthma questionnaire in advance, and Mentimeter to gather feedback in the group clinic worked well
- A personal invite from the GP reduces DNA rates

Clinical Impact

- WISC found children not on GPs' Asthma Register. They were using siblings' inhalers
- Young people all got a care plan and are in control. F2F, they got flu vaccines. Online, they talked through fears about flu and COVID vaccination
- Discussion supported collaboration with schools. Everyone realised the main trigger is not PE, it is the changing room. By collecting inhalers and using them before the changing room, young people could avoid a full attack
- There was rich learning between clinicians who now run paediatric group clinics for asthma and allergies

Psycho Social Impact

- Young people were treated as adults. They grew in confidence and took responsibility; critical to successful transition to adult services
- The team built trust in the NHS with the community
- Specialists have a better understanding of the limitations of primary care and visa versa

Experience of Care

- Young people got more time with clinicians. It felt more personal, comfortable and safe
- They liked using CHAT; were articulate, opened up and asked lots of questions in the CHAT. They didn't want cameras on unless they were speaking. They wanted to hang out and chat after the clinic
- Clinicians found it was more rewarding because they spoke mainly speaking young people rather than rather parents
- Group clinics impact positively on everyone's wellbeing
- They energise the team, "They feel positive. You always get a buzz and it lasts all day"