ELC Programme

NHS Health Education England

KEY FINDINGS SUMMARY FOR SYSTEM LEADERS: GROUP CONSULTATIONS GENERAL PRACTICE NURSE LEARNING SUPPORT PROGRAMME EVALUATION

Background

Group consultations deliver routine planned clinical care in primary care, and are one of the 'new consultation types' named in the 10 High Impact Changes in the GP Forward View[1].

The North West Group Consultations Learning Support Programme was the first and largest commissioned to date by Health Education England and supported general practice nurses (GPNs) and their support teams from 37 practices to introduce group consultations.

The ambition for this programme was to seed group consultations in primary care across the North West and to start to build a network of GPNs who could offer expert peer support through a cascade that would enhance local sustainability and spread.

This evaluation was funded as part of that programme and shed light on:

- What makes GPN led group consultations different from GP led ones
- Practice motivations for engaging with group consultations
- Critical success factors for GPN led group consultations
- Optimal learning support to mobilise GPN led group consultations successfully
- Facilitators' contribution to mobilising group consultations
- The impact of group consultations on GPN experiences of delivering planned care
- Potential next steps in the North West.

This summary report, aimed at system leaders, presents the key findings so that system leaders can:

- Scope how group consultations can support health and care system sustainability and transformation and incorporate group consultations in STP mobilisation plans;
- Understand how group consultations improve quality and potentially outcomes to inform commissioning and development of accountable care arrangements;

[1] https://www.england.nhs.uk/gp/gpfv/redesign/gpdp/

- Scope how to support spread of this innovative practice, building on the enablers identified by Ramdas and Darzi[2]

Next steps

It is recommended that system leaders use this report to inform the development of strategies to mobilise the General Practice Forward View at STP, NHS England area team, accountable care organisations, clinical commissioning group and GP federation level.

Because group consultations can be practiced in any clinic setting, this report may also be helpful to inform workforce development, pathway redesign and capacity planning programmes within NHS trusts and other emerging provider partnerships as well.

If health economies decide to adopt group consultations as a new way of working, *Key Findings Summary for Health Education Commissioners* will support the evidence based commissioning of learning support.

Key Findings Summary for System Leaders

This summary covers insights for systems leaders into how group consultations may impact on health system sustainability and transformation and care quality and outcomes. It also maps insights and learning generated from the first spread programme in England to the enablers of spread, identified by Ramdas and Darzi in their 2017 NEJM article[3].

1. How group consultations transform and support sustainable care

1.1 The evidence base

There is an existing evidence base for the positive impact of group consultations on sustainability in the international literature. Evaluation has found that:

---

[2] Ramdas, K and Darzi, A. (2017) Adopting innovations in care delivery – the case for shared medical appointments. N Eng J Med 376;12. PP 1105-07

[3] ibid 2

- In two inflammatory arthritis group clinics[4] [5] and a primary care based osteoporosis group clinic[6], the clinic team achieved 200-400% efficiency gains compared to usual care. This translates to a mean gain of 15-20 appointments per clinic session across both settings. Group clinics now deliver 40% of inflammatory arthritis follow up appointments. Even patients not attending the group clinic benefit because reduced pressure on clinic slots means shorter waiting times for all clinics
- Hertfordshire NHS Trust found that switching to group two-year child development review saved 22% of health visitor team time compared to one to one reviews. Delivery teams also reported that group clinics are supporting integrated, family-centred working with childrens' centres also supporting the same client base and co-facilitate two-year group reviews. After 12 months, over 80% of two-year child development reviews are conducted as group reviews[7]
- Running a group outpatient clinic for people with chronic pain created 40% productivity gains, with clinicians seeing 15 patients in the time it previously took to see 9[8]
- Compared to usual care, psychiatrists in Croydon measured a 30% reduction in A&E attendance[9] amongst people with severe and enduring mental health issues attending group clinics. In the same population, Jones et al observed 50% reduction in psychiatric bed days at 6 months
- Compared to usual (one to one) care, Clancey et al[10] and Scott et al[11] measured a reduction in A&E attendances in people with long term conditions, including those living with diabetes

---

[4] Birrell F. Optimal management for inflammatory arthritis: achieving remission through one-to-one and group clinic strategies, in Pain 2016: Refresher Courses: 16th World Congress on Pain. W.M. Sommer CL, Cohen SP, Kress M,, Editor. 2016: Washington. p. 201-208.

[5] Goff I, Evans J, Pethrick B, Mckay E, Reece H, Birrell F, Coulson E. Early arthritis group clinic: preliminary data from a new group clinic model aligned to the NICE quality standards for early rheumatoid arthritis. *Rheumatology*, Volume 56, Issue suppl_2, 1 April 2017, kex062.171, https://doi.org/10.1093/rheumatology/kex062.171

[6] Baqir W. Pharmacy-Led Osteoporosis Group Clinics in the Community. *Rheumatology*, Volume 55, Issue suppl_1, 1 April 2016, Pages i17, https://doi.org/10.1093/rheumatology/kew091.001

[7] NHS Hertfordshire Community Trust audit

[8] https://www.nesta.org.uk/sites/default/ les/redesigning_consultations.pdf

[9] NESTA and nef (2012) 'People Powered Health Co-production Catalogue.' London: Nesta and nef

[10] Clancy DE, Cope DW, Magruder KM, Huang P, Wolfman TE. Evaluating concordance to American Diabetes Association standards of care for type 2 diabetes through group visits in an uninsured or inadequately insured patient population. Diabetes Care 2003; 26(7):2032- 2036.

Clancy DE, Dismuke CE, Magruder KM, Simpson KN, Bradford D. Do diabetes group visits lead to lower medical care charges?.[Erratum appears in Am J Manag Care. 2008;14(2):76]. Am J Manage Care 2008; 14(1):39-44.

[11] Scott JC, Conner DA, Venohr I, Gade G, McKenzie M, Kramer AM, et al. Effectiveness of a group outpatient visit model for chronically ill older health maintenance organization members: a 2-year randomized trial of the cooperative health care clinic. Journal of the American Geriatrics Society 2004;52(9):1463-70.

ELC Programme

NHS Health Education England

- Ickovics et al[12] found babies whose mothers received group ante-natal care needed fewer neonatal intensive bed days
- Miller et al[13] found reduced care costs sustained at 6 months for low income women with long term health issues supported in group consultations.

This evidence base indicates the potential of group consultations as part of the solution to sustainability in the NHS health and care system.

If adopting group consultations in the United Kingdom realises the same positive impacts on NHS service use, it would be a powerful driver for the adoption and spread of the practiceas part of NHS sustainability and transformation plans.

1.2 What the North-West evaluation found

It was beyond the scope of the North-West programme evaluation to measure the impact of GPN led group consultations on service utilisation. It is recommended that future spread programmes commission evaluation that measures this.

Evaluation explored several aspects of health system sustainability and transformation, including the positive impact of group consultations on:

- Clinic efficiency
- Workforce development and skill mix
- Practice team and clinician resilience
- Combating social isolation; community building.

1.2.1 Clinic efficiency

At baseline, practices reported they wanted group consultations to help them to improve the following aspects of efficiency:

- **Process efficiency:** systematise annual reviews, follow up, care and support planning
- **Time efficiency:** save time and reduce repetition.

---

[12] Ickovics JR, Earnshaw V, Lewis JB, Kershaw TS, Magriples U, Stasko E, Rising SS, Cassells A, Cunningham S, Bernstein P, Tobin JN. Cluster Randomized Controlled Trial of Group Prenatal Care: Perinatal Outcomes Among Adolescents in New York City Health Centers.Am J Public Health. 2016 Feb;106(2):359-65.

[13] Miller D, Zantop V, Hammer H, Faust S, Grumbach K. Group medical visits for low- income women with chronic disease: a feasibility study. Journal of Women's Health 2004;13(2):217-225.

Process efficiency

Reflected in both quantitative and qualitative data, GPNs experienced group consultations as more person centred:

"It is about where people are in their lives"

"Patients own the agenda in group consultations… It was an opportunity to talk about issues that bothered patients"

GPNs recognised this consultation model fundamentally shifts the balance of power:

"Group consultations create a powerful open arena.. having more time gives patients control… it introduces control to patients with long term conditions…patients took over"

At baseline, 40% of GPNs felt that that reviews with patients felt like a 'tick box exercise'. This fell to 14% with group consultations.

GPNs also reported that QoF being an obstacle to group consultations:

"QoF was a hindrance. Group consultations don't focus on QoF. That is not a bad thing!"

QoF's limitations are widely recognised and it is under review. The introduction in many areas of locally commissioned services (LCS) to mobilise care and support planning for people with long term conditions provides an opportunity and impetus to expand more person-centred consultation models like group consultations. This is something that primary commissioners can recognise and build on.

Time efficiency

Evaluation indicates that group consultations both save and create time:

"It saved nurses time as many people seen together which contributed to annual check"

Evaluation found that compared to baseline experience of one to one consultations (n=46%), nearly twice as many GPNs (n=86%) felt they had enough time in the group consultations to explain the person's condition and treatment. 100% of GPNs felt that they had time to discuss the things that matter to the person in group consultations, compared to only 40% at baseline one to one.

Fewer GPNs found themselves repeating themselves a lot in group consultations; a fall from 75% in one to ones to 42% in group consultations.

Furthermore, GPNs reported that group consultations supported more efficient use of staff resources, especially when there were vacancies:

"Group consultations can fill gaps where roles and staff numbers are compromised"

Recommendations for system leaders

- **Recognise group consultation as a driver for person-centred clinical practice that have the added bonus, in the longer term, of improving process and time efficiency, and make group consultations part of sustainability and transformation strategies**
- **Make local commissioned service specifications for care and support planning enabling. Ensure group consultations are a delivery option**
- **When mobilising spread programmes, measure the impact of group consultations on service use, and assess, where possible, the whole system benefits e.g. reduced hospital admission, bed days, and frequent attendance and consultation rates in primary care and A&E.**

1.2.2 Workforce development and skill mix

GPN led group consultations impacted in three different and important ways on primary care workforce development:

- Health Care Assistant (HCA) skills acceleration
- Whole practice team development
- General Practice Nurse (GPN) leadership and clinical skills development

HCA skills acceleration

An exciting finding from this programme is that working alongside their GPN colleagues to deliver group consultations upskills HCAs:

"You are inadvertently up-skilling HCAs"

Because HCAs have the chance to observe their GPN counterpart, consulting in a group setting with individual patients and answering their queries, and work alongside their GPN as a facilitator, group consultations boost their confidence and support them to develop their interpersonal skills. This makes them an ideal training ground and rich source of experiential learning and continuing professional development for HCAs.

The feedback at baseline from facilitator trainees suggested that many had been waiting for an opportunity like group consultations to increase their contribution to patient care within their practice team. There was a real sense that many of those without clinical qualifications felt that with more training, they could make a bigger difference to patients' lives, and that they were an untapped asset within the practice team.

Feedback from GPNs suggests that being group consultations facilitators helped HCAs to unleash their potential:

"On a personal level, our facilitator was a driving force, she embraced her new role wholeheartedly and with great professionalism and although she had never experienced facilitating a group previously, did a marvelous, thorough and outstanding job"

Where HCA facilitators speak the same first language as patients, their contribution can be especially valuable.

At follow up, participating facilitators reported that being involved in group consultations provided a sense of personal and professional achievement; enriched their working lives, creating variety and satisfying work. They liked developing relationships with patients and seeing patients learning and making progress. Facilitators also felt that participating in group consultations had benefits beyond the consultation both in terms of them getting to know patients when they saw them in the surgery, and in terms of building closer relationships with the GPN and wider practice team, and that taking on the group consultations facilitator role offers personal development potential for members of the practice team wanting to move into patient facing work, and could support HCAs to develop their clinical skills.

This evaluation suggests that when HCAs act as facilitators, they embrace the role, and the role can be a skills accelerator in relation to their clinical skills and confidence with patients. *The Ten Point Plan for General Practice Nursing* [14]sets the intention of upskilling and developing the role of HCAs, recognising group

---

14 https://www.england.nhs.uk/wp-content/uploads/2018/01/general-practice-nursing-ten-point-plan-v17.pdf

consultations as a skills accelerator provides a very practical way of supporting primary care to develop its workforce. This can be recognised and built into future programmes.

It is likely that new primary care roles like physicians' assistants, health coaches and care navigators could also work as group consultation facilitators, and in a similar way, learn from observing clinical practice.

In specialist care settings, health care assistants also contribute to the team, and are taking on more clinical work, and group consultations could offer similar benefits.

Whole practice team development

GPNs recognised that group consultations supported skill mix development:

"Including as many relevant staff as possible makes greater use of skill mix"

Participants also recognised group consultations were a whole team activity and change:

"Group consultations are an exercise in whole primary health care team (change), with a common aim - ensuring all (staff is) aware and briefed in order to promote (group consultations) at every opportunity - reception, GP etc"

Summarised in Figure One below, GPNs reported that working together on group consultations had a positive impact team working.

Figure One: GPN perception of team working before and after group consultations

We statement	Baseline (usual practice) % of GPNs who agree with the statement	Follow up (group consultation) % of GPNNs who agree with the statement
We support each other to deliver reviews & planned care	57	79
We build on each others' strengths	60	79
We work well as a team	65	100
We are good at sharing info with each other	67	79
We learn from each others' practice	60	100

These findings reinforce that introducing group consultations requires engagement of the whole practice team, and when the change is led effectively, build practice team cohesion and resilience.

GPN leadership and clinical skills development

Evaluation highlights the importance of GPNs being supported to develop as leaders of change in primary care:

“I just think doctors go for it more. Nurses may be need more permission from the doctors and the practice (manager)….” (trainer)

“Nurses are unsure where to begin with GPs… GPs need to be educated so they give support” (GPN)

Evaluation identified that most GPNs required support and permission from GP and practice manager champions to make this change happen, and shows that some GPNs have limited influence to make change without that support. A minority of GPNs reported they did not feel they needed to gain permission from anyone to make change.

Building GPNs’ confidence to lead change could boost the impact of GP Forward View’s 10 high impact changes, including the spread of new consultation models like group consultations.

Expert experienced GPN peer mentors and peer networks emerged as important and GPNs’ preferred sources of support to build confidence to make this change.

Evaluation also found that anticipating group consultation was a driver for keeping clinical knowledge up to date:

“…and one of the nurses at this particular practice, you could see she was lacking in confidence. At first I thought it was just the process so I wondered if it was the training (not providing her with confidence), but it was, in fact, in herself. She has a fear of standing up in front of a group and talking about clinical issues so she highlighted to me around the training (that trainers said) that she didn’t do anything different on a one to one, but (she) felt (her clinical knowledge would be) more exposed in a group, and then we talked about the different areas she wanted to do, and she said, ‘oh well, I haven’t studied that particular subject for a long time so I’m not confident’. So, that was positive in a way because without being involved in group consultations, that’s not something that is flagged up’

It is likely that consulting with a group will heighten clinician awareness of any limitations in their clinical skills and competency.

This is positive, and can be harnessed, with participation in group consultations programmes nudging reflective practice and review of clinicians' CPD portfolios.

This suggests that mobilising group consultations will support delivery of *General Practice – developing confidence, capability and capacity: a ten point action plan for General Practice Nursing* specifically in relation to GPN leadership and skills development[15].

Recommendations for system leaders

- **Recognise group consultation as a driver primary care workforce development, including HCA skills acceleration, primary care team building and GPN leadership and clinical skills development. Build group consultations into workforce development strategies**
- **When introducing new roles in primary care e.g. health coach, care navigator, physicians' assistant, consider building capability at the outset and providing learning support to enable facilitation of group consultations as part of role specifications**
- **Build group consultations into local responses to the *Ten point plan for General Practice Nursing***
- **When mobilizing group consultations, ensure clinicians are nudged to review clinical skills and have access to advice from expert peers and local peer-led learning networks**

1.2.3 Practice and personal resilience

Practice and personal resilience are important areas of focus within the GP Forward View. Significant investment is being made in practice resilience programmes by primary care commissioners. If introducing group consultations impacts positively on clinicians' personal and practice teams' resilience, there would be a strong case for funding the spread of group consultations as part of primary care resilience programmes.

[15] Ibid 15

This evaluation found that most learners reported their working life being fulfilling at baseline (n=60%) although 20% of GPNs reported their work stressed them out, and 12% felt burnt out at baseline.

Most participants perceived that they were working in practice teams that functioned well (n=65%). This indicates that most participating practices were probably already fairly resilient when they started their group consultations journey. This may have been why they felt able to take on this programme.

After experiencing group consultations, these measures rose from an already high base.

At follow up, 93% of GPNs reported group consultations were fulfilling, and no GPNs reported that they felt stressed or burnt out by group consultations. In fact, 57% reported that group consultations energised them (compared to 19% describing one to ones at baseline). Finally, from an already high baseline of 79% at baseline, 93% of GPNs reported that they used their knowledge and expertise to the full in their group consultation.

Likewise, at follow up, 100% reported they were now working well as a practice team. This reinforces that introducing group consultation impacts positively on practice resilience and staff wellbeing.

This, combined with feedback from participants that group consultations help when practices have staff vacancies suggests that they could offer hope for practices that are struggling with workload, and introducing group consultations could be part of the solution to preserving and building clinician and practice team resilience.

However, this evaluation also highlights a dilemma. Practices teams report that the transition to group consultations, whilst a heavy burden in the short term and before the first session, quickly lightens, and from the second session on, things run much better and take less time. The process of making a change in practice of this nature clearly requires teams to have a degree of stability, and resilience – especially in the early stages.

Given the importance of preserving and building clinical teams' resilience across the NHS, and the likely impact of group consultations on clinicians' perceptions of time to care, the quality of whole practice team working and personal resilience, this evaluation suggests that group consultations could prove a valuable intervention in practices who are identified as at risk of failing resilience.

To support these practices, more intensive practice based support may help practices gain confidence, manage workload and prepare more easily for their first group consultation session.

This insight suggests that introducing group consultations in these practices should be seen as a preventative measure rather than one to put in place when practices are in crisis.

These issue of resilience is not unique to primary care. This evaluation also suggests that group consultations could be a valuable component of a broader NHS programme aimed at building whole health system resilience in The North West and potentially beyond.

Recommendations for system leaders

- **Recognise group consultations as a way of working that builds personal and practice team resilience in primary care and beyond**
- **Consider funding group consultations learning support as a preventative intervention in that practice resilience programmes**
- **Where NHS trusts are displaying early signs of failing resilience, consider investment in group consultations as a way of re-energising , supporting and sustaining care quality**

1.2.4 Combating social isolation; community building

An important benefit of group consultation is its potential to build community and connection between patients.

Loneliness and social exclusion are well documented risks that impact on physical health and mental wellbeing in a similar was as smoking does[16].

In response to people with long term conditions all over England, describing how lonely they felt and how they craved conversations with people who lived with the same health issues as them, creating social connection was one of the main drivers for The ELC Programme creating learning support for clinic teams to mobilise group consultations.

[16] https://www.ahsw.org.uk/userfiles/Research/Perspectives%20on%20Psychological%20Science-2015-Holt-Lunstad-227-37.pdf

Numerous studies have already shown the powerful impact of peer support on peoples' lives[17]. In theory, group consultations offer many of the same benefits within a clinical consultation.

Concerns about confidentiality often get in the way of clinicians connecting patients with each other in usual practice. Group consultations changes that. 64% of GPNs were able to facilitate peer connection in group consultations, compared to 14% feeling able to do this at baselinein one to one consultations. They shared this added value to their practice:

"Buddying up of patients proved very useful."

Practice based evaluation found that patients reporting feeling more connected and supported after group consultation:

"I don't feel so alone…we can support each other"

Practice teams observed that some patients became friends and planned to meet outside the group:

"..and some were keen to meet out of the group once it had finished"

"New relationships between the patients have developed as friends and support"

This suggests that well-facilitated group consultations, designed to build community and support people to connect, may reduce social isolation amongst those who attend them regularly.

Maintaining continuity of membership of the group, and taking a "Year of Care" approach where the same group of patients is recalled and followed up together over the course of year will maximise the community building potential of group consultation practice.

[17] https://www.nationalvoices.org.uk/publications/our-publications/peer-support

Recommendations for system leaders

- Recognise, value and reward the community building aspects of group consultation. Include group consultation as a community building tool in STP plans
- Specify group consultations that support group continuity to maximise their impact on community building
- Apply a Year of Care model when planning roll out of group consultations within care pathways so that people receive planned, routine follow up in a group setting

2. How group consultations improve care quality and outcomes

2.1 The evidence base

There is already a strong evidence base for the positive impact of group consultations in the international literature on group consultations delivering the same or even better quality and outcomes.

This research suggests that:

- Patients attending inflammatory arthritis group clinics achieved the same or better outcomes than usual care e.g. achievement of low disease activity or remission was better in group clinics[18] [19]
- Patients attending a primary care osteoporosis group clinic had the same treatment, measured by mean possession ratio of alendronate 12-months after group consultation
- Patients in primary care followed up through group consultation showed improvement in all aspects of self-management, and those who were poorly controlled showed the greatest improvement in HbA1c levels[20]

[18] ibid 4

[19] ibid 5

[20] NHS Croydon. Final evaluation of group consultations report. (2017). NHS Croydon, London. Available at: www.elcworks.co.uk

- A systematic review of randomised controlled trials comparing impact on clinical biometrics between group consultations and usual care found greater impact on HbA1c, blood pressure, cholesterol and weight in Type 2 Diabetes in the group consultation group. 2 studies found changes persisted up to one year post group clinic[21]
- Compared to usual care, frail older people followed up in group clinics had lower incidence of urinary incontinence and were less likely to be prescribed medication to treat it[22]
- In chronic obstructive pulmonary disease, exercise tolerance and symptoms improved, which resulted in a measurable improvement in quality of life in patients attending group clinics compared to those who attended traditional one-to-one clinics[23]
- Compared to usual care, ladies getting group antenatal care gained less weight before and lost more weight after birth, and felt better prepared for birth[24]
- Compared to usual care, Ickovics et al[25] found that babies born to mothers who attended group antenatal care had a higher birth weight and a 33% reduction in their risk of being born pre-term, which is why babies in this group spent less time in neonatal intensive care.

Studies[26] have also evaluated patient quality of life and have found improvements in quality of life, compared to standard care. The evidence from published literature also suggests that group consultations achieve high levels of staff and patient satisfaction[27] [28] [29].

---

[21] Edelman D, McDuffie JR, Oddone E, Gierisch JM, Nagi A, Williams JW Jr. Shared Medical Appointments for Chronic Medical Conditions: A Systematic Review. VAESP Project #09-010; 2012. http://www.ncbi.nlm.nih.gov/books/NBK99785/

[22] https://www.ncbi.nlm.nih.gov/pubmed/10404919

[23] https://www.ncbi.nlm.nih.gov/pubmed/18336693

[24] https://www.ncbi.nlm.nih.gov/pubmed/26164694

[25] Ickovics JR et al. Cluster Randomized Controlled Trial of Group Prenatal Care: Perinatal Outcomes Among Adolescents in New York City Health Centers. Am J Public Health. 2016 Feb;106(2):359-65. doi: 10.2105/AJPH.2015.302960. Epub 2015 Dec 21.

[26] Jaber, R., Braksmajer, A., & Trilling, J. (2006b). Group visits for chronic ill ness care: Models, benefits and challenges. *Family Practice Management, 13(1),* 37-40

[27] Bartley KB, Haney R: Shared medical appointments: improving access, outcomes, and satisfaction for patients with chronic cardiac diseases. Journal of Cardiovascular Nursing 2010;25:13–19.

[28] Cohen S. Patient satisfaction and perception of value with shared medical appointments. Communicating Nursing Research 2012;45:397.

[29] Egger G, Dixon J, Meldrum H, Binns A, Cole M, Ewald D et al. Patients' and providers' satisfaction with shared medical appointments. Australian Family Physician 2015;44(9):674-679.

It was beyond the scope of the North-West evaluation to evaluate the impact of GPN led group consultations on clinical outcomes; although clinical audit conducted in a several participating practices shows promising impact.

This evaluation explored several aspects of quality, including the positive impact of group consultations on:

- Patient centred outcomes
- Staff experience of care
- Patient experience of care
- Quality improvement capability

2.2 What the North-West evaluation found

Practices' shared ambition at baseline suggested they saw group consultations as a way of improving quality of care. Practice wanted to innovate and improve the management of a wide range of long term conditions, with pre-diabetes, Type 2 diabetes and respiratory conditions predominating.

Teams also wanted to support patients to improve self-management, health promotion and education – including at diagnosis.

Teams were driven primarily by improving the patient experience and to a lesser extent by improving staff experience of planned care – even though research shows that a positive staff experience is an antecedent to a good patient experience[30] . This reinforces that improving staff experience should be recognised as critical and made a higher priority in primary care and beyond.

All these ambitions and drivers fit with the quality improvement benefits that group consultations potentially offer.

At the end of the programme, practices submitted a poster where they summarised the impact of group consultations on patient care. The contents of these posters, as well as follow up evaluation with staff about their experiences are the main sources of insight for this section of the report.

[30] http://www.netscc.ac.uk/netscc/hsdr/files/project/SDO_A1_08-1819-213_V01.pdf

2.2.1 Patient-centred outcomes

Participating clinicians observed changes in patient-centred outcomes and impacts on patients around:

- Learning new things; taking control of their health issues
- Gaining confidence and motivation to make change
- Changing their health beliefs
- Improving clinical biomarkers and quality of life

Learning new things; taking control of health issues

86% of GPNs reported at follow up that they felt the group consultation helped people to take control compared to 75% seeing this happening at base line in one to ones. 79% felt that their patients understood their biometrics after group consultation compared to 70% at baseline.

This evaluation also reveals that GPNs may overestimate how much their patients understand.

A practice that conducted a survey corroborated positive impact on knowledge, and found 78% of patients agreed with the statement they 'I feel I understand my health condition better' after group consultation. Qualitative feedback also illustrated this finding:

"'I attended, and although I feel that my diabetes is under control, I actually learnt quite a bit"

"One patient agreed to come along, telling us he would probably not learn anything new but would come for the experience. At the end of the session, he told us he had learnt lots of new things"

Staff also observed that group consultations awakened patients' curiosity to learn:

"They were open to ask questions – more so than in a one to one review"

Group consultation revealed to many GPNs that patients did not understand clinical indicators:

"I was surprised that some patients did not understand what the specific clinical numbers meant e.g. HbA1c and eGFr after years of talking and listening to them"

This means group consultations provide food for thought for clinicians, and the opportunity for reflective practice and improvement in the way GPNs work with both groups and in one to one consultations.

Gaining confidence and motivation to make change

GPNs observed patients' confidence growing and felt group consultations worked for a lot of different types of people:

"Patients went from 'it rules my life' to more positive outlooks"

"Patients liked attending – those with positive outlooks, but also some who appeared negative; lacked confidence etc"

Staff found seeing patients' confidence grow highly motivating:

"To see their confidence (grow). It is a great reason to do it"

The unique possibility group consultations provide for patients to compare their results with others' fueled individuals' motivation:

"Seeing other peoples' results (motivated them)"

as did peer support and stories:

"Motivation levels increased when patients were supported by others with diabetes"

"One patient talked about her journey and the changes and positive impact it had made to her health, which really did help others to think they could make a change"

The impact on individual patients was, in some instances, significant:

"The sessions were supportive to the extent that one of the sessions has actually 'turned one very nervous, petrified middle aged lady around. She is 'more readily accepting and more able to listen without her previous anxiety getting in the way'"

In line with care and support planning principles, GPNs also reported that the group consultations process meant patients set personal goals to work towards, which is likely to increase their motivation to change and take control.

The use of patient activation measurement tools at the start and end of group consultations would help to quantify this impact.

Changing health beliefs

79% of GPNs reported at follow up that they saw changes in peoples' beliefs and behaviours happening in group consultations. This compared with 47% at base line in one to one consultations.

This suggests that there is something different happening in a group consultation and being part of a group may be positively influencing peoples' beliefs about their health condition in a way a one to one does not.

This is worthy of further exploration and evaluation as it may help to explain the positive impact group consultation have on clinical indicators and outcomes, described in the literature.

Improving clinical biomarkers and quality of life

"Our results were a huge success. We saw a drop in blood pressure in all five patients. Two patients lost weight (one producing significant results over the three months) and three patients had a reduction in their HbA1c"

Four practices measured clinical biomarkers at baseline and follow up, and reported on changes. All four found HbA1c levels fell. One team recorded a fall in 50% of patients; others in as many as 75%, although the total number of patients followed up was small. Two teams reported falls in blood pressure. One reported a fall in cholesterol and one practice found two patients also lost weight.

One practice that worked with cancer patients measured impact on quality of life, using a validated health needs assessment tool, and found a reduction in patients' concerns, which they concluded showed group consultation had addressed some needs and was improving participants' quality of life.

These early indications of positive impact on patients' clinical outcomes measures are encouraging, and underpin the need for all practices introducing group consultations to engage in evaluation.

Recommendations for system leaders

- **Commission evaluation support or provide a simple evaluation framework as part of group consultation spread programmes, including: patient centred outcome measures, clinical outcomes and patient and staff experience**
- **Where PAM licences are available, evaluate the impact of group consultations on patient activation compared to usual care, using PAM or equivalent tools**
- **Commission research to explore how the dynamics of group consultation impact on patients' understanding of their condition and health beliefs compared to usual care**

2.2.2 Staff experience

Participating teams shared their experiences of consulting with groups and how things changed after the group consultation, in particular:

- Job satisfaction and enjoyment
- Personal development and improvement
- Team work

Job satisfaction and enjoyment

Staff enjoyed delivering planned care this way:

"We enjoyed the session much more than we thought we would..it was a relaxed atmosphere to be in"

Most found it relaxing (n=86%) and open (n=100%). These scores were higher than the equivalent for one to one consultations at baseline. The biggest difference in perception was of group consultations being fun. 28% felt one to one consultations were fun at baseline whereas 64% felt group consultations were fun at follow up.

At both baseline and follow up, over 90% of GPNs felt they were making a difference to patients;' lives, and were able to be understanding; express empathy; listen and responsive.

Qualitative feedback suggested that group consultation helped teams connect with patients more deeply:

"It enabled us to connect with our patients more on a one to one level"

and identify patients for whom one to one appointments were not working very well:

"I identified patients who had felt unsupported before the group consultation"

Even though fewer GPNs knew the patients they met at their group consultation (50% knew them compared to 65% at baseline), group consultation provided GPNs the opportunity to learn from and find out a lot about their patients' lives:

"It was great opportunity to focus on listening to patients' stories and how diabetes impacts on their lives"

"Our GPN saw patients in a different light. She felt that some patients behaved differently in a group situation - all positive"

Reflecting this, 100% of GPNs felt they got to know the person in a group consultation compared to 86% in one to one consultations at baseline. 85% of GPNs reported they got to the bottom of the story in their group consultation, compared to 58% at baseline in one to ones.

Personal development and improvement

The experience of consulting with groups was a rich source of learning and improvement for clinicians. Consulting with groups has been full of surprises for GPNs and their teams. Surprises included:

- Patients' responses to group consultations
- Patients' openness and willingness to share with others
- Shifting the balance of power
- How quickly peers connected
- How little patients had understood in the past
- Impact on team work

GPNs who respond to these learnings are likely to improve the impact their future clinical practice.

Patients' responses to group consultations

Teams reported they were surprised by how much patients liked group consultations:

"..we were surprised at how well received the group consultation idea was… by positive experience of patients"

"The immediate response of patients was overwhelming. We were expecting some resistance and that didn't happen… they were so keen to learn from each other and offered support to each other almost immediately"

Patients' openness and willingness to share with others

Staff perceived and were surprised how open patients were to sharing:

"Patients have demonstrated willingness to share experiences/knowledge and personal stories that I found to be both surprising and poignant"

"We were surprised at the openness of patients how they were able to discuss quite intimate subjects with no fear or embarrassment within the group."

One practice that used the patient feedback questionnaire provided found that 64% of their patients felt comfortable sharing their experience and learnt from others, and 28% felt uncomfortable, sharing their experiences and awkward mixing with others. This highlights that whilst the majority of people feel happy, group consultations are not going to be for everyone.

Shifting the balance of power

Staff recognised the group consultation model fundamentally shifts the balance of power:

"Patients own the agenda in group consultations"

A GPN reflected she felt needed less:

"I don't think patients need me as much as I thought – patients took over"

GPNs also reflected that through group consultations, they learnt to give more control to patients:

"I learnt people like to be involved in their care. Personally, I learnt to give more control to people with diabetes to manage their condition"

"Our GPN… has learnt to let the patients be in charge and support them with their agenda"

How quickly peers connected

Staff were surprised how quickly group connection happened:

"I was surprised at..the ease with which the group has appeared to gel"

How little patients had understood in the past

When asked at baseline whether they were good at explaining clinical terms to patients, 79% of GPNs felt they were. This fell to 72% after group consultations.

So, it came as a surprise to some GPNs to discover that patients did not understand the basics of their condition:

"I was surprised (patients) didn't understand things"

One GPN mentioned that listening to patients explaining these things to each other helped her find better words to explain them to patients herself.

One also found that peers could be more challenging and direct than she could:

"Patients talked to each other. Some were very direct e.g. 'Get a life. Stop drinking if you want to live, stop pfaffing about' etc, but not offensive"

The group clinic made signposting and sharing information easier:

"It also helped us inform our patients of other clinical aspects we bring to the surgery e.g. patient access, flu clinics"

Practice teams liked the fact that they could see their care making a difference in real time – even though group consultations pushed them outside their comfort zone:

"It is so good to make a difference for patients…It was nerve wracking but rewarding"

Impact on team work

Consulting with groups offers respite from lone working. Working as a team to deliver planned care and reviews meant that at follow up, 79% of GPNs felt they and the team supported each other to deliver care and that they built on each others' strengths. Both of these were higher than at baseline (57% and 60% respectively).

Group consultations was also perceived to support information sharing and facilitate clinicians learnt from observing each others' practice:

"The nurse is sharing good practice with colleagues"

2.2.3 Patient experience

Practice teams reported that most patients enjoyed group consultations:

"Anecdotally, the patients have made evident their enthusiasm for this approach and described verbally their feelings of support and encouragement to achieve their aims from both their peers and the team involved"

They evidenced this through formal feedback mechanisms:

"People responded well to the opportunity to discuss issues related to diabetes. We had positive written evaluation from people about their experience of group consultations"

"The patients gave good feedback about the idea and felt it worked well. A lot of patients were open minded and felt the concept and idea was very useful for cancer care review after the initial diagnosis"

Even when things went wrong in the early days behind the scenes, patients still enjoyed the experience:

"Patients are not aware of 'errors' in our planning"

Two participants reported their patients did not like being in a group:

"People don't want to be in a group. They are not very group orientated"
"Patients not keen on concept of a group"

Teams recognised peer connection enhanced the patient experience:

"They learn more from each other and are more interested"

"Patients sharing practical tips. There were valuable interactions e.g. where to contact for sharps bins, exercise groups"

One practice reported a patient lacked confidence to complete the evaluation forms:

"I'm not confident filling in all these forms"

Teams reported no issues with patients signing the confidentiality agreement:

"The confidentiality agreement and consent form did not prove an issue"

"The patients who have attended have evaluated this model of consultation very positively. They have had no issues, sharing their results and discussing things, which help them"

Good facilitation was important for a positive staff and patient experience:

"The first session was more like a patient participation group with one particular lady constantly moaning about the practice in general. We had to keep directing the discussion away from her, but some good relevant discussions were had. The second session was more informative and ran more smoothly due to more questions being asked and the participants knowing more what to expect"

Recommendations for system leaders

- **Recognise and value group consultations as a powerful way of simultaneously improving patient and staff experience of care**
- **Recognise that group consultations are not for everyone, and will work for many people**

2.2.4 Quality improvement capability

GPNs fed back that introducing group consultations afforded them the opportunity to learn and practice new ways of consulting; reflect and improve their practice with colleagues and apply quality improvement principles. Score for all were higher than at baseline.

The use of technology like mobile phone video to capture patient and clinician stories proved an impactful way of capturing patient and staff experiences in this programme.

Evaluation identified that sustaining group consultation practice requires a quality improvement mindset. The application of PDSA cycles encourages reflection and continuous improvement and fuels evaluation; using clinical audit and staff and gathering and responding to patient feedback cements success.

Despite a small number of practices engaging fully, many GPNs in the North West struggled to understand the importance and value of evaluating the impact of this new practice, and undertook limited formal evaluation of their work. Lack of evaluation could easily inhibit the roll out of group consultations, and system leaders are well placed to ensure investment in evaluation follows.

Supporting clinicians to find easy ways of undertaking evaluation of this new consultation practice is likely to enhance engagement with evaluation.

Recommendations for system leaders

- **Build evaluation into all spread programmes (see para 2. 2.1)**
- **Recognise and value group consultations is a rich source of learning and CPD for the whole practice team**
- **Combine group consultations learning support with basic QI skills where possible**

3 How system leaders can enable spread

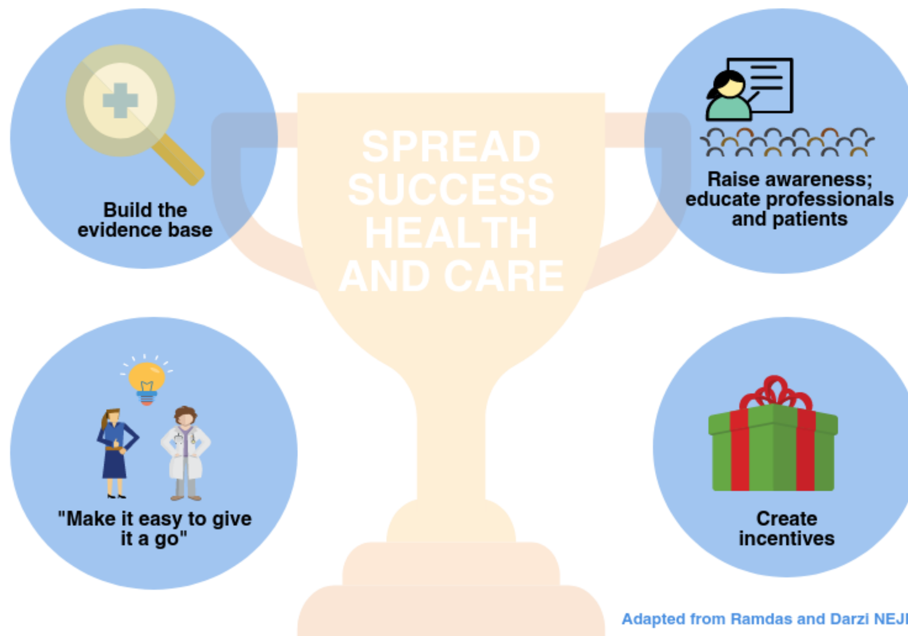
3.1 The evidence base

In their recent *New England Journal of Medicine* article, Ramdas and Darzi[31] identify four enablers of spread of innovations in health like group consultations (also known as shared medical appointments). They are:

- Build the evidence base
- Raise awareness; educate professionals and patients
- Make it easy to give it a go
- Create system incentives.

[31] Ramdas, K and Darzi, A. (2017) Adopting innovations in care delivery – the case for shared medical appointments. N Eng J Med 376;12. PP 1105-07

Group clinics and consultations: 4 enablers of spread



Many practices who participated in the programme reported that they planned to move forward and expand their application of group consultations as a way of working. Within the 8 months of follow up, most practices were still at the planning stage, and had set the intention to scale.

Some participants were testing delivery of this as a new model of care and with the experience gained, wanted to cascade the practice within their locality – in some cases through a GP federation or network. Three teams that wanted to roll the practice out to extensive networks e.g. teams in Oldham; Bury, and The SSP Group.

This section identifies how system leaders can support that spread.

3.1 Build the evidence base

Ramdas and Darzi identify the importance of creating a strong evidence base for this way of practicing. They suggest,

> *"We will need to embrace new strategies for collecting evidence on outcomes"*

There is already good international evidence, which is summarised in this paper. The authors recommend use of patient reported outcome measures and in-depth observational studies to support contextual evaluation, learning and improvement.

As described at para 2.2.4, we found that GPNs were reluctant to engage with evaluation, and felt it generated a lot of burdensome paperwork.

We also found that a skills deficit amongst GPNs in basic quality improvement skills, including evaluation design. Addressing this would seed higher quality evaluation at practice level.

Finally, we found that evaluation of the impact of group consultations on patients' needs to continue beyond learning support, with practices and clinic teams supported to evaluate how group consultations change clinical biomarkers and self-management over a longer time period.

Finding simple ways to capture the impact of group consultations will support spread by building the evidence base. System leaders can support this by specifying evaluation needs to happen.

A simple evaluation framework might capture impact on:

- Clinical biomarkers over time
- Patient centred outcomes e.g. feeling in control of condition; confidence level; social inclusion and connection
- Patient activation
- Patient and staff experience
- Quality of life

3.2 Raise awareness; educate professionals and patients

Ramdas and Darzi recognise that group consultations shift the boundaries of consultation because peers as well as a clinician provide information and support. This means both professionals and patients need to be educated about the benefits. They highlight that in the grocery and banking sectors, providers who invest in customer education change behavior, save money and accelerate adoption of new practices, and propose a single trial of a new care model like group consultations can dramatically influence adoption. They also recognise that dispelling myths is an important part of this e.g. reassuring people there will be no physical examinations in front of others; that this does not mean the end of one to one consultations with the GP, that their confidentiality will be preserved and they can discuss private concerns one to one in the group session if they need to.

This evaluation found that GPNs found recruiting patients challenging and time consuming. It recommended greater involvement of patient champions who have experienced group consultation. A video of patients talking about their experiences is being produced to support this with programme funding.

This reinforces the importance of underpinning a move to group consultation with patient education.

Ramdas and Darzi recognise that clinicians need education too. This programme provided that education to participating GPNs, and has produced *Key Findings Summary for Health Education Commissioners* to support the evidence based commissioning of learning support for clinic teams.

This evaluation found subtle differences in the learning support that GPNs need compared to GPs. For instance, GPNs want to understand the process of group facilitation and including them in facilitator training is essential. GPs, in contrast, are generally less interested in the group dynamic, and their attendance at facilitator training can be optional.

3.3 Make it easy to give it a go

The authors talk about the importance of finding safe, quick, cheap ways to experiment, pilot and refine group consultation models before applying them in particular care settings.

This evaluation found that GPNs approach group consultations differently to their GP counterparts. This suggests that the clinician leading the group consultation may be as important a variable as the care setting.

To stick in primary care, this evaluation also found that it is essential that practices respond to six critical success factors. They are:

- Strong practice leadership and whole practice team buy in
- Effective planning, with a strong focus on “why” we are switching to group consultations
- A strong patient recruitment strategy that spans the practice team
- A group consultation that ticks the boxes e.g. QOF
- Having defined roles and responsibilities within the group consultation i.e. clinician and facilitator
- Having a group clinic space and booking it out regularly.

This suggests that whilst it is important to experiment and give group consultation a go, there is also best practice principles that can be learnt and shared and that adhering to them will increase practices’ chances of success first time.

3.4 Create incentives

Ramdas and Darzi identify that regulation and incentives influence uptake and spread. They suggest that suggest the more evidence exists, the stronger the case for mainstreaming the practice. The incentives that commissioners and other system leaders create are going to play a significant role in the adoption of group consultations.

Incentives that can be harnessed include: NHS outpatient tariffs, QOF in primary care, CQIN and QIPP schemes. Providing funding for education and learning support is also an incentive.

This evaluation found that QOF got in the way of group consultations. It also found that providing practice teams with learning support proved an incentive for the participating practices to give group consultations a go.

There are number of ways that system leaders could incentivise the spread of group consultations in primary care. They include and are not limited to:

- Funding group consultations learning support as part of :
  - System response to GP Forward View 10 High Impact Actions
  - Practice resilience programmes
  - System response to *Ten point action plan for general practice nursing*
  - Sustainability and transformation programmes
- Commissioning local commissioned services (LCS) for care and support planning with people with LTCs that include group consultations as an option
- Incentivising and rewarding person centred practice that helps patients to take control of their health condition; gain confidence and have contact with peers
- Including group consultations in QIPP and CQIN programmes.

Recommendations for system leaders

- **Apply the Ramdas and Darzi framework when designing group consultation spread programmes. Ensure all 4 enablers are addressed**
- **Recognise the importance of incentives and when designing quality improvement incentives, use the opportunity to encourage providers to give group consultations a go**

For queries about this evaluation summary, contact:

Georgina Craig, Director, The ELC Programme

Tel: 07879 480005 Email: georgina@elcworks.co.uk