

#### Person-centred digital care

# Video Group Clinic **Case Study**

General Practice: supporting adults living with pain at Richford Gate Practice

For more information about this case study contact: Georgina Craig: georgina@elcworks.co.uk Dr Katy Willis: katy.willis@nhs.net

"Seeing others, hearing their stories and having community decreased my isolation and helped me move forwards" **Our Challenge** 

# What Changed & Improved?

#### **Efficiency and Access**

- This group are high users of GP, A+E and hospital consultations and often have multi-morbidity. It is hoped VGCs will reduce their service use
- VGCs include traditional medicine, and lifestyle measures such as breathing exercises, pacing, sleep, movement and diet tips, which take time and would be impossible to cover in a 1:1

1 in 5 adults live with chronic or persistent pain (pain lasting longer than three months). The practice wanted to create an effective chronic pain strategy to improve the service patients get. Appointment demand is escalating. Patients are frustrated by long waits, and staff stressed and overwhelmed. This project is working with practice pharmacists, local MSK service, and hospital pain clinic consultant to improve our service. Video Group Clinics (VGCs) for people with chronic pain are part of the new Chronic Pain strategy and service.

#### **Our Group Clinic Design**

Recruitment: an invitation text to all patients on high dose opioids, and ad hoc invitations from clinicians to patients with chronic pain. The VGC started with patients sharing, "What matters to me". At the end of the VGC, they set a personal goal. Both were recorded in real time on discussion board. Patients learnt about pain and its management, including pacing strategies in response to their questions. The flow diagram below shows where the VGC lies in Richford Gate's "Assess, Engage, Review" strategy for Chronic Pain. Engage-Review will be a continual cycle for this long term condition

- It is easy for patients to access the VGC. There is no travel time and no software needed
- The GP created a SystmOne Autoconsultation template to facilitate and speed up data entry

#### **Clinical Impact**

- Patients reported they understood chronic pain better, which enabled them to self-manage better
- Patients made positive lifestyle changes and reported improvement in their wellbeing, function and pain; crucial indicators of improvement in chronic pain

## **Psycho Social Impact**

- Meeting others made a huge difference and patients report decreased feelings of isolation and finding it helpful to see and hear from others living with chronic pain
- Education about chronic pain, being clearer about their diagnosis helped manage peoples' expectations and improved acceptance

#### Assess

- **1. virtual review with Dr/Pharmacist**
- 2. Pain story & health needs
- **3. Medication Plan**

### Engage

**1. VGC** 

- 2. Medication plan
- 3. Consultant review if needed

# Review

1. VGC / 1 to 1

2. Medication review

#### **Experience of Care**

- People reported that the 'bitesize' information provided was just right
- People found VGCs enjoyable and that the experience had  $\bullet$ made a big difference to their lives
- Some people are attending multiple VGCs on chronic pain, wellbeing and to support lifestyle change
- The team found it fun working together and were able to  $\bullet$ manage the group
- The team found it rewarding, supporting people with chronic pain in VGC
- The team is working with its local pain management specialist  $\bullet$ service to align the two models and is tightening up its in-house referral pathway and virtual pre-clinic assessment process

"VGCs worked well for us and we are planning 🥿 to expand them to other LTCs" - GP