



For more information about this case study contact:

Georgina Craig: [georgina@elcworks.co.uk](mailto:georgina@elcworks.co.uk)

Ekene Taylor: [ekene.taylor@nhs.net](mailto:ekene.taylor@nhs.net)



**"I understand my asthma triggers and how to manage them much better now"**



## Our Challenge

As asthma specialists, Ekene Taylor (practice nurse) and Femeeda Padhani (practice pharmacist) wanted to start with a medical condition where they felt confident. Their video group clinic work began during Lockdown when many people with asthma were worried about its impact on them. The team hoped to improve understanding of asthma management and use of asthma action plans.

## Our Group Clinic Design

The team identified people due an asthma review; rang and explained VGCs. The patient confirmed their email. If they had no peak flow monitor at home, they got a prescription to collect one from their pharmacy. Before the VGC on one form, patients completed the Asthma Control Test (ACT), recorded their medication, and measured their current peak flow. They also submitted a recent weight and height measurement. From this, the team calculated predicted peak flows. VGCs took 1 hour and 20 minutes. The team invited 10 people. At most sessions, 6 attended. The VGC with adolescents focused on asthma inhaler technique. The adult session focused on asthma triggers because it was pollen season. The team asked people who were achieving their predicted peak flow to share how they were managing their asthma. This highlighted the importance of taking preventer inhalers every day. As part of the one to one discussions, the clinician and each individual person agreed a personalised asthma action plan that reflected what they had learnt during the VGC.

### Results Board

- Peak flow recorded at home
- Predicted peak flow
- Asthma Control Test result
- Number of preventer/reliever inhalers in last 12 months
- Patients also rated their confidence managing asthma (scale 1-10)

## What Changed & Improved?

### Efficiency and Access

- Reviews take an average of 13 minutes per patient in VGC compared to 20 minutes in 1:1; a 35% efficiency gain
- VGC sessions ran on time whereas one to one clinics often overrun
- VGC meant a respiratory clinical pharmacist was able to attend and support patients to improve in inhaler technique
- Initially Ekene and Femeeda ran VGCs together to practice the two roles. Now others are training as facilitators: a trainee pharmacist and nursing associate. VGCs are supporting trainee clinicians develop their practice
- A reminder text message helped reduce DNAs

### Clinical Impact

- People gained a better understood the importance of their asthma action plan
- Having an ACT scores on the Results Board really helped to get to the bottom of why peoples' asthma was not so well controlled. Discussions supported commitment to asthma action plans
- COVID triggered discussion and the team highlighted the importance of maintaining good asthma control at all times so that patients could recognise COVID symptoms if they occurred.

### 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

- When parents attended VGCs with their adolescent children, only parents talked. The team hopes to run VGCs with just young people next time
- Working together closely with a colleague helped maintain momentum and motivation
- The team are experimenting with VGCs at different times of the day to suit different groups
- Every group is different; some more talkative; others less.
- Clinicians are learning to think on their feet and use web technology to support engagement It's a lot of work upfront and you improve every time



**"Clinicians talk less and patients talk more!" - GP**

