Redmoor Health
ELC Partnership

Person-centred digital care

Video Group Clinic Case Study

General Practice: Type 2 Diabetes review and follow up

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Brigstock & South Norwood Partnership

"When you've got PPE on, you can't see what patients are thinking or feeling. On video, you can see their faces"

Our Challenge

The team was routinely delivering diabetes face to face (F2F) group clinics. During Lockdown, these moved to one to one telephone reviews, which felt transactional, highly repetitive, one sided, and took 15-25 minutes. The team saw technology as an enabler and wanted to make people feel less isolated by providing the chance for patients to see each other and the clinician. The team also anticipated that being part of a video group clinic (VGC) would warm their patients up to the general idea of video consulting, which was an added bonus

Our Group Clinic Design

We stopped doing phone reviews, and aggregated people into a single diabetes VGC once a week; recruited an IT savvy team member (he was already supporting the practice with IT) who helped the patients join the VGC and get to grips with MS Teams. Our usual facilitator (who already had experience of F2F groups) ran the group. on the day. We aimed for 6 patients and found that a 60 minute VGC was ample time to review them and long enough for the group. The clinician attended for 30 minutes only

Results Board: 20 February 2020 (Diabetes)

Consulter: Catherine Smith **Facilitator:** Shirley Brown

Name	Hba1c	Cholesterol	BP	BMI	Urine acr	EGFR	CVD risk	Eyes	Feet	Concern/to do
Cortney	81	To do	120/70	21	To do	73	Has had CVA	Mar 2019 (abn)	Feb 2020	Chol/urine acr
Charlotte	54	4	128/80	46	n/a	73	13% (not on statin)	May 2019 (N)	Jan 2020	? consider statin?
Norman	81	3.3	148/74	46	124.6	90	35%	DNA	Jan 2020	? DRSS
Paul	74	4	129/66	24.5	2.2	90	Has had CVA	DNA	Jan 2020	? DRSS
Wendy	91	3.3	157/89	30	To do	90	32%	Mar 2019 Abn	Sept 2019	Acr, repeat Hba1c
Annette	59	5.2	122/67	25	0.7	68	8.4%	Jan 2019 (N)	Jan 2020	
Shirley	42	3.9	127/79	30	n/a	88	19.8 %	Apr 2019 (Abn)	Jan 2020	Weight?
Peter	81	3.5	128/78	31	0.3	101	10.3%	Oct 2019 (N)	Jan 2020	Hba1c control?
NORMAL	48-58	<4	<130/80	<25	<3	>90		Annual	Annual	

What Changed & Improved?

Efficiency and Access

- VGC reduced repetition. It took on average 5 minutes to review patients in VGC compared to 15 minutes on telephone; a 66% efficiency gain
- VGCs require a different skill mix to F2F; someone with IT skills to prep patients, and less facilitator time. Out team is future proofed, with both experience and skills
- Patients are at home, and happy to be reviewed in VGC post COVID when VGCs will help with QOF backlog

Clinical Social Impact

- The clinician could discuss how controlling diabetes reduced COVID risk with BAME communities, and those with higher BMI
- Where they had picked up bad habits during Lockdown, people got tips from peers about how to get back on track
- People gained a deeper understanding of medication benefits, leading to better concordance
- Post VGC, people better understood their numbers and engaged better with self monitoring and texting team BP and blood sugar readings, which improved remote monitoring easier and improved quality

Experience of Care

- Patients felt less alone; met others in the same situation, and had a safe space to voice and release their fears
- Patients got support with technology. Their mastering tech was very rewarding
- Staff had dedicated time. VGCs were interactive. Clinicians saw patients' faces light up and felt relief at being able to proactively review and support diabetes care despite COVID. VGCs was more personal. Freed from PPE and able to see patients' faces, clinicians and HCAs could interact on a human level

"The old model of everything face to face has gone. Persevere. VGCs have a place " (clinical lead)