



## Group consultations: the solution to the workforce crisis in primary care?

### What's the problem?

Evidence suggests that the current model of 10-15 minute one to one consultations may not be working for clinicians nor for patients, with the primary emotion driving both parties identified by researchers as fear<sup>1</sup>. Patients tell us that they have no time for important conversations with clinical people; want to spend longer with them; want continuity of care and systematic, planned follow up of their long term conditions. With demand continuing to rise, this feels like an impossible dream within the current model. The current consultation model is relentless and high-pressure. It may be impacting on clinicians' job satisfaction and personal wellbeing; both antecedents to a good patient experience<sup>2</sup> because burnout puts clinicians at risk of depersonalisation<sup>3</sup>.

### What's the solution?

Group consultations - also called shared medical appointments, group medical appointments, group appointments - are one to one medical appointments delivered by a clinician to a group of patients with similar health issues in a supportive group setting. They replace routine one to one appointments. In group consultations, clinicians see up to twelve patients in 40-60 minute group slot. Working this way potentially doubles clinician capacity, and systematises follow up. Group consultations can also be used for unplanned, one off urgent care. 'Shared Group Consultations' involve a specialist consulting with up to 12 patients with a primary care clinicians present. They provide a powerful way to integrate primary and specialist care, build relationships and increase clinician's clinical knowledge.

### The impact of group consultations on outcomes; the benefits for patients and clinicians

There is a strong evidence base for group consultations. Studies<sup>4</sup> demonstrate that they enhance patient experience, improve clinical outcomes, reduce hospital admissions and A&E attendance.

Evaluation<sup>5</sup> also found that group consultations increase access and reduce clinic backlog without increasing clinic time. They also support stressed clinicians to regain control. Noffsinger<sup>6</sup> evaluated the productivity and efficiency gains for clinicians resulting from group consultations, and calculated a 300% increase in productivity and a reduced need to hire additional clinical staff at the margin.

Independent evaluation<sup>7</sup> of group consultation in British general practice in Sandwell, Birmingham showed that the practice contributed significantly to delivery of £2.5 million of quantifiable savings, and freed practice and GP capacity. 69% participants improved their body mass index (average reduction from 35.4 to 34) and 84% had an improved blood

<sup>1</sup> Fischer M and Ereaut G (2012) *When Doctors and Patients Talk: Making Sense of the Consultation*. London: The Health Foundation

<sup>2</sup> Maben J et al (2012). *Patients experience of care and the influence of staff motivation, affect and wellbeing*. National Institute for Health Research Service Delivery and Organisation Programme

<sup>3</sup> Orton P, Orton C, Pereira Gray D (2012) Depersonalised doctors: a cross-sectional study of 564 doctors, 760 consultations and 1876 patient reports in UK general practice. *BMJ Open*; 2: e000274. doi: 10.1136/bmjopen-2011-000274

<sup>4</sup> 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/>

<sup>5</sup> Cabral J. *A new paradigm: shared appointments in diabetes*. Cleveland Clinic, USA  
<https://professional.diabetes.org/admin/UserFiles/CE/South%20Florida/Workshoop%20D-3%20Team%20Approach%20to%20Diabetes.pdf>

<sup>6</sup> Noffsinger, E (2013). *The ABC of group visits*. Springer, USA <http://www.springer.com/gp/book/9781461435259>

<sup>7</sup> PHD cic. (2011) *Redesigning primary care: outcomes in Smethwick* <http://path-finderhd.com/>



pressure control at 12 months compared to baseline. Participants fed-back that group consultations added value and reported improved confidence in their ability to self-care.

As part of its Prime Ministers Challenge Fund Programme and since November 2015, GP practices in Slough have been running group consultations with a range of patient groups. Interim evaluation found the following benefits:

- **Group consultations save GP time and are very productive**, especially once GPs have gained experience of consulting this way, which happens after one of two sessions
- **Patients love group consultations and 'by the third session, they want to take over'** group consultations build more equal partnerships; may be activating patients and supporting them to gain confidence and take control. These are key steps in building self management capability
- **Frequent attenders are attending less frequently.** GPs and practice teams tell us that frequent attenders now only come to the group consultation instead of consulting as much as two or three times a week. They say this is very promising because frequent attendance amongst some patients is a significant burden on practices
- **GPs find working this way empowering, liberating and rewarding.** They tell us that they enjoy consulting with groups, and have gained personal confidence and been able to use the tools and techniques they have gained through group consultations training and coaching in other areas of their clinical practice
- **GPs and patients have time to discuss things they don't get round to discussing or that don't come out in one to one appointments.** This improves the quality of the conversation and means that patients feel they have more time with the GP
- **Peers educate peers and support GPs to change beliefs and behaviours:** GPs report that patients who may not believe they have a diagnosis e.g. of diabetes; or whom they have been seeking to persuade to start treatment e.g. a statin have been persuaded by discussions in group consultations to accept their diagnosis or treatment; something that GPs have failed to achieve alone
- **Group consultations work best for complex, poorly controlled patients** early feedback suggests that group consultations may be a most effective for this group and help them feel more in control of their health issues. As they are often the patients GPs find most difficult to support, this is a win-win
- **Group consultations improve patient compliance with reviews and monitoring:** GPs report that patients who were not turning up for monitoring appointments attend when monitoring is part of a group consultation

#### **How can practices learn how to embed and deliver group consultations?**

The ELC Programme has developed a training and coaching package for clinicians and their support teams that includes online, accredited training; face to face practice team coaching and a toolkit of materials and standard operating procedures that simplify and build on best practice to help them to accelerate the integration of group consultations into clinical practice.

#### **For more information, contact:**

Georgina Craig

National Director, The ELC Programme

Tel: 07879 480005

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