

Herts Valley Clinical Commissioning Group (CCG): our shared ambition for group consultations

Co-created Thursday 18 July 2019 by Herts Valleys primary care clinicians, GP practice staff and patient participation groups

Introduction

On 18 July, a group of nearly fifty primary care clinicians, GP practice staff and patients from local patient participation groups came together to learn about group consultations and to set a shared ambition for the benefits that could be realised by their introduction 18 months' time.

In response to the question,

“In 18 months' time, when group consultations are up and running, what will be different for....”

The group looked at this through three lenses:

- Patients
- Primary care teams and
- The whole health and care system

This paper summarises this co-created shared ambition. It summarises and themes the feedback of the group, in their own words to produce a narrative to underpin the change programme that would need to be put in place to support the introduction of group consultations.

Patients

In 18 months, the group wanted group consultations to be part of normal care. Having group consultations has improved access. People spend longer with clinicians. There are more appointments available and shorter waiting times; greater continuity of care and more time to discuss new services and health issues.

Group consultations running at a range of times to maximise access and suit all groups, especially working people. In particular, group consultations are available for: dementia, antenatal, post-natal and also people living with Type 1 and Type 2 diabetes.

As well as improving access, group consultations are helping expand social connection and peer support. This new clinical practice is joined up and connected with existing peer support groups and social prescribing in the community.

Group consultations are also changing attitudes and culture, with people realising that NHS services have a relatively small part to play in their keeping well and the importance of self management; that they need to use NHS services carefully and that other clinicians as well as the GP can support them to manage long term health conditions.

The impact on patients is positive. They are clear where their future lies; feel better informed and have a greater understanding of their long-term condition and the support available. They are proactive and feel able help themselves. They feel fully supported to manage their condition; motivated, responsible and accountable. They own their health issues. As a result, outcomes are improving - both clinical (physical and mental health) and personal outcomes. There is less frailty. Patients are happier and healthier. They also feel less stressed more valued.

Specifically people said:

Patient feel better informed and more in control

- In primary care patients will know from day 1 where their future care lies
- Patients sharing and learning; I would like patients to be better informed; have more information; new knowledge
- More patients to understand what is available
- Understanding health issues; greater understanding of their condition; better understanding about their conditions; better understanding of condition; understand physical and mental wellbeing
- Better confidence
- (Know) how to help themselves
- Fully supported and managing their health
- Take ownership of their (patients') health issues; taking ownership of their health (mental and physical); take ownership; the
- Patients are being proactive
- Patients feel responsible for their own care
- Patients take accountability
- Patients more motivated to be compliant and better health
- Patients empowered to self-care

There are improved outcomes, health and wellbeing

- Less frailty
- Better health; healthier and happier patients; healthy patients with LTCs
- Better outcomes for LTCs
- Less stress and more time for communication with health care teams about local new services

- Feeling valued

Social connection, community building and peer support

- Patients are supported by other patients
- More informal friendships
- I would like patients not feeling alone
- Patients sharing and learning
- interaction between support and other groups so shared knowledge is fully available to all
- Patients working together

Patient choice and access

- Patients have a choice over how their conditions are managed in a way that suits them
- Patients need fewer GP appointments
- There are more GP appointments available; shorter waiting times for appointments; better access
- Group consultations at different times to ensure accessible to all: daytime, evening time, rush hour and especially working people “timing as many will be at work”
- Group consultations with venues with car parking

A change in attitude towards NHS services

- The health of the individual is on curriculum (group consultation is focused) on importance of taking care of own health
- People of Herts see that their health is not the NHS does, but is something they have a small role in
- Patient understanding (through) education articles of the changes expected for NHS in today’s world and not abuse it
- Patients agree to see more that the doctor for healthcare
- Group consultations are a normal procedure

Group consultations are a routine part of planned care

- To have group consultations as normal
- That group consultations are the norm resulting in better care
- They (group consultations) work
- Patients have confidence that group consultations work and are of benefit to them

- Group consultations for specific groups: antenatal, 1st time mums, 2nd time mums – couples, singles; Type 1 diabetes (younger), Type 2 diabetes (older); Some dementia patients to be involved in GCs weekly
- Recall systems not just depending on DOB

More continuity of care

- My last 5 GP consultations have been with 5 different GPs – I hope continuity is more than just an aspiration

Primary Care Teams

Primary care teams are also benefiting from the switch to group consultations.

As well as patient outcomes are improving, there is speedier access, with more patients reached who are missed right now. GPs are less in demand. There is less repetition and more efficient working, which has freed GPs to give patients with more complex care needs more attention.

Importantly, there are improved clinician and staff outcomes. Life is easier for primary care teams. They feel less pressure and stress because they are meeting targets and there is less pressure on appointments. They have a better work-life balance. Work is more satisfying because they are seeing a positive impact on patient outcomes. Primary care teams feel sustained and healthy. They are learning from collaborating.

Clinicians better understand the lived experience of patients; their fears and wider impact on their lives. This is improving quality of care and peer support. They can be more empathetic.

Finally, group consultations are supporting integrated working at primary care network (PCN) and with other services like peer support groups, childrens' centres, dietetics, drugs and alcohol services.

Improved primary care team outcomes

- It is easier for primary care teams
- Primary care teams have a better work/life balance
- Primary care teams are sustained, healthier
- More contented staff
- Increased satisfaction for clinicians; job satisfaction
- Collaboration, learning from others
- Empathetic clinician

Reduced pressure and stress

- Meeting targets without stressing about NOT meeting targets
- Reduced pressure: reduced pressure on practice staff; reduced pressure on appointments

Saving and optimising clinician time

- Group consultations optimise clinicians' time to benefit the practice as a whole; time saving; better use of time; more time with patients; GP time improved; a very good idea and would save doctors' time particularly on LTCs
- There is less duplication of effort; clinicians spend less time on routine repetitive
- Primary care team has more time to deal with complex cases; clinicians have more time to do home visits and nursing home care for people who really need it
- Primary care teams are working efficiently; more efficient consultations; efficient, effective personal consults where patients learn from each other, guided by clinicians
- Fewer appointments are needed for patients; less appointments for GPs

Better access

- Speedier access

Improved quality of care

- We are able to include patients being missed at the moment
- Primary care teams have more information per patient; clinicians are better enlightened and more knowledgeable about patient perspective; Primary care networks (PCNs) and clinicians to understand the conditions and fears of their patients and the wider consequences on them
- Better and more peer support groups

Better outcomes

- Better outcomes
- Better results for patients
- Clinicians can see a positive difference in patients condition leading to better job satisfaction

Integrated working

- Primary care is seeing its role as part of a community driver health system
- Cohesive working at PCN levels

- Children centres have become a place to go to doctor without fear
- Extended health care to wider community e.g. children/families, mental health, drugs, alcohol
- Better and more access to good quality evidence-based advice on health nutrition

The whole system

The switch to group consultations has happened quickly. There are group consultations happening in a range of locations and this is supporting integrated working at PCN level.

The whole system has benefited. It feels like there is more money and more staff. The system is more sustainable and fit for the present and the future. There is improved quality and access. There is less pressure on primary and secondary care resources.

The system is more cost effective, with less wastage, including of medication. Savings are being created to be used on improvement elsewhere. Clinician time freed up by the switch is being focused on supporting and spending longer with people with more complex care needs.

Rapid change

- Group consultations to be rapidly developed

Sustainable health system

- Beneficial for whole health system
- Cost effective system for the whole population now and in the future
- Less wastage of medication; more NHS funds available for improvements
- Increased funding, more staff
- Whole health system; savings that can be used elsewhere
- More money, less Government meddling
- Reduce pressure on primary care/secondary resources
- More staff
- Group consultations are seen as part of social prescribing and wellbeing

More time to care; improved access

- Better use of resources Better access to local services to support staff and patients; More people having access to clinician, especially now as clinician numbers are dropping
- Free up time; more time freed up
- Longer doctor appointments

- More 1:1 consultation time available with GP with whom I am registered, especially for 'one off' conditions which do not seem to be covered by GCs
- Health system spends more time on people who have greatest need rather than healthy LTC; (patients get) plenty of support (if) necessary

Improved quality of care

- Better exchange between patients and clinicians
- Better access to information

A range of locations

- Different centres developed for weekly GCs

Integrated working

- Whole health system collaborative working
- Whole system joined up and consistent approach for all patients wherever in Hertfordshire

Prepared by Georgina Craig,

The ELC Programme

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