FAQ: what are group consultations and how they work

Before embarking on group consultation, people have many questions.
This comprehensive FAQ answers the most commonly asked ones.

What are Group Consultations?
Group consultations are a different and more sustainable way to deliver one to one consultations. They are an alternative to one to one care.

Group consultations are NOT:

- An adjunct to one to one review. They replace routine one to one reviews and assessments
- Group therapy as often practiced in mental health services to support recovery. They are used for consultations for a range of physical health conditions, including: diabetes, asthma, cancer, nephrology
- Group education sessions; although participants learn and are educated both from listening to and interacting with their peers and the clinician(s) during a group consultation so learning more is a welcome positive consequence of the group consultation model
- Peer support groups; although participants gain many of the same benefits of peer support group through group consultation; another welcome positive consequence of switching to this consultation model.

Group consultations work especially well where there is a lot of repetition, a heavy caseload with a lot of follow up required or limited access to clinical expertise. They work especially well for people who have to manage their lifestyle and play an active part in improving their health to keep well and for communities who feel socially isolated because of failing mobility, anxiety or stigma.

They have benefits for clinicians too. They are energising, support personal development and help clinicians get to the bottom of the story with patients more often. They also offer 50-75% efficiency gains (in other words, clinicians see twice or three times' as many patients in the same hour of clinic time as they would if they did one to one appointments). They reduce 'do not attender' (DNA) rates and clinics more often finish on time, which improves work life balance.

Finally and importantly right now, they support workforce development. They build clinic team cohesion and integrated working across specialities and organisations; support skills acceleration in new and returning team members and help senior clinicians delegate routine reviews and follow ups to others.

Group consultations work best for long term conditions; although they have also been used to manage flare ups and unplanned care episodes in some clinic settings.

They can be run in any clinic setting: maternity, early years, primary, outpatient or specialist and community care.

How do Group Consultations work?
To watch a video of group consultation flow, go to:
https://youtu.be/uZKVbKUvTfs

In brief, this is how group consultations usually work; although the model may vary slightly from condition to condition and patient group to patient group:

- Group consultations are led run by a process facilitator. They last for around 90 minutes
- The clinician decides whom participates – and invites people personally from amongst their patient list
- Prior to the group consultation, people have all the right tests and check-ups done so they 'know their numbers' e.g. Hba1c, cholesterol when they are in the room. These are put on a board in the room so everyone can see how they compare with others
- The process facilitator sets the session up and ensures that before the clinician arrives, every individual is clear about what they want to discuss with the clinician. Often people want to discuss the same thing. The process facilitator themes the questions ready to brief the clinician about the topics people want to discuss
- The clinician joins 25 minutes into the group consultation, once this is all done. He or she joins the group. There is a break and the process facilitator briefs the clinician and the clinician reviews the board with people's tests and the questions they want to ask all set out clearly
- The clinician then holds brief individual consultations with each of the participants in the group in turn. This lasts 45-60 minutes. Everyone listens and learns from the 11 consultation conversations and advice given. Of course, sometimes peoples' questions are answered before it is their turn, which avoids repetition and enables people to understand they share common concerns. Where relevant, patient participants also share what has worked for them and helped them take control and manage their long-term condition and so, peer learning happens as a welcome by-product of the consultation process. The process facilitator manages the group so the clinician can stay fully focused on listening and responding to participants. The process facilitator is responsible for the group remaining on time and staying positive so that everyone feels listened to and respected
- If someone needs to speak to the clinician alone, this happens after the clinical session is over or they get an appointment scheduled shortly after
- The clinician then leaves
- The process facilitator closes the session; summarises with the group their commitment to individual goals set and to attend for review at next session, building on what the clinician agreed with each person. The process facilitator also reminds the group that goals will be reviewed the next session and is available to signpost people to support e.g. with weight management, exercise programmes, understanding diabetes.

What is the evidence?
Unlike many health care innovations, there are randomised controlled trials of group consultations' impact on patient outcomes compared to 'usual' (one to one) care. We recommend the following publicly available references as summaries of the evidence base:

https://www.bmj.com/content/358/bmj.j4034

http://futurehospital.rcpjournal.org/content/6/1/8.full

You can also access further key research publications on our website www.elcworks.co.uk

In short, the strongest research evidence of impact on clinical outcomes in randomised controlled trials is in: Type 2 Diabetes, antenatal care (women and their babies) and care of older people. There is also evidence group consultations improve quality of life in COPD and diabetes, and that they improve women's knowledge of birth and patients' knowledge in heart failure and diabetes. Finally, there is good evidence they improve patient satisfaction.

In England, evaluation has been undertaken of the impact of group consultations on clinician experience. Results show that clinicians find group consultation more energising than one to one. This may be because there is less reputation; clinicians feel they have longer to explain and discuss what matters to patients, group consultations feel more personalised to patients and mean less isolation and closer team working.

Group clinics also consistently realise lower do not attender (DNA) rates – 30-50% reduction and clinician time efficiency gains that range from 22-100%.

What medical conditions work as group consultations?
Group consultations have been applied in a wide range of conditions and to deliver a wide range of routine reviews and follow ups. There are very few areas of clinical practice where group consultations would be unsuitable.

Do group clinics work for 'one off' conditions and consultations?
Group clinics can be used for minor ailments and other self limiting conditions – as long as the risk of infection is minimal. They can also work for 'one off' clinical reviews, including things like pre-operative assessments and post hospital discharge follow ups.

What about people with multiple conditions?
Group consultations can be designed for people with multiple conditions. For instance, many people live with COPD and Type 2 Diabetes. They need a number of reviews and follow-ups over a year. These can be proactively scheduled at regular intervals across the year as group clinics, with a bigger focus on one or other condition, in line with the seasons e.g. a 'preparing for winter;' session in September/October with flu vaccination and review of key biomarkers to ensure people spot the signs of infection, keep well and have the inhalers and emergency packs they need, and a 'spring clean' session with a focus on diet and lifestyle.

How do you select the patients?
We recommend focusing on the patients whose care is taking up a lot of your time – either because there are frequent follow ups or because there are a lot of them. Once you have identified the group you want to work with, you don't need to 'select' patients as such. You might have some exclusion criteria e.g. people with hearing impairment; people with severe an enduring mental health issues; people with cognitive impairment, people who speak little English. However, you can potentially use group care to better meet the needs of these groups by organising group clinics just for them – with interpreters, key workers, parents and carers present who can help the person contribute.

How do you engage and motivate patients to come?
The best way to introduce group consultations is to make it the 'way we do things around here' and book patients in to a group clinic instead of a one to one. Incentives for patients and their family carers include they get to spend longer with their clinician, it is a 'one stop' review and they need to wait less time (better access and shorter waiting lists). Having patient champions who spread the word and share their experiences is also really helpful

How can carers and key workers get involved?
Carers and key workers can attend with their loved one or client. If everyone attending wants or needs to bring a carer, you may have to have a smaller group (see recommended group size for paediatric group consultations).

What do patients need to be told in advance?
Patients need to be told that they are coming to a group clinic and that some of their results will be shared. They also need to sign a confidentiality agreement to ensure that 'what is said in the room stays in the room'.

Can patients choose their group?
You should offer groups at different time of the day so that patients can pick a time convenient to them. Logistically, it can be challenging to maintain continuity of group members. If continuity is important, you want work with the group to agree the next date at the end of each session so it is in everyone's diaries.

How do you persuade GPs, engage and motivate the team?
Group consultations are recognised as one of the high impact changes in the GP Forward View so increasingly, GPs are aware of this new way of working. There are completing case studies that show benefits that will resonate with GPs, for example, clinician time efficiencies, improved access and less pressure on appointment, improved QOF compliance. There are lots of case studies you can use to illustrate the benefits at our website: www.elcworks.co.uk

Everyone plays a part in making group consultations work so everyone needs to be involved. The best way to engage people is to get them involved early and ask them to shape the plan and define their contribution. It is also important to get them to reflect on and articulate the benefits of the change for them personally.

How often do you have group consultations for the same group of people?
It depends on their clinical need. Some group clinics will be one off reviews. Those who live with long term conditions only attend group consultations as frequently as clinical need dictates. For well-controlled patients, that might be just once a year. For others, it might be monthly or three monthly. You and the patient decide together when they need to be followed up. In some primary care practices, patients now initiate follow up rather than the clinician dictating when they need to return

How long do sessions take?
Usually 90 minutes. When you are doing your first few, it might stretch to two hours, so plan in longer for the first few

Is there a maximum size for a group?
The optimum number is 10-12 adults. For paediatric group consultations where several parents and some siblings may attend, we recommend 6 families; likewise, a smaller group might work better for people with communication challenges. The clinical session lasts 45-60 minutes so that works out at roughly five minutes of clinician time per patient or family.

How do you maintain confidentiality?
Patients sign a confidentiality form and the importance of confidentiality is reinforced by the facilitator up front and agreed as a 'group understanding'

Do you need any equipment?
You need a space that sits 15-20 people comfortably, and enough chairs! A white board can be very useful and is used as the Results Board. Alternatively you can get an A0 size laminated poster printed up. Post it notes are a necessary investment. Apart from that, no other equipment s needed.

How does the Results Board work?
The Results Board is the magic ingredient in the group consultation. It summarises key biometrics or other issues that the clinician wants people to discuss e.g. pain scores; number of hospital admissions, flu vaccination, foot and eye checks.

As our understanding deepens, we are seeing that it has two functions:

It is the 'clinical agenda' – it ensures that all the boxes get ticked so that care is aligned with NICE guidance (including the Quality Outcomes Framework in primary care). It nudges and systematises high quality care. In primary care, it has driven 18% improvement in diabetes QOF compliance where group consultations are the main care model.

It provides patients with the opportunity to compare themselves with their peers and normal range (where there is a normal range). This comparison is powerful. It helps people make sense of where they sit, and motivates them to change health related behaviour and make and sustain lifestyle changes.

In the group consultation itself, the Results Board also helps patients to think of pertinent questions for the clinician and clinicians observe that without a Results Board, group discussion is less focused and insightful.

Is just one clinician in the group consultation or could there be several?
There is lots of flexibility and no set rules about the clinicians involved.

In primary care, usually one clinician is involved in the group consultation. However, if there is a lot of clinical review work to be done, sometimes more than one clinician may be involved. Also, if clinicians are in training or want to develop their clinical knowledge by watching a specialist colleague consult, they may start out or take on the role of facilitator so they can listen and learn.

In specialist care, if two clinicians usually review the patient, they can do this together in a shared group clinic, with each taking on the role of process facilitator whilst their colleague is consulting.

Who undertakes the different roles in the group consultation?
There is lots of flexibility and no set rules about the clinic delivery team. There must be someone playing the role of facilitator at all times. It is more time and cost efficient if the facilitator is not a clinician. Clinicians may also struggle to focus on facilitating the group clinic process because they get pulled into clinical conversations. That is why we usually recommend the facilitator is a non-clinician. However, there is no hard and fast rules on this (see next section as well).

People who are ideally suited to be group consultations facilitators include: health care assistants, care navigators, health coaches, social prescribing link workers. There is a great opportunity to integrate the use of group consultations with these emerging roles. Team administrators who are keen to take on a more patient facing role, trainee clinicians, and support workers who have to check in regularly with or who support individuals in the group e.g. early years support workers, mental health link workers would also be ideal candidates. Where possible, ask for volunteers. Train more facilitators than you think you need in case some drop out.

The Long Term Plan signals the importance of the ‘Helpforce’. In some teams, volunteers and patients have been trained to act as facilitators.

What role do charities have in this process?
Charities can be great partners to work with. The ELC Progamme is working with Pumping Marvellous to develop group consultation models for heart failure. S well as providing insights into peoples’ lived experiences, they may also be able to provide people who can facilitate group clinics for people they support. There are also benefits for the charity too because it raises awareness of the support they offer, opens the door to collaborative working with clinical teams to deliver patient centred care for the local community and

increases their reach and impact. If charities run peer support groups, they can also raise awareness of these and link them in.

How much knowledge of the clinical condition would the facilitator need to know?
Facilitators need no clinical knowledge. Because group consultations are such a rich learning environment, being a facilitator is a great way for clinicians and health care assistants to build their clinical knowledge and understanding.

How much time do clinicians spend preparing for and documenting the group consultation afterwards?
Clinicians report that once they have gained confidence and done three group consultations, preparation and documenting takes them no more than 90 minutes for 12 patients.

How much work goes into organising it?
Like any change, there is a lot of work at the start. Group consultations require new clinic letter templates, changes to the scheduling system and appointment reminder systems. That is why it is absolutely essential that practice managers and in NHS trusts, clinic administrators are involved in training so they understand the process and its benefits, and can make the necessary changes to clinic systems.

Once all this is set up, there is no additional administration work compared to one to one care because all that is different is that patients are being invited to a group instead of a one to one appointment.

How does the clinician manage the one to one sessions?
Most clinicians' practice does not change significantly. Most clinicians look through the patients in the group clinics' notes whilst they are waiting to be called in by the facilitator. During this time, they make a note of anything they especially want to raise with the patient proactively. Once they are in the group consultation, they can refer to these notes and also to the Results Board, which has the key biometrics for each person on display. The patient gets answers to any specific questions they have (and the whole group learns from the answer) and can check in and share how they are getting on and any other concerns.

One big change in practice is that clinicians can tap into the wisdom of the group. Instead of answering patients' questions themselves, they can ask the group, 'does anyone know the answer to that?' or 'can anyone explain what that number means and why it is important?' or 'is there anyone else taking that medication who can tell us what it is like to take it?'. Research shows that when clinicians work in this collaborative way and involve the group as much as possible (called 'process fidelity') clinical outcomes improve so it is worth making the change as soon as possible!

How do you tackle more sensitive issues?
You will be surprised what people will share in the group. As a clinician, you will not volunteer information that is outside the scope of the group consultation. If you want to

discuss something private with the patient, you can ask them to step outside with you when you end the clinical session. Likewise, patients can ask to see you to discuss private matters and they can do that then and there. However, what you will probably find is that you are surprised how open people are – even about issues you regard as intimate. And many patients who have not asked the question will be relieved that someone was brave enough to ask it – as they were wondering too!

What about physical examinations?
You can incorporate physical examinations in to group clinics. They can be done behind a screen or in a separate room. Some can be done in the group e.g. diabetic foot checks; chest examinations in young children

What about managing group dynamics?
We recommend that both clinicians and facilitators have training in managing group dynamics. This takes around three hours and is included in our full day team learning programme. We provide a failsafe facilitator toolkit that means that the skills and processes you need to learn to manage group dynamics well is easy to pick up.

How do you overcome language barriers?
It is possible to have interpreters or family or a friend who speaks the language accompany a person. If you have a lot of people in your community who speak a different language, we recommend that you run group clinics in that language. Train up a member of staff who speaks the language as a facilitator and have a translator for the clinicians (a very different message to your patients – I need a translator to speak to you!).

Can group consultations help maintain continuity of care?
Potentially group consultations can help maintain continuity. Having a clinician and facilitator involved in each doubles the chance of continuity. Patients seeing patients who they met at previous groups can also enhance the sense of continuity

How do group consultations work at PCN level?
We are still exploring how group consultations might work across practices. What we do know Is that patients are prepared to travel for specialist care so group care at PCN level is likely to work best where patients are getting access to specialist care they would otherwise have to travel further for. This could be a group clinic provided by a GP or nurse with a special interest or a specialist outreaching into primary care.

What role can technology play?
The digital group consultation is something we are currently exploring with NHS England's e-consultation team. There is also the opportunity to incorporate and use Phone apps as a way of supporting self-management. Eventually patients might be able to fill in their own Results Board!

Are there any negative experiences? What is the down side?
Group consultations are not for everyone. There may be some clinicians who feel uncomfortable with the change or lack confidence to consult with groups and some patients who feel that groups are 'not my thing'. Once they give it go, most clinicians and patents are converted by the experience.

It is essential that teams follow best practice given at training and that groups are well facilitated by trained staff to ensure experiences are positive.

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