

## Resource sheet: group clinics and values-based care

### Context

The need for group clinics emerged from the insights generated by the experience led commissioning process. Working with primary care teams in 15 different parts of the country, the ELC team heard from patients living with long term health issues that they wanted:

- Longer with their clinical team
- The conversation with their doctor or nurse focused more on what matters to them as a person (rather than focused on their biometrics and the clinician's agenda)
- Practical advice and tips about how to live well with the health condition
- Connection with peers and relatable others who understand their situation
- To learn more about their condition and how to keep themselves well (improve self-management)

Having heard of the idea of “shared medical appointments” – also called “group consultations” and “group clinics” – the ELC team felt that they offered great potential as a way of giving people what they want AND improve service efficiency and the working lives of caregivers.

The ELC Programme is now the leading provider of group clinic training for clinical teams in the United Kingdom has won Health Service Journal Award for “Best Education Programme for the NHS” in 2020 for its face-to-face training programme and in 2021 for its work spreading video group clinics (VGCs) during the Pandemic.

### Where do group clinics fit with ELC?

The insights that led to the decision to support clinical teams in England to introduce group clinics are universal. Those undertaking an ELC programme to improve care for a community of people who live with long term health issues or those who are going through a major life transition e.g. pregnancy, facing end of life, will often hear people express the desire for these same things.

Furthermore, there is mounting evidence that group clinics restore a sense of autonomy to caregivers, builds deeper connections between caregivers and their patients, which may lead to less burn out and support retention (Lynch 2022).

Group clinics fit with a values-based health care system approach because they are designed to put people in control and build an equal partnership between the clinician and the group. Through peer-to-peer interactions and discussions, group clinics help people to make sense of their lived experience and what matters to them. Group clinics thus support the use of person-centred outcomes within assessments and review. They also support informed and shared decision making, especially where peers can share their lived experience of treatment options being discussed.

Watch this video to inspire you:

[https://youtu.be/WGY\\_BeiZ-Ps](https://youtu.be/WGY_BeiZ-Ps)

## How do group clinics work?

Watch this video to see how face to face group clinics flow:

<https://youtu.be/JVwyeorGq14>

Watch this animation to see how video group clinics work:

<https://www.youtube.com/watch?v=5Av9gBX2KwI&feature=youtu.be>

## What evidence supports the switch to group clinics?

Group clinics (often called shared medical appointments in the research literature) have a strong evidence base, including more than 13 randomised controlled trials and several recent systematic reviews comparing group clinic follow up with one-to-one appointment follow up.

The evidence suggests that they realise benefits for people and for caregivers:

Compared to a one-to-one appointment, people report:

- They trust the clinician more and perceive group clinic deliver higher quality care, a more personalised and better experience of care (Wadsworth et al 2019)
- Higher satisfaction. They say they would continue with group clinics if they were available as an alternative to one-to-one appointments (Egger et al 2015, Buell et al 2023, Sönmez et al 2023)
- Feeling more empowered, and improved communications with their carers (Wadsworth et al 2019)
- Initiating and maintaining more health-related behaviour changes (Floyd et al 2017)
- Improved quality of life (Trento et al 2010)
- Learning from each other, gaining support and validation from peers, feeling inspired and motivated to try new ways of keeping well (Lynch 2022)

A randomised controlled trial that involved recording and transcription of one to one and group appointments quantified that in the group clinic, people interact more; ask significantly more questions, make significantly more comments, and demonstrate more non-verbal engagement, and more patient-led interactions, ((Buell et al 2023, Sönmez et al 2023). They also measured a 40% improvement in compliance with medication (Buell et al 2023, Sönmez et al 2023).

For clinical teams, group clinics impact positively on workforce development and wellbeing:

- Develop whole clinic workforce (Papoutsi 2021, Lynch 2022)
- Reduce repetition and lone working; restore autonomy and joy to practice; build confidence and deepen clinician understanding of patient's life stories and lived experience (Lynch 2022)
- Builds nurse leadership and QI skills (HEE 2018)
- Support respectful relationships within practice team; builds team resilience (HEE 2018, Lynch 2022)
- Provides opportunities for "on the job" learning and development for clinical and non-clinical staff (Lynch 2022 Papoutsi 2021)
- Impact positively on staff wellbeing and retention (Lynch 2022)
- Support flexible home working (VGC) (Lynch 2022)
- Build digital maturity across whole practice team (VGC) (Lynch 2022)
- Support integration of voluntary and community sector providers, specialist services with primary care and multidisciplinary team (MDT) working (Graham 2021, Lynch 2022)

For everyone, group clinics impact positively on access and waiting times. They:

- Release 1:1 appointments; improve access and reduces waiting times (Bauer Bartley, 2010)
- May reduce demand for future GP appointments
- Reduce hospital visits (Edelman 2015)
- Free up clinician time; provide up to up to 80% efficiency gains (Gandhi and Craig 2019)
- Improve quality of care (Gandhi and Craig 2019)
- Overcome estate limitations (video group clinics)

### **Group clinics and health inequalities**

Research shows that healthcare inequalities sustain through the interplay of interpersonal, institutional, and structural factors. Group clinics re-structure patient-clinician encounters, disrupt current clinical practice, and shift the power dynamic in the clinic room. They build social connections amongst relatable peers and create space and time for experts with lived experience to exchange stories and wisdom. This helps everyone make sense of and validates their journey to date and how they can progress. In contrast to many one-to-one appointments, in a group clinic, participant peers play an active role in each other's care, support and challenge each other. These unique features provide an explanation for why group clinics help to interrupt the factors that lead to healthcare inequalities (Thompson-Lastad 2018).

Group clinics create the rights conditions for individuals to gain confidence and regain control of their health and their life. In this way, group clinics seed and build neighbourliness, belonging and community belonging (Young Foundation, 2008).

There is emerging evidence that group clinics have a positive impact for people who live in disadvantage in the United States:

- In a matched controlled study, show group clinics adapted to the cultural needs of low income, Spanish speaking Latinos improve diabetic control compared to 1:1 appointment (Noya et al 2020)
- A Narrative Review of 14 studies found that diabetes group clinics impact most on low-income and underserved individuals and resulted in superior preventive care (Vaughan et al 2019)
- Young pregnant women who received group antenatal care (Centering Pregnancy) had less complications from low birth weight. Their babies also needed fewer intensive care admission compared to 1:1 control group (Ickovics et al 2016)
- Young pregnant women in the top tertial of psychosocial stress at study entry experienced improved psychosocial outcomes; specifically, they reported significantly increased self-esteem, decreased stress and social conflict in the third trimester of pregnancy; social conflict and depression were significantly lower 1-year postpartum, (Ickovics et al 2011)
- Expectant mothers supported in the group gained less weight and lost it quicker than those randomised to 1:1 appointment (Magriples et al 2015)

## How can I learn how to set up and run group clinics?

If you would like to learn how to set up and run group clinics – either face to face group clinics or video group clinics - The ELC team run a comprehensive on-line learning programme.

This programme will accelerate your progress and ensure that you address all the key barriers to the change, including:

- Integrating group clinic administration into existing clinic workflows
- Managing clinical risk and consent processes
- Overcoming resistance from patients to attend their first group clinic
- Engaging colleagues in making the change
- Building the skills of (non-clinical) group facilitators and the clinicians who review patients during the group clinic to ensure a highly participative group clinic experience for everyone

The learning programme consists of three training modules, supported by a comprehensive toolkit and support from an expert group clinic coach. They are described below:

- **Basic training:** a 3 hour online live and interactive learning session that covers in detail the process of delivering group clinics in a safe and effective way
- **Simulation training:** a 2 hour online live session that provides the chance to be a fly on the wall at a group clinic and see the process working in real time

- **Advanced clinician training:** a 2 hour online live session that supports clinicians to explore with an experienced peer mentor how to succeed in completing clinical work in a group clinic and how that differs to working one to one with patients. This session builds clinician confidence and group consulting skills
- **Advanced facilitator and co-ordinator training:** a 2.5 hour online live session that supports facilitators and clinic co-ordinators to recruit patients and sell the benefits of group clinics, complete the necessary administrative tasks involved in setting up and running group clinics and to support the clinician and facilitate the group clinic so the teams get the best out of the participants.
- **Advanced personalised care practitioner training:** a 2 hour online live session that supports health and wellbeing coaches and social prescriber link workers to explore with an experienced peer mentor how to succeed in delivering group- based health and wellbeing coaching and social prescribing interventions, and how that differs to working one to one with patients. This session builds practitioner confidence and group care skills

This training can also be delivered face to face on site in your organisation.

**For more information, contact:**

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