



Future Hospital: Shared Medical Appointments/ Group Consultations in the UK

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*Twitter @fraser_birrell #groupconsult #groupconsults
#groupclinics*



Newcastle
University

Northumbria Healthcare



NHS Foundation Trust

The Newcastle upon Tyne Hospitals



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**University of
Sunderland**



Learning Outcomes

- By the end of this session, attendees will:
 - Know the history of group consultation models
 - Understand this is patient-centred & co-designed
 - See group consultation (link sent before) & patient view videos
 - Know UK data on outcomes/efficiency
 - Understand national context & drivers
 - Appreciate benefits for staff & patients
 - Appreciate potential challenges
 - Consider how this could apply to their practice



Did you watch the 'how to set up a group consultation video?'

A Yes

B No



Apart from that, have you ever seen a group consultation?

(aka Group clinic/visit, Shared Medical Appointment)

- A Yes- in planning or delivery
- B Yes- I have attended
- C Heard of it & seen data or opinions
- D Heard of it but never seen one or data
- E No- never heard of it



What do you think of the idea?

- A Fantastic!
- B Very promising
- C Has potential
- D Could be tricky
- E Fear or hate the idea



‘A Transformative Innovation’

- New England Journal of Medicine Editorial
- 4 key drivers for adoption:
 - System specific evidence demonstrating value
 - Easy ways to pilot and adapt the model to different care settings
 - Regulatory change or incentives
 - Relevant patient and clinician education

Ramdas & Darzi, 2017



Highly Topical

- BMJ Editorial <http://www.bmj.com/content/358/bmj.j4034>
- Amy Price blog <http://blogs.bmj.com/bmj/2017/09/18/amy-price-on-shared-medical-appointments-just-say-no>
- SMA community Responses:
 - Garry Egger <http://www.bmj.com/content/358/bmj.j4034/rr-2>
 - Mariane Sumego <http://www.bmj.com/content/358/bmj.j4034/rr-3>
 - Abi Morbi <http://www.bmj.com/content/358/bmj.j4034/rr-4>
 - My patients Patients Say Yes to Group Clinics
<http://www.bmj.com/content/358/bmj.j4034/rr-5>
 - Kamalini Ramdas <http://www.bmj.com/content/358/bmj.j4034/rr-6>



USA Group Models

- 1st conceived: 'cluster visits' for well child clinics
Feldman et al, 1974
- Shared Medical Appointment: late 1990s
Noffsinger, 2000
- Drop in Group Medical Appointments
Noffsinger, 2002
- Physicals shared Medical Appointment
Noffsinger, 2002
- Cooperative Community Healthcare Clinics
Scott et al, 2004
- Group clinics:
 - ↓ BP & trend to ↓ HbA1c over 12/12 *Edelman et al, 2010*
 - ↓ perinatal mortality & costs *Gareau et al, 2016*
- *UK NIHR funded Systematic Review Booth et al, 2015*



UK Group Models

- Pain groups- Phil Sizer
- Rheumatology group clinics
- Osteoporosis group clinics primary care
- Shared Medical Appointments primary care
- Plus ongoing trial in antenatal care:
‘Pregnancy Circles’ cf *Centering Pregnancy*



Northumbria Group Clinic

- Group size= 8-32 'In the round' 90-120 mins
- ESR for DAS calculation in 'microconsult'
- Target explicit
 - Psoriatic Arthritis TJ&SJ<3
 - Rheumatoid Arthritis DAS<3.2
 - Celebrate Remission!
- im steroid during not after group
- Permission to joke & laugh
- Refreshments
- Rotating MDT involvement



High Satisfaction

Listening to You	10 (10-10)
Explaining the disease & options	10 (10-10)
Looking at your joints	10 (8-10)
Discussing options for treatment	10 (9-10)
Providing Treatment	10 (8-10)
Arranging access to MDT	10 (9-10)



FU Group Clinic Outcomes

	To Dec 2015	2016	2017
Total Patient Attendances	1653	2055	2498
Total Number of clinics	101	123	145
Mean attendance in period	16	18	20
Low DAS/ Remission, %	38	41	40
Injections	57%	53%	55%



Empowering Patients: ↑ Patient Activation Measure

Clinic	Pre-Clinic	Post-Clinic	p value (paired t test)
New (n=10)	54 (Level 2)	63 (Level 3)	<0.03
New (n=9)	67	74	<0.02
FU (n=8)	59	66	<0.01

- Consistent significant improvement after one 2-hour group clinic for both new & FU on n=8-10
- EuroQol Mean Global Health 54 (SD 19)
(UK population norm 77 for age 65-74)



Patient Perspective

Almost every patient reported:

- 1) They would come again
- 2) They would recommend group clinics to others

‘good to listen to hear how trouble affected others’

‘a lot of different questions answered’

‘meeting other people...

getting other ideas to help yourself’

‘seen in a group...treated as individuals’

Formal qualitative study comparing with OP groups:
led by Prof Michele Russell-Westhead



Qualitative Research

- Comparing inflammatory arthritis group clinics with osteoporosis groups clinics
- Identified 5 Key themes:
 - Efficiency
 - Empathy
 - Education
 - Engagement
 - Empowerment
- 5 Active Ingredients/Enabling Factors:
 - Prioritisation
 - Personalisation
 - Participation
 - Pedagogical approach
 - Personality



Regional & National Spread

- Other specialties & hospitals
 - Early arthritis group since 2016
 - Support from strategy leads & patient groups
- HEE NE training 50 practices
- National HEE event
- National Rheumatology Training *11-12th April 18*
- Medical student education: *ASME Newcastle 11-13th Jun 18*
- Shared Medical Appointments UK *Edinburgh 22nd Jun 18*
- British Society for Lifestyle Medicine *Edinburgh 23rd Jun 18*
- Innovation in Medicine *London 25-26th Jun 18*



National Perspective

- Vision supported by all 4 Chief Medical Officers & Strategy Lead for NHS England

‘To offer training in group consultations to every NHS general practice within 5 years, as well as effective use elsewhere along the patient journey’



What do you think of the idea now?

- A Fantastic!
- B Very promising
- C Has potential
- D Could be tricky
- E Still fear or hate the idea



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- *Kamalini Ramdas*



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