

# **Harnessing Group Clinics to Deliver the NHS Ten Year Plan**

Briefing for Enabling Groups



# Enabling Group Briefing

This briefing has been produced by the NHS England Group Clinic Task and Finish Group for the 7 enabling working groups currently developing policy recommendations on how to deliver the ambitions of the Government's 10 Year Health Plan.

It sets out what Group Clinics are and importantly, how they will help deliver the three shifts desired by government, namely: hospital to community; analogue to digital; and sickness to prevention.

## What are group clinics?

A Group Clinic (also known as Group Consultation or Shared Medical Appointment) is a 90-minute clinical appointment focused equally on delivering planned clinical assessments and reviews and on empowering self-management and lifestyle change. For example, reviewing lifestyle and pharmacological management of high blood pressure and high cholesterol across Core20PLUS populations.

Patients consent to participate and to share medical information, including biometrics, in the group. Group Clinics usually replace one to one appointments. They can be delivered face to face or online. No new investment in digital technology is required to deliver Video Group Clinics (VGCs). Conferencing platforms commonly used in the NHS are safe, secure and effective.

The Group Clinic methodology is grounded in coproduction. A clinician and a non-clinician co-facilitate the group. Patients set the agenda and contribute as equals and valued peer experts. The facilitator shares the group's biometrics to support the clinical assessment or review. A topic board focuses group discussion. Patients compare their results with the optimum range. This helps them to articulate informed questions and concerns. The clinician joins and supports collective discussion of shared questions and concerns. Then they complete a personalised clinical assessment or review with each individual, covering discussion of their biometrics, prescribing of new or adjusting of existing medication, referral where required, and provision of tailored advice and care planning. Everyone in the group listens and learns vicariously from others' one to ones. Following the clinical session, the facilitator supports the group to reflect and set goals. The group then provides feedback for the delivery team to support their continuous improvement and reflective practice.

Group Clinics have been recognised since The GP Forward View as a service innovation worthy of development (NHSE 2016). To date, no sustained national spread programme has been in place. Currently 14 ICBs fund implementation support. The aggregate support commissioned is for a total of 80 GP practices; on average just under 6 per ICB.

# How Group Clinics support delivery of the 10 Year Health Plan

The potential of the Group Clinic model to deliver the Ten-Year Plan is set out below.

## Shift 1: Hospital to community

- **A vehicle for integrated neighbourhood team working:** Group Clinics enhance and support multidisciplinary working (Graham et al 2021, Lynch 2022). Integrated neighbourhood teams can harness Group Clinics to shift care out of hospital and deliver a range of multidisciplinary, integrated care pathways across neighbourhoods
- **Time efficiencies and productivity gains.** Based on published research (Gandhi et al 2019), in a GP practice with a list of 10,000 patients, switching 50% of planned reviews to Group Clinics would release 1,400 hours of clinician time and over 8,500 one to one appointments per annum
- **Reduced waiting times:** audit of waiting times for community-based specialist Long COVID services at the peak of demand for this pathway in 2022/23 found waiting lists reduced from up to 3 months to less than 2 weeks following the introduction of video group assessments (VGAs). In general practice, introducing Group Clinics for those newly diagnosed with Type 2 Diabetes has reduced waiting times from 2 months to 2 weeks.
- **A way to expand existing capacity:** primary care teams that have embedded Group Clinics report that they have managed a 20% increase in Type Two Diabetes caseload with the same clinician resources.

## Shift 2: Analogue to digital

- **A promising way to embed digital care models:** during Lockdown, NHS England's Nursing Directorate led the mobilisation of VGCs across primary care in England. The VGC programme supported teams to: set up digital infrastructure, gain colleague buy in, develop a workforce of patient facing online facilitators and put in place administrative and operational processes to manage known risks, including protecting online privacy and confidentiality (Papoutsi et al 2022). Over 700 teams self-selected to engage and were trained between June - October 2020. Evaluation found that 34% of teams reported that they planned to continue with VGCs (Scott et al 2023). The TOGETHER 2 Study (Papoutsi et al 2024) is further evaluating use of video and hybrid group clinic models for chronic conditions in general practice, with an emphasis on the experience of peer-hood and peer support and the different types of hidden work performed in relation to Group Clinics to understand where and how they could add most value from the perspective of healthcare practitioners as well as patients. Publication is anticipated later in 2025. Furthermore, different virtual group models are emerging, including virtual engagement and virtual group education events where 100+ people attend. As part of the shift from analogue to digital, it will be important to further explore their impact and evaluate their impact and evaluate the different approaches to delivering group models and their use cases. Additionally, to mitigate the risk of digital exclusion and avoid compounding healthcare inequalities, we must understand how to ensure virtual group models can

be designed and implemented in an inclusive and user-centric way, and in particular understand user needs and how to best support effective adoption in areas of deprivation, while also ensuring face-to-face (F2F) alternatives are available to meet the diversity of needs.

- **A digital skills accelerator:** VGC independent evaluation and a recent ICB learning review highlight that working in VGC impacts on the whole team's and in particular, upon nurse confidence to undertake virtual clinical work (Lynch 2022, NHS Kent and Medway 2024).

### Shift 3: Sickness to prevention

- **An enhanced, more personalised experience for patients** who perceive the Group Clinic experience as validating, higher quality care. They report improved quality of life and greater sense of trust in their clinician after Group Clinics compared to one-to-one appointments (Wadsworth et al 2019)
- **Support health-related behaviour change:** The group dynamic is recognised within behavioural science to support behaviour change. This is supported by in a pre- and post-test quasi experimental design study, authored by Dickman et al (2011) that found a significant increase in exercise time amongst all patients – and men in particular - post Group Clinic compared to pre-Group Clinic achievements.
- **Time for prevention, personalisation and lifestyle change:** Evaluation in English primary care settings found that Group Clinics facilitate prevention, personalised care and a lifestyle medicine approach to clinical practice by creating time for discussion and reflection in the group appointment, whilst saving clinician time overall (NHS Kent and Medway, 2024).
- **An enhanced experience of care for clinicians and their support teams:** preventing burnout and enhancing staff wellbeing is key to the prevention agenda. Staff report that delivering group clinical care is more personalised, less repetitive, that they learn a lot from their patients and that team relationships deepen (Graham et al 2021). There is also emerging evidence of positive impact on nurse retention (Lynch 2022).

Building on the Task Group's knowledge and experience, we recommend that:

- A subject matter expert (SME) is appointed by NHS England. Their role should include: driving pan-directorate and wider stakeholder (e.g. royal colleges, regulators, professional and patient bodies) collaboration, collating evidence and emerging applications of group based care, increasing policy makers' understanding of the evidence and the potential of Group Clinics and other emerging group-based care models to support delivery of The 10 Year Plan, and to advise ICBs on how to spread the model in a cost-effective, joined up way
- The spread model is co-produced with expert patients who shape it through their lived experience
- The spread model is informed by published research and best practice gathered since 2020 into the barriers and enablers of Group Clinic mobilisation within clinical teams, primary care networks and ICBs

- Every ICB nominates a named Clinical Champion to support Group Clinic spread so that the National SME lead can support ICBs to understand the emerging and known benefits of the model and has a clear communication pathway to cascade best practice insights
- ICBs are supported to build quality improvement, change management and leaderships skills to spread, embed monitor uptake of the Group Clinic model across primary, community and specialist care settings as part of improvement work to monitor the realisation of benefits and shift from hospital to community, primary care development and the shift to prevention
- A pipeline of Group Clinic evaluation and research supports and enables the effective spread of Group Clinics and assures a pipeline of innovative applications of the model. This includes, for example, a pipeline to support elective care reform, address inequalities, support return to work, support people being prescribed GLP-1 medication
- A National network of expert peer mentors who have already mainstreamed Group Clinics and an active community of practice is developed and facilitated to support both those already involved in Group Clinics to expand their group clinical practice and to support new adopters to accelerate their progress and embed the model
- Commissioners ensure there continues to be Group Clinic Training available to support knowledge and confidence in clinical, facilitation and administrative processes for capability building for our teams across primary, community and secondary care.
- Group Clinics are encouraged as an exemplar of innovation spread by reviewing historic progress over 10 years, developing the evidence base further and building on the learning to date to accelerate adoption of the Group Clinic innovation as part of 10 Year Plan
- Existing programmes linking to Health and Growth Accelerators, PCN test pilots, integrated neighbourhood pilots and elective care reform pilots include the exploration of Group Clinics as a potential solution
- There is exploration of the use of digital technology to optimise Group Clinics administrative processes and use of Ambient Voice Technologies.

## Contact

The Group Clinic Task and Finish Group would welcome an opportunity to further set out to the 7 enabling working groups the potential of group clinics.

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