

# Meet the changemakers... and get involved

## Group Consultation & Patient Expert Programme Questions and answers

Tuesday 13 March 2018 18.00-20.30

Jurys Inn, Wellesley Road, Croydon

In association with



<Please insert>> Commissioner  
Diane Smith, NHS Croydon CCG, Facilitator  
<<Please insert>> Clinical Lead

- 1: Male patient 1
- 2: Female patient 1
- 3: Male patient 2:
- 4: Female patient 2
- 5: Female patient 3

**Commissioner:** Group consultations are consultations generally led by GP or healthcare professional of groups with a similar long-term condition. We had a pilot going on two years ago, with six GP practices testing out these consultations to see if they worked. Five were with patients with diabetes and one was with COPD (lung disease) patients. The highlights were independently evaluated and showed pretty good results. NGS Croydon CCG are looking at applying group consultations to other services. They last about 90 minutes, with 11 patients in the room, and are facilitated by a dedicated facilitator.

**Clinical Lead:** We've done various group consultations. The hardest bit is organising them. Once you've got people coming and the room to do it, it's relatively easy. You don't need the health professional for long. You need someone who understands the subject to facilitate it, but it's mostly people learning from each other. The patients are the experts. They live their condition and can share that. The diabetic group learned about how to take their medication, diets, what to do or not to, and so on. They listen to other patients more than they listen to professionals. Most important is talking about how to get checked up. At the end of one group, they set up a WhatsApp group to carry on supporting each other. A lot of people with long-term conditions feel isolated and need psychological support, so find it valuable getting this support from other people going through the same thing. People who came to all sessions showed a better marker for their condition because they understood it better. Our ambition is to try and get it across every practice in Croydon. You need space to do it. It doesn't have to be in a GP surgery. It could be anywhere. The advantage of GP is having access to nurses who can advise people. It's a consultation because you have the healthcare professional but you're doing it as a group.

**Commissioner:** People really value being in a group with other patients. That network flourished after the group consultations ended.

**Female patient 1:** It's a shame they don't continue in an organised group.

**Female patient 3:** What's the prospect of having a future group around skeletal conditions?

**Commissioner:** That's very likely.

**Female patient 3:** How are you going to involve people in that?

**Commissioner:** We will talk to them to find out what they want.

**Clinical Lead:** Part of what we're going to do is roll out the social prescribing to all parts of Croydon. Anybody could access any of those services and tell people about it. There could be a

range of activities going on in somewhere like a church hall, so people can join in these social activities and talk to one another.

**Male patient 1:** Patients are often quite secretive or possessive about their conditions. How were you able to encourage them to come together for the pilots?

**Clinical Lead:** People still trust their GP, so if GPs suggest to people that they might give this a go, they are likely to do it. That's the concept of social prescribing. I give them a piece of paper to say which dance class or social group to go to, whatever the age group, and then they go and do it.

**Female patient 2:** If you don't build that relationship, they have to feel comfortable going to the group. I'm in a group with lots of older people. It's very ethnically diverse. What's important is how you welcome people. Some people are very secretive, but they will open up to you once you've built a relationship.

**Commissioner:** Consultations are run once a month over 3 or 4 months.

**Female patient 3:** Once you meet a few times you build that kind of relationship up.

**Male patient 1:** What criticisms have you faced from people who attended?

**Commissioner:** There was some unease about sharing results in group setting.

**Clinical Lead:** Professionals brought more concern. Patients were generally quite open to sharing information, but it's a big behavioural change for professionals who aren't used to working in this kind of environment.

**Male patient 1:** I have this picture of lots of things happening at the hubs, to such an extent that I wonder whether there is anybody coordinating this set of initiatives. Is anybody representing the hubs? There seems to be a lot of separate initiatives arriving without coordination when it arrives.

**Clinical Lead:** There is coordination. We've started with Thornton Heath, the Mayday Network is next, and then we can roll it out across the rest of Croydon. We're going to take a systematic approach to doing that.

**Male patient 1:** I'm thinking of all the different initiatives that haven't yet come to fruition. They're all arriving at the hub as a package separately, but it doesn't seem to me to be coordinated at the point of delivery.

**Clinical Lead:** They are coordinated. They're not all happening at the same time. We know from the practices where things have been implemented already that it's working really well. The outcomes have been financially sustainable as well as sustainable from an outcomes point of view. Patient feedback, professional feedback, and measurable outcomes have been positive. If it's working then we spread it. With the diabetes, it's working out what people think will be right for them, based on evidence we've got from other areas and other services about what works well and what doesn't. This is the same with ear, nose and throat and anticoagulation. It's about quality as well, not just saving money. If you get the quality right, the money will follow.

**Female patient 2:** I can see that you've added one thing at a time, but have you considered the cumulative impact on those areas? Is that going to be too much for GPs?

**Clinical Lead:** It's the opposite. As a GP I want to do less. The cumulative impact lowers pressure on GPs by creating a different way for things to be dealt with. Musculoskeletal is probably the

most common pathway for why people access their GP. A lot of the time we can't do anything about it, so it could be a way to help us assess people better and provide the services they need. If you have a better service, you get better outcomes, and people will need to come to their GP less often. The net impact has to be controlling the workload to be sustainable, because we don't have enough GPs.

**Female patient 1:** Don't leave Shirley out. They have the pharmacies and the GP out there.

**Clinical Lead:** We have an extended access service that went live last week.

**Commissioner:** The Expert Patient Programme is a form of health coaching, delivered by patients to patients. We train patients to become tutors over a four-day training programme and they then deliver it to others in 2.5-hour sessions every six weeks. It's supported by NHS England and has been running for about 20 years. We have about 2,000 voluntary organisations across Croydon and want to push this out into the voluntary sector. GPs can refer, or people can self-refer into this training programme.

**Female patient 3:** I'd be interested in this programme. Doing training through Healthwatch with volunteers on the side is most appropriate. Healthwatch could advertise it more generally.

**Female patient 1:** Is there a base somewhere for training to take place?

**Commissioner:** Tutors are generally volunteers. We would expect them to run two or three programmes over the course of the year. That's quite a big ask, but it's part of the deal in terms of us providing the training and supporting them. We want to push it out to all networks across Croydon, with services such as room bookings. We want to train 40 people as tutors, with eight to ten in each network over time.

**Male patient 1:** You've had specialist groups in Croydon of people with particular conditions. What sort of take-up have they given to this programme?

**Commissioner:** It's still early days. We've done some sessions to specialist groups and want to do more about how they can support delivery of this programme. Both for specialist groups and the organisations which support them.

## Session 2:

**Commissioner:** Group consultations are delivered by a GP or healthcare professional to a group session of patients with similar conditions.

**Male patient 3:** Is this the same as huddles?

**Commissioner:** Group consultations are slightly different. These are groups of 11-12 patients with similar conditions who have a 90-minute consultation in a room with a doctor. Croydon CCG sponsored a pilot a few years ago to see if they worked in practice. They ran it with 6 practices, of which 5 were with diabetes and 1 with COPD. They had favourable results, especially with diabetes patients. CCG are looking at supporting other practices to support group consultations. There are some in Thornton Heath, in Mayday and in a couple of other areas too. The idea is to scale it up further and support other practices.

**Clinical Lead:** We ran a diabetes group for a long time and want to expand it to Musculoskeletal conditions as well. The first one had 8-10 people in a consultation, rather than being a 1:1 with a doctor or nurse, an included a facilitator or health professional. The professional was there to facilitate discussion, but the group was consulting with itself. The patients are the experts. They live their conditions so know what the issues are and can share their experiences and solutions to problems. They were being prescribed things that they didn't understand, so could explain to each other. The group set up a WhatsApp group to continue communicating with and supporting each other after the consultations ended. They could learn from each other, but this also improved their use of medicines. The absolute hard outcome was whether their diabetes control improved, and those that attended all sessions had a better result than those who didn't get involved or who didn't attend all.

**Male patient 4:** How often are they held?

**Commissioner:** A pilot was run every month for 3-4 months. We generally need to run them for three months to see a real change.

**Clinical Lead:** We don't want patients to change from one dependency to another, but to empower people to self-care.

**Male patient 3:** It seems to be rather a specialist version of the Croydon Hospital Cardiology crew, where people can listen to talks by specialists. There are also local PPGs who invite a specialist to talk, and different audiences come along and ask their own questions.

**Male patient 5:** A lot of people diagnosed with diabetes are scared because of the horror stories they hear. Having other people around who had the condition for a while was reassuring.

**Male patient 4:** You're going to relate more to people with the same condition, and they will be able to share ways to cope.

**Male patient 5:** You might also find that something you've been doing for years is wrong.

**Commissioner:** Patients did value the relationship and learning from each other.

**Male patient 5:** Is it the case that doctors carry on each month with a different group?

**Commissioner:** There would be one group for three months, then another group for three months and so on. You do see a behaviour change after three months.

**Clinical Lead:** The biggest study was in West London and it has shown huge improvements, including in wellbeing which comes from interacting with other human beings going through the same thing. Focus on improving wellbeing improves health as well.

**Male patient 5:** There's a website to contact if you're interested too.

**Commissioner:** Expert Patient Programme (EPP) is based on Stanford University's Disease Self-Management programme. Patients are trained in a four-day programme as tutors and can then deliver that training to patients with similar long-term conditions. We want to use Croydon's large voluntary sector to host the training because they often have the space and accommodation to do so.

**Male patient 3:** Does this use specialists from the hospital?

**Commissioner:** No. We recruit patients to become trainers. The EPP is a six-week training programme for 2.5-hour sessions a week. Stanford University keeps control over the quality.

**Male patient 5:** Do you contact your doctor if you're interested?

**Commissioner:** We're going to set up a communications strategy to tell you how to access the programme and if you're interested in becoming a trainer. There will be a recruitment process.

**Male patient 5:** Will there be several tutors at a time?

**Commissioner:** We're hoping to train up 40 over the course of a year.

**Male patient 4:** What conditions will this cover?

**Commissioner:** All conditions, ideally.

**Male patient 3:** Will I be able to google it to find the expert, or even just talk to 'OK Google'? That would make it work for blind people as well.

**Commissioner:** We hope so.

## Other questions and answers:

### What is the Group Consultation and Patient Expert Programme?

Aiming towards the key drives of preventing illness, self-management and self-care, 6 pilots' group consultations have taken place. A group of 8-10 people and a specialist met for 90 minute sessions, once a monthly over a four-month period with five pilots' focusing on diabetes and one for COPD (lung disease). The pilots were independently evaluated and plans to upscale are being considered after good feedback. The outcome have shown, the groups were teaching and learn from each other about managing their condition, better communication, raising confidence in self-management and enjoyment. The more sessions a patient attended the better the individual's outcome while also being time effective. The sessions are to be supported consultations by a facilitator with no need for a GP. It is recognised that the dynamics within a group change. Combining experiences and knowledge while gaining support through understanding continually moves us forward.

### **What are the limitations?**

Currently space and access are an issues, creating different is not always easy.

### **Have you tried skype?**

GP surgeries will need WiFi within months not years being a realistic target.

### **How would you manage groups after sessions end?**

Groups swapped contact information between themselves and have continued to stay in contact with one another. It's like MumsNet where others experiences help gain a better understanding.

### **Is there not as worry of risks such as abuse?**

Worries do not materialise. The sessions create a friendship network and can help potentially vulnerable people socially by combating loneliness. The worst-case scenario is not the norm. The PPG play a big part with informal feedback from pilots being good.

### **What is the Expert Patient Programme?**

The Expert patient programme is currently being developed. The aim is to train willing patients over a four-day period to give them the ability to train others with the same condition in 2.5 hours sessions over a six -week period. The hope is to push them out through the voluntary sector involving patients themselves. The benefits are based on 20 years of evidence with service users having tight controls over the programme.

### **How do you plan to support all groups?**

We plan to run consultation road shows while using check lists. We also plan to set up information hubs to support access to information. Groups will be medium sized for best management of support. Suggestion. It should be made accessible through more than Age UK. Other voluntary groups within the sector will be encouraged to get involved to extend the spread of information.