

Diabetes Group Consultation Delivery Framework

Version 1.0
July, 2022

Summary:

- Group Consultations are again a key performance indicator of the NWL Primary Care Diabetes Enhanced Service for 22/23
- 80 practices and 9 PCNs achieved the 5-7.5% target in 21/22 and we hope to build on this in 22/23.
- This paper aims to provide support to PCNs in NWL by providing a framework for how to deliver group consultations, with particular guidance on how approaches can be made more flexible than in 21/22 to suit local needs and achievement of other metrics in the DES.

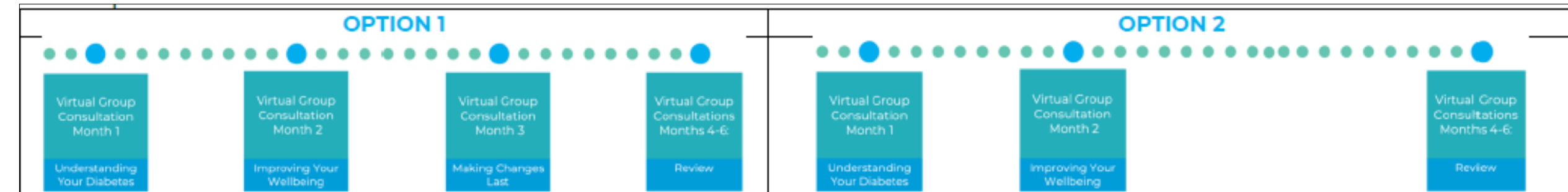
Background and Summary

Executive Summary

Group consultations have been designed as a different, more person-centred and sustainable way to deliver routine one-to-one consultations and diabetes reviews. Think of them as **one-to-one consultations delivered in a group setting** of about 8-15 people.

Group consultations can support delivery of the 9 diabetes care processes and improvements in 3 treatment targets (3TTs) for people living with diabetes. They are **NOT** structured patient education or peer support groups.

Fresh Start resources have been designed to support delivery of the education and lifestyle element of group consultations. However, they are not mandatory, and we welcome PCNs developing their own resources and curriculum to suit local needs. We also welcome sessions being run face to face or at evening and weekends to support reductions in DNAs.



There are different options for the content of group consultations (image above) and you can tailor staff to ensure that the right clinician is running each session e.g., GP, Practice Nurse or pharmacist running the session focusing on biometrics and medications and dietician/HWB coach running the sessions focusing on diet and lifestyle.

We have collated and stored all of the resources you need to set up and deliver each session on the **Know Diabetes Service Healthcare Professional Website** [here](#) or the **appendices within this document**.

Why have we developed this framework to deliver group consultations?

- As in 21/22, delivery of group consultations is a key part of the Primary Care Diabetes Enhanced Service (DES) for 22/23. See appendix 1 for more information about how group consultations can be a vehicle for you to achieve better diabetes outcomes for your patients and meet your targets.
- Although 80 practices and 9 PCNs achieved the 5-7.5% target in 21/22 there were calls for a delivery framework that could be tailored by PCNs, to adapt group consultations to better suit their staff and patient needs.
- It is hoped that successful utilisation of this framework will support PCNs and their patients with the following:

Outcome	Outputs	How	Measurements
Improved PCN staff capacity and funding	<ul style="list-style-type: none">• Reduced duplication of effort for delivering the DES• Increased attainment of 9KCPs and 3TT payment targets within the DES	The guide will show how group consultations can be used to tackle 9KCPs (another part of the DES)	<ul style="list-style-type: none">• 9KCPs and 3TT DES targets within the NWL monthly diabetes dashboard.
Improved patient experience and self-management.	Better attended group consultations.	This guide will highlight how to reduce DNA rates and make group consultations more attractive to people living with T2D.	<ul style="list-style-type: none">• Reduced DNA rate.• Pre (here) and post (here) patient experience questionnaires• Improved 3TTs

Diabetes Group Consultation Delivery Framework

Part 1: What are the key structural elements of your group consultations?

Group consultations have been designed as a different more person centred and sustainable way to deliver routine one-to-one consultations and diabetes reviews. Think of them as **one-to-one consultations delivered in a group setting** of about 8-15 patients.

They are **NOT** structured patient education or peer support groups.

Every group consultation should include:

- An admin lead to organise the sessions and support with recruitment
- A facilitator to welcome the group and share content during the sessions
- An opportunity for patients to ask questions and receive feedback from a clinician who has expertise in diabetes care
- Discussions for patients to set/review goals and targets

Group consultations can be delivered either virtually through use of a platform (e.g MS teams or the Inhealthcare app – see slide 16) or face to face. The latter is more suitable for those without digital skills.

They should be spread over enough time to deliver content and capture pre and post data (e.g HbA1c), which highlights a positive change in their clinical outcomes. See next slide for suggestions on how to space sessions.

A consultation with a group of 8-15 patients with a similar condition or challenges

Replaces traditional one-to-one appointments, with group appointments typically lasting 60 - 90 minutes

Typically led by a trained Group Consultations Facilitator & Clinician

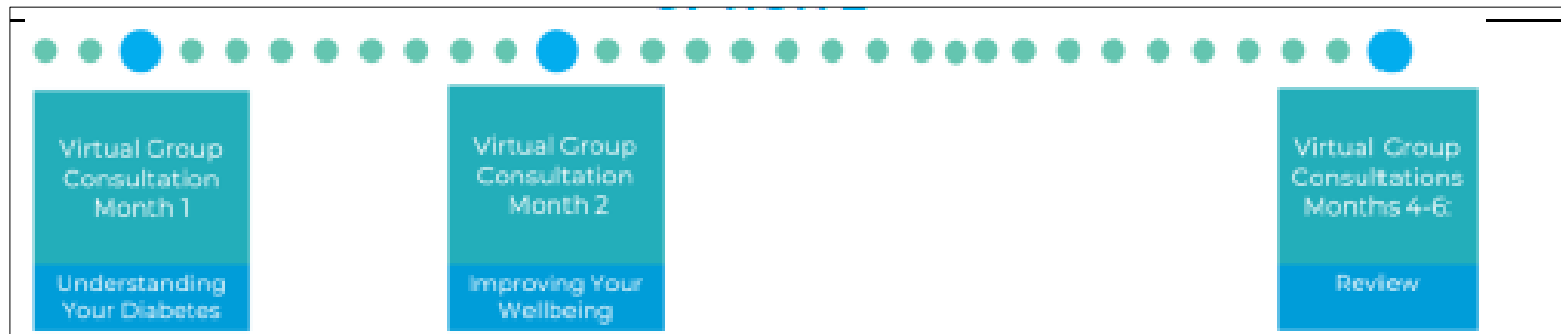
Embeds clinical care, lifestyle advice & education, in a supportive peer group setting

An alternative to telephone consultations & one-to-one video consultations

Part 2: What are the essential topics to cover in your group consultation?

The content of your sessions should be seen as flexible and mouldable to your target audience/patient population needs. You may choose to run particular group consultations based on cohort demographics (language) or clinical markers (high BMI).

However, we would assume at a minimum that it should entail a discussion of medication optimisation and lifestyle improvement (diet, exercise and mental wellbeing). [Fresh Start resources](#) have been designed to support delivery of the lifestyle elements of Group Consultations. However, they are **not** mandatory, and we welcome PCNs using their own content to suit local needs.



Group Consultations can be organised (see above) to support delivery of the 9KCPs and 3TTs (that are part of the DES). For example, you can hold two sessions to cover off all 9KCPs **OR** Focus on the biometrics in session 1 followed up by diet and lifestyle elements in session 2 and some additional patient guidance and support if needed in session 3.

Once you have finalised your programme plans you can then ensure that the right clinician is at each session. Learning from last year has shown the importance of this to achieve outcomes e.g. GP, Practice Nurse or pharmacist with a background in diabetes for session 1 as there is more focus on biometrics and medications changes and then a dietician / HWB coach for session 2 where there is more focus on diet and lifestyle. Session 3 can include either a GP, PN or Pharmacist to review progress. It is a good idea to use the same facilitator for each of the sessions to ensure rapport and continuity from the patient perspective. This combination resulted in improvements in HbA1c, weight and blood pressure reductions.

Part 3: How can I reduce the admin burden of group consultations?



Optimise your group consultations

FREE automated patient onboarding and management training



Inhealthcare is a free SystmOne/EMIS integrated software that has been developed to optimise the process of organising group consultations by automating key steps that include but are not limited to:

- Sending invites, reminders follow ups;
- Consenting;
- Scheduling sessions and sending out joining links;
- Coding and adding notes to S1/EMIS.

For those interested in utilising the Inhealthcare tool, we will be adding training videos and guidance on our website here:

www.knowdiabetes.org.uk/professional/group-consultations/

Part 4: How do I prevent high DNA rates

- Throughout 21/22 a challenge was found with DNA's with regards to implementation of group consultations.
- Thanks to additional research undertaken in both Brent and Hammersmith & Fulham (see PDF below), we were able to identify the causes of the high DNAs, which were grouped into two themes:
 1. **Messaging and communication** - Group Consultations were often communicated as a nice to have for patients, rather than an alternative to their 1:1 care. Additionally, the NWL produced invitation texts were seen by many patients as over complicated and confusing. DNAs were reduced in H&F once the sessions were introduced as *“a key part of their annual diabetes care.”*
 2. **Lack of digital skills** – During 21/22 there was an assumed emphasis put on holding group consultations virtually. In 2022/23 we hope that more group consultations will be held in a face to face environment or hybrid to reduce the barriers for people who need training in digital skills. Alternatively, patients should be directed toward digital skills training as a pre-requisite.



DNA checklist



DNA Analysis
Brent PCNs

We have also produced a DNA checklist to support you moving forwards (attached right).

In the next version of this framework, we aim to include case studies from some NWL PCNs who have successfully resolved the issue of high DNA rates.

Appendices

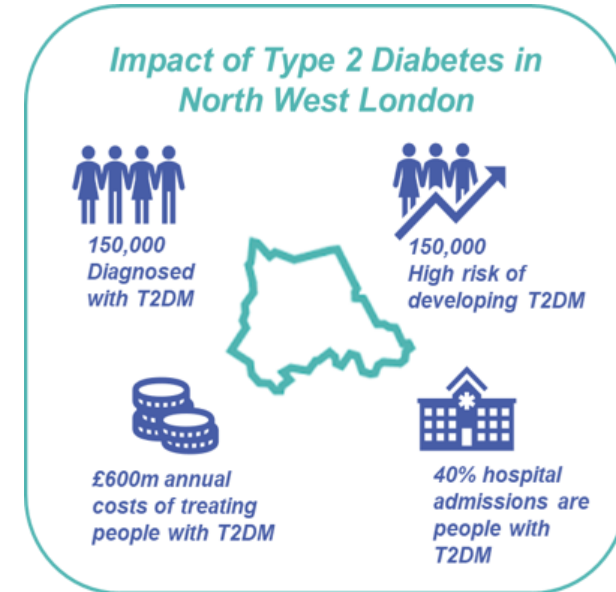
Summary:

- Appendix 1: Why are we delivering Group Consultations in North West London
- Appendix 2: How can I evaluate the patient experience of our group consultations
- Appendix 3: Where can I go for more training and resources?

Appendix 1: Why are we supporting Group Consultations in North West London?

Appendix 1a: Evidence highlights they are an efficient way to tackle some of the biggest challenges facing primary care in North West London.

- In North West London diabetes more than 150,000 people have been diagnosed with type 2 diabetes – there is excess mortality of 2,500 patients/year, and over 25,000 admissions annually with complications.
- We spoke with staff across Primary Care and people living with diabetes to understand what the key challenges were in caring for type 2 diabetes and it led to two in particular:
 1. **People are unable to engage with their long term health** – Either through not knowing where to get information at diagnosis or not having enough time with people who could help them.
 2. **Primary care is not designed to solve this patient engagement problem at scale** – mainly through lack of funding or capacity. This is exacerbated by the fact that 6000 extra patients with type 2 diabetes are diagnosed every year and they are predominantly seen in Primary Care..
- Evidence of these challenges were highlighted in a 2019 survey that showed 50% of patients in NWL have reported that they don't have enough time with their clinician to discuss their diabetes in normal appointments.



- Being inspired by national evidence of group consultations, as well as preliminary work from a PCN in North Kensington we co-designed with primary care staff and patients the Fresh Start group consultations programme.
- This model will incorporate both medication management and behaviour change as part of that therapeutic intervention will provide a time efficient way of delivering diabetes care in primary care whilst improving patient outcomes.
- Initial pilots of group consultations within NWL demonstrated positive outcomes in Harrow (below) further highlighting opportunities to maximise outcomes and impact across NWL.
 - 150 patients saw with an average reduction in HbA1c of 13 mmol/mol and weight loss of 4.5kg.
 - Patient and clinician experience was significantly better than normal annual diabetes reviews/consultations.
 - Follow up at 12 months saw a further reduction in HbA1c and patients had sustained their lifestyle changes

Appendix 1b: What patients in North West London have told us about their Group Consultation experience...

Patients reported feeling more listened to & satisfied

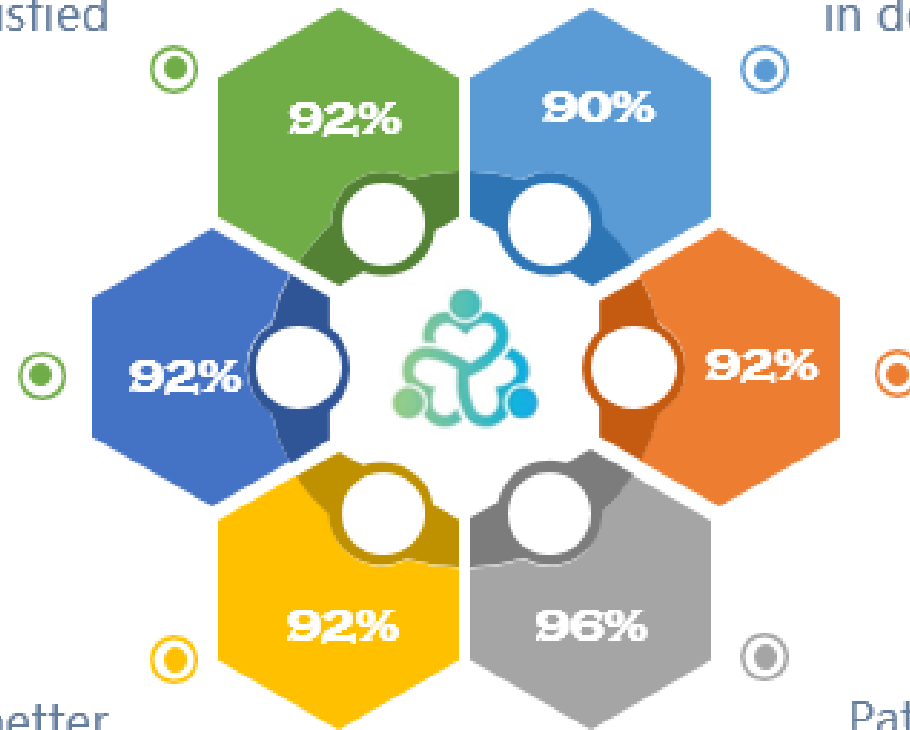
Patients said they felt more involved in decision making

Patients report having improved access & spending more time with their clinician

Patients felt more able to cope with their condition & keep themselves healthy

Patients report having a better understanding of their condition

Patients would recommend Group Consultations to friends & family



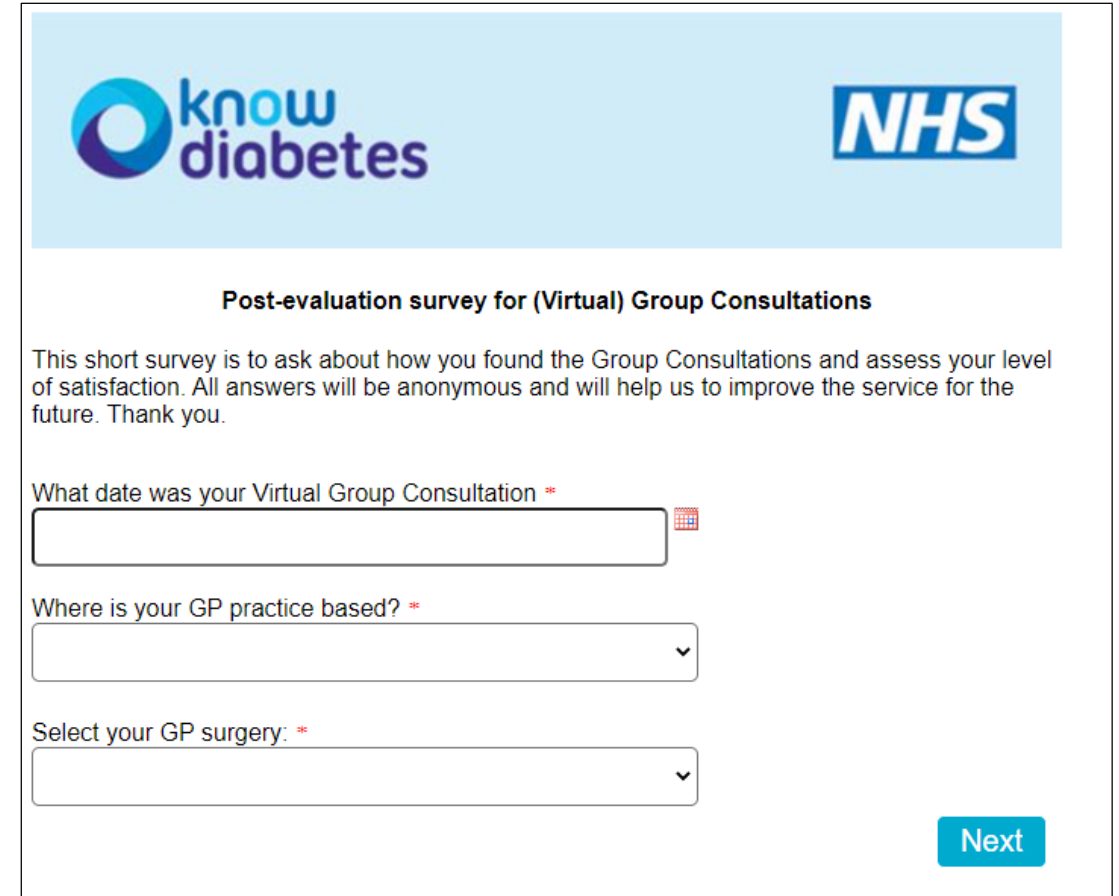
Appendix 1c: How can Group consultations be a vehicle for you to achieve better diabetes outcomes for your patients and meet your targets?

As well as the improvements in patient experience mentioned in the previous slide, the table below highlights how they can support practices to fulfil the NWL Primary Care Enhanced Service metrics for 22/23.

Metric	Payment per patient for full achievement of KPI	Target achievement	% of total payable for achieving target	How Group Consultations can support attainment
DL102: % of patients on PCN diabetes register receiving 9 key care processes (HbA1c; BP; Cholesterol; serum creatinine/eGFR; urine albumin; foot surveillance; BMI; smoking and retinal screening) in last 15m	£3.97	<40% 40-50% >50%	0% 7.5% 15%	Before group consultation it is important for certain tests to be done to support the discussion board. Alternatively, similar to Croydon's initial trial of GC's, a clinician can attend a group consultation and deliver foot checks or BMI checks during the session.
DL103: % patients on PCN diabetes register with latest 3 Treatment Targets values in range (HbA1c ≤58, BP ≤140/80, non-HDL cholesterol ≤3.0) in last 15m	£7.94	<25% 25-30% >30%	0% 15% 30%	Initial pilots in Harrow saw a 13mmol/mol improvement in HbA1c and in Croydon HbA1c dropped by an average of 7.3% mmol/mol. Blood pressure decrease 10-12 mol and average weight loss of 4.5 kilos More details here
DL104: % newly diagnosed (first 2 years) patients on PCN diabetes register with latest HbA1c ≤53 in last 15m	£3.97	<50% 50-60% >50%	0% 5% 10%	As above
DL105: % patients on PCN diabetes register with mental health screening or PAM score in last 15m	£3.97	<35% 35-45% >45%	0% 5% 10%	As part of the Group Consultation people with T2D complete a DDS questionnaire which fulfills this metric.
DL106: % patients on PCN diabetes register starting a group consultation programme (minimum 1 * one hour session, prioritised using risk stratification) <i>within the last 27 months</i>	£15.89	<7.5% 7.5-15% >15%	0% 12.5% 25%	Booking of patients on their 1st Group Consultation fulfills this metric.
DL107: % eligible patients on PCN T2DM register starting the REWIND programme in last 15m	£3.97	<0.5% 0.5-1% >1%	0% 5% 10%	Onward referral to REWIND can be suggested at the end of a GC. This was common in 21/22. More details on REWIND here

Appendix 2: How can I evaluate the Patient experience of our group consultations?


- We have created two surveys to be used before and after group consultations that you can send to patients.
 - Pre-questionnaire <https://analytics-eu.clickdimensions.com/cn/as95c/vgcpre> to be used before your patients have attended their GC
 - Post GC questionnaire <https://analytics-eu.clickdimensions.com/cn/as95c/vgcpost> after your patients have attended their GC
- You can request survey results for your patients by emailing nwlccc.diabetes@nhs.net
- Hard copies of these questionnaires can be found on the NWL diabetes MS team page [here](#) or by emailing the address above





know diabetes **NHS**

Post-evaluation survey for (Virtual) Group Consultations

This short survey is to ask about how you found the Group Consultations and assess your level of satisfaction. All answers will be anonymous and will help us to improve the service for the future. Thank you.

What date was your Virtual Group Consultation * 

Where is your GP practice based? * 

Select your GP surgery: * 

Next

Appendix 3: Where can I go to get further resources and/or training to help me run group consultations?

We have collated all the resources you need to run group consultations (including this framework) on our Know Diabetes Website page for healthcare professionals www.knowdiabetes.org.uk/professional/group-consultations/

We are also delivering additional training in 22/23 for staff on top of the dates listed below to support with the transition from virtual to face to face sessions.

Book patients on, more materials, leaflets, comms.



- Training for administrators, facilitators and more:

PCNs can book all training directly at
www.groupconsultations.com/nwl-training-booking

A screenshot of the Know Diabetes website page for professional group consultations. The page features the Know Diabetes logo, navigation links (Home, Know More, Be Healthier, Prevention, For You, Get Local, About Us, Blog), and a search bar. The main content area includes a definition of Group Consultations (GCs) and a quote from a patient. The page also has buttons for Login, Register, and Professionals, and a search bar. The NHS North West London logo is visible in the top right corner.

Group Consultations (GCs) are one-to-one consultations delivered in a supportive peer group setting that are held virtually on your IT platform of choice or face-to-face. They last for approx. 90 mins, with the clinician there for around half of that time. The group is set up and supported by a Group Consultations Facilitator who is present for the whole session.

"It was great to see and hear other people in the same situation as myself, and to see others that were better at managing their condition than myself and to hear others that were obviously struggling." – Patient

Accessing external resources

DOWNLOAD GUIDE: [How to access your resource hub & resources checklist](#)