# **Video Group Clinics (VGC) Briefing Paper**

## What are video group clinics?

Video group clinics are a different way to consult with people remotely. They last around 90 minutes and the clinician is only present for half the time. A ‘technical facilitator’ sets up the VGC; checks patients can see and hear so they can join in fully; consents them and contracts with a group of 6-8 people to work constructively together and respect confidentiality. They are often used for planned reviews e.g. diabetes, COPD and asthma. A Results Board sets our key biometrics and other lifestyle issues e.g. exercise, diet, smoking status and sleep and this prompts discussion and triggers questions in patients’ minds. When the clinician arrives, he or she answers any questions common to the group – thus cutting out the repetition clinicians experience in planned reviews. There is also time for one to one discussions. These happen in the group, with other participants listening in and able to advise and share their experiences. The clinician then leaves and the patients work with the facilitator to reflect and set some actions to help them keep well. VGCs have been shown to deliver a positive patient experience and in diabetes, they have been shown to support improved HBA1c compared to one to one care[[1]](#footnote-1). There are several platforms available that accommodate VGCs, including Microsoft Teams, which most GP practices have access to.

## National context

In April 2020 and in response to COVID 19, NHS England and Improvement (NHSE&I) set up a programme to design and scale a prototype ‘video group clinic’ (VGC) model that would help primary care to cope and continue to support those with long terms conditions into the new normal.

VGCs offer a number of benefits and will help build primary care and workforce resilience, and may be more convenient for some patient groups who struggle to attend planned reviews e.g. working people, carers and housebound (and shielding) people. VGCs are about catching up with the backlog of reviews as part of restoration and also provide an additional option to support those who are self isolating or shielding due to COVID 19. Should a second spike hit, having VGCs set up and running will help primary care teams to cope better next time.

The key benefits are:

**Flexible working for clinicians and support staff:** experience working with one to one video consultation to date shows that virtual consulting supports flexibility, work life balance and home working. Pre-COVID, many GP retention programmes have included development of video consulting for this reason. General practice nurse (GPN) retention is also a significant issue and one that workforce development leads need to address. Video group clinics offer the same benefits of flexible working and efficiency gains in terms of clinician time (see below). In a world where primary care is coping with COVID 19, it also provides the opportunity to continue to engage clinicians who are self-isolating.

**Clinician efficiency gains:** research shows face to face group consultations reduce clinician time managing long term conditions like diabetes by 75%; reduce ‘did not attender’ by 49% and increase QOF compliance by 38%[[2]](#footnote-2) in English general practice with clinicians able to see three times more patients in 1 hour of clinic time. VGCs are likely to offer similar clinician efficiency gains

**Positive impact on patient outcomes:** research also suggests the positive impact on patient outcomes that group consultations achieve in the real world is maintained when care is provided via video shared medical appointment (group consultation)[[3]](#footnote-3). This study found diabetes video group consultations demonstrated a significant improvement in HbA1c compared to one to one ‘real world’ diabetes care. The video group consultation group also had significantly lower A&E attendances than usual care group. Qualitative evaluation within the same study found high levels of patient satisfaction with video group consultations and a self-reported increase in self-efficacy related to self-care

**Community connection:** from evaluation of face to face group consultations in England, peer support gained through group consultation helps overcome social isolation; builds community and personal resilience by helping people to understand that they are not alone and to gain support for others in the same boat. People with long-term health issues are three times more likely to experience low mood and mental health issues than the general population[[4]](#footnote-4), and loneliness is known to impact on health outcomes as much as smoking 15 cigarettes a day[[5]](#footnote-5). This means that facilitating connection and encouraging peer support is especially important amongst this group. For those with long-term conditions who have been shielding or are continuing to self-isolate because of fear of catching COVID 19, prolonged self-isolation will be making them more vulnerable to mental health issues, and video group clinics could be an important antidote

**Supporting self-care:** group consultationsbuild confidence amongst patients to take control of their health issues; VGCs can be a powerful way of delivering lifestyle medicine and supporting lifestyle change

**Supporting integrated working across services[[6]](#footnote-6):** VGCs can be mobilised to support primary care and specialists to consult together

**Building primary care teams[[7]](#footnote-7):** VGCs will improve team working within primary care organistions and help make the most of new roles e.g. clinical pharmacists and social prescribing link workers, funded through PCN additional roles DES

**Provide a rich learning environment:** VGCs will help clinicians accelerate the development of digital consultation skills. They also provide the opportunity to build clinicians new to primary cares’ confidence, and great opportunities to observe experienced clinicians consulting with groups e.g. physicians associate, clinical pharmacists, recent student graduates and those returning to practice

**Support personal development and skills acceleration:** Those who take on the role of VGC ‘technical facilitator’ see their skills and role expanding as they gain a deeper understanding of the clinical management of people with LTCs, which serves a personal development e.g. health care assistant; social prescriber. VGCs may also offer an attractive patient-facing career development for non-clinical staff within GP teams e.g. receptionists or administrators.

**Are you interested in learning how to run VGCs?**

With so many long term benefits available from working this way, Hertfordshire and West Essex Training Hub is looking to gather expressions of interest in this new way of working.

If you are already consulting one to one by video, this is the next logical step. If you have already been trained in face to face group consultation, VCs will feel very familiar as the process is very similar. It is just they are delivered in a virtual environment.

**To express interest in accessing VGC training for you team, please complete the attached form and return it to: add name by add date:**

**Add email and other contact details**

1. [Tokuda, L](https://www.ncbi.nlm.nih.gov/pubmed/?term=Tokuda%20L%5BAuthor%5D&cauthor=true&cauthor_uid=27435945), [Lorenzo, L](https://www.ncbi.nlm.nih.gov/pubmed/?term=Lorenzo%20L%5BAuthor%5D&cauthor=true&cauthor_uid=27435945), [Theriault, A](https://www.ncbi.nlm.nih.gov/pubmed/?term=Theriault%20A%5BAuthor%5D&cauthor=true&cauthor_uid=27435945), [Taveira, TH](https://www.ncbi.nlm.nih.gov/pubmed/?term=Taveira%20TH%5BAuthor%5D&cauthor=true&cauthor_uid=27435945), [Marquis, L](https://www.ncbi.nlm.nih.gov/pubmed/?term=Marquis%20L%5BAuthor%5D&cauthor=true&cauthor_uid=27435945), [Head, H](https://www.ncbi.nlm.nih.gov/pubmed/?term=Head%20H%5BAuthor%5D&cauthor=true&cauthor_uid=27435945),, [Edelman, D](https://www.ncbi.nlm.nih.gov/pubmed/?term=Edelman%20D%5BAuthor%5D&cauthor=true&cauthor_uid=27435945), [Kirsh, SR](https://www.ncbi.nlm.nih.gov/pubmed/?term=Kirsh%20SR%5BAuthor%5D&cauthor=true&cauthor_uid=27435945), [Aron, DC](https://www.ncbi.nlm.nih.gov/pubmed/?term=Aron%20DC%5BAuthor%5D&cauthor=true&cauthor_uid=27435945), [Wu, WC](https://www.ncbi.nlm.nih.gov/pubmed/?term=Wu%20WC%5BAuthor%5D&cauthor=true&cauthor_uid=27435945). The utilization of video-conference shared medical appointments in rural diabetes. Int J Med Inform. 2016; Sep (93):34-41. [↑](#footnote-ref-1)
2. Gandhi D, Craig G. An evaluation of the suitability, feasibility and acceptability of diabetes group consultations in Brigstock Medical Practice. Journal of Medicines Optimisation (JoMO). September 2019;5(2):39-44. [↑](#footnote-ref-2)
3. Ibid 1 [↑](#footnote-ref-3)
4. Kings Fund. (2012) *Long Term Conditions and mental health: the cost of co-morbidities* available at: https://www.kingsfund.org [↑](#footnote-ref-4)
5. Petitte T, Mallow J, Barnes E, Petrone A, Barr T, Theeke L. A Systematic Review of Loneliness and Common Chronic Physical Conditions in Adults. *Open Psychol J*. 2015;8(Suppl 2):113-132. doi:10.2174/1874350101508010113 [↑](#footnote-ref-5)
6. Hertfordshire Early Years’ Service. (2018) Child Development Group Reviews in Hertfordshire [↑](#footnote-ref-6)
7. Health Education England. (2018) Evaluation of general practice nurse led group consultations programme [↑](#footnote-ref-7)