

Shared Medical Appointments in Primary Care

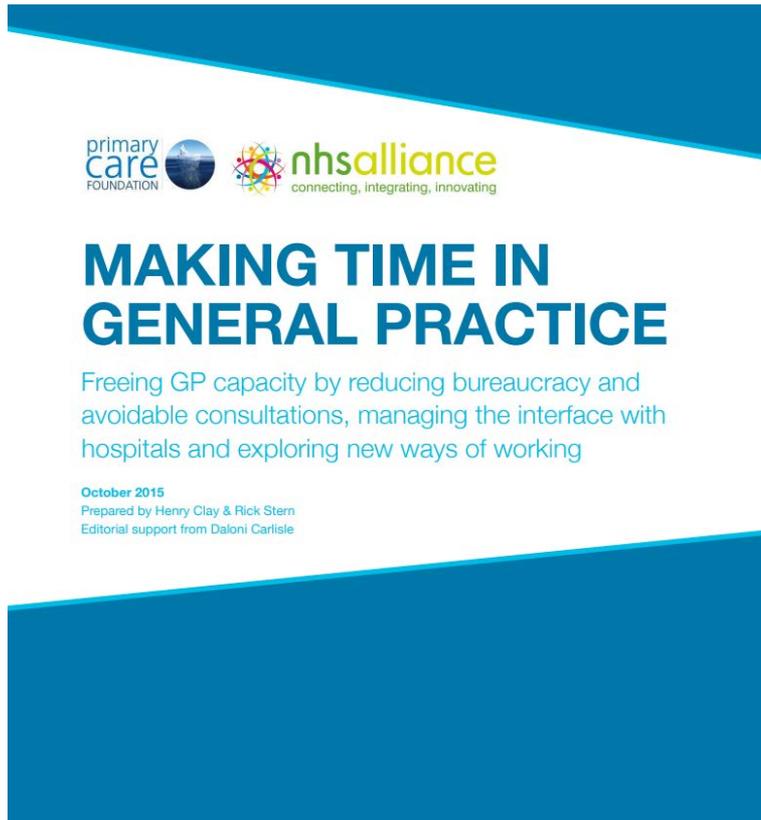
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Outline

- Background
- Research question
- Methodology
- Progress
- Future work

Background



New consultation type in general practice:
'Shared Medical Appointments' (SMAs) or 'Group consultations'

Background

- Group session (6-10 patients)
- Common health condition
- 1:1 consultation for each patient
- GP/healthcare professional
- 60-90 minutes



Photo taken from New York times article '*Group Doctor Visits Gain Ground*'

Background

Benefits to patient

- Socialisation
- Normalisation
- Increased trust with professionals
- Enhanced knowledge
- Improved medical outcomes



Benefits to healthcare practitioners

- Empowering
- Liberating
- Rewarding

Patient concerns

- Confidentiality
- Unclear of purpose



Challenges to implementation

- Physician resistance
- Recruiting patients
- Lack of resources

Other unknown: cost-benefits, effectiveness, patient groups, conditions

Research Question

What are the barriers and facilitators to implementing Shared Medical Appointments in primary care?

Methodology: overview

What?	Who?	How?
<p>Views (and experience) of SMAs in primary care</p> 	<ul style="list-style-type: none"> • General Practitioners • Practice staff • Patients (with long-term conditions) invited to attend SMAs • Group consultation trainers 	<p>Qualitative systematic review</p> <p>Face-to-face/telephone interviews</p>
<p>Resource implications of SMA organisation and delivery in primary care</p>	<p>Practice staff</p>	<p>Face-to-face/telephone interviews</p>

Qualitative Systematic Review: Research Questions

- 1) What are patients and practitioners views and experiences of Shared Medical Appointments in Primary Care?
- 2) Do these views and experiences vary by medical condition and / or other patient/ practitioners characteristics?
- 3) What does the literature tell us about potential barriers and facilitators to success and more widespread implementation of Shared Medical Appointments in Primary Care?

Qualitative Systematic Review: Inclusion/Exclusion Criteria

Setting	Types of Participants	Types of Study
<p>Primary Care – all countries</p>	<p>Patients with chronic conditions or patients at risk of chronic conditions who have attended or been invited to attend Shared Medical Appointments</p> <p>And/ Or</p> <p>Studies of primary health care professionals and other GP practice staff who have been involved in the delivery/organisation of Shared Medical Appointments</p>	<p>Studies of any qualitative design</p>

Qualitative Systematic Review: Extraction and Analysis

- Quality appraisal: Critical Appraisal Skills Programme (CASP) checklist for qualitative studies.
- Data analysis: Framework analysis (Ritchie and Spencer, 2002) drawing on the thematic codes/ framework identified by Booth et al. (2015).

Qualitative Systematic Review: Progress

Objective	Method	Progress
Views (and experience) of SMAs in primary care	Systematic review of qualitative studies	Qualitative studies (N=21) Studies using surveys (N=6) Grey literature (N=10) Total: 37 papers Data extraction phase

Qualitative Systematic Review: A Snapshot

Learning from each other

“with team guidance, patients learn from each other about solutions to tackle the day-to-day challenges in a way that is impossible to achieve in traditional individual clinic visits”

Tokuda (2016)

Barriers for HCPs

“The basic initial group is partially didactic... it’s not as interactive as it could be if we had more help... It’s not set up to do like a medical appointment whereby we’ll... have that patient’s one-on-one follow up...Again there isn’t the staffing.”

Arney (2018)

Feeling supported

“just knowing that there are other mothers that have the same experiences and you’re not doing it by yourself”

Bauer (2017)

Fieldwork: Methodology

- Ethical approval
- Public Patient Involvement (PPI)
- Recruitment: staff and patients
- Interview schedule
- Face-to-face
- Thematic analysis



Fieldwork: Progress

Objective	Method	Progress
<p>Views (and experience) of SMAs in primary care</p> 	<p>Face to face/telephone interviews</p>	<ul style="list-style-type: none">• GP, N=1• Pharmacist, N=1• Nurse, N=2• Practice staff N=5• Patients (attended) N= 10• Patients (DNA) N=1• Group consultation trainers, N=2 <p>Total interviews to date N=22</p>

Fieldwork: Progress

*“You’ve got to have the **right people on board with group consultations, to make it work.** If you don’t have the right people involved, I think it will just fall flat.”*

-Practice manager

*“We don’t have the **funding** to create a new role [GC facilitator]...You need to have a dedicated person...It’s just goodwill of people doing it, which has been a bit tricky.”*

-Practice manager

*“For us, the challenge of getting **admin time**, our admin team is kind of meeting themselves coming back...For a GP it’s easy because it’s instead of a clinic. I think, logistically, space, having a **room that’s suitable**... We haven’t got a downstairs room that’s suitable.”*

-Practice business manager

*“We’ve tried some on a Friday afternoon, thinking we’d **get people** who finish work early. Actually...they think, “I’m finishing work. I want to be away.” [You’re thinking], “But you would have come to the doctors for an appointment, but you won’t come to a group consultation.”*

-Practice manager

Fieldwork: Progress

*"It made you realise there are a lot of other patients in the **same boat as you.**"*

-Patient, Male, High cholesterol

"It's funny, actually, that you're quite happy to give this information in front of a group of people that you wouldn't normally."

-Patient, Female, High cholesterol

*"I think it's just when you're in the doctors [one-to-one] you only get ten minutes to talk and with this group it was like **they were spending time with you** telling you what goes on and what the gene is and everything. So I think I **enjoyed** that aspect."*

-Patient, Female, High cholesterol

Future Work

What	Who	How
<p>Characteristics and key features of SMAs delivered as part of routine primary care</p> <p>Main components of SMAs delivered as part of routine primary care</p> <p>Behaviour change strategies are used and most effective in supporting self-care/self-management of long term health conditions</p> <p>Outcome measures have been used to measure the effectiveness of SMAs compared to 1:1 consultations</p>	<ul style="list-style-type: none">• General Practitioners (GPs)• Practice staff• Patients (with chronic conditions)• Carers	<p>Literature review</p>

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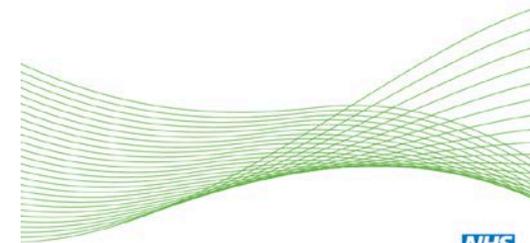
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Thank you. Any questions?

Interested and willing to
participate???

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