

# The 'Waiting Well' Project

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## Background

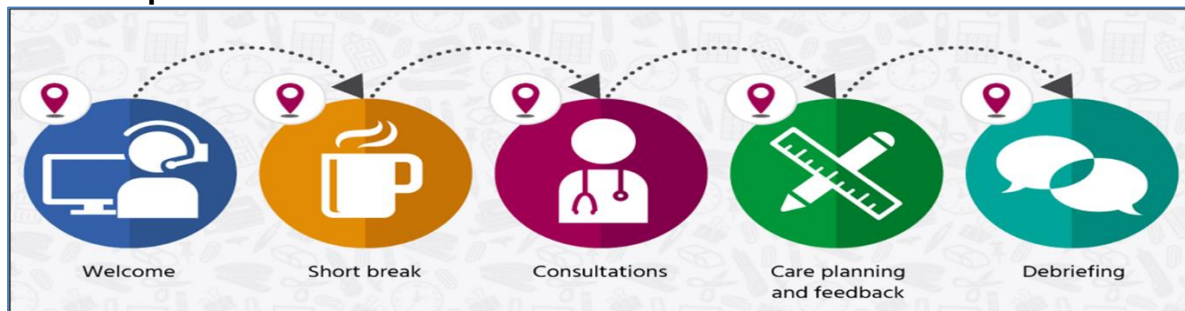
This feasibility study was designed to address three major challenges facing healthcare:

- Workload pressure facing GP surgeries
- The backlog of patients waiting for treatment in secondary care
- The need to take a population management approach to promote prevention, and to address health inequalities

The study tested the use of group consultations as a mechanism for addressing health and wellbeing concerns experienced by patients whilst waiting for surgery.

Group consultations are a tried and tested consulting method used for over 20 years in the US/Australia and 10 years in the UK<sup>1</sup>. This method allows groups of 8-15 patients to consult with a clinician in a structured manner with the support of a trained facilitator, in person or through a video platform. Evidence suggests that group clinics can improve health outcomes particularly for long-term conditions and can allow more time for discussions around lifestyle approaches to health.

## The Group Consultation Structure



## Project Objectives

To test:

- the feasibility of group consultations – face to face or virtual – as a means of supporting people to better manage their long-term condition and encourage healthy behaviour change.
- the feasibility of integrating this novel intervention into existing primary care services

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<sup>1</sup> Booth A, et al, What is the evidence for the effectiveness, appropriateness and feasibility of group clinics for patients with chronic conditions? A systematic review. Health Serv Deliv Res 2015;3(46)

- population health management tools to identify patients who would benefit from this approach.

### Setting:

The pilot was undertaken by the Banbury Alliance PCN, a network of three GP surgeries serving a combined urban population of 28,541. The practices provide care for an ethnically diverse deprived population; one of its wards is in the most deprived wards nationally.

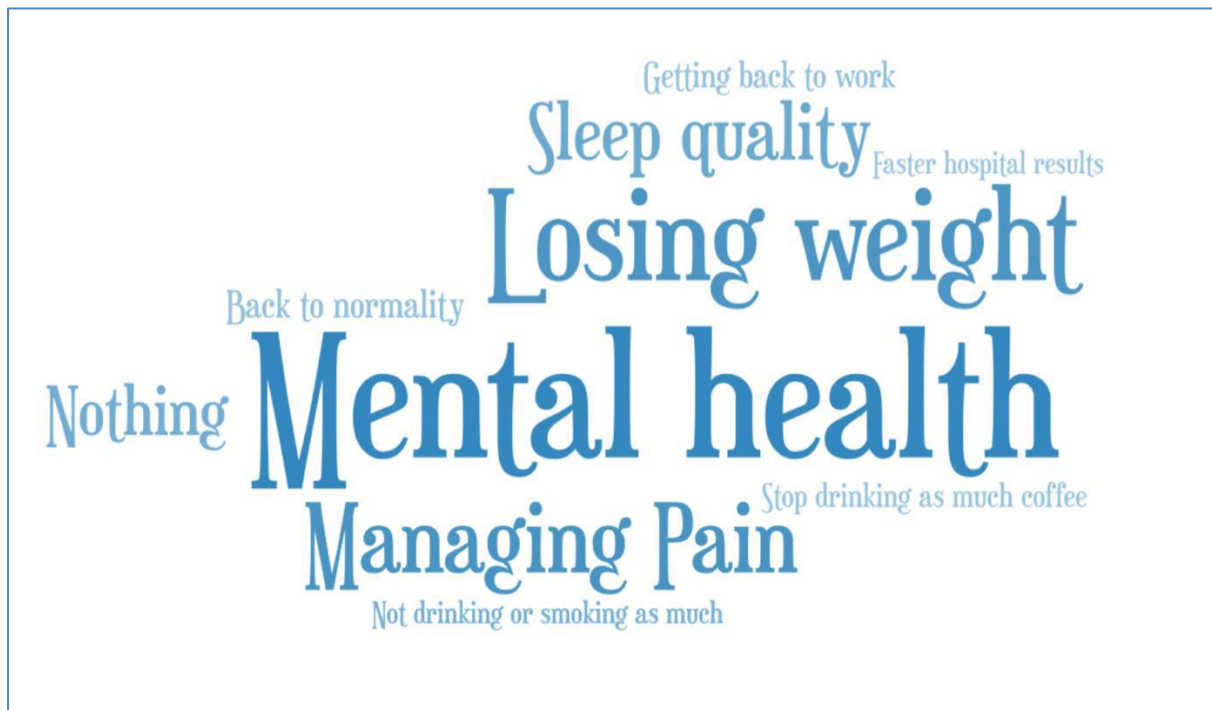
### Intervention:

#### Phase 1:

Data analytics were used to identify a cohort of patients who met the following criteria:

- working age and on a waiting list
- coded as obese (BMI > 30)
- having depression.

Social prescribers telephoned a sample of patients (n=21) to understand what issues mattered most to them, in order to design an effective intervention to address their health and wellbeing needs. The results are shown in Figure 1. The interviews also identified that the search criteria were too wide and included patients who were not currently depressed and those waiting for any appointment.



## **Phase 2:**

In phase 2 we revised our search completely to be all those referred to musculoskeletal services in the last year. We knew many will be awaiting assessment or treatment of conditions with significant impact on daily living.

43 patients booked places on sessions and 29 attended (5 virtual and 24 in person) The majority of participants (90%) were women with an average age of 58 years (ranging from 24 to 75 years old). Participants were asked to complete a survey on their experiences following the group and were followed up 3-4 weeks later using a Patient Reported Outcome Measure to seek feedback; 24 responded.



Similar group clinic held with another surgery

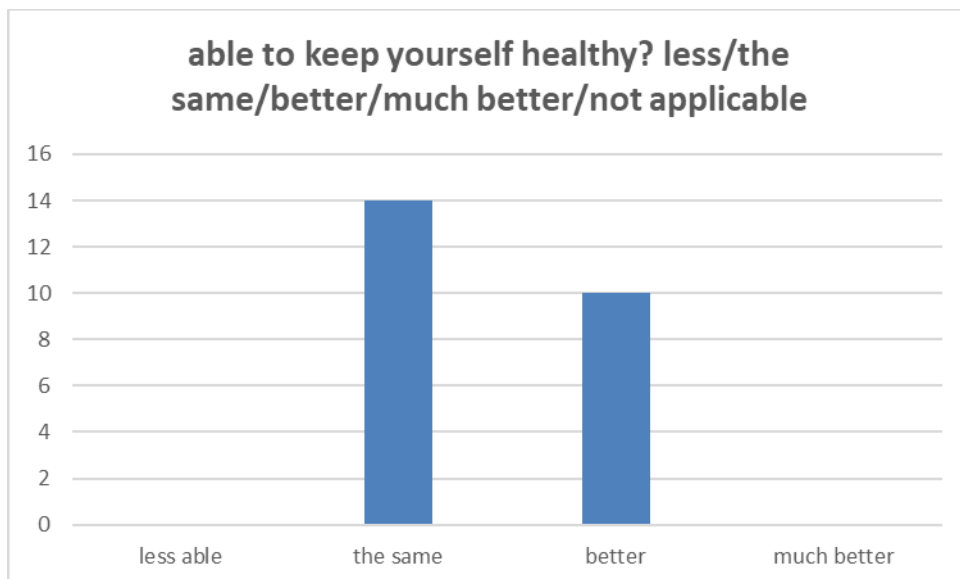
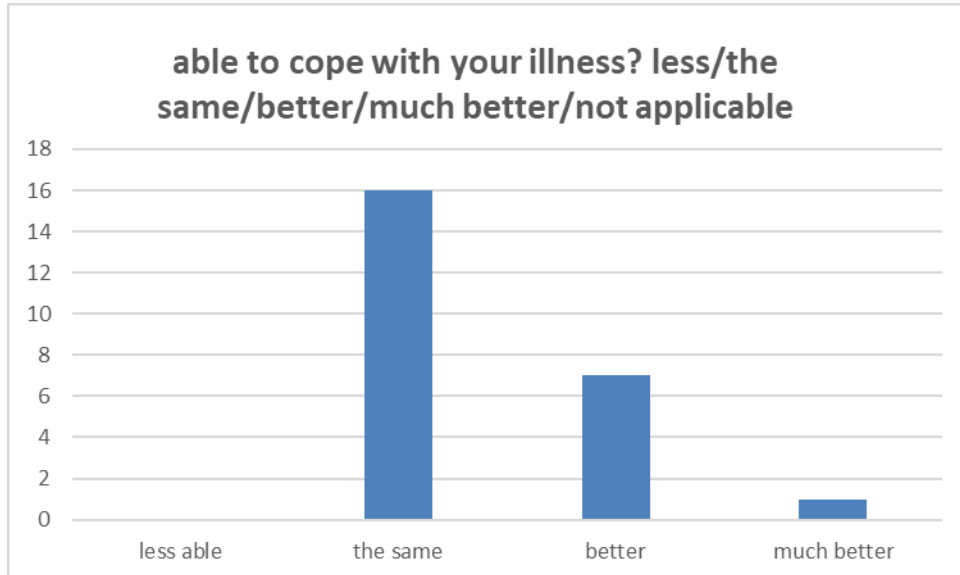
## **Outcomes:**

The majority of patients attending group consultations set a goal, remembered it and achieved it. Actions to improve their health and wellbeing ranged from reading books on pain management, joining slimming world to lose weight, increasing physical activity, reducing pain medications, skipping unhealthy breakfast, cooking more at home and attending the gym.

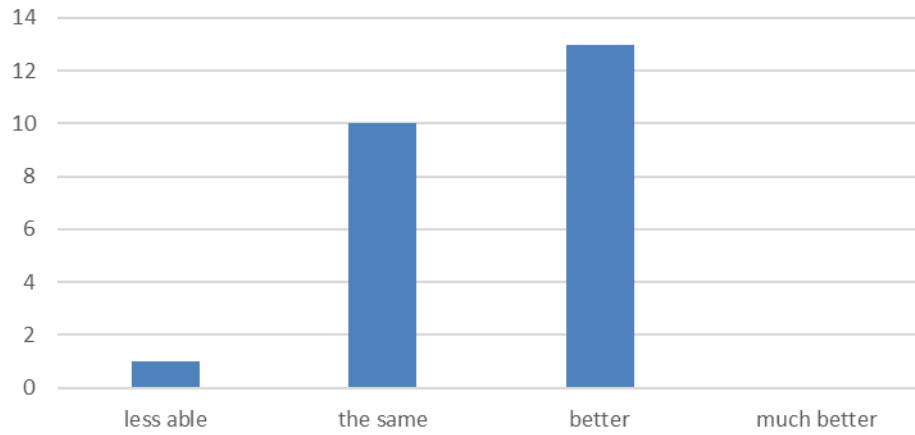
The majority of patients felt their self-management skills were either the same or had improved, with most patients reporting feeling more confident about their health after the group.

## **Effectiveness of Goal setting with Group Clinics**

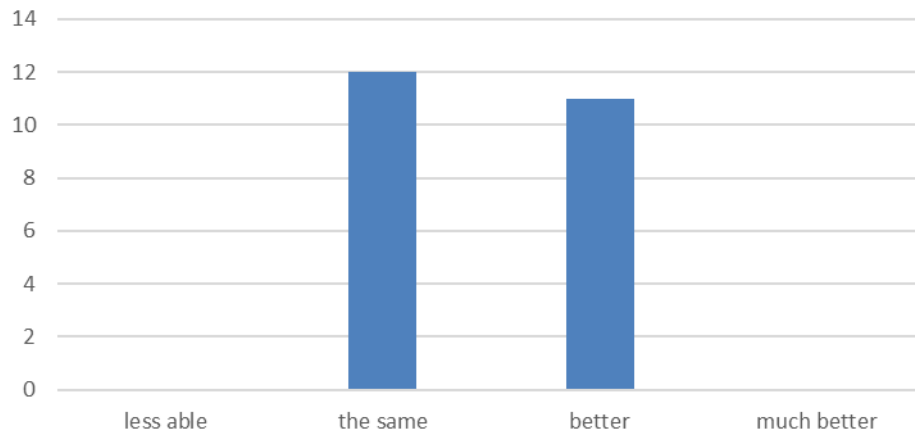
Set goal and remembered it	If set goal, achieved goal	Achieved additional goals	Felt that overall health had improved
19/24 (79%)	17/19 (89%)	4/24 (17%)	12/24 (50%)



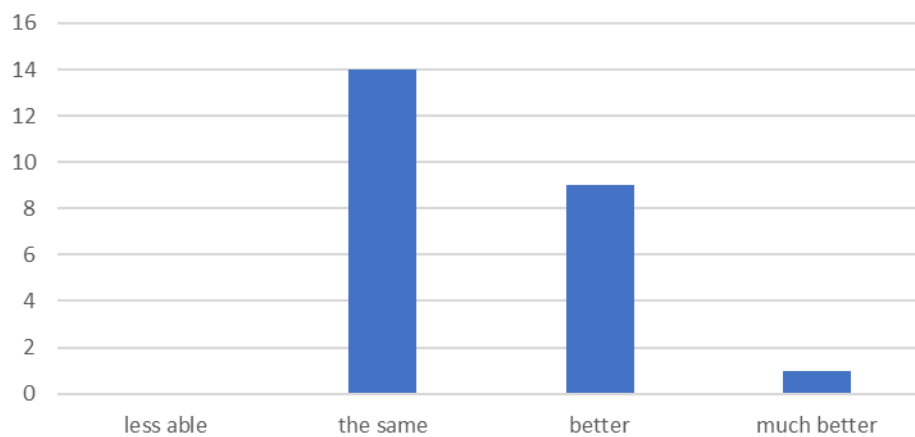
**confident about your health? less/the same/better/much better**



**able to help yourself? less/the same/better/much better/not applicable**



**able to cope with life? less/the same/better/much better/not applicable**



**Patient Quote**

“you know you told me to do that group....it was brilliant”

**Social prescriber Quote**

“The group really helped her emotionally to cope with ongoing waits for 2 orthopaedic procedures”

**Implications:**

- This study has shown that considerable clinical engagement is required to review and validate the data generated by population management tools and that considerable care needs to be taken in setting search criteria.
- Group consultations proved an effective intervention in improving confidence in self care and in enabling patients to take lifestyle measures to improve their health and wellbeing.
- The study demonstrated how group consultations can be integrated into social prescribing activity: pre-intervention texts and calls proved highly effective in enrolling patients into group consultations and follow up calls provided an opportunity to check on progress and offer further support.
- Group clinics were feasible to set up, acceptable to the participants who attended and have the potential for reducing demand for traditional GP appointments.
- Group clinics may deliver better health outcomes through increased confidence and ability to self-care for those with complex and long term health conditions by addressing the wider lifestyle/social issues affecting health.

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