

KEY FINDINGS SUMMARY FOR HEALTH EDUCATION COMMISSIONERS: GROUP CONSULTATIONS GENERAL PRACTICE NURSE (GPN) LEARNING SUPPORT PROGRAMME EVALUATION

Background

Group consultations deliver routine planned clinical care in primary care, and are one of the ‘new consultation types’ named in the 10 High Impact Changes in the GP Forward View¹.

The North West Programme was the first and largest learning support programme commissioned to date to support GPNs to introduce group consultations in England.

The ambition for this programme was to seed group consultations across the North west and start to build a network of GPNs who could support an expert peer cascade model that would enhance local sustainability.

This evaluation was funded as part of the programme and shed light on:

- What makes practice nurse led group consultations different
- Practice motivations for engaging with group consultations
- Critical success factors for GPN led group consultations
- Learning support to mobilise GPN led group consultations successfully
- The impact of group consultations on GPN experiences of delivering planned care
- Facilitators’ contribution to mobilising group consultations
- Potential next steps in the North West.

This summary report, aimed at education commissioners, presents key findings that will support education commissioners to invest in group consultation learning support for GPNs specifically and for other clinical disciplines more generally.

In addition, the findings provide general insights into the challenges GPNs face when making change within their practices. These insights may be valuable beyond this programme to inform broader GPN education and learning support design.

¹ <https://www.england.nhs.uk/gp/gpfv/redesign/gpdp/>

Next steps

It is suggested that education commissioners:

- Use this evaluation to inform commissioning and the development of a group consultations learning support specification that can be used across the North West for those who want to invest in the spread of group consultation
- Commission support for expert peer mentors who have expressed interest in supporting the spread of group consultations in the North West so that they can contribute proactively
- Circulate this report to community education provider networks (CEPNs) so they can use it
- Raise awareness of the benefits and potential contribution of group consultations to building primary care capability and capacity, and integrate group consultations into STP workforce development plans.

Key Findings Summary

This summary covers lesson for health education commissioners in relation to:

- Investing in group consultations learning support
- Supporting GPNs to make changes in their consultation practice.

1. Investing in group consultation learning support

This evaluation offers 10 important insights for budget holders, commissioning group consultations learning support they are:

- GPNs (and other clinicians) benefit from training in group facilitation
- Group consultations support clinical skills development
- Clinical supervision needs to be responsive
- Group consultations support and build practice team cohesion
- Face to face learning workshops are critical to programme impact
- Facilitator training is a must-do
- Learning support between events can be scaled up or down
- Expert peer mentor input is essential
- Locally led peer networks support sustainability
- The ideal size for action learning sets is 6-8 practices

1.1 GPNs (and other clinicians) benefit from training in group facilitation

“So even though the clinicians aren’t facilitating the group, some of them still have concerns about how you are going to manage unexpected situations or anticipated possible difficult scenarios in a group setting – and that is a concern for them..”

This evaluation found that compared to their medical colleagues, GPNs are more interested in managing group dynamics. This echoes experiences of introducing group clinics in health visiting.

During the clinical session, the GPN - and indeed any clinician consulting with a group - contributes to group facilitation. Whilst the group facilitator manages time and guides the group through the session, GPNs report needing to feel completely confident about the mechanics of the facilitation process and the skills of their facilitator.

“I don’t think patients need me as much as I thought. The patients took over”

This evaluation also found that group consultations change the power dynamics between the patient and the GPN, with GPNs reporting that consulting this way made them realise their patients did not need them as much as they imagined. Whilst this took some getting used to, GPNs generally embraced this as a positive thing and described group consultations as empowering for their patients.

“So even though (in group consultation) it is patient’s agenda that they bring to the consultation and we aren’t teaching and preaching, a key role of the GP nurse is as an educator, and you won’t get away from that”

“The overlap is confusing. Education is part of empowerment”

‘I worry that the education and peer support theme is stronger (in group consultations) than the clinical (agenda). It’s easier to be drawn into that’

This evaluation documented that some GPNs confuse group consultations with group education, and described group consultations where they lectured their patients. Whilst they are first and foremost a clinical review session, group consultations – like any good consultation – seek to leave patients feel more knowledgeable and confident about managing their health issues, and achieve this through an experiential, peer led rather than a clinician led, didactic education model.

A fundamentally different way to practice, these changes reinforce the importance of GPNs being given time and space to understand how these new dynamics play out in a group consultation and affect their contribution.

Recommendations

- GPNs always participate in facilitator training, alongside their facilitator counterpart in future programmes
- All clinicians are encouraged to participate in group facilitator training, with this remaining optional for medical doctors

1.2 Group consultations support clinical skills development

This has two aspects:

- HCA skills acceleration
- GPN clinical skills development

HCA skills acceleration

“You are inadvertently up-skilling HCAs”

“On a personal level, our facilitator was a driving force, she embraced her new role wholeheartedly and with great professionalism and although she had never experienced facilitating a group previously, did a marvellous, thorough and outstanding job”

An exciting finding from this programme is that working alongside their GPN colleagues, delivering group consultations, upskills HCAs. Because HCAs have the chance to observe their GPN counterpart consulting with patients and answering their clinical queries, and develop interpersonal (facilitator) skills that boost their confidence, working on group consultations is ideal training ground and rich source of experience and continuing professional development for HCAs. As many practices are seeking to upskill HCAs, recognising group consultations as a skills accelerator provides a very practical way of supporting primary care to develop its workforce. This can be recognised and built into future programmes.

GPN clinical skills development

“...and one of the nurses at this particular practice, you could see she was lacking in confidence. At first I thought it was just the process so I wondered if it was the training (not providing her with confidence), but it was, in fact, in herself. She has a fear of standing up in front of a group and talking about clinical issues so she highlighted to me around the training (that trainers said) that she didn't do anything different on a one to one, but (she) felt (her clinical knowledge would be) more exposed in a group, and then we talked about the different areas she wanted to do, and she said, 'oh well, I haven't studied that particular subject for a long time so I'm not confident'. So, that was positive in a way because without being involved in group consultations, that's not something that is flagged up”

It is likely that consulting with a group will heighten possibly tacit GPN concerns about their clinical skills and competence. This can be harnessed, with participation in group consultations programmes providing a great opportunity for reflective practice and review of CPD portfolios.

Recommendations

- Encourage practices to nominate HCAs as facilitators wherever possible
- Where education commissioners are seeking to upskill HCAs, consider investment in group consultations as a strategy to achieve this
- Support expert peer mentors and peer networks to work with GPNs and other clinicians to review clinical skills and address any deficits as they prepare for group consultation

1.3 Clinical supervision needs to be responsive

GPNs reported that they felt that clinical supervision was less robust when they were doing group consultations compared to one to ones. As the group consultation changes the power dynamic and the conversation in the consultation, it may be that those supervising a clinician conducting group consultations may be less able to offer helpful supervision.

Recommendation

- Build responsive clinical supervision into group consultation spread models

1.4 Group consultations build team cohesion and resilience

“Group consultations are an exercise in whole primary health care team, with a common aim – ensuring all aware and briefed in order to promote at every opportunity; reception, GP etc”

Practice teams reported that planning and delivering group consultations supported team working and resilience, and supported workforce and skill mix development. Self-reported measures of personal resilience and effective team working increased after group consultations were introduced.

GPNs enjoyed delivering them, describing it as enjoyable, and felt motivated to do more. They felt it made a big difference to patients, and had enjoyed innovating. They mentioned it reduced repetition, and described how, over time, the experience was becoming more and more enjoyable:

“At first, I was nervous – but after 3 (group consultations), I feel a ‘buzz’ after every session”

Others saw an impact on capacity and that group consultations help practices get over staff shortages:

“Group consultations can fill gaps where roles and staff numbers are compromised”

Recommendation

- Consider how group consultations can support and be integrated into resilience initiatives and programme in primary care linked to GP forward View

1.5 Face to face workshops are critical to programme impact

“...I think the (co design session) was really important – it was a good motivator ...”

“(The learning and celebration workshop) was really very positive.. it is very powerful hearing from those who have actually been through it”

Evaluation suggests that an initial half day co design workshop with practice teams, and a half day end of programme learning event are two key components in the learning programme.

The initial workshop needs support practice teams to:

- Hear from an expert peer who has run group consultations
- Hear patient stories
- Understand the group consultation process; see a mock-up of a group consultation
- Explore their concerns and beliefs about what could go right and what could go wrong
- Provide tips and best practice, especially in relation to patient recruitment
- Provide time and headspace for reflection and team planning

The final workshop needs to support practices to:

- Celebrate. Awards work well
- Hear each others’ stories; learn from each others’ experiences
- Showcase best practice
- Provide the opportunity to feedback to education commissioners and training providers how to improve learning support

A video of a mock up group consultation has been produced as an output from this programme. This was something many learners wanted access to. A video of patient stories is being produced.

The learning support “filling” provided in between these two milestone events is likely to vary from locality to locality, dependent on budget and on the level of maturity within the locality around working with group consultations (see 1.7).

For instance, if no practices have done group consultations yet, more learning support may be needed. If a number have, much of the learning support could be provided through peer led networks and expert peer mentors.

Recommendation

- At a minimum, a group consultations programme should include a half day face to face co design and learning session, and a half day face to face facilitator training

1.6 Facilitator training is a must-do

“Training was snappy. The feedback was that people got it – good energy – good questions and scenarios. It worked really well”

Facilitating groups is new for most learners. Facilitator training that builds confidence; provides tools and strategies to manage group dynamics in the context of a group consultation is essential to group consultations learning support and successful mobilisation. Facilitators received a half day of training in this programme.

Recommendation

- At a minimum, a group consultations programme should include a half day face to face co design and learning session, and a half day face to face facilitator training

1.7 Learning support between face to face events can be scaled up or down

The programme evaluation suggests that participants had mixed views about the value of virtual learning support provided for self- study and interactive web-based learning support. Those who tapped into these resources found them useful:

“It helped steady the nerves doing learning platform”

People reported problems with finding time and with using technology. People found the various templates and hard copy training materials and ‘training updates’ useful and wanted them to continue. Some fed back they would like more one to one time with the learning support team, including face to face visits.

The support offered in between learning events will depend on the budget and also the level of maturity of local spread of group consultations within the locality i.e. the capability and capacity of local expert peer clinician and facilitator mentors to support newbies.

Recommendations

- Tailor the learning support offered in between face to face workshops to budget and the level of maturity and experience of group consultations practice and availability of expert peer mentors within the locality
- Develop and support expert peer mentors amongst those who have experience of consulting with groups

1.8 Expert peer mentor input is essential

“Once people are planning their first or second group consultation...I think (clinical mentorship) needs to be there from the start, so practice nurses have got a ‘go to’ person and that person has the time to oversee 3 or 4 practices – someone who can go out to them if there are problems..”

Learners fed back that the most useful part of the initial learning event was listening to expert peers share their stories. As group consultations are in their infancy, there are limited number of clinicians with lived experience. As a result, it will not always be possible to have peer with lived experience in the room. Videos have been produced to capture experiences of GPNs in the North west, which can be used as a substitute.

When group consultations are being introduced to a new locality, a staged approach to spread may also be valuable, with pioneers available to share their experiences with those who come later:

“..It would have been good to separate it into two halves – have the front runners and then they’ve got that mentorship built in for the next cohort – that makes sense really..”

This report identifies a number of attributes, skills and competencies that expert mentors need to have. An expert peer mentor development programme can help build these. They are:

- A passion for group consultation
- Personal networks and professional credibility in the locality
- Presentation skills; ability to champion group consultation practice and share their story
- Mentoring and coaching skills to support peer clinicians to reflect and improve
- Evaluation skills
- Leadership qualities

Recommendations

- Have expert peer mentors at learning events to share their stories. Use videos when they cannot attend
- Design learning programmes that support pioneers to become expert peer mentors for those who come later
- Invest in expert peer mentor support programmes to support group consultation spread in the North West

1.9 Locally led peer networks support sustainability

“It would be quite good if you could link up with practices who were (geographically) close to each other; say there were 4 clusters, and may be link them up that way for support. Speak to peers who are in their area...”

“Use GPN forums to educate wider groups”

“Network geographically, using forums already in place”

A number of GPNs suggested that moving forward, it would be important to tap into existing GPN networks and that learning and spread could best be supported through professional networks.

The rapid expansion of GP federations and new care models like community provider hubs and networks creates a ready-made infrastructure for peer led learning and group consultation spread.

Recommendations

- Where possible, build group consultation programmes around existing education, quality improvement or professional peer support networks, including linking to GP federations and QUIST

1.10 The optimal size for action learning sets is 6-7 practices or teams

“On one of the second learning sets, I think there were 6 or 7. Most of them had done a group consultation and it was really good”

The action learning sets in this programme were large (n=25 practice teams), reflecting a limited budget. Evaluation suggests that it would support programme impact if learning sets were smaller, and face to face events were designed to build close relationships between neighbouring teams. An expert peer mentor assigned to action learning sets could support this.

Recommendations

- Build group consultations learning programmes around networks of 6-8 local teams, and support them to connect at face to face events, and keep in touch as they introduce group consultations
- Equip expert peer mentors to support local networks to learn from each other and exchange experiences as the programme progresses.

2. Supporting GPNs to make change within their consultation practice

This evaluation has identified 3 enablers and 1 barrier to GPNs leading change. They are set out here.

2.1 Enablers of GPN led change

This evaluation has identified three enablers that support GPNs make a change like group consultations. They are:

- Supportive leadership: GP and practice manager champions
- Quality improvement skills, including evaluation
- Confidence and influencing skills.

It is likely that these enablers apply beyond the introduction of group consultations.

2.1.1 Supportive leadership: GP and practice manager champions

“It is harder when the practice manager isn’t on board. It is definitely worth a try. Sell it to the practice manager as a win/ win so they are totally on board”

“The application form was good for ensuring manager and GP support”

Group consultations is a whole practice team change. Making it work involves the whole team and is predicated on support from a GP lead and the practice manager whose advocacy helps engage and mobilise the practice team. Both practice managers and GPs also has to give the GPN and facilitator permission to invest time and undertake the necessary preparatory work to embed this new practice. Where practices pulled out, it was common for the GPN to report that she was not getting support from her practice manager or GP lead. Those who had their support made great progress.

Recommendations

- Make resources available to support GPNs to brief GP and practice manager champions
- Recommend practice managers (and ideally GP champions) attend the initial half day co design workshop
- Continue to include their signatures and statement of support on the application form for programme support.

2.1.2 Quality improvement skills, including evaluation

“The clinical outcomes should be really easy for them to do capturing simple – 2 or 3 metrics.....for example, we take the BP and we say to practices or whoever is doing it, after 6 months can you look at your metrics because that is really powerful alongside all the qualitative stuff?... as clinical champions, we need to support that process at local level and give pointers around PDSA cycles or metrics or what your focus could have been on..”

This evaluation has identified that making and sustaining group consultation practice requires a quality improvement mindset. The application of PDSA cycles that encourage evaluation, using clinical audit and staff and patient feedback helps cement success. Evaluation found that GPNs in the North West struggled to understand the purpose or value of evaluating this new practice. Many reported limited formal evaluation of their work at the end of the programme. Lack of evaluation may inhibit the roll out of an innovation like group consultations. Supporting GPNs to find easy ways of undertaking evaluation of this new consultation practice is likely to enhance GPN engagement with evaluation. The use of technology like mobile phone video to capture patient and clinician stories proved an impactful way of capturing patient and staff experiences in this programme.

Recommendations

- Combine group consultations learning support with basic QI skills where possible
- Commission independent evaluation or evaluation support
- Provide a simple evaluation for GPNs framework for GPNs to follow as part of group consultations learning programmes
- Equip expert peer mentors to support learners to complete evaluation
- Encourage learner GPNs studying for advanced nurse practitioner courses to focus projects/theses on evaluation of group consultations

2.1.3 Confidence and influencing skill

“I just think doctors go for it more. Nurses may be need more permission from the doctors and the practice (manager)....”

“Nurses are unsure where to begin with GPs... GPs need to be educated so they give support”

The need for GPNs to be supported by GP and practice manager champions (2.1) reflects the fact that some GPNs have limited influence within their practice team. Some GPNs who participated in this programme did not feel they needed to gain permission from anyone to innovate. Giving GPNs confidence to lead change would boost programme impact. Expert peer mentors and peer networks emerged as important and preferred sources of support to build GPN confidence.

Recommendations

- Recognise and use the introduction of group consultations as a platform to build GPN confidence, personal impact and leadership at practice level
- Ensure GPNs making this change can tap into peer learning networks for support; ideally pre-existing local peer networks
- Equip expert peer mentors with coaching skills so they can support leadership development in their peers

2.2 Barriers to GPN led change

As well as these enablers, this evaluation found communication with GPNs could be a barrier to change.

2.2.1 Communicating with GPNs

“I think the way forward is to have someone who doesn't have to be involved in (direct) patient care, and they become our 'go-to person' - the lynch-pin - senior programme co-ordinator. It is a practice managers job”

In contrast to GPs, the learning support team found GPNs were less responsive to email and other forms of proactive communication. The reasons for this are unclear. Participants fed back both that they had missed emails and that they had got too many emails. Given this, in some practices, it may be more practical to communicate and work with the practice manager to cascade information to the GPN/facilitator teams. Having closer links between practice teams, and local peer learning networks is also likely to facilitate exchange of information and GPN engagement.

Recommendations

- Identify and work with a practice team co-ordinator to cascade information
- Ensure GPNs making this change can tap into peer learning networks for support; ideally pre-existing local peer networks

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