**Checklist for successful group consultations**

# Beforehand

* Patients should be recruited well ahead of time. Recruitment strategies will vary depending on the patient group: direct telephone calls to patients or their parents by the clinician, facilitator or administrator are likely to be the most effective method.
* Involving the whole practice team in recruitment is helpful – different staff members will have knowledge of different patients.
* Follow up or reminder text messages and/or calls are also helpful. DNA levels will depend on the group – up to 60% can be expected for an initial session but this is likely to fall for subsequent sessions.
* A room large enough to accommodate all patients, plus anyone else who is likely to attend (eg. siblings if it is a paediatric group) should be booked.
* Plan the session in detail, including timings, outcomes from each section of the programme and what will happen at each point.

# On the day

* Set up the room with enough chairs, tea/coffee and water (plus snacks if it is a paediatric group)
* A ‘results board’ should be ready for use to record names, key measures (eg peak flow, blood sugar levels), actions etc. It should be visible to all attendees.
* An agenda should be put up on the wall, so all attendees know where they are in the programme.
* A list of how the group will work together (be respectful of others etc) should also be visible to all attendees.
* There should be name badges or labels for participants to complete when they arrive.
* Set up a space for patients/parents/carers to record questions that arise during the session and set aside a specific time to deal with these questions.

# During the session

* The facilitator should go through the programme for the group consultation with participants, complete the results board and ask everyone to think of a question before the clinician arrives.
* Including an ice-breaker puts people at ease. This may be particularly easy with children – eg. ask them ‘what is your favourite animal/fruit/game and why?’
* During a break, the facilitator should brief the clinician.
* After the break, the clinician should have a brief 1:1 session with all participants, with everyone else listening in.
* In the questions section, including answers to additional questions that patients may be too embarrassed to ask is helpful, and may prompt others to disclose issues that have been troubling them.
* After everyone has been heard and the facilitator has checked that there are no further questions, the clinician should leave.
* The facilitator should then set goals for participants, based on the learning and what the clinician has said in the 1:1 sessions.

# Feedback

* Obtaining brief feedback from patients at the end of the session (what was good? what could be better?) will help plan subsequent group consultations.