

**Case study: Calderdale and Huddersfield NHS Foundation Trust**

# Using group consultations to follow up on patients' health goals

---

## The challenge

Our patient feedback showed that the clinical team in pain services was not focusing on following up with patients on goals they had set themselves at the previous consultation. We considered a number of different options for improving how we followed up on patient goals and agreed on using group consultations as one of the ways of improving follow up, because there is evidence that they improve outcomes in diabetes and asthma.

Our first change area was within MSK pain, where we hoped to improve the frequency and efficiency of how we followed up with people by using a group approach rather than on a one to one basis; and also offer peer support to people who would not otherwise engage in self management.

## What we did

We identified a group of 16 people from mixed backgrounds who would normally be dependent on pain interventions to participate in the group consultation. Some of the participants were at a mid-point in their self management journey; some were very new to the service having had just one injection.

The group attended two sessions which were facilitated by a Pain Consultant and an extended scope physiotherapist. The sessions included:

- how patients can work with their clinicians to set an agenda for what they want to talk about;
- group discussions about common issues people want to discuss in their consultations with their clinician;
- one to one consultations
- a lay tutor sharing their own experiences of managing their pain
- some questionnaires around physical activity and perceptions
- group exercise
- setting their own health goals and planning the follow up to these.

Eleven people attended the first session and eight attended the second session. There were lots of common agenda items and discussion on those helped people take a long term view of their condition and put things in perspective for them.

A number of the participants chose to try alternative ways of managing their pain rather than pain interventions, and there was more acceptance of the condition as a group and a shared understanding of the limitation it brought to their functioning. Some chose to join the support network started by our lay tutor.

## Our learning

- The letters we sent out to invite people to attend the group needed to give better information and be clearer about what the group would involve, so that we managed patient expectations. We also needed to be more explicit about how long the session would last – some people didn't know it was a 2 hour appointment rather than 15 minutes.
- Better time keeping would come with further experience of running it.
- It was helpful to have a mixed group and we would continue with that.
- Follow up support is needed to understand why people didn't attend.