

Group Consultation Patient Focus Group Outcomes

October 2019

Montgomery House Surgery



Structure of Focus Group:

- Presentation on Type-2 Diabetes group consultation pilot at the surgery
- Q&A on presentation
- Patient experiences of group from 3 participants
- Break-out group discussion on 5 key points

Participants:

19 participants

Average patient age: 63 years old

11 women, 8 men

Long term conditions represented: Asthma (5), COPD (5), Hypertension (4) Atrial Fibrillation (2), Bronchiectasis (1), Diabetes (5) and Heart failure (1).

Other groups represented: Patient Participation Group Lead, DiabetesUK, Primary Care Network Diabetes Leads (Oxford and NE Oxford), Montgomery House Surgery Practice Manager

Outcome of Discussions:

1. **How have/could group consultations improve support for people living with long term conditions?**
 - a. **Supporting Carers/family**

“Carers and parents could work together”, “linking family together”,
“community can set up own support groups or networks following a group”
 - b. **Improved information sharing**

“greater information available to patients”, “improves communication”,
“more information about other group activities/local activities”
 - c. **Positive messages help motivation**

“positive ways of dealing with chronic conditions”, “group work improves motivation”,

2. **How do we make sure that group consultations are a positive experience and improve health?**
 - a. **Groups of similar people**

“Grouping people living with similar conditions and ages”
 - b. **Keeping a positive message**

“push positive actions”, “help people to be more positive”
 - c. **Supportive, confidential, motivating atmosphere**

“Allow people to bring partners/buddies with them”, “confidentiality”, “2nd group allows others to see positive results -> motivating”, “facilitator able to control the group well”, “agree ground rules at the start”, “real patient examples”
 - d. **Link in with community**

“Reach out to other groups and organisations in Bicester”
 - e. **Get Feedback from groups**

“feedback forms”, “text feedback”, “website feedback”

3. **What barriers are there for people considering attending a group?**
 - a. **Time**

“time if working”, “make easy to access at all times”, “too busy in life”, “need day and evening groups”, “how to sell over 2 hours versus 10 minutes?”,
“evening appointments needed”
 - b. **Location**
 - c. **Low mood/motivation**

4. **How can we help people to overcome these barriers?**
 - a. **Time** “evening and morning groups”, “drop in groups”, “drop-in groups in between main groups”,
 - b. **Psychological support**
 - c. **Advertising** “videos on screens in surgery”, “social media to promote to younger patients”
 - d. **Volunteer involvement** “volunteer help run 2nd group”

5. **How can we improve people’s understanding of group consultations?**
 - a. Word of mouth
 - b. Advertising
 - c. Patient experience videos
 - d. Good quality information “greater exposure to group consultations, what are they about”, “make leaflets condition specific – what is in it for me?”

6. **How do we make sure that group consultations are accessible to all groups of people?**
 - a. Timing
 - b. Location

Actions/Conclusion

1. **Group content/organisation**
 - a. Keep atmosphere positive and supportive
 - b. Good quality information provision
 - c. Link in with local community groups
 - d. Involve volunteers
 - e. Morning and evening groups
 - f. Look into other venues other than just the surgery
 - g. Continue facilitator training

2. **Advertising campaign**
 - a. Group specific leaflets
 - b. Videos of patients talking about groups to be shown on waiting room screens, website, social media
 - c. Welcome patient representatives and carers
 - d. Specifics about what improvements patients might expect
 - e. Groups to be called “Diabetes Group” or “Asthma Group” and advertised under condition