

Shared Medical Appointment Guide

Shared Medical Appointment Guide
May 2019

Contents

About this guide	3
1. Introduction	4
2. The Shared Medical Appointment Team	8
3. Planning the Shared Medical Appointment	13
4. Running a Shared Medical Appointment	15
5. Establishing a peer support group for SMA participants	17
APPENDIX I – Roles and functions of the health care team.....	18
APPENDIX II – Patient Preparation Checklist	20
APPENDIX III – SMA Invitation / Phone Call Script.....	21
APPENDIX III – SMA Financial Modelling Tool example from e-book.....	22
APPENDIX V – SMA Planning Checklist.....	23
APPENDIX VI – SMA Confidentiality Form Template.....	24
APPENDIX VII – SMA Confirmation Letter Template	25
APPENDIX VIII a. – Partners in Health Scale	26
APPENDIX VIII b.	29
APPENDIX IX – SMA on the day checklist.....	32
APPENDIX X – SMA Group ground rules	33
APPENDIX XI – SMA sample introduction and flow of SMA	34
APPENDIX XII – Case studies from the initial research	35
APPENDIX XIII – Frequently Asked Questions	37
APPENDIX XIV – Further reading	38

About this guide

This guide is intended to support Health Care Home teams to meet some of the requirements for the Health Care Home Model of Care requirements, developed by the National HCH Collaborative.

This information is also available as an e-book at <https://sma.healthcarehome.co.nz/step3>

Username: hchcollab

Password: SMA10

Audience

This guide is intended for Health Care Home teams

Finding the Documents

This resource is available from the Tū Ora Compass Health Provider Portal.

Getting Support

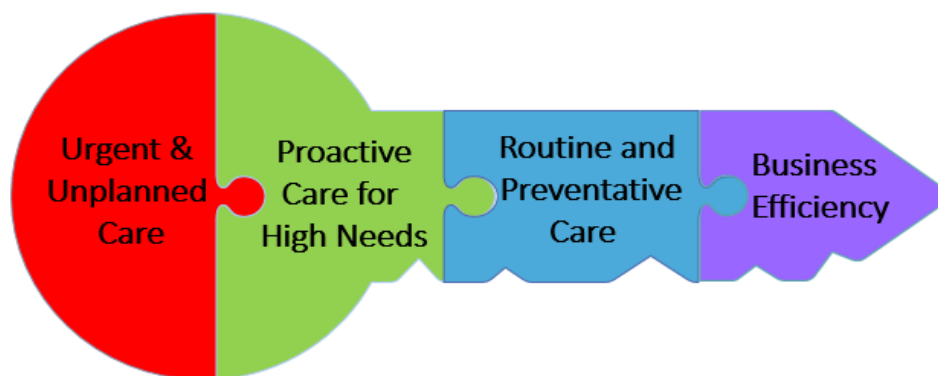
Call or email Tū Ora Compass Health

Melissa Simpson

0276623002 or 04 801 7808

Melissa.simpson@compasshealth.org.nz

1. Introduction



HCH Domain Two and Three

With the increasing number of people living longer with more complex health needs, and an aging health workforce, the sector needs to offer alternative ways in which patients can engage with health services.

The traditional model of a GP visit being a 1:1, 15 minute consultation, is useful for uncomplicated acute presentations and some injuries, however, increasingly people presenting to primary care are those with complex, long-term health conditions. This has resulted in doctors spending more time using counselling skills like motivational interviewing, behaviour modification, life coaching and self management strategies. This change in practice to meet patient need is difficult to manage within the 1:1, 15 minute, consultation format.

1:1 15 minute consultations have several disadvantages, including:

- Insufficient time to cover everything required to meet patient/whanau needs
- The giving of repetitive advice e.g. diet, exercise, stress control etc., to an increasing number of patients, which can lead to a reduction in provider satisfaction.
- Disadvantaging patients who are unable to ask their doctor questions on all issues of concern to them at the time of appointment

There are challenges in effectively managing those with complex health needs in the traditional 1:1, 15 minute appointment format. While this format has been the historical 'default' way of operating, there is no supportive data in medical literature to suggest it is more effective than any other.

The Shared Medical Appointment (SMA) is an interactive approach that provides an opportunity to improve a patient's experience of healthcare as well as improve service efficiency through better use of clinician time (GP, Nurse Practitioner, Nurse, Allied Health Professional), by bringing patients with common health needs together with one or more healthcare providers.

While relatively new to general practice in New Zealand, SMAs have proven to be an efficient way of consulting in the USA and Australia.

1.1 What is a Shared Medical Appointment

A Shared Medical Appointment (SMA) is a comprehensive group medical visit in which people receive an individual consultation within a group setting, while benefitting from a wider group discussion and interaction.

A SMA is generally attended by 6 to 10 people and can be up to 90 minutes duration, consisting of 60 minutes of clinical consultation time and 30 minutes for follow-up discussion and/or education.

All participants need to have relevant blood and diagnostic tests completed prior to the SMA with results available at the appointment also.

A breakout room needs to be available in the event a physical examination is required. It can be used either during or after the SMA.

1.2 Who are Shared Medical Appointments for?

People who might benefit from an SMA are those:

- With a long-term health condition, e.g. Diabetes, Chronic Obstructive Pulmonary Disease (COPD), Multiple Sclerosis (MS), Arthritis etc...
- Requiring regular review, e.g. Diabetes review, those over 65 years
- A similar health need, e.g. weight loss, post cardiac event rehab, etc...

SMA are not appropriate for problems such as acute infectious diseases, severe mental health issues, sexual matters or for people not amenable to a group consultation.

In practice, a SMA set up needs to be structured and standardised, however the process of the SMA itself can be flexible to ensure the group's needs are met.

Benefits of a SMA include but are not limited to:

- Improved education and health literacy in the targeted patient cohort
- Improved patient engagement
- Peer support
- Behavioural change
- Medication adherence
- Increased access to the practice and other health services

Over time as SMAs become more commonplace, it is intended they will become just another way in which people access care.

1.3 Why Shared Medical Appointments

A significant benefit of SMAs for patients with complex health needs is that they learn from each other. This can facilitate behavioural changes so that people are able to better manage their long-term health condition and learn self-management techniques. This in turn can result in improved health outcomes that can be difficult to achieve in a traditional health service model.

Benefits of SMAs for both patients and practice are included in the table below:

	Patient Benefits	Practice/Clinician Benefits
Planned Care	<ul style="list-style-type: none"> • Is timetabled for them • linked to their Year of Care Plan goals • Coordinated with tests, diagnostics and screening activities 	<ul style="list-style-type: none"> • Enables planned routine activities and monitoring of patient care • Each patient can receive a Year of Care Plan
Valuing Time	<ul style="list-style-type: none"> • 60-90 minutes with their clinician and health team members at one time rather than attending multiple appointments. • Is a one stop-shop for patients 	<ul style="list-style-type: none"> • Clinician can interact with more patients in less time • Clinician can spend 60 minutes with the group, rather than 6 – 10 individual sessions where they may repeat the same clinical advice
Better relationships and increased support	<ul style="list-style-type: none"> • People can develop a relationship with the whole care team thereby decreasing their dependency seeing only their GP • People can develop relationships with other members of the group and may contact them outside the consultation for additional support 	<ul style="list-style-type: none"> • Clinicians get to know people better by spending more planned time with them • GP feels better able to support the team approach to their patients • Peer support groups help patients support each other with long term conditions
Efficiency and effectiveness	<ul style="list-style-type: none"> • The one stop shop approach means patients have minimal contact with the practice between planned shared medical appointments • Reduces the number of attendances and subsequent co-payments • Increase in the use of alternative methods to contact their health team such as patient portal and apps 	<ul style="list-style-type: none"> • Better use of the clinician and team members time • Tests, diagnostics and screening activities are coordinated • Improved quality performance, including health targets • Replaces the number of annual appointments (e.g. DAR) with nursing staff thus freeing up practice nurses for other activities • Reduced demand for face-to-face appointments as patients improve health literacy and self-managing strategies
Managing Long Term Conditions	<ul style="list-style-type: none"> • patients with long-term medical conditions find the 15-minute appointment does not benefit them as they generally have a 'list' to discuss with their GP • listening for 60 minutes with a clinician or specialist consulting over a range of patient issues means many concerns on their 'list' are resolved just by being there 	<ul style="list-style-type: none"> • time limited 15-minute appointments are frustrating for clinicians when trying to manage their patients with chronic diseases. • allow the clinician to meet the needs of the group while providing one on one consultation over a 60-minute period. • are a blend of medicine and education

Increased health literacy and self-management	<ul style="list-style-type: none"> Increasing learning by listening to consultations within the wider group Increased understanding of their long-term condition/health issues helps patients to better manage their health 	<ul style="list-style-type: none"> learning how to communicate with a variety of patients to ensure they understand their condition and management improves the clinician's health literacy. clinicians learn as much from these groups as patients do
Better outcomes	<ul style="list-style-type: none"> People gain a better understanding of their health needs People can be inspired to change by other members of the group e.g. COPD group members encouraging each other to quit smoking and get their flu vaccinations 	<ul style="list-style-type: none"> Using members of the group to help facilitate behavioural change in other group members Involving the extended care team e.g. health coaches, PCPA, social worker or dietician can help resolve issues that are often higher priority goals or barriers to the patient changing their behaviour
Impact across the sector	<ul style="list-style-type: none"> Increased health literacy, increased self-management and a planned approach, makes patients less likely to require acute services 	<ul style="list-style-type: none"> Planning patient care reduces the likelihood of the patient requiring acute services. The practice may invite specialists to participate in a specific shared medical appointment which ultimately could replace attendance at an outpatient clinic
Increased satisfaction	<ul style="list-style-type: none"> Spending 60 minutes with a clinician and group listening, sharing and learning increases confidence and resilience Some patients enjoy a group session rather than 1:1 	<ul style="list-style-type: none"> Provides variety in the day is less stressful than the 15-minute patient appointment model Promotes a team approach Improves patient-clinician experience

2. The Shared Medical Appointment Team

A well-prepared team with a clear SMA plan is imperative to the successful establishment and implementation of a programme of SMAs.

Key members of a SMA team include:

1. An SMA Champion Lead

The Champion Lead can be a doctor, nurse, PCPA or an allied health person who works within the practice. Their primary role is responsibility for SMA practice processes, implementation and ongoing management of SMA activities.

2. An SMA Facilitator

The facilitator can be a doctor, nurse, PCPA or allied health personnel and is key to the success of an SMA.

Key skills for this role include:

- A high level of facilitation skills
- Effective time management with an ability to keep people 'on task'
- An ability to elicit good discussion from all participants
- Manage members of the health care team within the SMA
- Facilitate the outcomes sought by the patient and clinician

The facilitator is the person in charge of keeping the group guidelines at the forefront of the SMA and ensuring the SMA is meaningful to all members of the group.

The facilitator needs to be aware of the group's physical needs, medications, disease progression, support structures, care plan, health goals and alternative treatment/care options available in the community.

The facilitator uses their skills to build on discussion, make sure patients understand not only the process of the SMA but the discussion content.

The facilitator is pivotal to improving a patient's level of health literacy.

3. An initial SMA GP/subsequent Subject Matter Expert

This person is the clinician who will provide the 1:1 medical consultation with each person and will:

- Answer the question/s people came to the appointment with, discuss medications and general health and well-being.
- Ensure patient's they are consulting with feels listened to by maintaining a focus on one patient at a time.
- Determine when a physical examination should occur, e.g. before, during or after the SMA, if required, so as not to disrupt the group too much.

Where a facilitator/recorder is a clinician they may have input into the consultations as part of the team approach to patient care, but only during the discussion, not the 'formal' 1:1 consultation.

4. An SMA Administrator and Recorder

The administrator needs to understand the content of the group discussion so that they can:

- Accurately document key discussion points, outcomes, actions and recommendations for follow up in individual patient notes.
- Ensure what is recorded is also reflected in the patient's Year of Care Plan along with any self-management documentation and handouts people take away from the SMA
- Ensure all notes are agreed prior to sign off as part of the team debrief post SMA

If the person in this role is non-clinical, the recommendation is to advise patients in the SMA that a non-clinical person is in attendance and has a signed patient confidentiality agreement as part of the practice's quality standards.

If the person documenting in the patient notes is non-clinical, but has access to the patient's notes for the SMA, they should have a clearly identifiable PMS log-in. This is linked to the audit process of the practice.

NB: See Appendix I: Roles and responsibilities of the health care team

2.1 Training your team

You may feel confident to trial SMAs with this resource and online information. Dr Kirsty Lennon, HCH GP Lead, is available for support at: Kirsty.lennon@gmail.com

There is also formal accredited training available for those wishing to undertake this and is provided by the Australian Society for Lifestyle Medicine. They provide an online training programme, which includes access to their online resources at www.lifestylemedicine.org.au/

2.2 Choosing an SMA Structure

Shared Medical Appointments can be structured in a way to meet the needs of your practice and patients, can be:

1. Individual, i.e. a one-off SMA
2. Annual SMA – for annual reviews, over 65 check ups
3. Quarterly SMA – for patients who need 3 monthly review as per best practice guidelines
4. Programme of SMA – this is a programme for a group of patients who may require SMA from allied health professionals or extended general practice team members as part of their annual plan of care. The programme may run for a year or two years depending on the group's need.

2.3 Selecting a group of SMA participants

SMA group members generally have a similar health focus, especially for planned SMAs. Most general practices know their high needs patients and who may benefit from participating in a SMA.

Selection of patients can be based on need, disease state, symptom presentation, or in some cases cultural need. The clinician identifies patients who would gain additional benefit from a longer consultation in a group setting rather than a 1:1 face-to-face 15 minute consultation.

Groups may be for patients with well controlled or poorly controlled conditions, or a mix of both. SMA groups can be closed or open, with a process for adding new members.

All SMAs need to have specific goals and objectives established for the group such as improved health literacy and self-management, concordance, annual planning of care, reduced disease progression, maintenance of health and wellness.

NB: [See Appendix II: Patient preparation checklist](#)

NB: [See Appendix III: SMA Invitation / Phone call script](#)

2.4 Setting up practice SMA appointment templates

The recommendation is:

- To set up SMA appointment templates, in the Practice Management System (PMS) no later than 4 weeks prior to running an SMA
- To set up a separate SMA template and align it to the team's individual templates.
- To ensure SMA facilitator has protected time before and after the SMA for pre and post SMA activities.

Examples of how to set up SMA appointment templates are illustrated on the following pages.

Setting the Appointment Templates

Schedule the SMA in the appointment template of those who will be attending the meeting.
NB: This might include a PCPA if they operate an appointment template within the practice.

The examples below are a guide to show how the SMA group might be organised within the appointment templates.

The image shows two screenshots of the 'Appointment Book 1' software interface. The left screenshot shows a schedule for Friday, 01 Feb 2019, for the 'NURSE TEAM (NURS)'. The right screenshot shows a schedule for Friday, 01 Feb 2019, for 'Sam Eaves (SFE)'. Both screenshots display a table with columns for Time, Patient, and Note.

Time	Patient	Note
08:00 am	HUDDLE (130517)	
08:20 am	SMA set-up	
08:40 am	SMA set-up	
09:00 am	MOUSE Mo (130421)	SMA grp 9am-10am
09:00 am	MOUSE Rose (130487)	
09:20 am	MOUSE Mumu (130421)	
09:20 am	MOUSE Jenny (130502)	
09:40 am	MOUSE Nic (130486)	
09:40 am	TEST Jim (130368)	
10:00 am	MOUSE Minnie (130436)	
10:00 am	MOUSE (130436)	
10:20 am	TEST Jim (130368)	
10:20 am	MOUSE Jane (130504)	
10:40 am	MORNING TEA	
11:00 am	F2F	
11:20 am	F2F	
11:40 am	F2F	
12:00 pm	LUNCH	
01:00 pm	ACUTE ONLY (130515)	
01:20 pm	F2F	
01:40 pm	F2F	
02:00 pm	F2F	
02:20 pm	F2F	
02:40 pm	F2F	
03:00 pm	AFTERNOON TEA	
03:20 pm	F2F	
03:40 pm	F2F	
04:00 pm	F2F	
04:20 pm	F2F	
04:40 pm	ACUTE ONLY (130515)	

Time	Patient	Note
08:00 am	HUDDLE (130517)	Huddle
08:15 am	HILLARY Neville (3178)	
08:30 am	TRIAGE (130516)	Triage 8.30-8.45
08:33 am	TRIAGE (130516)	
08:36 am	TRIAGE (130516)	
08:39 am	TRIAGE (130516)	
08:42 am	TRIAGE (130516)	
08:45 am	TRIAGE (130516)	
09:00 am	MOUSE Mo (130421)	SMA group 9am-10am
09:00 am	MOUSE Rose (130487)	
09:15 am	MOUSE Mumu (130421)	
09:15 am	MOUSE Jenny (130502)	
09:30 am	MOUSE Nic (130486)	
09:30 am	TEST Jim (130368)	
09:45 am	MOUSE Minnie (130436)	
09:45 am	MOUSE (130436)	
10:00 am	TEST Jim (130368)	
10:00 am	MOUSE Jane (130504)	
10:15 am	SMA debrief	
10:30 am	MORNING TEA	
10:45 am	TRIAGE APPOINTMENT	Triage appt.
11:00 am	TRIAGE APPOINTMENT	Triage appt.
11:15 am	F2F	
11:30 am	F2F	
11:45 am	TRIAGE APPOINTMENT	Triage appt.
12:00 pm	LUNCH	
01:00 pm	LUNCH	
01:15 pm	F2F	
01:30 pm	F2F	
01:45 pm	F2F	
02:00 pm	F2F	
02:15 pm	F2F	
02:30 pm	MMH virtual	MMH virtual
02:45 pm	MMH virtual	MMH virtual
03:00 pm	AFTERNOON TEA	

Setting up an SMA Screening Term

Set up the Screening Term as: Shared Medical Appt (SMA) and include the fields as per illustration below. This ensures relevant clinical information pre-visit is attended to and that SMA activity at the practice can be quantified over time.

The consent form, PIHS and SMA Information documents can be added to this screening term which can expedite the processing of SMA invitations.

The documents are included in the appendices of this guide but will need to be put into the practice PMS as an outbox document.

If you are unsure of how to do this, please email Molly Chandler in the first instance at molly.chandler@compasshealth.org.nz

New Screening Entry

Main | Chart | Audit

Main

Provider: Sam Eaves (SFE)

Date: 01 Feb 2019

Code: SMA (SMA)

Contact Made:

Tests ordered:

Info. sent:

Outcome / Note

Outcome:

Note:

Recall

Recall In:

Provider: Sam Eaves (SFE)

Note:

Confidential

OK Cancel Help

3. Planning the Shared Medical Appointment

For some communities and rural practices, it may be more appropriate for an SMA to occur where a patient group is working, or in another community setting, rather than attending the practice.

SMA's can be mobile. They could be delivered on site to forestry workers, at factories, marae or within large organisations.

Alternatively, running an SMA in the evening or weekend is another option to consider encouraging attendance and ultimately behavioural change.

3.1 Considerations prior to running Shared Medical Appointments

SMA's are suitable for most general practices, however key requirements are:

Space – to accommodate up to 12 patients and 3-4 staff, seated

Equipment – a whiteboard or an ability to have large sheets of paper to write on, relevant teaching aids.

Time – The attending doctor, facilitator and recorder need a full hour committed to the SMA without interruptions from staff. In some cases, it may be better to run SMA's afterhours or on weekends.



Staff – Understanding how SMA's meet the needs of those living with a long-term condition and how the SMA process maximises clinician time and practice resources is imperative to the successful embedding of this initiative into general practice. Communication re: SMA's with the broader team, therefore, is imperative.

It requires experience, training and knowledge of the SMA procedure before committing to the process.

Financial considerations – SMAs can provide efficiency gains through better use of clinician time and practice resources as well as enhance patient engagement with their own health. The primary goal of SMAs however is to improve patient engagement, health literacy, health outcomes as well as improve provider satisfaction.

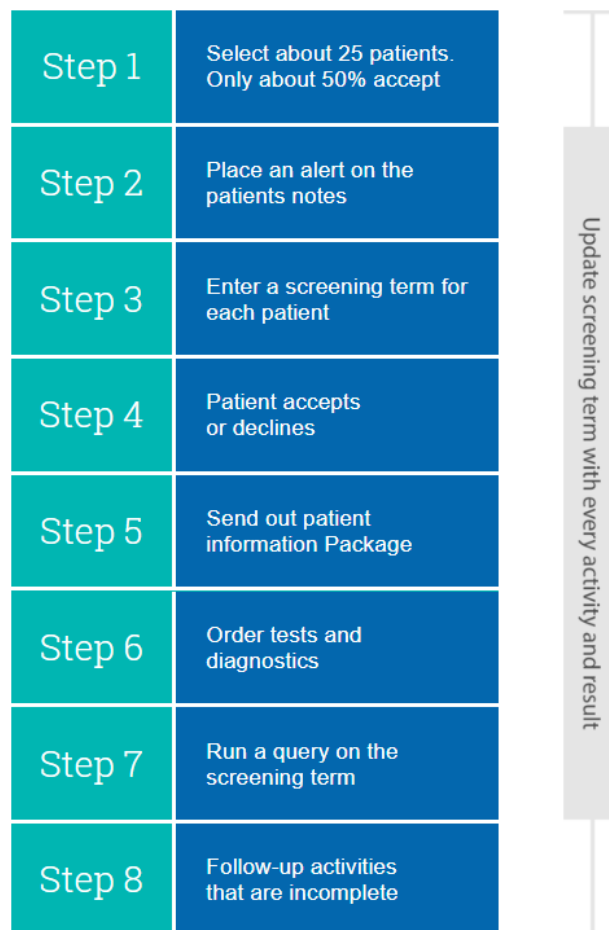
To this end, choosing a sustainable financial model that ensures ready access to SMAs for those living with a long-term condition is imperative.

NB: [See Appendix IV: SMA Financial Modelling Tool example from e-book](#)

3.2 Preparing for a Shared Medical Appointment

Preparation should begin at least four weeks prior to the scheduled SMA.

SMA preparation process



NB: [See Appendix V: SMA planning checklist](#)

NB: [See Appendix VI: SMA Confidentiality form template](#)

NB: [See Appendix VII: SMA Confirmation letter template](#)

Partners in Health Scale (PIHS) form

You may want to send the PIHS form to patients to complete prior to the SMA so that clinician and their team can develop a care plan or at least give the team a snapshot of how well the patient is self-managing.

NB: See Appendix VIII: Partners in Health Scale

4. Running a Shared Medical Appointment

A well-run, well-planned SMA ensures as much medical care as possible is provided to each patient during the session, including clinical consultation, current results, Year of Care Plan and physical examinations if required, as well as support from the health care team.

The room should be set up prior to the patients arriving and be welcoming.

The whiteboard/flip chart should only have the patient information you have consent to share. This could be blood test results, diagnostic and observations. Patient handouts and information should be available.

A desk with an electronic device for the recorder to document the SMA. Ideally notes should be recorded directly into the patient's health record.

Shared Medical Appointment – a suggested process

Duration	Action
10- 15 mins	<ul style="list-style-type: none"> • Facilitator welcomes people to the SMA and group ground rules are agreed. This should be a collaborative process so that all participants have input. • The facilitator explains the SMA process, introduces the practice team and outlines their roles and functions. • Participants are invited to introduce themselves. This could include their health condition, length of diagnosis, current state, but should be brief. • At the point of introduction, the patient may share their question/concern they are seeking a consultation for. The facilitator should write the question on the white board. Relevant blood and diagnostic results can also be added. • After introductions, the facilitator will prioritise the order in which patients will have their consultation and number this on the board. It's helpful to order this so that patients remain engaged throughout the SMA.
50 mins	<ul style="list-style-type: none"> • The clinician begins with discussion based on the questions/issues and test results now identified on the board. • Each patient has an individual consultation with the clinician. Any additional observations, examinations (able to be done in public such as face, hands, arms), changes to current treatment, new treatments, Year of Care Plan update, referrals, procedures etc are recorded by the recorder into the patient record. • The facilitator needs to manage the group's questions as well as group discussion, at the same time as the clinician is consulting. • Depending on the group, the SMA may focus more on peer support, self-management, behavioural changes, problem solving, education (handouts) and or goals for the patients.
POST SMA 30 mins	<ul style="list-style-type: none"> • Team debrief – review processes and SMA content. • Patients complete a patient satisfaction form. • Notes and Year of Care Plans are completed • Coding – an SMA invoice to be generated for each group participant • Planning begins for the next one.

NB: See Appendix IX: SMA on the day checklist

NB: See Appendix X: SMA group ground rules

NB: See Appendix XI: SMA sample introduction and flow of SMA

5. Establishing a peer support group for SMA participants

In a peer support group, people can talk with other people who are like themselves – people who truly understand what they're going through and can share the type of practical insights that can only come from first-hand experience.

There are formal and informal peer support groups.

The premise of peer support group membership is that members of the group share common problems and experiences associated with a specific problem, condition, illness or personal circumstance.

Formal peer support groups may be aligned to a national organisation or local community group or they can be newly established. Some SMA programmes use patient peer support groups in between clinical SMAs to keep the group active and motivated.

Informal peer support groups can be as easy to set up as a closed Facebook page, WhatsApp group or coffee catch-up format. These often occur spontaneously and are generally small and led by the patients themselves with little oversight or leadership from the practice.

Things to consider for peer support groups:

- How long will the group run? Will they have a fixed time frame or be open-ended?
- Will the group be open or closed? Can new members join?
- Will the group appoint a facilitator, or will one be provided from the practice?
- Where, when and how long will they meet, and will there be any charges for venues and refreshments?
- How will members be selected?
- What are the group's guidelines, goals and objectives?
- Is the group closely aligned to the SMA and its goals and objective?
- How does the group measure progress?
- What are the group's processes for raising issues or concerns?

[NB: See Appendix XII: Case studies from Initial Research \(from Australasian Society of Lifestyle Medicine\)](#)

[NB: See Appendix XIII: Frequently Asked Questions](#)

[NB: See Appendix XIV: Further reading](#)

APPENDIX I – Roles and functions of the health care team

Team members for SMAs have both certain characteristics and roles for which they should be selected. The most important of which (and the only member who may require special training) is the facilitator.

1. SMA Champion Lead

- The Champion Lead can be a doctor, nurse, PCPA or an allied health person who works within the practice. Their primary role is responsibility for SMA practice processes, implementation and ongoing management of SMA activities.
- This role might be rolled into that of the SMA facilitator

2. SMA Facilitator

- Coordinates the preparation and planning of the SMA, this will include:
 1. Confirming SMA participants with the GP
 2. Checking relevant test results are completed or facilitate the completion of any that are outstanding prior to the SMA
 3. Setting up the room prior to appointment ensuring all equipment available and ready for use, e.g. whiteboard, laptop, A3 paper etc..
In the event that a laptop, in which the PMS is not available, open a Word Document for each patient, with their NHI on it, to record the SMA and scan the page into their file after the SMA.
 4. Where necessary, have a summary of patient notes available for the Clinician to review.
- Facilitate the SMA including:
 1. Directing the clinician/GP (subject matter expert) to each patient and keeping them to time.
 2. Managing group dynamics, i.e. politely interrupting dominating speakers to give the quieter people an opportunity to talk, ensuring the SMA is progressing smoothly.
 3. Working with the GP and/or nurse during the SMA session.

3. SMA Subject Matter Expert (Clinician)

The role of the GP as the SMA subject matter expert is the same as their usual doctoring but in a group setting. The role of the GP therefore is to:

1. Provide a standard medical consult within the context of a group setting.
2. Answer people's questions (from the whiteboard) or any they might have.
3. Advise re: test results and any follow up action if required.
4. Work with the SMA facilitator and recorder
5. Refer to the nurse for any observations if appropriate to the group
6. Be prepared to listen to others.

4. Administrator / Documenter

The role of the administrator / documenter is to support the health care team by:

1. Documenting relevant key points from each 1:1 consultation into the electronic patient file (where available)
2. Documenting referrals made, information given and any follow up actions into the patient file and health care plan
3. Check the notes with the GP, preferably after each 1:1 consultation, though this may be post SMA
4. Assist with any patient related needs, as required, post SMA

APPENDIX III – SMA Invitation / Phone Call Script

Kia ora / Hello / Good morning etc..

My name is *Insert Name Here*

I am calling on behalf of Dr *Insert name here*. She / he is wanting to know if you would be interested in attending your next appointment on *insert date here* through new type of clinical appointment called a shared medical appointment.

People in our practice have been telling us how helpful it would be to connect with other people living with the same health condition and concerns as they do. People have also said how much they could benefit from talking with others who are going through the same or a similar experience.

A shared medical appointment (SMA) is an inclusive group medical visit in which people receive an individual consultation with Dr *Insert name here* within a group setting. The benefit for participants is that they can learn from others with similar health concerns and health management experiences.

A SMA is generally attended by 6-10 people and can be up to 1.5 hours long. For the first 60 minutes Dr *Insert name here* is with the group. Each person will receive an individual consultation with Dr *Insert name here* within the group setting. This enables all participants to learn from each other and helps connect those with the same or similar health conditions and concerns. The remaining 30 minutes of the SMA is for any follow up discussion and education.

To optimise the SMA, you will need to have all relevant blood and diagnostic tests completed prior to the appointment. Your results will be available at your SMA.

A room is available in the event Dr *insert name here* thinks a physical examination is required. It can be either before, during or after the SMA.

Are you interested in attending the next scheduled Shared Medical Consultation?

You are, great. As numbers for this type of appointment are limited, I will book you in now.

I will send you an information pack today which tells you a bit more about SMAs as well as a confidentiality form for you to sign and bring with you to the appointment. This is to ensure confidentiality of the discussion within the group at the appointment. I will let you know if there are any blood or diagnostic tests to be completed beforehand.

We look forward to seeing you on *Insert date here*. If you have any further questions, my contact details are in the information pack.

APPENDIX III – SMA Financial Modelling Tool example from e-book

Complete all below highlighted fields	Free Text	Drop Down
Cost of Staff per hour		
Not Applicable	\$0.00	
GP		
Clinical Nurse Specialist (DHB)	\$0.00	
Nurse Practitioner		
Clinical Pharmacist		
Specialist (DHB)	\$0.00	
Nurse		
MCA		
Allied Health Worker		
Administrator		
Cost of setting up SMA		
Staff member		
Time spent on pre-SMA activities (in minutes)		
Staff member		Select Not Applicable if not required
Time spent on pre-SMA activities (in minutes)		
Staff member		Select Not Applicable if not required
Time spent on pre-SMA activities (in minutes)		
Cost of SMA on the day:		
Length of Consultation (in minutes)		Clinician, Facilitator and Recorder are all in the Consultation
Length of Pre-Consultation observations (in minutes)		Either MCA or Nurse will carry out the Observations
Length of Post-Consultation questions/education (in minutes)		Either MCA or Nurse will take questions/education
Clinician (in Consultation)		Must be selected
Facilitator (in Consultation)		Must be selected
Admin/Recorder (in Consultation)		Must be selected
Pre-Consultation staff		Must be selected
Post-Consultation staff		Must be selected
Room Hire		GST Incl.
Misc. Materials (eg. Stationery, Handouts, Brochures)		GST Incl.
Refreshments (tea/coffee)		GST Incl.
Mobile SMA:		
Travel time (in minutes)		Leave blank if not required
Km's travelled		Leave blank if not required
Number of Vehicles		Leave blank if not required
IRD mileage rates	0.73	
Estimated Vehicle costs	\$0.00	
Revenue:		
Number of Patients		
Fee per Patient		GST Incl.
Revenue comparison (based on Practice actuals):		
Clinician	Not Applicable	Only populates if GP, Nurse Practitioner or Clinical Pharmacist is the Clinician
Length of standard consultation (in minutes)		Generally 15 or 20 minutes
Number of consults available during SMA time	#DIV/0!	
Average revenue per patient (GST Excl.)		GST Incl. Co-payment + FFS revenue if possible

This example is available as an interactive tool on the e-book publication of this resource at:

<https://sma.healthcarehome.co.nz/step3>

Username: hchcollab

Password: SMA10

APPENDIX V – SMA Planning Checklist

Date of SMA:

SMA Topic:

SMA (SME) Clinician:

SMA Facilitator:

SMA Administrator / Recorder:

What	When	Completed ✓
Admin		
Book room	4 weeks	
Organise catering/refreshments	4 weeks	
Enter the screening term for each patient to monitor patient preparation checklist	4 weeks	
Prepare the patient information package <ul style="list-style-type: none"> • confidentiality forms • SMA information • Patient education materials • Patient self-management record 	2 weeks	
Send patients SMA information	2 weeks	
Nurse		
Organise patient tests/diagnostics	4 weeks	
Prepare and print any patient handouts/clinical information for patient package or as group handouts	2 weeks	
Update care plans and patient notes	2 weeks	
Prepare patient files	1 week	
Record tests and diagnostics in patient notes	1 week	
Run screening term query and follow-up patients who have not completed activities	1 week	
Patients		
Complete pre-SMA tests and diagnostics	2 weeks	
Make time available for the SMA	2 weeks	
Think about questions for their consultation	1 week	
Organise a support person if necessary	1 week	
Read patient information package and sign confidentiality form	1 week	
Clinician		
Select patient group (25-30)	4 weeks	
Phone patients for first SMA	2 weeks	
Order pre-SMA tests and diagnostics	2 weeks	
Decide which patients may need a physical examination prior, during or post SMA	1 week	

APPENDIX VI – SMA Confidentiality Form Template

INSERT PRACTICE NAME HERE

Shared Medical Appointment (SMA) Confidentiality Form

Name (Please print clearly):	D.O.B:
Home Address:	Daytime Contact:

As a participant in a shared medical appointment, medical information will be discussed and shared in the presence of all group participants as well as practice staff.

Practice staff involved in the SMA have a confidentiality agreement as part of their employment contract as well as being bound by their respective professional codes. As workers in the health sector, all practice staff are bound by the legislative obligations of keeping patient health information confidential.

In keeping with our obligations, can you please read the Confidentiality Statement below, and if you agree with it, please sign the form and bring it to your appointment. Please note you will be unable to participate in the SMA without a signed confidentiality form.

Confidentiality Statement

As part of my participation in a shared medical appointment, I understand I will be sharing and being privy to private medical and personal information of all group attendants, including practice staff.

As a participant in a shared medical appointment, I agree not to reveal, share or discuss any medical, personal or other identifiable information, revealed, shared or discussed within the shared medical appointment.

I understand my health information belongs to me and I am under no obligation to share personal health information with other people, including SMA participants and practice staff, unless I choose to do so.

I understand that if I have health concerns that are of a sensitive nature, I will be provided with a private room to discuss them with the relevant practice staff member, or that I may schedule a routine 1:1 appointment with usual my health provider.

In signing this Shared Medical Appointment (SMA) Confidentiality form, I agree to adhere to the obligation of patient confidentiality, as outlined in the Confidentiality Statement above.

Signed (patient):

Date:

Signed (carer/support person if applicable):

Date:

APPENDIX VII – SMA Confirmation Letter Template

Dear *insert name here*

Thank you for choosing to participate in a Shared Medical Appointment on *insert date and time here*. We hope your experience of the shared medical appointment will be helpful in assisting you in managing your health.

Why a Shared Medical Appointment?

People in our practice have been telling us for some time about how helpful it would be to connect with other people living with the same health condition, or those who have similar health concerns as themselves. The Shared Medical appointment (SMA) is in response to this.

What is a Shared Medical Appointment?

A Shared Medical Appointment is an inclusive group medical visit, in which people receive an individual consultation with their usual doctor, within a group setting.

A Shared Medical Appointment is generally attended by 6-10 people and can be up to 90 minutes long, with the doctor attending the group for 60 minutes. The SMA Facilitator will help participants identify health questions or issues they wish to address with the doctor prior to the doctor coming into the meeting.

To optimise your care, all relevant blood and diagnostic tests will need to be completed prior to the appointment, and your results will be available at your Shared Medical Appointment. The SMA facilitator will contact you about this prior to your scheduled appointment, if this is needed.

A room is available in the event a physical examination is required. This could be before, during or after the Shared Medical Appointment.

What can I expect at a Shared Medical Appointment?

- Answers to your health questions
- Discussion of test results, referrals; for any further tests/procedures and examination
- Discussion of treatment options
- Prescription changes or renewals/discussion of medication side effects
- Friendly discussion with others who have the same or similar health concerns
- Clinical support from your health care team

Please let us know in advance, if there is anything you do not wish to discuss at the SMA.

Included with this letter is a confidentiality form and a self-management assessment form called, Partners in Health Scale for you to review and complete. Please bring both with you to the SMA.

We look forward to meeting with you.

Kind regards,

APPENDIX VIII a. – Partners in Health Scale

GUIDELINES TO USING THE SCALE - NZ V1.0 FEBRUARY 2011

How can the Partners in Health Scale help you?

People who work in partnership with their doctor and other care providers usually enjoy better health and are more satisfied with the services they receive. The Partners in Health Scale helps you to build this relationship with your doctor and other health workers.

This form will assist you and your doctor and other health workers to develop your Care Plan. It will also enable you to become more actively involved in the self-management of your health. More active involvement has the potential to significantly improve your quality of life.

How should you complete the form?

Please circle the number on the scale that most closely matches your response for each of the questions on the attached sheet. The scale will look like this

0	1	2	3	4	5	6	7	8
Very little			Something			A lot		

OR THIS

0	1	2	3	4	5	6	7	8
Never		Sometimes				Always		

OR THIS

0	1	2	3	4	5	6	7	8
Not very well			Fairly well			Very well		

Please return this completed form to your usual health provider (nurse / doctor) who will discuss these questions with you.

PARTNERS IN HEALTH SCALE

Name: _____ NHI: _____ Date _____

Please circle the number that most closely fits for you

1. Overall, what I know about my health condition(s) is:

0	1	2	3	4	5	6	7	8
Very little			Something			A lot		

2. Overall, what I know about my medication/s & treatment/s for my health condition(s) is:

0	1	2	3	4	5	6	7	8
Very little			Something			A lot		

3. I take medications or carry out the treatments asked by my healthcare team:

0	1	2	3	4	5	6	7	8
Never		Sometimes				Always		

4. I share in decisions made about my health condition(s) with my healthcare team:

0	1	2	3	4	5	6	7	8
Never		Sometimes				Always		

5. I am able to deal with health professionals to get the services I need that fit with my culture, values and beliefs:

0	1	2	3	4	5	6	7	8
Never		Sometimes				Always		

6. I attend appointments as asked by my healthcare team:

0	1	2	3	4	5	6	7	8
Never		Sometimes				Always		

7. **I keep track of my symptoms and early warning signs** (e.g. blood sugar levels, peak flow, weight, shortness of breath, swelling, pain, sleep problems, mood):

0	1	2	3	4	5	6	7	8
Never			Sometimes			Always or Not needed		

8. **I take action when my early warning signs or symptoms get worse:**

0	1	2	3	4	5	6	7	8
Never			Sometimes			Always		

9. **I manage the effect of my health condition(s) on my daily physical activities** (e.g. walking, hobbies & household tasks):

0	1	2	3	4	5	6	7	8
Not very well			Fairly well			Very well		

10. **I manage the effect of my health condition(s) on how I feel** (i.e. my emotions and spiritual wellbeing):

0	1	2	3	4	5	6	7	8
Not very well			Fairly well			Very well		

11a. **I manage the effect of my health condition(s) on my social life** (i.e. how I mix and connect with others and in my personal relationships):

0	1	2	3	4	5	6	7	8
Not very well			Fairly well			Very well		

11b. **I have enough support from my family/whānau or carers to manage my health:**

0	1	2	3	4	5	6	7	8
Never			Sometimes			Always		

12. **Overall, I manage to live a healthy lifestyle** (e.g. I don't smoke, and I am not a heavy drinker, I eat healthy food, do regular physical activity, manage my stress and sleep well):

0	1	2	3	4	5	6	7	8
Not very well			Fairly well			Very well		

APPENDIX VIII b.

MY STRENGTHS, NEEDS AND WORRIES (First Session)


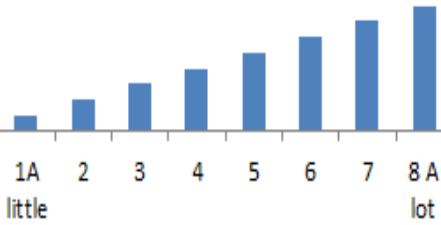

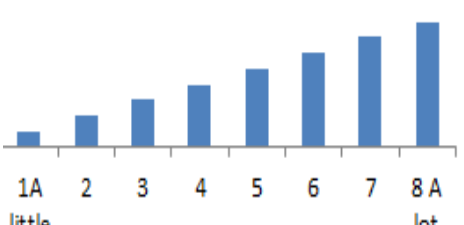

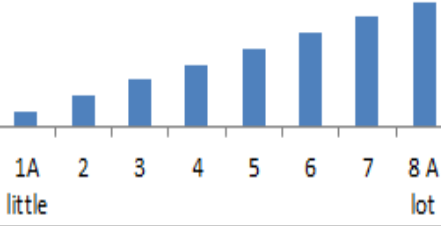

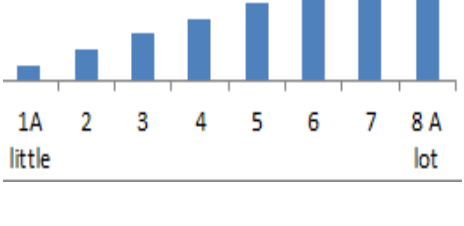

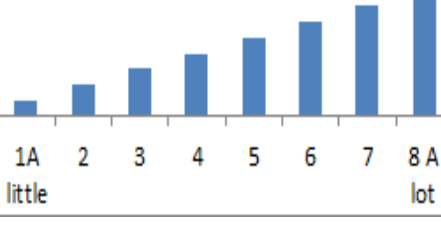

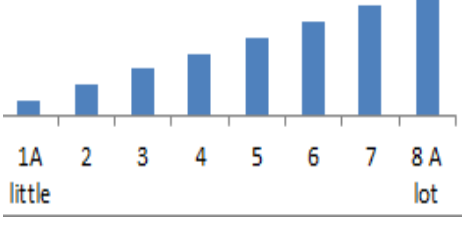
NAME.....


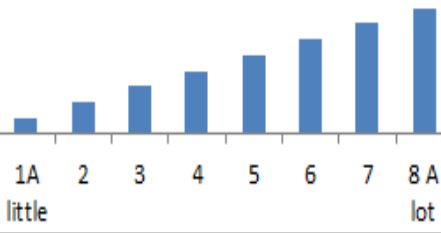

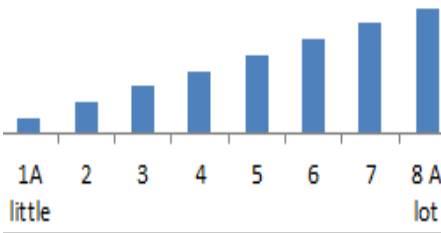

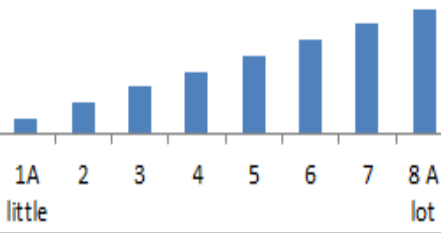

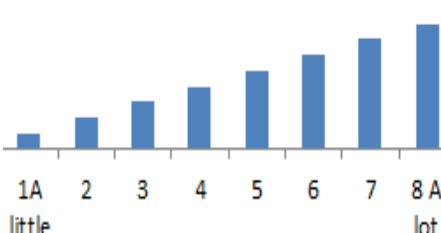

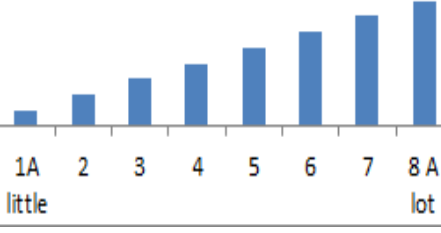

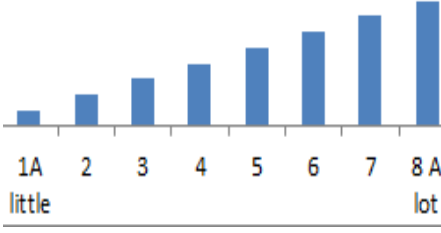
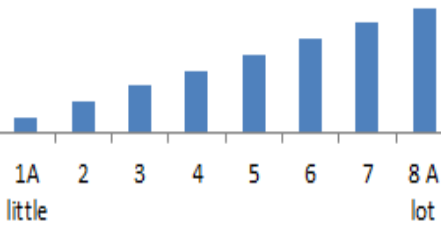
Facilitator Names: XXXXXXXX

Date: XXXXXXXX

Please circle the level that applies to you on the graph!

(1= a little; 8= a lot)

<p>Q.1 How much do I know about my health condition?</p> 		<p>Q.2 How much do I know about my medicines and treatment?</p> 	
<p>Q.3 Do you take your medications regularly as prescribed by your Doctor?</p> 		<p>Q.4 I feel confident that I am listened to when I go to visit my Doctor?</p> 	
<p>Q.5 Do you feel your culture is respected when you visit your Doctor?</p> 		<p>Q.6 Do you attend your appointments?</p> 	

<p>Q.7 How well do you recognise when you are getting sick?</p> 	 <p>1A 2 3 4 5 6 7 8A little lot</p>	<p>Q.8 Do you know what to do when symptoms arise?</p> 	 <p>1A 2 3 4 5 6 7 8A little lot</p>
<p>Q.9 Are you able to move around easily and do the things you like doing?</p> 	 <p>1A 2 3 4 5 6 7 8A little lot</p>	<p>Q.10 Do you cope with how your health affects your feelings?</p> 	 <p>1A 2 3 4 5 6 7 8A little lot</p>
<p>Q.11 Can you easily visit your family and friends?</p> 	 <p>1A 2 3 4 5 6 7 8A little lot</p>	<p>Q.12 Overall, do you lead a healthy life?</p> 	 <p>1A 2 3 4 5 6 7 8A little lot</p>
<p>Q.13 How confident do you feel at the moment about making changes in your life to better manage your health?</p>	 <p>1A 2 3 4 5 6 7 8A little lot</p>	<p>COMMENTS</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	

<p>Do you worry about your long-term condition/health problem?</p> <p>YES/NO (circle one)</p>	<p>If yes, what is it you worry about?</p>
<p>Do you have a goal(s) for the next six months to improve your health?</p> <p>YES/NO (circle one)</p>	<p>If yes, what is the goal?</p>

APPENDIX IX – SMA on the day checklist

Date of SMA:

SMA Topic:

SMA (SME) Clinician:

SMA Facilitator:

SMA Administrator / Recorder:

What	Completed✓
Pre SMA	
Admin	
SMA Room	
Physical exam room available	
Chairs - circle	
Whiteboard, pens, Blutac	
Name badges	
Heating/lighting	
Video consult set up if necessary	
Refreshments, water	
Remind patients the day before	
Welcoming organised	
Nurse	
View the Screening term	
Test and Results available for clinician and board	
Observations completed	
Results on the board	
Organise and prepare for physical examinations	
Assess patients for post SMA activities	
Clinician	
Review test results	
Review on the day Observations	
Meet with the team	
Post SMA	
Facility tidy up	
Patient notes updated	
Care plan updated	
Referrals and letters written	
Additional tests ordered	
Team debrief	
Book patients in for next SMA	

APPENDIX X – SMA Group ground rules

SMA Group Ground Rules

- Turn off mobiles or other devices
 - What's shared in the group is confidential
 - No question is a silly question
 - Let others have their say
 - Respect opinions of others
 - Keep to time
 - Be open to change
 - Be present
-
- Are there others you would like to include?



APPENDIX XI – SMA sample introduction and flow of SMA

Introduction of a Shared Medical Appointment

“Hi and thanks for coming to this Shared Medical Appointment.

Below we get underway, can I ask if everyone has their signed confidentiality agreement with them please, and if everyone could switch off their mobile phone so we’re not interrupted. Thank you.

Timing is important if we are to make the most of the 90 minutes today. It’s important everyone gets an opportunity speak, be heard and to have their questions answered with the doctor.

A SMA is a new way of seeing your health team, which enables you all to contribute to the care of each other, with the help of the doctor. You’ll each get a chance to ask questions of the doctor individually, just like an ordinary medical appointment – except that there will be other people watching and listening and possibly also adding their experience to your consult.

I’ll be helping the doctor keep to time today, which means I may need to interject some conversations so that we can move on. Hopefully any extra questions you have will come out later or from someone else. I’ll also try to make sure that anyone who is a bit quieter gets an opportunity to speak.

The only thing I ask is that everyone listens to everything that’s going on – contribute if you like – but please don’t talk to the person next to you or shift attention away from the main discussion. I’m sure you’ll find everything interesting and will learn a lot from each other.”

Flow of a Shared Medical Appointment

- Facilitator puts each participant name on the whiteboard and asks each person if there is something they want to discuss with the doctor today. This is then written by that person’s name on the board. The facilitator will prioritise people for the order of consultation.
- The facilitator reviews ground rules and invites the group for additions/ amendments.
- If necessary, individuals’ measurements (BP, height, weight) can be taken 20 minutes before the doctor arrives, or as each participant enters the room; this can continue through the consultation, if need be, until completed and entered on the board. This could be done by a nurse or PCPA.
- When this is complete, the doctor joins the group and begins with a welcome prior to starting individual consultations. The doctor will see people as prioritised by the SMA facilitator.
- The facilitator is now focused on managing the SMA, i.e.
 - Keeping the group engaged if the doctor needs to examine a patient away from the group.
 - Actively manage the group dynamic so that people are heard, not interrupted and provided opportunity to participate.
 - Keeping the doctor to time to ensure sufficient time is given to each participant.
 - Support the documenter of the meeting as required e.g. printing prescriptions, referrals and/or any other diagnostic follow ups.
- When all consultations are complete (1-hour maximum), the facilitator ‘wraps up the session’ by ascertaining if there are any more questions for the doctor before he/she goes.
- The doctor leaves the room while the facilitator completes outstanding discussion points/ questions.

In the case of a specialist consultation (weight control, quitting smoking etc.), the facilitator may introduce topics to be discussed during the SMA session and hand out resources/equipment.

APPENDIX XII – Case studies from the initial research (from Australasian Society of Lifestyle Medicine)

Pete

Pete is a 48-year-old truck driver who is insulin dependent, type 2 diabetic. He is also overweight.

At his first SMA, Pete refused to sit, but stood near the exit door, arms folded, obviously ready to make his escape. “I don’t know why I’m here”, he said angrily when asked if he wanted to sit down in a spare chair. When given a chance to talk, Pete explained that there was no point in medical treatment for him as no one listened to him anyway. He had told several doctors about his phobia of needles and how he could not inject, but told he had to manage his own diabetes anyway. “I really couldn’t give a shit if I die,” he told the facilitator. “no-one else does – and I’ve been to doctors and specialists all over the place – so why should I?”

By the end of session one, and after listening to others and becoming more interactive, Pete was seated and making the occasional funny interjection. He stayed after the group to tell the facilitator that he had learnt more in this session than he had in all his other medical appointments and was keen to come back. For session 2, Pete was one of the first to arrive. He was jovial and expressive and responded well when the doctor referred him to psychologist to deal with his needle phobia.

Dave

Dave turned up to his second diabetes SMA with a sugar free cake that he had cooked especially for the group. Dave is in his early 40s and has had HIV and all its complications for 10 years. He had a cancerous scrotum removed, a heart attack two years before that, suffered serious kidney problems, and type 2 diabetes. After confiding all this to the group during session 1, Dave was asked at the end the session whether he had enjoyed the SMA process and why. He responded, “It makes you realise you’re not so badly off when you hear everyone’s problems.”

Susan

In their first SMA, Susan heard John admit to the group that his blood sugars sometimes rise to the mid 20’s at night time and that his insulin use was erratic. The GP’s response was surprise “You never told me that,” he said. John’s response was lackadaisical: “I didn’t think it really mattered.” Susan complained of lack of sleep, but only in her second SMA did she admit she solved the problem, which was caused by drinking 70 cans of full strength coke each week. In a post group de-brief, the doctor admitted: “I would never have found this out in a single consultation.”

Frank

Frank, a 50-year old type 2 diabetic was sheepish when asked about his insulin management in his first SMA in regional NSW. In a soft voice and with head bowed he told the doctor that he had stopped taking insulin. When questioned about the effects of this, he said his blood sugars were within the normal range and much lower than before. When asked what he had done differently that might have had this effect Frank almost apologetically told the doctor: “I started lifting weights”. When told by the facilitator, who is experienced in exercise prescription, that this was one of the best forms of exercise for type 2 diabetes, Frank straightened up in his chair, appeared suddenly quite pleased with himself and started confidently contributing more to the rest of the group session. He told the group organiser after the group: “This was the best medical appointment I’ve ever been to.”

Kerry

As the last to be consulted in the group of overweight and obese men, Kerry, an IT consultant, admitted to a good diet, but an anxiety problem that prevented him from exercising because he feared having a heart attack. At the end of the session, Kerry was approached by Bob, who explained that he and a couple of the other men had a walking group and they'd be happy to come around and get him to go for a walk with them. Kerry agreed to it, because, he claimed: "As long as I'm not left alone to think, I'm okay."

Chris

Chris lost 7.5kgs in one month (from 145kg). "I wish I had got onto these groups earlier when I was first diagnosed with diabetes because you get blasé about your medication. This would have helped me know what I was in for earlier". He now has a long-term goal of getting his waist down from 138 to 102 even though he was told that just a 10% drop would be enough for him at this stage. The eczema on his leg went away.

Bill

Bill was a typical recalcitrant at his first SMA. Suffering from bipolar, as well as type 2 diabetes he was in line for a cardiac bypass which he said he could not be bothered having. He was more animated at the end of this first session and quite excited to be at the second. By the third SMA he had had his bypass and was exuberant about the fact that this would never have happened if he had not come to the first SMA, which he said was the most informative health session he had been in.

Mike

As an ex top level rugby player, Mike almost did not accept his diabetes. It was only after a discussion and demonstration by the doctor on feet in his first session that it clicked that the pain under his instep could be related. After he purchased a 'football foot support' as advised by the Doctor, he appeared at the third group and was happy that he was able to walk again, and his diabetes was under better control/

Ken

Ken had a head injury and claimed to not understand much of what was going on in session one of Gut Buster programme. However, he took a meal replacement and discovered a cheap supply of Opti Slim from Chemist's Warehouse. He also went on 'Lite N Easy' foods as he lives alone. By session two he had lose 3kgs, his blood pressure was down and he understood things more clearly.

APPENDIX XIII – Frequently Asked Questions

Q. Can I just start with one and see how it goes?

A. Yes you can. This will give you an idea about how your practice, staff and patients feel about shared medical appointments.

You could ask the patients to complete an evaluation form after the session to monitor both positive and negative feedback.

Did a peer group form? Were there improvements in clinical markers? Did the patients level of self-management and health literacy improve?

Q. I'm too busy and can't give up an hour

A. Providing patients consultations through a Shared Medical Appointment is not about giving up an hour of your consultation time, it is about seeing a group of patients who you would otherwise see in 6-10 individual 15 minute appointments.

The SMA needs to be planned and scheduled into your day and the patient's care plan. It does not replace the patient's usual consultation but provides it in a different way.

Q. What if a patient needs a physical examination?

A. Your knowledge of the patients attending the SMA is important and therefore you will know if they need a physical examination or not. You can carry these out in an adjacent room. You can do the exam before, during or after the SMA depending on what best suits the patient and group dynamics.

The facilitator's role is to keep the group moving while you are out of the room examining a patient.

Q. What if too many patients speak at once?

A. It is important to have a well-trained facilitator who can allow the clinician to have quality one-on-one dialogue with a patient, keep the group focused and manage patient interruptions.

The facilitator can use the whiteboard to flag questions or concerns brought up by other patients for answering at the end of the session.

Q. What if I prescribe something for one patient and they all want it?

A. This same scenario could occur in an individual consultation when a patient googles a medication or talks to others and wants you to prescribe it. As the clinician, you explain the relevance for the prescription and why it is or is not appropriate, just as you otherwise would have.

Q. Can I still see my patients individually?

A. A SMA is only one type of consultation that you can have with your patient. If you still believe that they require a 1:1 consultation, then you can arrange this.

Q. What's in it for me as a clinician?

A. You still see your patients and have an individual consultation with them, however, by having a group of 6-12 patients all at once, you do not have to repeat the same message 6-12 times and you can focus on patients who really need a 1:1 consultation. Other clinicians have reported greater satisfaction with their clinical practice.

Q. Am I going to lose money with this approach?

A. The HCH collaborative webpage has a useful financial calculator that you can use to work this out. It can be found at: <https://sma.healthcarehome.co.nz/step3>

APPENDIX XIV – Further reading

Shared Medical Appointments Video - Australia
<https://www.youtube.com/watch?v=Q7tiCU0t5zc>

Shared medical appointments – an adjunct for chronic disease management in Australia?
<https://www.ncbi.nlm.nih.gov/pubmed/24600680>

Shared medical appointments
<https://www.bmj.com/content/358/bmj.j4034> - Shared medical appointments

Group consultations: the solution to the workforce crisis in primary care?
<https://www.networks.nhs.uk/nhs-networks/releasing-capacity-in-general-practice/documents/2-4-group-consultations-evidence-summary-elc>

Group consultations for diabetes in Slough
<https://www.england.nhs.uk/wp-content/uploads/2016/03/releas-capcty-case-study-2-153.pdf>

Shared Medical Appointments/Group Visits
<https://www.aafp.org/about/policies/all/shared-medical.html>

Shared Medical Appointments
<https://my.clevelandclinic.org/patients/information/shared-medical-appointments>

Shared Medical Appointments for Chronic Medical Conditions: A Systemic Review
[Internet]
<https://www.ncbi.nlm.nih.gov/books/NBK99790/>