

# SHARED MEDICAL APPOINTMENTS

## A resource pack for implementing SMAs in NZ General Practice

SMAs are becoming increasingly popular across the globe as an alternative to 1:1 consultations in general practice. Taupo Medical Centre has been New Zealand's early adopters with successful outcomes for people with long-term conditions and their initial experience has contributed to this pack.

This guide sets out suggested processes with useful templates to support the establishment of Shared Medical Appointments in your practice. While some practices overseas are using SMAs for acute illness, this guide is predominantly focused on SMAs for people with long term conditions.



### What are they?

A SMA group is usually 6 to 10 patients. Each patient in the group receives an individual consultation with the lead clinician. The group setting enables all those in the group to benefit from each 'consultation' facilitated discussion. A SMA can last up to 90 minutes – 60 minutes clinical consultation and 30 minutes for follow-up.

SMAs are typically delivered for people:

- with long-term conditions – diabetes, COPD, MS,
- who need annual reviews – DAR, over 65
- with a similar health need – weight loss
- with similar symptoms- chronic pain,

SMAs can be homogenous or heterogeneous groups but generally members have a similar health focus especially for the planned SMAs. Groups may be for patients with well controlled or poorly controlled conditions, or mixed. SMA groups can be closed or open, with a process for adding new members. Some groups can meet regularly (3 monthly) over a year providing ongoing support and motivation for the group members. All SMAs need to have specific goals and objectives established for the group such as improved health literacy and self-management, compliance, annual planning of care, reduced disease progression, maintenance of health and wellness.

SMAs are practice and population specific. Most general practices know their high needs patients and who may benefit from participating in SMAs. The hardest part is starting. This guide will take you through the process to get your first SMA underway.

For some communities and rural practices, it may be more appropriate for the SMA to occur where a patient group is working rather than expecting them to attend the practice. SMAs can be mobile. They could be delivered on site to forestry workers, factories or large organisations. Alternatively, running the SMA in the evening or weekend is another alternative to ensure attendance and ultimately behavioural change.

## The benefits of the SMA approach

With the numbers of people with long-term conditions increasing, people living longer and a GP workforce under pressure, the sector needs to offer alternative ways of engaging with patients. Equally, it is known that some patients prefer, and thrive, in the group environment with peer support to a 1:1 setting.

Clinicians can struggle to meet a patient's more complex needs in a 15-minute appointment and these patients often feel rushed and leave without really understanding their condition and how to better self-manage. This traditional model is stressful and does not provide satisfaction for either party. The SMA approach provides opportunity to improve the patient experience and outcomes as well as improving service efficiency with best use of GP time. It is also an approach that does not impact negatively on the financial income of the practice or incur additional cost for the patient. Indeed, patients report getting better value for the co-payment due to the increased time for education, learning from others and the peer support.

The real benefit of SMAs for these patients is they learn from other patients and this can create the behavioural change that is needed for them to better manage their condition and learn self-management techniques resulting in outcomes that can be difficult to achieve in the traditional model

A summary of the benefits are set out in the table below:

	Patient Benefits	Practice/Clinician Benefits
Planned Care	SMAs are timetabled for the patient, linked to their health plan goals and coordinated with tests, diagnostics and screening activities.	The practice can plan the routine activities and monitoring for this group of patients. Each patient attending a SMA will receive a health plan
Valuing time	The patient spends 60-90 minutes with their clinician and health team members at one time rather than attending multiple appointments. The SMA becomes a one-stop-shop for these patients.	The clinician interacts with more patients in less time. They 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	The patient develops a relationship with the whole care team thereby reducing dependency seeing their GP only. The patient develops relationships with other members of the group and may contact them outside the SMA for additional support.	The practice and clinician gets to know the patients better by spending more planned time with them. The GP feels better able to support the team approach to their patients. The practice develops peer support groups to help support their patients with long-term conditions.
Efficiency and effectiveness	The one-stop-shop approach for the patients means they may have minimal contact with the practice between planned SMAs. This reduces the number of attendances and subsequent co-payments for the patient. Patients will increase the use of alternative methods to contact their health care team such as patient portals and apps.	Better use of the clinician and team member's time. Tests, diagnostics and screening activities are coordinated. Targets and quality performance improves. Replaces the number of annual appointments (e.g. DAR) with nursing staff if CNSs run the SMAs thereby freeing up practice nurses for other activities.

	Patient Benefits	Practice/Clinician Benefits
		Developing health literate and self-managing patients reduces demand for face-to-face appointments.
Managing chronic disease	Patients with chronic diseases 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.	Time limited 15-minute appointments are frustrating for clinicians when trying to manage their patients with chronic diseases. SMAs allow the clinician to meet the needs of the group while providing one on one consultation over a 60-minute period. SMA's are a blend of medicine and education.
Increased health literacy and self-management	Listening and learning from the other consultations in the group helps patients to understand their own condition, medications and health plan better.	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	Patients gain a greater understanding of their health needs and can be inspired to change by other members of the group. For example, COPD group members encouraging each other to quit smoking and get their flu vaccinations.	Using the members of the group to help facilitate behavioural change in other group members. Involving the extended care team. For example, involving a 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	When patients have increased health literacy, increased self-management, and a planned approach to their care they are less likely to require other acute services such as ED.	Planning patient care reduces the likelihood of the patient requiring acute services out of ours. The practice may invite specialists to participate in a specific SMA, which ultimately could replace attendance at an outpatient clinic.
Increased satisfaction	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.	It provides variety in the day, is less stressful than the 15-minute patient appointment churn, promotes a team approach and improves patient-clinician experience

### When would I offer a SMA?

Introducing SMAs into your practice is a clinical decision based on the needs of your practice population. You may have a group of people with diabetes who are frequent attendees at ED due to poor self-management and access barriers, frequent attenders at ED for poorly managed COPD, a group of families with a child in the oncology service, patients at risk of CVD and who need to lose weight. The range of SMA groups are endless, but as a practice you know your patients, your team's

expertise and potentially who you can invite in as a specialist clinician to support your SMA programmes.

## Key points

There is no one right way of establishing and running a SMA but the following are some key points to consider before implementation.

Getting buy-in from the practice team by identifying

- Clinicians aligned to group type
- Trained Facilitators
- Administration/support
- Coordinator
- Extended care team members such as clinical nurse specialists, clinical pharmacists, nurse practitioners,

A well run SMA will value the patient's time

- Timing of the SMA to suit the patient group
- Improved outcomes for the usual co-payment

Each SMA should have goals and outcomes for each group that achieve

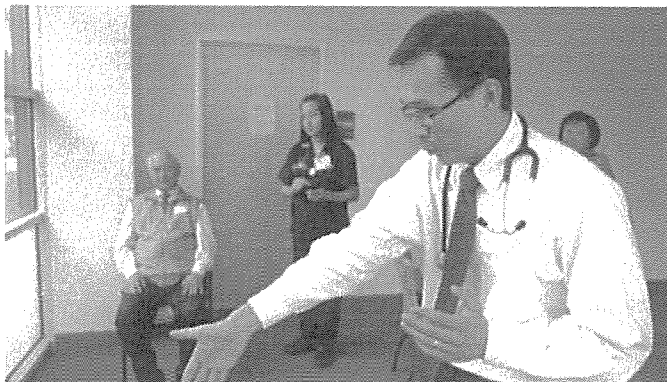
- Improved clinical markers
- Appropriate peer support
- Increased health literacy and health plan adherence
- Improved self-management

During a SMA as much medical care as possible is provided to each patient during the session

- Clinical consultation
- Current results and health plan
- Physical examinations if required
- Support from the care team

The SMA programme in a practice needs to be supported by a practice champion and coordinator to

- Keep the momentum
- Reduce the administrative burden on the practice
- Embed SMAs as routine practice activity



# Planning and implementing SMAs

Establishing your SMAs takes time and planning. How are you going to timetable the SMAs – monthly, 3 monthly? Do you have trained and willing staff to be facilitators, champions and administrators? Have you established the cost and patient billing processes? Are the patient resources ready? Do you have the invitation and confidentiality processes in place? Are the clinician templates set up? The following resources will help guide you through the process

Step 1: Decide if SMAs are an additional consultation option for some groups of your patients

Step 2: Commit the resource, time and support into establishing SMAs. Establish the key roles.

Step 3: Gain buy-in from the practice team

Step 4: Train members of the practice to run a SMA

Step 5: Nominate a champion to oversee the practice processes, implementation and ongoing management of the SMA.

Step 6: Decide which SMA option you would like to start with.

Step 7: Select the first group of patients who will make the SMA a success

Step 8: Set the date for the SMA 4-6 weeks out

Step 9: Follow the steps in this guide

Step 10: GET STARTED.

## SMA options

An electronic modelling tool has been developed for your practice to insert variables and assumptions that will help you determine patient co-payment, return on investment and costs for individual or programmed SMAs.

Option 1 Individual one off SMA

Option 2 Annual SMA for annual reviews, over 65 check ups

Option 3 Bi-annual SMA that has a greater medical input as a way of monitoring patient's disease progression.

Option 3 Quarterly SMA. For patients who need 3 monthly review as per best practice guidelines.

Option 4 Programme of SMA. This is a programme for a group of patient who may require group consultation (GC) from allied health professionals or extended general practice team members as part of their annual plan of care.

E.g. SMA-GC-GC-SMA-GC-GC-SMA-GC-GC-SMA-GC-GC. The programme may run for a year or two years depending on the group's need.

# Establish the key roles to make the SMA a success.

## Facilitator: (Process expert)

The facilitator can be a doctor, nurse, MCA or allied health worker and is key to the success of the SMA. The facilitator needs to:

- Have the skills to facilitate a group of diverse individuals,
- Maintain time and keep people focused,
- Elicit good discussion,
- Manage members of the health care team and
- Deliver the outcomes sought by the patient and the clinician.

The facilitator is the person charged with 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 have an understanding 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. The facilitator is pivotal to improving a patient's level of health literacy.

Training to become a registered SMA facilitator is available from the Australian Society of Lifestyle Medicine. <https://www.lifestylemedicine.org.au/shared-medical-appointments>

## Clinician: (Content expert)

The clinician has the one-on-one medical consultation with the patient to answer the question/s the patient came to the appointment with, discuss medications and general health and well-being. The clinician ensures the patient they are consulting with feels listened to by maintaining a focus on that patient alone.

Should a patient require a physical examination, the clinician can decide if this occurs before, during or after the SMA. Understanding the needs of the group of patients will help the clinician determine when the examination should occur so it doesn't disrupt the group too much.

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

The clinician can also order tests, vaccinations, procedures and appointments with the extended care team to occur after the SMA or at another time. These can be organised by the facilitator as the SMA is continuing.

## Administrator/recorder:

The recorder of the SMA needs to be able to understand what is being said during the consultations and record the outcomes and recommendations accurately in each individual patient's notes.

What is recorded should also be reflected in the patient's health plan and any self-management documentation, handouts they take away from the SMA.

If the person recording individual consultations in the SMA is not clinical then we would recommend the following points are included as part of the patient consent process.

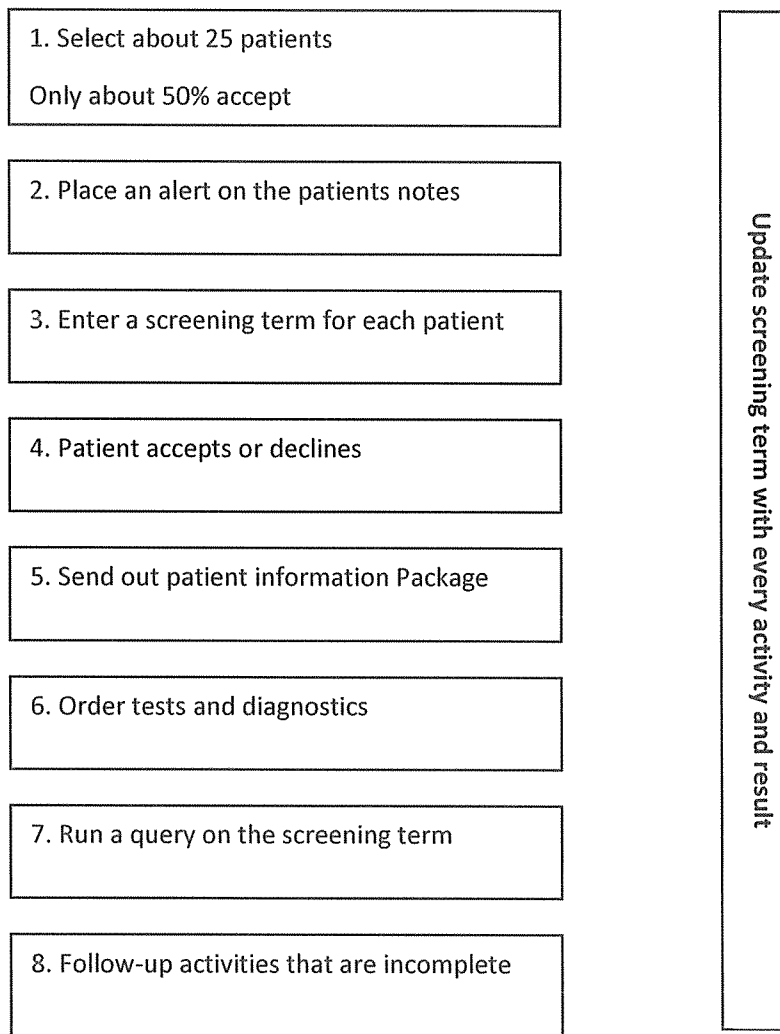
- The patient is aware that a non-clinical person is attending the SMA and has signed patient confidentiality as part of the practice quality standards
- The person recording in the patient notes is not a clinician but has access to the patient's notes for the purpose of the SMA.
- The patient's notes system identifies who is writing into the patient's notes. This is linked to the audit process of the practice.
- All notes are agreed/signed off as part of the team debrief

# Setting up the practice templates

Templates in the practice management system should be set up no later than 4 weeks prior to running the SMA but timing will still be practice specific.

We are recommending that you set up a separate SMA template and align it to the SMA team's individual templates. See Figure 1 Nurses and MCA may need more protected time before and after the SMA for the pre and post activities.

Also, we recommended using a Screening Template for each patient to monitor pre-SMA activities and ensure everyone is best prepared for the appointment. See figure 2. A monitoring template is provided in this guide for practices who find a paper system easier. A summary of the screening tool after the query has been run is shown in Figure 3.





The figure shows three screenshots of appointment book templates. Each screenshot displays a grid with columns for Time, Patient, Note, and (in some) Location Type. The templates are for different dates and providers.

Time	Patient	Note	Location Type
08:30 am	SMA Temp		
09:00 am	SMA Appt		
09:10 am	SMA Appt		
09:20 am	SMA Appt		
09:30 am	SMA Appt		
09:40 am	SMA Appt		
09:50 am	SMA Appt		
10:00 am	SMA Appt		
10:10 am	SMA Appt		
10:20 am	SMA Appt		
10:30 am	SMA Appt		
10:40 am	SMA Appt		
10:50 am	SMA Appt		
11:00 am	SMA Appt		

Figure 1: Example of practice templates

The screenshot shows a 'View Screening Entry' dialog box. It contains several sections with dropdown menus and checkboxes:

- Main:** Provider (Sam Eaves (SFE)), Date (21 Mar 2018), Code (Shared Medical Appt (SMA)).
- Contact Made:** Date (21 Mar 2018), Attending (yes), Info sent (checked).
- Tests received:** (checked).
- Physical Required:** (yes).
- Tests ordered:** Date (21 Mar 2018).
- Outcome / Note:** Outcome dropdown, Note text area.
- Recall:** Recall In dropdown, Provider (Sam Eaves (SFE)), Note text area.
- Options:** Do Not Upload to MMH (unchecked), Confidential (unchecked).

Figure 2: An example of a screening term

The screenshot shows a 'MedTech-32 Query Builder' window in 'Data Sheet View'. It displays a table with the following data:

Name	NHI	Contact Made (1)	Attending (2)	Info sent (3)	Tests ordered (4)	Tests received (5)	Physical Required (6)
Mr Graham Smith	ZAT5762	21 Mar 2018	yes	Ticked	21 Mar 2018	Ticked	yes
Mr Graham Smith	ZAT5762						

Figure 3: An example of the query builder to collate participant information.

## Patient preparation checklist list (Paper copy)

Date of SMA:

SMA name:

Consultant:

Facilitator:

Administrator:

	Patient name	NHI	Contact made	Attending Yes/no	Patient information package sent	Test/ diagnostics ordered	Tests/ diagnostics received	Physical exam required
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								

# Planning an Initial SMA checklist

## (1-4 weeks from SMA)

Date of SMA:

SMA Name:

Consultant:

Facilitator:

Administrator:

What	When	Completed <input type="checkbox"/>
<b>Admin</b>		
Book room	4 weeks	
Organise catering/refreshments	4 weeks	
Enter the screening term for each patients to monitor patient preparation checklist	4 weeks	
Prepare the patient information package <ul style="list-style-type: none"> <li>• confidentiality forms</li> <li>• SMA information</li> <li>• Patient education materials</li> <li>• Patient self-management record</li> </ul>	2 week	
Send patients SMA information	2 weeks	
<b>Nurse</b>		
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 Pt notes	1 week	
Run screening term query and follow-up patients who have not completed activities.		
<b>Patients</b>		
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	
<b>Consultant</b>		
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	

2018 Year Planner\_SMA and Group Consultations

Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun													
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

# On the day checklist

Date of SMA:

SMA name:

Consultant:

Facilitator:

Administrator:

What	Completed✓
<b>Pre SMA</b>	
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	
<b>Nurse</b>	
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	
<b>Consultant</b>	
Review test results	
Review on the day Obs	
Meet with the team	
<b>Post SMA</b>	
Facility tidy up	
Patient notes updated	
Care plan updated	
Referrals and letters written	
Additional tests ordered	
Team debrief	
Book patients in for next SMA	

# The Shared Medical Consultation

Ensure the room is set up and welcoming for the patients.

The white board/flip chart should have the patient information you have agreed to share. This could be blood test results, diagnostic and observations.

Patient handouts and information should be available.

A desk set up with laptop or other device for the person recording the SMA and with the SMA template on the screen ready for each patient's notes to be accessed.

## First 10-15 minutes:

The facilitator welcomes the patients into the room. The group ground rules are introduced and the group is asked to abide by them. The facilitator explains the process of the SMA, and introduces the practice team and their roles and functions.

Introductions are made of the practice team and each patient introduces themselves. This could include 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 will write the question on the white board.

After introductions, the facilitator will identify the order in which the patient will have their consultation and this is numbered on the board. The order should keep the patients engaged throughout the SMA.

## 50 minutes

The clinician begins with discussion based on the results board and questions/issues 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, health plan update, referrals, procedures etc are recorded by the recorder into the patient record.

The facilitator manages the group's questions and 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 goals for the patients.

Talk about a peer support group

## Post SMA

Team debrief – review processes and SMA content.

Patients complete a patient satisfaction form.

Notes and care plans are completed

Planning begins for the next one.

## Group Ground Rules

What's shared in the group is confidential

No question is a silly question

Let others have their say

Respect others opinions

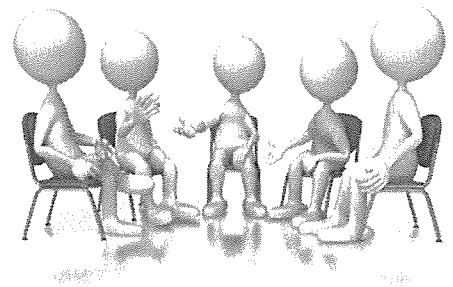
Keep to time

Be open to change

Be present

Turn off mobiles or other devices

Do you have any others?



## Establishing a peer group

There are formal and informal peer or support groups. One of the basic premises is that members of the group share common problems and experiences associated with a particular problem, condition, illness, or personal circumstance. In a support group, people are able to 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.

**Informal peer (support) groups.**

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

**Formal peer (support) groups.**

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

Things to consider:

- How long will they run? Will they have a fixed time frame or be open ended?
- Will the group be open or closed? How do 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?



# Confirmation letter

Dear {Patient's name}

Thank you for choosing to attend {Insert Name of Clinician} Shared Medical Appointment on {Insert Date and Time}

We hope and fully expect that your experience with this type of appointment will be a good one and that it will help meet all your health care needs.

## Why we are doing Group Consultations

People in our practice tell us they want to spend more time with the clinician and to be linked up with people living with the same or similar health conditions as themselves. In the Shared Medical Appointment you receive the personal attention of your practice team in a calm, relaxed, well organised group setting. Imagine you get not just an unhurried appointment, but in fact a whole 60-90 minutes with your healthcare team, with 60 minutes of this spent with {Name of clinician}

This means you have an opportunity to learn about how best to manage your condition, how to stay well, how to prevent illness or slow its progression. You will also help other patients in the group to learn from your experience, in turn, you will learn from the experience of your fellow patients, and everyone has a chance to gain the support and learnings of others who are dealing with similar issues.

## Summary of things that can be covered in a Group Consultation

- 60-90 minutes with your practice team
- Answers to your medical questions
- Discussion of test results and arrangements for tests/procedures
- Discussion of treatment options in depth
- Prescription changes or renewals/discussion of medication side effects
- Receive preventative tests, examinations and vaccines
- Friendly discussion with others, sharing experiences and tips on how to manage your condition.

## What you can expect

Included with this letter you will find a confidentiality form which we would ask you to sign and bring along with you by doing so you promise not to tell others outside the group anything that fellow patients share, and you agree to discuss your medical issues/results in front of others. You can let us know in advance if there are any particular issues we are not to discuss in front of other patients. You will also be offered an opportunity to discuss personal and sensitive matters privately, away from the group, if you need to do so.

At this appointment you will have an opportunity to identify the issues you would like to discuss with the clinician. You and the other patients will be in the capable hands of one of our Shared Medical Appointment facilitators who will help you to identify your medical issues and create an informal, friendly atmosphere ready for the clinician to take over for a productive session.

If a referral, one-to-one appointment or other investigations is required, then this will be arranged for you.

We look forward to seeing you shortly.

Sincerely,

{Insert name}

# Confidentiality form

(Insert practice) Shared Medical Appointment Confidentiality Form\*

Name (Please print clearly):
Home Address:
Date of Birth:
Daytime contact number:

## Introduction to this Confidentiality Agreement

As a participant in shared medical appointments, both you and the other patients who are sharing the appointment will discuss medical information in the presence of other patients, and also staff. Your clinician (doctor or nurse) and the group consultations healthcare team will be doing likewise and are bound by their employment contracts and professional codes of ethics to respect patients' confidentiality. Please read the statement below, and if you agree with it, please sign the form where indicated.

## Statement of confidentiality

By signing this agreement, I undertake to respect the confidentiality of the other members of the group consultation by not revealing any medical, personal, or other identifying information about others in attendance, after the session is over. My own information however, belongs to me, and I understand that I am encouraged to discuss my own details with my carer or other family member, as appropriate.

I understand that if I have health concerns that are of a very sensitive nature, I may of course, ask to discuss them with the relevant staff member in a private treatment room or to schedule an individual practice appointment.

I understand that I am under no obligation to share personal information with other patients, or healthcare staff, unless I choose to do so.

In signing this fo0rm I agree to all of the above aspects of this confidentiality agreement.

Signed (patient):

Date:

Signed (carer/support person if applicable):

Date:

# Invite phone call script – non GP

Good morning/afternoon (patients name)

My name is (insert name) and I am a (insert role) at (insert medical centre).

I am calling on behalf of Dr (insert patients doc) to invite you to your (Insert appointment type). We are holding these (insert appointment type) through a new type of clinical consultation called Shared Medical Appointments.

People in our practice tell us that it would be really good to be connected with other people who are living with the same health conditions as they are and going through the same experiences. The Shared Medical Appointments approach provides great support for patients and in addition you get to spend more time with the (name the clinician leading the SMA)

Each session will last around 1 – 1.5 hours and the team at your medical centre will see you at these sessions and will spend time with you and you will have excellent opportunities for support and guidance on your medical issues.

Are you interested in attending the next scheduled Shared Medical Consultation? You are, that is wonderful. I'm sure you, like the other patients in the past, will find it very satisfying. As numbers are limited to (insert your practice numbers), I will book you in now.

I will send out an information pack with some documents that you need to sign and bring along with you on the first session on (insert date at xxx)

I will phone you a week from the appointment and see if you have any questions. Otherwise, my contact details are provided in the pack.

We look forward to seeing you on (insert date)

# Invite phone call script –GP

Good morning/afternoon (patients name)

It's Dr (Name) I am calling you to ask if you would be interested in attending you next (Insert appointment type) through a new type of clinical consultation called Shared Medical Appointments.

People in our practice tell us that it would be really good to be connected with other people who are living with the same health conditions as they are and going through the same experiences. The Shared Medical Appointments approach provides great support for patients and in addition you get to spend more time with me and other members of your health team here at (insert practice)

Each of these sessions will last around 1 – 1.5 hours. You will spend about 60 minutes with me in the room with about 8 other people. During this time you will have a consultation with me and also listen to other consultations with the rest of the group. Many of the group face the same problems you do and the Shared Medical Consultation is a great way to get more support and ideas about your condition and how to manage it. Plus you can share all the good things you are doing.

Don't worry, if you need a physical examination, we will do this in a separate room before, during or after the Shared Medical Consultation.

Are you interested in attending the next scheduled Shared Medical Consultation? You are, that is wonderful. I'm sure you, like the other patients in the past, will find it very satisfying. As numbers are limited to (insert your practice numbers), I will ask that you are booked you in now.

An information pack with some documents will be sent out to you that you need to sign and bring along with you on the first session on (insert date at xxx). One of these is a confidentiality document that all patients must sign before attending the Shared Medical Consultation.

Someone will contact you a week before the appointment to see if you have any questions.

I look forward to seeing you on (insert date)

# Financial Modelling.

The following is a link to a financial modelling tool where you can input your practice data and work out the viability of running SMAs in your practice. (Insert link) A sample of the tool is seen in figure 4.

You will need to identify

- who will be involved with the running the SMA in order to work out the personnel costs,
- if you need to hire a room and what the costs may be,
- if you are providing refreshments,
- if you are considering the pre and post SMA activity business as usual or if you are going to include them as a separate cost
- if you are having a mobile SMA
- the minimum and maximum number of patients
- if you are running a programme of SMAs and group consultations for a group of patients or just a one off, or a combination of both.

The following is an excerpt from the financial modelling tool This example is for a one-off SMA.

Fill out the coloured cells in the spreadsheet and the maths will be done for you. You can change and alter any cell as you work out what is the best model for the practice.

Complete all below highlighted fields	Free Text
	Drop Down
<b>Cost of Staff per hour</b>	
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	
<b>Cost of setting up SMA</b>	
Staff member	
Time spent on pre-SMA activities (in minutes)	
Staff member	
Time spent on pre-SMA activities (in minutes)	
Staff member	
Time spent on pre-SMA activities (in minutes)	

<b>Cost of SMA on the day:</b>	
Length of Consultation (in minutes)	
Length of Pre-Consultation observations (in minutes)	
Length of Post-Consultation questions/education (in minutes)	
Clinician (in Consultation)	
Facilitator (in Consultation)	
Admin/Recorder (in Consultation)	
Pre-Consultation staff	
Post-Consultation staff	
Room Hire	
Misc. Materials (eg. Stationery, Handouts, Brochures)	
Refreshments (tea/coffee)	
<b>Mobile SMA:</b>	
Travel time (in minutes)	
Km's travelled	
Number of Vehicles	
IRD mileage rates	0.73
Estimated Vehicle costs	\$0.00
<b>Revenue:</b>	
Number of Patients	
Fee per Patient	

Figure 4: An example of the financial modelling tool for a one off SMA.

# Frequently asked questions

## Clinician

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

*Yes you can. This will give you an idea about how your practice, staff and patients feel about SMA consultations. You could ask the patients to complete an evaluation after the session and monitor if there are any favourable outcomes from it. Did a peer group form?, Were there improvements in clinical markers? Did the patient's level of self-management and health literacy improve?*

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

*Providing patient consultations through a SMA 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, and often more successful way.*

**What if all patients need a physical examination?**

*Your knowledge of the patients attending the SMA is important and therefore you will know if they need a physical examination or not.*

*All SMAs have an adjoining room where physical examinations can occur. 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.*

**What if many patients speak at once?**

*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 SMA focused and manage patient interruptions. The facilitator can use the whiteboard to 'flag' questions or concerns brought up by other patients to for answering at the end of the SMA or in question time after the SMA has finished.*

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

*This same scenario could occur in an individual consultation when a patient googles a medication or talks to others and want 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.*

**Can I still see my patient individually?**

*An SMA is one type of consultation that you can have with your patient. If you still believe that they require a 1-1 face to face consultation then you can arrange this.*

**What's in it for me as a clinician?**

*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 messages 6-12 times and you can focus on patients who really need 1-1 consultations. Other clinicians have reported greater satisfaction with their clinical practice.*

## **Acknowledgements**

### **Contributions from : ( Position, organisation to be included)**

Pip Oatham

Karen Ferry

Nikki Belfield

Rebecca Hill

### **Documentation:**

Confirmation letter, confidentiality form, phone invite non-GP and phone invite GP adapted from forms supplied by Group Consultations.com.

### **Recommended resources**

Group Consultations.com. Video and resources

Australasian Society of Lifestyle Medicine: Facilitator training, video and resources

New NHS Alliance: Appendix 4 – Group consultation overview with evidence from the UK and USA