Getting Evidence into Clinical Practice:
General Practice Nurse Evidence Based Practice (CAT Group)
Date: Oct 2017

Specific Question:

Do group consultations or shared medical appointments improve outcomes for patients with long-term conditions?

Clinical bottom line

Best current evidence is provided by one systematic review (Booth et al, 2015).The majority of RCTs within the review examined group clinic approaches to diabetes. The most commonly measured outcomes for diabetes were glycated haemoglobin A1c (HbA1c), blood pressure and cholesterol. Group clinic approaches improved HbA1c and improved systolic blood pressure but did not improve low-density lipoprotein cholesterol. Although a significant effect was found for disease-specific quality of life in a several studies; no other outcome measure showed a consistent effect in favour of group clinics. Recent RCTs largely confirm previous findings. The evidence on costs and feasibility was equivocal. No rigorous evaluation of group clinics has been conducted in a UK setting.

Why is this important?

Group consultations are an alternative to one-to-one consultations. They replace planned reviews and routine follow up. While common practice in the US where 10% of doctors work this way, they are a relatively new concept in the UK. They are recognised in the GP Forward View as one of the ten high impact actions to release capacity (NHS England, 2017).

Search timeframe (e.g. 2006-2017)

Inception of searched databases to July 2017

CAT Lead: Andrew Finney and Gwen Wynne-Jones
Date CAT completed: Oct 2017
Email:a.finney@keele.ac.uk Date CAT to be reviewed: Oct 2019

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Inclusion Criteria

	Description	Search terms
Population and Setting	UK adults	**P:** Adults
Intervention or Exposure	Variations on Group Consultations	**I**: Group consultation Group review Group visit Shared Medical Appointment
Comparison, if any	Usual care	**C**: Long-term condition review Standard review One to one review Usual care
Outcomes of interest		**O**: Blood pressure BMI Weight loss HbA1c Cholesterol Peak flow, Smoking cessation Self-efficacy QoL
Types of studies	RCTs and systematic reviews	(Filtered)

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Routine Databases Searched

Database	Date/Issue searched	Searched from	Number of records downloaded
Cochrane Systematic Reviews			0
Clinical Evidence			
DARE/HTA/NHSEED			
Medline			8
CINAHL			14
British Nursing Index	30/05/2017		23
Cochrane (CENTRAL)	22/05/2017		10
Web of Science	25/05/2017		8
Other databases:			
Joanna Briggs Institute	22/05/2017		4
Embase	25/05/2017		7
ASSIA			6
TRIP			3
HMIC	30/05/2017		0
NHS evidence	30/05/2017		3

Comments:

"Group consultation" or "Group review" or "Group visit" or "shared medical appointments" or "group clinics" or "integrative medical group visits"
AND
Chronic Diseases or long term conditions
Limited to English Language and Adults

Date of search- April 2017

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Results of the search

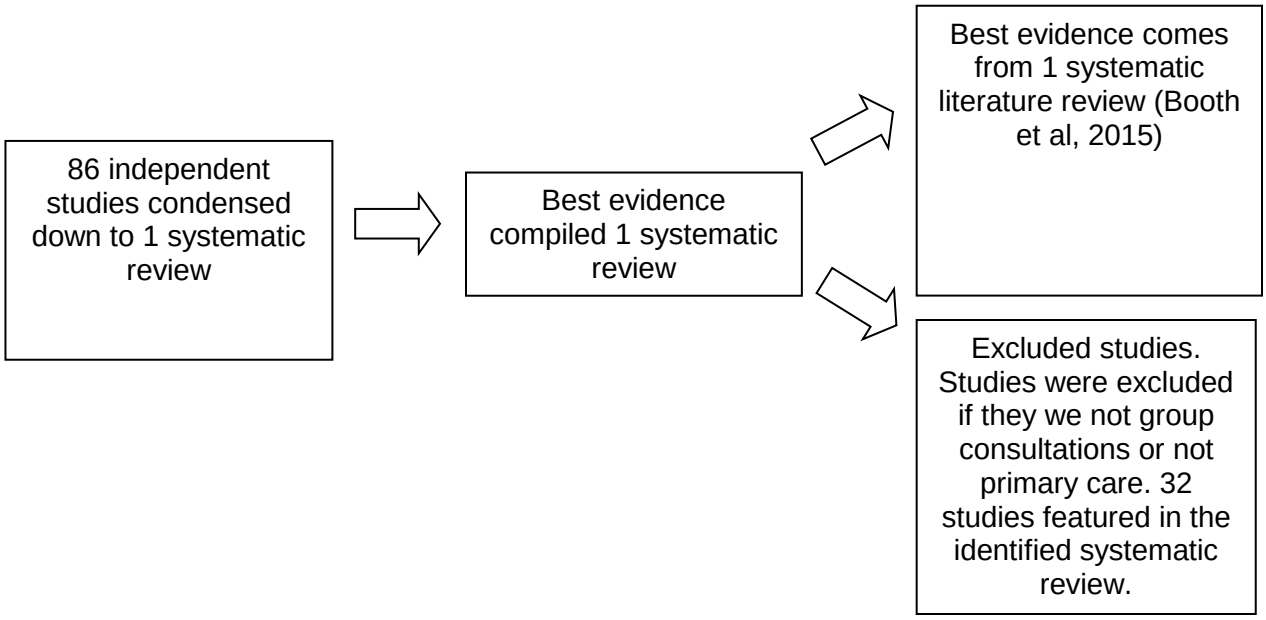

Table 1- Detail of included studies
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First Author, year and type of study	Population and setting	Intervention or exposure tested	Study results	Assessment of quality and comments
Booth et al (2015)	Adults and/or children receiving health-care services for one or more chronic health condition. International primary or secondary care settings	Group clinics or shared medical appointments.	Although there is consistent and promising evidence for an effect of group clinics for some biomedical measures, the evidence does not extend to other measures such as control of cholesterol. Disease-specific quality of life improved significantly in a small number of studies but the effects were less marked for generic health-related quality of life. Much of the evidence was derived from the USA so it is important to engage with UK stakeholders and identify specific NHS considerations when considering issues relating to the implementation of the group clinic model in UK primary care.	

Summary

Although there is consistent and promising evidence for an effect of group clinics for some biomedical measures, this effect does not extend across all outcomes. Much of the evidence was derived from the USA. It is important to engage with UK stakeholders to identify NHS considerations relating to the implementation of group clinic approaches in UK primary care.

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Implications for Practice/research

It is difficult to recommend the use of group consultations as so little is known of the key ingredients to make them successful. For diabetes, group clinics were better than individual appointments for improving some measures of how well diabetes is controlled. Group clinics also improved the quality of life of patients. However, there were no other improvements for patients. Qualitative research suggested that patients and health professionals tend to view group clinics positively. However, the views of people who disliked group clinics were not reported. Several studies looked at whether or not group clinics save money but the results were unclear. It was also noted that most studies combined group approaches with an individual consultation. Most studies took place in the USA. More research is needed to see whether or not group clinics are acceptable and good value for money in the NHS in the UK.

What would you tweet? (140 characters)

Beyond Diabetes there is limited evidence for the benefits of group consultations in UK primary care at present.

References

Booth A, Cantrell A, Preston L, Chambers D, Goyder E (2015) *What is the evidence for the effectiveness, appropriateness and feasibility of group clinics for patients with chronic conditions? A Systematic Review.* Health Services and Delivery Research, Vol 3, No 46

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