

Managing acute and chronic back pain at Frome Medical Practice

VIDEO GROUP CLINIC CASE STUDY



Frome
Medical Practice
SUPPORTING YOUR HEALTH

General Practice:
first contact
physiotherapist led VGCs

What we did



"I learn a lot more in the group"

What changed and improved?

OUR CHALLENGE

Frome Medical Practice has registered list of nearly 30,000 people and is a PCN. Frome's Health Connectors have been trained as group consultation facilitators; as has Frome's First Contact Physiotherapist (FCP) and many other clinicians. The FCP had a special interest in back pain and analysis of practice data revealed that a small group of frequent attenders were accounting for the majority of appointments. As most interventions to manage back pain are lifestyle related and the team is committed to mainstreaming group clinics, he designed a group clinic model. Prior to COVID 19, he did a face to face (F2F) session, which worked well. During Lockdown, he worked with Rachel Haupt (the team's first Digital Connector) to develop and launch video group clinics (VGCs)

OUR VGC DESIGN

Both patients with chronic and acute sciatica were seen in VGC. The facilitator contacted them in advance to check technology worked and at the same time, collected information to populate the Results Board. She also noted people's questions for the FCP. Having the questions in advance was helpful when FCP was preparing for the session

RESULTS BOARD

CHRONIC PAIN

Smoking status Y/N how many?
BMI
Medication being taken for pain*
Exercise (low moderate high)
Use of mindfulness to support pain management Y/N how often?

*There are concerns about the harm caused by long term prescribing of opioids in general practice

EFFICIENCY GAINS

- Numbers at the initial two sessions were low; 5 and 4 people. 14 attended the third VGC, and were reviewed in 65 minutes; an 80% clinician time efficiency compared to 1:1
- The facilitator generating the Results Board and gathering questions in advance reduced FCP time; made preparation slick and made better use of everyone's time
- VGCs saved time compared to F2F because the FCP had access to patient records in real time and could answer questions rather than car parking them and following up later
- It is too soon to say if people with back pain are attending less frequently. This will be audited in 18 months time

CLINICAL IMPACT

- Patients need to make lifestyle changes to improve back pain. They may not accept FCP advice readily. They were more receptive when the same suggestions came from their peers. They may be more likely to go on and change their lifestyle

EXPERIENCE OF CARE

- VGCs are novel and offer some distinct advantages for some patients and for the FCP compared to F2F group clinics
- Compared to F2F group clinics, VGCs are more convenient for patients and easier to access for those with mobility issues
- The FCP liked having access to records, scans, X-rays in real time
- Poor broadband connectivity can impact on VGC flow, making VGCs less interactive and dynamic than F2F group clinics

"Patients who struggle to accept my suggestions listen to the group" FCP lead

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Redmoor Health
ELC Partnership

Person-centred digital care

