Safe Workload Case Study

Service Redesign: Shifting from one-one clinic to group sessions

Background

The bariatric service offered one-to one dietitian appointments to all service users at 6 weeks post weight loss surgery. The clinic for this ran on a Monday afternoon alongside a separate consultant clinic so if any complications occurred the patient could be added to the consultants list for same day review. The dietetic clinic had grown over the years as more and more patients underwent surgery each week. The clinic reached a peak of 9 x 20 minute appointments that were always fully booked or overbooked. To the dietitian, the clinic felt overwhelmingly repetitive, and would often get behind schedule, as there was a large amount of clinical ground to cover with each patient. Also, after the clinic had finished, there was a great deal of indirect patient activity to be carried out including completing electronic records, writing letters and completing radiology requests for gastric band fills (indirect patient activity).

The dietitian was concerned that these 20-minute appointments were rushed and that clinical effectiveness was compromised. In just 20 minutes, the dietitian felt it was a struggle to carry out a holistic assessment, provide tailored education and discuss personalised goals in enough detail to support the patients in the best way possible. Also, on Tuesday mornings, usually after working beyond contracted hours on the Monday, the dietitian would arrive to a desk of full of work from this clinic, however the new day would also bring conflicting priorities as additional ward and clinic duties also required attention.

Service Change

After careful planning by the bariatric team and a short pilot with patient feedback, the clinic was changed from 9 x 20 minute individual appointments to 2x 45minute group sessions each with capacity for up to 10 patients. The group sessions were carried out during the early part of the afternoon enabling any patients with complications to still see the consultant afterwards. (Access to the consultant at this early stage in the patient's journey was deemed important to both the patients and the multidisciplinary team and therefore the dietetic patient contacts had to remain on a Monday afternoon).

Of the two 45 minute group sessions, the first was developed for patients who had had a gastric band placed whilst the second was for those who had undergone either a gastric bypass or a sleeve gastrectomy. If a patient did not wish to attend a group session, they were able to opt out and book a one-one appointment on a different day, (however patients rarely opted out). The group sessions were supported by powerpoint slides, short videos, and literature to take away. The structure of the group sessions mimicked the one-one clinic appointment e.g. discussion of weight change, followed by experiences post surgery (assessment), then education (intervention) and finally goal setting and monitoring. Patients were encouraged to share their experiences and goals with each other and this proved to be a powerful way of learning, which many patients reflected on in a positive way.

The group sessions received excellent patient evaluation and no adverse effects of switching to this format were found. Changing to this format released 90 minutes of dietetic work time (from direct patient activity) and increased job satisfaction.

	One to One Clinic	Group Sessions
Direct Patient Activity	**13:40 – 16:40hrs (3hours +)** *(Regularly over ran between 20-30 minutes)*	**13:30 -15:00 (90mins)** (Rarely over runs)
Indirect Patient Activity	**90 minutes later on in the week**	**90 minutes the same afternoon**
POSITIVES	Building patient-clinician relationship Privacy Clinical skills can be fine-tuned to the individual	Not rushed, able to cover necessary issues in sufficient detail to provide clinically effective care. Easier for patients to see the consultant during the afternoon Patients still develop relations with dietitian but also develop relations with their peers (this supports the buddy up scheme). Improved team timetable allowing for annual leave to be taken without the need to cancel any clinics.
NEGATIVES	Rushed, concerns over clinical effectiveness Repetitive for clinician More difficult to catch consultant between appointments	Lack of privacy Requires a different set of advanced communication skills to ensure each patient is engaged. May affect income streams for service Requires a suitable room to hold a group session and may need buy in from other departments e.g. clinic clerk/ clinic managers

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