



# Top tips for system leaders: lessons learnt from VGC programmes in 2020

In 2020, NHS England and Improvement commissioned an England-wide video group clinic (VGC) spread programme, headed by Jason Westwood (Nursing Directorate; GPN 10 Point Plan). Several STPs also commissioned local programmes, including South West London, led by Zehra Safdar (Merton Training Hub). This paper captures the lessons these system leaders learnt. We are sharing these insights to help others succeed.

## Six steps to VGC programme success

- **Leadership:** system and clinical leadership are both key
- **Integration:** integrate VGC development with other work streams
- **Relationships:** engage teams you know well; use local networks to find committed early adopters
- **Communication:** keep it clear, concise, and accessible
- **Expert support:** commission group clinic training and support from experts
- **Maintain momentum:** this is a complex change. It takes time. Support peer to peer learning and celebrate success



## Build on local assets and existing workstreams

- 1. Use VGCs to improve quality beyond COVID:** VGCs are now a mainstream clinical delivery model. They improve chronic disease management and access; help address backlogs and support catch up with chronic disease reviews in all clinical settings. They can be harnessed support people waiting for operations and prevent de-conditioning. They support those living with Long COVID to recover e.g. delivering Long COVID directed enhanced services in primary care; supporting assessment within relevant pathways
- 2. Drive digital maturity:** Clinicians who introduce VGCs build their video consulting confidence. VGCs build digital maturity because the whole team works on mobilising this digital care model together
- 3. Embed VGCs into existing workforce development programmes:** VGCs help improve staff wellbeing, save time and re-energise teams. Alongside flexible working and improved experience of caring support, this supports retention. VGCs drive skills acceleration and integration of: new to practice fellows, additional roles, student doctors and nurses. VGCs provide fertile ground for leadership development. e.g. digital nurse champions. Learning facilitation skills benefits the whole team. Training hubs are leading on workforce development. To maximise VGC impact, they need to be closely involved in programme planning and delivery

**4. Use VGCs to improve access, inclusion and personalisation:** VGCs work especially well for: working people, carers, men, teenagers and those with mobility issues. These are communities who may find it harder to access and engage with traditional services. VGC technology can adapt to support people with hearing and sight loss. VGCs simplify the logistics of bringing together translators or native speaking clinicians and facilitators to run group clinics for people in different native languages. VGCs mirror the care and support planning process. They deliver deeply person centred care more efficiently than one to one care models

**5. Build community and combat social isolation through VGCs:** By setting the intention of building community through VGCs, clinical teams can encourage participants to set up What's App groups or other peer support networks outside the VGC; stay connected and continue to support each other. Social prescribers can support 'spin off' peer-led groups initially until they find their feet. When you involve patient participation groups early, they will champion VGCs and promote the benefits to your local community

**6. Start with clinical champions and early adopters:** A named clinical and executive lead for VGCs at system level will support the training hub and others to drive this change. Most areas already have VGC early adopter teams trained (request your local ICS audit from: [georgina@elcworks.co.uk](mailto:georgina@elcworks.co.uk)). Harness existing leadership programmes for candidate practices and local leaders. General practice nurse digital champions make ideal local VGC leads and early adopters. Encourage prototyping of both primary care network/cluster and practice or specialist clinical team led VGC models.

**7. Build on existing relationships.** Relationships trump systems. VGC programmes have greater impact when they harness local relationships and networks. Regardless of the organisation hosting your programme, cascade information and engage teams through local networks and people who are well-known and trusted by clinicians. Getting teams on board needs much more than an email. Raise awareness of local early adopters' experiences. Get them championing VGCs at key local forums or set up local launch webinars that give them a platform to share their story and inspire their peers



## Understand and align with best practice

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**1. Make full use of National best practice toolkits and resources:** understand best practice and the evidence that supports adoption of group clinics (covered in free e-learning). Use VGC toolkits to spread safe VGC practice. Use existing animations to engage patients and clinical teams. Access English and Welsh toolkits, free to complete e-learning and a range of animations at: [www.redmoorelc.co.uk](http://www.redmoorelc.co.uk)

**2. Provide access to expert advice and training:** Independent evaluation found training proved key to VGC adoption in 2020. The more people trained within the team, the deeper VGCs embedded into practice. Training increases whole team understanding, motivation and commitment to engage with and deliver VGCs. Provide equitable access to VGC support for your system. Make sure VGC training is scheduled regularly so team members do not all need attend on the same training session. Make sure you can refer teams to the VGC training provider in real time for one to one support about tech and practice issues on an on-going basis

**3. Invest in local VGC leaders:** Support people who have been given funded time to make change locally to lead VGC implementation. Make VGCs as an project option within local leadership programmes like the CARE programme, New to Practice fellowships, Health Education England funded QI and Topol fellowships. Consider investing in VGC leadership development (group coaching) programmes for those leading the change so they get the support and insights into best practice they need to succeed

**4. Recognise VGCs are a whole team commitment:** VGC's impacts are complex. VGCs drive culture change within teams, and disrupt the status quo for the better. Clinical leadership is key. Everyone in the team needs to be involved in switching to VGCs, and system leaders must nudge this through VGC programme design. In primary care, receptionists are especially important (and sometimes overlooked). They sell the benefits of VGCs to patients. Support managers and senior clinicians driving VGCs to understand how to harness this powerful workforce development tool and decide who is best suited to each of the 3 VGC roles

**5. Allow choice of web-platform:** No web platform is perfect. Platforms are changing and developing all the time. Invite teams to use one that is NHS approved. Let teams choose (recognising some licences may be more costly than others). Make sure teams know how to use platform functionality that supports inclusion e.g. automatic closed captions for those who are hard of hearing. Provide tech support and an up-to-date VGC platform guide as part of the support you offer so that teams can make an informed choice

**6. Invest in case studies to support learning and best practice spread:** There are lots of VGC case studies available: [www.redmoorelc.co.uk](http://www.redmoorelc.co.uk). Review case studies from a broad range of clinical settings to inspire your VGC programme design. Make sure you generate case studies from your work. Share them widely and pass on the knowledge and best practice you gain to others

**7. Maintain momentum over time:** The switch to VGCs will not happen overnight. Build excitement and momentum about this change to keep clinicians and their teams engaged over time. There are lots of ways to do this: signpost monthly National VGC webinars; support peer to peer learning exchange at local 'lunch and learn sessions'; generate case studies that celebrate local success stories; backfill local expert mentors to work with teams and help them deepen their VGC practice. Consider building a local community of practice and cementing relationships through a facilitated VGC What's App group. This has worked especially well in the National programme in England



**Don't measure the success of VGCs based on the numbers that have attended...measure success in terms of patient's responses, feedback and the look of pleasure on their faces**



**Find out more about group clinics**

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