



Group based interventions

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Supporting people to be Safe, Well and at Home

- Why?
- Evidence
- What we do!
- Feedback
- Integrated working
- Future

Why use group programs?



- Increasing demand (?)
- Cost effective (£1,400 WM 2yrs, £1,300 Post Surgery 18/12)
- Improved support and outcomes? (for some patients)

Evidence

- Lacking!
- Some evidence in other long term conditions
- Need for wider research (JP proposed research)

Plymouth Model

- Group induction
- WM group program (psycho-educational)
- Bariatric info session
- Compassion Skills Course (therapeutic)

- Pre surgery education program (psycho-educational)
- Post-op Group (psycho-educational)
- Buddy led Support groups

Patient Feedback

- Many reported benefits for most patients: Support, reduces stigma, only place I can be really honest, made really good friends, life-changing, this was a last resort for me
- Individual appointments are still very important

Staff Feedback

- Not suitable for all – complex MH, social anxiety, LD?
- Adherence/attendance vs complex/chaotic lifestyles
- Individual appointments are still very important

Integrated working

- Across the team
- Bariatric Team
- IAPT

Future

- Research into use of groups in Tier 3
- Further integration eg Pain Management Team
- How to work with patients who struggle