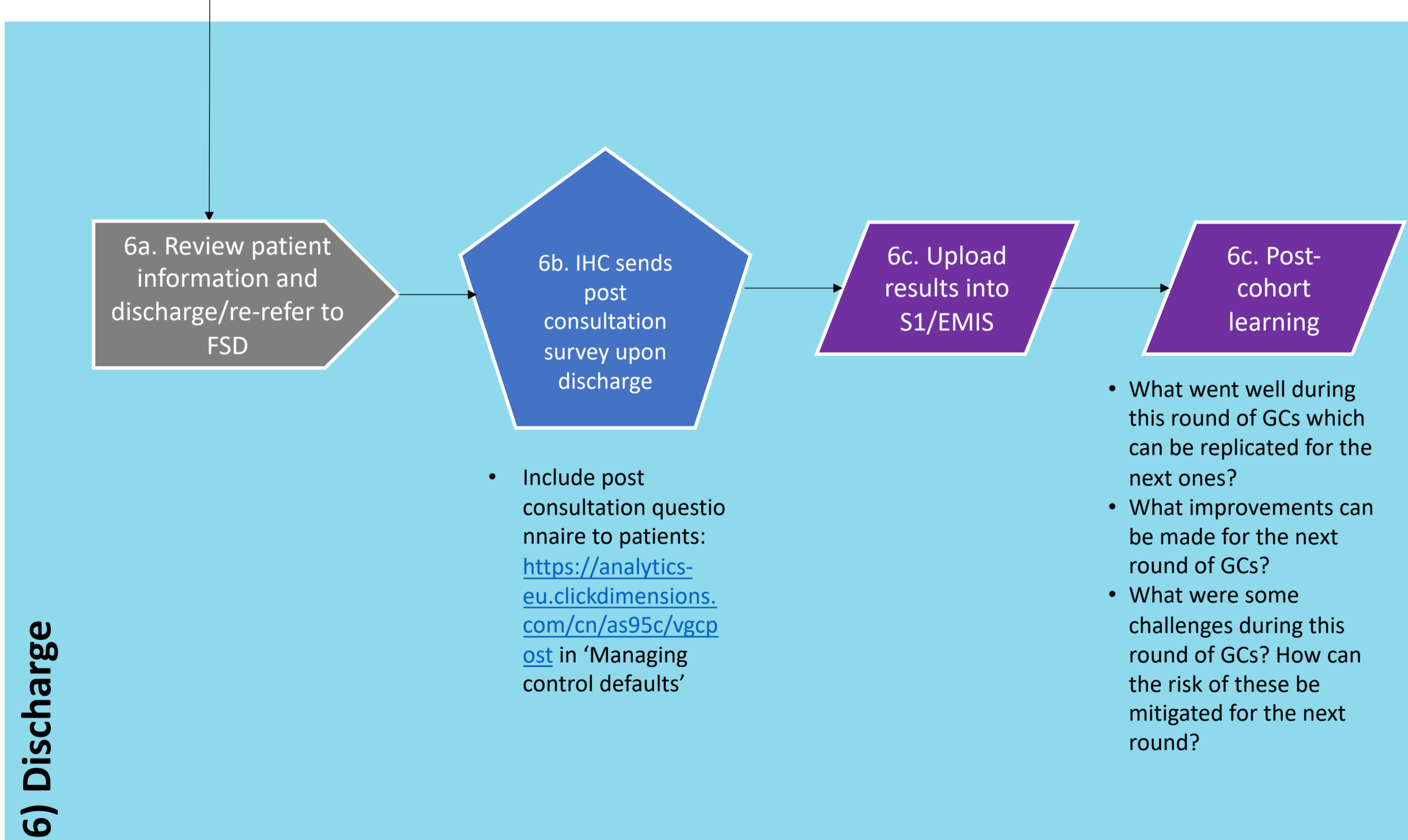
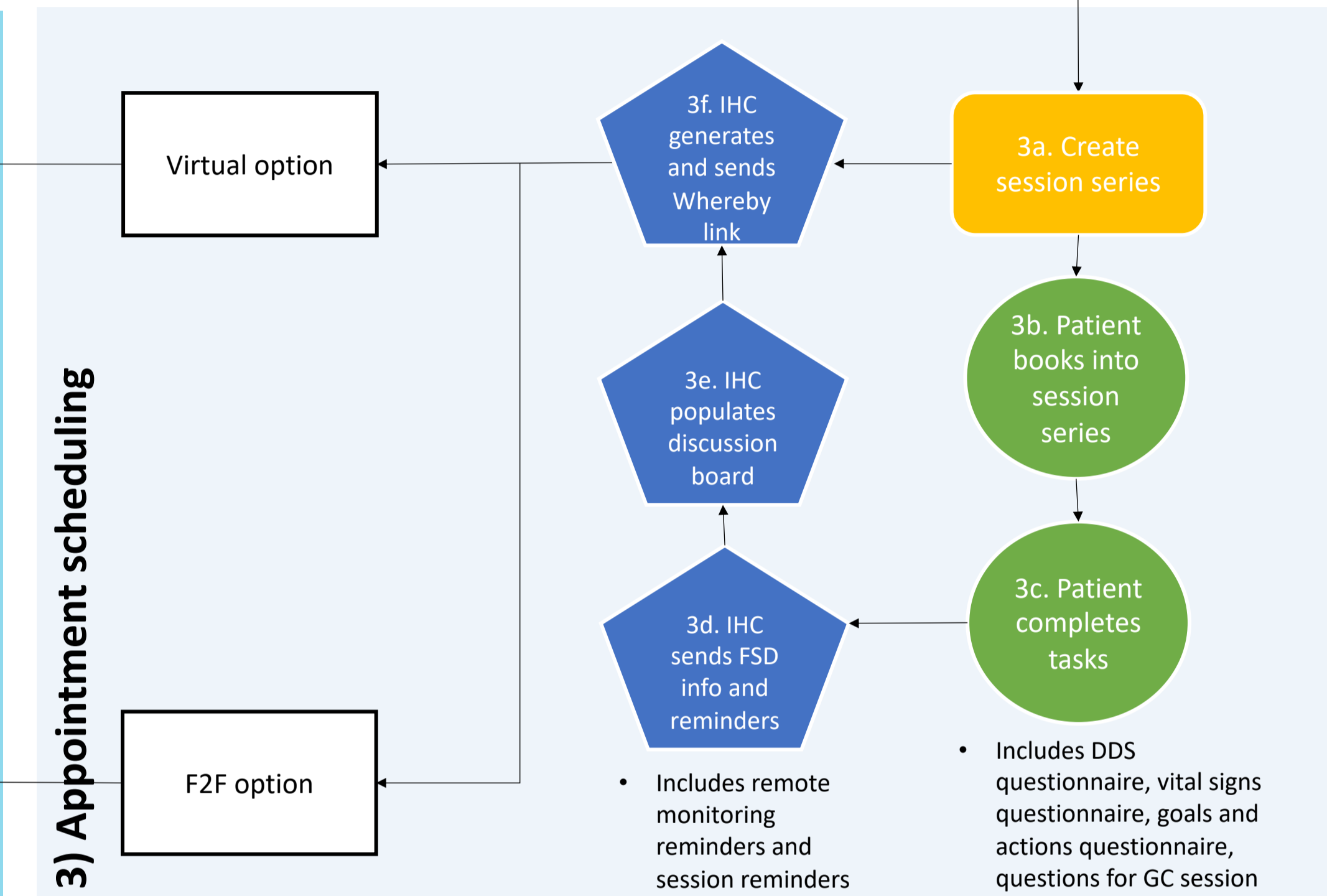
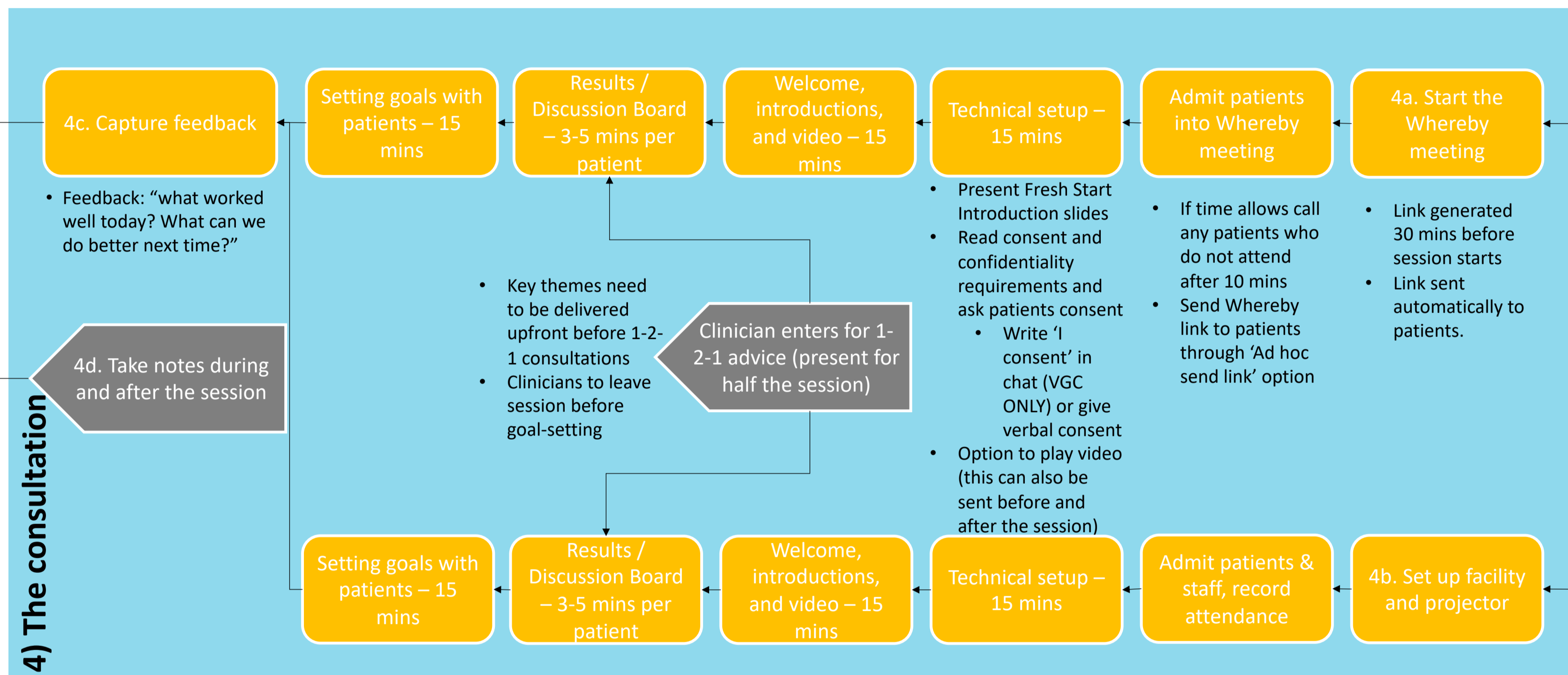
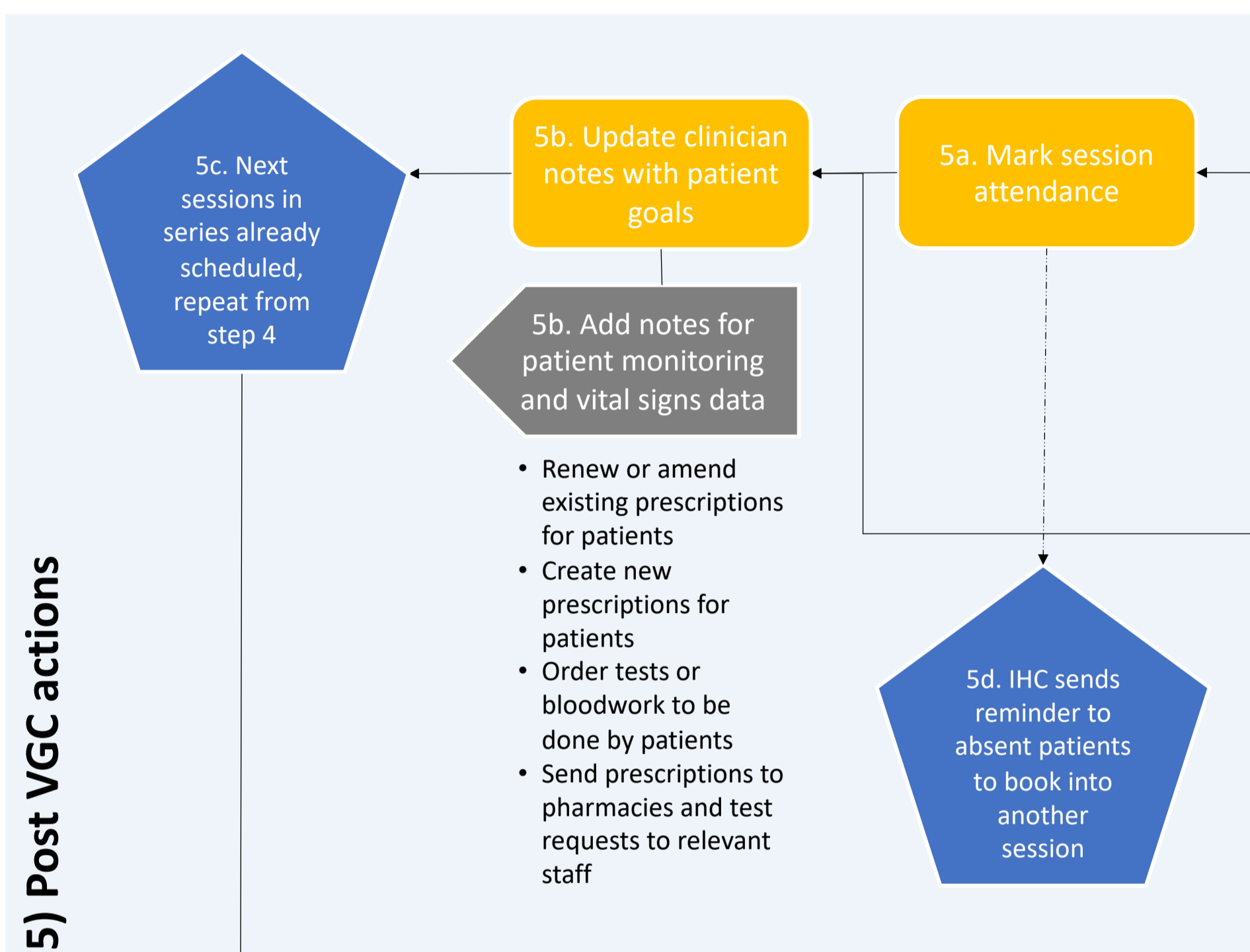
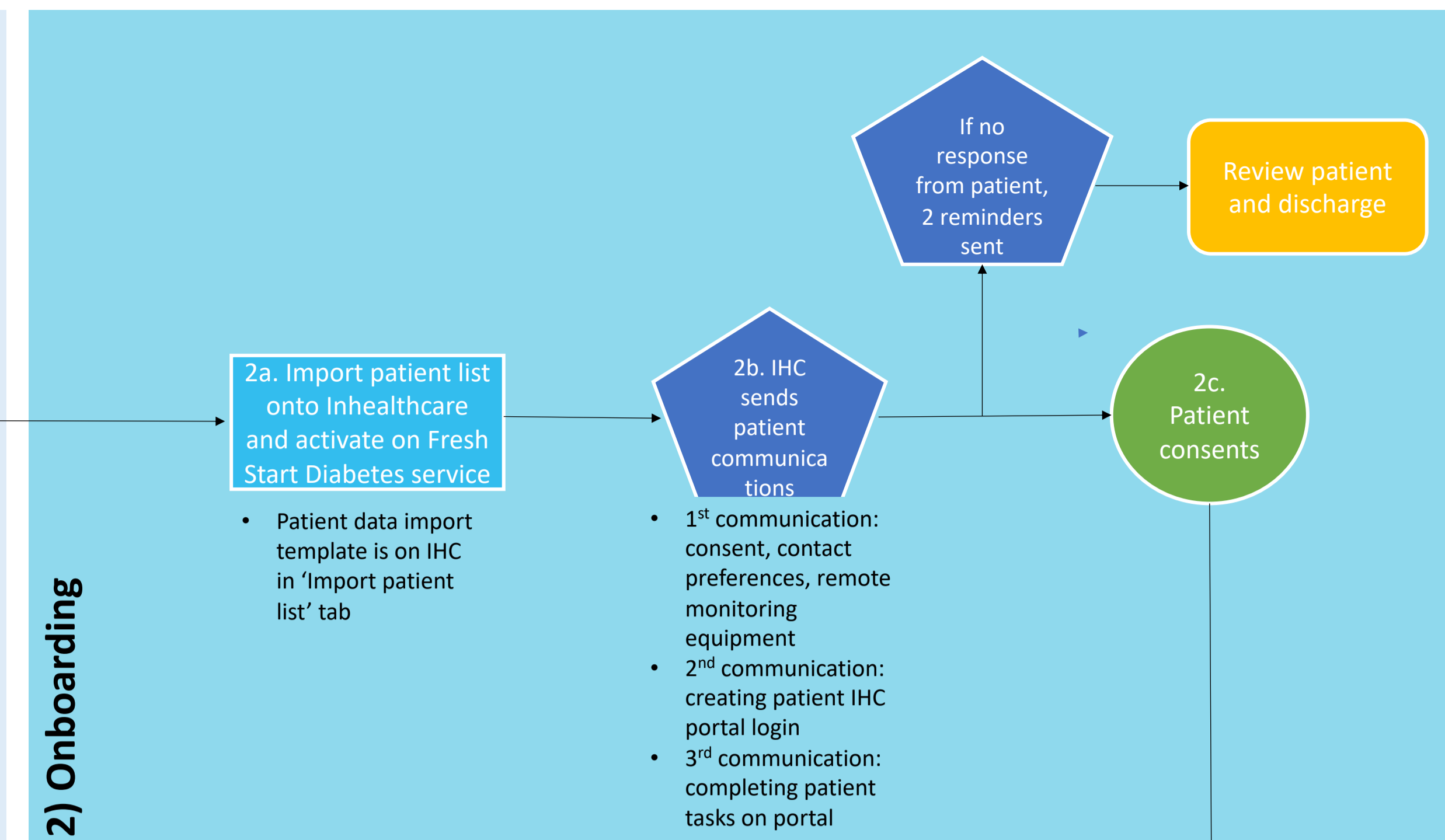
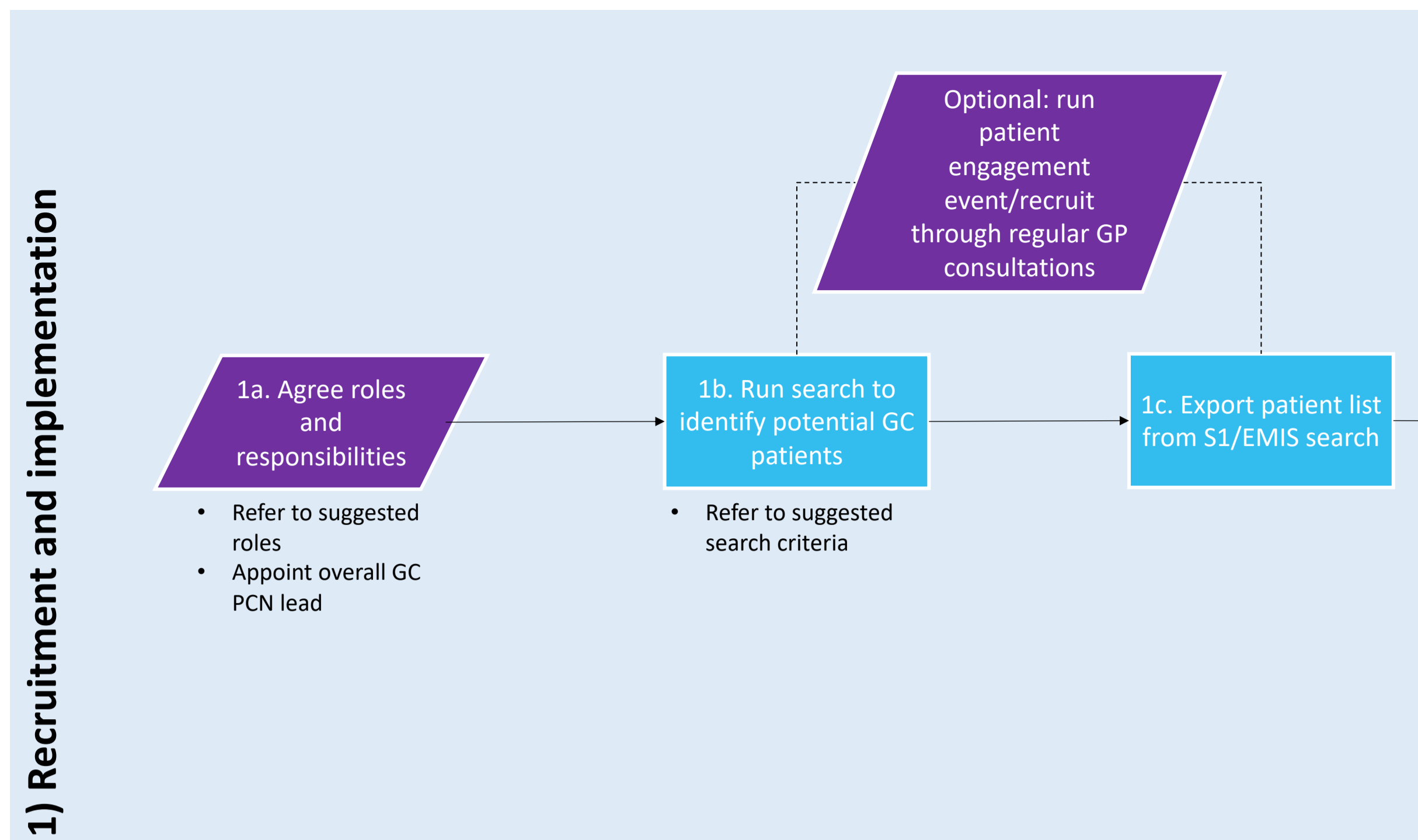


# Standard Operating Procedure – Group Consultations with Inhealthcare

The purpose of this document is to act as an agreed best practice reference process, against which other more specific implementation support resources (e.g. checklists, implementation templates, technical SOPs) can be checked and adapted if needed.

## Key:

- Task performed by GC Lead Admin
- Task performed by GC Facilitator
- Task performed by GC Clinician
- Task performed by whole team (Lead Admin, Facilitator, Clinician)
- Task performed by patient
- Task performed by Inhealthcare



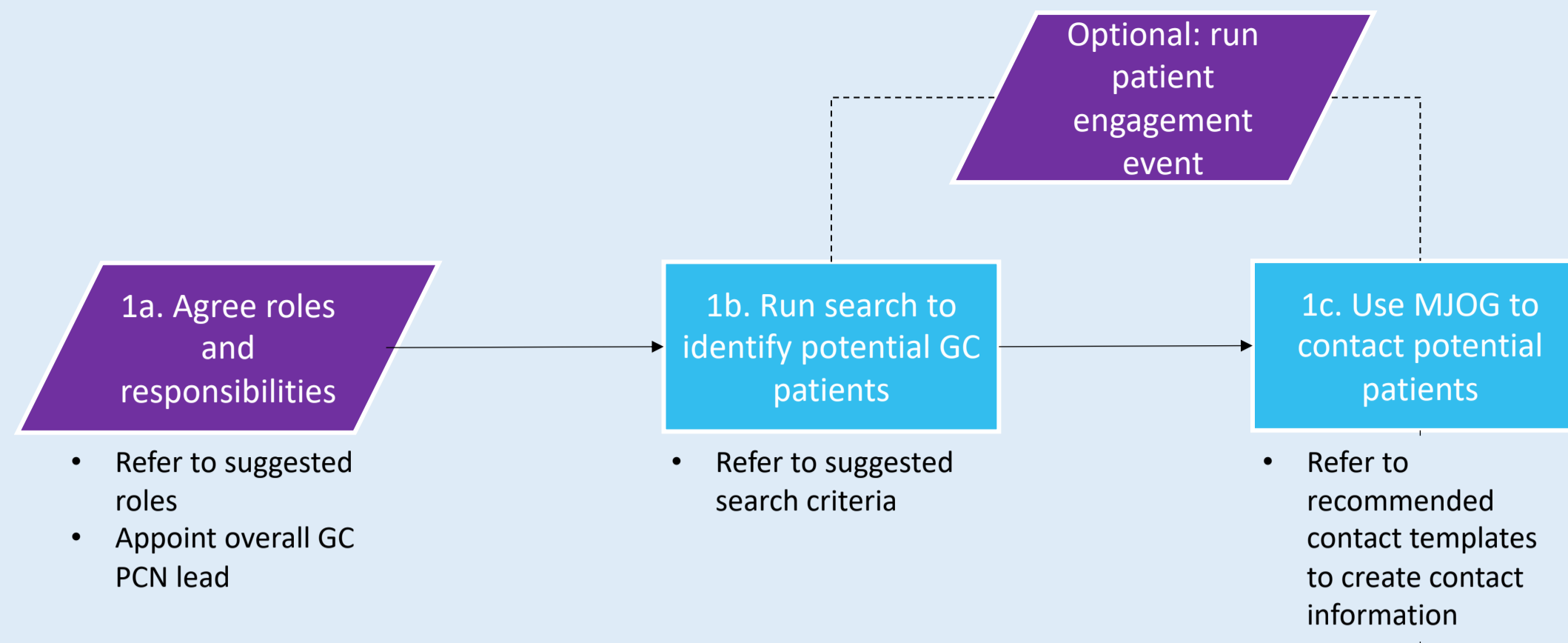
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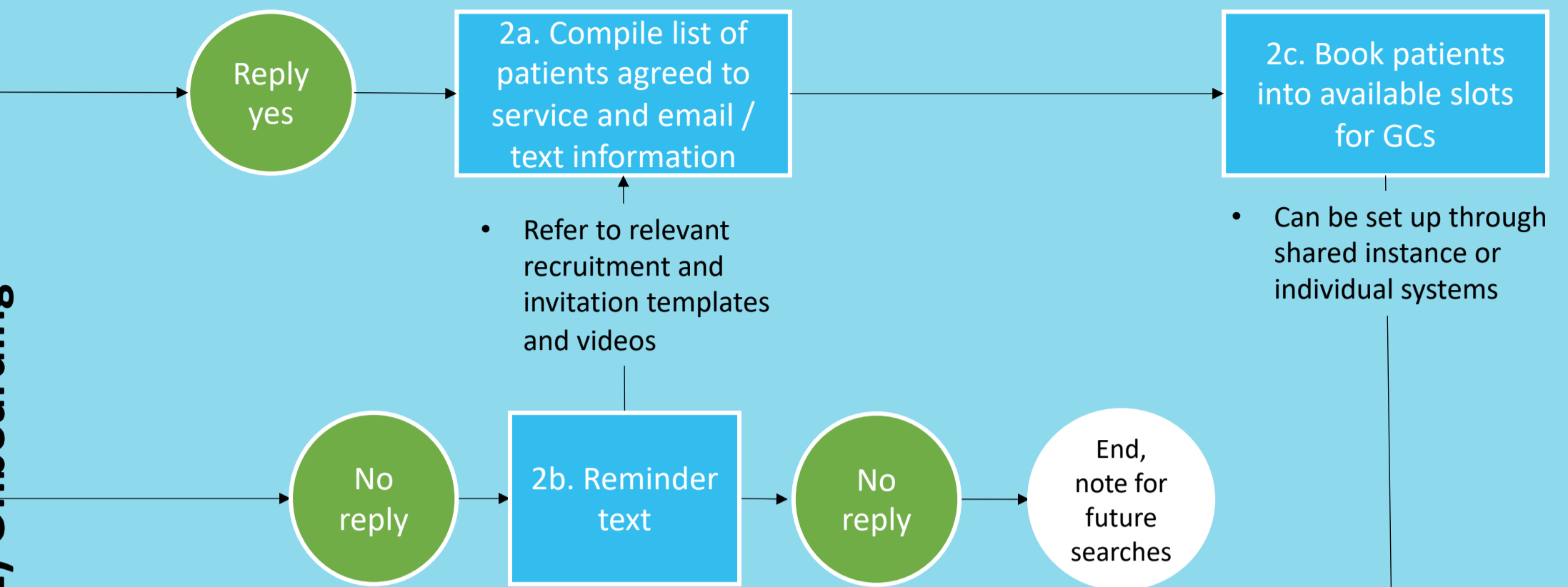
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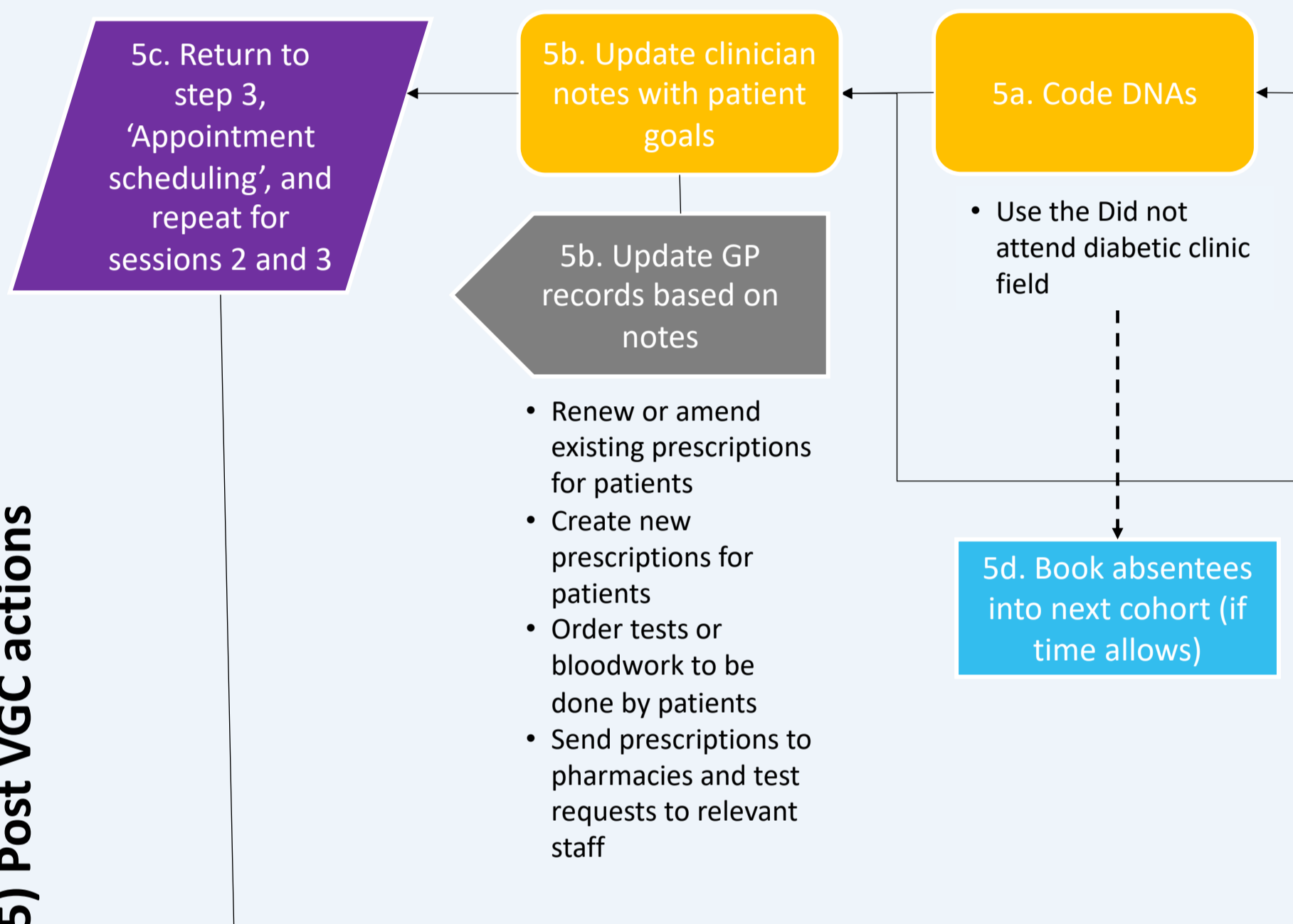
### 1) Recruitment and implementation



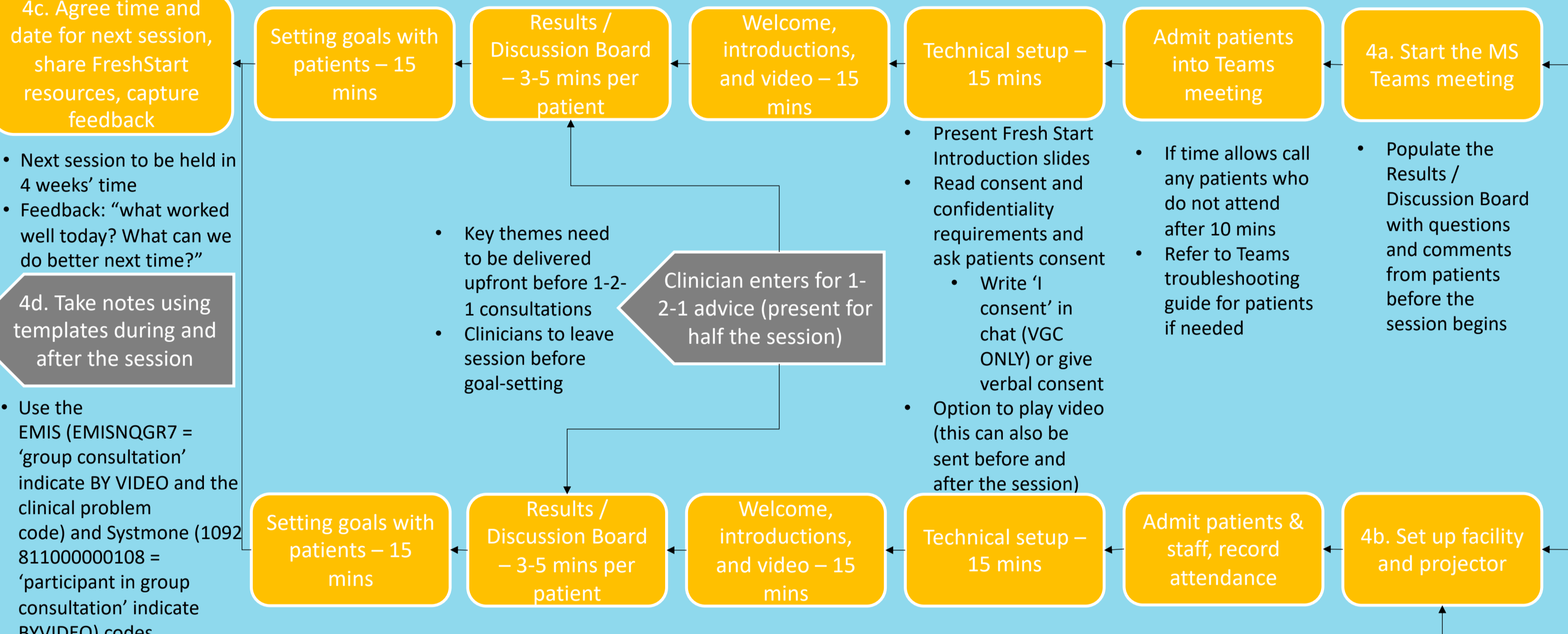
### 2) Onboarding



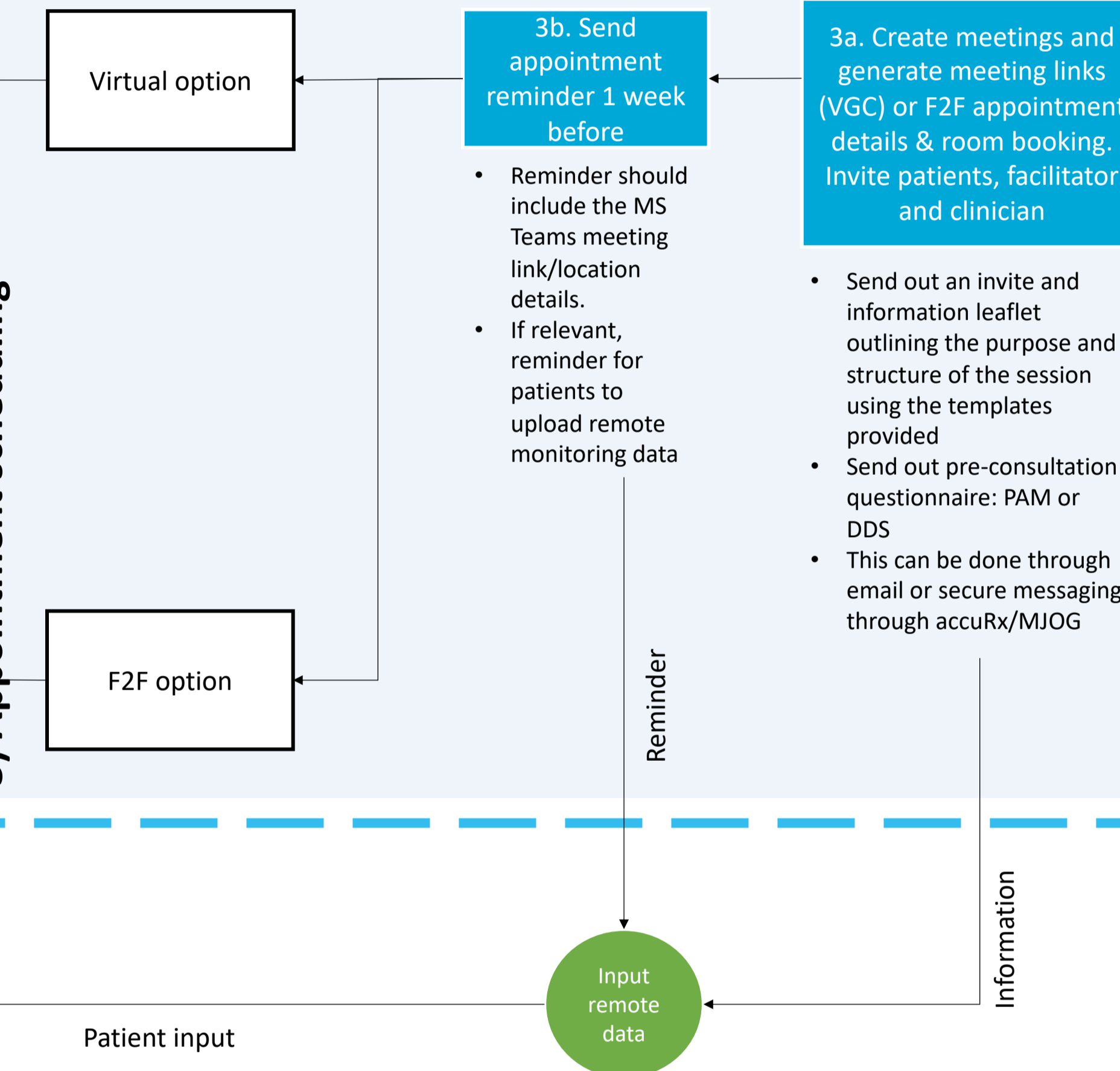
### 5) Post VGC actions



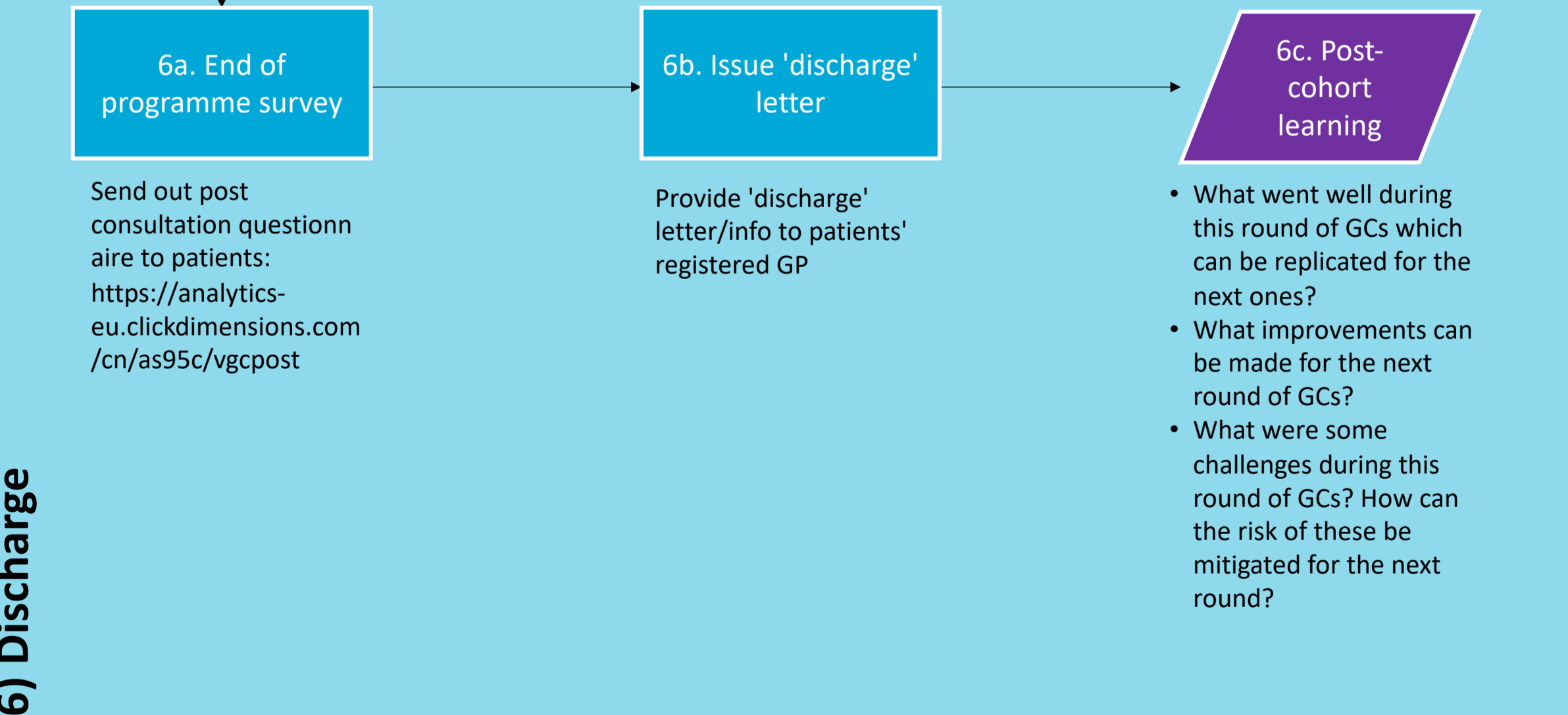
### 4) The consultation



### 3) Appointment scheduling



### 6) Discharge



### 7) Remote Monitoring (TBC)

#### Key considerations for scheduling appointments:

- Each GC appointment can include 10-15 patients.
  - Consider overbooking your GC sessions by 25% as DNA rates are likely to be higher to begin with
- Each GC appointment should be 90 mins long.
- Take into account the patient cohort when scheduling appointments:
  - Older people living with LTCs are likely to be available during the day
  - People of working age are likely to respond better to evening or weekend sessions
  - Patients often do not like and are less likely to attend early morning appointments
  - Etc.
- Ensure that the schedule is updated for:
  - EMIS/SystemOne virtual consultation rota
  - Microsoft Teams