COLLABORATIVE AOTEAROA

Shared Medical Appointments

GUIDANCE DOCUMENT – FOR GENERAL PRACTICE

Shared Medical Appointments: First Set-Up for General Practice in Aotearoa

About this resource:

This guide is designed to support general practice teams in Aotearoa to confidently plan and deliver Shared Medical Appointments (SMAs). It outlines the purpose, benefits, roles, and practical setup required to run effective group consultations that are equity-focused, culturally responsive, and aligned with national health priorities. Whether you're running your first session or refining your approach, this resource provides a clear roadmap for success.

Contents

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- Pinnacle Health, Mahitahi,
- Tū Ora Compass Health Network

Why set up Shared Medical Appointments?

Shared Medical Appointments (SMAs), also known as group consults, are an innovative model of care that brings together patients with similar conditions in a supportive group setting facilitated by clinicians. In Aotearoa, SMAs align with the goals of Te Pae Tata – the Interim New Zealand Health Plan 2022, which calls for a shift towards equity-focused, whānau-centred, and integrated care models, particularly for those with long-term conditions (LTCs).

SMAs are especially valuable in rural and high-needs communities where healthcare access is limited, and traditional models of care are under strain. They are a promising model to support equity and empower patients through connection, education, and holistic care.

Benefits of SMAs in Aotearoa context

Shared Medical Appointments (SMAs) offer better access by allowing more patients to be seen in less time, easing GP workload and reducing bottlenecks. They foster whanaungatanga by strengthening relationships between patients and providers, while also being culturally responsive tailored to Māori worldviews and values to enhance cultural safety.

SMAs promote team-based efficiency by enabling multidisciplinary teams to work to the top of their scope, and they empower patients through increased understanding and confidence in managing their health. This model is especially valuable for supporting equity in under-served rural or high-needs communities.

	Patient Benefits	**Practice/Clinician Benefits**
Planned Care	• Appointments are structured around their goals • Coordinated with labs and screenings	• Enables proactive care and monitoring • Aligns with Year of Care planning
Valuing Time	• 60–90 minutes with the team in one visit • Fewer separate appointments needed	• Saves time by reducing repetition • More patients supported in less time
Stronger Relationships	• Builds trust with team and peers • Encourages peer support outside sessions	• Deeper patient understanding • Strengthens team-based care model
Efficiency	• Fewer practice visits and co-payments	• Better time use and streamlined care • Frees up nurses for other roles

	Patient Benefits	Practice/Clinician Benefits
	• More use of portals and digital tools	
Managing LTCs	• Extended time supports complex needs • Learn from others' questions and advice	• Supports holistic care and education • Reduces frustration of short consults
Health Literacy	• Learn from group discussions • More confidence managing their health	• Clinicians learn from patients too • Improves communication strategies
Better Outcomes	• Motivation through peer stories • Support for positive behaviour change	• Team support enables behaviour change • Broader care team can address barriers
System Impact	• Reduced need for acute care • Possible alternative to outpatient visits	• Improved planning reduces ED visits • Can involve visiting specialists
Satisfaction	• Builds confidence, reduces isolation • Some prefer group to 1:1	• More engaging than back-to-back 1:1s • Improves clinician-patient experience

Suggested Roles and Responsibilities of SMA Facilitators

Delivering SMAs successfully requires a well-prepared team with clear roles:

Clinical Lead (GP or Nurse Practitioner)

- Provides clinical oversight during the group session
- Conducts brief 1:1 consultations within the group setting
- Answers medical questions and reinforces evidence-based advice
- Ensures safe prescribing and follow-up where needed

Nurse (or Long-Term Conditions Nurse)

- Leads pre-session clinical preparation (e.g., lab results, recalls)
- Supports patient assessments during the SMA
- Delivers health education content relevant to the condition
- Coordinates clinical documentation in the PMS

Facilitator (Health Coach, Kaiāwhina or Trained Admin)

- Sets the tone of the session—welcoming, inclusive, and safe
- Facilitates introductions and group discussions

- Encourages peer learning and participation
- Ensures the session follows the agreed structure
- Supports cultural safety and whānau-centred approaches

Coordinator (Practice Manager or Admin Support)

- Manages patient invitations and reminders
- Books space, organises refreshments and resources
- Gathers feedback post-session for quality improvement
- Supports administrative documentation and follow-up

Each member plays a vital role in creating a respectful and engaging environment that prioritises manaakitanga, equity, and shared learning.

How to set up SMAs

1. **Define your focus group:** Choose a condition or health priority relevant to your population—commonly diabetes, cardiovascular disease, or respiratory illness. Consider local Health Needs Assessments or PHO data.
2. **Build the team:** Involve GPs, nurses, health coaches, pharmacists, kaiāwhina, and allied health professionals. Ensure team members are confident in group facilitation and culturally responsive care.
3. **Design the session:**
    - Groups of 6–12 patients
    - 60–90 minutes per session
    - Incorporate clinical reviews, health education, and peer discussion
    - Use visual tools and plain language resources (Healthify.nz is a helpful reference)
    - Refer to appendix 1 - Shared Medical Appointment (SMA) – On-the-Day Checklist Template
4. **Engage patients:** Use warm, proactive invitations. Frame the group as a chance to learn, connect, and spend more time with the care team. Consider transport or childcare support for access.
5. **Pilot and evaluate:** Start small run a pilot for one condition or age group. Collect feedback from patients and staff. Evaluate outcomes using patient-reported experience measures and clinical markers.
6. **Adapt and scale:** Refine your approach. Create a calendar of regular SMA sessions and train staff in group facilitation. Ensure cultural appropriateness, especially for Māori and Pacific patients.

Resources

- **Te Pae Tata – Interim New Zealand Health Plan (2022–2024)**
  Focuses on locality networks, equity, integrated care, and addressing long-term conditions.
- **Health Quality & Safety Commission – Atlas of Healthcare Variation**
  Useful to identify clinical areas where SMAs may have the most impact.
- **Healthify NZ**
  Trusted source of patient education materials that can support SMAs. Group visits (shared medical appointments) for healthcare providers | Healthify

Appendix one - Shared Medical Appointment (SMA) – On-the-Day Checklist *(Adjust template to suit your practice)*

Room Setup

- ✓ Private, comfortable group space with enough chairs for patients and team
- ✓ Whiteboard or flipchart and markers
- ✓ PowerPoint/TV screen if using visuals
- ✓ Name tags (patients + staff)
- ✓ Seating arranged in a circle or U-shape (not rows)
- ✓ Refreshments (e.g., water, tea, fruit/snacks – optional, culturally appropriate)

2. Equipment and Resources

- ✓ Blood pressure monitor
- ✓ Scales
- ✓ Glucometer (if needed)
- ✓ Measuring tape (e.g., for waist circumference)
- ✓ Hand sanitiser and wipes
- ✓ Clinical documents pre-printed (e.g., care plans, education sheets, consent forms)
- ✓ Patient-specific clinical summaries printed from PMS
- ✓ Healthify NZ handouts or condition-specific resources (e.g., diabetes, asthma)
- ✓ Evaluation forms / patient feedback slips
- ✓ Pens and clipboards

3. Technology

- ✓ Laptop/tablet for note-taking in PMS (if digital)
- ✓ Patient management system open with all attendees loaded
- ✓ Audio/visual equipment tested
- ✓ Interpreter service dial-in (if needed)

4. People

- ✓ GP/NP present and briefed
- ✓ LTC Nurse / Practice Nurse prepared
- ✓ Health Coach / Facilitator ready to welcome and guide group
- ✓ Admin/Coordinator on standby for logistics
- ✓ Māori or Pacific support roles confirmed (kaiāwhina, cultural facilitator, if applicable)

5. Pre-Session Briefing (10–15 mins before)

- ✓ Review patient list and clinical priorities
- ✓ Discuss team roles for this session
- ✓ Confirm timing, breaks, and flow of session
- ✓ Cultural considerations or accessibility needs noted

6. Post-Session Wrap-Up

- ✓ Summarise key messages with group
- ✓ Offer time for private Q&A or brief 1:1 consults
- ✓ Book follow-ups / update recalls in PMS
- ✓ Debrief as a team – what went well, any improvements
- ✓ Collect and store feedback forms securely
- ✓ Update records and billing codes as required