NICE National Institute for Health and Care Excellence

Group consultation for HRT review

Case studies

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Overview

Organisation: Lostock Hall Medical Centre, Preston

Organisation type: GP Practice

NICE recommends a review of patients on hormone replacement therapy (HRT) after 3 months, and then annually. The practice looked to pilot an efficient way of running reviews as a group consultation, to save clinical time, but crucially to enable women to share their experiences and learn from each other.

Inspired by a demo of a group consultation for women's health by ELC Works, presented at the Primary Care Women's Health Conference in February 2025, a pilot group consultation was held at the practice for HRT review in April 2025 for 8 women who had been on HRT for 3 months or longer. The session was led by a GP and co-facilitated by a healthcare assistant, who also conducted NHS health checks and bone health assessments using the FRAX score. Another GP supported the session.

The group discussed common menopausal symptoms, with participants sharing their own experiences. The discussion included symptom management strategies, lifestyle modifications (such as exercise, nutrition and mindfulness), and managing issues such as bleeding on HRT and weight gain. Peer support within the group was particularly strong, with participants encouraging and positively influencing each other.

At the end of the session, each participant had a brief one-to-one consultation with a GP to review and personalise their menopause care plan, including any necessary medication adjustments. Feedback was overwhelmingly positive, with participants expressing enthusiasm for future group consultations.

HRT review group consultations will now be held on a regular basis at the practice. Subject to further consultation with patients, it is possible that eventually all such reviews will be done as group consultations.

The lead GP is a British Menopause Society (BMS) accredited Advanced Menopause Specialist certified to train other GPs to obtain the qualification. A trainee assisted at the

pilot group consultation, and this will form part of the training programme going forwards to spread the technique in the area.

Implementation

- Patients were sent a text at the point of invitation to confirm their acceptance to respect the confidentiality of other participants. They were able to respond 'YES' to confirm acceptance, and this was automatically added to their record as follows:
- "By replying YES to this agreement, I undertake to respect the confidentiality of the other members of the Group Consultation by not revealing any medical, personal, or other identifying information about others in attendance, after the session is over. In sharing my own information, I understand that I can opt to hold back on certain details that I find sensitive."
- Before the start of the session, the healthcare assistant ensured the room was set up appropriately with chairs in a circle around a table. A flip chart displayed some headings for the discussion. A good-sized room was needed, preferably with windows providing natural light. Cups and a jug of water were set out. Patients name badges (first names only) were provided to facilitate personalised communication.
- The session started with a brief introduction by the GP, including aims of the session and importance of confidentiality and allowing everyone a chance to speak. This included some common points about symptoms, medication and lifestyle. Patients were then asked to provide a brief personal update on their progress against suggested headings displayed on the flip chart.
- For each patient, a GP provided advice and a proposed plan and checked their agreement. The healthcare assistant took notes for each patient, including patient feedback and the GP advice and plan.
- There was then an opportunity for a brief group discussion about lessons learnt and shared feelings, although some of this had already occurred naturally during updates by each patient. In future, it may be possible for some of this discussion to occur without the presence of the GP.
- The GP summed up at the end, highlighted next steps and invited anyone with unanswered queries to speak to her or the healthcare assistant (for lifestyle NHS Health Check, FRAX scores) separately in the last few minutes. Patients were given an evaluation sheet to complete before departing.
- After the session, the GP and healthcare assistant conferred to provide medical notes

for each patient and actioned any required tasks or prescriptions.

Outcomes and learning

Outcomes

- The HRT review for 8 patients, including discussion session, individualised care plans and documentation, could be undertaken in a similar time that would be needed for 8 individual HRT reviews. It is believed this can be reduced in the future, in particular the time needed for the GP.
- Patients were able to share experiences and compare approaches.
- All participants signed up to respect each other's confidentiality and confirmed this verbally at the start of the session.
- As well as the group presentations and discussions, each patient received an individualised care plan, including medication changes.
- The results from patients completing the simple evaluation form were as follows:
  - 100% rated the session as good or excellent, would recommend to others and would do again, with 86% rating the session as excellent and would definitely recommend to others and would definitely do again.
  - 100% agreed sharing views with other patients was worthwhile, and 71% said it was definitely worthwhile.
  - From the evaluation, one patient said that it was "really appreciated being invited to the group," and another that it was "nice to meet similar-minded women."

Learning

- Invitation process: a key to the success of the session was a small telephone campaign by 2 experienced members of the admin team, targeting patients that were due their 3-month or 12-month HRT medication review. This targeted patients that had already had an initial menopause or perimenopause consultation and were therefore more likely to be confident about sharing their experience with others. The benefits of a group session were outlined, concerns dealt with, and reassurances

made about confidentiality. Holding the clinic on a Saturday morning was found to be positive for some patients, but negative for others depending on their commitments. It was important to indicate the likely maximum time commitment (2 hours for patients), although at the sessions, patients seemed happy to stay longer. Approximately 50% of patients contacted were willing to take part, and 10 were booked to allow for some last-minute cancellations (2 cancelled).

- Benefits of group discussion: it was found after a gradual start that patients were willing to speak openly and enjoyed sharing experiences and ideas. One example, in a discussion about physical activity, a participant who wanted to commence weight training but lacked confidence to start was given details of a local subsidised gym programme by another woman in the group, and they exchanged contact details so they could support each other to take part. The group environment was a safe place for similar age women regardless of background and ethnicity to talk about problems which affect them all to some degree.

- Format: the format of the session worked well for a pilot process. It was felt that, in future, the GP would be able to leave the session for 20 minutes to allow the discussion to continue a bit longer and then return to coordinate a sum up. In general, it was felt that with practice the session time and GP time could be reduced and still maintain positive outcomes.

- Individual health plans: it was found that with careful notes, and checking and summarising, individual plans could be developed. Any final questions were resolved at the end.

- Future potential: the benefits of this approach are now being shared with the patient population through social media and text invites to women due for their next HRT review. Women attending traditional one-to-one consultations will also be offered group consultations for their future reviews. Group consultations will now be scheduled monthly. In addition, options are being developed for scheduling focused group sessions for women affected by oestrogen-dependent cancer, especially breast cancer, to share their concerns and solutions, as well as women from ethnic or religious groups where discussion of women's health needs to be particularly sensitive.

Supporting information

Contact details

Dr Ewa Craven

Lead GP, Lostock Hall Medical Centre
Women's Health Clinical Lead, Lancashire & South Cumbria ICB

Email: ewa.craven1@nhs.net

Generic email for NICE website: lscicb-csr.lostockhallmedicalcentre@nhs.net

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