

Small Children – Great Care Ostend, 5th December 2024

Experience from the UK. Magic happens

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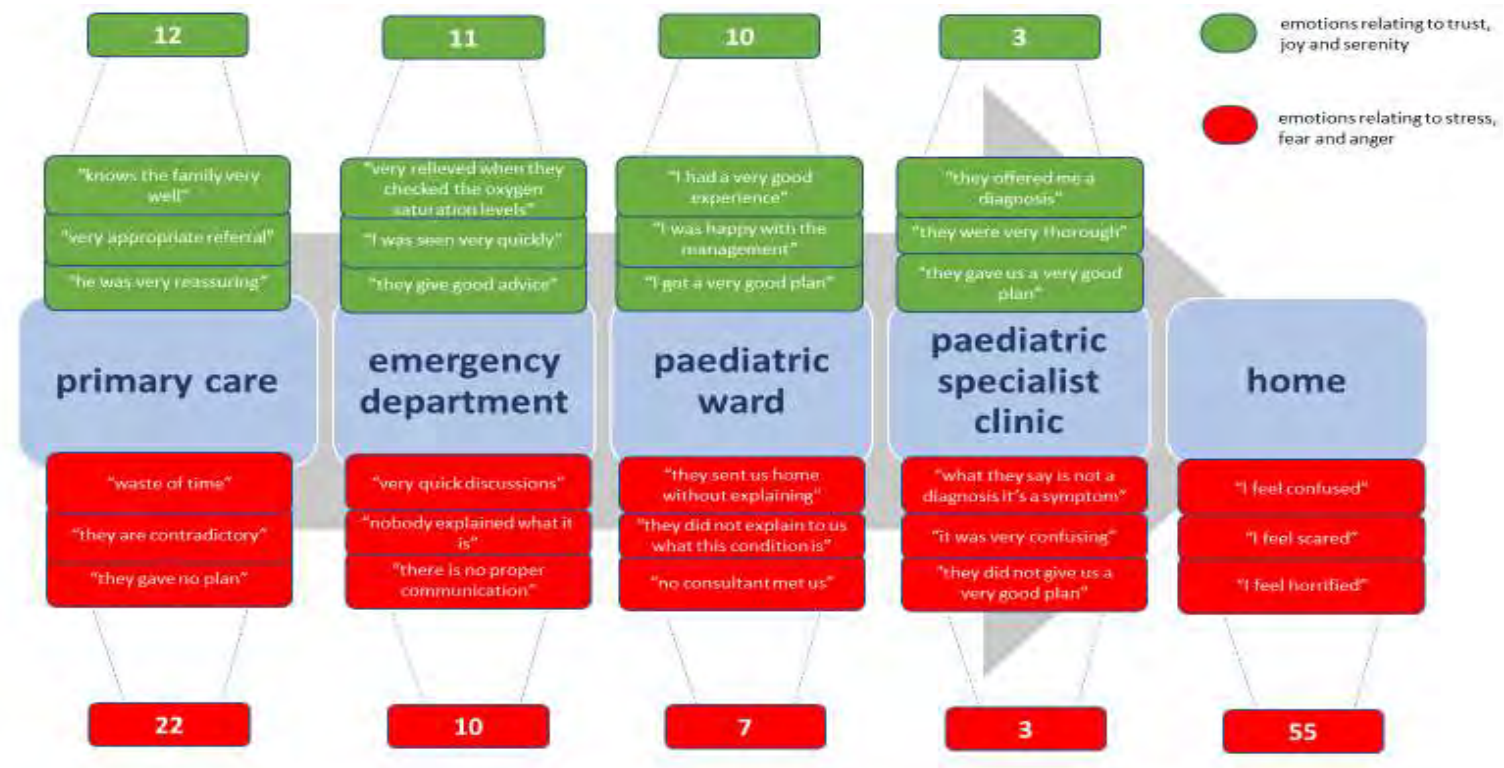
Clinical Lead, Babies, Children & Young People
North West London Integrated Care System

Co-founder, Connecting Care for Children

A partnership between hospital and community health providers, GP practices and Primary Care Networks, local authority, charity, patients, citizens and more

THE PROBLEM:

The child/family perspective....



Heidi, M., Emily, K., Benjamin, H. *et al.* Patient reported outcomes for preschool children with recurrent wheeze
npj Prim. Care Respir. Med. 29, 7 (2019). <https://doi.org/10.1038/s41533-019-0120-3>

[Experience Mapping tool | Connecting Care for Children](#)



GLOBAL AIMS:

Improved
experience
of care

Improved
staff
experience &
learning

Improved
population
health

Reduced
per-capita
cost

Improved
health equity

Problem

Design

Impact

A Whole Population Approach: Patient Segments in Child Health

Integrated care is often built around patient pathways. In stratifying children and young people we strongly advocate a 'whole population' approach, where broad patient 'segments' can be identified:

Healthy Child	• <i>Advice & prevention</i> eg: Breast feeding / Immunisation / Mental well-being / Healthy eating / Exercise / Dental health
Vulnerable child with social needs	• eg: Safeguarding issues / Self-harm / Substance misuse / Complex family & schooling issues / Looked after children
Child with single long-term condition	• eg: Depression / Constipation / Type 2 diabetes/ Coeliac Disease / Asthma / Eczema / Nephrotic syndrome
Child with complex health needs	• eg: Severe neurodisability / Down's syndrome / Multiple food allergies / Child on long-term ventilation/ Type 1 diabetes
Acutely mild-to-moderately unwell child	• eg: Croup / Otitis media / Tonsillitis / Uncomplicated pneumonia / Prolonged neonatal jaundice
Acutely severely unwell child	• eg: Trauma / Head injury / Surgical emergency / Meningitis / Sepsis / Drug overdose / Extreme preterm birth

[Dr Bob Klaber & Dr Mando Watson 'beyond the guidelines' 2017](#)

 connecting care for children



THE DESIGN

WE STARTED WITH PATIENTS...

...who built themselves into the model

Volunteer for your local community

become a Practice Champion and
help shape children's healthcare

Your Practice would like to invite you to join us as a Practice Champion. We want to improve the healthcare of children and young adults in our community. Practice Champions use their experience, skills and passion to help design healthcare services for children and families. Training will be provided.

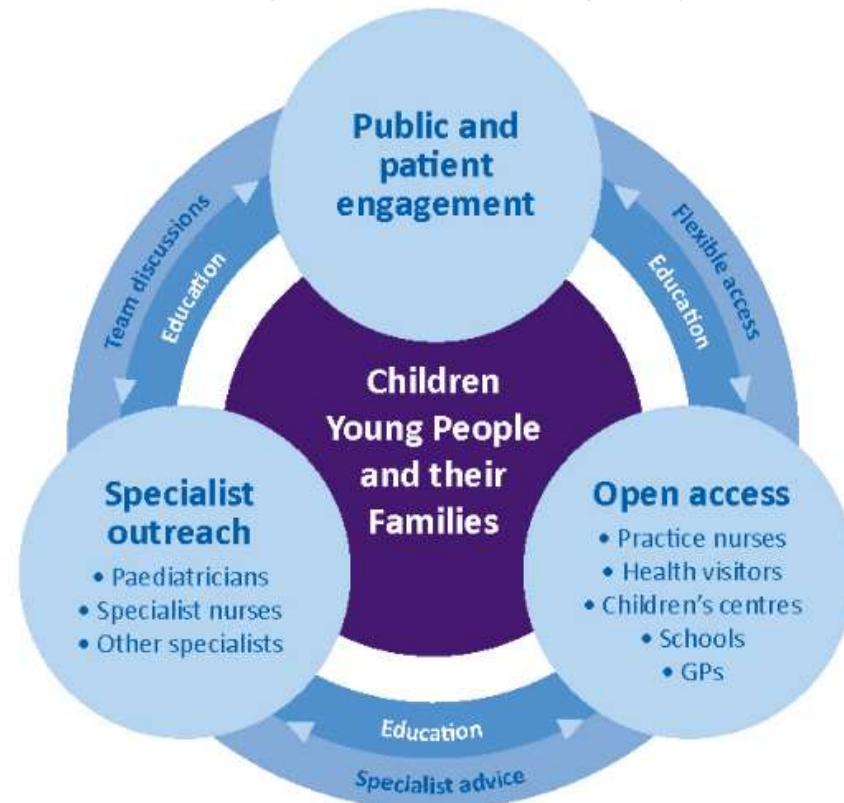
For more information please ask for a volunteer application form at reception or call/text Bea on 07852176747



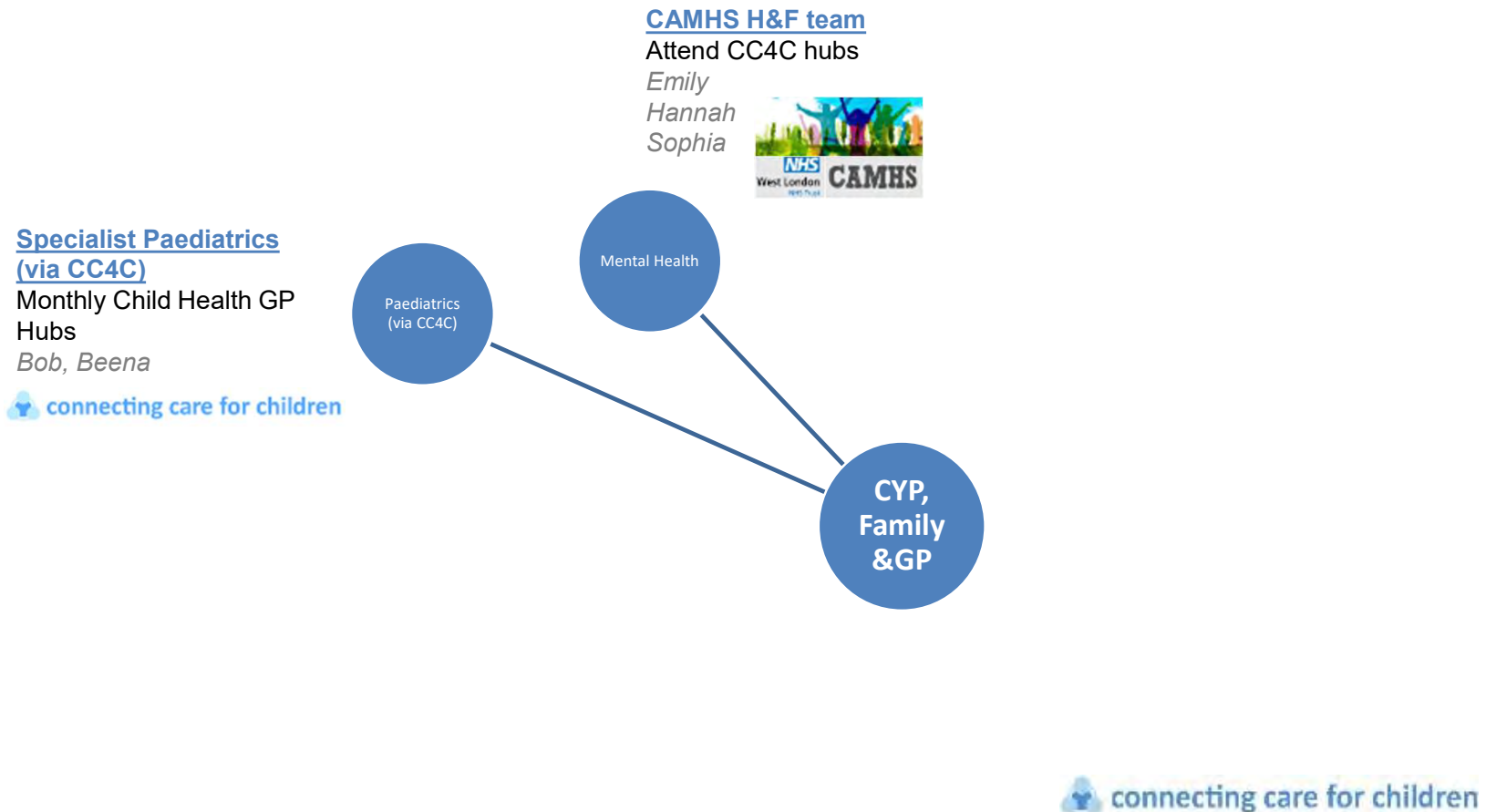
CHILD HEALTH GP HUB

3 core elements – centred in
primary care

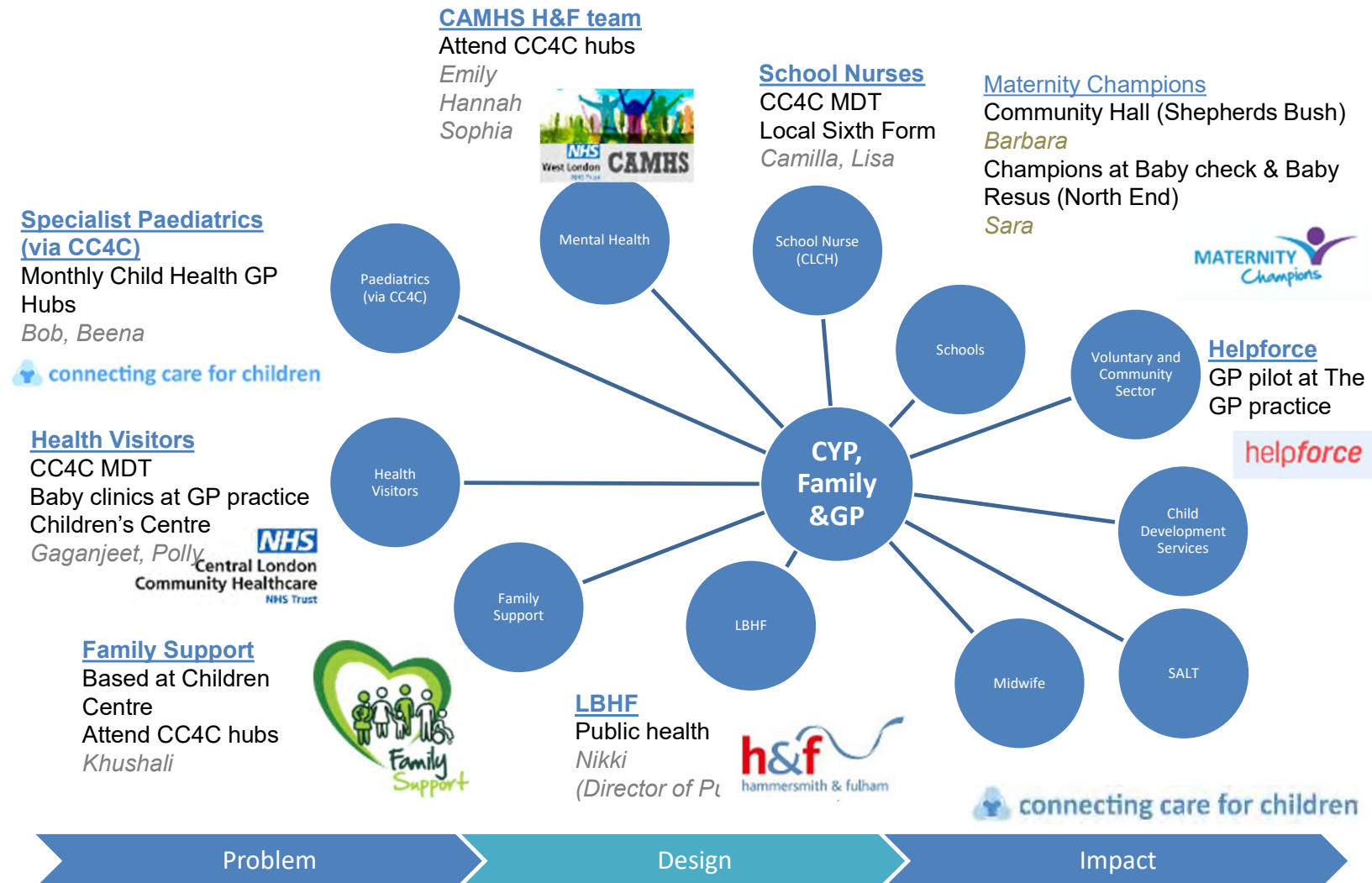
- Each hub is typically 1 PCN
- Serving a population of 30,000 – 50,000
- Running a clinic & MDT meeting once per month



A PCNS CHILDREN & YOUNG PEOPLE NETWORK



A PCNS CHILDREN & YOUNG PEOPLE NETWORK



A standard pathway - abnormal movements 3y

GP requests an out patient paediatric appointment:

child with abnormal movements – is it epilepsy?

2 months later child sees paediatrician sees in hospital :

- Movements have settled
- Parents to video movements if they return
- Another hospital appointment in 3 months as a safety net

2 months later child sees paediatrician sees in hospital :

No new symptoms
Discharged from paediatric follow up

Problem

Design

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A flexible pathway - abnormal movements 3y

GP emails paediatrician:

child with abnormal movements –
next steps?

Paediatrician advises:

- Parents to video
 - Check BP
- Appt in 2 weeks at hub clinic or
sooner in hospital?

GP replies:

Symptoms settle
Video seen at MDT and movements are
no longer concerning

Problem

Design

Impact

Care to meets needs - abnormal movements 3y

GP emails paediatrician:

child with abnormal movements –
next steps?

Paediatrician advises:

- Parents to video
- Check BP
- Appt in 2 weeks at hub clinic

Child deteriorates and is seen in A&E:

Diagnosis made
Anti-epileptic drugs are started

Mother (who has mental health
problems and lives in B&B) is supported
by GP

Problem

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EVALUATION:
HOW DO YOU SHOW IT WORKS?

OUTCOMES FROM CHILD HEALTH GP HUBS

Improved
experience
of care

Improved
staff
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OUTCOMES FROM CHILD HEALTH GP HUBS

Improved experience of care

Patient Reported Experience Measure (PREM) outstanding feedback of patient & family experience

As a result of being seen in the Child Health GP Hub **88% of parents felt more comfortable about taking their child to see their GP** in the future

Improved staff experience & learning

Relationships & connections are built through inter-professional learning

“the best three hours of my month”

“the most useful learning I have ever had”

Improved population health

Specific **preventative interventions** :

- a session dedicated to **asthma**, gives the children a **clear treatment plan at home, school, GP & hospital**

Reduced per-capita cost

Observed reductions in hospital activity from GP practices involved in a hub:

39% reduction in outpatients
22% reduction in ED
17% reduction in admissions

Better use of existing resources through connecting care

Improved health equity

GP practices Child Health Hubs **reverse the Inverse Care law**

45% of the CYP population are in the two most deprived deciles - **50-60% of these are actively managed in this model**

(data from CHILDS framework, Evelina)

Problem

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2016 [Child health general practice hubs: a service evaluation.](#)

2022 [Value analysis](#)

Problem

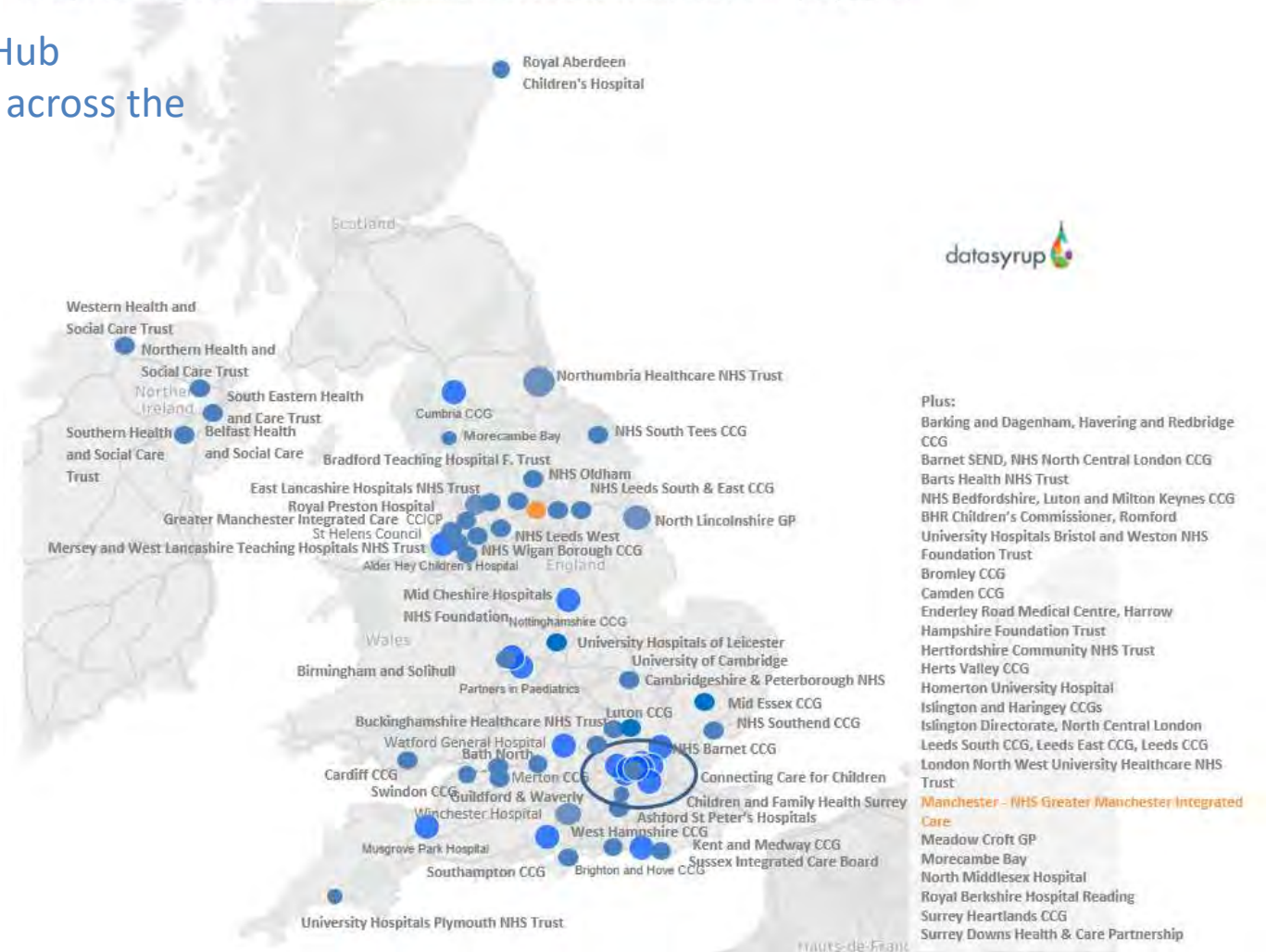
Design

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SPREAD

A map of trusts, CCGs and other organisations now involved with the CC4C programme

Child Health Hub
development across the
UK:



Problem

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How do we join forces?

No child is an island

INTEGRATED CARE DESIGN PRINCIPLES

We can't do anything on our own

AIMS

Better
quality of
care

Better
population
health

Reduced
per capita
costs

Better **staff**
experience

More health
equity

why



Components of the model:

Practice Champions:
patient and public involvement

why

Specialist Outreach: clinics and multidisciplinary team meetings

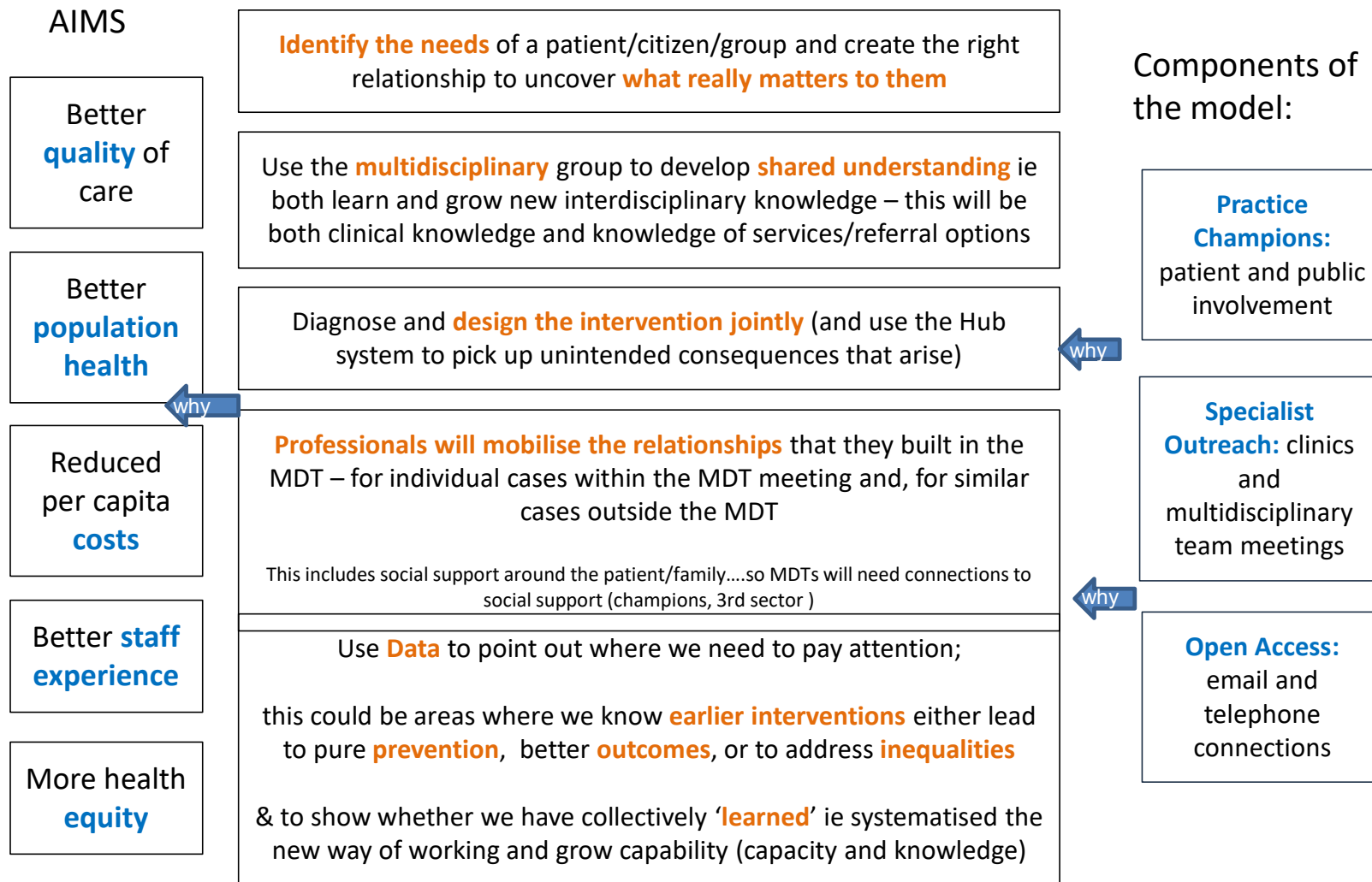
why

Open Access:
email and telephone connections



INTEGRATED CARE DESIGN PRINCIPLES

We can't do anything on our own



Getting in touch

GETTING IN TOUCH / FINDING OUT MORE

WEBINAR: Thursday 12th December, 15.00 – 16:30 for those who are just starting

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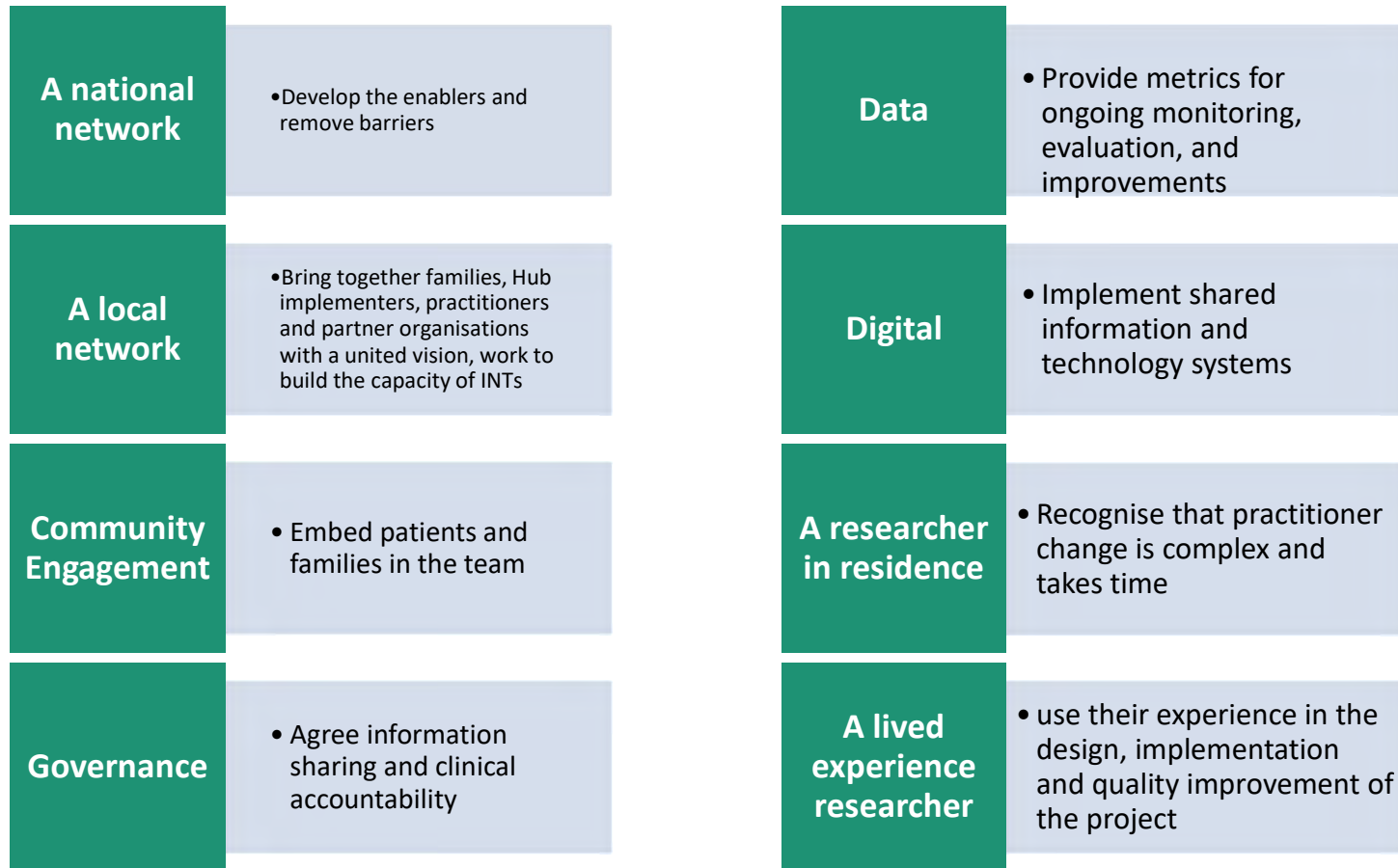
EXTRAS

SOME CHALLENGES

How to involve patients and the public ?	• ...YP grow up, parents are super-stretched	How to have clear clinical governance?	• ...when integration blurs the boundaries
How to best use the MDT?	• ...where personalities and hierarchy may inhibit participation	How to safeguard against confidentiality breaches?	• ...the broader the MDT, the easier to cross the information governance line
How best to share learning?	• ...each Hub has it's own flavour, strengths and weaknesses	How best to encourage change?	• ...without imposing, or disempowering
How to meet the GP practice's needs?	• ...careful design will create 'pull' not 'push'	How to overcome the perverse incentives?	• ...when hospital specialists are paid for activity



WHAT WILL HELP 'glue'



PATIENT EXPERIENCE

Parent: 'I hope it will continue like this – it's much easier and more comfortable because I know all the people at the GP practice...

Parent: What I like the most is that the GP and I hear the plan together so I don't have to go back and tell them. **The game of Chinese Whispers is finally over.'**

Parent: 'It's a **fantastic service having a paediatrician come into the GP practice'**

Feedback: 70% had initially presented to their GP thinking a hospital referral would be needed. After the Hub clinic, **none had a preference to be seen in hospital**

Feedback: As a result of the appointment, **88% felt more comfortable taking their child to see their GP.**



WORKFORCE DEVELOPMENT

GP: 'The clinics are so helpful to boost our confidence as well as knowledge base'

GP: 'Best CPD I've ever had.'

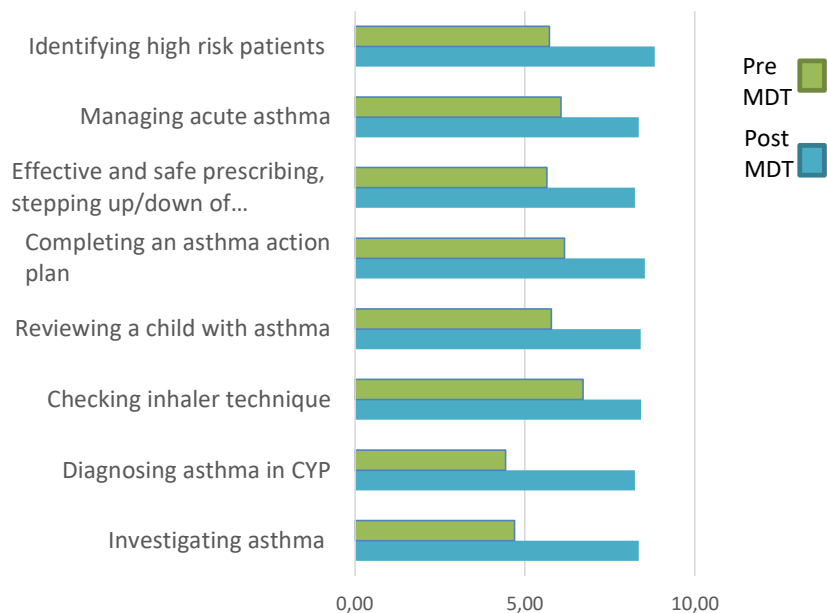
Paediatrician: 'The ability to work in true partnership has been enormously enhanced by my seeing patients in primary care.'

Health Visitor: 'I have learnt an incredible amount from attending the hub.'



POPULATION HEALTH: ASTHMA

How confident are you in the following?



- Using the hub model to focus on a common problem
- Education and development for the whole multi-disciplinary team
- Specialist team: Paediatric consultant, asthma-specialist nurse and pharmacist
- 5-minute tutorial on a topic of the practice's choice
- 12 MDTs with 11 GP practices

 connecting care for children

Problem

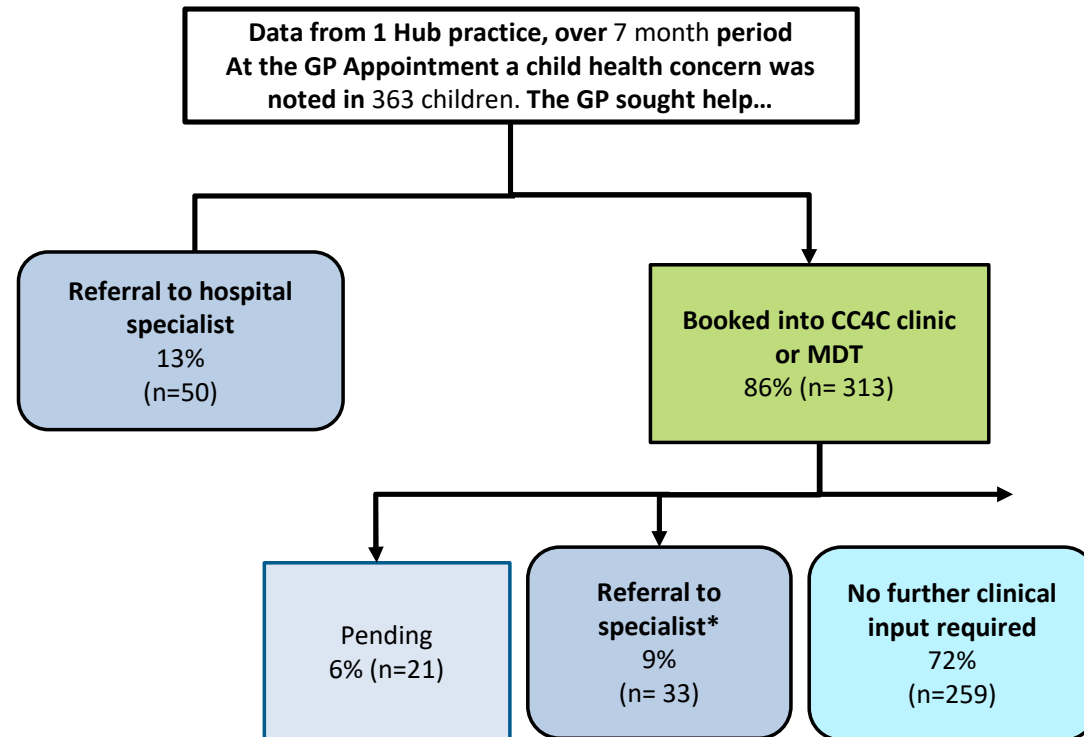
Design

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IMPACT ON HOSPITAL REFERRALS

With Child Health Hubs, fewer patients are referred to hospital

- 22% had a hospital appointment
- 72% were managed through the Hub clinic or MDT
- 6% are pending/unknown



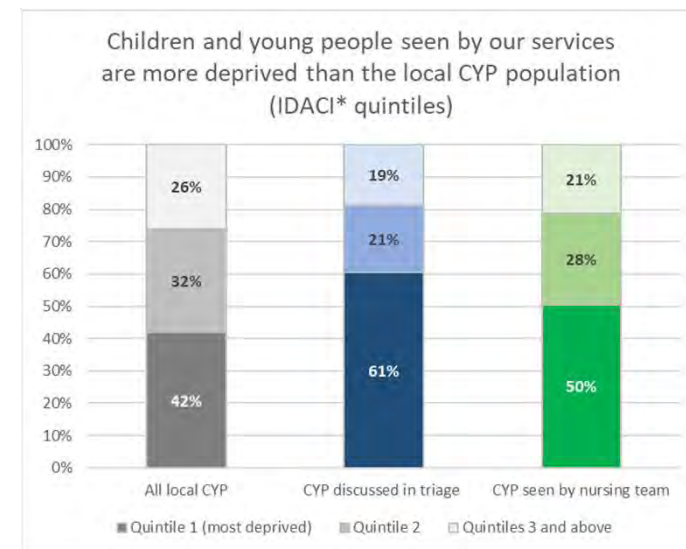
Impact: reducing health inequalities

We reach proportionately more children from the most deprived quintile

We are improving equity of access compared to usual care

We are reversing the Inverse Care Law (patients most in need are least likely to access care).

The ethnic and age profile of our patients matches the local population



- IDACI: Income Deprivation Affecting Children Index

Data from CYPHP, Evelina

Problem

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Impact

WIDE IMPACT ON HEALTH SYSTEM

Impact on out patient activity?

- ...release 7% capacity from paediatric out patients (conservative estimate, national data)

Impact on GP activity?

- ...there is a 36% drop in GP appointments (Evelina CYPHP)

How much does it cost?

- ... £200k/year/ICS = 50p per year per child

How much value does it release?

- ...delivers efficiency with a monetary value of £2.4m per year

What else?

- ...and will improve outcomes, access and experience

What about health inequalities?

- ...children from more deprived centiles are more likely to be seen (Evelina CYPHP)

Where is the economic case published?

- ...Child Health Hub Value Analysis [link](#)

What do GPs say?

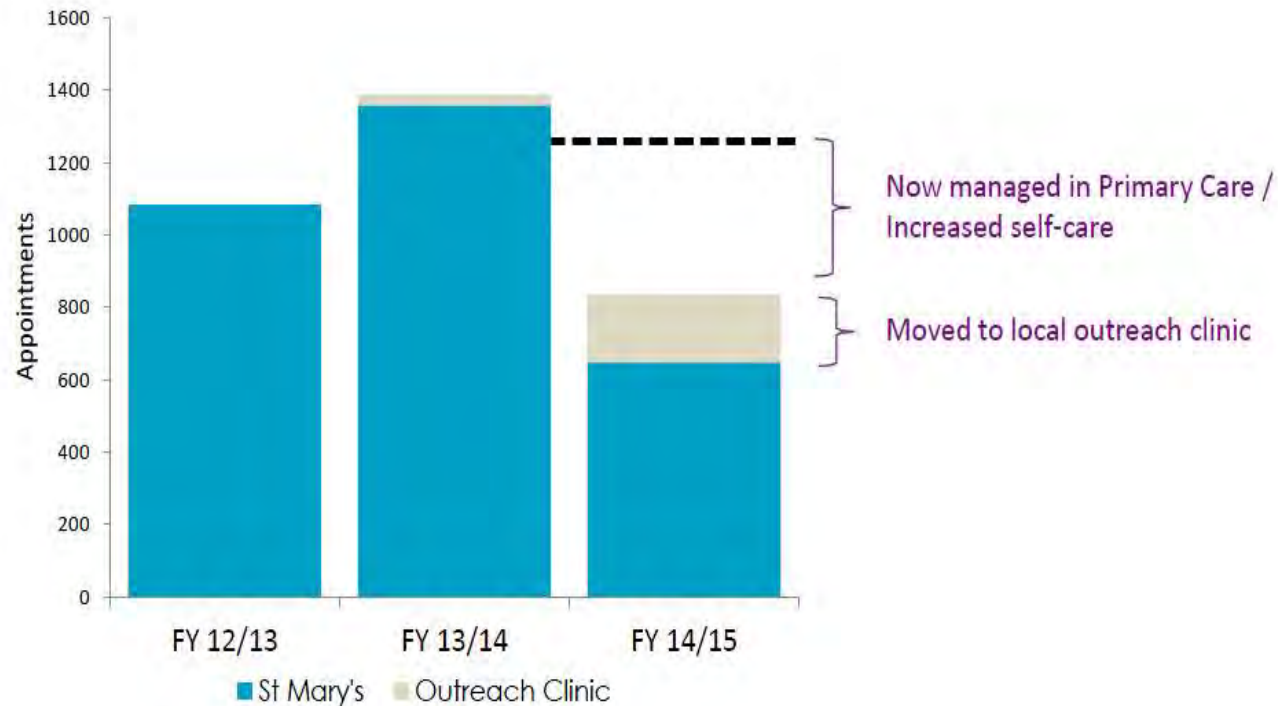
- ..."I can't remember the last time I referred a child to the hospital"

Problem

Design

Impact

CC4C Child Health GP Hubs - Use of hospital services



Reference: Montgomery-Taylor, S., Watson, M., & Klaber, R. (2016). Child health general practice hubs: a service evaluation. *Archives of disease in childhood*, 101(4), 333-337.

Problem

Design

Impact

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WHY WE MUST DO BETTER...



Service users prioritise:

- mental health
- healthy weight
- pressures on parents
- help navigating the system

Problem

Design

Impact