connecting care for children

Child Health
General Practice Hubs

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Imperial College Healthcare

Central London Clinical Commissioning Group

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The Child Health General Practice Hub model builds on seven existing NWL paediatric projects. All have been co-designed with families, and developed with many professionals. Each has been innovative in the way it has been developed and what it has sought to achieve.
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 6 broad patient ‘segments’ can be identified:

<table>
<thead>
<tr>
<th>Segment</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy child</td>
<td>• Advice &amp; prevention eg: Immunisation / Mental well-being / Healthy eating / Exercise / Dental health</td>
</tr>
<tr>
<td>Child with social needs</td>
<td>• eg: Safeguarding issues / Self-harm / Substance misuse / Complex family &amp; schooling issues / Looked after children</td>
</tr>
<tr>
<td>Child with complex health needs</td>
<td>• eg: Severe neurodisability / Down’s syndrome / Multiple food allergies / Child on long-term ventilation/ Type 1 diabetes</td>
</tr>
<tr>
<td>Child with single long-term condition</td>
<td>• eg: Depression / Constipation / Type 2 diabetes/ Coeliac Disease / Asthma / Eczema / Nephrotic syndrome</td>
</tr>
<tr>
<td>Acutely mild-to-moderately unwell child</td>
<td>• eg: Upper respiratory tract infection / Viral croup / Otitis media / Tonsillitis / Uncomplicated pneumonia</td>
</tr>
<tr>
<td>Acutely severely unwell child</td>
<td>• eg: Trauma / Head injury / Surgical emergency / Meningitis / Sepsis / Drug overdose</td>
</tr>
</tbody>
</table>
A Whole Population Approach: Patient Segments in Child Health

There are a number of cross-cutting themes that can be found within many or all of the 6 segments. Examples include safeguarding, mental health, educational issues around school and transition.

Healthy child
Child with social needs
Child with complex health needs
Child with single long-term condition
Acutely mild-to-moderately unwell child
Acutely severely unwell child

Safeguarding
Mental Health
School Issues
Transition
Inequalities

Dr Bob Klaber & Dr Mando Watson
Imperial College Healthcare NHS Trust
A Whole Population Approach: Patient Segments in Child Health

This segmentation model also allows the activity and spend on a population of children and young people within a defined locality, and split into age groups, to be assessed and analysed. This presents the opportunity for utilising different payment mechanisms within each of the segments.
A Whole Population Approach: Patient Segments in Child Health

This slide illustrates four important stages of work that need to be undertaken to validate the 6 draft segments. This will help us to move towards models of care commissioned for patient-centred outcomes:

1. Coding, activity & finance – where do patients go?
2. Attitudinal surveys – where would patients go?
3. Mapping existing indicators and outcome measures for each segment
4. Outcomes-based commissioning with Patient Centred Outcome Measures

Dr Bob Klaber & Dr Mando Watson
Imperial College Healthcare NHS Trust
Connecting Care for Children; 3 core elements focused on Primary Care, coming together as a ‘Child Health GP Hub’

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, it is so quick to get an appointment. 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. I am so pleased my practice has this service.’

GP: ‘I have much more confidence in talking to the Paediatricians because I now know them, I don’t feel scared to email, write or telephone and I know they will answer my queries. The clinics are phenomenal, they are the best three hours of my month, I feel the patients get exactly what they need, I learn a great deal which I can then use in all my general practice consultations. Thank you for empowering me and helping me deliver the best service to our patients.’

Paediatrician: ‘The ability to work in true partnership, and to co-create care plans with families and GPs has been enormously enhanced by my seeing patients in primary care.’

GP Child Health Hubs are typically:
3-4 GP practices within an existing network / village / locality
~20,000 practice population
~4,000 registered children
Built around a monthly MDT and clinic
**Child Health GP Hubs – a model of integrated child health**

**Vertical integration** between GPs and paediatric services

**Horizontal integration** across multiple agencies

- Tertiary Care Sub-specialty Paediatrics
- Secondary Care General Paediatrics

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**Health Visitors**
- Dieticians
- Community Nurses
- Practice Nurses

**CAMHS**
- Voluntary sector
- Schools
- Social Care
- Children’s Centres

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**Children, Young People, and their Families**
- Specialist outreach
  - Paediatricians
  - Specialist nurses
  - Other specialists
- Education
- Flexible access
- Open access
  - Practice nurses
  - Health visitors
  - Children’s centres
  - Schools
  - GPs

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**Connecting care for children**
Child Health GP Hubs – MDT Professionals

MDT are typically:
- 4-6 weekly
- 60-90 minutes long
- Centred on discussing clinical cases
- An opportunity for shared learning
Child Health GP Hubs – MDT Professionals

- GP /Paediatric Trainees
- Voluntary Sector
- General Practitioners
- Practice Nurses
- Health Visitors
- Paediatric Dietician
- Mental Health Worker
- Social Care Manager
- General Paediatrician
- School Nurses
- Medical Students
- Student HVs & Dieticians

MDT are typically:
- 4-6 weekly
- 60-90 minutes long
- Centred on discussing clinical cases
- An opportunity for shared learning
Child Health GP Hubs – MDT Case Mix

Ethos of the MDT:
- Moving relatively fast through discussing different patients
- Anyone attending can bring patients to discuss – no need for ‘referral’
- 10-15 patients discussed in the MDT
- Focused on getting the right outcomes for patients
- Fast, accurate triage an important gain from the MDT
- Summary of discussions recorded in the patient record
- Reflecting on learning points at the end of the MDT

- Patients who would ordinarily be referred to outpatients
- Any child who anyone attending wants a second opinion on
- Patients who the paediatrician has seen in hospital, and who can now have follow-up within the Hub Clinics & MDT rather than in hospital
- Children where there are safeguarding concerns
- Children where a multi-professional approach is needed
- Children from the GP registered list (eg with long-term conditions, frequent attenders) who need a more proactive, preventative approach
Child Health GP Hubs in North West London

**Imperial and West London CCG:**
Three multi-practice Child Health GP Hubs now operational (since early 2014)

**Imperial and Hammersmith & Fulham CCG:**
One 1-4 GP practice hub established in Nov 2014 within Parkview Health & Wellbeing Centre

**Imperial and Central London CCG:**
Four 3-4 GP practice hubs established between Sept 14 and Feb 15 within existing ‘villages’

**Evelina (GSTT) and Central London CCG:**
One 4 GP practice hub established in late 2014 within existing ‘village’

**Chelsea and West. & West London CCG:**
Two 3 GP practice hubs established in late 2014

**West Middlesex and Hounslow CCG:**
One GP practice hub being established in 2015
Demonstrating Value, Outcomes and Benefits

Connecting Care for Children Ethos
Patients will be seen by the right person, in the right place, first time

Better use of hospital services
In the 3-practice Child Health GP Hub at HRHC (West London CCG) 39% of new patient appointments were avoided altogether through MDT discussion and improved care coordination. A further 42% of appointments were shifted from hospital to GP practice.

In addition, there was a 19% decrease in sub-specialty new patient appointments, a 17% reduction in paediatric admissions and a 10% decrease in A&E attendees.

Evidence for Practice Champions....
National evidence (Altogether Better) indicates that Practice Champions will deliver a positive return on investment of up to £12 for every £1 invested in training and support

More accessible for patients
The Hubs mean that fewer working hours are lost by parents, and anxiety is reduced

Reduced Bureaucracy
The Hub uses fewer referral letters, appointment letters and responses

Positive Patient Reported Experience
90% of patients and carers said that having been seen in the outreach clinic within their registered practice they would now be more likely than before to see the GP for future medical issues in their children

Workforce development
‘This is the best CPD I’ve ever had’ Hub GP

Health Economists...
...calculate a break even point by the end of year 2: based on assumed reductions in hospital activity (that are being surpassed in the pilot work) and a roll out of 6 new hubs per year
What makes this integrated child health programme unique?

- The model puts the **GP practice at its heart** - specialist services are drawn out of the hospital to provide support and to help connect up services
- NHS services are minimally changed, while their **capability and capacity are maximised**
- **Bottom-up co-design** of the model has generated resilience
- **Flexibility** in the model makes it relevant across all GP practices
- **Simplicity** means the model readily extends beyond child health
- A whole population approach facilitates more focus on **prevention**
- Health seeking behaviours improve through **peer-to-peer support**
- **Relationships** with the community are strengthened and families’ confidence in themselves and primary care is boosted
- **Learning and development**, for the whole multi-professional team, is relevant and effective