

RE-EVALUATION REPORT

Up-skilling GPs and Nurses in the clinical management of children with acute health problems

Meeting the needs of children in practice in
Stoke on Trent and North Staffordshire

April 2012
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Partners in Paediatrics

Partners in Paediatrics

Partners in Paediatrics (PiP) was initiated in 1998, in response to paediatricians' shared sense of concern about current and future provision of children's services. PiP is a partnership of organisations concerned to improve the quality and accessibility of services for children across the area served by the participating organisations. It aims to encourage and develop collaborative approaches to the delivery, commissioning and improvement of children's services. To this end, PiP works with children's organisations and professionals, and with children, young people and their families to:

- Develop high quality clinical guidelines and pathways of care
- Facilitate the development of clinical networks
- Work with, and inform commissioners on the improvement of services
- Provide educational fora and undertake training & research
- Promote and share good practice.

Partners in Paediatrics (PiP), was commissioned to project manage the delivery process for the Up-skilling GPs and nurses business case and an evaluation report of GP Up-skilling in Stoke and North Staffordshire was completed in April 2011. A second evaluation report, Up-skilling Primary Care Nurses, separate from, but complementary to, the original report was completed in July 2011. Both reports can be found on NHS Stoke and Partners in Paediatrics websites.

Funding

The initial evaluation of up-skilling GPs and nurses in the clinical management of children with acute health problems was funded through the investment of a business case model by NE A PBC Cluster, Stoke, GP consortia and commissioners from North Staffordshire. Further research twelve months on from the original evaluation was funded by the NHS Institute for Innovation and Improvement.

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RE-EVALUATION REPORT, SPRING 2012

Up-skilling GPs and Nurses in the clinical management of children with acute health problems

Meeting the needs of children in practice in Stoke on Trent and North Staffordshire.

1. Executive Summary

1.1. Evaluation of original project

A project was developed in Stoke-on-Trent and North Staffordshire to up-skill GPs and Nurses in the clinical management of children with acute health problems. The project began in October 2010, when the PBC Cluster in Stoke developed a business case on behalf of the Children, Young People's and Maternity commissioning programme group to invest in up-skilling GPs and Nurses. The business case was extended to include the GP consortia and commissioners from North Staffordshire.

The overall aims of the project were that GPs and nurses are more competent and confident in the clinical management of children with acute health problems; and to reverse the year on year rise in inappropriate referrals to the Paediatric Assessment Unit (PAU) by primary care clinicians.

Following a needs assessment which benchmarked performance, paediatric referral guidelines and urgent care guidelines were developed. Pre-course competence assessments were undertaken and GPs were invited to evaluate their own performance through audits and reflective reviews. Focus groups were held with nurses working in primary care settings. Pre-course work and preparation of learning material and clinical guidelines were followed by a series of Master-classes.

Six Master-classes, run by paediatric consultants, were held over a four week period in February and March 2011, aimed primarily at GPs, to increase their competence and confidence in managing acute paediatric conditions. Within the GP target group a total of 114 GPs (40% of the GP cohort), 13 Nurse Practitioners and 9 Community Nurses took part in the Master-classes.

Four further Master-classes run by the same paediatric consultants, were held for nurses in June and July 2011. Of the 109 participants, 79 were nurses from a range of community nursing disciplines, 11 were GPs and 19 other participants who came from other clinical backgrounds including student doctors, clinical educators and community midwives.

Everyone engaged in the up-skilling project provided a written evaluation of the process.

A parallel Business Case, developed in conjunction with the up-skilling project was also approved in October 2010 across Stoke and North Staffordshire, for extending the Hospital at Home nursing service to accept direct referrals of ill, but stable, children from GPs in surgeries or OOHs services.

The Up-skilling Business Case was well-developed and had the support of primary care, secondary care and commissioners; with strong leadership from the GP and nurse leads, which ensured that the project aims were addressed in a timely and thorough way.

Consultant paediatricians were willing to become engaged in the broader programme, providing advice and support for all elements from the outset. This ensured consistency, and knowledge of what would be required from trainers in delivering both sets of Master-classes. The good level of consultant involvement throughout brought a high degree of clinical rigor to all parts of the project.

The overall response from GPs and nurses to the up-skilling programme was very positive. Participants reported that the Master-classes and supporting material provided a superb resource for up-skilling. The speakers were excellent, as were the handouts. GPs and nurses reported that the Master-classes were very informative and delivered in a relaxed and non-threatening way; the content and delivery was very relevant to every day GP practice. Participants welcomed the wide range of practical tips for managing conditions in the community and many rated the explanation of the NICE and locally developed urgent care guidelines particularly highly. Updates on other available local services including the new Hospital at Home project were beneficial. It was good for GPs and nurses to meet local consultants in a learning environment, with the opportunity for group discussion and the chance to ask about concerns in practice.

1.2. Re-evaluation of the Up-skilling Project, April 2012

PiP was asked to undertake an appraisal of the up-skilling initiative, twelve months on from the original study.

Data on GP referrals over the last three years has been collected by Stoke-on-Trent and N. Staffordshire Health Intelligence Unit. This includes the numbers of children and causes for non-elective emergency admission to paediatric wards in the University Hospital of North Staffordshire (UHNS) and has been compared with that from the Business Case Data.

Commissioners, consultant paediatricians, GPs and nurses who took part in the up-skilling project were invited to comment on progress, through questionnaires, telephone interviews and individual responses.

Approximately 250 GPs, nurses and other clinicians took part in the up-skilling programme in spring and summer of 2011, which included 40% of the GP target group in Stoke and North Staffordshire. 12 Consultant paediatricians from UHNS, 8 GPs, 6 senior nurses and 4 commissioning managers helped with the development and production of the guidelines, learning material and delivery of the master-classes.

30 participants who attended the Master-classes completed a follow up questionnaire, or telephone interview, in spring 2012, to assess the on-going benefits from the up-skilling project. Detailed comments were also received from consultant paediatricians, commissioners and GP and nurse leads who were involved in the original up-skilling work.

GPs and nurses who took part in the up-skilling project indicate that they feel more competent and confident in the clinical management of children with acute health problems,

that they are retaining more care in general practice and referring more appropriately. It has re-established clinical dialogue between primary and secondary care and introduced practitioners to the Hospital at Home scheme.

However, data shows that whilst there is a decrease in the overall number of paediatric admissions to UHNS, there is no significant measurable impact on the percentage of children referred by a GP who are discharged with a zero length of stay. Paediatric up-skilling programmes in primary care could be reinforced by regular and timely performance feedback to individual GPs and GP practices.

There is strong support from the commissioners for the continuation of paediatric up-skilling including the Master-classes, to ensure that all primary care clinicians can take part on a regular basis.

2. Assessment Data

2.1. Business Case Needs Assessment Data

Assessment data collected by both Stoke on Trent and North Staffordshire PCTs in 2010 in preparation for the joint Business Case identified that the overall number of children admitted to paediatric wards in the University Hospital of North Staffordshire (UHNS) with acute health problems was about twice the admission rate of other hospitals in similar communities, 62% of these children were referred by a GP in or out of hours and, of these, 60-70% were discharged within a day without further interventions that could not have been carried out in their own homes.

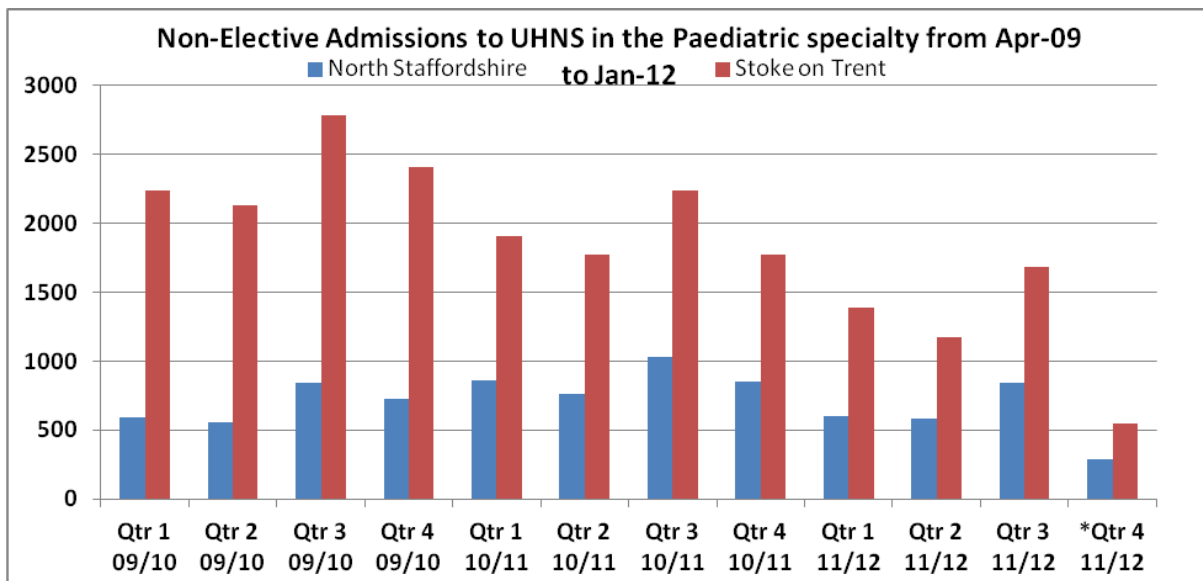
The Business Case identified the need to reverse this year on year rise in referrals to the Paediatric Assessment Unit (PAU) by primary care clinicians.

2.2. Assessment Data from 2009-10, and 2011-January, 2012

The data quoted in the information report provided to PiP from the Health Intelligence Unit relate to overall non-elective paediatric admissions to University Hospital North Staffordshire (UHNS) and to GP non-elective paediatric admissions to UNHS from GPs in Stoke on Trent and North Staffordshire. Comparison data in *Figures 1-3* shown covers quarters in 2009/10, 2010/11 and 2011- to end of January 2012.

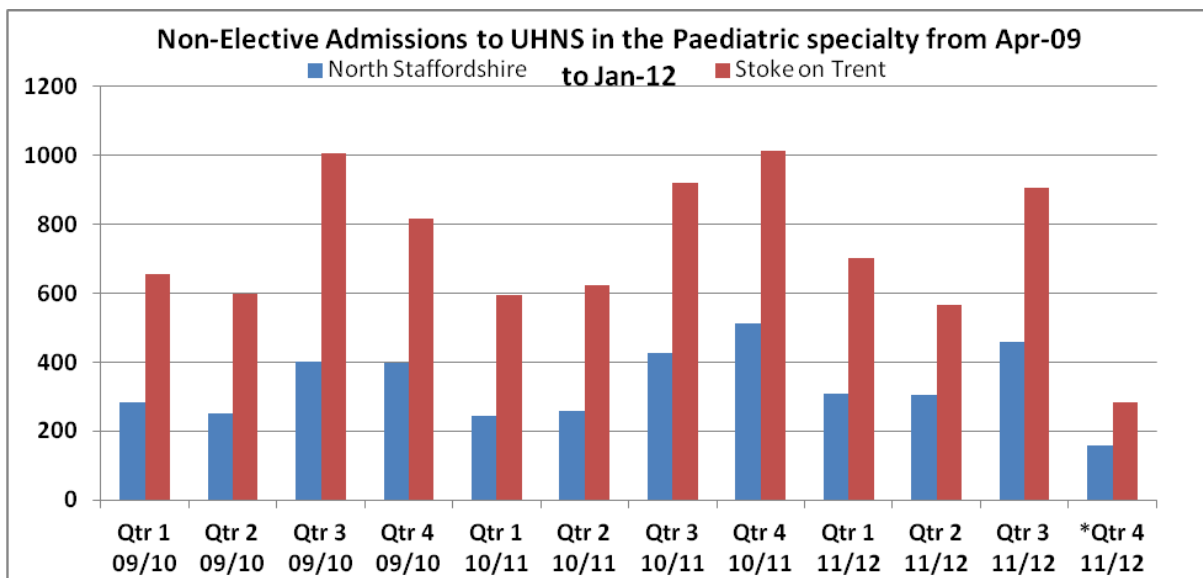
Generally the overall number of non-elective paediatric admissions to UHNS has fallen year on year since 2009/10. (See Figure 1.)

Figure 1: Overall number of non-elective admissions in 0-18 year olds registered with NHS Stoke on Trent and North Staffordshire.



There is a corresponding, though slighter fall in the number of non-elective admissions referred from GPs in Stoke on Trent, but an increase in the number referred from GPs in N. Staffordshire. (See Figure 2.)

Figure 2: Number of non-elective admissions referred from GPs in 0-18 year olds registered with NHS Stoke on Trent and North Staffordshire

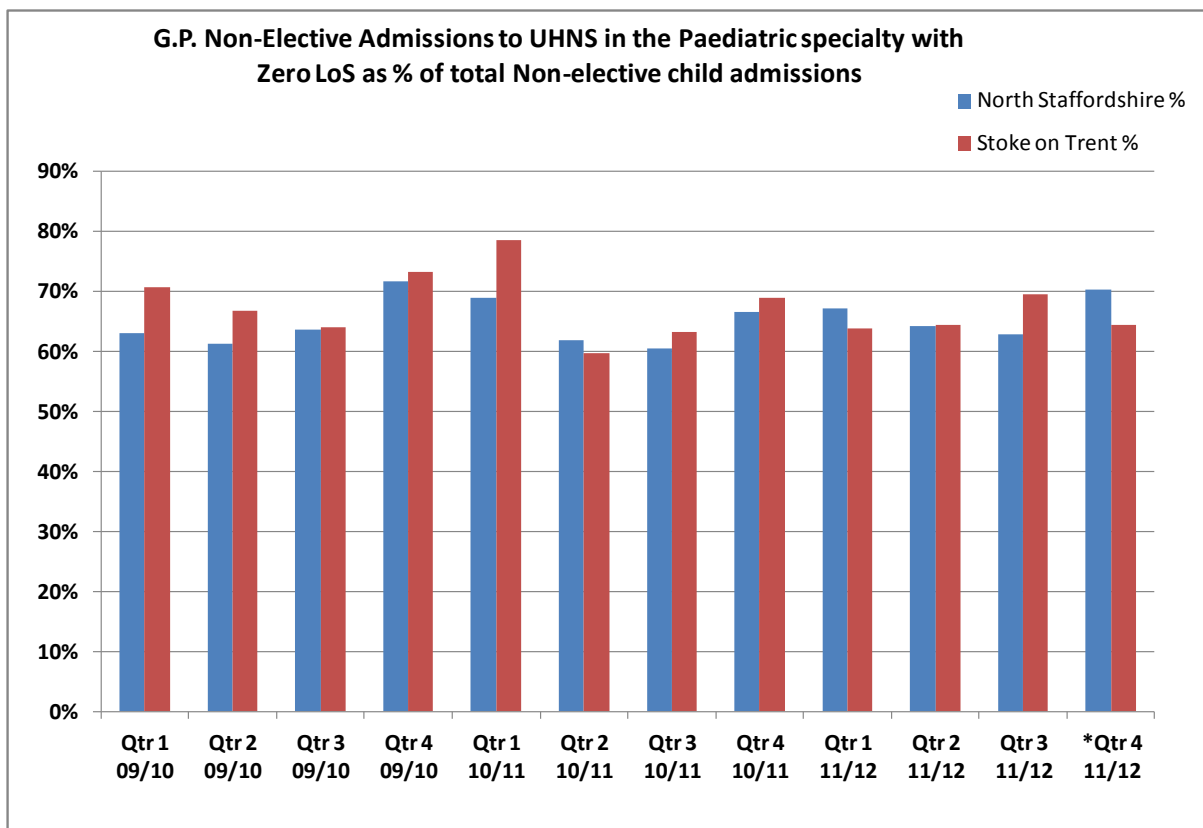


As with the Business Case information, the most common age range constituting these admissions is children aged 1-3 years with numbers reducing by age thereafter. The rates of admissions over the week remain constant Monday to Friday with significantly fewer being referred on Saturday and Sunday. Slight seasonal variation exists with the winter months having higher numbers of referrals.

In 2009/10, of the children that were referred to UHNS by a GP in or out of hours, 60-70% were discharged within 4 hours after assessment or short stay observation – without active clinical intervention.

Despite the slight fall in GP referrals to UHNS there is no significant change to the percentage discharged with zero LoS when compared to total numbers, and the level remains between 60–70%. *See Figure 3*

Figure 3: Comparative data of GP Non-Elective Admissions to UHNS with zero LoS as percentage, compared with total non-elective child admissions discharged with zero LoS.



3. Comments from Consultant Paediatricians

3.1. General Comments

Ensuring first contact practitioners are competent in the recognition and management of the sick child has to be a good thing.

The Master-classes themselves made a difference by allowing dialogue and relationships to build between primary and secondary clinicians that has to be the foundation on which integrated care can be built. It was felt that this was just the beginning and that there was a willingness on both sides to continue to be involved.

The consultants do not believe that all the objectives of the business case have been met. Whilst up-skilling GPs and nurses was thought to be beneficial and would make a great ongoing learning model, not all consultants at UHNS are sure it has been beneficial in a measurable way.

3.2. Clinical Director's Comments

In January, 2012, the Clinical Director at UHNS reported,

"I have just finished duties as consultant of the week, and there are still a very high number of urgent referrals that I turned around quickly, and admission conversion remains low. Furthermore, our nurses who rightly have been trying to highlight GP Hospital at Home service have met with a good deal of resistance from some referring GPs. The bottom line is, inappropriate referrals still come in at an alarming pace. In January 2012 Hospital at Home was at capacity, both from UHNS and GPs but there did not appear to be a reduction in the number of simple cases coming through.

"The big question is, have we created admissions avoidance or another tier?"

"What seems frustrating to me, is that with the very cases we take calls about, which we flag up as being worthy of consideration for GP referral to Hospital at Home, they still seem to result in a fairly instant dismissal from the referring GP. They want children to be seen on the ward. The consultants are keeping children out of hospital and discharging them earlier, by using Hospital at Home. This role is very successful.

"I suppose the answer to my first question will ultimately be reflected in the ward admissions numbers, which were very high over Christmas but, probably more importantly, our conversion rate, i.e. the proportion we do see and send home quickly.

"I do not think that either scheme is delivering what they set out to do; i.e. reduced, especially minor, referrals to the Paediatric Assessment Unit, although that doesn't mean they have no value. I suppose only the CCG can decide whether the two schemes will, bit by bit, empower GPs and parents to manage patients away from secondary care more often. I suspect over a long time it might.

"But I am absolutely clear that up-skilling is beneficial. Knowledge is always a good thing and the Master-classes were well received. It is very good to get GPs and paediatricians around a table discussing the daily thorny issues that crop up. I believe it should continue

for as long as GPs want to come. I also believe that GP to Hospital at Home is providing a service which is well liked and 'top notch' in terms of provision to the patients."

4. Comments from CCGs

Up-skilling is a good adjunct to Hospital at Home and keeps GPs updated and informed about local services.

One of the main benefits of the Master-classes was the evolving improvement in relationships between paediatric consultants and GPs, leading to improved communication and further education. For example, one paediatric consultant joined an up-skilling workshop for adults, meaning the content was extended to include children with asthma. Now Quality Improvement Framework targets are being extended to include incentives for joint management plan for child with asthma.

Another example is that a business case has been put forward for purchase of pulse oximeters, including child versions, for CCG localities. This is the result of realising need to prepare GPs to manage children with acute illness at home, or know when it is safe to retain them there under Hospital at Home scheme.

It is important to obtain regular specific data on paediatric referral patterns and admissions to the ward. It had been hoped to reduce inappropriate paediatric admissions by 10% in the up-skilling and hospital at home business cases. It would be good to provide regular feed-back to individual GPs on paediatric referrals rates.

When the paediatric up-skilling Master-classes were initiated last year it was felt reasonable to incentivise GPs to attend, as commissioners were trying to get a big impact by good engagement and sign up for an area of unplanned/planned care where there was apparently over-referral. However, if the up-skilling workshops are to be repeated, paying for attendance is thought to be unjustified and unnecessary; i.e. they should not be held in protected time.

Localities are very keen to continue up-skilling and are always seeking to organise their own Master-classes in order to improve their knowledge and understanding. There is also strong support from the commissioners for the continuation of up-skilling including the Master-classes.

5. Comments from GPs

Most GPs who responded to the questionnaires relating to post Master-class evaluation or re-appraisal found that the Master-class had increased their ability and confidence in the clinical care of children, particularly those with acute health problems.

5.1. Most useful elements of the Up-skilling project were:

- Meeting the consultants from the paediatric Department, participating in discussions and hearing their perspective on current topics. A particularly useful session was the Clinical Director's session on acutely ill children/admissions;
- Having different consultants with different special interests involved in teaching;
- Excellent, very interactive presentations and opportunity to ask questions.

- Learning more about common childhood illness and the ways to identify acuity in children's health condition;
- The wide range of topics and learning, especially cough/chronic cough/wheezy bronchitis/vomiting/reflex/constipation; the management of children with diarrhoea, assessment of hydration status and a raised awareness about causes of diarrhoea in children;
- Being made aware of new updates in paediatric care and refreshing memory /updating skills;
- There was a mixture of new information, particularly regarding referral pathways, and reinforcement of old information, which was reassuring for us to know that we are doing the right thing;
- Common Paediatric emergencies which can be managed in Primary care and when to refer;
- Discussion and learning about what hospital at home service can offer;
- Clinical Pathways, referral guidelines, update on services available, localising of NICE guidelines and information about red flags;
- New information on paediatric consultant presence in A & E.

5.2. Changes in practice identified from attending the Master-class.

- Use saturation probe to check oxygen saturations in respiratory paediatric cases;
- Use of pulse oximetry for children;
- How we assess acutely ill children;
- Have a lot more confidence in managing paediatric patients and telling parents about issues that we see very commonly e.g. child with cervical lymph nodes who is otherwise well/ children with recurrent URTIs;
- Use of paediatric referral guidelines;
- Got lot of tips to avoid sending to hospital e.g. chest infection, constipation, diarrhoea and vomiting;
- Spend more time educating parents;
- I presented paediatric referral guidelines particularly hospital at home project to my colleagues at our monthly practice meetings and the uptake was excellent. We now use the Hospital at Home more often in order to reduce or secondary care referral rates;
- Use of Hospital at Home and/or increased use of Hospital at Home to reduce admissions acute paediatric admissions;
- I am better able to identify the well and the unwell child;
- It has improved my understanding of the sick child and gave me confidence to manage some the semi acute children in the community.

5.3. Did the up-skilling project help you to make fewer referrals to hospital?

A third of the GPs felt that the up-skilling project had resulted in them making fewer referrals to hospital, but the majority were unsure. There was also a general feeling that they had made fewer referrals to the ward because of their referrals to the hospital at home service. The GPs feel that the biggest source of referral to the ward remains the Out of Hours service and A&E. They only have a "sense" that the Hospital at Home service might make a difference, but robust information is hard to come by.

One GP who took part in the Up-skilling project did not feel that the Master-classes had helped him to make fewer referrals to hospital. He said, "*I feel the few cases I have referred directly to peads needed to be seen and were admitted for more than one day.*"

Other GPs said, "*Possibly.*" "*Maybe.*" "*Too early to say, but hopefully yes.*"

5.4. Referrals to the Hospital at Home service

Most GPs said that they or other GPs in the practice were referring children to the Hospital at Home service when it was indicated and that it was an excellent service. One practice does use hospital at home but also offer open access during surgery hours.

5.5. Do you use the paediatric referral guidelines and the urgent care guidelines; how helpful did you find them?

The majority of GPs had used the paediatric referral guidelines and the urgent care guidelines. About half those who had used them found them helpful. A smaller number had used the minor illness booklet and about half of those who had used the booklet found it helpful.

5.6. General Comments

- I do believe we need regular education and updates from specialist areas like paediatrics. Sometimes you learn something and sometimes it is just about keeping in touch.
- Talks on the day were all very good and I would encourage you to do more of these. But I have to say that I did not have the time to do the other preparatory work/cases etc. and wonder if many other GPs did.
- More of these Master-classes would be useful. I would be pleased to attend further updates. Please continue to run these sessions.
- The small groups definitely help. Very informative and educational interactive meeting. Consultants were approachable and readily answered all queries. Excellent slides.
- Please start later so one doesn't have to rush from Surgery and adequate time to eat something. Next time please have large screen and projector as the TV screen was too small to read small print. I do not see any reason not to use microphone. A simple lecture/tutorial, if given properly, can be more efficient.

6. Nurses Comments

All the nurses who responded reported that the Master-class had increased their ability and confidence in the clinical care of children. Topics were relevant, of vital importance in the General Practice setting and the right topics had been covered.

6.1. Most useful elements of the Up-skilling project were:

- All of it was very good and every-day occurrences were covered well;
- In all the topics there were valuable points, particularly in regard to red flags, differential diagnosis and management plans;
- Traffic lights guidelines;
- Respiratory and dermatology;
- Discussing respiratory symptoms with Prof. Lenney;
- Learning about the Hospital at Home service;
- Assessment, Emergency management.

6.2. Changes in practice identified from attending the Master-class

- The Master-class increased my awareness of red flag symptoms. It has enabled the practice to identify more red flag symptoms and therefore reduce referral to hospital;
- Firstly I am more confident in my own ability and in providing advice, also I have a greater knowledge about what further care in the community and hospital settings are available to us i.e. GP at home service;
- It gave me a starting point to have the confidence in assessing children. I felt more confident to see children with minor illnesses in my day to day practice;
- Use of paediatric SATS machine, improved documentation of assessment, use of o2 with nebuliser;
- Better able to advise/support carers/parents;
- Helped with differential diagnosis and gave more confidence to advise parents;
- It reinforces what we have already learnt, updated us, and made us more aware and refreshed memory of conditions and treatments;
- I was able to assess, diagnose and treat children with support from the GPs;
- I felt it gave me an enthusiasm to develop my practice further and gain more knowledge;
- In relation to inhaler uses.

6.3. Has the Hospital@Home service made a difference to the clinical management of urgent children's care in the community, if so, in what way?

All respondents said that it had made a difference.

- It is a useful and valid service;
- Quick easy access for parents when needed;

- Can reduce admission of child if surgery closed;
- I have used them a few times with good effect;
- Better for families: it saves the parents having to bring the child out to the surgery again and again;
- The scheme is effective for the entire GP practice as it brings peace of mind;
- I have spent the day with the Hospital at Home team and seen first-hand the impact of their work;
- Improves re-attendance rates at the GP practice;
- It should have an impact on out of hours attendance;
- It prevents admission to Paediatric urgent care/AE;
- I have used it several times, it improved parent confidence to manage their child's condition;

6.4. Use of the paediatric referral guidelines and the urgent care guidelines; how helpful did you find them?

All nurse respondents had used the paediatric referral guidelines and the urgent care guidelines, and all had found them helpful. The majority of nurses who had access to the minor illness booklet, had used it with parents and found it helpful. A higher proportion of nurses than GPs used the learning material and clinical guidelines after training.

6.5. General Comments

- Very good course, informative, teaches what you need to know instead of background behind everything. Thanks;
- Sadly the Master-classes were too short! It was a little rushed;
- I felt enthused to learn more and would certainly like to have regular updates in these areas. For me in my practice it has encouraged me to develop my knowledge of paediatrics, going on to do further education and I am now seeing and assessing children on a daily basis, ultimately as a result of the Master-classes. This has improved access to services for our patients. This has been possible by having supportive GP colleagues;
- It reinforced ability and confidence by making us more aware of services and treatments of certain condition;
- I would like a more definitive pathway set up for primary care from allergy services;
- It highlighted the need for more training;
- In our PCT, the minor illness booklet is not available, but we have developed our own "in house" leaflet, which is given to all women at post natal and carers at 1st vac/imms.

7. Applications for learning and practice

- Up-skilling is a good way to improve relationships between primary and secondary care;
- Consideration should be given to the education and involvement of parents and families in any further up-skilling initiatives;

- A good level of audit, preparation and pre-work undertaken with all primary care clinicians in the planning and development over many months, ensured that all involved are receptive to the up-skilling process;
- Consultants were engaged in the broader programme, providing advice and support for all elements from the outset. This ensured consistency, and knowledge of what would be required from trainers in delivering both sets of Master-classes;
- The good level of Consultant involvement throughout, brought a high degree of clinical rigor and evidence based knowledge to all parts of the project;
- A relaxed style of informative, interactive presentations from approachable specialists, working with small groups of ten/twelve people where questions are encouraged, is effective in reinforcing good practice and improving knowledge and understanding;
- A mixture of new information and reinforcement of old information reassures clinicians that they are doing the right thing, particularly in relation to referral pathways;
- Up to date, evidence based learning material and clinical guidelines given to participants at training events re-enforced learning;
- All participants found the practical tips very helpful and have taken them on board;
- Training programmes in primary care could be enhanced by regular and timely performance feedback to individual GPs and GP practices. Better information needs to be provided against specific standards in primary care, through clear, easily collected data, e.g. paediatric referrals rates.

N.B.

A third of the GPs felt that the up-skilling project had resulted in them making fewer referrals to hospital, but the majority were unsure. There was also a general feeling that they had made fewer referrals to the ward because of their referrals to the hospital at home service. But GPs said that they only have a "sense" that the Hospital at Home service might make a difference to referrals to hospital, as robust information is hard to come by.

8. Conclusions

- Approximately 250 clinicians took part in the Up-skilling programme in spring and summer of 2011, which included 40% of the GP target group in Stoke and North Staffordshire. 12 Consultant paediatricians from UHNS, 8 GPs, 6 senior nurses and 4 commissioning managers helped with the development and production of the guidelines, learning material and delivery of the Master-classes.
- 30 participants who attended the Master-classes completed a follow up questionnaire or telephone interview in spring 2012 to assess the on-going benefits from the Up-skilling project. Detailed comments were also received from Consultant paediatricians, commissioners and GPs who were involved in the original up-skilling work.
- GPs and nurses who took part in the up-skilling project indicate that they feel more competent and confident in the clinical management of children with acute health problems, that they are retaining more care in general practice and referring more appropriately.

- Comments from GPs and nurses both following the Master-classes and subsequent research show that they believe the up-skilling project has begun to:
 - Increase GPs' and nurses' ability in managing acute paediatric conditions
 - Increase GPs and nurses' confidence that they have managed the condition in such a way as to provide robust defence against any future mishap or unpredicted deterioration in child's condition thus avoiding 'defensive medicine' admissions to hospital
 - Increase the ability of GPs and nurses' to inspire confidence in patient/carer that the child's condition is being safely and effectively managed
 - It has re-established clinical dialogue between primary and secondary care and introduced practitioners to the Hospital at Home scheme.
- However early data shows that there appears to be no significant measurable impact on the HRGs which are directly attributable to up-skilling, although the right HRGs have been targeted
- The Hospital at Home service is well regarded and provides excellent support in the community.
- There is strong support from the commissioners for the continuation of paediatric up-skilling including the Master-classes.



'Partners in Paediatrics are appreciative of the support of the NHS Institute for Innovation and Improvement in disseminating this work and its impact'

Further Information

Copies of the reports 'Upskilling Gps in the Clinical Management of Children with Acute Health Problems' and 'Primary Care Nurses in the Clinical Management of Children with Acute Health Problems' both of which include copies of the: Urgent Care Guidelines, Clinical Assessment Tools and Children's Oral Fluid Challenge can be downloaded from:

www.networks.nhs.uk/nhs-networks/partners-in-paediatrics/news/up-skilling-gps-nurses-project-evaluation-reports

Full paper copies can be ordered for £15 per report (inc. P&P) or £25 for both reports (Cheques payable to 'UHNS') from: Partners in Paediatrics, c/o 45 Birmingham Road, Whitacre Heath, Warwickshire, B46 2ET

NHS Institute on-line work can be found at:

www.institute.nhs.uk/quality_and_value/high_volume_care/focus_on%3a_emergency_and_urgent_care_pathway

Via this link all of the following resources can be accessed

- Focus on: emergency and urgent care pathway for children and young people. DQV008
- Involving Children And Young People In Improving Local Healthcare Services (DQ112)
- Children & Young Peoples Emergency & Urgent Care lesson plan DQ103
- Step by step guide CYP Emergency & urgent care DQ116
- DVD Film of the CYP Rapid Improvement Process DQ104