# Secondary Care Services for Children in 2018: what is needed?

Luci Etheridge

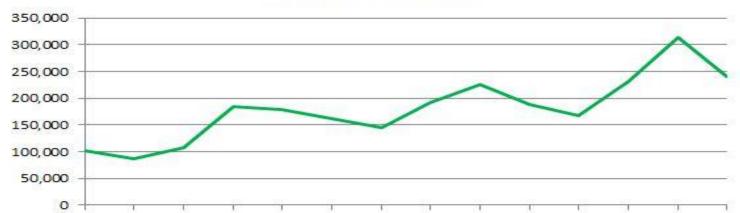
Care Group Lead Acute General Paediatrics

## The problem:

- Increasing child population locally
- Increasing numbers attending ED every year
- High levels of mental health need
- Changing family expectations of healthcare

## Number of patients waiting more than four hours

(A&E depts, England)



### The vision?

- Ours:
  - Provide improved pathways of care for children with general and urgent health needs
  - Work in closer partnership with primary care
  - Keep children out of hospital

Yours?

## Services for 2018:

CONSULTANT ADVICE	HOT CLINICS	INTEGRATED CLINICS WITH PRIMARY CARE	CHILDRENS AMBULATORY CARE
Rapid access to a consultant for GPs	Rapid access to specialist outpatient review	Monthly clinics in GP practice alongside GPs	Consultant and nurse delivered ambulatory unit
Tailored advice on referral and pathways	Appointment within 2 working days	Patients chosen by practice staff based on practice need	Streaming of children from ED and GP referral
Support for monitoring in primary care	ED avoidance and improved patient experience	Improved working relationships and support for GPs	Improve flow, reduce inpatient admission, community care
Single mobile phone number 9-5 M-F	Referral via email, fax or phone	Pilot in Putneymeade currently	Opening March 2018 5 days a week

# Consultant hot phone

- Available 9-5 currently 5 days a week
  - Aim to build to 7/7 until 9pm in 2018
- All GP calls to this and not to the registrar
- Single mobile number no need to bleep!

Advice, referral, navigation of services

• 07584 610052

### **Hot clinics:**

2 hours per day 5 days a week

Consultant Paediatrician review of urgent GP referrals daily Monday to Friday 9.30-13:00

#### Contact Details

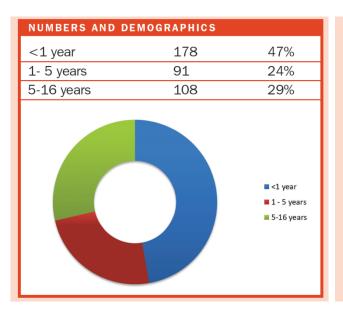
Telephone: 07584 610052

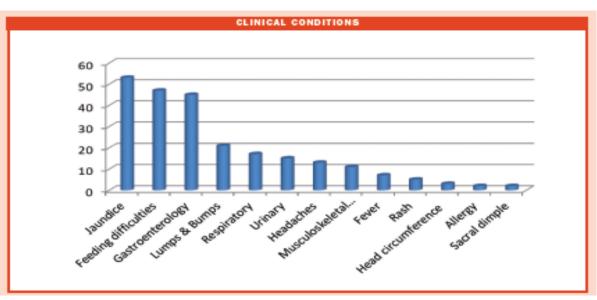
Fax: 020 8725 0311

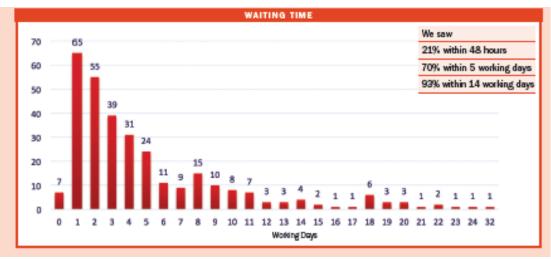
Email: stgh-tr.PaediatricRRC@nhs.net

Please provide a patient mobile phone number, as without this the referral cannot be accepted.

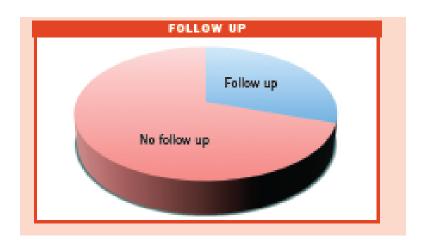
### Hot clinics:

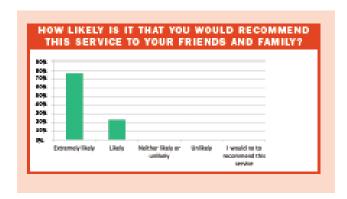






### Hot clinic outcomes:







# What are Together clinics

# Partnership GP and paediatrician

will sit together in one consultation
 seeing paediatric patients @ GP practice

#### Pilot

- •@ Putneymead
- started September 2016
- 2 weekly

# Plus MDT discussion

- referrals and cases
- teaching prior to clinic

### Paediatric Integrated care Strategy

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# Partnership GP/Paediatrician (and wider Multi professional teams)

# **Together clinics TC**

Training together

Referrals / MDT

I I Shared access

to information

- TC hubs (several GP practices)

-GP fellows SGH
- TC with GP &
Paed trainees
- Workshops

- Pathways & referral system to TC and SGH

-MDT

- IT access for each system

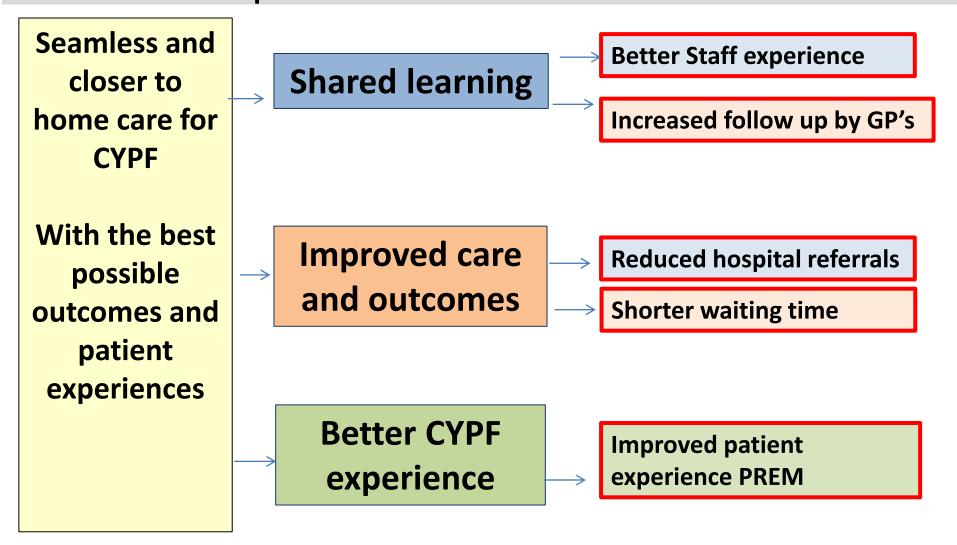
Building the service with **CYPF voices** 

Always multiprofessional teams Applying relevant data/outcomes

Financial viability cost neutral/savings -new pathways

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# Together clinics – Key outcomes Partnership between Paediatrican & GP PPG



Financial viability cost neutral/savings –new pathways

# Outcomes Sept 2017 to Jan 10<sup>th</sup> 2018

#### **Average WAITING TIME to be seen by Paeds**

Before -78 days After -19 days Over 2 month earlier seen by Paeds

#### **Average NUMBER OF REFERRALs to Paediatrics**

Before 11 /months After 5 /month 50% less referrals

# Reduction in paed follow up (cost savings) Over 90% followed up by GP instead of Paeds

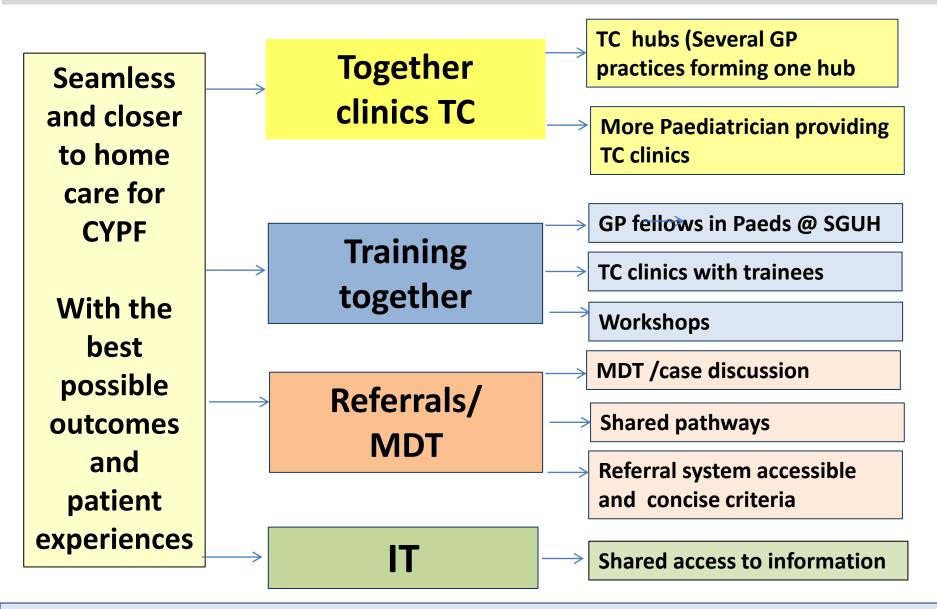
#### **GP feedback (10 Reponses)**

- 70 % 'extremely satisfied '30% 'very satisfied 'with outcome
- Knowledge & confidence increased in all participants (100%)
- Shared learning facilitated in all participants (100%)
- MDT meetings increased Learning (100%)
- 100% want Together clinics to continue

#### **CYPF feedback (66% adult participation)**

- 86% prefer Together clinic, 14 % no preference
- 67% more confident in GP, rest no change
- 85% prefer Together clinic over hospital clinic
- 70% extremely likely, 30% likely to recommend
- 100% felt listen to
- · 'All in the same room was great i.e. GP, Paediatrician etc'

## Paediatric Integrated care Next steps



Financial viability cost neutral/savings –new pathways

# Children's Ambulatory Care:

- New unit opening March 2018
  - 10am to 10pm 5 days a week
- Low acuity children referred by GP or self presenting to ED
- Consultant and senior nurse delivered care
  - Improved decision making, reduced admission
  - Virtual ward management
- Aim to see 10-12 patients per day
- Further info to follow to practices when opens

## Achieving our shared aims:

- Provide alternative pathways of care
  - Improved outpatient services, Ambulatory pathways of care for urgent care needs
- Closer partnerships with primary care
  - Hot phone accessibility of consultants, Together clinics in community
- Keep children out of hospital unless needed
  - Hot phone advice and support to primary care,
     Hot clinics, Ambulatory care on a virtual ward

### Future directions:

- More integrated mental and physical health care
- Locality based child health professionals

What can we do for you?