**The Future of General Practice – RCGP**

**Response submitted by the Royal College of Paediatrics and Child Health**

**November 2018**

## 1. Role of the GP

*A GP supports a patient through every stage of their life. What a patient needs from their GP and how a GP delivers care changes over time. We want to learn more from you about what currently works well in general practice and what is missing. This will help us inform the future shape of patient care.*

### 1.1. What do you value most about the GP patient relationship?

GPs are the main healthcare providers for children and their parents and carers and parents prefer to seek advice from primary care, especially for children under four[1]. GPs are uniquely positioned to have a wider knowledge of the patients' history and familial information and they may care for patients over a long period of time.

Having GPs situated within the heart of communities not only provides care close to home (with capacity for home visits), but enables GPs to have a thorough understanding of the physical and mental health as well as social and vocational care needs of their patients and of health and welfare needs of their communities. It is important that this knowledge is utilised within strategic planning for health services across an area.

### 1.2. Is there anything you feel could enhance what a GP does for their patient?

Children are estimated to make up around 40% of a typical GPs workload though only around one in three GPs in the UK have post-graduate specialist paediatric training with little undergraduate exposure to paediatrics[2,3]. The jointly developed RCPCH / RCGP 'Learning Together' scheme advocates for GP and paediatric trainees to work side by side in order to share ideas and learn from each other. RCPCH recommends that all GPs receive the necessary training so that they are skilled to deal with childhood illness throughout a child's life course to young adulthood. As a step towards this, linking GPs with the local child health service will improve confidence in managing children in primary care. Learning can be taken from the Connecting Care for Children model[4].

The RCPCH make clear the opportunities for primary care to incentivise improvements in child health through including and expanding existing Quality and Outcomes Framework (QOF) indicators[5]. The RCPCH acknowledges pressures in general practice but in order that infants, children and young people are treated equitably, RCPCH recommends that QOFs to incentivise GPs to undertake preventative and public health activities will optimise limited resources available to infants, children and young people within NHS services. The UK are falling behind other wealthy European countries on many health indicators and it is the responsibility of all health professionals to contribute to solutions that will maximise children's physical, mental health and wellbeing throughout childhood[6].

RCPCH &Us network have brought together the views of over 400 children, young people and family members from across the UK to comment on what qualities and behaviours they like to see in their healthcare professional[7]. Children and young people appreciate when a doctor smiles at them, when they maintain eye contact and when language is adapted and broken down so that health advice is given clearly. Guidance on how to involve children and young people in service design and delivery is available via the RCPCH website[8].

Access to health services is important for parents of infants, children and young people. Families require same day appointments for patients with urgent need, and within a few days for those with minor problems. Telephone appointments with parents will enable them to manage their child's condition at home. Strong links with the local paediatric service are fundamental to providing more efficient and high-quality care for children in the community.

Young people have told us they would like their doctor to read their notes before they arrive for their appointment to prevent them from having to repeat their story[9]. Clinical decision making is best informed using information provided by all health settings and local health systems must ensure that health professionals assessing or treating children in any settings have timely access to the child's shared electronic health record[10]. The RCPCH would welcome a digital approach to empower and equip young people with the skills and knowledge to control and manage their own healthcare. The 'Ready, steady, go' programme as part of 'My Medical Record' at the University Hospital Southampton is an open platform designed to share data between patients and the health service, including previous and currently prescribed medications, and is evaluating well. RCPCH recommends that GPs are aware of the voice of CYP and use the findings to inform and improve their practice.

## 2. The wider general practice team

*GPs do not work alone- they have a whole team behind them helping to deliver patient care in every community. We want to know how GPs can function best as a part of a general practice team, giving the best treatment to people day in, day out.*

### 2.1. What do you think is a benefit of patient care being provided by a range of staff alongside a GP?

Patients often live in closer proximity to their GP than any other health service, meaning they will have better access to a range of services offered in general practice. Delivering primary care using a multi-professional team helps to relieve the burden on the GP and makes good use of the clinical expertise of other healthcare colleagues. Children often require support for their health and wellbeing needs from a diverse range of health professionals; including speech and language therapists; community paediatricians; nurse specialists; practice nurses; dieticians; pharmacists; and health visitors (and many more including professionals from other sectors such as social workers, teachers, youth workers and the voluntary sector). Providing holistic care to children is best delivered by a multi-professional team and learning can be taken from the 'Multispecialty Community Provider' model in Dudley where patients registered to a GP practice have access to a team made up of a GP, Community Nurse, Social worker, Mental Health worker and other teams that can help with health and wellbeing[11].

GPs are well placed to offer opportunities for teaching and learning among all health professionals. This can minimise duplication of work for both clinical and administrative staff as well as increasing the knowledge and confidence of all staff working in primary care to best meet the needs of their local population. Shared knowledge around patients and families can also help to share concerns around safeguarding.

## 3. General practice as a part of the whole healthcare system

*General practice supports a whole system of healthcare professionals working in a variety of places. We cannot discuss changes to patient care without looking at how care is provided across the entire healthcare system: from hospitals and care homes, to schools and prisons.*

*We want to know what general practice can do to ensure that all patients receive the best possible care.*

### 3.1. How can the way in which general practice works with other parts of the healthcare system be improved?

The RCPCH have made key recommendations based on the comparison report, C*hild health in 2030 in England*, and believe that coordinated action is needed in the form of a Children and Young People's Health Strategy for England[12]. We are clear that NHS England must develop a Strategy where children and young people are at the centre of decision making, and put above competing cultures, systems and processes[12].

The integration of care around the needs of children and young people is crucial to improving their health services and outcomes, and we have called for the roll-out and evaluation of innovative and flexible multidisciplinary models for delivering integrated health services to children and young people across primary care networks[12].

A number of quality measures for children and young people already exist, but children and young people have historically been under-represented in many quality frameworks. There are opportunities for children to be more accurately 'counted' in Quality Outcomes Framework targets. For example, children with cancer, depression, epilepsy, learning disabilities and palliative care would benefit from primary care-keeping records of local patient cohorts, improving transition of care and creating more holistic management for the child and their family[12,13].

Children and young people have told us that their best experiences have been when being cared for in a joined-up service that involves multidisciplinary teams[9]. RCPCH paediatric standards, *Facing the Future: Together for child health*[14] were developed in partnership with the Royal College of General Practitioners and Royal College of Nursing. They aim to ensure there is always high-quality diagnosis and care early in the pathway to reduce unnecessary attendances at emergency departments and admissions to hospital.

The standards work to strengthen services and ensure specialist child health expertise and support are available directly into general practice services, where the needs of the child and their family are better known. An audit of these standards was undertaken in 2017[15] and results show poor integration between primary care, community nursing and the hospital child health service. Collaboration between each of these professional bodies is necessary to inform improvements to services meeting standards, and the RCPCH welcomes opportunities for joint working with the RCGP and Royal College of Nursing to monitor and better how care is provided to children across settings.

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The response to this question has been underpinned by the *Facing the Future: Together for child health*[14] document, which includes the following relevant standards:

1) **GPs assessing or treating children with unscheduled care needs have access to immediate telephone advice from a consultant paediatrician.**
The telephone advice, in the form of a hotline or hot phone or using videoconferencing technologies etc., is for GPs to directly access consultant level general paediatric advice and support where this may prevent an admission to hospital. If a GP is unsure whether a child needs admission they can speak to a paediatric consultant who can advise whether admission is needed, if the child can be seen in the rapid-access service or if the child can be managed by the GP safely in the community and provide support to the GP to do this. Services need to determine locally whether the telephone advice service is also open to other healthcare professionals seeing children at first contact outside the hospital, for example, urgent care centres or health visitors.

2) **There is a link consultant paediatrician for each local GP practice or group of GP practices.**
While the immediate telephone advice service allows GPs to get timely advice on the best approach to treatment or onward referral, the link paediatrician connects hospital-based children's services with local GP practices and community-based professionals to build relationships and share knowledge. This will help to strengthen the paediatric capabilities and confidence of GPs, supporting them to manage children in the community.

3) **Each acute general children's service provides, as a minimum, six-monthly education and knowledge exchange sessions with GPs and other healthcare professionals who work with children with unscheduled care needs.**
Once links are built between the GP practice and the acute paediatric service, the link consultant paediatrician must work with GPs to contribute to local primary care education and training sessions to share updates and best practice and enhance continued professional development. This could include the development of care pathways for common conditions. Education content should be jointly agreed between primary care and paediatrics and should reflect the needs of the local population.

4) **There is a link community children's nurse for each local GP practice or group of GP practices.**
General practice must make links with the community children's nursing team to prevent unnecessary admissions to hospital, and undertake visits at the request of GPs and other health professionals. This may include holding outreach clinics in GP practices or community settings. The link community children's nursing team will also provide coordinating and signposting advice and support to the GP practice.

5) **Healthcare professionals assessing or treating children with unscheduled care needs in any setting have access to the child's shared electronic healthcare record.**
Interoperable information systems enable services to access data across organisational and geographical boundaries to improve efficiencies and

understand the needs of the local population. GP practices must ensure their information systems are able to share relevant patient information with other health providers and services so that all health professionals are able to make informed decisions for their patients.

6) **Acute general children's services work together with local primary care and community services to develop care pathways for common acute conditions.**
GPs must work with colleagues from hospital and community care services to develop care pathways locally. Care pathways based on the common presenting problems help to guide healthcare professionals to make safe decisions in specific circumstances, determining who needs to be referred to hospital, and can help to reduce unnecessary attendance and admission to the hospital.

The RCPCH have partnered with the RCGP in another set of paediatric standards, *Facing the Future: Standards for children with ongoing health needs*[10] with the Royal College of Nursing, Royal College of Physicians and Royal College of Psychiatrists. These standards are organised around the child's journey to ensure health services are coordinated to ensure more valuable and connected care is provided to children.

Relevant standards for general practice include:

1) **Local health systems ensure healthcare professionals assessing or treating children in any setting have timely access to the child's shared electronic healthcare record.**
Young people and their families express surprise when they find out that GPs and paediatric departments are not automatically connected to the same IT system[9]. Service planners and health organisations must ensure investments are made to information systems infrastructure to ensure information is easily accessed and shared by all healthcare professionals treating children.

2) **Service planners ensure children have timely access to a range of mental health and psychosocial services that are integrated with children's health services and that all healthcare staff have sufficient competences to support the psychological needs of children and recognise when involvement of mental health services is required.**
Mental health services should be considered as an integral part of children's healthcare in both acute and community settings. The Dudley 'Multispecialty Community Provider' model brings mental health professionals into general practice, increasing access for all patients to receive mental health and wellbeing support[11]. Rolling out 'Making Every Contact Count' programmes within general practice will help to identify need and signpost patients to the appropriate services[12].

3) **Service planners and health organisations have a dedicated lead for children at executive or board level.**
Health organisations, providers and local systems must have a dedicated named lead for children at executive or board level to represent the health and wellbeing needs of children. The dedicated lead is responsible for monitoring the interface between general practice and the wider health system, and this person will ensure

children are included in strategic decision making, enabling them to be influential in the decision that affect their health.

4) **Service planners ensure child health services are codesigned, planned and evaluated with involvement from children and their parents/carers.**
The voice of children (of all ages) and their parents/carers must be used to influence the design of services with opportunities to feedback on services. This feedback must be used proactively to influence strategic decision making and quality improvement. Services should look to develop alternative models of care that optimises the service being provided to children (by widening choice of use by electronic communication options for example).

5) **Service planners ensure systems are in place to monitor, review and improve the effectiveness and integration of local child health services. This must involve representatives of children and families and all agencies responsible for ensuring the health and wellbeing of children.**
General practice is a key component to joint working between representatives from hospital, community and primary care services to reduce unwarranted variation in health outcomes. This is best achieved by holding a biannual meeting with the health organisations responsible for providing care to a local population. Learning can be taken from Nottingham and Nottinghamshire Children and Young People's Health Network that is a forum established to provide clinical input to the local strategic development of health services[10].

A whole system approach gives opportunities to develop new workforce models in primary care, for example with advanced clinical practice and physicians associates. The RCPCH would welcome opportunities to collaborate with the RCGP and other professional bodies to explore safe, effective and sustainable workforce solutions to care for children and their families.

The RCPCH will be launching a project in February 2019 titled *Paediatrics 2040*, to understand the future of paediatrics as a discipline by 2040, and the role paediatricians will play in it. The project will seek to understand the likely burden of need for children, the future impact of innovation on the field of paediatrics, scenarios for future models of care and a vision for the future workforce requirements, training and models of work. The RCPCH would welcome an opportunity to discuss the proposal with the RCGP.

## 4. The future vision

*General practice has evolved and adapted over the years. We'd like to know which changes have positively impacted your experiences in general practice so we can build on this progress for the future.*

### 4.1. What change, initiative, idea or process has changed general practice for the better for you?

The RCPCH performed an audit of *Facing the Future: Together for child health* and results showed poor integration between primary care and the hospital child health service[15].

However, the audit also illustrated where standards were being met well and our response to this question uses some examples where change, initiative and ideas have been progressed to support the better delivery of primary care to infants, children, young people and their families.

1) **GP Hotline service at Wexham Park Hospital, Frimley Health NHS Foundation Trust**
   Wexham Park has run a GP hotline service since 2010 that is set up for GPs to call for advice on outpatient avoidance for one hour every day. The hotline was open to midwives and nurse practitioners, though predominantly used by GPs and GP trainees. Between May 2016 and March 2017, the hotline service was extended to operate between 9am to 10pm on weekdays and 9am to 5pm on weekends. Consultant advice was available for any subject matter, not solely for admission avoidance.
   Of those calling for admission avoidance, 50% were given advice requiring no follow-up and for those calling for outpatient department avoidance, 67% were given advice requiring no follow-up. Furthermore, of the GPs calling for clinical advice, 75% were given advice requiring no follow-up.

2) **Education Sessions as part of Integrated Care for Children at Tameside and Glossop Integrated Care NHS Foundation Trust**
   The paediatric team of Tameside Hospital has developed an initiative to provide education and knowledge exchange sessions with GPs in five locally identified neighbourhoods.
   Two acute paediatric consultants and two community nurses are affiliated to each neighbourhood. Once a month, the link consultant and link nurse visit one of their neighbourhood GP surgeries. These are provided as bespoke educational sessions with GPs and their practice nurses. The sessions last between one and two hours and the paediatric team will, for example, present cases that have been referred to clinic by that particular practice.
   The education and knowledge exchange sessions enable the paediatric team to understand GPs' patients within the context of primary care. Patients benefit from the scheme by consultant paediatric expertise being brought to the front end of the care pathway, whilst GPs and practice nurses are skilled up and more confident in managing children in primary care, that over time will work to reduce referrals to the paediatric service.

3) **South Staffordshire Service – Community Children's Nurse teams, East and West Locality**
   The South Staffordshire Community Children's Nursing team contains two teams that cover the west and east areas of South Staffordshire. Both teams provide a service that aims to prevent hospital admissions, facilitate early discharge and provide care at home for children with acute illnesses. They also support families caring for children with long term conditions, which involves advising and teaching families how to care for children at home as well as assessing and planning care plans with families.
   The service operates under a single point of access to receive referrals from GP, hospital based children's services and health visitors and for children with acute illness, the service aims to contact the family within three hours of receiving the

referral. Nurses triage referrals by telephone assessment to determine if a home visit is required or to provide advice and support over the phone.

4) **Clinical Assessment Tools, Luton and Dunstable University Hospital NHS Foundation Trust, Cambridge Community Services and Luton Clinical Commissioning Group**
Care pathways were developed in Luton for seven conditions by representatives from primary, community and hospital care services. A bite-size course was run for GPs to encourage engagement given pressures in primary care.
In 2013 the Children's Rapid Response Team was set up to receive referrals from GPs and other health services, clinically led by nurse practitioners to avoid attendance to the hospital and facilitate early discharge.
Referral criteria for this service is underpinned by the seven clinical assessment tools and clinicians must identify whether the child is green, amber or red on the pathway. This has helped to embed tools into clinical practice across hospital, community and primary care settings. Currently the service operates in the community but work towards moving the service to a clinic setting is anticipated, alongside opportunities to expand the service to take referrals from NHS 111.

5) **Connecting Care for Children, North West London**
Connecting Care for Children (CC4C)[4] is a paediatric integrated care model which has been used to implement whole system change and to improve the way children's care is commissioned, delivered and experienced across north-west London to support hospital avoidance. Hospital paediatricians work closely with GPs to ensure primary and community healthcare professionals in north west London have the information they need to provide care locally. Education events are run for patients and families so that they can learn how to stay healthy and what health care services are available to them. A growing number of practice champions are being trained to advocate for parents, carers, children and young adults in their local community. Initial economic evaluation suggests cost savings in avoidance to the emergency department, outpatient appointments and hospital admissions.

The RCPCH were invited to respond to the Health Select Committee Inquiry into Primary Care Services in England in 2015 and it may be useful to draw upon our response for more detail here: https://www.rcpch.ac.uk/sites/default/files/Primary_Care_Services_in_England__Health_Select_Committee_.pdf.

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*Leading the way in Children's Health*

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