

**Health Select Committee Inquiry into Primary Care Services in England  
Royal College of Paediatrics and Child Health (RCPCH) written submission  
September 2015**

The RCPCH welcomes the opportunity to respond to the Health Select Committee inquiry into primary care services.

Infants, children and young people (ICYP) represent about 25 percent of a general practice population but they account for approximately 40 percent of its workload and infants and young children are particularly frequent users<sup>1</sup>. Indeed parents' preference for initial advice, for example, when their child has a fever, is their General Practitioner (GP)<sup>2</sup> and in a large school survey of Year 10 students half had visited their GP in the preceding three months<sup>3</sup>. As ICYP are frequent users of primary care services, it is essential that their views and those of their families, including vulnerable and hard to reach groups, are taken into account and prioritised accordingly.

Quality and standards of care for infants, children and young people

While children's health has improved greatly in the UK over the last 30 years, the UK continues to lag behind much of Western Europe and performs poorly on several measures of child and adolescent health and wellbeing, including mortality<sup>4 5</sup>. The RCPCH's *Why Children Die* report<sup>6</sup> highlights a need to better manage sick ICYP and recommends that measures are taken to improve recognition and management of serious illness across the healthcare service.

The vast majority of children's illnesses are minor and may require little or no medical intervention. However, it can be difficult for healthcare professionals to identify the very few ICYP with serious illnesses, which may have non-specific presentations and clinical features mimicking those of common, non-serious illness. Primary care services must be effectively equipped to identify ICYP with early signs of serious illness, enabling them to be appropriately managed at first point of contact and ensuring that all ICYP receive the right care at the right time before the illness has the opportunity to escalate (<https://www.spottingthesickchild.com/>). It is also important for parents/carers to be effectively educated by primary care services so that they know how to deal with minor illness and when to seek medical advice and by implementing safety netting models to assist them as to when and where to seek medical advice.

Children and young people's insights and experiences must be taken into account when measuring the quality and performance of, and in designing the most effective services for, primary care. The current GP Patient Survey, a key measure of patients' satisfaction with their primary care services, only collects the views of those aged 18 and over. Nor does the survey seek the views of parents/carers on the services provided for their children. As recommended by the Children and

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<sup>1</sup> Hippisley-Cox J et al. Trends in consultation rates in general practice 1995 to 2006: analysis of QRESEARCH database 2007. Cited in Wolfe et al. How can we improve child health services? *BMJ* 2011.

<sup>2</sup> Royal College of Paediatrics and Child Health, Royal College of General Practitioners, College of Emergency Medicine, NHS Direct, Joint Royal Colleges Ambulance Liaison Committee, University of Leicester and University of Nottingham. *To understand and improve the experience of parents and carers who need advice when a child has a fever (high temperature)*. 2010  
[http://www.rcpch.ac.uk/system/files/protected/page/Fever\\_report\\_FINAL2\\_0.pdf](http://www.rcpch.ac.uk/system/files/protected/page/Fever_report_FINAL2_0.pdf)

<sup>3</sup> Association for Young People's Health. *Key Data on Adolescence*. 2013

<sup>4</sup> Wolfe et al. Improving child health services in the UK: insights from Europe and their implications for the NHS reform. *BMJ* 2011; 342: d1277

<sup>5</sup> Wolfe et al. Health Services for Children in Western Europe. *The Lancet* 2013; 381 (9873): 1224-1234

<sup>6</sup> Royal College of Paediatrics and Child Health, National Children's Bureau and British Association for Child and Adolescent Public Health. *Why Children Die: death in infants, children and young people in the UK*. 2014  
<http://www.rcpch.ac.uk/sites/default/files/page/Death%20in%20infants,%20children%20and%20young%20people%20in%20the%20UK.pdf>

Young People's Health Outcomes Forum<sup>7</sup> the views of children and young people must be incorporated into all national patient surveys including the GP Patient Survey.

Current evidence on children and young people's experience of primary care services comes from smaller scale surveys and qualitative research. These sources suggest poor experiences and that vulnerable groups, such as children seeking asylum and care leavers, struggle to make the most of these services<sup>8</sup>. A 2012 school health survey reported 22 percent of Year eight and 20 percent of Year 10 girls reported feeling "quite uneasy" or "very uneasy" with their doctor on their last visit<sup>9</sup>.

The healthcare needs of young people are distinct from infants and younger children. It is vital that there is active participation of young people (as well as parents) to ensure ICYP have access to services designed, delivered and monitored with them.

### Demand and access

Reports continue to highlight the growing strain that urgent and emergency care services are under, and across England there is wide variation in the rate of emergency department attendances and admissions for ICYP<sup>10</sup>. More than a quarter of emergency department attendances are by ICYP and over the last decade there has been a 28% increase in emergency admissions, with a particularly sharp increase for those under five years old<sup>11</sup>.

Estimations of the proportion of these emergency department attendances which are unnecessary and potentially avoidable vary from 15 percent<sup>12</sup> to 40 percent<sup>13</sup>. Within these estimates the largest subgroup is ICYP presenting with symptoms of minor illness (highest for one and two year olds but also elevated between mid-teens and mid-twenties)<sup>14 15</sup>. Some ICYP appear to be bypassing general practice and heading straight to the emergency department, while others are having numerous encounters with different healthcare professionals before also ending up at hospital.

This may reflect that not all primary care providers of urgent care are fully trained to deal with the range of problems that these ICYP present with, or that there is a lack of out of hours care that makes the services they provide difficult to access. However, each one of these attendances tells us that a parent/carer or young person was worried, and either unable or unsure how to access a more appropriate service.

Action for Sick Children's First Contact Care Survey (2013) reported that 47 percent of interviewees said that children's healthcare would be improved by making it easier to speak to your GP on the phone and 45 percent believed that GP's opening hours should be extended. There is a perceived difficulty getting an appointment with the GP within three days and getting a short-notice

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<sup>7</sup> Report of the Children and Young People's Health Outcomes Forum. 2012.

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/216852/CYP-report.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216852/CYP-report.pdf)

<sup>8</sup> The National Children's Bureau. *Opening the door to better healthcare: Ensuring general practice is working for children and young people*. 2013 [http://www.ncb.org.uk/media/972611/130603\\_ncb\\_opening\\_the\\_door\\_to\\_better\\_healthcare\\_final.pdf](http://www.ncb.org.uk/media/972611/130603_ncb_opening_the_door_to_better_healthcare_final.pdf)

<sup>9</sup> Balding and Regis. *Young People into 2012*. Exeter: Schools Health Education Unit. 2012

<sup>10</sup> Atlas of Variation in Healthcare for Children and Young People. Annex of the Annual Report of the Chief Medical Officer 2012, *Our Children Deserve Better: Prevention Pays*. 2013

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/252672/33571\\_2901304\\_CMO\\_Chapter\\_Anx\\_9.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/252672/33571_2901304_CMO_Chapter_Anx_9.pdf)

<sup>11</sup> Gill et al. Increase in emergency admissions to hospital for children aged under 15 in England, 1999–2010: national database analysis. *Archives of Disease in Childhood* 2013; 98: 328–334

<sup>12</sup> Mann and Tempest. Beyond the official data: a different picture of attendances. *Health Services Journal* 22 May 2014

<sup>13</sup> NHS England. *Transforming urgent and emergency care services in England: Urgent and Emergency Care Review End of Phase 1 Report*. 2013 <http://www.nhs.uk/NHSEngland/keogh-review/Documents/UECR.Ph1Report.FV.pdf>

<sup>14</sup> Mann and Tempest. Beyond the official data: a different picture of attendances. *Health Services Journal*. 22 May 2014

<sup>15</sup> McHale et al. Who uses emergency departments inappropriately and when - a national cross-sectional study using a monitoring data system. *BMC Medicine* 2013; 11: 258

appointment usually requires being on the phone for a long time early in the morning. There is also demand for evening appointments in order to avoid disruption to the working/school day.

There is strong demand for continuity of care from GPs<sup>16</sup>. The parents who are most satisfied with their GP are those who receive continuity of care and manage to build up a personal relationship over time. However, some say they see a different doctor each time they go to their local practice. It can cause additional challenges for the care of ICYP with more complex needs or disabilities. For example, families can find themselves explaining the child's considerable medical history on each visit, and the repeated unfamiliarity of the professional can cause distress to children with neurological or learning disabilities. Continuity of care is also particularly important for young people who need trust and assurance of confidentiality as they have been reported to forgo healthcare if confidentiality is not assured and for young people during their transitions from home to university and from paediatric to adult health services particularly those with long term health conditions.

In 2010 NHS 111 was introduced to replace GP out-of-hours call-handling services and some of the functions of NHS Direct. As with any telephone triage system, NHS 111's success and acceptability from the perspectives of patients and/or carers is important, but what is also important is its impact on the overall urgent care system and other providers of acute services both 'in' and 'out' of hours.

The RCPCH, Imperial College NHS Healthcare Trust and NHS England have jointly produced '[A service evaluation of the pathways of care for children <5 years through the NHS following contact with NHS 111: a pilot evaluation with a focus on children with fever](#)'. Through this study it has been demonstrated that it is possible to map the journey of a patient from the NHS111 call demonstrating if, when and where they accessed emergency care in person, regardless of the advice received during the call and through this gain understanding of the impact/difference that telephone triaging is making. Phase two of the evaluation is underway and will look at the experience of ICYP following contact with NHS 111, what parents/carers and ICYP value in a telephone advice service and how data can be linked to understand the pathway following contact with NHS111.

#### Funding and commissioning

There should be a prevention and early intervention approach to commissioning of services, including mental health services. The recent DH/NHSE [Future in Mind](#) sets out the priorities for mental health services including plans to develop a comprehensive set of access and waiting times standards for children's mental health services.

The RCPCH is very concerned about the lack of attention to services for ICYP under the NHS England new models of care (vanguards) programme.

The Association for Young People's Health have developed a [GP Champions Toolkit for General Practice](#) (endorsed by the Royal College of General Practitioners (RCGP)) which contains actions all GPs could carry out to improve primary care services for young people. They have also published a briefing on [Commissioning effective primary care services for young people](#).

GPs and other primary care providers have a crucial and unique role to play in safeguarding ICYP as they are the most common point of contact for families. They are well positioned in the community and may have unique knowledge of all family members. Furthermore, there is a real opportunity in the development of the future models of care to improve the integration of health, social care and education, to enhance collaborative working between primary and secondary care.

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<sup>16</sup> Action for Sick Children. *First Contact Care Survey 2013*

In October 2015 the responsibility for commissioning the Healthy Child Programme and health visiting services to deliver the programme will transfer to Local Authorities and in line with the new commissioning arrangements, health visiting caseloads will move from being based on a GP registered population to a LA resident population. This may involve some children being transferred between providers. Any transfers between providers must be properly risk assessed and each case considered in the best interests of the child to ensure a consistent and safe transfer, including record keeping.

The RCPCH is very concerned about the impending cuts to the public health budget and, particularly with the transfer outlined above, the impact this will have on health visiting services. In particular, GPs and health visitors have a really important role in undertaking early help assessments in relation to safeguarding. [Working Together](#) states the following in relation to early help:

*Local agencies should have in place effective ways to identify emerging problems and potential unmet needs for individual children and families. This requires all professionals, including those in universal services and those providing services to adults with children, to understand their role in identifying emerging problems and to share information with other professionals to support early identification and assessment.*

*The early help assessment should be undertaken by a lead professional who should provide support to the child and family, act as an advocate on their behalf and coordinate the delivery of support services. The lead professional role could be undertaken by a General Practitioner (GP), family support worker, teacher, health visitor and/or special educational needs coordinator. Decisions about who should be the lead professional should be taken on a case by case basis and should be informed by the child and their family.*

*For an early help assessment to be effective:*

- *the assessment should be undertaken with the agreement of the child and their parents or carers. It should involve the child and family as well as all the professionals who are working with them;*
- *a teacher, GP, health visitor, early years' worker or other professional should be able to discuss concerns they may have about a child and family with a social worker in the local authority. Local authority children's social care should set out the process for how this will happen; and*
- *if parents and/or the child do not consent to an early help assessment, then the lead professional should make a judgement as to whether, without help, the needs of the child will escalate. If so, a referral into local authority children's social care may be necessary.*

#### Future models of care - closer working between GPs, and other primary care providers and paediatricians (better connected care)

The RCPCH is clear that closer working between ICYP health services and primary care services is required to ensure that ICYP are getting the right care, in the right place and at the right time. Providing high quality paediatric care in a community setting will also reduce pressure on acute services.

The RCPCH's *Facing the Future: Standards for Acute General Paediatric Services*<sup>17</sup> makes the case for whole system change in paediatrics to more effectively meet the needs of ICYP. The model recommends fewer, larger inpatient units which provide consultant delivered care and are better equipped to provide safe and sustainable care. These units need to be supported by networked

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<sup>17</sup> RCPCH. *Facing the Future: Standards for Acute General Paediatric Services*. 2015 [www.rcpch.ac.uk/facingthefuture](http://www.rcpch.ac.uk/facingthefuture)

services and more care delivered closer to home through community children's nursing teams and better paediatric provision in primary care.

The RCPCH, the Royal College of General Practitioners (RCGP) and the Royal College of Nursing (RCN) have also worked together to develop a new set of standards in the Facing the Future suite, *Facing the Future: Together for Child Health*<sup>18</sup>. These standards apply across the unscheduled care pathway to improve healthcare and outcomes for ICYP. They aim to ensure there is always high-quality diagnosis and care (safe, effective and caring) early in the pathway, providing care closer to home where appropriate (right care, right time and right place). The standards will ensure specialist child health expertise and support are available directly into primary care services where the needs of the child and their family are known and will build good connectivity between hospital and community settings; primary and secondary care; and paediatrics and general practice.

One example highlighted in the *Facing the Future: Together for Child Health* standards is the Connecting for Care model (<http://www.cc4c.imperial.nhs.uk>). This is a good example of collaborative working by paediatricians providing care alongside GPs and other health care providers in primary care settings.

The RCPCH is setting a five year timescale for implementation of the two sets of standards and has already started to work with NHS England collaboratively by being part of an urgent and emergency care working group. The RCPCH would welcome any further support which the Health Select Committee can give to achieve this plan.

Primary care services need to support ICYP with long-term conditions to be as independent and healthy as possible, preventing complications and the need to go into hospital, caring for them closer to home where appropriate. Health plans are important tools for managing a range of long term conditions. These must be regularly updated, agreed between the child/young person, their parents/carers and healthcare professionals and shared with all relevant professionals. A review of mortality and prolonged seizures in ICYP with epilepsies<sup>19</sup> clearly highlighted the importance of comprehensive management plans to ensure coordinated care between parents, schools and other carers to enable timely and appropriate responses to acute episodes of illness. The 2014 National Review of Asthma Deaths (NRAD) also recommended that all people with asthma have a personal asthma action plan<sup>20</sup>.

#### Workforce - More GPs should be trained in ICYP health

The RCPCH has strongly supported the RCGP's case for the extension of GP training from three to four years, and recommend that increased numbers of GP trainees undertake a paediatric placement as part of their training. Currently, a low percentage of GPs (estimated at between 40 and 50 percent) have specific targeted training in acute paediatrics.

We need to increase the numbers of GPs, and expand their knowledge, skill and competence in respect of ICYP. Experience matters, especially in recognising rare but serious illnesses in ICYP.

The RCPCH and RCGP are collaborating on a joint document *Learning Together to Improve Child Health*, which seeks to lay out a vision for Learning Together. It aligns with the policy in both Colleges where recognition of the need to put the child first is shared. The case for change is spelled

<sup>18</sup> RCPCH, RCN, RCGP. *Facing the Future: Together for Child Health*. 2015 [www.rcpch.ac.uk/togetherforchildhealth](http://www.rcpch.ac.uk/togetherforchildhealth)

<sup>19</sup> RCPCH. *Coordinating epilepsy care: a UK-wide review of healthcare in cases of mortality and prolonged seizures in children and young people with epilepsies*. 2013. Child Health Review – UK, London: RCPCH. [www.rcpch.ac.uk/chr-uk](http://www.rcpch.ac.uk/chr-uk)

<sup>20</sup> Royal College of Physicians. *Why asthma still kills: the National Review of Asthma Deaths (NRAD)*. Confidential enquiry report. 2014. London, RCP [www.rcplondon.ac.uk/projects/national-review-asthma-deaths](http://www.rcplondon.ac.uk/projects/national-review-asthma-deaths).

out and mapped against current experience and training strategies. Opportunities for joint training exist across the spectrum ranging from the recognition and management of the sick child to the young person with chronic or complex problems or the growing number who are challenged by mental health difficulties. This initiative embraces training in medical education, academic training and research. All doctors working with ICYP must be familiar with the issues around safeguarding.

Putting this vision into practice requires collaboration, a willingness to change and imaginative solutions. Many are implemented without need for complexity or disruption of other important, established training pathways. Learning Together is achieved in both health environments, through integration of training posts and with other healthcare professionals. It need not be restricted to the clinical environment and must encourage a whole population approach.

Reviewing current initiatives and some of the exciting pilots going on around the UK, the immediate advantages are clear. Trainees who have been paired, report great advantage and mutual benefit across many clinical and nonclinical areas of competency. Shared planning and educational supervision has fostered closer relationships between doctors who have completed their training and between their multi-professional teams. Learning Together offers great opportunities in Quality Improvement.

If you train together, you will work together. That is a vital part of our Colleges' vision for high quality care for ICYP. The document is currently in development and the Colleges' aim is to publish it in the autumn. The RCPCH continues to work closely with RCGP and Health Education England to ensure that there are the right models of care.