



connecting care for children



Child Health General Practice Hubs

Invested in by:



Health Education
North West London

Imperial College Healthcare 
NHS Trust



Central London Clinical Commissioning Group



Hammersmith and Fulham
Clinical Commissioning Group

Supported by:

CLCH NHS Trust

London Boroughs of H&F, K&C and Westminster City Council

Paddington Development Trust

Child Health GP Hubs in North West London

Imperial and Ealing CCG:
One 6 GP practice hub planned for March 2016 based at Cloister Road Surgery

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

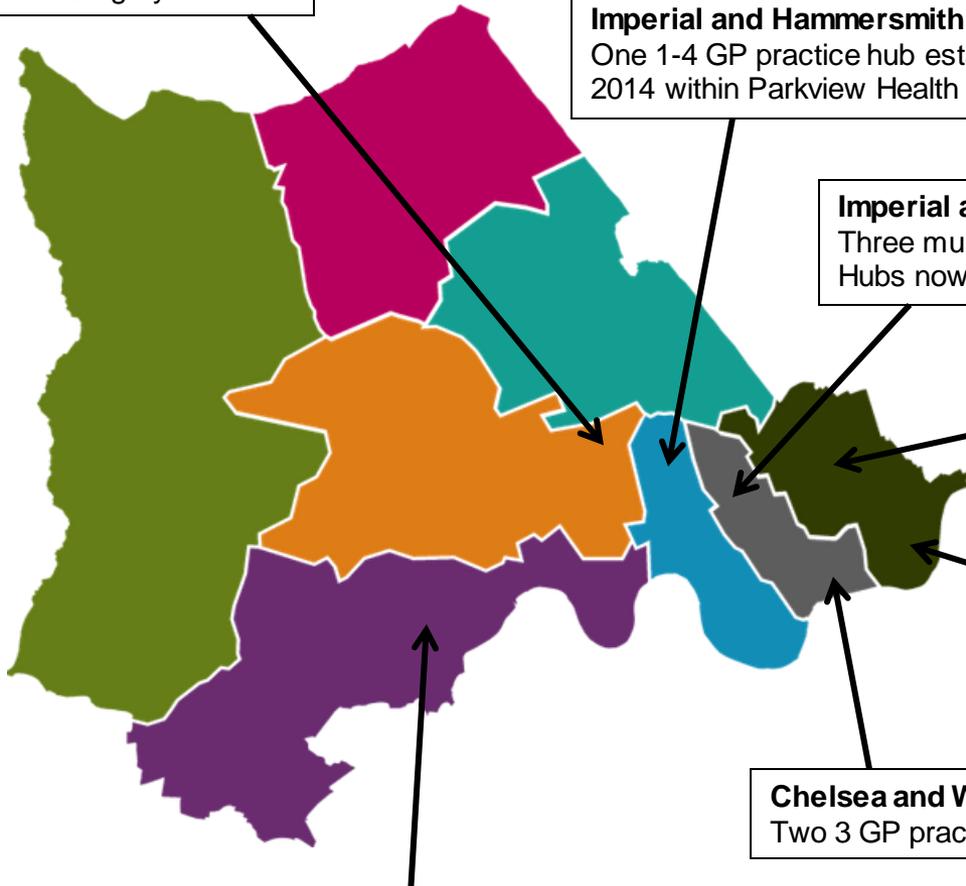
Imperial and West London CCG:
Three multi-practice Child Health GP Hubs now operational (since early 2014)

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



Child Health General Practice Hubs: a service evaluation

Sarah Montgomery-Taylor, Mando Watson, Robert Klaber

► Additional material is published online only. To view please visit the journal online (<http://dx.doi.org/10.1136/archdischild-2015-308910>).

Department of Paediatrics, Imperial College Healthcare NHS Trust, London, UK

Correspondence to
Dr Sarah Montgomery-Taylor, Department of Paediatrics, Imperial College Healthcare NHS Trust, St Mary's Hospital, Praed Street, London W2 1NY, UK; sarah.montgomerytaylor@gmail.com

Received 4 May 2015
Revised 25 November 2015
Accepted 26 November 2015

ABSTRACT

Objective To evaluate the impact of an integrated child health system.

Design Mixed methods service evaluation.

Setting and patients Children, young people and their families registered in Child Health General Practitioner (GP) Hubs where groups of GP practices come together to form 'hubs'.

Interventions Hospital paediatricians and GPs participating in joint clinics and multidisciplinary team (MDT) meetings in GP practices, a component of an 'Inside-Out' change known as 'Connecting Care For Children (CC4C)'.

Main outcome measures Cases seen in clinic or discussed at MDT meetings and their follow-up needs. Hospital Episode data: outpatient and inpatient activity and A&E attendance. Patient-reported experience measures and professionals' feedback.

Results In one hub, 39% of new patient hospital appointments were avoided altogether and a further 42% of appointments were shifted from hospital to GP practice. In addition, there was a 19% decrease in subspecialty referrals, a 17% reduction in admissions and a 22% decrease in A&E attenders. Smaller hubs running at lower capacity in early stages of implementation had less impact on hospital activity. Patients preferred appointments at the GP practice, gained increased confidence in taking their child to the GP and all respondents said they would recommend the service to family and friends. Professionals valued the improvement in knowledge and learning and, most significantly, the development of trust and collaboration.

Conclusions Child Health GP Hubs increase the connections between secondary and primary care, reduce secondary care usage and receive high patient satisfaction ratings while providing learning for professionals.

BACKGROUND

"Children represent the future, and ensuring their healthy growth and development ought to be a prime concern of all societies".¹ As individuals we value our children above all, but as nations we neglect children and young people, who are often left off the agenda for health improvement.² Europe-wide data show significant variability across developed and developing economies in child mortality rates and outcomes for children with long-term conditions.³

UK health services are not well connected, and children are not being seen by the right person, in the right place, at the right time.⁴ Patients report that the current healthcare system prohibits continuity of care,⁵ and the numbers of A&E admissions and hospital outpatient attendances in those

What is already known on this topic

- There is an increasing awareness of the need to shift more care to the community
- Out of hospital specialist presence is important to facilitate this
- Novel service models are needed to integrate primary and secondary care

What this study adds

- Child Health General Practitioner Hubs help to shift more care to the community and reduce secondary care usage
- Patients prefer being seen in the community and value collaboration between primary and secondary care
- Professionals value the hubs for increased learning and the formation of networks and social capital

aged 0–16 are rising year on year⁶ leading to an increasing financial and workforce burden.

Recent nationwide⁷ and city-wide⁸ reports have placed improved health for our nation's children high on their list of priorities. They emphasise the need for new models of care that support patients as individuals through integrating care to suit their needs. Care in the community is often preferred by families.⁹ Care from the general practitioner (GP), who knows the child in a wider social context, plays an important role in overall health. An out-of-hospital paediatric specialist presence supports this ideal.⁹ Previous studies have demonstrated the potential for paediatric outpatient clinics to be moved to the community, but identified that this needed to be as part of wider efforts to improve patient engagement.¹⁰ These challenges formed significant drivers for change.

Fortuitously anticipating the policy direction set by the Five Year Forward View, paediatricians at Imperial College Healthcare NHS Trust and colleagues in local Clinical Commissioning Groups (CCGs) have established a collaborative integrated child health system: Connecting Care for Children (CC4C). This system has been developed with extensive stakeholder consultation and in partnership with a wide range of service users. Break-even economic modelling predicted a 12-hub system would be cost neutral after 2 years and would

To cite: Montgomery-Taylor S, Watson M, Klaber R. *Arch Dis Child*. Published Online First: [please include Day Month Year] doi:10.1136/archdischild-2015-308910

BMJ

Copyright Article author (or their employer) 2015. Produced by BMJ Publishing Group Ltd (& RCPCH) under licence.

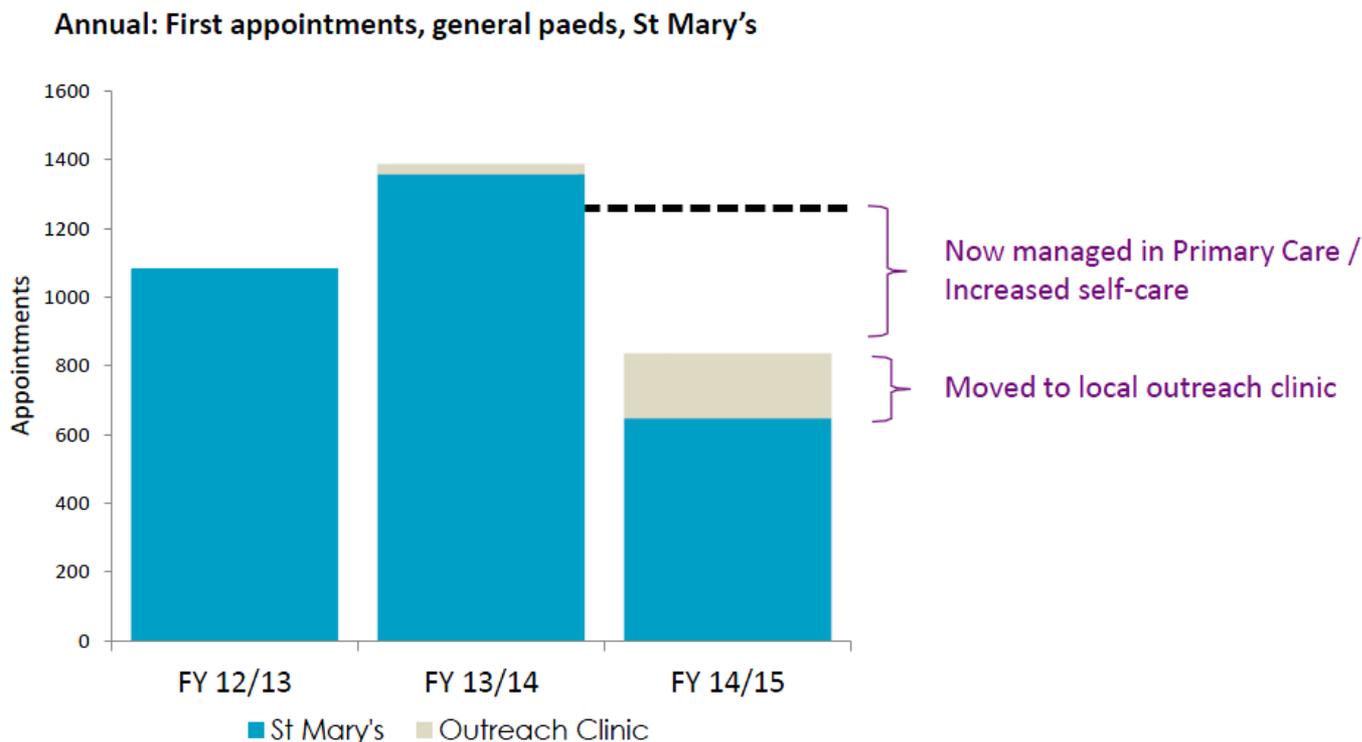
Montgomery-Taylor S, et al. *Arch Dis Child* 2015;0:1–5. doi:10.1136/archdischild-2015-308910

RCPCH

Impact of CC4C Child Health GP Hubs on Outpatient Activity



Combining the outreach appointments into the total we still see a very significant decline (39%) in St Mary's appointments in FY 14/15



Practice Locations: All practices in cc4c Hubs
Referral type: First appointment
Referred to : General Paeds
Hospital referred to: St Mary's

Demonstrating Value, Outcomes and Benefits

From our 2013 Economic Modeling (Matrix) - to achieve break even in Year 2 we needed

Outpatient Reduction: 20%
 A&E Reduction: 10%
 Admission Reduction: 2%

Putting a conservative estimate of activity changes into an economic evaluation...

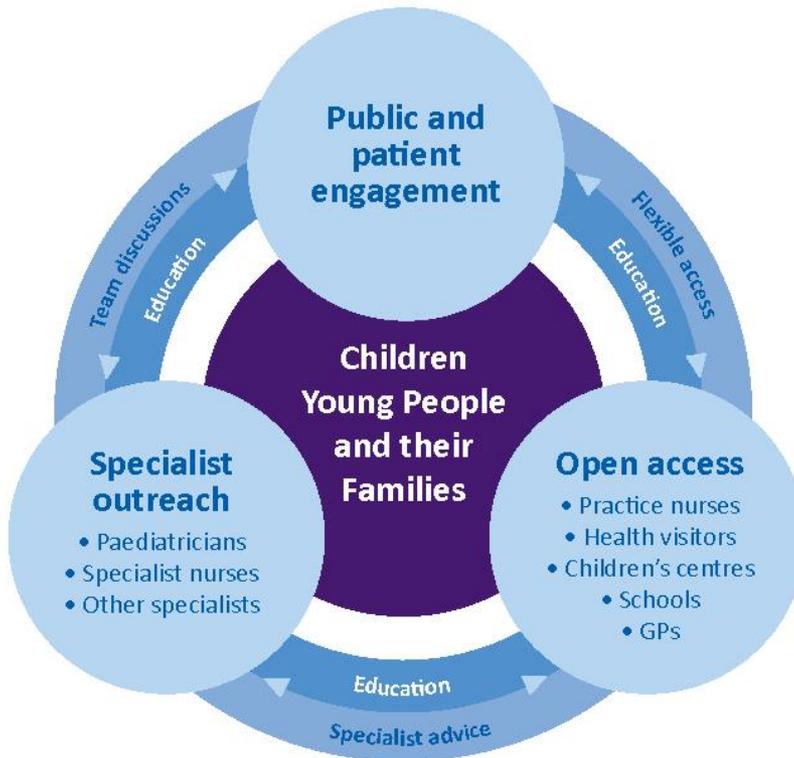
From our 2014-15 initial Child Health GP Hub Pilot (published in Arch Dis Child*) we achieved:

Outpatient Reduction: 39%
 A&E Reduction: 22%
 Admission Reduction: 17%

Year	CYP Practice Population Covered	Total costs of the CC4C Child Health GP Hubs	Total system gain of hospital activity reductions	Net Economic Benefit
1	8672	£153,220	£319,822.48	£166,602.48
2	34690	£332,803	£1,236,028.91	£903,226.19
3	69379	£500,894	£2,388,461.66	£1,887,567.26
4	104069	£644,832	£3,461,538.64	£2,816,706.21
5	121414	£794,896	£3,901,895.41	£3,106,999.53
Cumulative Financial Impact (over 5 years):			£11,307,747.09	£8,881,101.67
Estimated Impact of Child Health GP Hubs				
Outpatient Reductions		30%		
A&E Reductions		8%		
Admission Reductions		2%		

* Montgomery-Taylor S, Watson M, Klaber R. Child Health General Practice Hubs: a service evaluation

Connecting Care for Children; 3 core elements focused on Primary Care, coming together as a 'Child Health GP Hub'



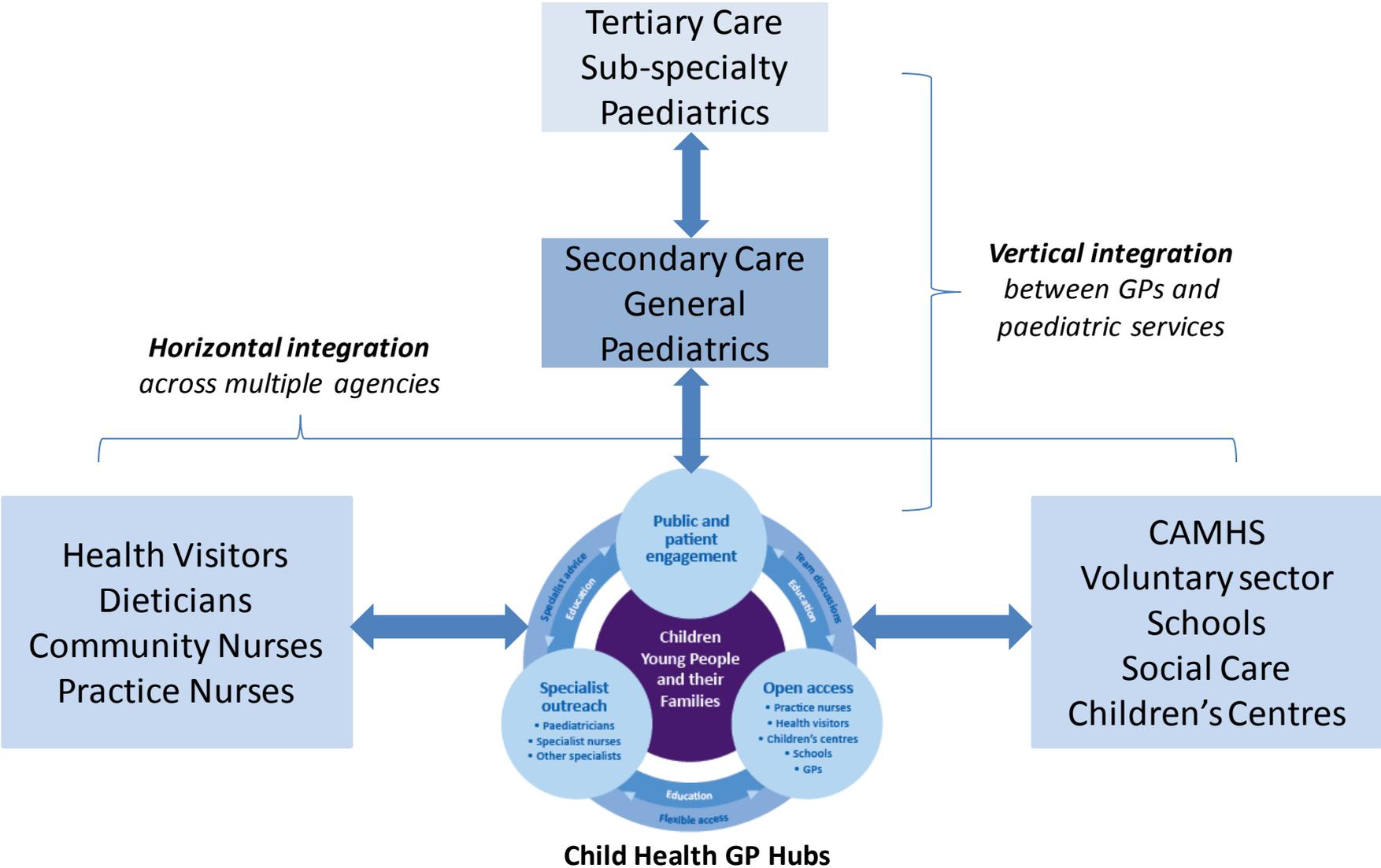
GP Child Health Hubs are typically:
3-4 GP practices within an existing network / village / locality
~20,000 practice population
~4,000 registered children
Built around a monthly MDT and clinic

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.'

Child Health GP Hubs – a model of integrated child health



Child Health GP Hubs – MDT Professionals

General
Practitioners

Health
Visitors

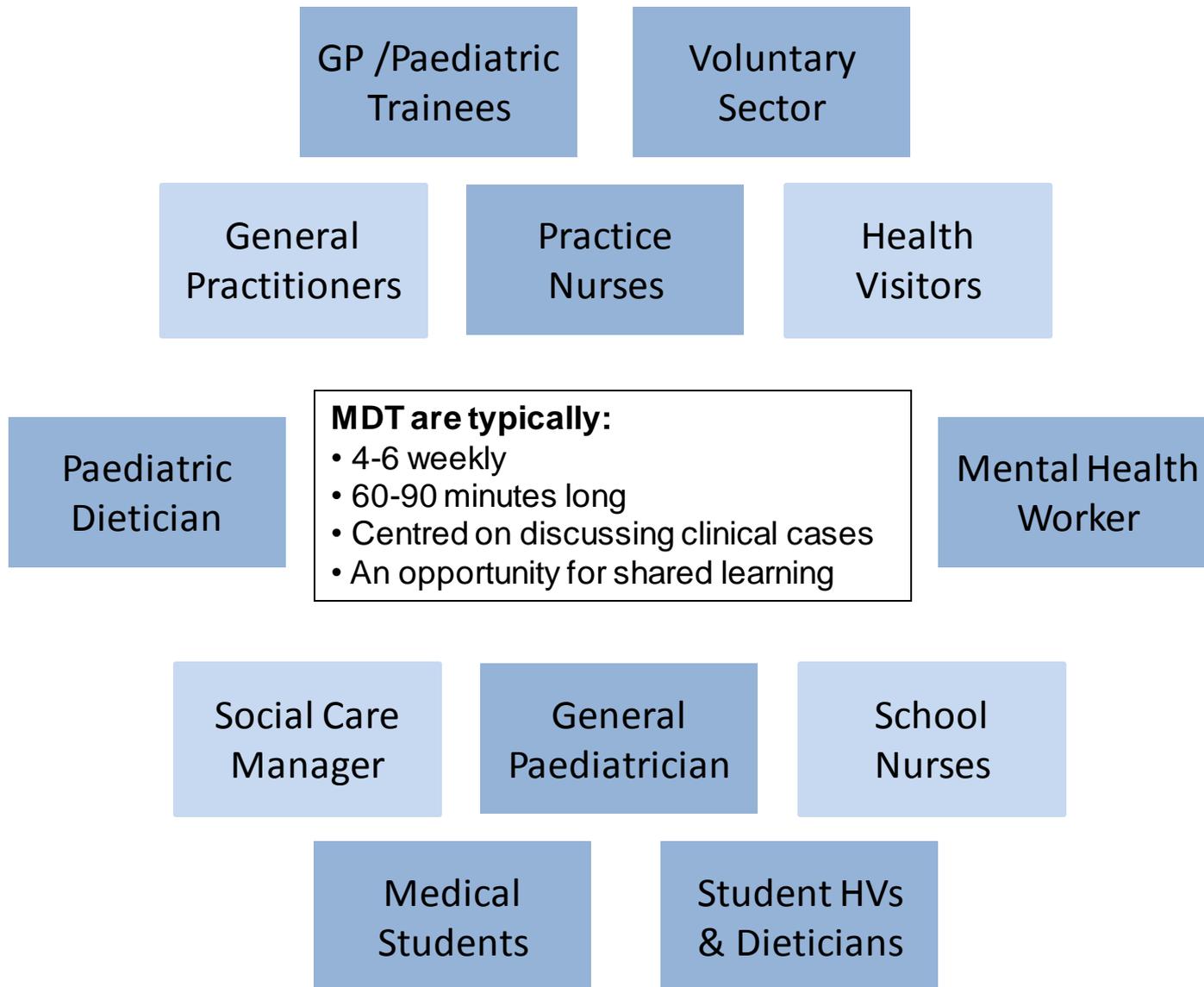
MDT are typically:

- 4-6 weekly
- 60-90 minutes long
- Centred on discussing clinical cases
- An opportunity for shared learning

General
Paediatrician



Child Health GP Hubs – MDT Professionals



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



Practice Champions



NHS



Volunteer for your local community

become a Practice Champion and
help shape children's healthcare

Your Practice would like to invite you to join us as a Practice Champion. We want to improve the healthcare of children and young adults in our community. Practice Champions use their experience, skills and passion to help design healthcare services for children and families. Training will be provided.

For more information please ask for a volunteer application form at reception or call/text Bea on 07852176747



PRACTICE
CHAMPIONS

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 broad patient 'segments' can be identified:

Healthy Child

- *Advice & prevention* eg: Breast feeding / Immunisation / Mental well-being / Healthy eating / Exercise / Dental health

Vulnerable child with social needs

- eg: Safeguarding issues / Self-harm / Substance misuse / Complex family & schooling issues / Looked after children

Child with single long-term condition

- eg: Depression / Constipation / Type 2 diabetes / Coeliac Disease / Asthma / Eczema / Nephrotic syndrome

Child with complex health needs

- eg: Severe neurodisability / Down's syndrome / Multiple food allergies / Child on long-term ventilation / Type 1 diabetes

Acutely mild-to-moderately unwell child

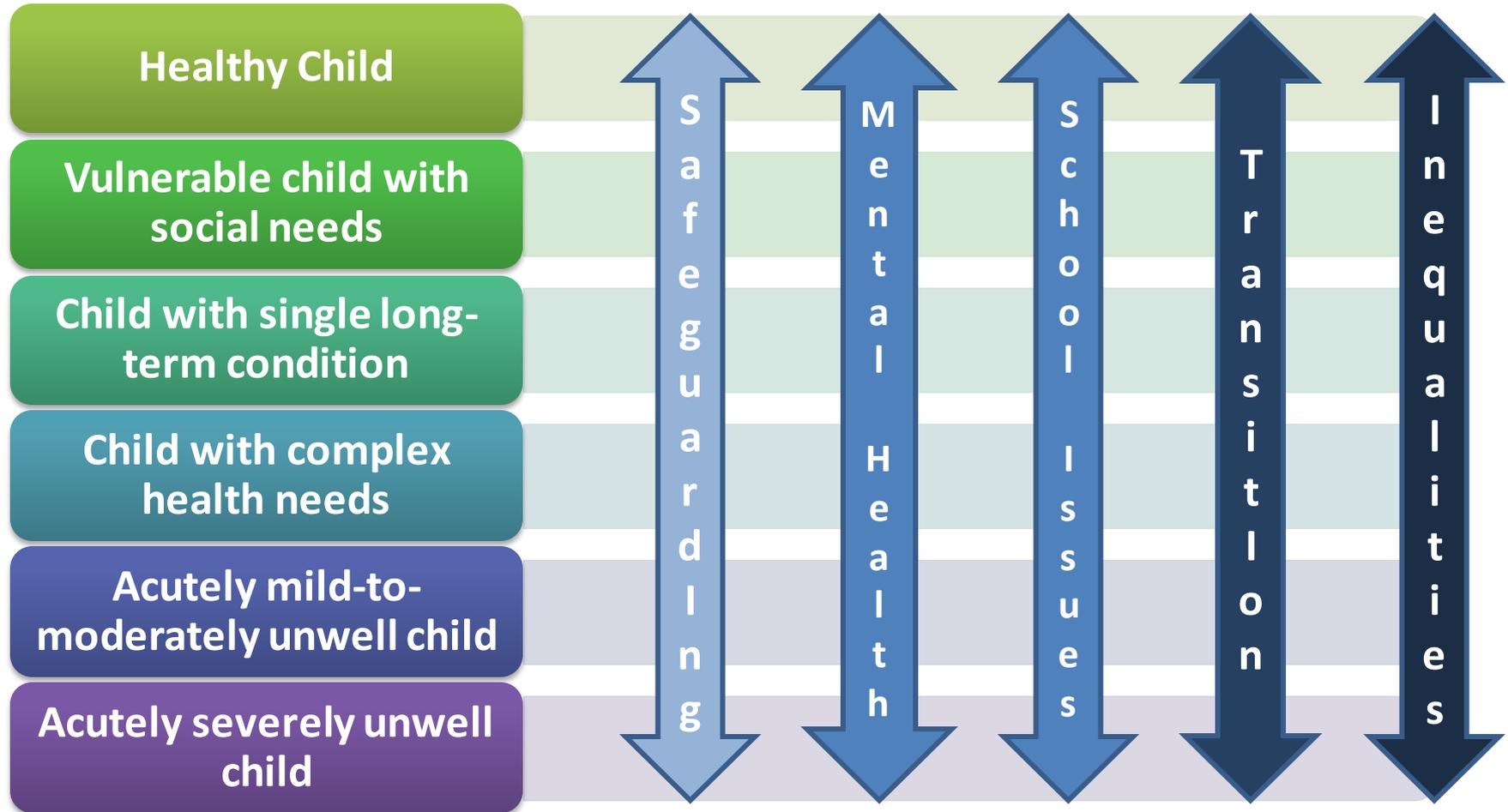
- eg: Croup / Otitis media / Tonsillitis / Uncomplicated pneumonia / Prolonged neonatal jaundice

Acutely severely unwell child

- eg: Trauma / Head injury / Surgical emergency / Meningitis / Sepsis / Drug overdose / Extreme preterm birth

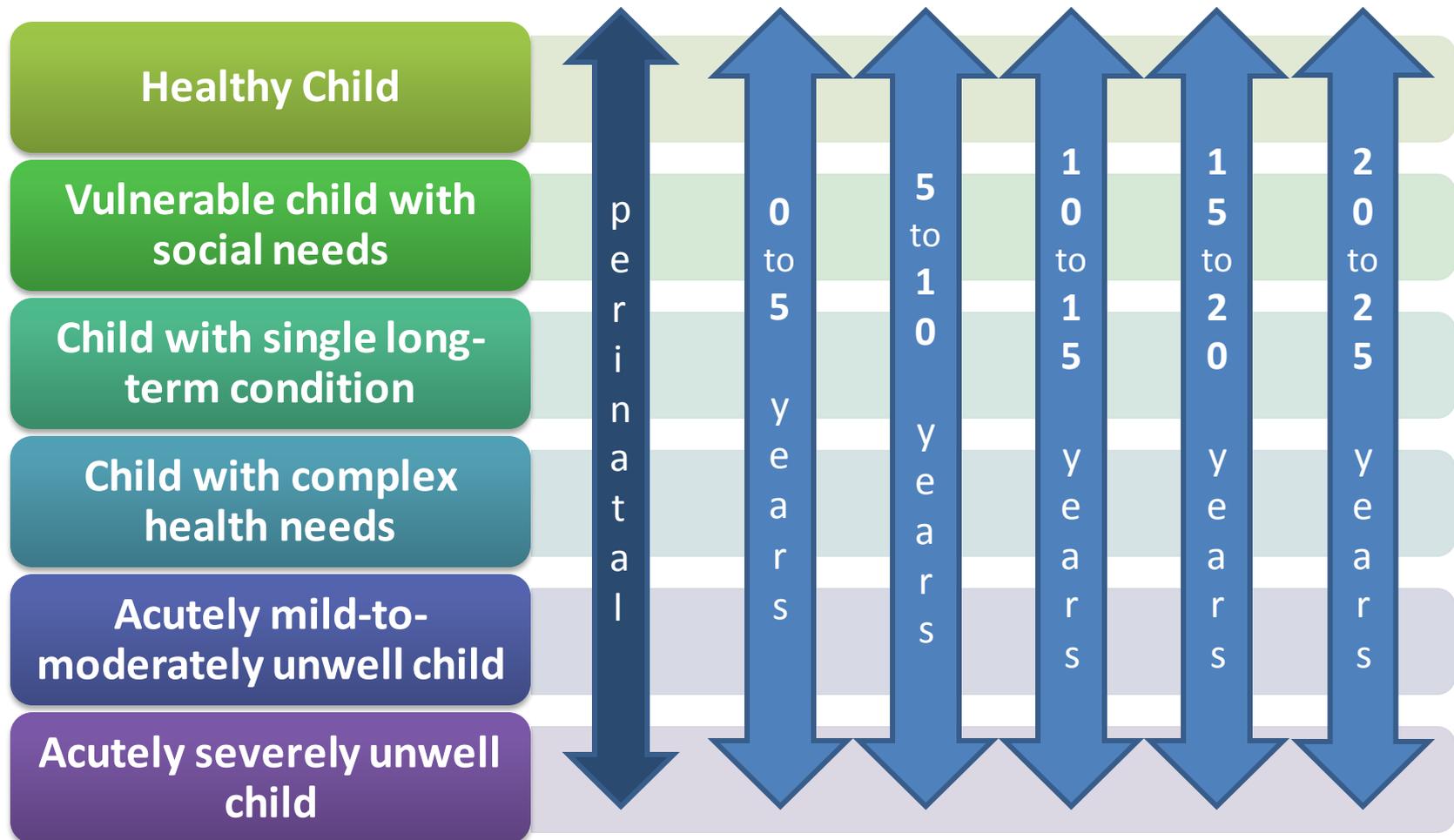
A Whole Population Approach: Patient Segments in Child Health

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



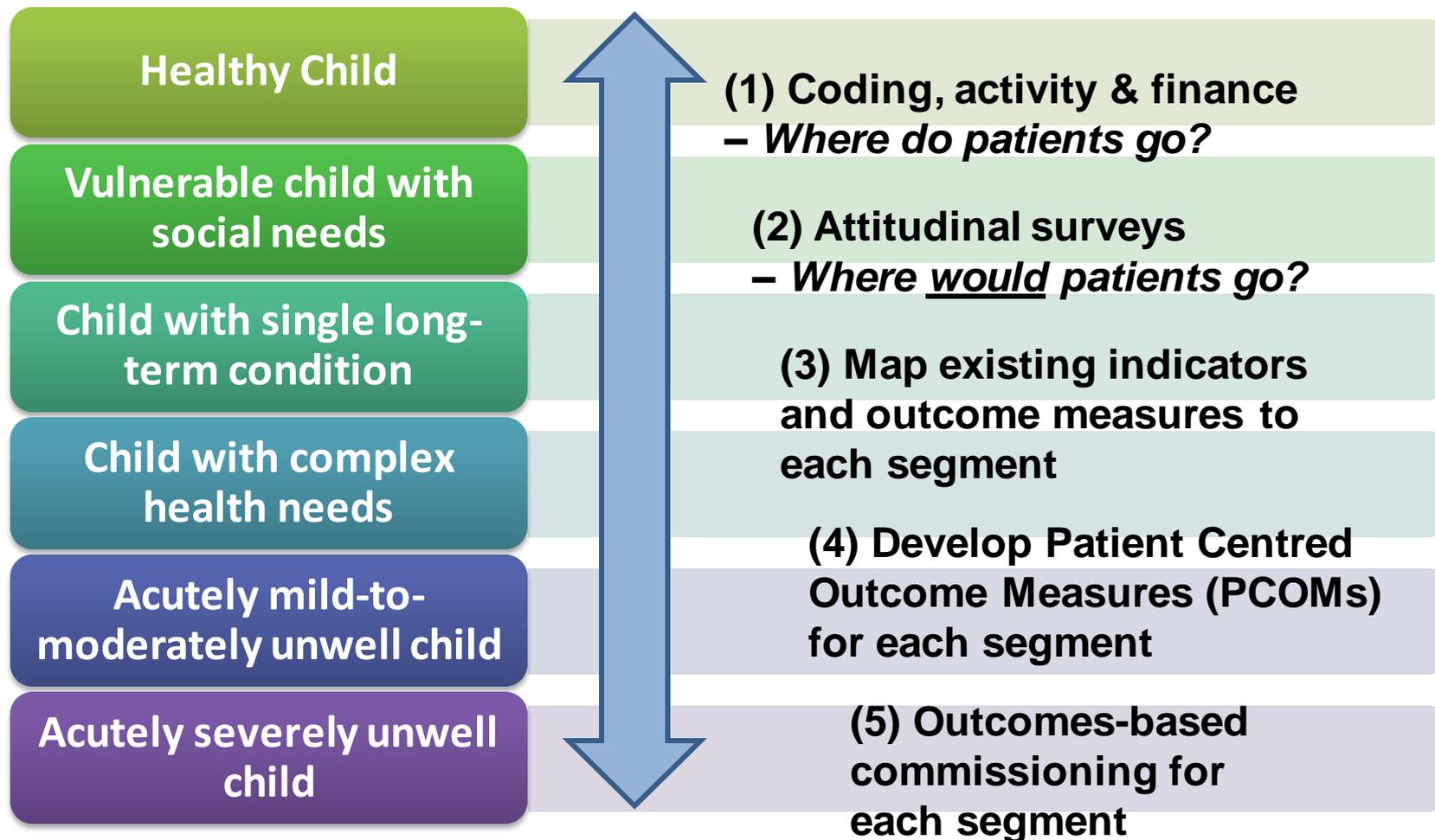
A Whole Population Approach: Patient Segments in Child Health

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 and contracting mechanisms for child health.



Utilising Whole Population Segmentation in Child Health

This figure illustrates 5 important stages of work that need to be undertaken to utilise the segments. This will help us to move towards models of care commissioned for patient-centred outcomes:



ACP opportunities in Child Health in North West London

Context:

- Under 18s make up 21.8% of the population in NWL (444,000 people)
- Very high burden on A&E attendances, with low admission rate
- Admission for dental caries the most common elective surgical procedure
- National outlier for obesity and very poor immunisation rates
- Connections between primary care, secondary care, community care and mental health fairly fragmented across the sector
- No specific focus on CYP within the original NHSE New Care Models programme, so an opportunity to build on national interest in NWL work

- Focus should start between primary & secondary health care, and then bring in community, mental health, education, third sector & social care
- Experience with CC4C Child Health GP Hubs shows significant opportunities to improve care and reduce inefficiencies through professionals working differently (MDTs, hotlines, outreach work), data-driven preventative work, and increased peer-support & self management
- An ACP would offer early opportunities to focus on children & young people from the GP registered list (eg with long-term conditions, frequent attenders) who will benefit from a more proactive, preventative approach



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 22% 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?

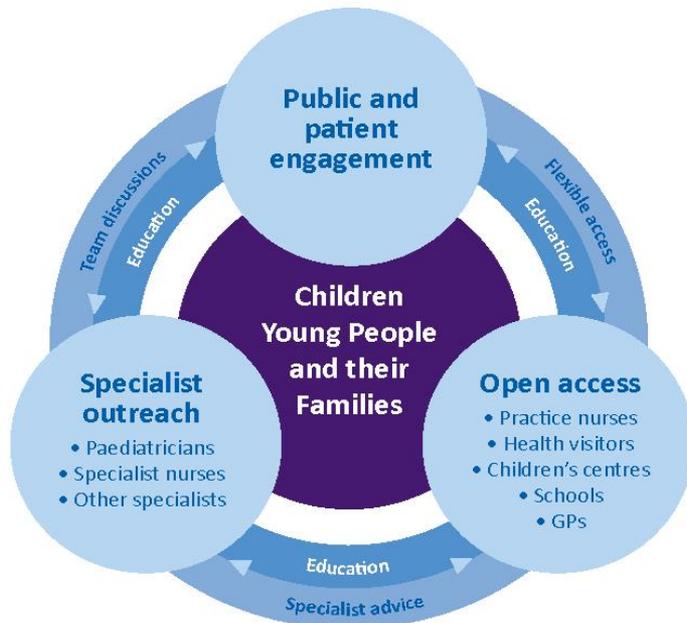
- The model puts the **GP practice at its heart** - specialist services are drawn out of the hospital to provide support and to help connect up services
- NHS services are minimally changed, while their **capability and capacity are maximised**
- **'Inside-Out' co-design** of the model has generated 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



New Care Models in children – Design Principles

What is the learning from local & national work on new care models?

1. Focus on connections and relationships; NHS services can be minimally changed, while their capability and capacity are maximised
2. Put GP practices at the heart of new care models - specialist services are drawn out of the hospital to provide support & to help connect services across all of health, social care and education
3. A whole population approach facilitates more focus on prevention
4. Health seeking behaviours improve through peer-to-peer support
5. Co-design new approaches to care with children, young people, parents, carers and communities
6. Focus on outcomes that really matter to patients
7. Learning and development, for the whole multi-professional team, is a key way to building relationships and finding new ways to work together



robert.klaber@imperial.nhs.uk
 mando.watson@imperial.nhs.uk

www.cc4c.imperial.nhs.uk

 @CC4CLondon

