

Introduction of Acute Paediatric Services in Primary Care: Evaluating the Impact on GP Education

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Abstract : Traditionally, medical care of children in England and Wales starts from primary care with a referral to secondary care paediatricians who may not investigate further. Many primary care doctors do not undergo a paediatric rotation/exposure in training. As a result, there are many who have not acquired the necessary skills to manage children hence increasing hospital referral. With the current demand on hospitals in the National Health Service managing more problems in the community is needed. One way of handling this is to set up clinics, meetings and huddles in GP surgeries where professionals involved (general practitioner, paediatrician, health visitor, community nurse, dietician, school nurse) come together and share information which can help improve communication and care. The increased awareness and education that paediatricians can impart in this way will help boost confidence for primary care professionals to be able to be more self-sufficient. This has been tried successfully in other regions e.g., St. Mary's Hospital in London but is crucial for a more rural setting like ours. The primary aim of this project would be to educate specifically GP's and generally all other health professionals involved. Additional benefits would be providing care nearer home, increasing patient's confidence in their local surgery, improving communication and reducing unnecessary patient flow to already stretched hospital resources. **Methods:** This was done as a plan do study act cycle (PDSA). Three clinics were delivered in different practices over six months where feedback from staff and patients was collected. Designated time for teaching/discussion was used which involved some cases from the actual clinics. Both new and follow up patients were included. Two clinics were conducted by a paediatrician and nurse whilst the 3rd involved paediatrician and local doctor. The distance from hospital to clinics varied from two miles to 22 miles approximately. All equipment used was provided by primary care. **Results:** A total of 30 patients were seen. All patients found the location convenient as it was nearer than the hospital. 70-90% clearly understood the reason for a change in venue. 95% agreed to the importance of their local doctor being involved in their care. 20% needed to be seen in the hospital for further investigations. Patients felt this to be a more personalised, in-depth, friendly and polite experience. Local physicians felt this to be a more relaxed, familiar and local experience for their patients and they managed to get immediate feedback regarding their own clinical management. 90% felt they gained important learning from the discussion time and the paediatrician also learned about their understanding and gaps in knowledge/focus areas. 80% felt this time was valuable for targeted learning. Equipment, information technology, and office space could be improved for the smooth running of any future clinics. **Conclusion:** The acute paediatric outpatient clinic can be successfully established in primary care facilities. Careful patient selection and adequate facilities are important. We have demonstrated a further step in the reduction of patient flow to hospitals and upskilling primary care health professionals. This service is expected to become more efficient with experience.

Keywords : clinics, education, paediatricians, primary care

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