HEALTH AND SPORT COMMITTEE

WHAT SHOULD PRIMARY CARE LOOK LIKE FOR THE NEXT GENERATION?

SUBMISSION FROM: Royal College of Paediatrics & Child Health Scotland

About the RCPCH

The Royal College of Paediatrics and Child Health (RCPCH) is responsible for training and examining paediatricians. The College has over 19,000 members in the UK and internationally and sets standards for professional and postgraduate education. We work to transform child health through knowledge, research and expertise, to improve the health and wellbeing of infants, children and young people across the world.

In the following briefing we have outlined our key priorities for improving primary care for the next generation. We would be very pleased to expand on our briefing during the inquiry through oral evidence.

We would hope that the committee would ensure that this inquiry is sensitive to the UNCRC, in particular Article 12, the views of the child and Article 24, the rights of the child to good quality health care.

Views from children and young people

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 primary healthcare professional. Children and young people appreciate when a healthcare worker smiles at them, when they maintain eye contact and when language is adapted and broken down so that health advice is given clearly.

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 community-based 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. 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. 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.

Q1. What changes are needed?

1.1 Integrated care

Delivering primary care (distinct from general practice) using a multi-professional team makes good use of the clinical expertise of other healthcare colleagues (including general practitioners). 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). 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.  

1.2 Service standards

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. RCPCH paediatric standards, Facing the Future: Together for child health 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 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 improve how care is provided to children across settings.

1.3 Quality improvement

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\(^4\).\(^7\).

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\(^8\) (or alternative indicators which arise following the GMS contract 2018) 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. Scotland is 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\(^9\).

1.4 Training and skills development

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. 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\(^10\). There is a need for community children’s nurses in Scotland to provide care for children with ongoing healthcare needs in the community and Queen’s Nursing Institute have published standards which we fully support\(^11\).

**Q2 Barriers to delivering a sustainable primary care system in both urban and rural areas**

2.1 GP training

Children are estimated to make up around 40% of a typical GP’s workload though only around one in three GP’s in the UK have post-graduate specialist paediatric training with little undergraduate exposure to paediatrics\(^12\). 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. Children’s Health Scotland suggests that parents should ask if their GP has postgraduate paediatric training\(^13\).

2.2 Use of technology

25% of children in Scotland live in remote and rural settings which presents challenges in providing safe, sustainable care. RCPCH would recommend increased use of video conferencing/skype to enhance joint decision making between primary and secondary care. Learning can be taken from the *Facing the Future—together for child health, North of Scotland paediatric unscheduled care pilot*\(^5\).
2.3 Workforce planning

NHS Education for Scotland (NES) should develop a bespoke child health workforce strategy which identifies all the child health workforce which provide care to infants, children and young people (ICYP) including medical, midwifery, nursing, allied health professionals, pharmacists, health visitors and school nurses. This strategy should model the child health workforce at least up to 2030, based on what future services will look like and existing service demand projections and must be sufficiently robust to deliver professional and service standards. The strategy must acknowledge and support differential participation rates and the development of portfolio careers to enable retention of staff.

Q3 Monitoring and evaluating

3.1 The voice of children, young people and their families

Measurement of impact should be conducted through the collection of data but also through children and young people engagement. *State of Child Health 2017 Recommendations from Scotland* suggests that the views of children and young people are included in the patient surveys of GP services and community settings. Guidance on how to involve children and young people in service design and delivery is available via the RCPCH website.

RCPCH would be happy to work with government, boards, patient groups and colleagues in primary care to develop indices of effectiveness.

For further information about any aspect of this briefing document, please contact Prof Steve Turner, Officer for Scotland at enquiries-scotland@rcpch.ac.uk
REFERENCES


