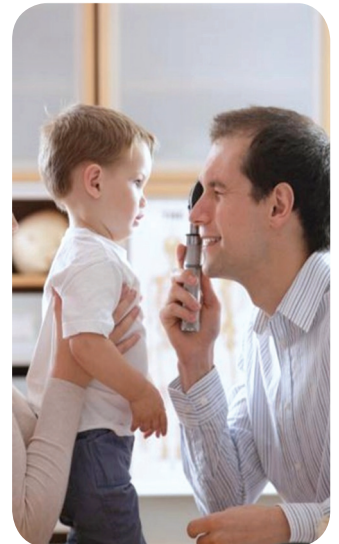




The UK's leading children's
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Registered charity no 296295



Action For Sick Children

Recommendations

June 2013

Company Limited by Guarantee, Reg. No. 2029339 (National Association for the Welfare of Children in Hospital Ltd.)

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ACTION FOR SICK CHILDREN

FIRST CONTACT CARE SURVEY - 2013

ACTION FOR SICK CHILDREN decided to conduct a survey of 2000 parents to ascertain their views on "When they first decide they are concerned about the health of their child and need to take their child to a health service professional. What actions/pathways do they take? What dictates their views and choices? Is this first contact acceptable and does it meet their needs? What changes would they like to see in the future?"

The FIRST CONTACT CARE survey was carried out by an independent company chosen with great care and consideration and the results of the survey and our recommendations are being shared with everyone on 18th June 2013 at The House of Commons.

For the first time parents / carers have been asked directly and placed in the spotlight and having their views taken seriously as to what action they take when their child is first ill. With all the debate now taking place, the ACTION FOR SICK CHILDREN survey gives parents and carers a "timely voice".

The findings are therefore very pertinent. Parents / carers want to see a health professional in essence their family doctor when their child is ill. But above all else they need reassurance at all levels and to have professionals listen to them.

These are essentially the views of the parents/carers that have been obtained through the survey. ACTION FOR SICK CHILDREN feels that they must be taken into consideration, together with their recommendations and the recommendations of ACTION FOR SICK CHILDREN, by all professionals both medical and political when services for children are being established and commissioned. Alongside these recommendations from parents ACTION FOR SICK CHILDREN emphasises the necessity that all those working with sick children have training in child healthcare.



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RECOMMENDATIONS

June 2013

Pivotal to the work of Action for Sick Children over the last 50 years has been that all those working with sick children are suitably trained.

When commissioning health services for children this important issue needs to be taken into account.

These recommendations are based on the parents' responses to the survey and Action for Sick Children's opinion as to how they could be implemented.

1 Working Together

- i. Parents want family doctors to remain at the heart of the care system for young children. More than 8 out of 10 parents say they trust doctors above all other professionals to give them the best care and advice. But GPs must provide continuity of care - by one doctor where possible - because this is what parents want (qualitative survey). The same applies to Health Visitors and Community Nurses. New systems are needed to achieve this continuity. Family doctors and other healthcare professionals must listen more closely to what parents say and act accordingly (qualitative survey).
- ii. All personnel concerned with the health of children, whether it be GPs, Health Visitors or Community Nurses, must work together more effectively to enable families to get as much advice and support as they need. At present they seem to be in their own 'silos' and do not communicate effectively enough about a child's medical problems/needs.
- iii. Any information they have should be shared on a child's records in one place and not kept separately. Consider the use of a child's medical passport.
- iv. Far greater use should be made of Health Visitors, Community Nurses, Community Children's Nurses and School Nurses. They should be linked more closely with the GP service and given additional training. About three quarters of parents are only seeking health and advice and this could easily be done by nurses to free up family doctors' time and A&E for more serious cases.
- v. Provide more drop-in clinics with more paediatric children's healthcare specialists e.g. health visitors, community nurses, School nurses.
- vi. There should be dedicated children's A&E Departments.

2. Training

- i. The training of all GPs should include extended paediatric training so that they are more able to care for children and advise parents.
- ii. The training of any nurses/health visitors at the practice dealing with children and their families should include paediatric training.
- iii. It is essential that those giving advice to parents should have such training. This emphasis in their training should be implemented as rapidly as possible.
- iv. Provide community education programmes. e.g. First Aid classes; Classes for new parents needed; More information should be available

3. Appointments / Advice and Technology to achieve them more efficiently

- i. GPs' surgeries need to be radically reorganised so appointments and advice can be provided quickly on the day. The present 8.30am telephone lottery system for booking appointments is unsatisfactory and not fit for purpose. It must be recognised that in many two-parent and one-parent families it is very difficult to juggle work with appointments. Surgery opening hours may need to be extended.
- ii. A telephone triage nurse system could be used very effectively to filter out those children who do actually need an appointment and those whose parents just need advice. Perhaps a separate telephone number at the surgery could be available exclusively for parents.
- iii. Ensure that information new parents receive from the Department of Health is actually being delivered to all and that child care classes are available in the community.
- iv. Make greater use of 21st century technology. The use of webcam and Skype consultations by family doctors or nursing professionals would hugely reduce the pressure on GP surgeries and A&E. This would enable healthcare professionals to see the child concerned and be better able to judge whether or not they need an appointment or simply need advice.
- v. NHS 111 should use this technology more and should have illustrations of the common children's illnesses on its website.
- vi. Pharmacists should publicise their services and knowledge more. If they did this parents would have another point for reassurance and advice which could relieve the pressure on GP surgeries and A&E.
- vii. The existence of walk-in surgeries for after- hours help should be publicised more. These should be staffed, at the very least, by a nurse who has paediatric training.

4. Recommendations for Commissioners – what to tell them from the survey (2005 interviews)

Parents expressed the following opinions:

- I. Make it easier to speak to GP/Family Doctor and extend opening hours.
- II. Provide community education programmes. E.g. First Aid classes; Classes for new parents needed; more information should be available.
- III. Provide more drop-in clinics with more paediatric children's healthcare specialists e.g. health visitors, community nurses, School nurses. Pharmacists should improve their advice service.
- IV. There should be dedicated children's A&E Departments.