

Healthier Together – delivering integrated services to children and young people in Wessex

Dr Sanjay Patel

Consultant Paediatrician

Project lead, Healthier Together

Clinical lead, Children's Programme, HIOW STP



@doctorsanjay



Healthier Together

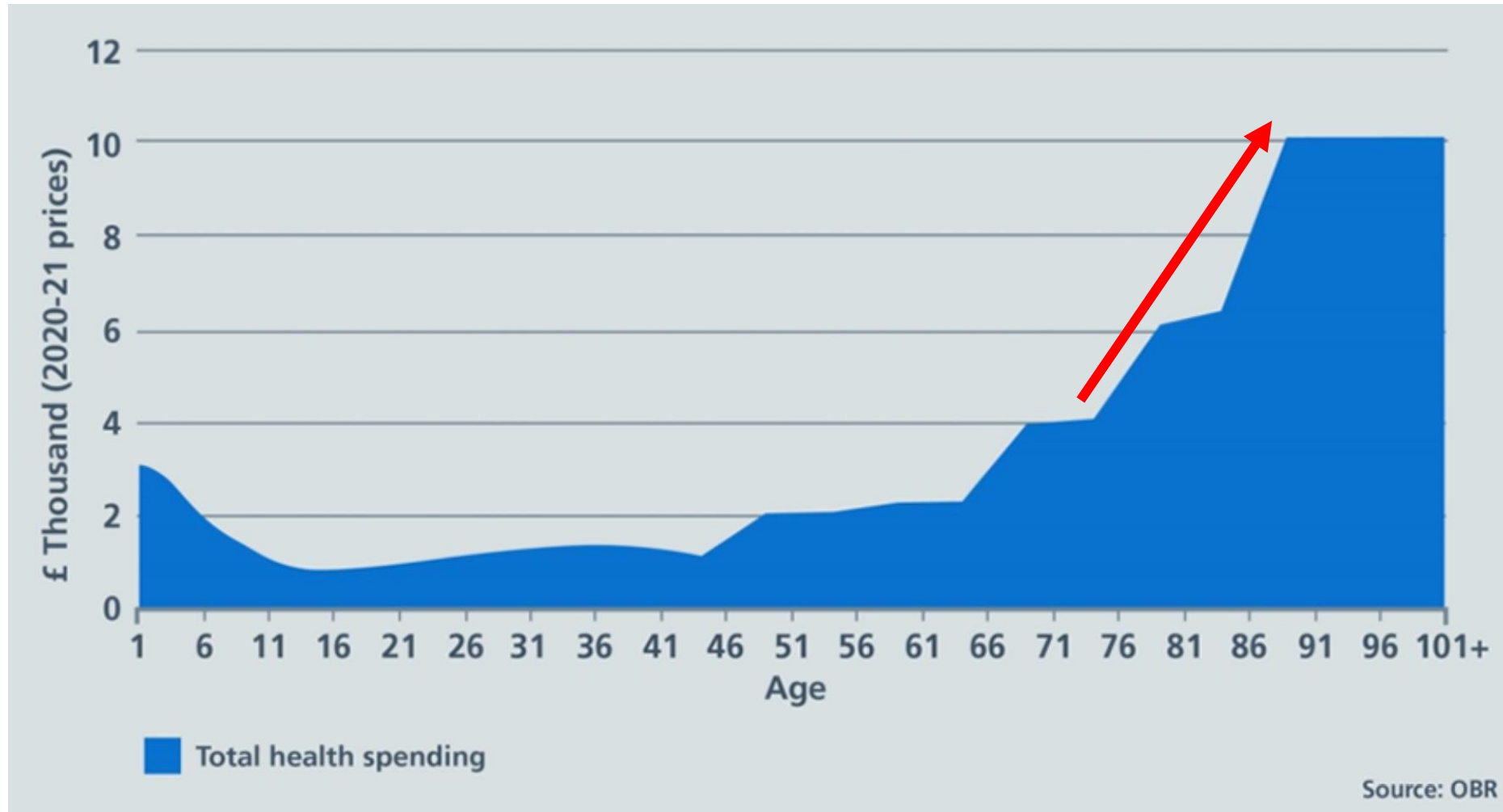
www.what0-18.nhs.uk

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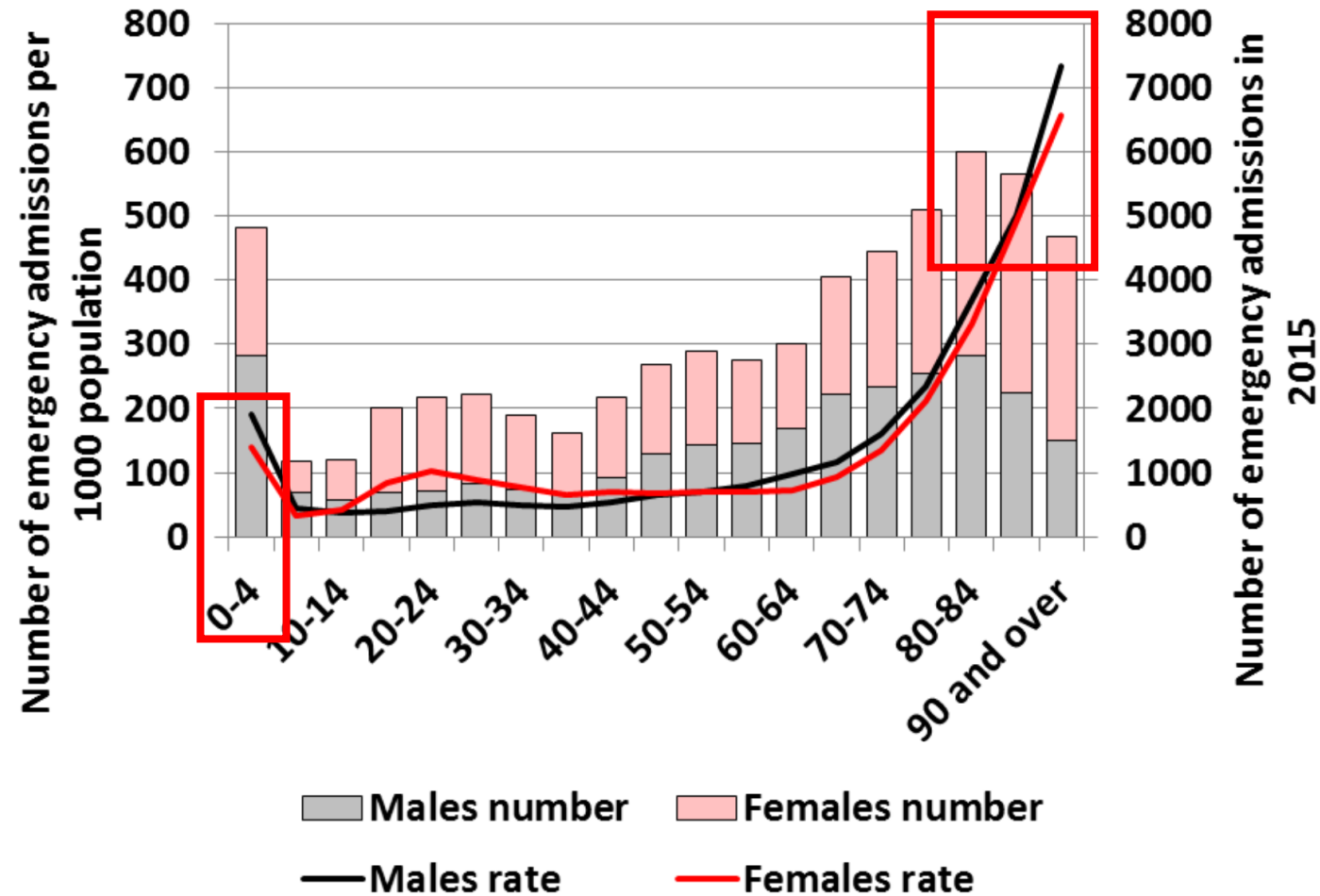
- Why focus on children?
- The importance of working across organisational boundaries
- The importance of co-design
- The Healthier Together programme
- Evaluating impact
- Implementing the NHS Long Term Plan through clinician engagement
- Sharing good practice nationally
 - Supporting early adopters across the UK



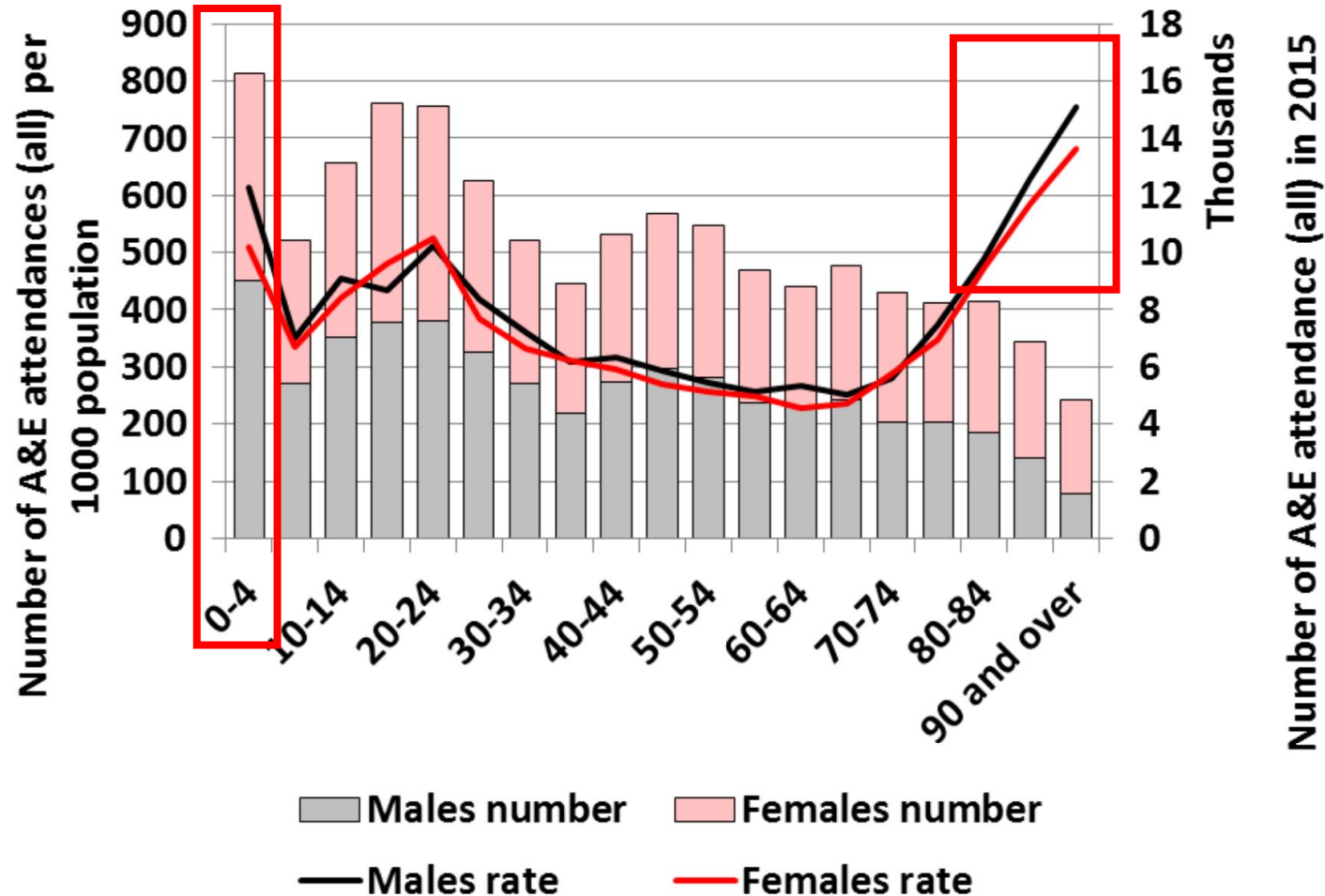
Why focus on children?



Why focus on children? Emergency admissions



Why focus on children? ED presentations



CYP make up
25% of ED
presentations
(NHS LTP)

Why focus on children? Non-urgent ED presentations



High levels of parental anxiety

Why do parents seek a healthcare consultation?

Provides a proper 'health-check'

- Removes any 'health-threat' - parents lack confidence to distinguish self-limiting illnesses from serious ones but believe that clinicians can

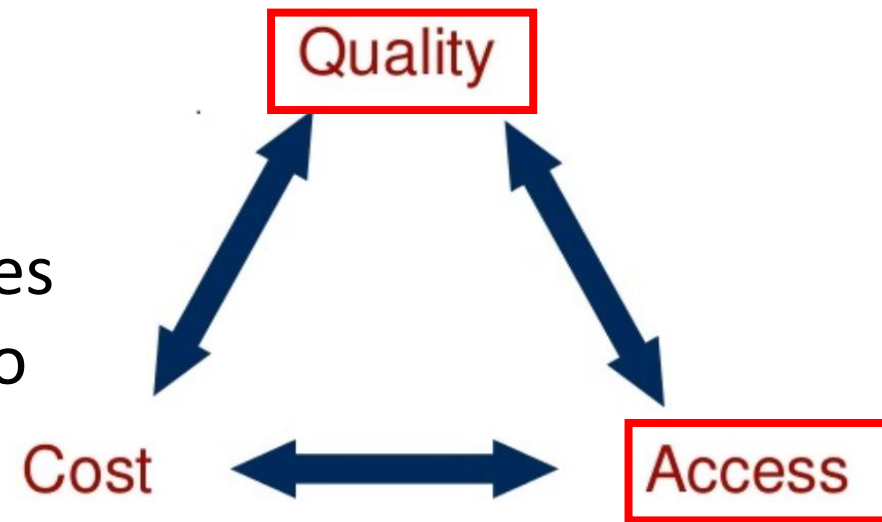
Cabral C et al. Social science and medicine 2015

HIGH LEVELS OF ANXIETY, RELATIVELY LOW LEVELS OF PATHOLOGY

IMPLEMENTING EFFECTIVE SELF-CARE STRATEGIES COULD YIELD SIGNIFICANT REWARDS IN THIS POPULATION

What benefits can be realised if we focus on children?

- Cost saving
- **Improving access to services / flow of patients**
 - Primary care
 - ED
- Forging collaboration between clinicians based on children's services may allow more challenging areas to be tackled in the future



The Iron Triangle of healthcare

Do children receive high quality care in the UK?

Child mortality rates

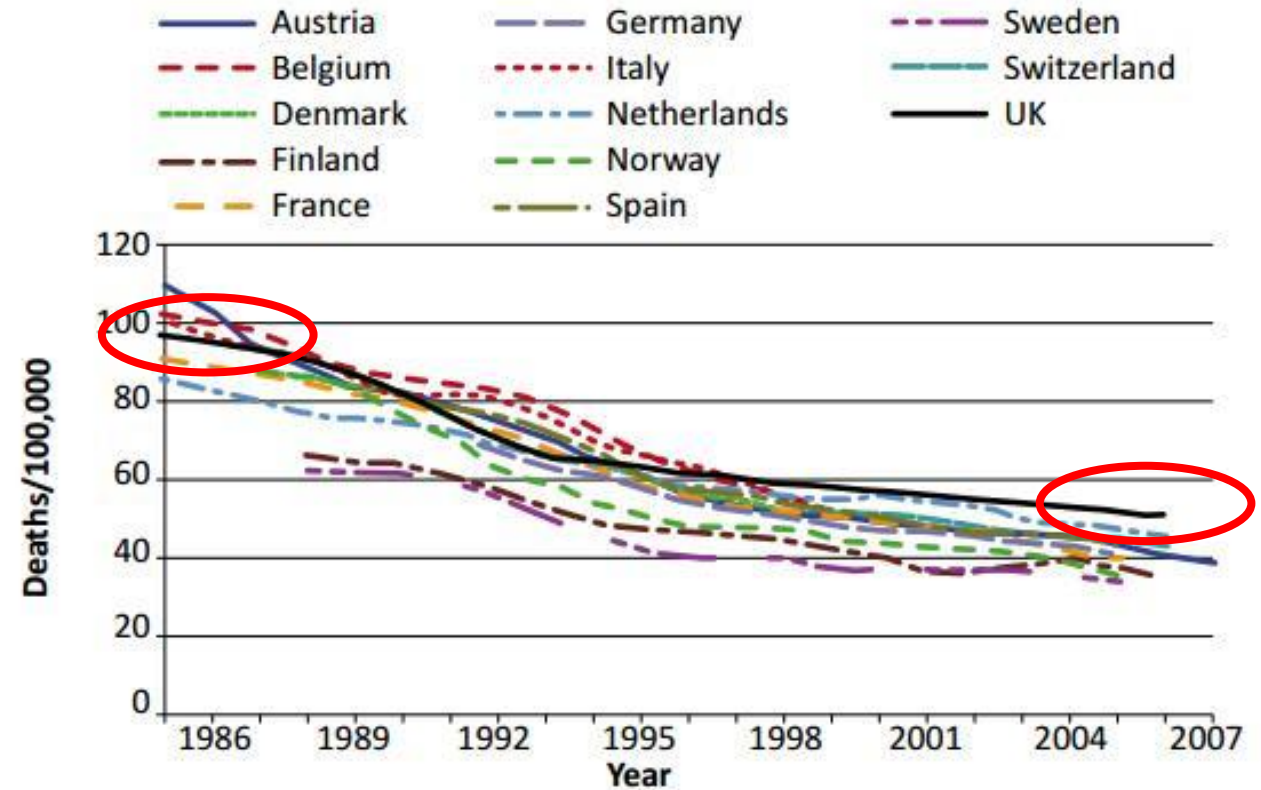
0-4 years, per 1,000 births

UK	4.9
Ireland	4.6
Switzerland	4.3
Belgium	4.2
Netherlands	4.1
Austria	4.1
Greece	4.0
Denmark	3.8
Italy	3.7
France	3.7
Spain	3.6
Germany	3.6
Portugal	3.5
Finland	3.0
Norway	3.0
Luxembourg	2.8
Sweden	2.7
Iceland	2.4

SOURCE: THE LANCET



Mortality in childhood (0-14) UK compared to European 12



Global, regional, and national levels of neonatal, infant, and under-5 mortality during 1990-2013: a systematic analysis for the Global Burden of Disease Study 2013

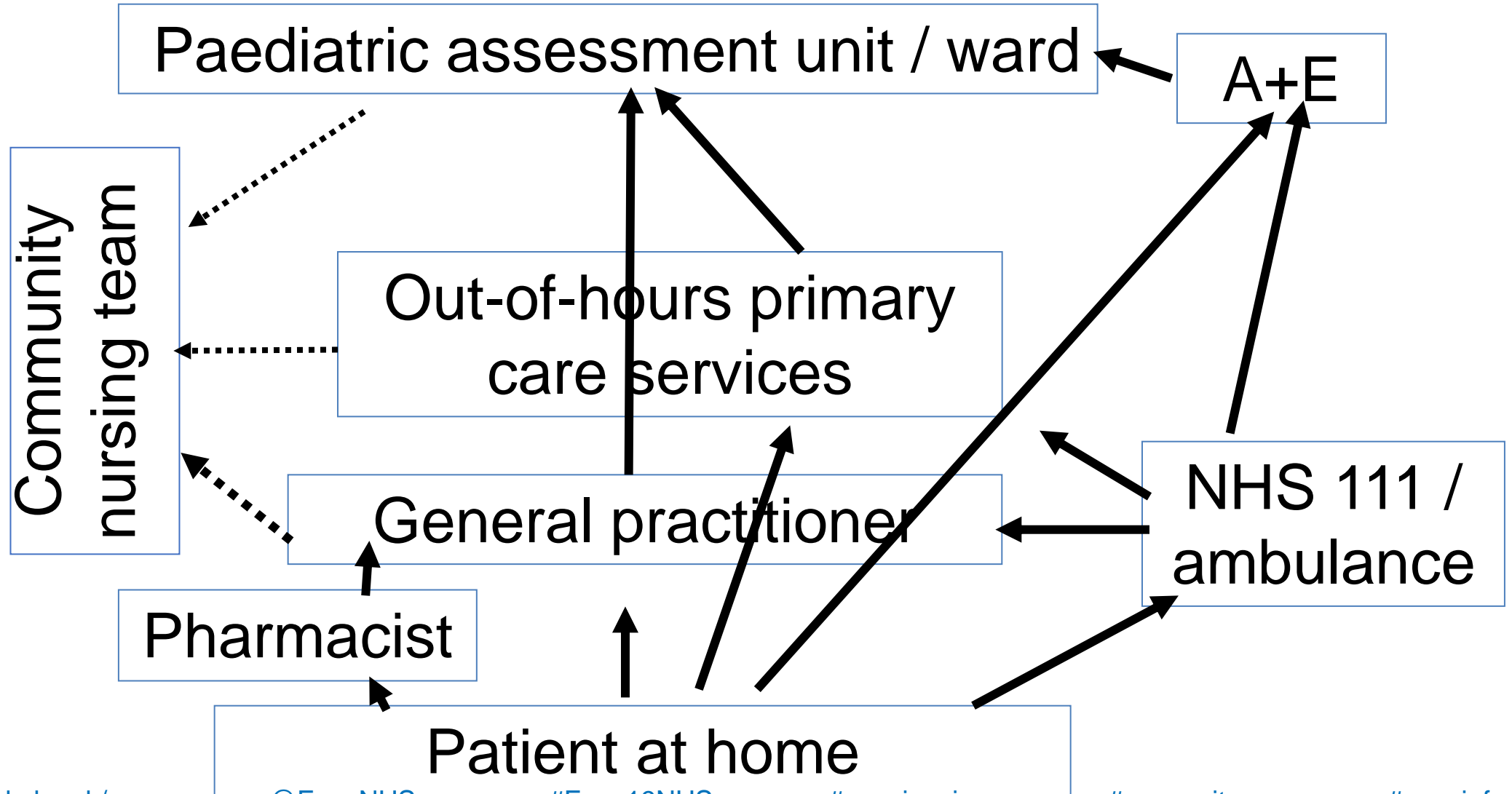
Wolfe I at al. BMJ 2011

Healthier Together initiative



- Funding received from Wessex MCYP clinical network in April 2014
 - Initial focus on common unplanned presentations in young children (under 5 years of age)
 - £84k in the first year
 - £50k in year 2 (Wessex clinical network)
 - £37k in year 3 (Wessex clinical network)
 - Subsequent funding from HEE (£130k)
 - Being funded as “business as usual” by commissioners (CCGs) from Sept 2019

A multitude of professionals / providers



The importance of working across organisational boundaries?

- Quality improvement (QI) initiatives focusing on one part of the system can have a major detrimental impact on other parts
 - Squeezing of the balloon – activity displacement can lead to resentment between providers
- Patients can access any part of the urgent care pathway
 - Users of the NHS perceive it as one organisation
 - Reducing variation requires a whole system approach:
 - inconsistent messages reduces parents self confidence
 - Impacts on future health seeking behaviour – increased activity



Co-design to promote engagement

Feedback from parent focus groups and online survey (2014):

Parent opinions:

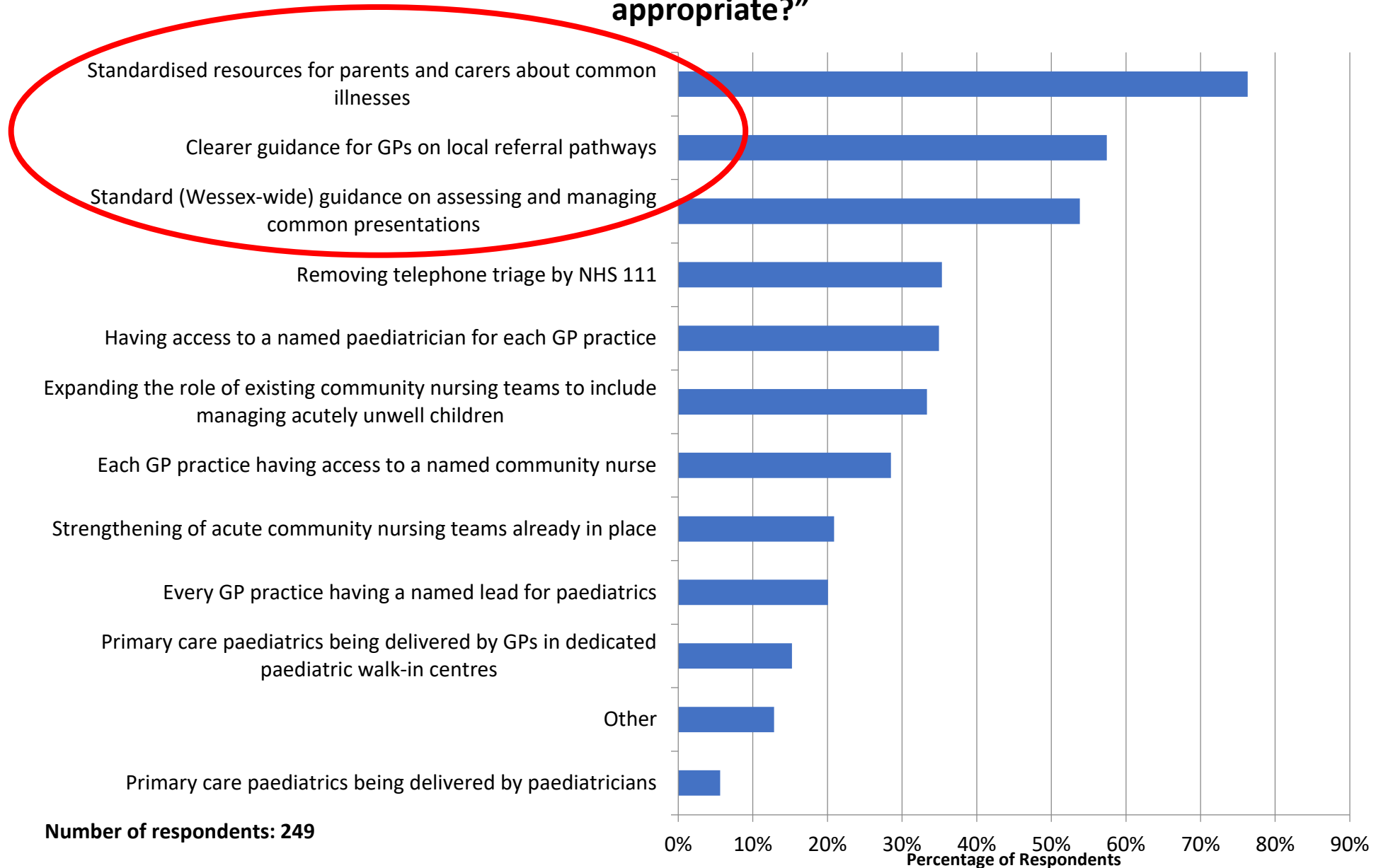
- Perceive a lack of communication between professionals
- Those living in areas of poverty felt more vulnerable
- Simple information – difficult to find online
 - NHS Choices – so much information difficult to navigate

Parents requested:

- Education on common illnesses
- Website / App for parents
- Consistent advice from healthcare professionals



Healthcare professionals - “What changes would help you manage acute paediatric illnesses in the community and streamline onward referral when appropriate?”



Healthier Together

Agreeing on the core principles of the Healthier Together initiative

1. Parents feel **empowered** about whether and when they need to access the healthcare system.
2. Parents are clearly **signposted to appropriate healthcare services** when required.
3. At every point of contact, the practitioner should have a clear understanding of their own **competence** and where to seek advice.
4. Parents should receive **consistent and appropriate advice** across the whole urgent care system.
5. Clear local **pathways** should be in place across the whole acute care system which are understood by all practitioners.

Clinical pathways and safety netting sheets developed collaboratively

Acute illness pathways

- Abdominal pain
- Acute asthma/wheeze
- Bronchiolitis
- Diarrhoea and vomiting
- Fever
- Faints, fits and funny turns
- Head injury
- Limp
- Lymphadenopathy
- Rash and fever
- Sepsis
- Unsettled baby
- UTI

Feeding pathways




- Colic in infants
- Faltering growth in infants
- Gastro-oesophageal reflux
- Secondary lactose intolerance

Currently in development:

- Eczema
- Headache
- Constipation
- Enuresis
- Neonatal jaundice
- Mental health pathways







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Improving the quality of care for children and young people in Wessex



Healthier Together provides you with information to help keep your child safe and healthy, as well as helping you decide what to do when your child is unwell.



It is used by healthcare professionals from across the region. This ensures that your child receives consistently high quality care, irrespective of where they are seen.

FOR MORE INFORMATION
CLICK HERE


















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Information on local healthcare services


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#expoinspires

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#expoinforms

Professionals

Children's Nurses

Dietitians

GP / Primary Care Staff

Health Visitors

Hospital Staff

Midwives

NHS 111 clinicians

Pharmacists

School Nurses

School / Childcare Staff

ALL PROFESSIONAL GROUPS HAVE
ACCESS TO RESOURCES -
PROMOTES CONSISTENT ADVICE
ALIGNED WITH INFORMATION
AVAILABLE ON PARENT PAGES—
FACILITATES **SHARED DECISION
MAKING**

Fever / High Temperature

Fever is extremely common in children and usually suggests that your child has an infection. A child has a fever if their temperature is 38.0°C (100.4°F) or above. The most accurate way of measuring your child's temperature is with a digital thermometer.

- Viral infections are far more common than bacterial infections.
- Symptoms such as runny nose, cough, wheeze, sore throat, red eyes and diarrhoea are more suggestive of a viral infection than a bacterial infection. If a number of people are unwell in the same household, this also suggests a viral infection (because viral infections are easily spread).
- Fever is common in babies up to 48 hours after receiving immunisations - it is OK to give paracetamol after the MenB vaccine without seeking medical advice if your baby is otherwise well.
- Occasionally, children with fever can have a seizure/fit. This is called a **febrile convulsion** and most commonly occurs in children aged between 6 months and 3 years. They generally occur on day 1 of the fever, and in most cases have no long term effects.
- Viral infections tend to get better on their own and do not need treatment with antibiotics. Antibiotics may actually cause side effects such as rash and diarrhoea and can increase the risk of them developing **antibiotic resistance**.

How to take a temperature

When should you worry?

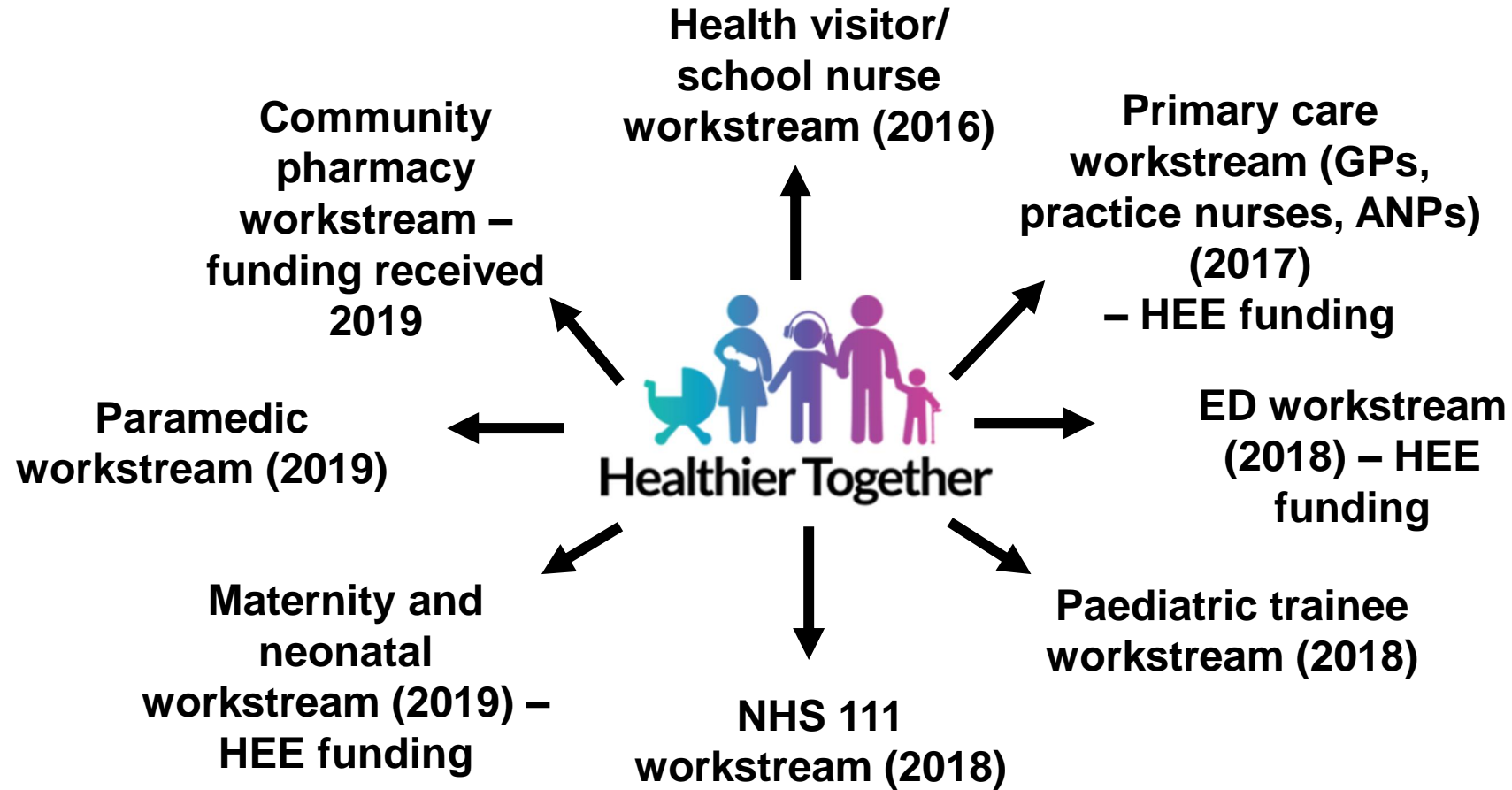
 RED	<p>If your child has any of the following:</p> <ul style="list-style-type: none">• Becomes pale, mottled and feels abnormally cold to touch• Is going blue around the lips• Has a fit/ seizure• Becomes extremely agitated (crying inconsolably despite distraction), confused or very lethargic (difficult to wake)• Develops a rash that does not disappear with pressure (the 'Glass Test')	<p>You need urgent help.</p> <p>Go to the nearest Hospital Emergency (A&E) Department or phone 999</p>
 AMBER	<p>If your child has any of the following:</p> <ul style="list-style-type: none">• Is finding it hard to breath• Seems dehydrated (dry mouth, sunken eyes, no tears, drowsy or passing less urine than usual)• Is becoming drowsy (excessively sleepy) or irritable (unable to settle them with toys, TV, food or picking up) – especially if they remain drowsy or irritable despite their fever coming down• Has extreme shivering or complains of muscle pain• Is under 3 months of age with a temperature above 38°C / 100.4°F or 3-6 months of age with a temperature above 39°C / 102.2°F (but fever is common in babies up to 2 days after they receive vaccinations)• Continues to have a fever above 38.0°C for more than 5 days• Is getting worse or if you are worried	<p>You need to contact a doctor or nurse today.</p> <p>Please ring your GP surgery or call NHS 111 - dial 111</p>
 GREEN	<p>If none of the above features are present</p>	<p>Self care</p> <p>Continue providing your child's care at home. If you are still concerned about your child, call NHS 111 – dial 111</p>



But how do you get parents to use these resources?

- **Parents**
 - Role-modelling by healthcare professionals
- **Healthcare staff**
 - Educational workshops based on clinical pathways

Getting clinician buy-in through education



Has it made any difference - measuring success

- Qualitative
 - Parent interviews
 - Clinician views
- Quantitative
 - Website hits
 - **Behaviour change**
 - Parental health seeking behaviour
 - Clinician behaviour



Healthier Together

- *“It's so clear isn't it? It's simple, it's in your face, you start at the bottom, you tick them off and you go up and start ticking them off and say, okay, this is the point I've got to, we need to go to the doctor or, oh, we've got pain or diarrhoea but no vomiting and nothing else so we're all right. No, I think that's really well laid out and really clear. You can't get confused can you?” R30GP*
- *“So that's good because people can feel reassured that, oh actually, my baby's okay, to keep it at home for two, three days, I don't need to panic, or.... It's very good.” R22CC*

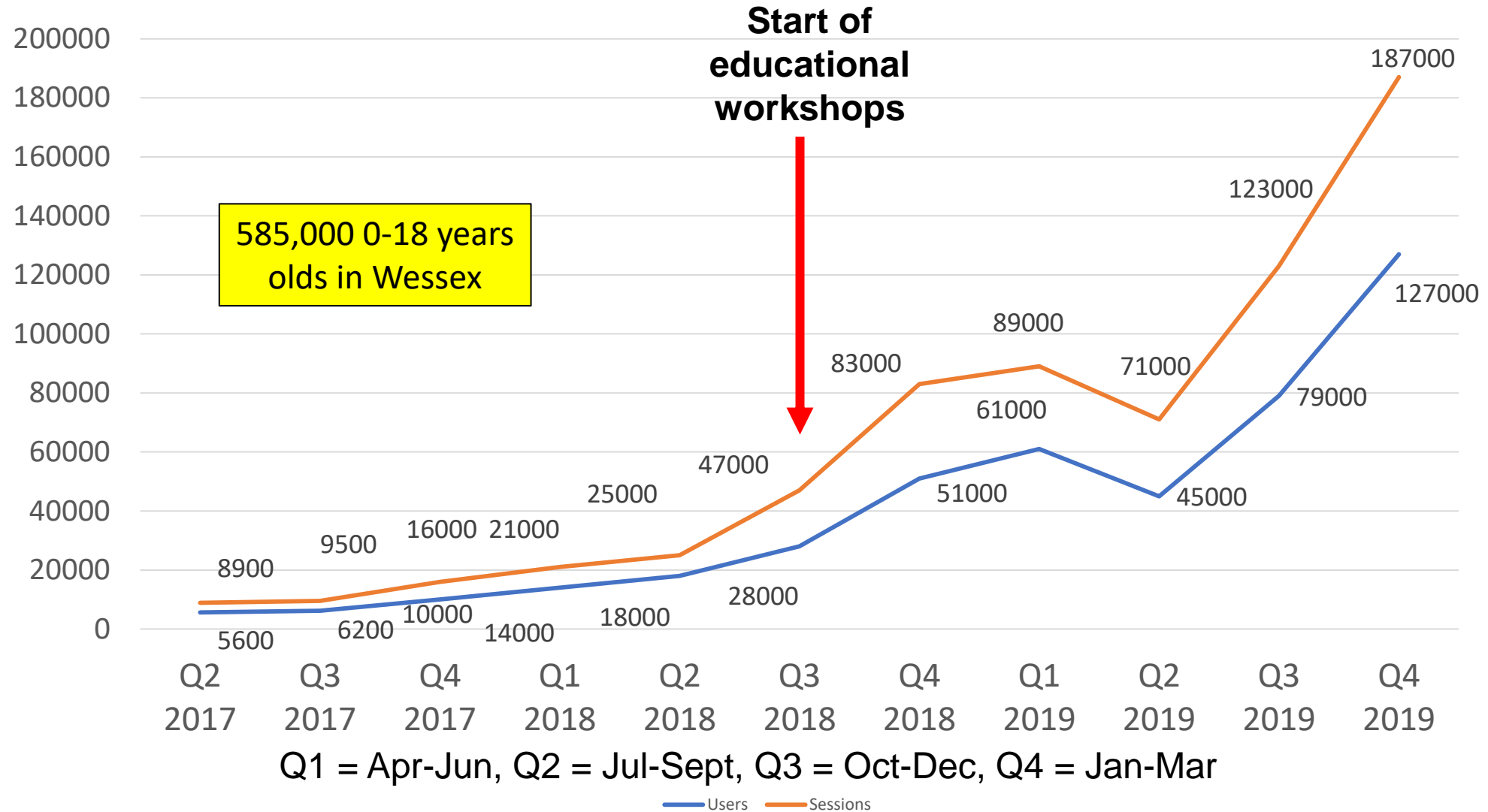
Lees A et al. *SelfCare* 2018;9(1):1-15

Clinician views

- *“Healthier Together is a fantastic resource for me as a GP day to day. Having standardised guidance that I know GPs and paediatricians are all using helps with the consistency of messaging to parents. Also, being able to text parents a link to the guidance is extremely valuable when giving telephone advice, adding weight to safety netting and allowing parents take control of when to seek more help with greater confidence.”*

GP, Chandlers Ford

Website hits



Measuring urgent care activity (Hampshire and IoW)

Child Health Urgent and Emergency Care STP Dashboard - Home

SCW

Dashboard Navigation

Reporting by STP, Individual CCG,

STP

Level Reporting

STP

CCG

Level Reporting

CCG

Hub

Level Reporting

Hub

GP Practice

Practice Level Reporting

GP

Comparison Reporting Between

GP Practice by Measure

View all

GP Practices Within a CCG for the Same Measure

Bespoke Comparison Chart

Compare Two Different Areas for the Same Measure

Reporting by Acute Trust

Acute Trust

all measures for one Acute Trust

View

Measure by Acute Trust

Acute Trusts for One Measure

View all

Help and Guidance

Guidance on How to Use the Dashboard

Background Information and

Information

Page with Dashboard Details

Front

Populations

Registered Populations by STP, CCG, Hub, GP Practice

View GP

Definitions

Definitions for Dashboard and all Measures

Definitions

Hub Details

Hubs and Member GP Practices

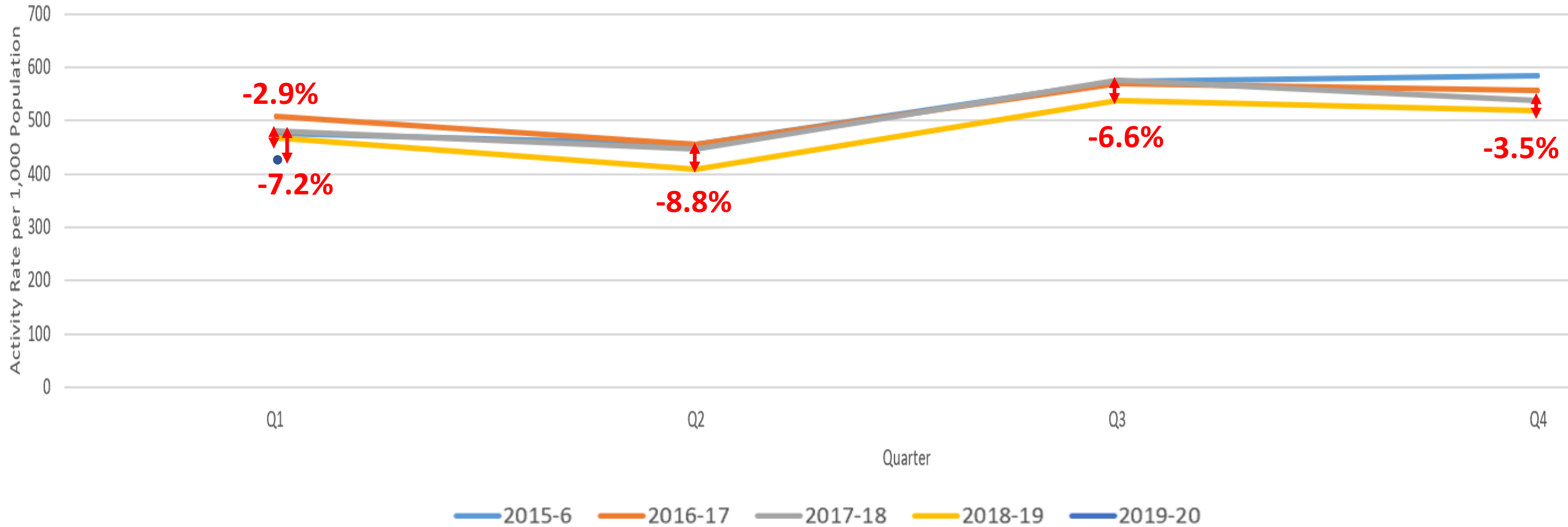
List of

Primary Care Data Availability

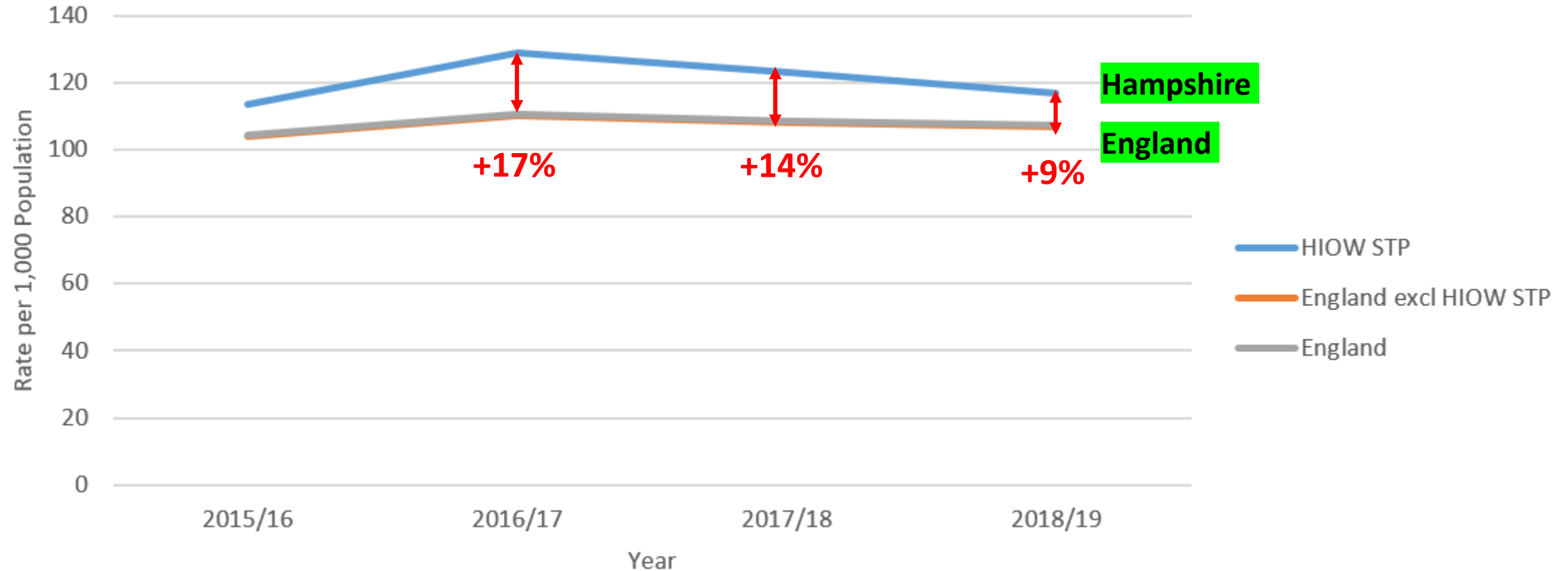
List of GP Practices by CHIA Data Availability

Click here for Help and
Guidance on Using the
Dashboard >>

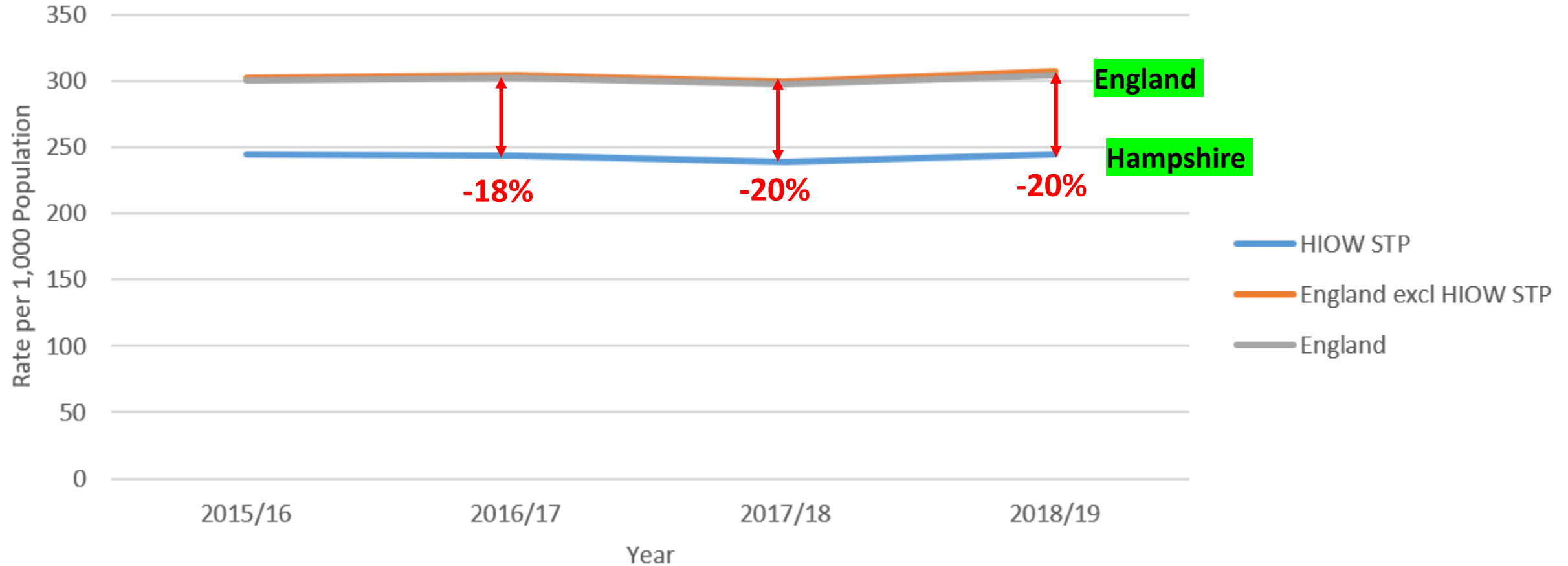
GP presentation rates per 1,000 population (age 0-18 years)



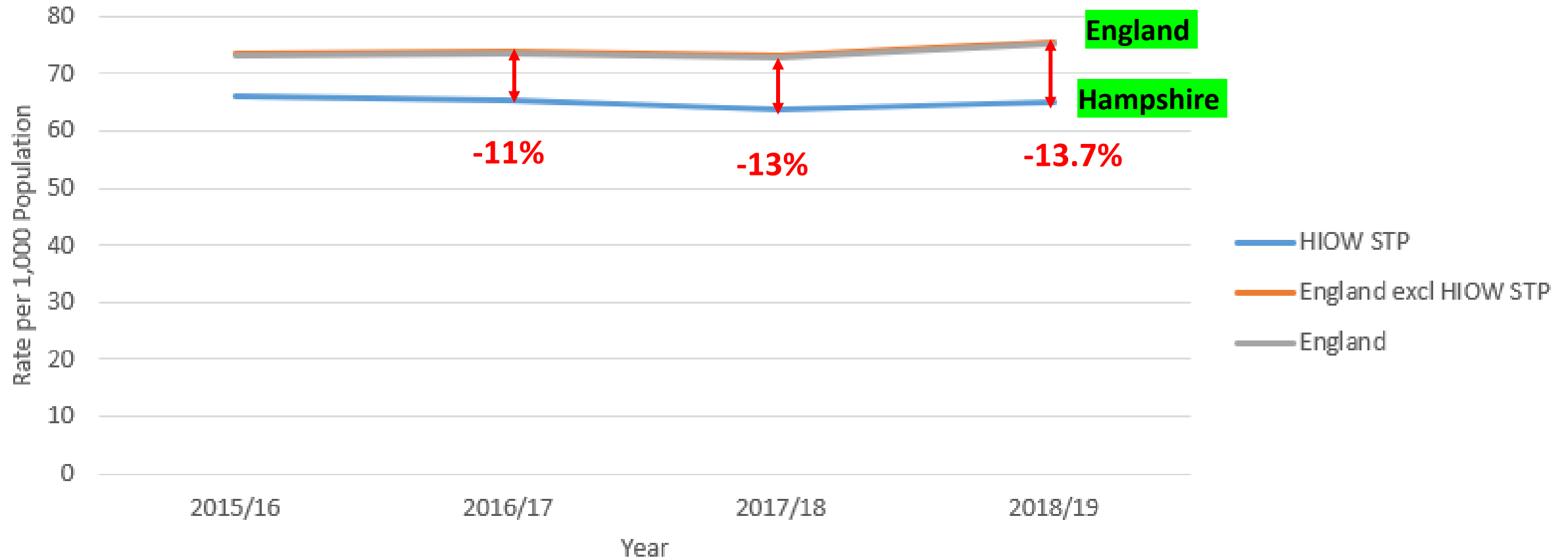
Primary care referrals to outpatients per 1,000 population (age 0-18 years)



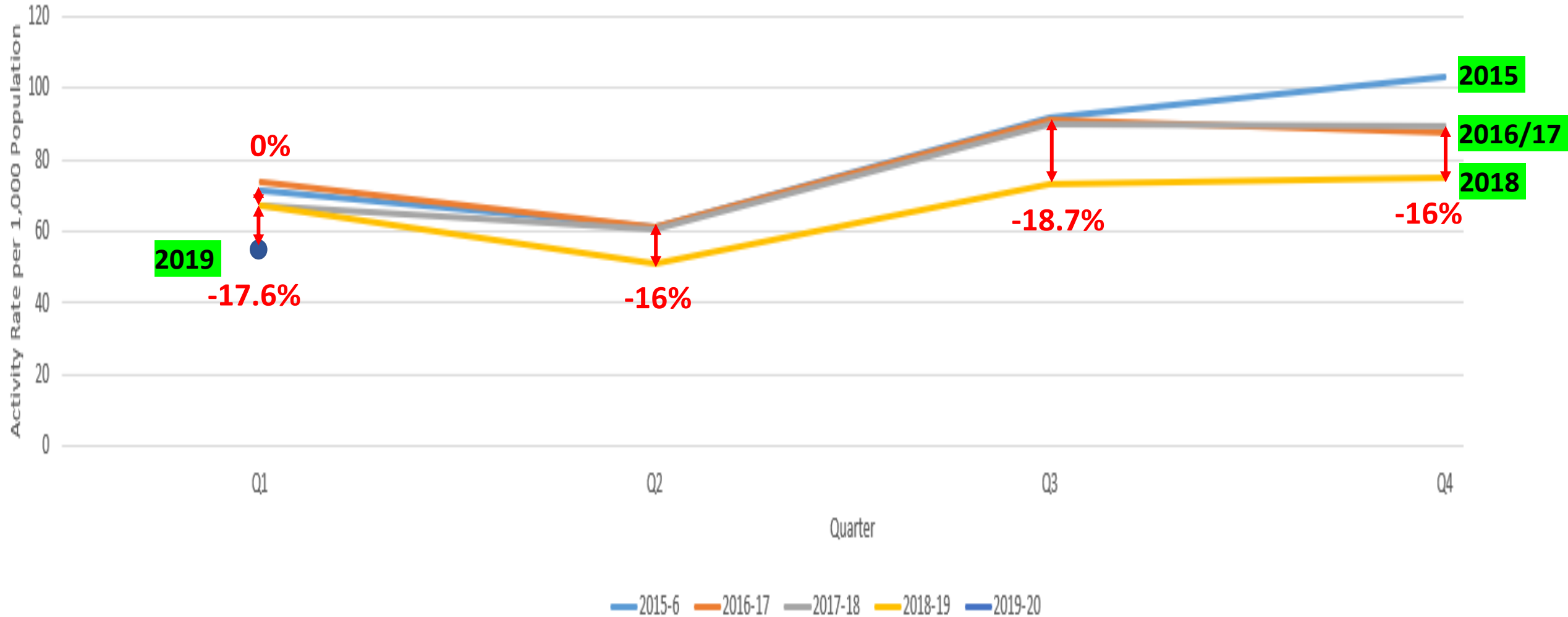
ED presentation rate per 1,000 population (age 0-18 years)



Emergency admission rates per 1,000 population (age 0-18 years)



Antibiotic prescriptions per 1,000 population (age 0-18 years)



The bigger win: inspiring health and social care staff



Question:	True or false? Coughs and colds are usually caused by a virus?	
Answer:	True	
Question:	True or false? Coughs and colds are not contagious.	
Answer:	False - very contagious.	
Question:	True or false? Coughs and colds are usually mild.	
Answer:	True	

Pilot Project

Let's Learn About Mental Health Report

Healthier Together | Simon Says

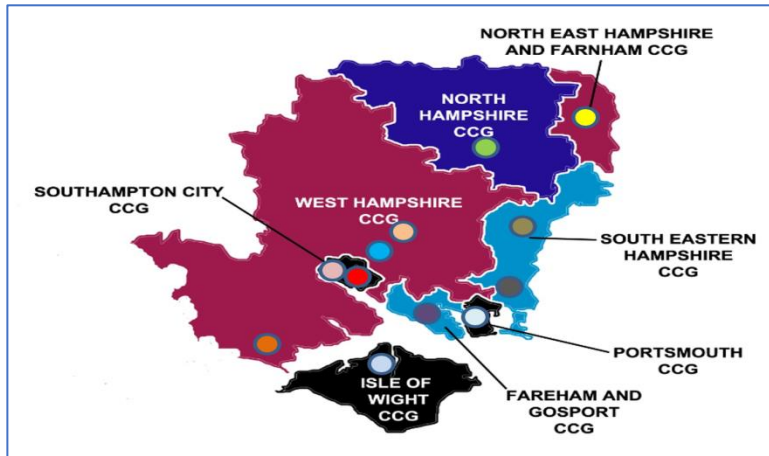


Fussy eating, tantrums, sleep and more!

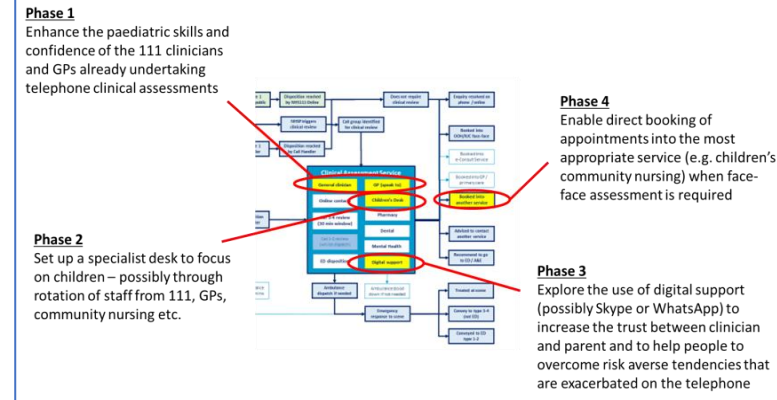
Paediatrics driving STP wide new service models

Hampshire and Isle of Wight
Sustainability and Transformation Partnership

Connecting Care Children's Hubs



NHS 111 and Integrated Urgent Care



Hospital to Home pilot



Social prescribing pilot- parental health literacy



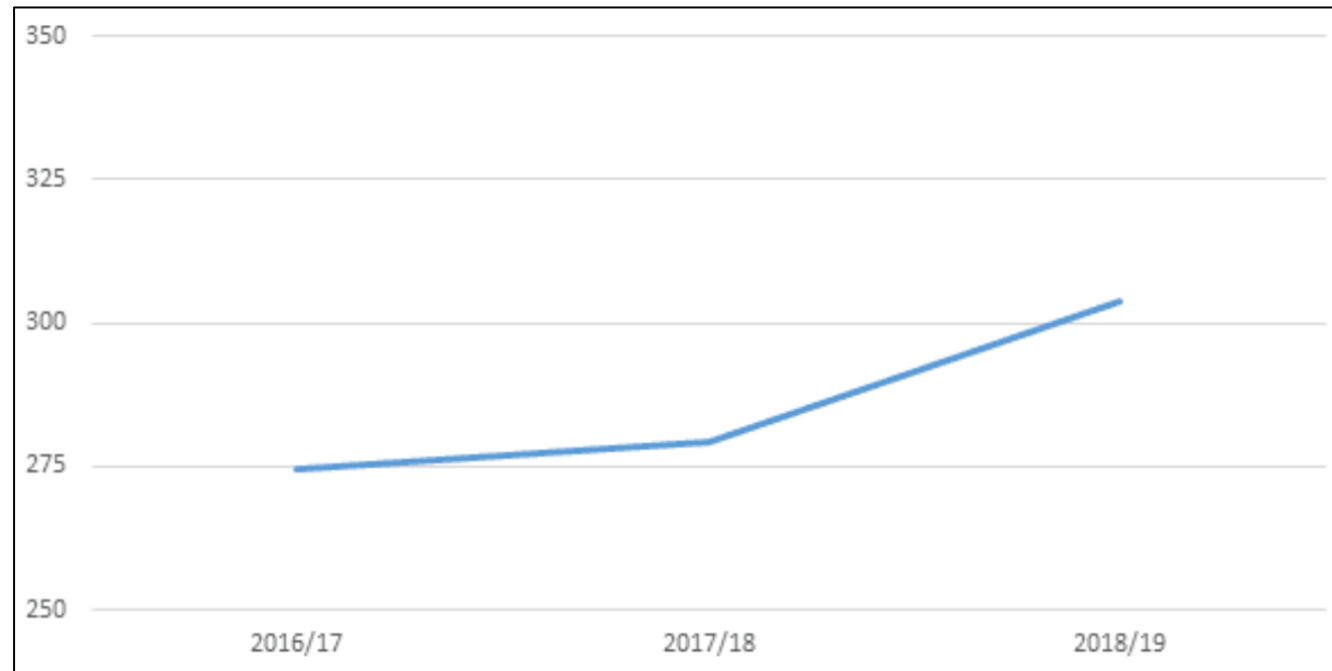
Facilitating the delivery of the NHS Long Term Plan

- **Supporting a new service model for the 21st century**
 - Joined up, coordinated care
 - Reducing pressure on emergency hospital services
 - Patients in control of their own health
 - Social prescribing
- **NHS staff will get the backing they need**
- **Digitally enabled care**
- **Prevention / staying healthy**

Optimising HT implementation in Dorset

- Likely implementation gap compared to HIOW:

Total GP paediatric referrals to outpatients per 1,000 population (Dorset)



Sharing good practice across the UK

- Entire website available for another STP to adapt / rebrand / implement
 - South Yorkshire and Bassetlaw ICS
 - Have secured AHSN funding to do so and evaluate digital strategy
 - West Yorkshire and Harrogate STP
- Support from the HT project team
 - Winning over hearts and minds – getting the narrative right
 - Data / modelling cost saving / business case template



David James



Andrew Stanley



Ollie Morris

Thank you



James Edelman



Holly Green

www.what0-18.nhs.uk

sanjay.patel@uhs.nhs.uk