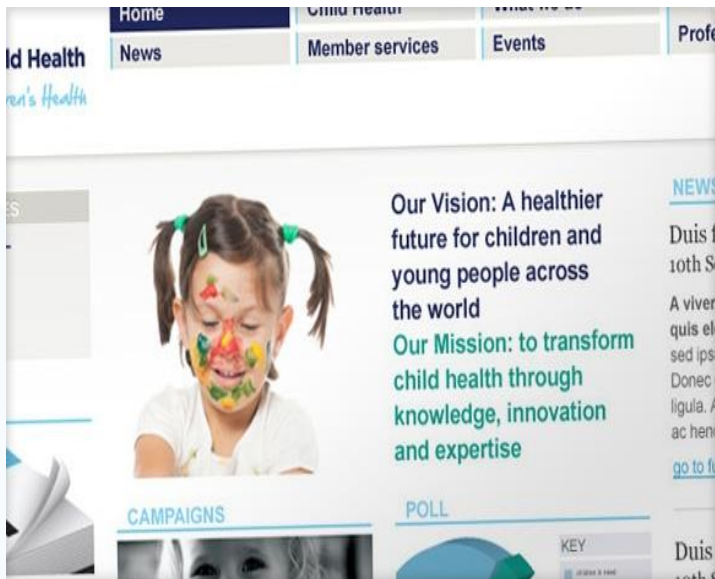


How can we be confident in the new NHS architecture for Children & Young People? Whole Systems Work in Emergency & Urgent Care.



Dr Melanie Clements, Consultant
Paediatrician & National Clinical Lead,
NHS Institute for Innovation and
Improvement

The CYP emergency and urgent care team..



Dr Melanie Clements,
Consultant Paediatrician,
National Clinical Lead



Kath Evans,
RGN, RSCN, MSc (Nursing), PG Dip (Education), BSc (Hons), PG Dip (Management).
Programme Lead

**Getting it right for children
and young people**

**Overcoming cultural
barriers in the NHS so as to
meet their needs**

‘Many people who work in and use the NHS would agree that the services provided do not measure up to the needs of children and young people. They are not good enough in a number of ways.’

‘.. organisations fail to share relevant information appropriately.’

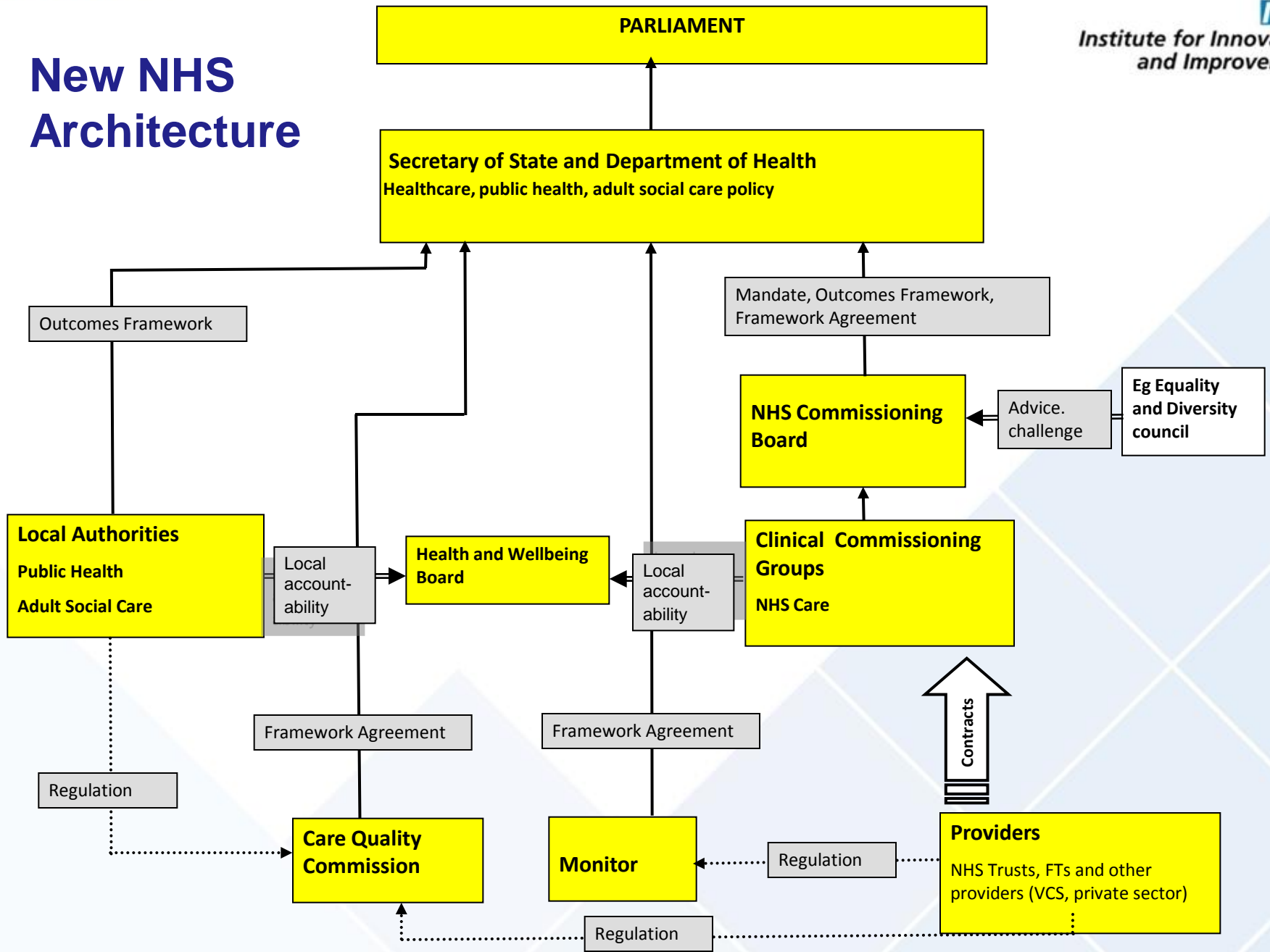
‘Parents and carers are often frustrated at the lack of co-ordination between services.’

A review by Professor Sir Ian Kennedy
September 2010

‘Children and young people receive a disproportionately lower priority than adults in the imperatives of management and delivery, in the relative funding allocated, and in the realisation that investment in the care of children and young people will reduce the cost of care later in life.’

‘... frustration at the NHS’s lack of ‘join-up’ ‘

New NHS Architecture

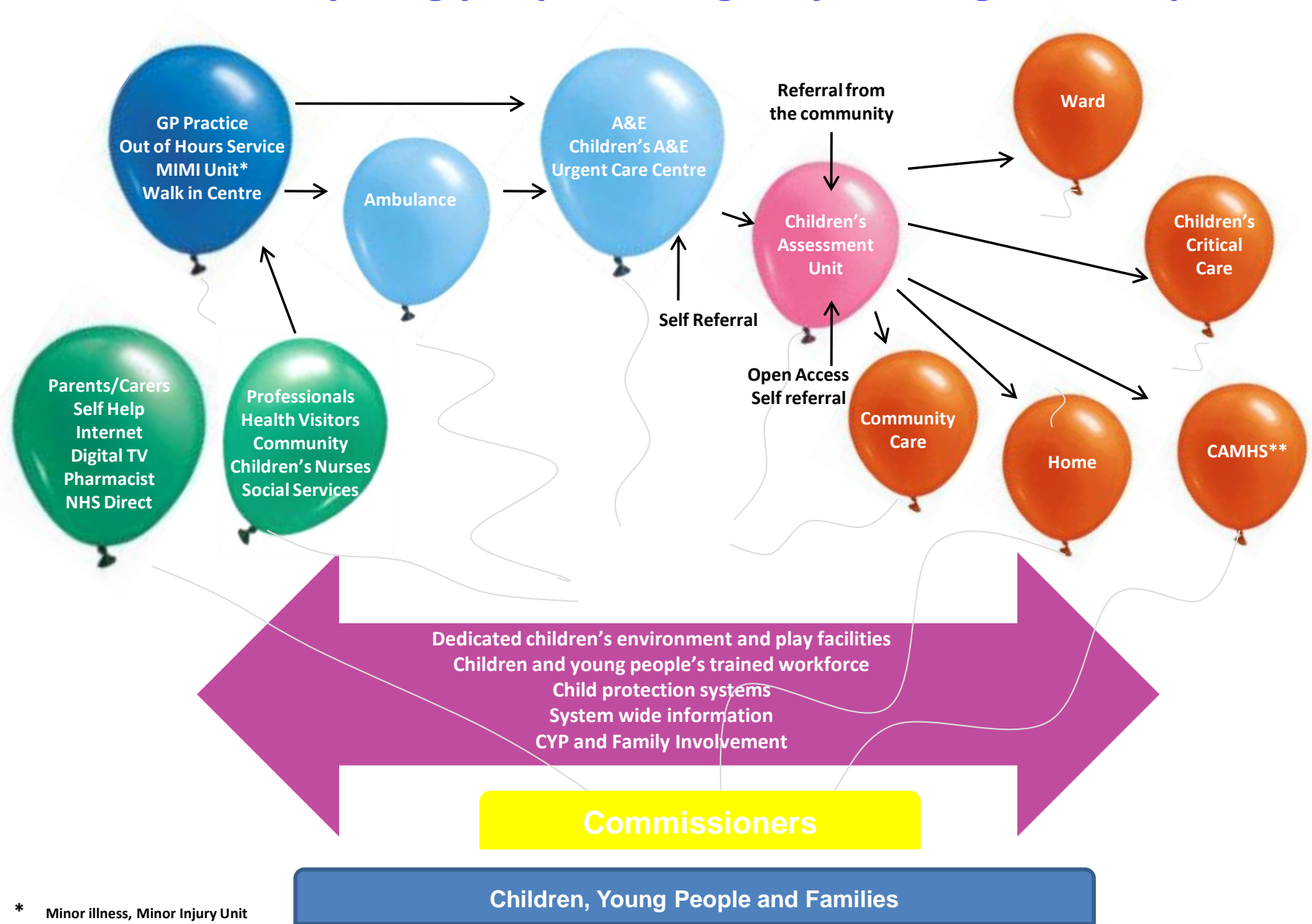




*“There are always
flowers for those who
want to see.”*

Henri Matisse

Children and young people emergency and urgent care pathway



* Minor illness, Minor Injury Unit

** Child and Adolescent Mental Health Service

Costing the pathway



- NHS Direct cost per online contact 12 pence
- NHS Direct cost per contact per call £ 13
- GP consultation (BMA): £ 25
- Practice Nurse consultation: £ 9
- Walk in centre (Local): £ 25
- Community Children's nurse: £ 70 home visit
- A&E attendance: £ 75
- Cost of a 999 call £170
- HRG 2008/09 non-elective spell £595

We Know :

- Children are 20% of the population
- > 25% of emergency departments attendances. (approx 3m per year)
- 5 common conditions = 50% of all emergency activity.
(respiratory, fever, accidental injuries incl. head injury, diarrhoea and vomiting, abdominal pain)
- Organisations we have worked with have set following targets :
 - ↓ A/E attendances
 - ↓ AdmissionsTo engage with children and Young People through schools
- The prime driver - deliver better quality (clinically driven) care and by default systems will realise savings.
- A 25% reduction across England = £179 m efficiency

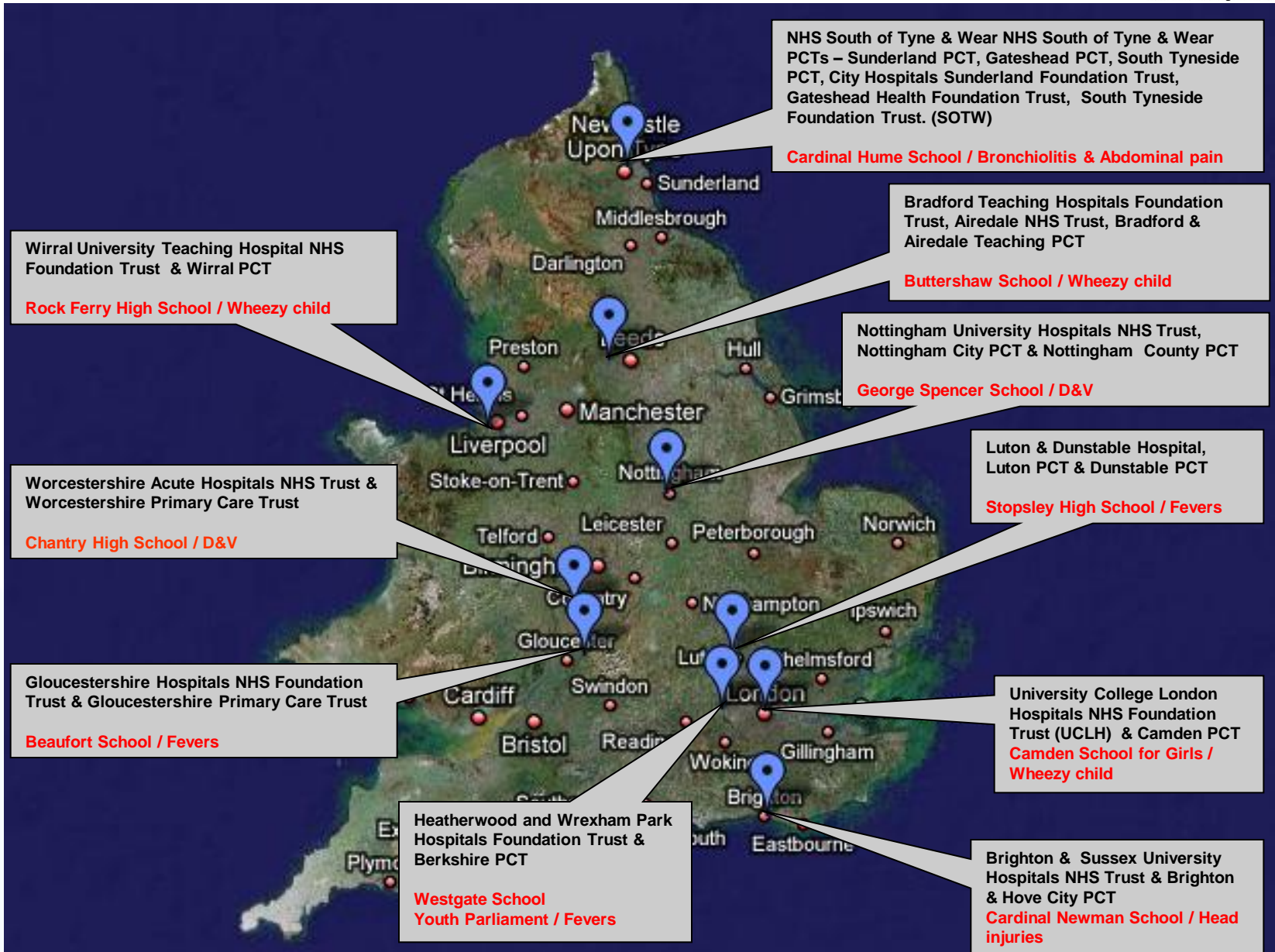
Key Characteristics

Delivering Quality and Value
Focus on: Children and
Young People Emergency
and Urgent Care
Pathway

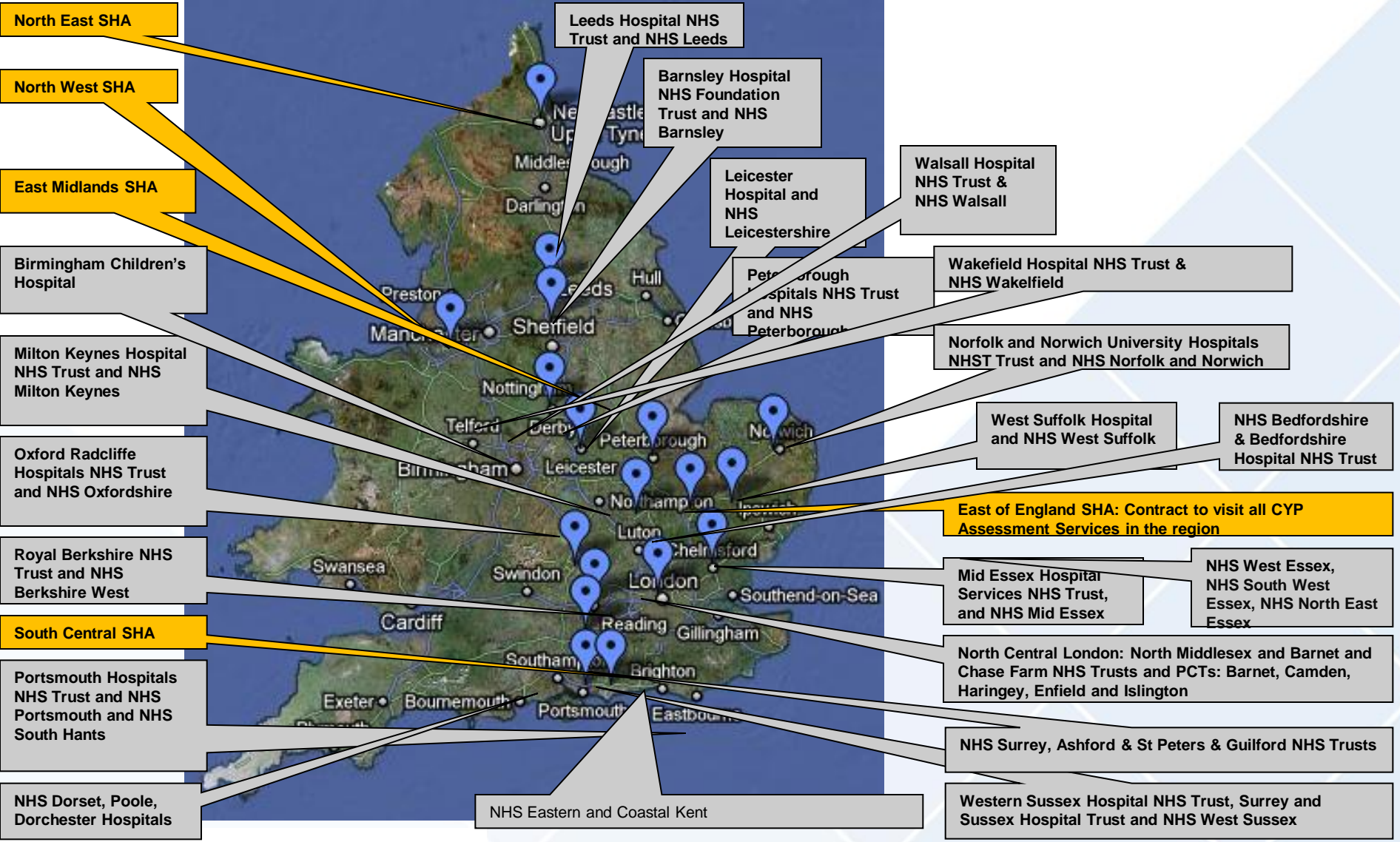


1. Empowered Clinical Leadership / Enlightened Executive Team
2. Lead Clinician Works With Trust Executive Teams, Primary Care Teams And Users To Champion Clinically Led Service Redesign
3. Effective And Safe Urgent Care Can Be Delivered Without On Site Inpatient Beds
4. Fully Integrated Services / High Quality Seamless Care
5. Jointly Developed Urgent Care Clinical Networks Spanning Primary and Secondary Care
6. Integrated Information
7. Recognising and responding to concerns about child protection
8. Competent Decision Making by Senior Clinical Staff & Development of Innovative Roles
9. Enhanced Primary Care Services
10. Integrated Common Front of House Emergency and Urgent Care
11. Availability Of Advice Whenever Needed For Primary Care Professionals

Rapid Improvement Programme



Additional health systems where learning has been shared – 52 additional organisations to date

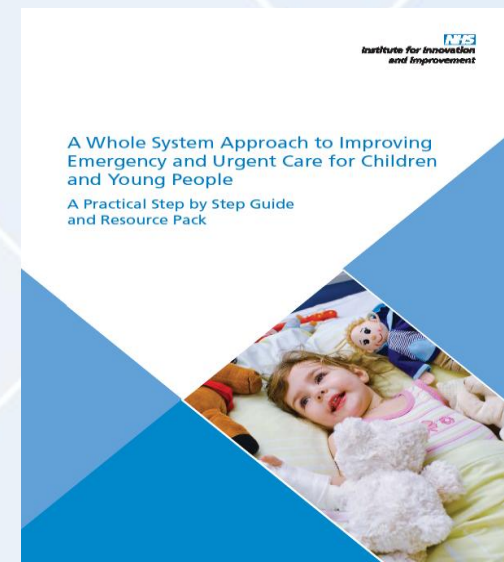


1 Team's Story...

- A journey in delivering whole system care to children & young people requiring emergency & urgent care
- A DGH, 1 PCT, 29 GP practices.
- Population 350,000 approx 55,000 are under 19yrs.
Diverse community ~28% black & minority ethnic origin,
Pakistani/Kashmiri, Bangladeshi, Indian, African Caribbean
& Eastern European communities.

*Never tell people how to do things.
Tell them what to do and they will
surprise you with their ingenuity.*

George Patton



The national picture: key drivers

2008

- Focus on: Children and Young People Emergency and Urgent Care Pathway
- High Quality Care For All – NHS Next Stage Review Final Report DH Darzi

2007

- The Children's Plan Dept for Children Schools & Families
- Services for Children in Emergency Departments RCPCH
- World Class Commissioning Framework DH
- Commissioning Framework for Health & Well-being
- Our NHS Our Future - next stage review interim report DH Darzi
- Improving services for children in hospital HCC
- Emergency care 10 years on - Reforming emergency care. Prof Alberti

2006

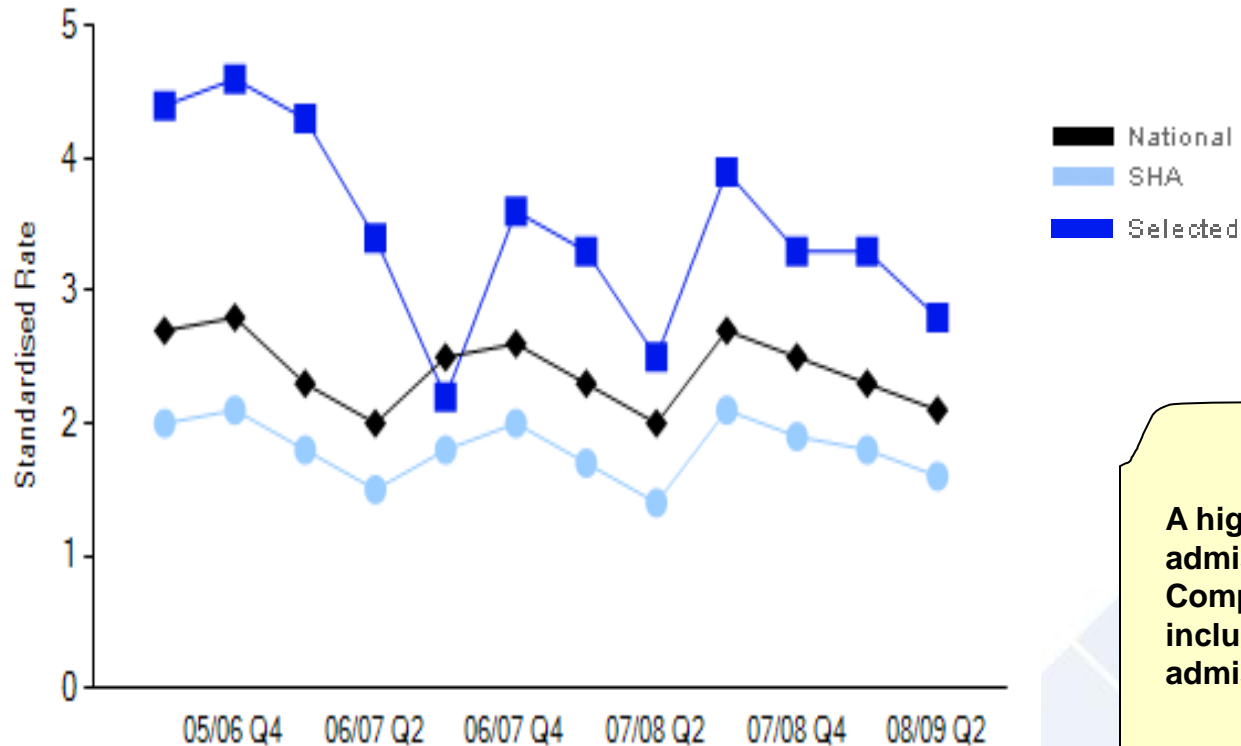
- Direction of travel for urgent care - a discussion document DH
- Response of the RCPCH
- Why Children Die - A Pilot Study CEMACH
- Our Health, Our Care, Our Say' a new direction for community services
- Practice Based Commissioning: practical implementation
- Commissioning a patient-led NHS

2004

National Service Framework for Children young people and maternity services
(last updated April 2008)



Emergency Admissions - Childhood Diseases

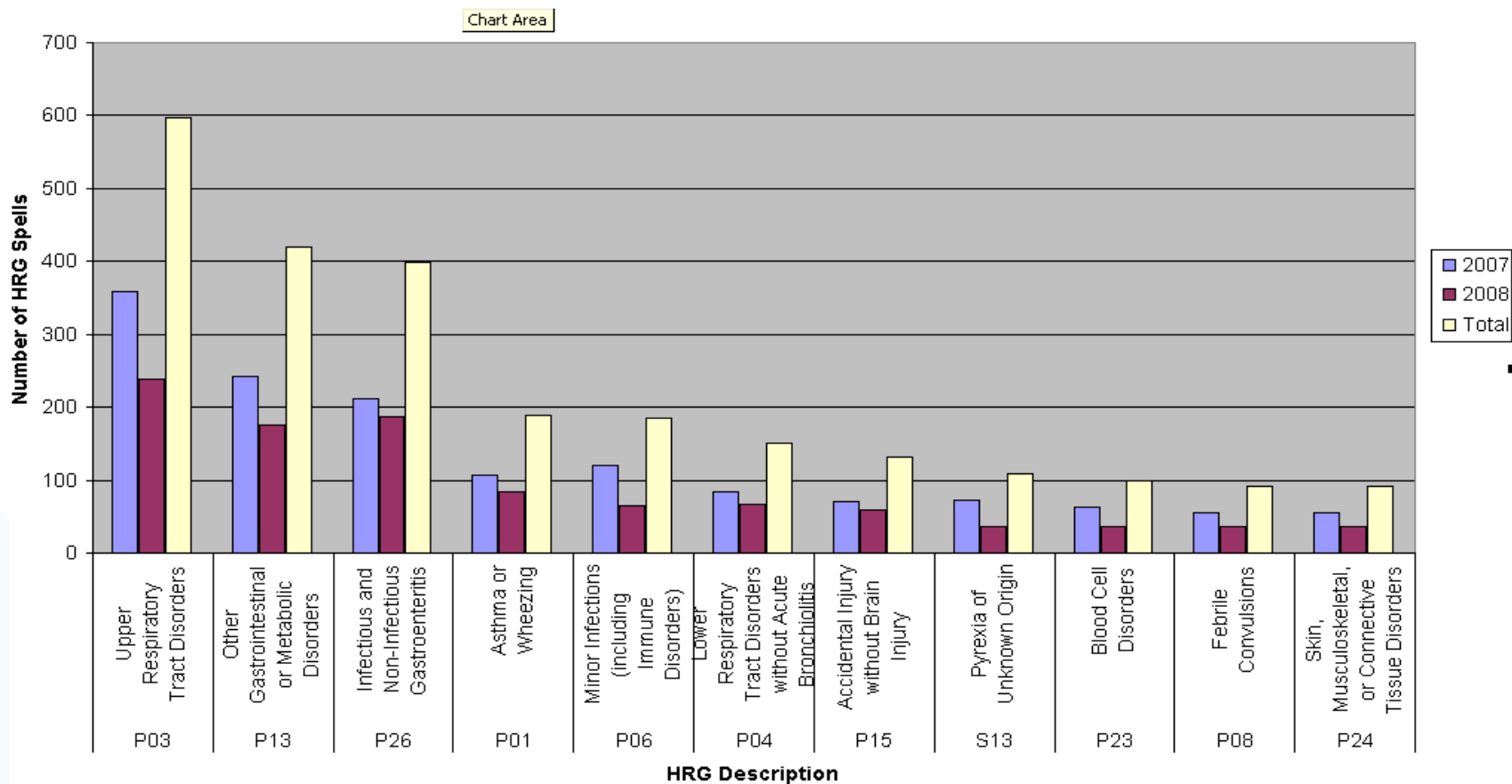


A high rate of non elective admission per 1000 (NHS Comparators. This picture includes paediatric admissions.

**Source: NHS Comparators
Emergency Admissions per 1000 Population
P Diseases Of Childhood (HRG Chapter)
June 09**

Top Paediatric HRG's for Emergency Admissions

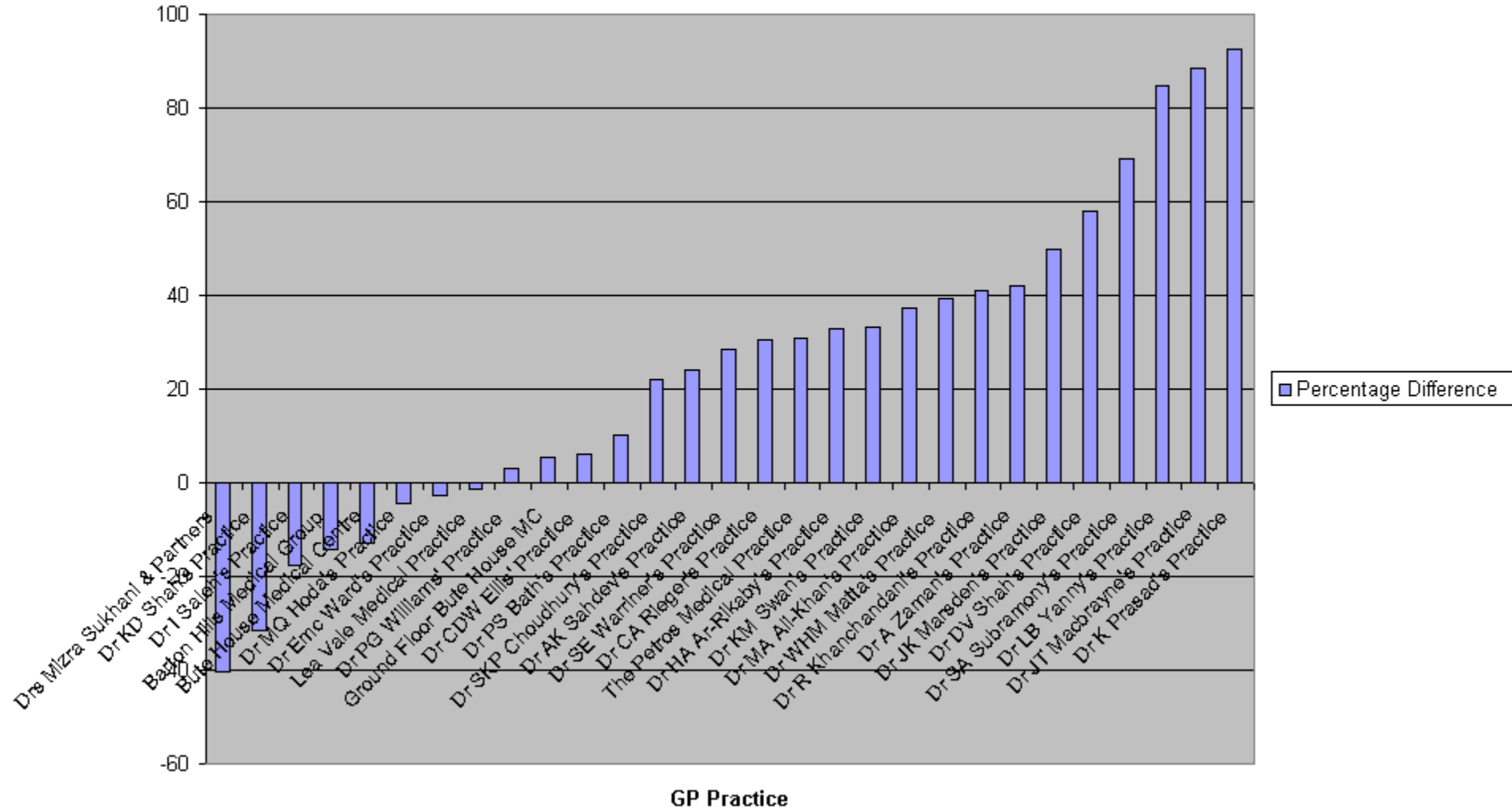
Top 10 HRG's



Source: Emergency Admissions Data

Working with GP practices

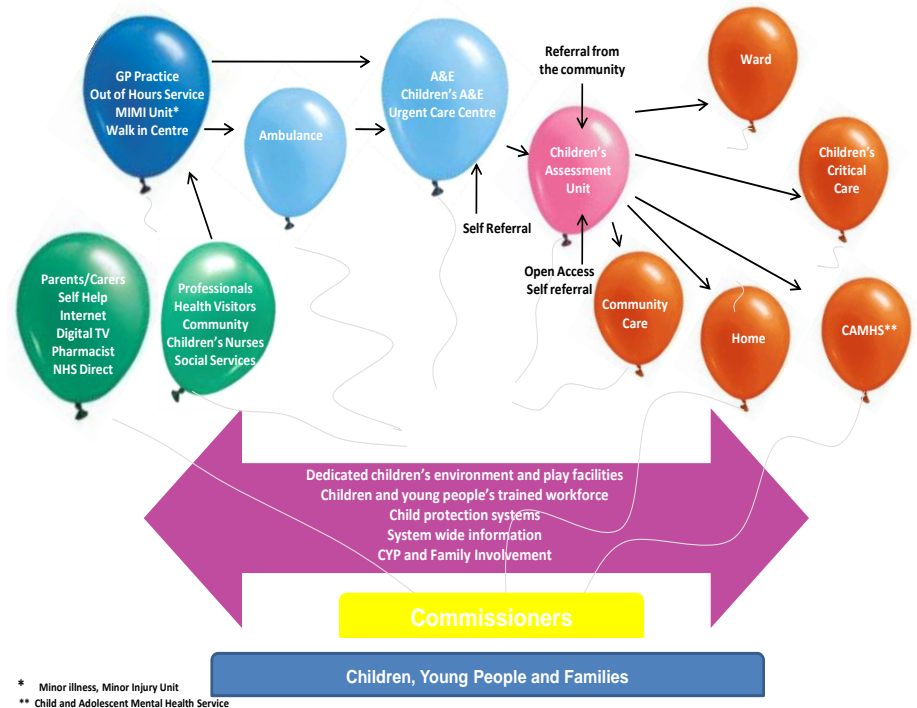
NHS Comparators % Diff in Expected Count of Paed Emergency Admissions 08/09



Step one: Setting up & establishing the network

- ✓ Children, young people & families
- ✓ NHS Direct
- ✓ Health Visitors
- ✓ Pharmacists
- ✓ Community Children's Nursing
- ✓ GPs
- ✓ Out of Hours services
- ✓ Urgent Care Centre Staff
- ✓ Walk in Centres, Minor Injury/Illness Units
- ✓ Ambulance Service
- ✓ A&E
- ✓ Paediatrics
- ✓ Local Authorities
- ✓ Commissioners

Children and young people emergency and urgent care pathway



Step two: Agreeing a shared vision: Project Charter

Objectives and Timeline

- Map selected clinical pathways (based on high volume HRG's) through the whole system primary – secondary care – Dec 08 to Feb 09
- Develop and test updated pathway based on best practice and local need using Rapid Improvement techniques /events– Feb 09 to Mar 09
- Develop and test support tools e.g. common assessment tool, patient information leaflet – Feb 09 to Mar 09
- Work with the broader review of emergency care to ensure synergy between models - Input to Urgent Care Specification and procurement process by Dec 17th 2008 / Identify expert paediatrician for selection process – Dec 08 – Mar 09
- Engage key stakeholders / users (including one school) , establish project group / governance in line with Rapid Improvement Programme – Dec - Jan
- Observe the whole system - Undertake Institute Observation Day including feedback to key stakeholders - Jan 15th
- Understand regional non-elective admissions variation and propose solutions for improvement – Mar 2009
- Work with commissioners and providers to draw up resulting pathways and service specifications and implementation plans – Mar to July 09

Scope

- Urgent care activity for children and young people e.g. respiratory conditions / gastro-intestinal / metabolic disorders / top 10 HRG admissions
- Non-elective admissions for HRG Chapter P (Childhood diseases) with short lengths of stay
- Review arrangements for discharge / community team involvement and opportunities for improvements to length of stay
- Links to development of Urgent Care Specification and Procurement Programme

Key Deliverables

- Inputs for children and young people to Urgent Care Specification
- Review and development of selected care pathways
- Common assessment tool / patient information across whole system
- Recommendations for commissioners / providers for implementation in 2009/10

Measures/Targets

- Baseline activity for management of fever HRG's
- S13: Pyrexia of unknown origin.
 - P06: Minor infections (including immune disorders)
 - P08: Febrile convulsions
 - Review of data in 3 months following development and test of new pathway
 - Stakeholder and user involvement
 - Production of whole system tools

Timeframes

Feb 09 baseline HRG data reviewed
3 months after development of pathway
Project span Jan to Sept 09

Team Structure, Roles and Weekly Time Commitment

Clinical Leads: xxxx

Project Lead: xxx

Nursing Leads: xxx

AHP Lead: xxx

Executive Lead: xxx

Sponsored by CEO PCT and CEO NHS FT

Step 3: The communication challenge!

- Steering group & Monthly project group,
- X2 yearly whole system 'Rapid Improvement' events
- Project leads - acute & community
- Primary Care Events
- GP education sessions
- PBC events
- LMC & PEC meetings
- Face to face discussions
- Mail shots
- Emails
- Working with practice managers/visits
- Working with Clinical teams: A&E, Paediatrics
- Newsletters



Luton's Children and Young People's Plan
2010-2011



Safe, healthy and successful in Luton

GPLink September 2009

Working Collaboratively Across the Healthcare System

In May 2007 NICE published guideline 47 'Fitness fitness in children' to assist paediatric and non-paediatric practitioners in consistent assessment/management of fitness (children 0-5 years).
The service local healthcare system including Luton, A&E, Bedfordshire Luton and Central Bedfordshire A&E, Bedfordshire and H&C Direct, facilitated by Alice Consulting and the local practice for excellence and improvement have worked to develop a treatment pathway using the simple health right system, this has been tested in:
 • GP practice
 • Community Paediatric Service
 • A&E
 • Paediatric Filter
 • Paediatric Assessment Unit
 A focus on patient and staff engagement for parents has been developed and tested before feedback from parents and professionals is being provided.

Health system consistent advancement therefore implementation of the guideline requires broader engagement of all health professionals, especially within General Practice.
The next opportunity to update this will be Patient Experience of Southern Health (CH&E) in the Luton and Central Bedfordshire on 18th September 2009 from 2pm - 4pm. You are all welcome to attend.
We believe that working across the healthcare system in developing pathways based on best evidence will ensure the delivery of high quality care to patients, encourage a better practice, we look forward to ongoing collaboration and the benefits it will bring.

For more information please contact Dr. Ingrid Taylor on 01525 407651 or Rose Taylor on 01525 914041.

L&D Consultant Advice Line for GPs

From 30th August 2009 the L&D is offering a new Acute Care Consultant telephone advice service.
The overall purpose of the new service is to help GPs have a clearer understanding of our available services and to offer immediate advice when required.
This means that when a patient is with you in surgery a GP can understand the clinical consultant team and then to advice on treatment or potential diagnosis, this potentially working as a primary or secondary and additional team for the patient. In the advice we hope to have emergency clinic, able to complement this service.

The new service replaces the previous system of either contacting an out of hospital or advice if they are available to you in their work, the right person. GP Liaison will be contacted in the same way that GPs would currently contact their GP in an attempt to have immediate support (01525 403031) or help. They will take the patient details and then provide the GP with a direct mobile number for the A&D consultant. This direct mobile number, which is available to call the GP, will be available to assist that time or notify for a consultant to call the GP back when the patient has left surgery.

We are engaging and formulating the process. GPs should contact the GP Liaison in the same way for using 01525 403031, we have then identified the process from Luton.

A&D is developing the service further we plan to include:
 • Diagnostic advice from specialist consultants
 • Follow-up clinic where the patient can use the consultant for an diagnosis without having to be admitted
 We will closely monitor the service and welcome feedback so that we can make any improvements as required.

For more information please email and@pghltdh.nhs.uk



Online Library Services

- Online access to library services is now available from the main L&D website www.lutonhpa.nhs.uk/library_services.htm
- Request journals, books and literature users
 - Easy access links to on-line journals and health care databases
 - Weekly Healthcare topics and social care database
 - New books
 - Alerts register

Step 4: User Involvement

Experiences of using local health services:

'It's hard to get an appointment for that day at the GP's, you have to push really hard for it'

'I use the health visitors for advice'

Talking of her experience at xxx A&E 'There should be a special service for children when they need to go to A&E, he's a child & shouldn't need to see adults being treated. My son was next to an elderly lady when he was having his arm plastered – it wasn't right'

'I rang my GP & I couldn't get an appointment for that day, so I went to the Walk in Centre, they sent me back to my GP'

'My GP encourages me not to take them too often'

'The Walk in centre won't see children under a certain age'

'I would go straight to the hospital out of hours'

What do parents want from professionals?

'Face to face support'

'Somebody to offer me time & interest'

'Someone to listen to my concerns, to trust my mother's instinct'

Feedback from parents

What should the information/guidance look like:

'Guidance should be postcard sized – something that fits in your handbag'

'I use the internet'

'It's good to have it written down'

On the fridge magnet

- 'It would be helpful to have all the numbers in one place'
- 'Handy for grandparents & other carers'

'I got the number for NHS Direct from the yellow pages'

All thought the fridge magnet idea was a good one – they like the traffic light system

What's important from professionals:

'Sometimes the advice differs between professionals, who should I listen to?'

'Everyone tells you something different'



Design of whole system information for Children, Young People and Families

There are a range of NHS services on your doorstep

NHS Direct	Call 0845 45 46 47 or visit www.nhsdirect.nhs.uk
For 24-hour health advice and information.	
Pharmacist	Find your nearest pharmacy at www.wirral.nhs.uk
For advice on common illnesses and injuries, and medicines to treat them.	
Doctor/GP	Find your nearest GP at www.wirral.nhs.uk
Make an appointment with your GP for medical advice.	Call 0151 678 8406 for the emergency out-of-hours service. 0:30pm - 8am (Weekdays) 24 hours (Weekends and Bank Holidays)
Walk-in Centre/ minor injury unit	Victoria Central (with X-ray facilities) MI Lane, Wallasey, CH44 5JF 7am - 10pm (Monday to Friday) 9am - 10pm (Weekends and Bank Holidays)
For the treatment of minor illnesses and injuries, without an appointment.	Eastham Clinic, Eastham Park, Eastham, CH62 9AN 2:30pm - 10pm (Monday to Friday) 9am - 5pm (Weekends and Bank Holidays)
	All Day Health Centre, Arrowe Park Hospital Arrowe Park Road, Upton, CH49 5PE 9am - 10pm (7 days a week) You can book an appointment with a doctor by calling 0151 201 4188
	Milam Medical Practices, Laird Street, Birkenhead, CH41 8FG
	Parfild Medical Centre, Salton Road New Ferry, CH62 5AP 12 noon - 8pm (Monday to Thursday) 12 noon - 6:30pm (Friday)
A&E or 999	The Children's Emergency Department, Arrowe Park Hospital 9am - 11pm (Monday - Thursday) 10am - midnight (Friday - Sunday) At times when the Children's Emergency Department is closed, please visit the main A&E department.
For serious illnesses and life threatening accidents ONLY choose A&E or 999	

For children under 1 year with minor illnesses, access services via your GP, the GP out of hours service or the All Day Health Centre at Arrowe Park Hospital.

For children under 1 year with injuries, access services via the Children's Emergency Department or A&E.

For children over the age of 1 year with minor illnesses and injuries, you can also access services via the Walk-in Centres at Wallasey and Eastham and the Minor Injury Units in Wallasey, Birkenhead and New Ferry.



There is a range of NHS services on your doorstep.
Make the right choice for you and your child.

If your child is ill or injured, there are a range of services available




Please do not give aspirin to children under 16. This can cause serious complications in children later diagnosed with viral infections


Grazed knee. Sore throat. Cough.	For wear and tear, minor trips and everything in between. Self-care You can treat your child's very minor illnesses and injuries at home. Some illnesses can be treated in your own home with support and advice from the services listed when required, using the recommended medicines and getting plenty of rest.	Children can recover from illness quickly but also can become more poorly quickly; it is important to seek further advice if a child's condition gets worse.
Unwell? Unsure? Confused? Need help?	For absolutely any questions about health, choose NHS Direct. NHS Direct NHS Direct offers confidential 24-hour health advice and information which you can access by phone or online and ask absolutely any question about wellbeing.	Use NHS Direct if you are unsure what to do next, have any questions about a condition or treatment or require information about local health services. You'll find the contact details on the back of this leaflet.
Mild diarrhoea. Mild skin irritations. Mild fever.	Are you unsure if your child is unwell and needs help? Pharmacist Your local pharmacist offers advice on common illnesses like cold symptoms (runny nose, cough or sore throat) and skin irritations, without the need for an appointment and can offer medicines for your child. Many pharmacists have longer daily opening hours than GP surgeries, and some are open at weekends.	Visit a pharmacy if your child is ill, but does not need to see a GP. Remember that if your child's condition gets worse, you should seek further medical advice immediately.
High temperature. Minor bumps and cuts.	Doctors and GPs can treat many illnesses that do not warrant a visit to A&E. Choose these services to treat your child's illness or injuries that have been treated with self-care but just won't go away. If it's essential that your child sees a doctor between 6:30pm-8am, or at the weekend use the emergency out of hours number printed on the reverse of this leaflet.	You have a choice of services: You can visit your GP or use the emergency out of hours service. You can drop by and be seen without an appointment at your local Walk-in Centre or Minor Injury Clinic. These services are often open early until late and they can offer a convenient alternative to your GP.
Dehydration. Headache. Tummy pain.	or Walk-in Centres and Minor Injury Clinics can provide medical advice without the need for an appointment. Please see the reverse of this leaflet to identify services available in Wirral.	
Choking. Loss of consciousness. Fitting. Broken bones.	Does your child need urgent medical attention? A&E or 999 Choose A&E or 999 if your child is experiencing any life-threatening symptoms of illness or injury. These also include severe breathing difficulties, tummy pain that is not getting better or a very high temperature.	Many visits to A&E and calls to 999 could be resolved by other NHS services. If your child's condition is not critical, choose another service to get them the best possible treatment.


**A fridge magnet and
information card were
produced now distributed via
maternity units and health
visitors to new families.**


NHS
NHS South of Tyne and Wear

When your child is unwell...

 ...and you need advice please phone
NHS Direct on 08 45 46 47

 ...and you need a nurse or doctor to see them that
day please phone
your GP Surgery on

 ...or go to your nearest
Walk in Centre

 ...and needs urgent help
please go to the nearest
Accident and Emergency Department

An evidence based engagement tool (CYP Emergency & Urgent Care lesson plan) to use with young people



Who can I talk to about my health?

It's hard to know who to speak to if you are ill or injured, but there are lots of places you can go to for help.

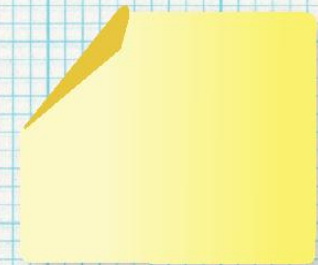
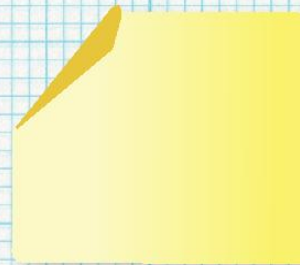
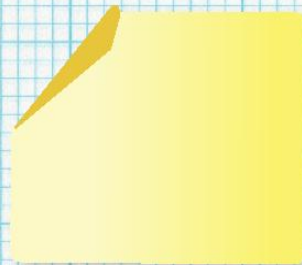
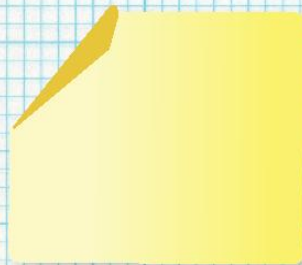


Your local Pharmacists are:

Your local GPs are:

Your local Walk in Centre / Minor injury/illness units are:

Your local Accident & Emergency is:



Health Services in Gateshead

Unwell? Unsure?	<p>NHS Direct offers confidential health advice and information by telephone, internet and through digital TV.</p>	<p>NHS Direct (24 hours every day) Telephone: 0845 46 47 www.nhsdirect.nhs.uk</p>
	<p>Need information on Health? NHS Choices provides online information from the NHS to help you make better decisions about your health & care.</p>	<p>NHS Choices - www.nhs.uk</p>
	<p>Local pharmacists can offer advice on common illnesses and conditions e.g. cough, colds, skin irritations. You don't need an appointment to see a pharmacist. Some pharmacies are open later than GP surgeries and many are open on Saturdays.</p>	<p>If you need to find a local pharmacy and find out when they are open: www.nhs.uk will be able to give you this information</p>
Do you need to see a nurse or doctor today?	<p>Your GP can offer advice, treatments and prescriptions for illnesses that won't go away with self care.</p>	<p>My GP: _____ Tel: _____ Opening: _____ If you need to find a GP and find out when they are open: www.nhs.uk</p>
	<p>Gateshead Walk in Centre can offer advice, information and treatment for minor illnesses by a trained nurse. More complicated cases will be referred elsewhere.</p>	<p>Gateshead Walk in Centre (7.00am -10.00pm every day including bank holidays) Tel: 0191 445 5454 Address: Bensham Hospital, Saltwell Road, Gateshead NE8 4YL</p>
	<p>Out of Hours Doctor service is available from 6pm – 8am and all weekend.</p>	<p>Out of Hours Doctor Tel: 0845 056 8060</p>
Do you need urgent attention?	<p>Accident & Emergency services are intended if you require immediate hospital attention due to a serious illness or injury</p> <p>Or</p> <p>Dial 999 if you are worried and need specialist help urgently.</p>	<p>A&E Department (24 hours every day)</p> <p>Entrance A Queen Elizabeth Hospital Gateshead NE9 6SX Tel: 0191 445 2171</p>

***Please remember you can talk to your school nurse in confidence about a range of health issues**
 This information is also on display in school in a larger format.

Work in progress

Emergency & Urgent Care

lesson plan resources for Primary Schools

- targeting 5-11yr olds

✓ Age appropriate activities:
health promotion, keeping safe
& health services

✓ Activities to capture feedback
from children about their
experiences of using health
services



Step five: Observation visit key themes by the NHS Institute CYP team, Jan 2009

- **Co-Located CAU & A&E**
- **Children's area for children in A&E :Review & Redesign**
- **Workforce development in A&E for CYP**
- **Dedicated children's A&E**
- **Develop paediatric triage system**
- **Competency development & nurse rotation**
- **Nurse led discharge**
- **Paediatric Nurse Practitioner role (PNP)**
- **Senior decision makers @ peak activity**
- **Improve GP links to HV**
- **Direct GP links to Children's Community Nursing**
- **Access Children's Centre with bi-lingual support workers / local community health workers - could help with reducing attendance at 1ary and 2ndary care**
- **Children's Community Nurses support early discharge**
- **Sharing of policies/procedures**

Opportunities to visit other teams/sites/network nationally



Step Six: Rapid Improvement events



Agenda

- CEO sponsorship
- Developing relationships
- Scene setting
- Pathway mapping
- Revised pathway/tools
- Implementation discussion
- On going commitment to collaborate

Pathways: Fever

Whole system Assessment and treatment tools:

- Primary Care
- Secondary Care
- Patient information leaflet

Clinical Assessment Tool for the Febrile Child 0-5 Years

Management by a non-paediatric practitioner

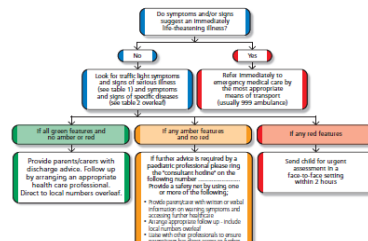


Table 1 Traffic light system for identifying likelihood of serious illness

	Green - low risk	Orange - intermediate risk	Red - high risk
Colour	Green	Orange	Red
Activity	• Normal colour of skin/lips and tongue • Responds normally to social cues • Consciousness • Sleep awake or awakens quickly • Strong normal cry/noise	• Noting spread to peripheries • Not responding normally to social cues • Sluggish eye and prolonged response • Increased activity • Abnormal	• No response to social cues • Agitated/irritable • Unable to be reassured that they are well • Weak, high pitched or continued cry
Respiratory	• Hourly feeding • < 12 months • < 12 months • RR - 80 breaths/min age > 12 months • Capillary refill < 2 secs at 25°C or below	• Feeding • < 12 months • RR - 80 breaths/min • Mild or severe chest indrawing	• Feeding • RR > 120 breaths/min • Mild or severe chest indrawing
Hydration	• Normal skin and eye • Moist mucous membranes	• Mild feeding or intake • CRT > 2 seconds • Moderate skin turgor	• Reduced skin turgor
Other	• None of the visible red symptoms or signs	• Age 0-1 months, temperature > 39°C • Age 2-4 months, temperature > 39°C • Severe-looking rash • Spitting • Severe dehydration • Rapid neurological signs • Bulging fontanelle • Neck stiffness • Severe vomiting • Blood-stained vomit	• Age 0-1 months, temperature > 39°C • Age 2-4 months, temperature > 39°C • Severe-looking rash • Spitting • Severe dehydration • Rapid neurological signs • Bulging fontanelle • Neck stiffness • Severe vomiting • Blood-stained vomit

Clinical Assessment Tool for the Febrile Child 0-5 Years

Management by a paediatric practitioner

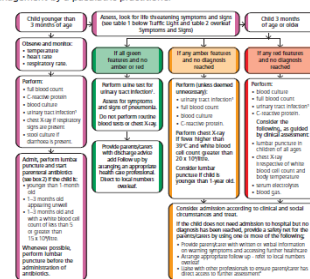


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Respiratory	• Hourly feeding • < 12 months • < 12 months • RR - 80 breaths/min age > 12 months • Capillary refill < 2 secs at 25°C or below	• Feeding • < 12 months • RR - 80 breaths/min • Mild or severe chest indrawing	• Feeding • RR > 120 breaths/min • Mild or severe chest indrawing
Hydration	• Normal skin and eye • Moist mucous membranes	• Mild feeding or intake • CRT > 2 seconds • Moderate skin turgor	• Reduced skin turgor
Other	• None of the visible red symptoms or signs	• Age 0-1 months, temperature > 39°C • Age 2-4 months, temperature > 39°C • Severe-looking rash • Spitting • Severe dehydration • Rapid neurological signs • Bulging fontanelle • Neck stiffness • Severe vomiting • Blood-stained vomit	• Age 0-1 months, temperature > 39°C • Age 2-4 months, temperature > 39°C • Severe-looking rash • Spitting • Severe dehydration • Rapid neurological signs • Bulging fontanelle • Neck stiffness • Severe vomiting • Blood-stained vomit

To be read in conjunction with feverish illness in children, NICE clinical guideline 47, www.nice.org.uk/CG47

Fever Advice for Children 0-5 years

Most children with a fever do get better very quickly but some children can get worse. You need to regularly check your child and follow the advice below.



- If your child becomes unresponsive**
If your child becomes blue
If your child is finding it hard to breathe
If your child has a fit
If your child develops a rash that does not disappear with pressure (the 'Tumbler Test' below)
- You need urgent help please phone 999 or go straight to the nearest Accident and Emergency Dept.**
- If your child's health gets worse or if you are worried**
If your child is not drinking
If your child has signs of dehydration including dry mouth, no tears, sunken eyes, sunken fontanelle (soft spot on babies head), drowsiness and generally seems more unwell
If your child's fever lasts longer than 5 days
- You need to see a nurse or doctor today. Please ring your GP surgery Health Visitor or Community Nurse or attend the Walk or Advice Centre.**
- If you have concerns about looking after your child at home**
- You need advice please phone NHS Direct on 111 or visit www.nhs.uk/111**

Some Useful Telephone Numbers

GP/Practice Nurse
Health Visitor
Liverpool Road Health Centre 01582 70 81 51
Marsh Farm Health Centre 01582 70 74 26
Wigmore Lane Health Centre 01582 70 73 33
Community Nurse (Regents Court 01582 70 81 39)
Walk in Centre 01582 55 64 00
NHS Direct www.nhs.uk/111 0945 46 47

The Tumbler Test

Do the tumbler test if your child has a rash. Press a glass tumbler firmly against one rash. If you can see the spot through the glass and they do not fade this is called a non-blanching rash. If this rash is present seek medical advice immediately. The rash is hardest to see on dark skin so check palm areas, such as palms of the hands, soles of the feet, tummy and inside the eyelids.



Fever Advice Sheet for Children 0-5 years



Looking After Your Feverish Child

- Check your child during the night to see if they are getting better
- If a rash appears do the tumbler test (see guidance below)
- If you are concerned that your child is not improving follow the advice on the front of this sheet
- Children with fever should not be under or over dressed
- Your child is hot to touch remove some of their clothes
- If your child is distressed or very unwell you may use medicines (paracetamol or ibuprofen) to help them feel more comfortable however it is not always necessary
- Please read the instructions on the medicine bottle first
- Don't give both medicines (paracetamol and ibuprofen) at the same time
- Use one and if your child has not improved 2-3 hours later you may want to try giving the other medicine
- Please ask your local community pharmacist for more advice about medicines
- Never give aspirin to a child
- Offer your child regular drinks (where a baby is breastfed the most appropriate fluid is breast milk)
- If your child is due to have immunisations please consult your GP practice nurse or Health Visitor for advice as there may be no need to delay their appointment
- If you need to keep your child away from nursery or school while they are unwell and have a fever please notify the nursery or school - your health visitor, community nurse or GP will be able to advise you if you are unsure

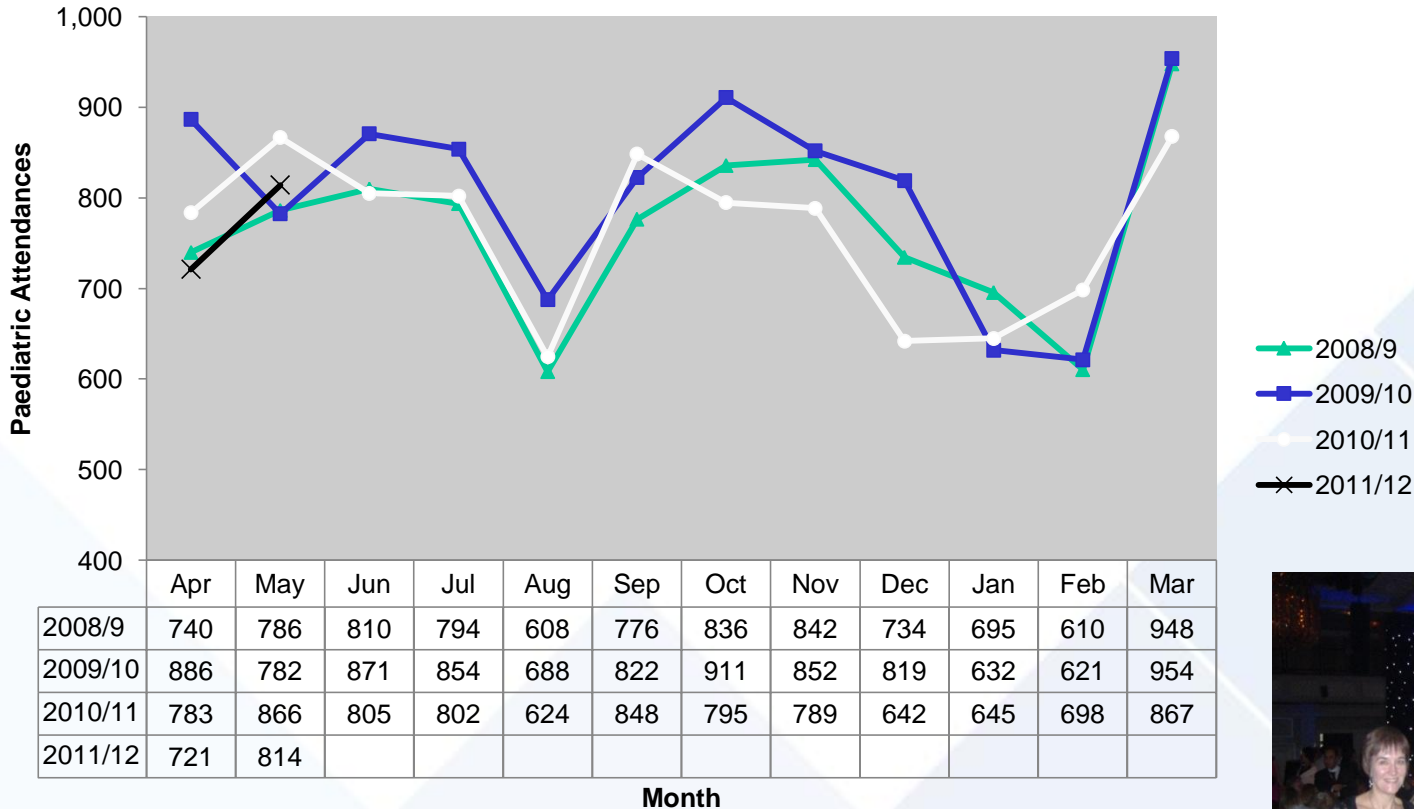


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Step seven: Delivering results & measuring impact..

**A&E Paediatric Attendances
(Adjusted for Population Size)**

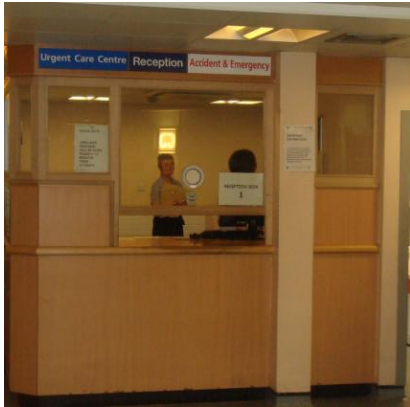


- ▲ 2008/9
- 2009/10
- 2010/11
- ✕ 2011/12



celebrate success...

Step eight: Sustaining Improvement



Existing relationships between providers and commissioners for children and young people services were the foundation for this work

There was whole system recognition of need to review urgent and emergency care processes for CYP in the light of high non-elective admissions.



What have they achieved so far?

- ✓ Engagement across the system
- ✓ Executive sponsorship
- ✓ Building on good practice locally & nationally
- ✓ Project structure
- ✓ Accountability
- ✓ User Involvement
- ✓ Building networks
- ✓ Common understanding
- ✓ Willingness & desire to change practice
- ✓ Tangible results / pathways
- ✓ Paediatric urgent care specification
- ✓ Develop / test / review cycle
- ✓ Sustainable processes that are fit for the future



Ongoing work

- ✓ CAKES Course: Children's Assessment Knowledge & Examination Skills
- ✓ Benchmarking against East of England standards for Assessment units
- ✓ Rapid Access Clinics
- ✓ Paediatrician 'hot lines'
- ✓ Ongoing GP education/support: use of CQUINs
- ✓ Children's Community Nursing Services to undertake acute care (in addition to Complex Needs admission avoidance, Palliative and Continuing care packages)
- ✓ Ongoing review of coding of pathways
- ✓ Building of co-located CA&E & CAU



Ingredients for success

- A clinical director with a Vision
- Distributive leadership
- Commissioning leadership & support
- Project management support from acute & community
- Paediatrics & A&E working together
- Primary care engagement
- Executive support
- Ongoing communication
- Agreed measures & regular feedback
- Recognition of the qualitative changes that are being made
- Rapid Improvement events
- Celebrating success & having fun!

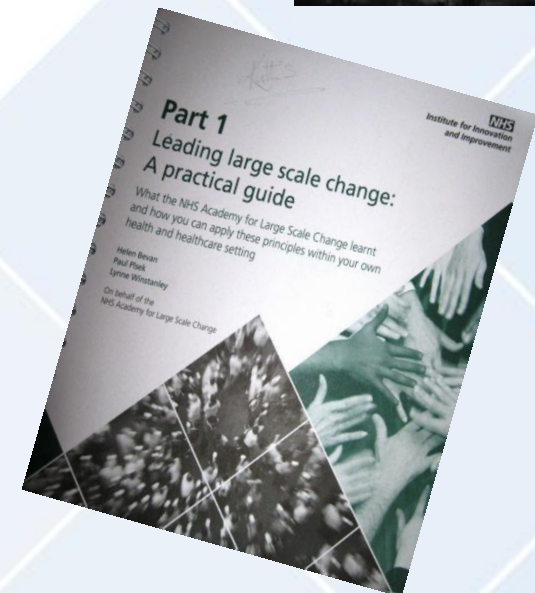


Overarching results, sites have:

1. Created whole system CYP networks (Emergency & Urgent Care)
2. Addressed the Care closer to home agenda
3. Created evidence based whole system high volume pathways
4. Engaged with CYP and families/carers regarding appropriate use of services.
5. Reported early results that indicate a trend towards reduction in A&E attendances and hospital admissions in some systems

An example of Large Scale Change: Common to all C&YP professionals

- Shared values
- We are in this together
- There is a better future
- Listen & use Children & Young People's stories and our own.
- Use emotions & energy
- Develop relationships
- Distributive leadership
- Communication & Networking
- Lots of lots
- The power of many & together
- Develop resilience



This is the second in a series of regional child health events

Organised by:



<http://bcove.me/ozid4g9x>



*Do not follow where the path may lead.
Go instead where there is no path & leave a
trail.*

Harold R. McAlindon

Achieving this vision of quality requires a radical transformation across the entire system.

.....the NHS should focus on tackling the behaviours and cultures in the system that stand in the way of moving quality forward.

David Nicholson
Chief executive of the NHS

“If not us, who? If not now, when?”

John F Kennedy

