



Healthy London Partnership
Improving children and young people's out-of-hospital care

Luton (Children's Rapid Response Team phase 2)

Started: Jan 2014 (phase 1 started in April 2013)

Region: Luton

Geography: Urban

Estimated local pop. 0-18 years: 60,000

Background

A review of paediatric acute activity in 2008/9 identified that there were 6 high volume common conditions accounting for 85% of all children's emergency activity.

Aims

Developed as a sustainable model of integrated working between acute and community services within Luton. To minimise time spent in hospital by children and to support GPs in the use of urgent care pathways.

Target patient groups

- 0 to 18 year olds
- Child living in Luton area with a Luton GP
- Child living in Luton area without a registered GP

Presenting with-fever with or without a focus; bronchiolitis; gastroenteritis; head injury; asthma/viral induced wheeze; seizure and abdominal pain

The service model

- Extension to out of hours and extend referral from GP practices
- Supports GPs' ED and PAU
- An urgent care pathway template to guide GPs

Telephone triage within 2 hours of referral

Opening times

- 10am until 8pm - Monday to Friday
- 8am until 6pm - Saturday's and Sunday's

Staffing

Four Community APNP roles

Who can refer

- The Paediatric Emergency Department, Paediatric Assessment Unit
- Children's Inpatient Wards and the GP Urgent Clinic at Luton and Dunstable Hospital
- The Children's Community Nursing Teams
- The walk in Centre/GPs

Who is accountable for patients?

Team hold accountability as all working as Band 7 nurse practitioners.

Resources

Shared office with Luton Children's services: CCN, HV, School Nurses (SN) and other health professionals within children's services. Also a number of children's social care professionals within the same building. Equipment: tympanic thermometer, stethoscope, hand-held saturation monitor, auroscope, laptop computer (all patient records are electronic)

Funding organisation

One year's funding from East of England Workforce Transformation to kick-start this phase. Savings will relate to admission avoidance for GP direct referrals/LTC (long term conditions).

Level of patient/family involvement

- Parents consulted prior to establishing service.
- Parental feedback sought following discharge from the service

Level of integration in the system

Vertical integration

Evaluation

Breakdown of referral conditions include:

- 39% bronchiolitis
- 24% asthma and wheeze
- 23% fever
- 11% D&V (diarrhoea and vomiting)
- 2% abdominal pain
- 1% head injury

Challenges, successes, lessons learned and advice

- Difficulty with engaging GPs in the use of the paediatric urgent care pathways
- Improved patient and user satisfaction, reported outcomes and quality of life
- Improved partnerships in provision of care
- Better use of resources and more effective and economic delivery system
- Improved relationships, governance and risk management

Contact for more information

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