



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

Nottingham Children's Hospital Senior Telephone Advice, Nottingham University Hospitals NHS Trust

Started: Formally in September 2015, Pilots and partial implementation from 2012/2013

Region: East Midlands – Nottingham City and South Nottinghamshire

Geography: Mixed

Estimated local pop. 0-18 years: Nottingham City 59,000, South Nottinghamshire 102,000

Background

A project team working on improving the pathway for emergency medical admissions identified that when a GP called with concerns about a child, the call was taken by a junior doctor and always resulted in the GP being advised to send the child into the Children's Assessment Unit (CAU).

The team hypothesised that if the calls were taken by someone senior, (with more extensive paediatric knowledge and experience than the GP making the call), it might be possible to have a more proactive discussion and identify some appropriate options which didn't involve a same-day attendance in the CAU.

Aims

To ensure that acutely unwell children are managed in the appropriate setting with optimal management: either in primary care, rapid access outpatient clinics or as an acute attendance to hospital.

Target patient groups

Under 19 year olds with a medical problem (usually acute).

The service model

Using the 'hot-week' consultant rota for emergency admissions, this consultant also became responsible for taking the GP calls.

Simple paperwork was developed using the SBAR format.

Opening times

Monday to Thursday 0845-2115. Friday 0845-1915

Staffing

As part of a complex hot week, second on week and third on week depending on the time of year.

Who can refer

GPs (not nurse practitioners) and midwives if it is for jaundice or weight loss

Who is accountable for patients

GP or midwife unless sent to hospital

Resources

iPhone

Funding organisation

Local CCG now (previously 'Dragons Den funding')

Level of patient/family involvement

No patient involvement

Level of integration in the system

Vertical integration

Evaluation

- The trial ran for one week and found that 30% of patients didn't need to attend the CAU that day.
- Some were diverted to routine outpatient or rapid-access clinics
- Some were managed by the GP with the advice from a consultant
- An additional, unexpected outcome was that 2 patients were escalated to a 999 ambulance call due to the telephone conversation
- In some practices, the clinical discussion prompted the GP to change practice or purchase equipment (e.g. pulse oximeter)
- Following trials, the change was fully implemented and analysis of the paediatric calls has shown:
 - 63% of calls are sent to the CAU
 - 13% of calls are referred to a rapid-access clinic
 - 4% of calls are referred to routine outpatient clinics
 - 15% of calls go on to be managed by the GP with the advice given by the consultant
 - 4% of calls are escalated

Challenges, successes, lessons learned and advice

- Know what happens to your GP admissions
- Work out whether the attendances are appropriate
- Pilot it over a period of time and see if it changes the practice
- Implement it keeping figures
- GP phone calls tend to be clustered around 1030 – 1300 and then 1530-1830. Any service needs to be able to cope with these peak times
- A consultant cannot do a ward round and take GP calls simultaneously
- GP education has improved over time and the phone line allows discussion about every acutely unwell child that a GP wants to admit which in turn improves the general paediatric knowledge of GPs in a more consistent way than having a paediatrician based out in single practices or groups of practices. In particular it becomes possible to identify which GPs struggle to manage acutely unwell children and allows further training

There is a danger that the service is used as a pharmacy information line, a GP trainee support system etc and so we make it clear if a phone call is inappropriate and suggest alternative ways to gain the knowledge (like a BNF!) and we always ensure that GP trainees have spoken to a qualified GP

Downloads

[Six month review.doc](#)

Contact for more information

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