**PAEDIATRIC NAVIGATION – GP PHONELINE**

**6 Month Review**

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**Background:**

In a pilot study done at Nottingham Childrens Hospital we demonstrated a 30% reduction in inappropriate same day urgent referrals from primary care when a consultant paediatrician was directly accessed by primary care on a dedicated phone line. All potential referrals were discussed with the GP by the consultant and either managed in primary care with advice, directed to a more appropriate appointment such as a jaundice clinic or rapid access clinic or seen as an emergency at the Nottingham Children’s Hospital with appropriate pre-transfer advice given. There was a 30% reduction in same day inappropriate attendances. One component of the scheme was to provide this type of consultant delivered GP advice to include all peak GP referral hours. This led to the development of the dragons den bid resulting in the availability of a dedicated consultant phone line for GPs from 8.45 20.45 Monday to Friday.

The GP phone line has been increasingly utilised by primary care. From the service commencement on the 29th of September out of the 1569 calls received 34% of the patients were able to be managed by the GP in primary care following a discussion and advice given over the phone. Another 1% were redirected to another service, 2% were booked appointments for a routine paediatric review and 8% given a Rapid access clinic appointment.

The remaining 53% of patients were sent for urgent same day review at Nottingham Children Hospital. This has resulted in a reduction of attendances and reduces waiting time for clinical review of those who do need to attend. This has resulted in the maintenance of a consistent number of Emergency department attendances over the past year and we have therefore not followed the national trend of increased attendances to ED.



**Reduce acute referrals:**

The GP hotline has proved to be very effective; we have received 1569 calls since September. In 538 cases GPs have been given effective advice to be able to treat and manage their patients within their surgery, diverting them away from ED.

We are now managing our Rapid Access Clinics to meet the needs of the vetting; prior to this new scheme an Inappropriate choice of clinic slots were being using in Choose and Book by GPs (in an audit over 1 week of 20 patients = 21% had their appointments brought forward due to urgent clinical need). Since the November go live date 3% of our referrals go to our RAC and are managed by Admin staff to make sure we utilise the slots effectively. This enables us to add or remove extra rapid access clinic slots to meet demand.

**Hot Week Clinic:**

The Hotline has enabled quicker vetting of referrals and consultants are now able to hold a Hot week clinic once a week with 4 new patient slots. This has increased capacity as well as allowing patients who need to be sooner than a routine referral but not in rapid access to be seen in a timely way and generating more income for the Trust. The consultants are able to use there PAs to hold these clinics funded by the navigation scheme.

This will reduce ASI’s because of allocation of urgent and non-urgent appointments.

**Finances:**

**Summary:**

A six month review of the GP phone line has demonstrated that 47% of patients were not sent as acute same day admissions. 34% were manged in primary care and did not attend the hospital at all and the remainder were seen more appropriately in clinic. Unlike the rest of the country we have not seen an increase in ED attendances. In recent data our paediatric ED has gone from being the second busiest unit nationally (in terms of numbers of patients attending) to sixth. Failure to find ongoing funding for this initiative will lead to a significant increase in inappropriate emergency atendances.

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