



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

Paediatric Unscheduled Care (PUC) pilot, North of Scotland Planning Group

Region: Rural areas of Scotland (25% of children in Scotland live in remote and rural settings)

Geography: Rural

Estimated local pop. 0-18 years:

Background / Motivation

To provide safe, sustainable paediatric care to rural areas of Scotland

The service model

On-call paediatric consultant model, providing 14 rural general and community hospitals with single point of contact access to paediatric consultants 24/7 via videoconference.

(Project management provided by NHS24)

All on-call consultants are within 10 minutes of secure broadband access

Standardised SBAR (situation, background, assessment, recommendation) documentation used

There are 2 models in place within individual rural hospitals (after initial nurse triage):

1. Assessment by a Foundation year doctor or GP trainee. Many children are then referred on to the regional paediatric service without further evaluation. Although the rural adult physician has clinical responsibility for the care of the child whilst they are at the rural hospital and until they reach definitive care, they rarely get involved.

2. Evaluation by an experienced rural practitioner, who may carry out investigation and/or initiate management prior to referral for advice/transfer.

Opening times

24 hours a day and 7 days a week

Staffing

16 on-call consultants were recruited

Who can refer

Clinicians at rural general and community hospitals

Who is accountable for patients?

Referrer always responsible but Consultants are responsible for advice given

Resources

Videoconference equipment access.

Some already in place.

Level of patient/family involvement

Parents and carers provided feedback – universally positive.

Evaluation

230 referrals were made to PuC

- 152 of these were managed locally,
- 21 were retrieved
- 57 were transferred
- Independent evaluation by Centre for Rural Health – videoconferencing enhances clinical assessment and supports decision-making of clinicians in remote locations
- Parents and carers find videoconferencing helpful
- Even if the child requires transfer, the early assessment/management adds value
- External expert review by a rural GP – 33% of cases showed improved outcome
- Paediatric Intensive care unit Consultant – improved outcome in 20-25% of cases
- Avoids unnecessary admission/transfer/retrieval

Challenges, successes, lessons learned and advice

Changes to practice always challenging for some individuals but even initial sceptics impressed with results as they “saw for themselves”.

We are all becoming more familiar with this technology which helps.

Contact for more information

Dr Donald MacGregor, Consultant Paediatrician

donaldmacgregor@nhs.net

07740 783845