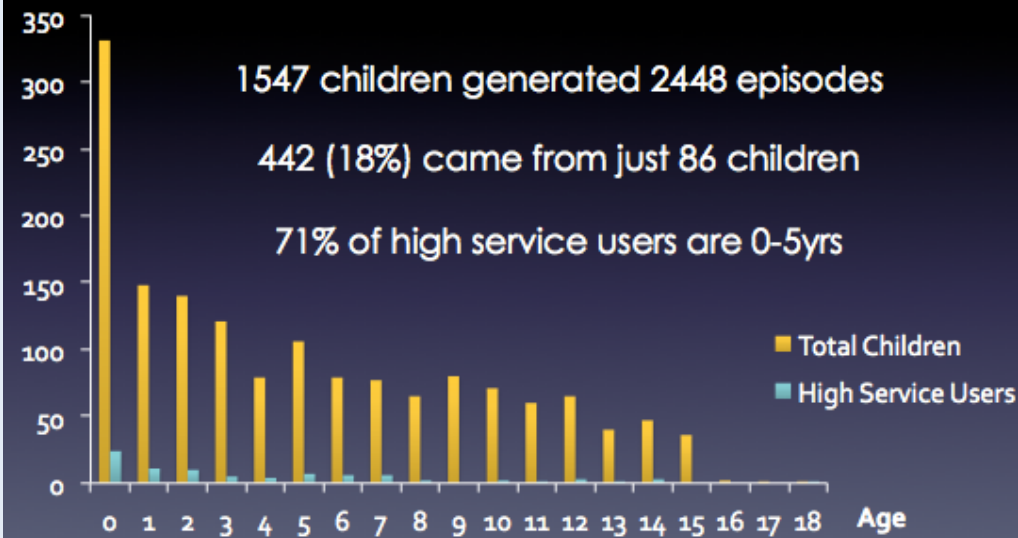


# Planning the year

## Children from North H&F GPs Attending CAU as Walk-in Cases 2015-16



Analyzing a year's worth of CAU data provided insight into who attends the unit and identified high service users. Review of the whole family's GP records rather than just the child built a picture of the family, and revealed different categories of high service user.

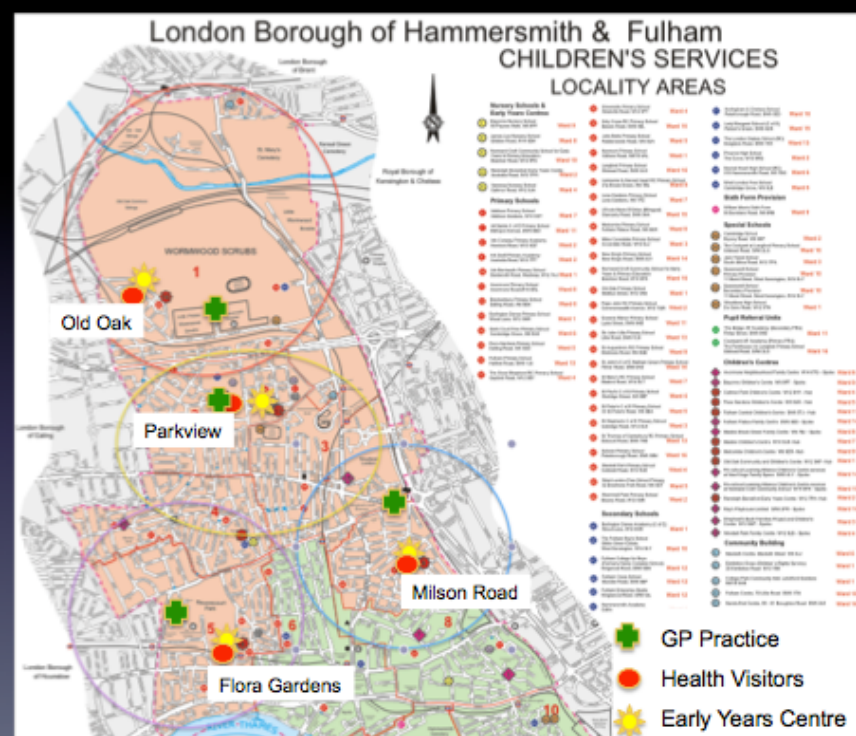
## Clarifying aims and program design

However there was a deficit of local candidates so a development pathway was created. The aim was to build clinical skills, combine their breadth of knowledge of primary care with depth of knowledge of secondary care, whilst also linking them with key leads to enable them to help develop and translate initiatives.

One of these categories included families with complex social need, but <50% of these high service users were known to family support services, and unscheduled care was not well linked with the wider primary care framework. GPs also seemed unaware of what support was available at children's centres or of social care pathways.

Improving same day care for children needs to address the cause of an attendance not just presenting condition. Social and educational initiatives must operate between rather than within organizations and therefore depend on networked, relation-based models built on natural patterns of use. This is a function of local leadership and GPs were identified as ideal for this role.

## Natural Neighbourhood Model



## Developing GP Leads...



- Clinical Skills**  
36 CAU sessions  
18 OPD sessions  
DCH exams
- Leadership Skills**  
18 Community sessions  
Supported project work  
QSIR practitioner
- Service Transformation**  
Revised UCC model  
Primary care access  
Network formation