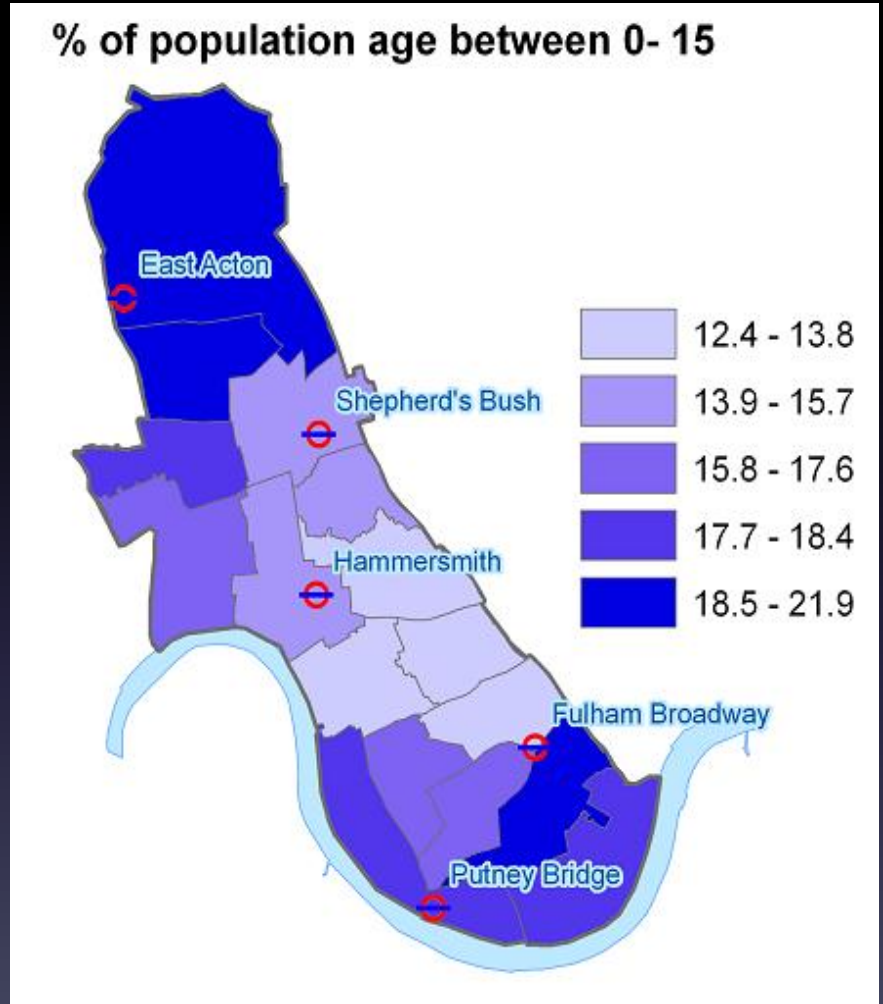
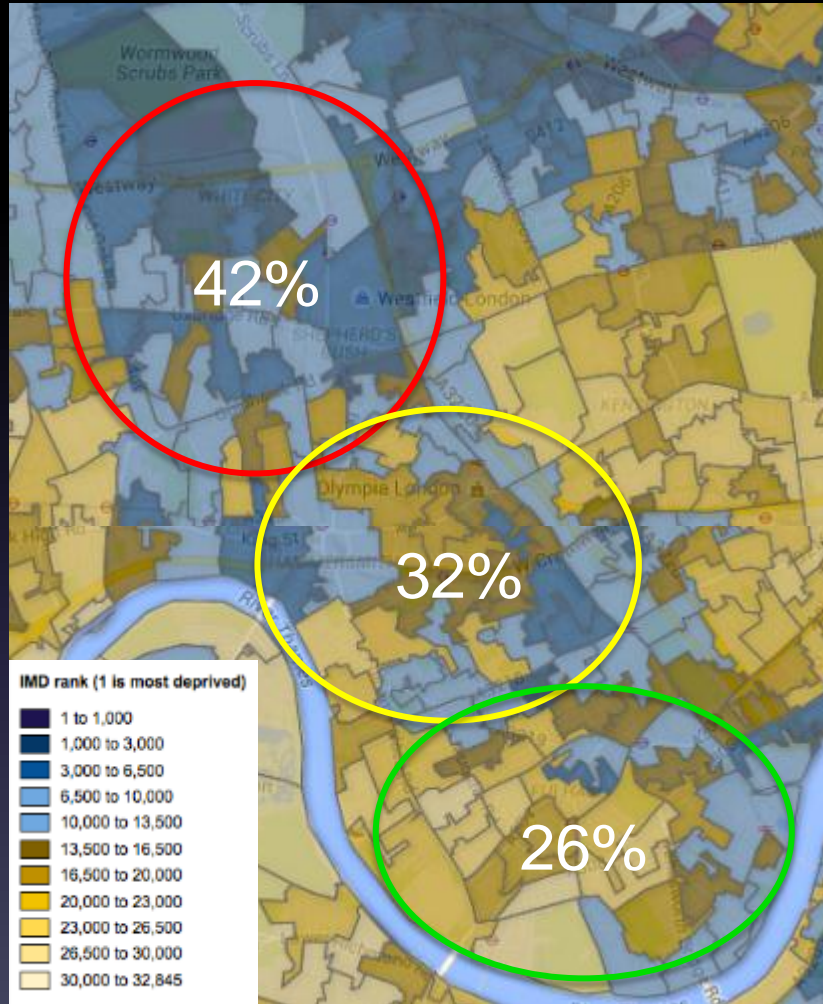


# Making Child Health a Local Priority: The Role of GP Federations

Chad Hockey

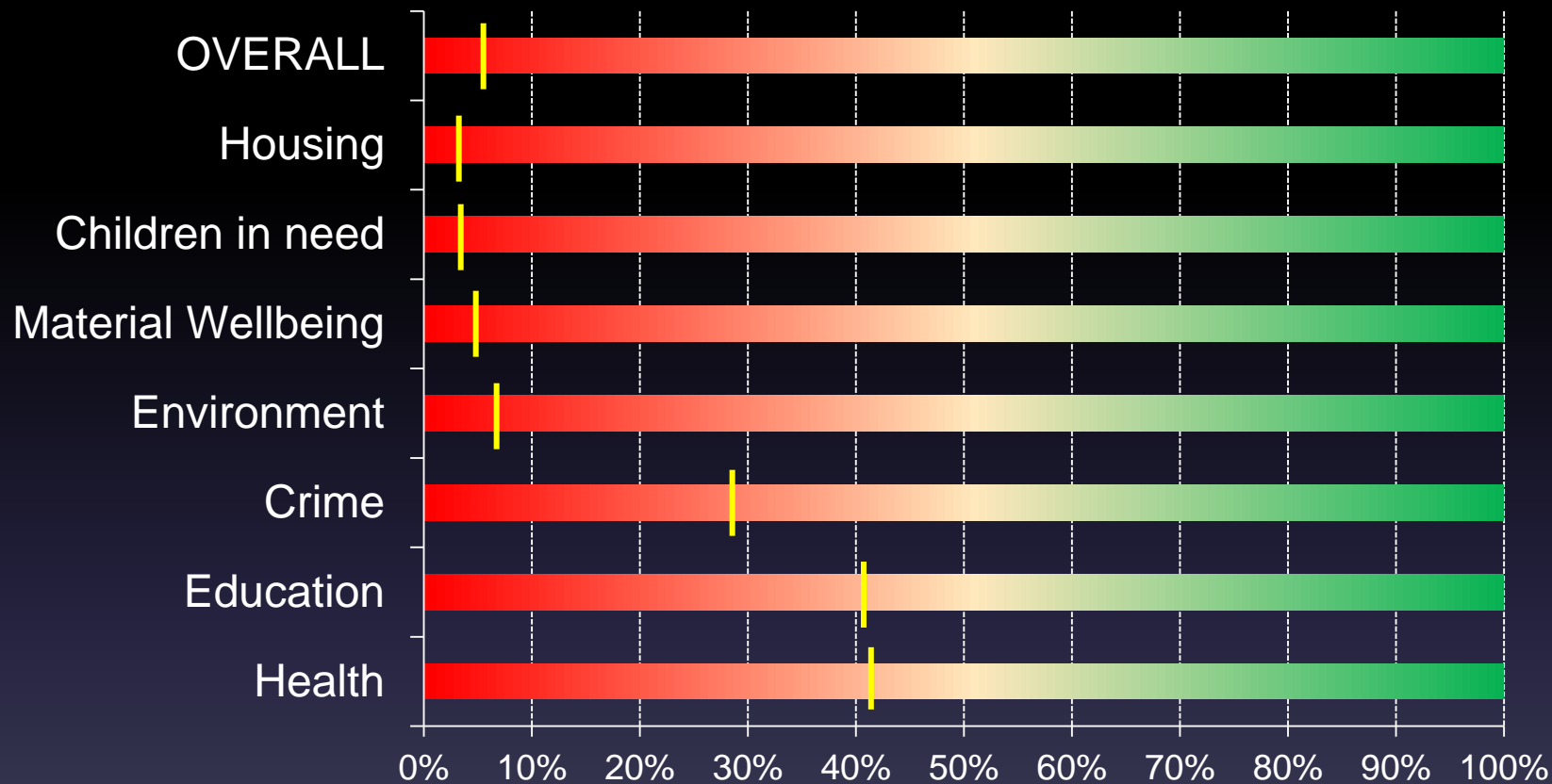
Hammersmith and Fulham GP Federation

# 1. Understanding the demography...



North H&F- up to 45% child poverty

## 2. Understanding the problem...

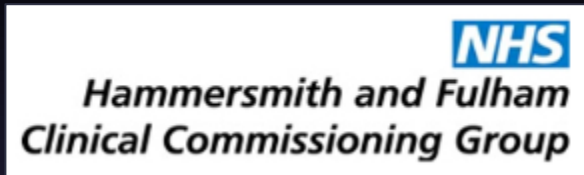


### Child Wellbeing Index (2009)

Overall, H&F ranked as 23<sup>rd</sup> worst borough in England

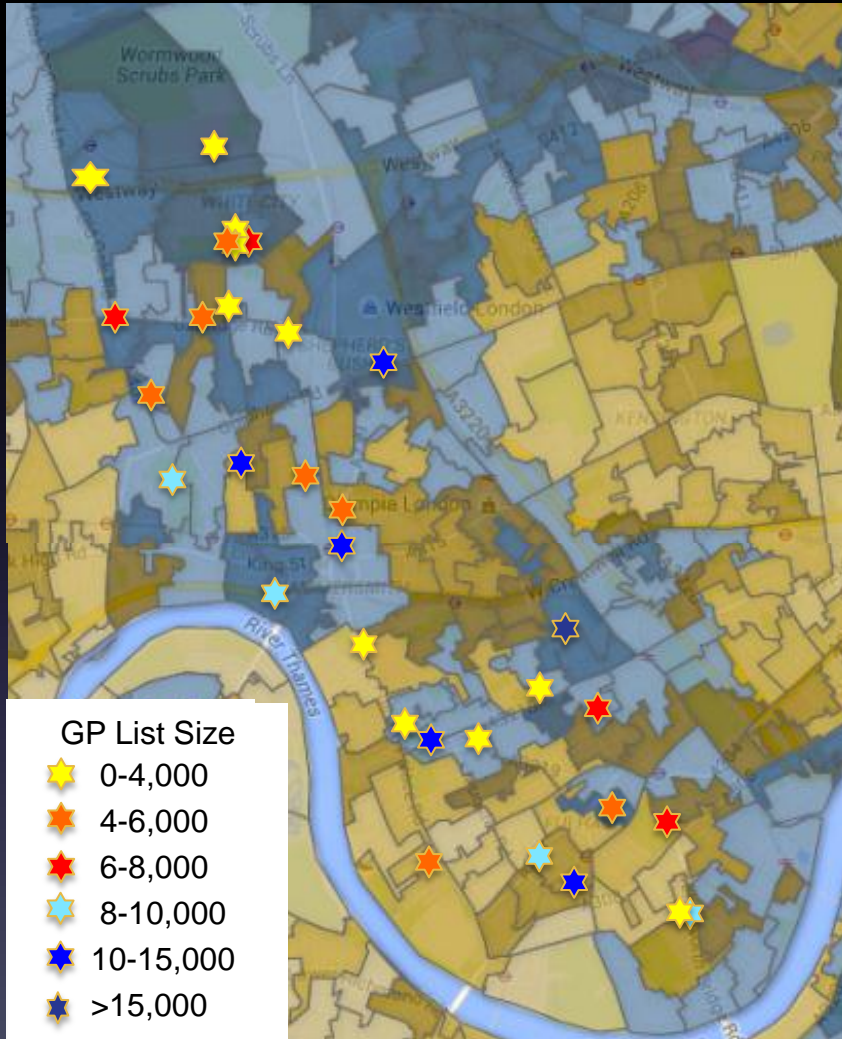


# Who coordinates strategy?

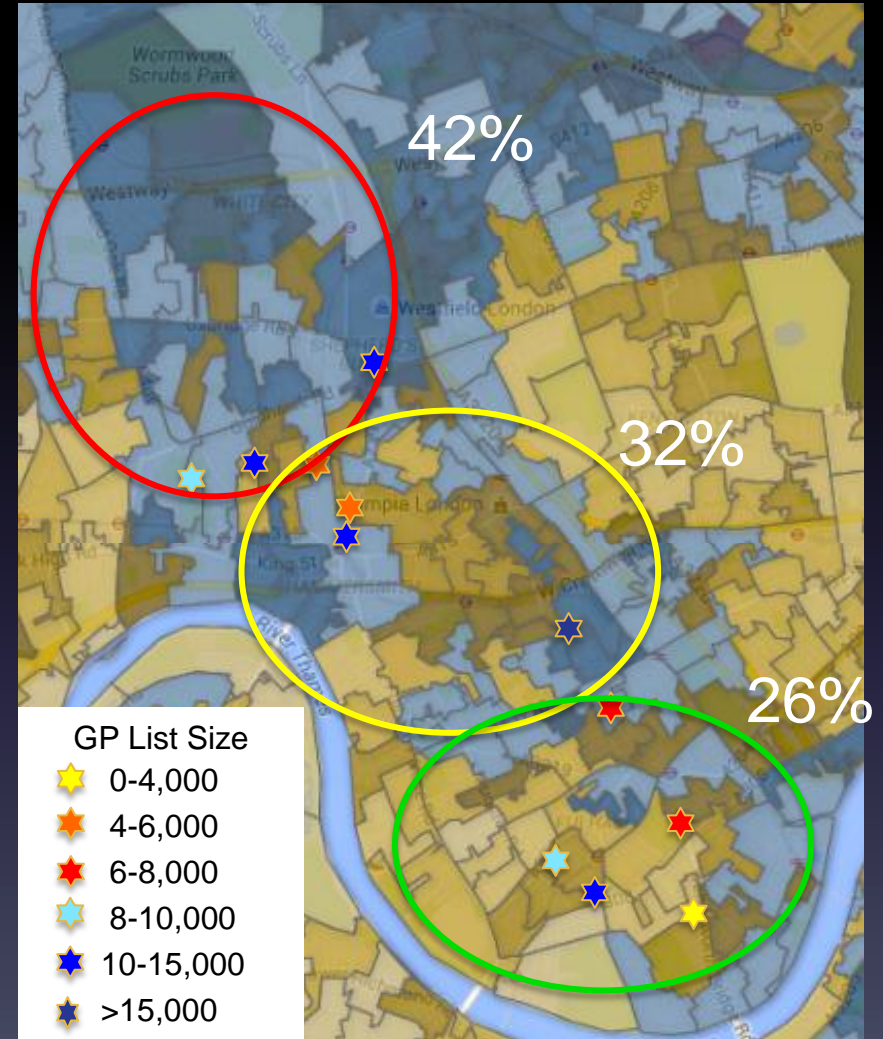


# 3. Understanding Capacity...

All H&F GP Practices

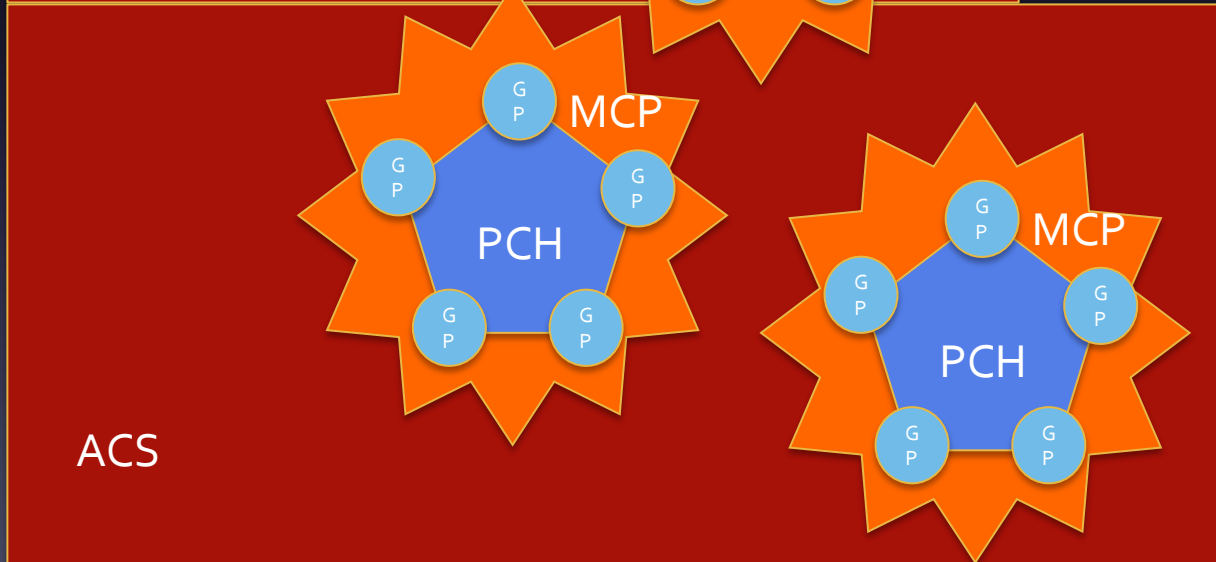
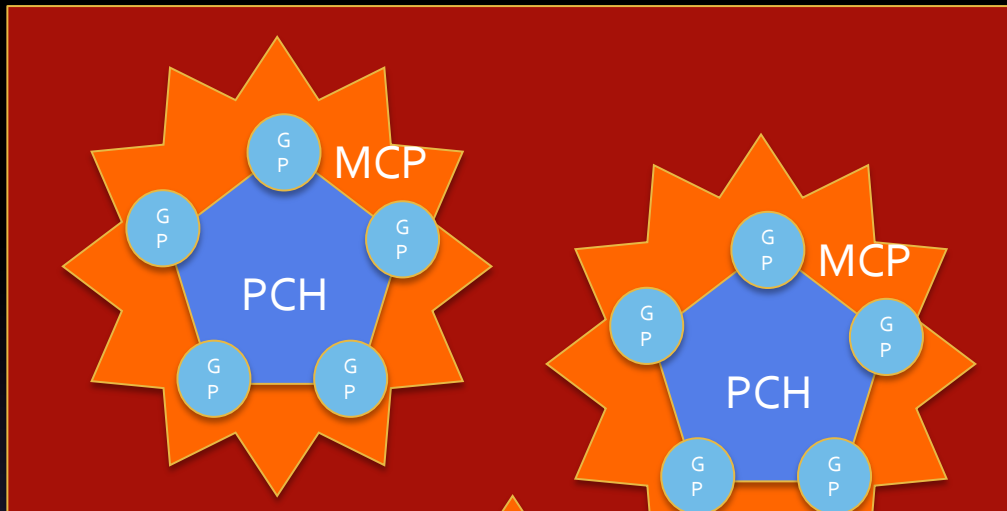


H&F Practices where GP has Diploma Child Health



H&F GP Federation Represents Every GP Practice in the Borough

# 4. Understanding Transformation...

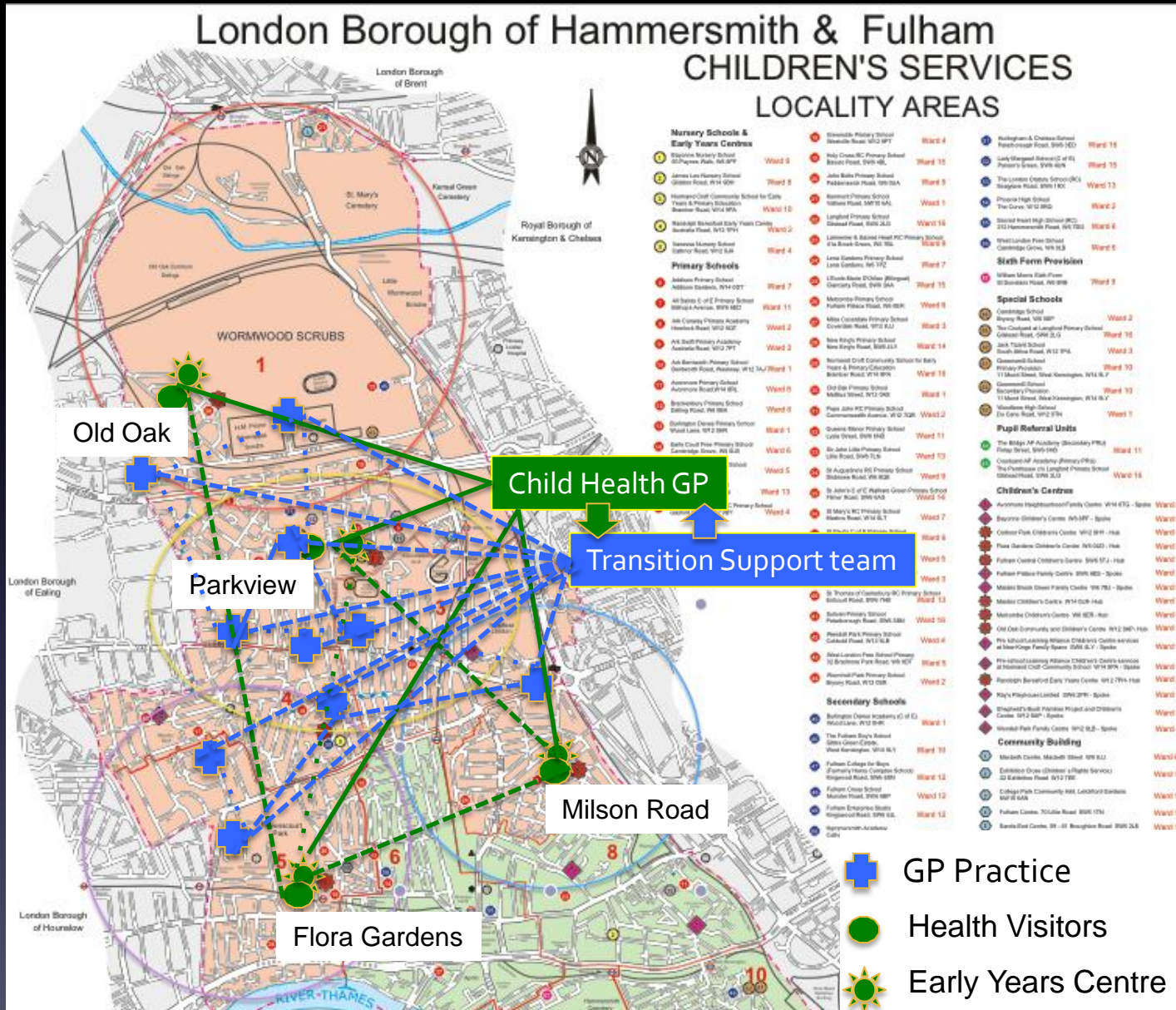


Networks  
Relationships  
Building Leadership

## Developing People – Improving Care

A national framework for action on improvement and leadership development in NHS-funded services

# Natural Neighbourhood Model



# Developing GP Leads for Child Health...

**An evaluation of a paediatric scholarship programme for general practitioners in Scotland**

Ronald MacVicar, Sue Moorefield, Alex Potter, Lynsey Berland & Sharon McIule

NHS Education for Scotland  
The Scottish School of Community Paediatrics  
Contact: ronald.macvicar@nhs.scot.nhs.uk

**Background:** For many years up until 2010, NHS Education for Scotland (NHS) offered four annual, 12-month, post-CCT GP Paediatric Fellowships. While this investment enhanced the personal development of a small number of general practitioners there was no evidence that it had any wider impact on improving paediatric care within primary care.

**In response** NHS redesigned this post-CCT experience from 2010 to offer to 20 GPs per year a different programme, paediatric scholarships. The aim of the scholarships is to offer a focused CPD experience for trained GPs, with the aim that they go on to play an enhanced role in providing, leading or developing children's services in primary care or at the primary care/secondary care interface in Scotland.

**The Programme:** The curriculum for the scholarship is mapped to the first two years of the paediatric specialty training curriculum and the learning objectives for the Diploma in Child Health. A grant of between £12,000 is provided by NHS and released, assuming satisfactory progress at three points during the programme, which is from September to June. Scholars are selected through a competitive application process based on:

- Quality of application
- Quality of justification for engagement in the scholarships
- Evidence of child health as an area of learning need
- Evidence of achievement and commitment
- Evidence of a vision for both personal and systems benefit
- Evidence of support from the practice, and/or the local health system

A commitment of at least 72 sessions is required with a spread as follows:

- Thought element (25 sessions). Eight days of teaching in four blocks through the year delivered by the School of Community Paediatrics in Edinburgh, plus local teaching in the intervening months
- Small group work sessions (27 sessions). Local learning sets to provide a focus for learning, peer support and peer-reviewing
- Clinical attachments (20 sessions). Attachments to relevant departments, matched to the needs of the scholar, with a target of 12 half-day sessions usually to include (but flexible to individual needs): Hospital Paediatrics, Community Paediatrics, Child & Adolescent Mental Health (CAMHS) & Paediatric Emergency Medicine (PEM)
- Visible sessions (6 sessions). Related to individual learning needs

Satisfactory progress/ completion is measured by:

- Engagement with the taught elements of the programme of not less than 90%
- Engagement with a local mentor and the local learning-set activity
- Completion of the target for clinical attachments to include a range of hospital, community, PEM and CAMHS elements of not less than 90%
- Completion of a reflective log to include case studies, significant event audits and reflection on local child health needs assessment

**Results:** On completion of the programme, both of the first two annual cohorts of scholars were highly satisfied and their aspirations had largely been met. Although scholars vary considerably in their experience of practice and their work situations, the first cohort reported five areas of impact on taking the learning into practice in the year subsequent to the programme:

- Pressing enhanced knowledge and skills in primary care and acute settings both in terms of clinical work and organisationally
- Using the knowledge in GP with more confidence
- Passing on learning through teaching in a variety of forms
- Applying localising specialist services
- Seeking more coherent relationships and understandings of pathways from primary to secondary care

**Conclusions:** Evaluation of the first two years of the scholarship suggests that particular pathways and to refer certain things. I am more confident to say when I need further input and more at ease to ask a second opinion.

**Reflections:** I consider referrals. I feel more informed to refer to particular pathways and to refer certain things. I am more confident to say when I need further input and more at ease to ask a second opinion.

**Final thoughts:** I'd definitely recommend it as there is so much to get out of this programme but it would stress the need to be organised and prepared.

**Education Solutions for Wellbeing Development**

## Clinical Skills

- 36 unplanned care sessions
- 18 outpatient sessions
- In-house teaching

## Leadership Skills

- 18 Community project sessions
- Supported leadership development
- QSIR practitioner

## Service Transformation

- Collaboration and coordination
- Clinical support and education
- Network formation

HEE Funded Initiative, run via local CEPN program



# Child health GPs

- Available to any GP practice staff
- Happy to arrange in-house teaching sessions
- Can offer advice or signpost to services
- Contact via [chockey@nhs.net](mailto:chockey@nhs.net)

# Asthma Prevalence Finder

## Inclusion

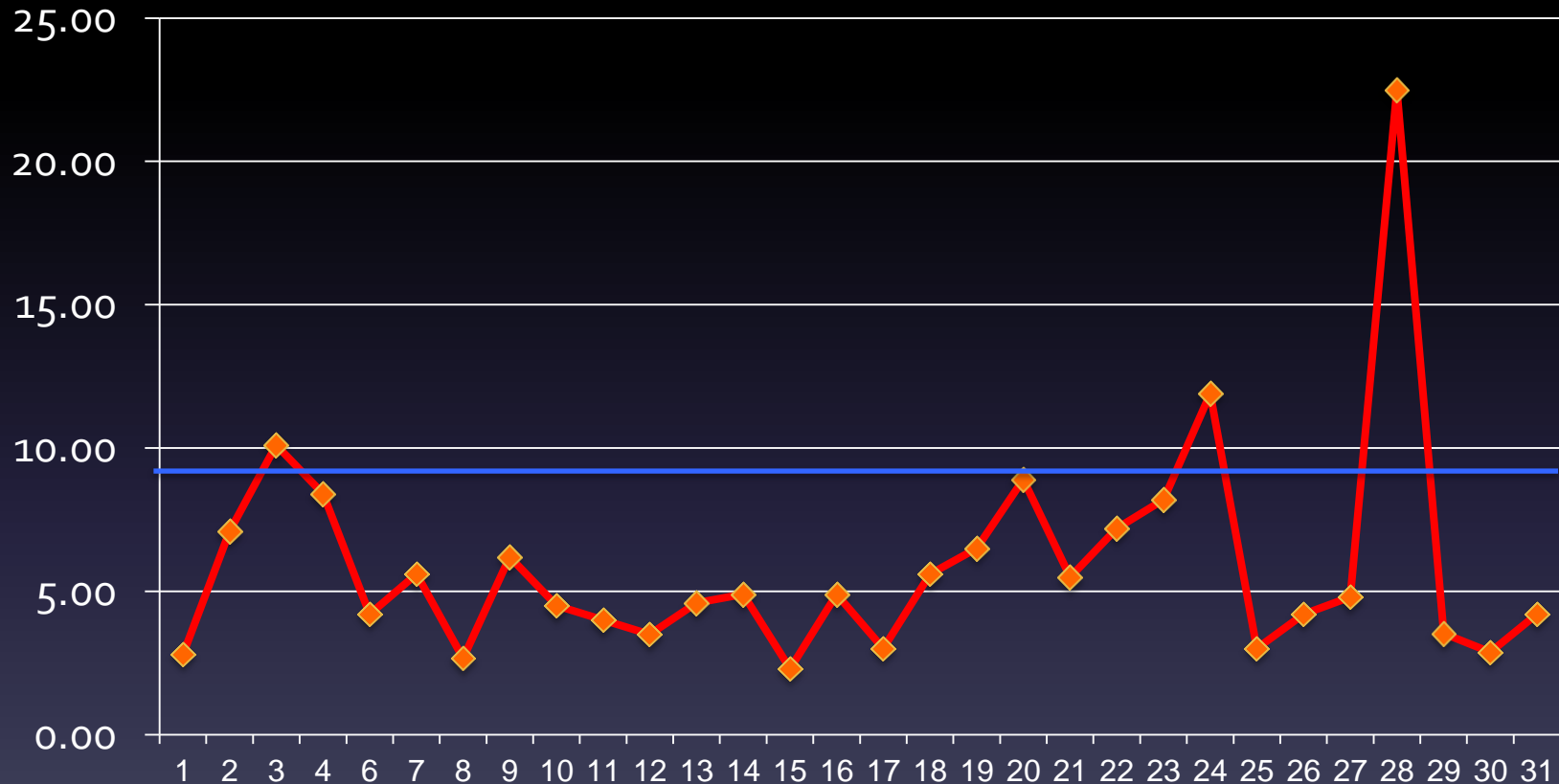
- Any bronchodilator
- Any ICS or prednisolone
- Any cough or wheeze
- Within past 12 months

## Exclusion

- Any asthma code- ever
- Age <2 or >18

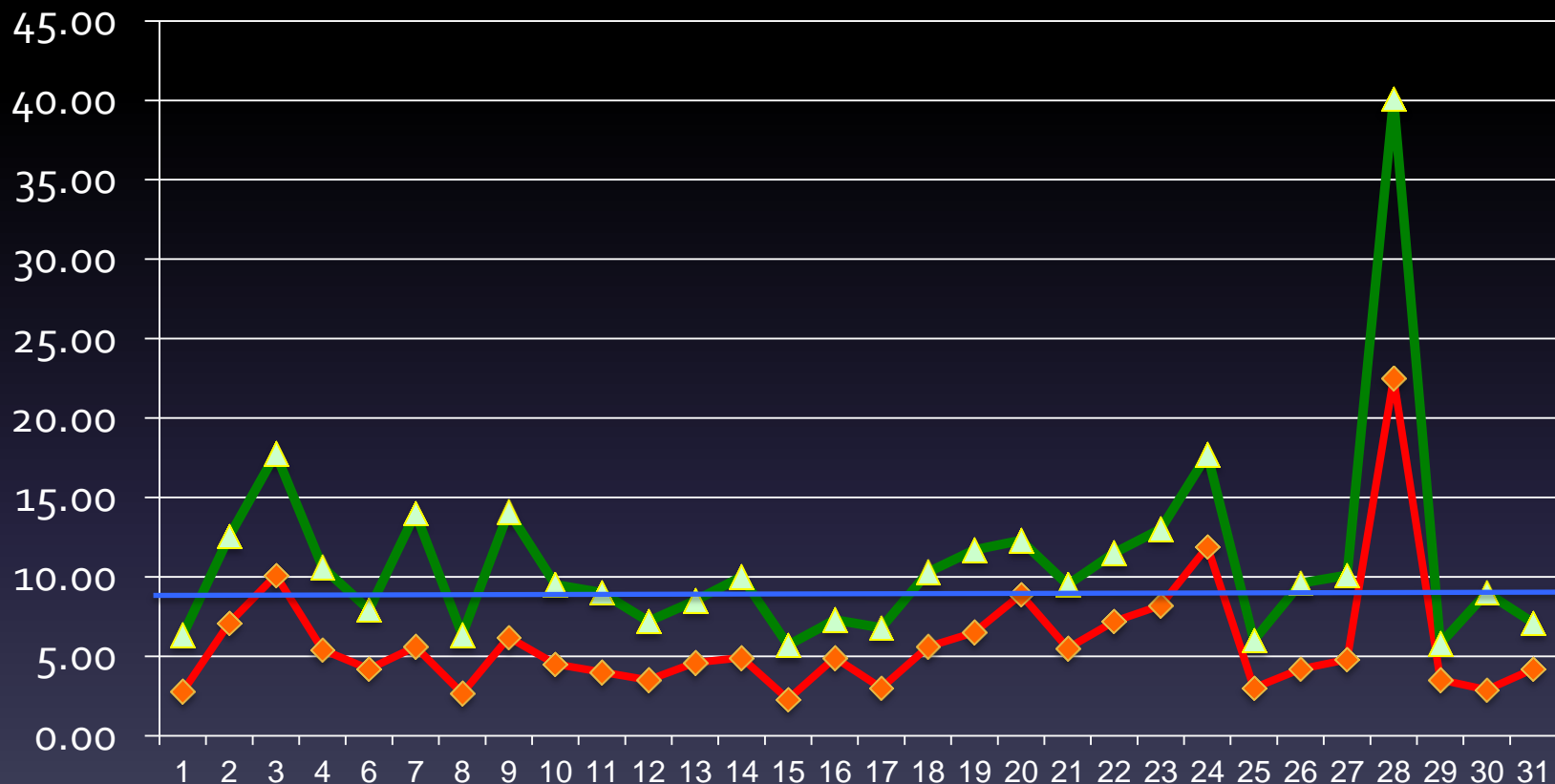
Created by CCG IT team for use on System One

# Coded Child Asthma Prevalence H&F 2017 Arranged Geographically



Wide variation between practices across H&F

# Coded and Prevalence Finder Results H&F 2017 Arranged Geographically



Wide variation between practices across H&F

# November 1<sup>st</sup> Parkview

**NHS**



You are invited  
TO A  
**Children's Asthma Day**

Parkview Centre For Health  
56 Bloemfontein Road, W12 7FG

**Nov 1<sup>st</sup>**

Weds  2-5pm

All Welcome

**Inhaler technique**

**Flu clinic**

**GPs**

**Healthy London Partnership**  
**H&F**

**14:15- Teddy Bear Hospital**  
Session for 0-5yrs, bring your teddy and learn how and when to use inhalers

**15:15- Asthma after school**  
Come after primary school, meet the monkey crew and learn how to improve your asthma with quizzes, puzzles and games

**Plus drop in sessions all afternoon**

**Asthma reviews**

**Fun games**



**Sticker packs**

**NHS**

## Asthma After School

Growing up healthy with asthma



Match tickets & stadium tour  
**PRIZE DRAW**

Parkview Centre for Health  
56 Bloemfontein Road W12

**Weds Nov 1<sup>st</sup>**

2-5pm  
All welcome

**Flu clinic**

**GP reviews**

**School nurses**

**Inhaler technique**



**SMOOTHIE BIKE**

**Can I do sports?**

Come and talk to us about what help you need to stay healthy

**16:15 Onwards- Prize Draw**

**Youth Workers**

**Mobile Apps**

**Preventing winter flares?**

**When to use inhalers?**

**Healthy London Partnership**  
**H&F**

# Next steps?

- Scheme has been re-commissioned
- Links with public health and social care
- Schools as a venue for self-care initiatives
- Establishing an educational forum
- Practice support