

Experience Led Commissioning of urgent care services in Wirral Clinical Commissioning Group (CCG)

The system challenge

How families with a child under 5 years use urgent care was a critical issue for Wirral CCG. Use of Paediatric A&E services at Arrowe Park NHS Trust was continuing to rise. Wirral CCG wanted to understand why this is happening and why parents are choosing this service over community-based alternatives, including general practice. The CCG wanted to use the ELC process to generate deeper insight to underpin redesign of urgent care services so that professionals provide effective support and parents choose local community alternatives and when it is clinically appropriate, self-management childhood illnesses.

The focus question:

“What needs to happen so that parents and guardians of children under five use urgent care services appropriately and self-management common health issues when it is safe to do so?”

Communities of interest

The programme engaged with:

People (n=58)

- Parents of children under five years
- Grandparents with full parental responsibilities for children under five years

Staff (n=15)

- Staff in paediatric A&E

Programme design

Programme phase	Methodology chosen
Discovery	<p>Staff: outreach at Arrowe Park NHS Trust paediatric A&E; 13 in depth interviews</p> <p>Parents and Grandparents: 4 workshops in Arrowe Park NHS Trust paediatric A&E and Childrens Centres; interviews with parents; 12 in-depth interviews</p>

Touch points

Staff	People
<ul style="list-style-type: none"> • Meeting the family; establishing rapport • History taking and diagnosis • Recommending treatment • Deciding follow up • Referral/advice giving 	<ul style="list-style-type: none"> • Becoming unwell • Deciding what to do • First contact with chosen service • Consultation with professional • After the consultation • Treatment

CASE STUDY

<ul style="list-style-type: none"> • After the consultation <p>Open questions:</p> <ul style="list-style-type: none"> • What matters most about keeping you well and able to deliver great urgent care? • What is the most important thing the NHS can do to support you to deliver great care? • If you could change one thing about current urgent care services, what would it be? 	<ul style="list-style-type: none"> • Getting better <p>Open questions:</p> <ul style="list-style-type: none"> • What provides you with the most reassurance and support when your child has an unexpected health issue? • What gives you confidence to manage your child's unexpected health issues yourself? • What is the tipping point that makes you feel you need to see a GP with your child? • What is the tipping point that makes you feel you need to go to A&E with your child?
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Key insights:

Commissioning insights to improve self-management of paediatric health issues

- Invest in educating parents to assess risk and self manage their childrens' health conditions and common childhood health issues - especially first time parents
- Undertake communication campaigns and education that equips parents with coping strategies and self management actions 'Beyond Calpol', including ensuring they know where to go with common symptoms like a high temperature
- Use word of mouth as a critical form of communication and marketing. It is the most powerful, effective and cheapest!
- Identify and recognise the need for extra support amongst single parents, first time parents and those with less well-developed social and family networks so remain resilient and able to cope with and confidently self-manage childhood health issues
- Explicitly commission peer support networks to connect parents with similar lived experience – including and not limited to: antenatal classes, parent and toddler groups. Ideally design groups to promote networking and mix less and more experienced parents so more experienced parents can mentor less experienced ones
- Invest in building robust peer support amongst parents with young children; especially those with no grandmother close by; those who are isolated from peers (other mums) and first-time parents. This will boost and reinforce word of mouth education
- Consider developing intergenerational mentorship and parenting support programmes – especially to support vulnerable parents who may have limited access to grandmother and family support
- Commission education for first time parents to equip them to confidently manage common childhood ailments; assess risk and respond to symptoms. Include a symptom-based guide on where to go for what help. Consider a peer-led 'Expert Parent' approach to this education programme, with more experienced parents educating less experienced parents. Potentially use this scheme to build skills, confidence and support parents to return to work if that is their ambition

CASE STUDY

- Make educating parents to self-management an explicit element of the work of the community paediatric nurse support of families with children with long term health issues
- Build on the existing support health visitors provide to support development of self-management skills
- Measure outcomes across all urgent care services in relation to how well they support, enable and build parental confidence to self-manage childhood health issues

Commissioning insights to improve primary care

- Explore and seek to further understand GP reported referral behavior around Paediatric A&E and what needs to happen so GPs feel confident making differential diagnosis and reassuring parents so they no longer refer to A&E for reassurance
- Provide rapid access to reassurance when parents have reached the limits of their coping strategies - especially when symptoms or events are unfamiliar and unexpected (including telephone-based solutions)
- Learn from best practice in provision of a great care experience and rapid reassurance that hallmarks Children's A&E: *"A&E is open, flexible and reassuring"*
- Build paediatric expertise amongst GPs and primary care teams e.g. GPs with special interest
- Integrate the work of the community paediatric nurse; ensure she can offer telephone support to families with children with long term conditions and her work helps builds their confidence to self-manage
- Increase awareness of pharmacy as a source of immediate 'walk in reassurance' without appointment. Build on pharmacy expertise in self-management of child health issues
- Consider the current value of investment in walk in centres as they are not used by families with young children
- Recognise that increasing appointments and access to primary care will only reduce use of Children's A&E if GP services are redesigned in line with what matters to parents. Use these insights to design improved primary care access in line with what matters to families i.e. immediate reassurance
- Improve families ability to cope well with unfamiliar unexpected health issues and symptoms through education peer support

Commissioning insights to improve paediatric A&E

- Identify the small group of regular high users of Children's A&E who are 'using A&E like a general practice'. Apply co-design methodologies with group to explore what needs to happen so they use alternative services
- Alternatively or as well, consider paying Arrowe Park Paediatric A&E a differential tariff for case mix that should be treated in primary care, aligned with tariffs for general practice and walk in centres
- Recognise Arrowe Park Paediatric A&E as a centre of excellence in reassurance services and family centred urgent care. Provide funding to support the team to spread their best practice approach to primary care in Wirral
- Look at improving support for front line teams: more regular breaks; induction

training for junior doctors on rotation (which could also be used to support growth of GP paediatric specialists)