

Burdett Liaison Nurse Children's Community Nursing Service

Project Leads:

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Executive summary

In March 2011 the Burdett Trust awarded Pennine Care NHS Foundation Trust a bursary of £116.5K to empower nurses in a specific service transformation project. The focus of the funding application was to create a seamless pathway through the hospital-community interface to ensure that the right care could be provided in the right place at the right time.

The twelve month project involved the appointment of two Band 6 Registered Children's Nurses with recent community experience. The nurses worked across primary and secondary care to improve patient experience and professionals' knowledge around the skills and availability of Children's Community Nursing Teams in the three local boroughs of Bury, HMR and Oldham. The nurses spent time across organisations and partners within primary and secondary care on a regular basis, developing relationships, identifying opportunities and fostering understanding around the role and abilities of the CCNT.

Towards the end of the project, the impact of the work was monitored – using satisfaction surveys to measure qualitative data alongside referral and secondary care data to measure quantitative benefits. It should also be highlighted that anecdotal reports indicating the project's success were so great that the project was extended for a further four months and the Service Leads are looking to see whether they can fund a similar post recurrently.

Results showed that a total of 1771 GP referrals were made to the three Children's Community nursing Teams during the project, an increase of 44% compared to the preceding twelve months. There was also an increase of approximately 13% in referrals from secondary care during the project compared to the previous twelve months. Unfortunately, comparative data was not available from secondary care to assess whether this increase in referral activity impacted on admission/length of stay rates.

A survey undertaken to assess GPs' understanding of Children's Community Nursing Teams had a poor uptake and was also only carried out once during the project so does not show what effect (if any) the Burdett posts had on GP knowledge.

In terms of quality, a further measure of the project was to assess levels of satisfaction among the children and their families who were referred to the Children's Community Nursing Teams. Response to this was again low with only a 20% return rate for the surveys. However, the responses from those who did complete the survey showed the patient experience to be very positive with an average 96% of participants across the three boroughs rating the service as good, very good or excellent.

Findings showed that the Burdett project has successfully increased awareness of Children's Community Nursing Teams across the Pennine Care NHS Foundation Trust footprint with an increase in referrals from both primary and secondary care. The project did not demonstrate an effect on secondary care attendances and some of the GP practices remained unengaged with the Community Nursing Teams despite the project. Parental feelings around the Children's Community Nursing Teams was very positive and it is hoped that their growing confidence in managing children at home with support could further impact on secondary care admissions/attendance.

It should be noted that the Burdett nurses appointed for this project were highly motivated, skilled individuals who were able to work across political and physical boundaries which undoubtedly helped to ensure success. Recommendations from the project centre around continued

engagement with GPs at practice and Clinical Commissioning Group (CCG) level to maintain and increase referrals to Children's Community Nursing Teams and prevent secondary care admissions and attendances. The Children's Community Nursing Team must continue to foster a visibly close relationship with local secondary care facilities so that where a child does require their input, discharge is swift and appropriate, with suitable support for the family at home and in the community. At an organisational level, Pennine Care NHS Foundation Trust should work with local CCGs to encourage discussions around paediatric care in the community. Joint education with GPs, secondary care doctors and Children's Community Nursing Teams and other community providers will aid working relationships and ultimately decrease hospital admissions for children.

Background

The Burdett Trust for Nursing is a charitable organisation that was established in 2002 with the aim of making grants available to support the nursing contribution to healthcare. Grants are offered to projects that are nurse-led and focus on supporting the nursing contribution to healthcare. In 2011, the Burdett Trust called for proposals to the empowerment programme which aimed to empower nurses to make significant improvements to the patient care environment and advance the Burdett Trust's long term strategic goals. Proposals were invited from charities, non-profit organisations and public bodies who wished to undertake projects that either:

- Transform services at the hospital-community interface by empowering nurses and other health professionals to provide the right care, in the right place, at the right time.
- Empower health visitors to provide a comprehensive service by helping them to reassert their roles in promoting health and preventing ill health, particularly among vulnerable groups and communities.

The funding was awarded at two levels, with Level One projects being awarded between £100–200k and Level Two projects being awarded between £25–50k (The Burdett Trust, 2013).

Paula Flint, the Clinical Lead for Children and Young People within Heywood, Middleton and Rochdale (HMR), completed the two stage application process to the Burdett Trust under the "Transform services at the hospital-community interface" category and Pennine Care NHS Foundation Trust was awarded a Level One bursary of £116.5k.

The bid from Pennine Care NHS Foundation Trust was developed in response to increasing awareness that children, young people and families should have greater independence, choice and control in respect of their care, and with *England having the highest birth rate for 40 years it adds extra strength to the need to address key child health and well-being challenges (NHS confederation, 2012)*. Pennine Care NHS Foundation Trust has three Children's Community Nursing Teams located across the three boroughs (Heywood, Rochdale and Middleton, Oldham and Bury). The aim of the children's community nursing teams (CCNTs) is to nurse children closer to home.

The CCNTs across Pennine Care NHS Foundation Trust have undergone a number of changes as part of the reorganisation of maternity, paediatric and neonatal services in Greater Manchester. The "Making it Better" agenda ran from 2002-2012 and as part of the project, 90 extra children's community nurses have been appointed across Greater Manchester in order to support a reduction in the need for hospital admission. Research from the project demonstrated that children's community nurses are very active in managing and supporting sick children in their own homes, but there is limited evidence to date that they prevent admission to hospital and the final report suggested that further research and analysis is required of the impact of children's community nurses on hospital admissions for children (Burns, 2013).

The research on CCNTs' engagement with primary and secondary care and their ability to reduce hospital admissions is limited and the evidence available is mainly qualitative data as opposed to quantitative (Davies et al 2003, Kyle et al, 2012 Kyle et al, 2013).

Numerous factors can impact on increased rates of emergency admissions to secondary care: research shows that children under 5 years of age are a higher risk of emergency admission whilst those from most deprived areas are also more likely to attend secondary care in an emergency

and those from urban areas, particularly those who live close to an A&E have higher rates of emergency attendances (Purdy, 2010). Within Pennine Care NHS Foundation Trust there are a number of these factors included in the area demographics that present as challenges and require consideration when analysing hospital admission rates for our paediatric population.

Emergency admissions to hospital are expensive in comparison to primary care, with most admissions being less than 24 hours or zero length of stay and even for short period stays it is estimated that the cost is around £1000 to the Clinical Commissioning Groups (CCGs) (Andrews, 2011).

The National Service Framework (NSF) for Children and Maternity services was launched in 2004 with a key message to set national standards for the first time in the field of children's health and social care. The aim to deliver "High quality, women, child-centred services and personalised care that meets the needs of parents, children and their families" is paramount (Department of Health, 2004).

The NSF aimed to ensure that all children and young people who are ill have timely access to appropriate advice and effective services which address their health, social and educational needs throughout the period of their illness. The NSF recognised the need for good discharge planning following hospital admissions, which ultimately can reduce re-admission of children to Hospital (Purdy, 2010). Whilst recognising that the quality of referrals is important to optimise the use of secondary care for sustainable health care and reduction in reliance (Department of Health, 2004; Andrews, 2011).

It is reported that primary care is the first place parents seek support with children and young people, yet only 30-40% of GPs have specialist paediatric training (NHS confederation, 2012; Andrews, 2011). This supports the need for primary care services to have a greater understanding of the role of CCNTs in caring for children within the community setting and encourage direct referrals, thus reducing the anxiety to children and their families of hospital admissions and more cost effective service (Andrews, 2011; Kennedy, 2010)

Relationships between GPs and CCNTs required promotion and improvement, in order for referral to CCNTs to be acceptable to parents and children and therefore avoid onward referral to secondary care (Sartain et al, 2001; Spiers et al, 2011). The project aimed to support liaison and facilitate GP referrals to CCNTs as, research by Kyle et al (2013) found that GPs were more likely to refer to CCNTs if they were visible at an individual/organisational level and if clear clinical governance procedures were available. The project aimed to reflect this by the use of nurses who were visible to the GPs services and CCGs and in the use of clinical pathways for the referral process to CCNTs (Appendix 3).

Service Model

This 12 month project appointed two Band 6 Registered Children's Nurses with recent community experience. The nurses worked across the organisations to improve patient experience and knowledge of the availability of CCNTs in the three Community Service Boroughs of Bury, HMR and Oldham.

It is widely recognised that hospital stays should be prevented or kept to a minimum through coordinated delivery of care to children, young people and their families. The aim is to prevent unnecessary hospital admission wherever possible through increased provision of care in the community and improved professional knowledge around the availability and expertise of that care.

In addition, where a child has been admitted, planning for an early, safe discharge and the prevention of unnecessary readmission should be the norm for all children and young people (NSF 2004). Co-ordinating this process is an important part of the ward nurse's role but may not be their primary focus due to a limited knowledge about the community services available and other demands and constraints. The Burdett posts aim to ensure care closer to home and offer the utilisation of CCNTs as an alternative to hospital admission.

The scope of the project included children & young people aged 0-16 years from the boroughs of Bury, HMR and Oldham.

The CCNT is one of many services supporting children and young people, and as such has wide ranging interdependencies, 'these are vital as a continuity in primary care services can aid in lower risk of hospitalisation in children' (Dimitri et al, 2001). These include but are not limited to:

- General Medical Practitioners
- Community health services including allied health professionals and other children's nursing services
- Secondary and tertiary health services including paediatric ward staff and consultants, A&E's, Observation and Assessment Unit, Urgent Care Centres
- Child and Adolescent Mental Health Services
- Public Health
- Posture and Mobility Service
- Local authority services including children's social care, Access Team, Additional Needs Service, Team for Children with Disabilities
- Schools and Nurseries
- Voluntary and Community Sector

The CCNT is comprised of skilled generic and specialist nurses. The CCNTs knowledge and training enables the treatment of many of the common illnesses that children and young people experience and supports the management of any complications with the guidance of the relevant specialist at a local hospital, whilst providing a safe and seamless transfer of care. The range of services provided by the CCNTs includes:

- Acute and chronic asthma management
- Acute and chronic diabetes management
- Appropriate 'routine' post-operative assessment
- Children requiring enteral feeding support & advice (e.g. NG tube, gastrostomy)
- Support of children with complex respiratory needs who may require: home oxygen, home ventilation, and/or tracheostomy care
- Wound care management
- Support of children with epilepsy and training with emergency medication
- Advice and support for children and young people with long-term degenerative conditions

- Subcutaneous / intramuscular / intravenous therapy for children
- Anaphylaxis training for staff, parents and carers who are caring for children with a severe allergic condition
- Management and support of children and young people who have a hip spica or are receiving home based 'traction'
- Management of chronic constipation, working in partnership with Health Visitors & School Health practitioners
- Management of eczema
- Support of children and young people who require palliative or terminal care.
- Home nursing intervention for children and young people with complex needs
- Support with minor ailments
- Other acute and chronic conditions requiring nursing support

The CCNTs also offer a nursing triage response within two hours of receipt of referral and will see urgent acutely unwell children on the same day, promoting the urgent care pathway (Appendix 1).

One element of the project was to forge improved relationships with GPs, contacting them on a regular basis to provide regular liaison and highlight cases that CCNTs were able to accept for care. A pilot was conducted within Oldham that involved five GP practices where an experienced CCNT nurse spent time with each practice on a weekly basis. Evidence from this pilot scheme demonstrated increased referral rates to the CCNT and correspondingly decreased referrals to acute units (Appendix 2). The Burdett project aimed to expand the pilot in Oldham to include all three Community Service boroughs by developing links with GPs in Bury and HMR in order to facilitate an increase in referral rates to CCNTs.

Objectives

This project supported the provision of two designated Burdett Liaison Nurses to facilitate an increase in referrals to the Children's Community Nursing Team (CCNT) for children who were not being referred but who met the referral criteria. New referrals can be accepted immediately or following additional specialist training within the CCNT service. Another objective of the Burdett project was to raise awareness in order to prevent unnecessary hospital admissions, reduce length of stay and facilitate an increase in early discharges for this group of patients by promoting the hospital and community interface, as required by the Transforming Community Services (TCS) agenda.

This project offered a unique opportunity for nurses to lead service development through the promotion of cross-organisational working to increase awareness of the availability of children's community services across the Trust's three Community Service boroughs; Bury, HMR and Oldham. The role of the CCNT is to assess, implement and evaluate the nursing care required in order to support appropriate management of children's healthcare, thus preventing unnecessary attendances at Accident and Emergency (A&E) admissions, Urgent Care Centres (UCCs) and Paediatric Observation and Assessment Units (PO&AUs).

The primary objectives of the Burdett project were to:

- Improve the interface and communication between Primary Care services and Community Services with regard to the care of children with acute and long-term conditions.
- Develop a greater understanding of the referral process within General Practice, by improving knowledge of the CCNT service and highlighting cases where this service can accept referrals.
- Increase GP referral rates to the CCNTs for diagnosed conditions of constipation and eczema and reduce referrals to Secondary Care services.
- Build relationships with two inpatient units (Royal Oldham Hospital (ROH), North Manchester General Hospital (NMGH)) and four urgent care facilities (Rochdale Urgent Care Centre, Oldham A&E, Bury A&E, NMGH A&E), encompassing the PO&AUs units at Oldham, Bury and NMGH, to encourage and support early discharge.
- Support the improvement of patient satisfaction by providing care closer to home and reducing the need for unnecessary hospital admissions.
- Increase Primary and Secondary Care staff member's confidence in making referrals.
- Ensure smoother and more efficient transitions between the CCNT and health visitors, school nurses, GPs, Consultants and hospital nurses.
- Identify children and young people who are high intensity users of health services, for example those with diabetes, asthma, epilepsy, eczema or those with palliative care needs, and ensure their care is managed closer to home by highly skilled nursing staff to reduce the burden on secondary care.
- Increase awareness of the provision of skilled nursing care to children with mild acute illness within agreed care pathways in their own homes or community setting, thereby preventing and/or reducing hospital admissions and producing financial savings.
- Facilitate increased accessibility for GPs to refer into the CCNT nurse-led clinics within the three Community Service boroughs (Bury, HMR and Oldham).

Outcomes

To ensure provision of high quality child centred care for children and young people with acute healthcare needs, providing parents/carers and children with the information and support required to continue their on-going care in the community, as opposed to secondary care.

The Key Performance Indicators (KPIs) for the HMR CCNT service following the implementation of the Burdett project were:

- 10% increase in referrals received from GP practices by 31st March 2013.
- 5% reduction in paediatric emergency attendances or admissions from July 2012 to July 2013 and 10% reduction from July 2013 to July 2014.
- 5% deflection from UCCs and A&E to CCNT rather than PO&AU or inpatient admissions from July 2012 to March 2013.

Methodology

1. Population

The population identified for inclusion in this project was all children under the aged of 19 years of age in the three boroughs as any child is susceptible to requiring hospital admission / treatment for an acute/ chronic or long term condition. The ChiMat Child health profiles published in March 2013 showed a population totalling 168,636 children aged 0-19 years in 2011 for Bury, HMR and Oldham with 26% (43,600) being under the age of four years, which evidence shows are the highest users of secondary care services (Purdy, 2010).

Bury

The health and well-being and well-being of children in Bury are mixed compared with the England average. The level of child poverty is better than the England average with 18.3% of children aged less than 16 years living in poverty (ChiMat, 2013).

Heywood, Middleton and Rochdale (HMR)

The health and well-being of children in HMR is generally worse than the England average. The level of child poverty is worse than the England average with 27% of children aged less than 16 years living in poverty (ChiMat, 2013).

Oldham

The health and well-being of children in Oldham is generally worse than the England average. The level of child poverty is worse than the England average with 27.3% of children aged 16 years living in poverty (ChiMat, 2013).

These figures concur with evidence that suggest people from lower socio-economic groups are at higher risk of avoidable emergency admissions (Purdy, 2010).

2. Sample size

The referrals to the CCNTs across all three boroughs in Pennine Care NHS Foundation Trust were looked at, and since the project ran from June 2012 – June 2013 the referrals relating to this time period were compared to the previous twelve months (June 2011 – June 2012). The aim was also to look at the secondary care admissions to compare to see if there was any evidence of a reduction in non-elective admissions as the CCNTs saw an increase in primary care referrals, but to this date no secondary care data has been available to conduct this analysis and enable comparison.

3. Sampling technique

All referrals to the CCNTs were analysed to determine source and type of referral. The project also wanted to determine patient and GP satisfaction with the service they received from the CCNT and whether they felt the service helped deflect from secondary care services.

4. Data collection

- Information on referrals to the CCNT was collected via the CCNT records. A different method was used for each CCNT as all three had different methods of collecting their data.

- Generic information required about the referrals to the CCNTs was collected from the children's network databases that each CCNT was expected to keep to inform the "Making it Better" agenda in Greater Manchester.
- More specific information that was required around specific GPs surgeries referrals was extracted from the CCNT using differing methods, in HMR the information was extracted from the IPM computer system and in Oldham and Bury the information was sourced from the paper copy admissions books by the Burdett Nurses.
- Patient satisfaction surveys were given to children and their families during consultation by the children's community nurses, but were only given to families who were identified as having an acute or chronic nursing need. Those patients with complex health conditions that are nursed by the CCNT over numerous months or years were excluded from the surveys. This was due to the project focus on chronic and acutely unwell patients and because HMR CCNT are also separately recruiting complex needs patients for a national research project on CCNTs that is funded by the Department of Health and being led by York University. The surveys were given to families over the period of April – June 2013.
- The GP questionnaires were sent electronically by the Communications Department at Pennine Care NHS Foundation Trust in SurveyMonkey format to GPs across all three boroughs.

5. Data analysis

The referral data analysis was completed by the Burdett Nurses using Excel spreadsheets. The patient satisfaction surveys were given to the families at point of clinical contact with a prepaid return envelope to allow for anonymous responses and returned to the Quality Assurance, Research and Innovation Department who completed a patient experience report for the project.

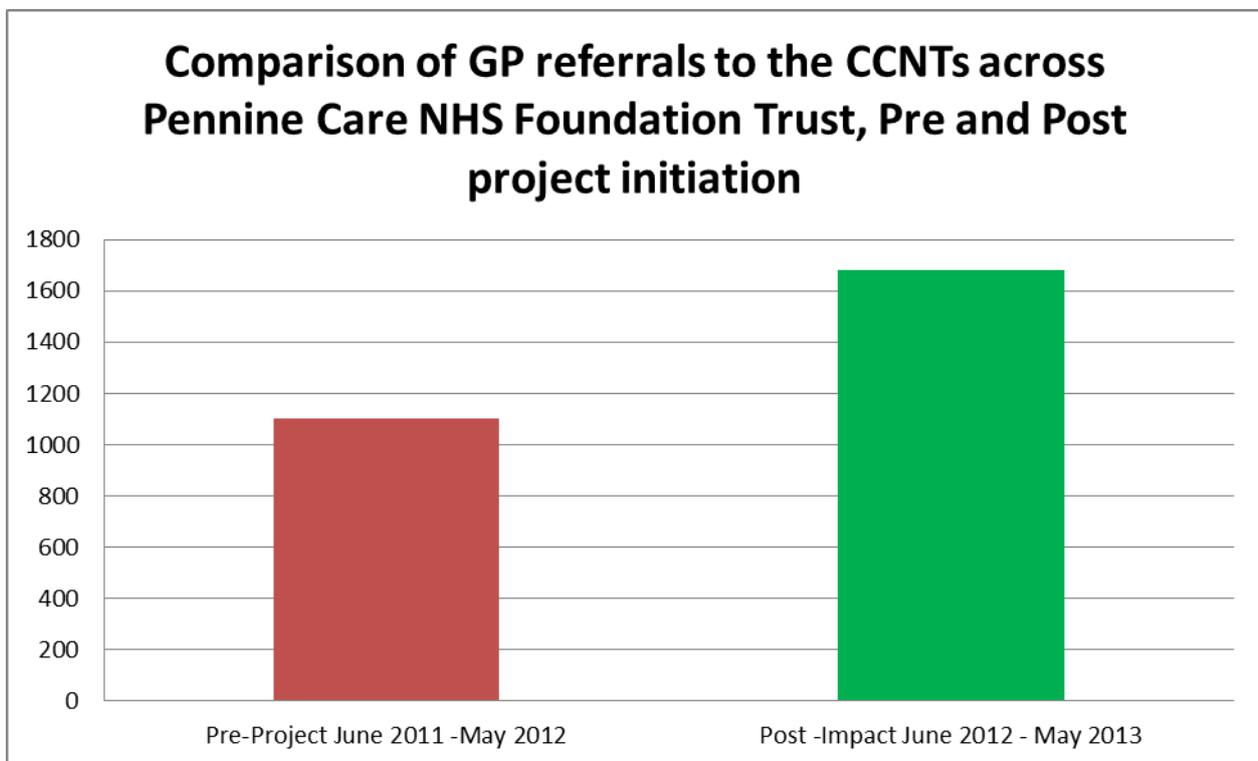
Ideally when commencing the Burdett Project, it was envisioned that the nurses would have access to secondary care inpatient data for children and be able to compare this data to the data that was collected as part of the project, but unfortunately this data has proven difficult to obtain, so a decision has been made to produce the report without it.

Results

GP referrals to the CCNTs are essential to deflect from unnecessary acute paediatric admissions (Kyle et al, 2013). GP pathways for the referral of patients with bronchiolitis, asthma, constipation, eczema and gastroenteritis are available and they were promoted by the Burdett Nurses during discussions with GPs (Appendix 3).

GP referrals to CCNTs across Pennine Care

There were a total of 1681 GP referrals to the CCNTs across Pennine Care NHS Foundation Trust during the project which reflects a 35% total increase in GPs referrals compared to the twelve months before the project commenced.

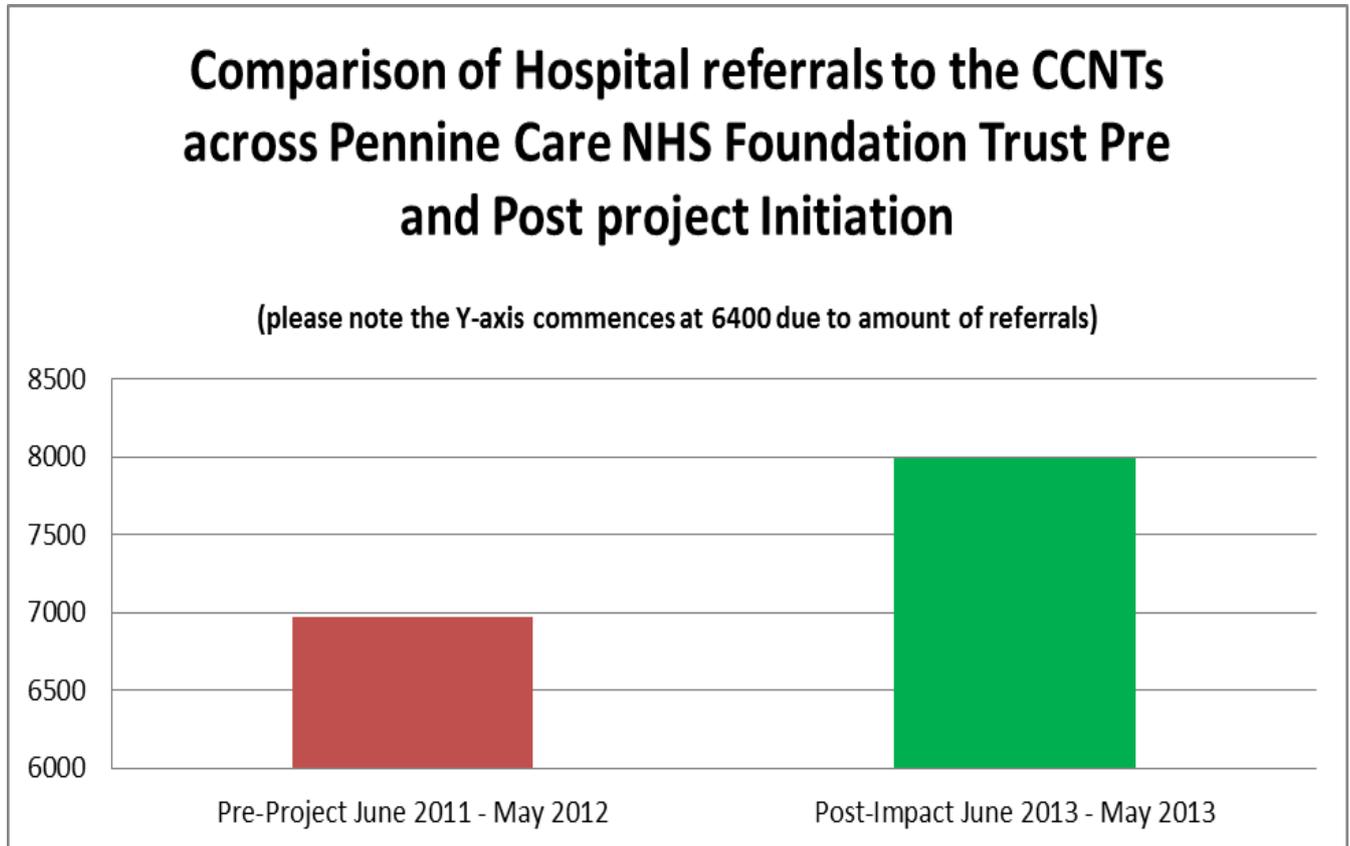


Hospital referrals to CCNTs across Pennine Care

One of the aims of the project was to transform care at the primary and secondary care interface. This was of significant importance, since the “Making it Better” agenda there have been major changes to secondary provision in the North East sector with the closure of inpatient paediatric units in Rochdale in June 2011 and Fairfield Hospital, Bury in March 2012. There has been major expansion of paediatric capacity at North Manchester in March 2011 and Royal Oldham Hospital in December 2012 with a new Level 3 neonatal unit at Royal Oldham Hospital that opened in December 2012 (Burns 2013).

Whilst these changes have been implemented, the CCNTs across Pennine Care NHS Foundation Trust have seen a 13% increase in referrals from secondary care during the project in comparison to the pre-project figures. During the project the Burdett Nurses had regular input with the paediatric secondary care sites attending ward rounds weekly to aid in the awareness of the

CCNTs role and encourage referrals to the service. The nurses were also active in attending site meetings and staff meetings to improve working relationships with the CCNTs and secondary care.



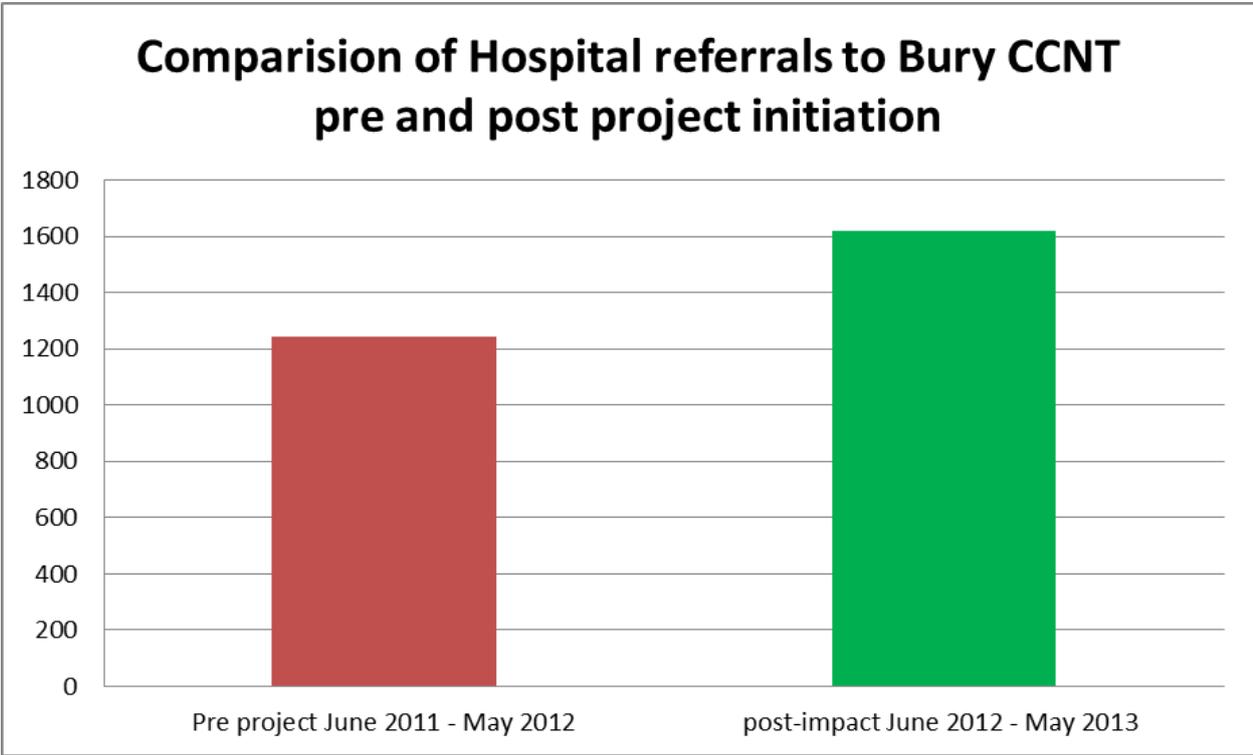
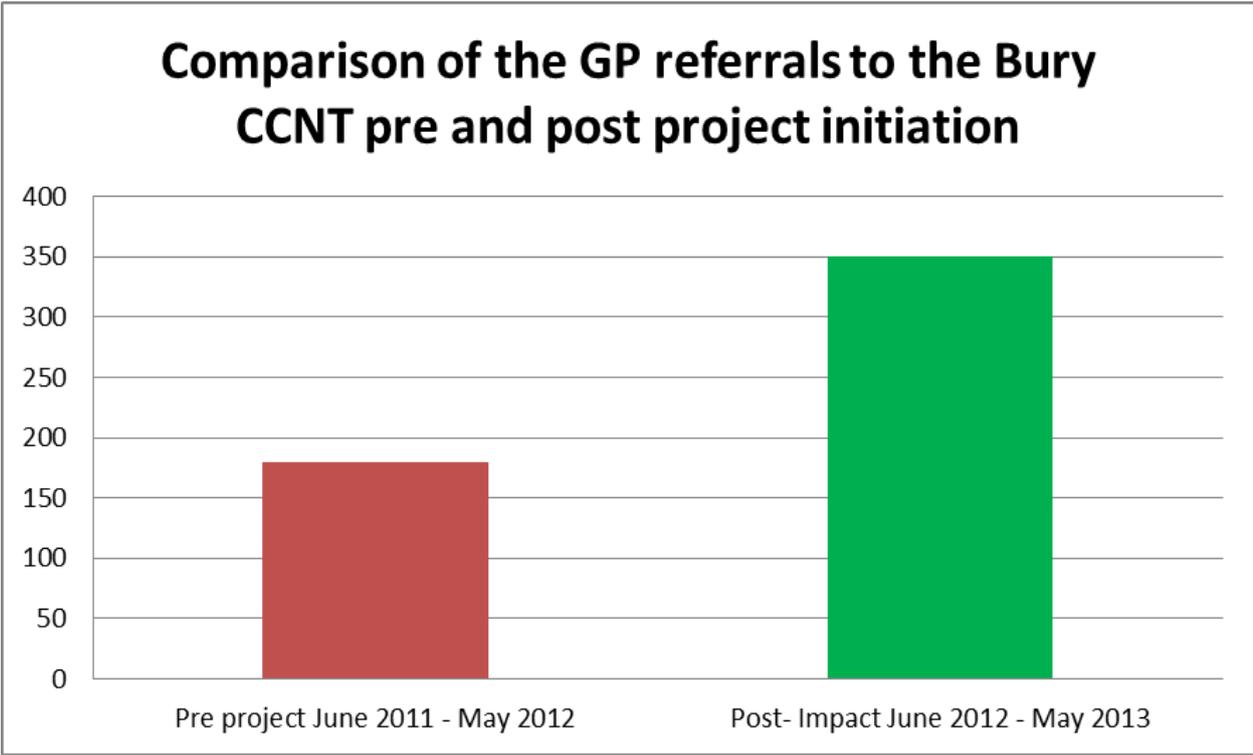
Unfortunately these figures cannot be compared to the secondary care data to determine whether an increase in GP referrals to the CCNTs and increase in secondary care referrals to the CCNT have shown a decrease in admissions or reduced length of stay for patients who were admitted.

GP Referrals – Bury

Bury has thirty three GP practices across four clusters. There were a total number of three hundred and fifty GP referrals to the CCNT during the Burdett project which is a 51% increase on the previous year, with an average of 36% of GPs practices across the borough referring to the CCNT in this time period. Four GP practices consistently referred to the CCNT during this period with one GP practice never using the CCNT during the project.

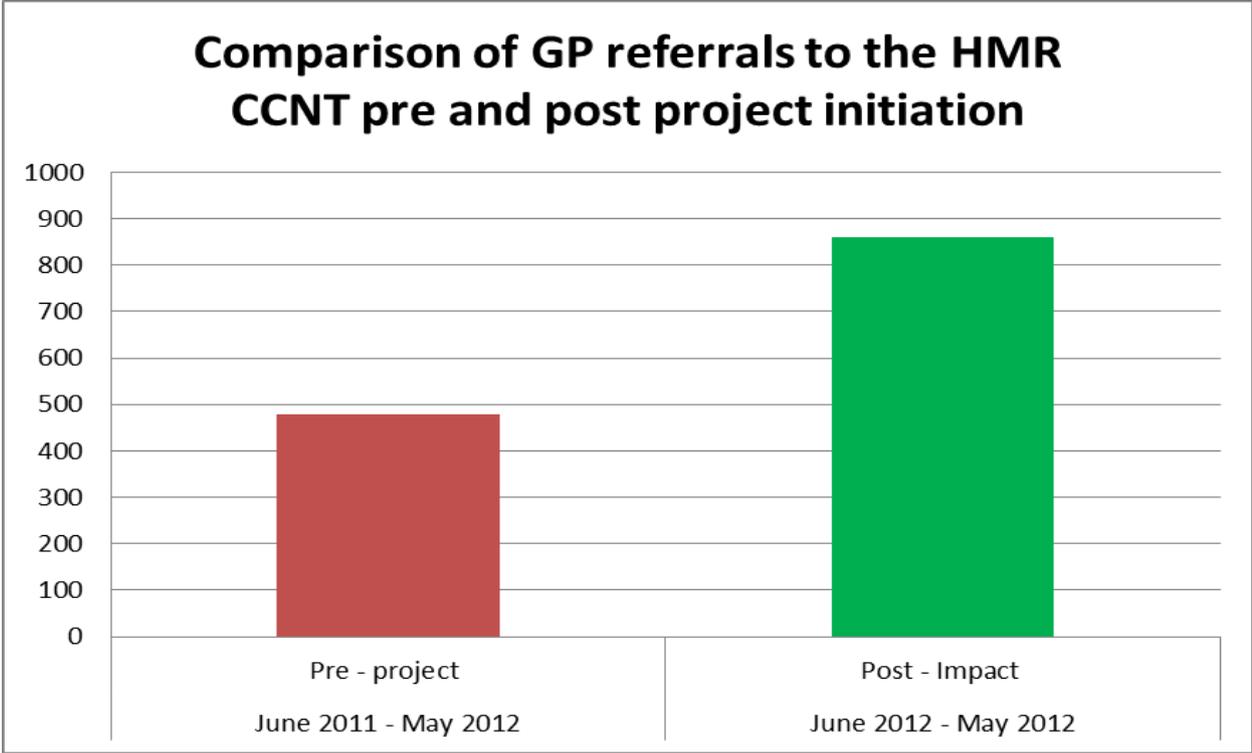
During the project there were a total of 1617 patients referred into the Bury CCNT from hospital services. This is a 26% increase on 2011 hospital referrals to the Bury CCNT. During the project, the Burdett Nurses regularly attend all the Children’s and Neonatal wards at Pennine Care NHS Foundation Trust to increase awareness of the service, which may be indicated the increase in referrals. Due to the lack of secondary care data it cannot be determine whether a decrease in length of stay was achieved with the increase in referral to the CCNTs from the acute hospitals.

During the project there was a total 1997 patients referred to the Bury CCNT, 18% of the total referrals were from GPs, this is an improvement on the previous year were 12% of the total referrals were from GP practices.



GP referrals – HMR

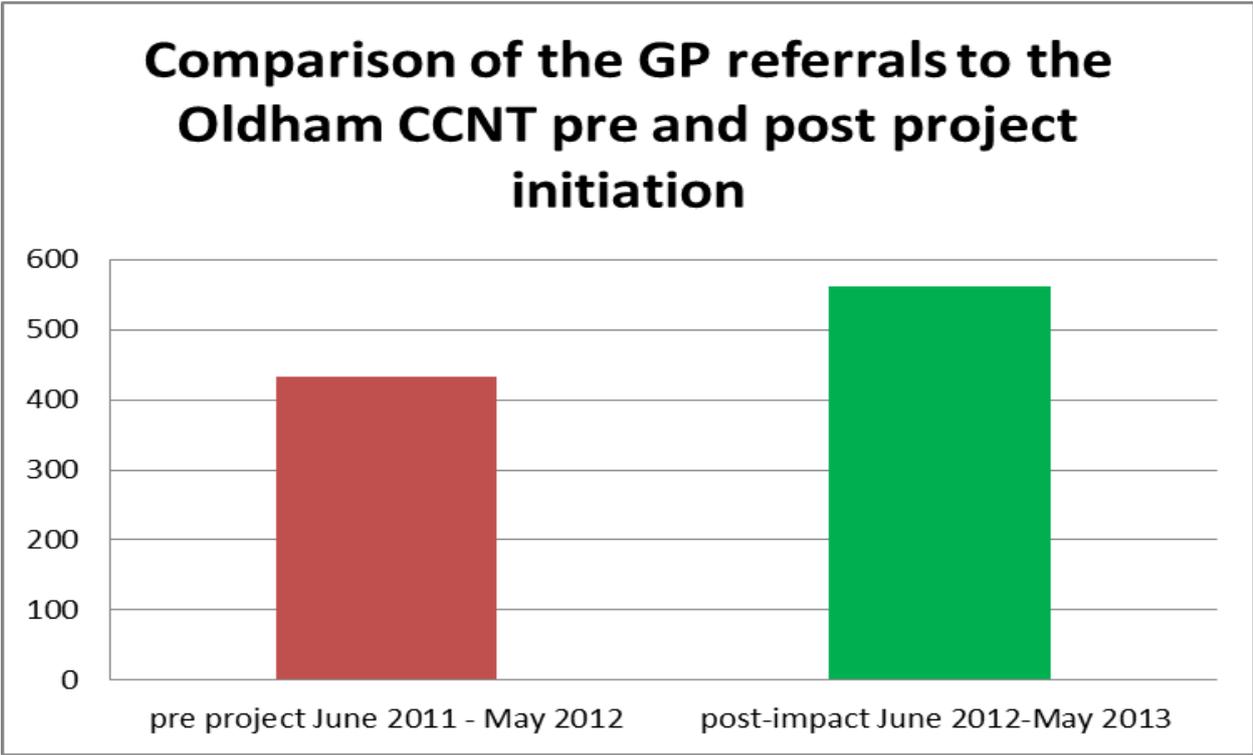
HMR consists of 43 GP practices spread across 3 clusters. Referrals into the CCNT are increasing steadily. There were a total number of 859 GP referrals to the CCNT during the project period this is an increase of 56% with all the GPs across HMR referring to the CCNT at least twice in the time of the project. 10 GPs practices constantly used the throughout the project. These figures equal an average of 56% of GP practices across the borough referring in to the CCNT.



GP referrals – Oldham

Oldham consists of fifty three GP practices spread across 8 clusters. Prior to the commencement of the Burdett project the Oldham CCNT completed a pilot scheme (GP partnership programme) within Oldham borough involving five GP practices which showed a significant increase in referrals into the CCNT. A report has been produced by Jane Ramm (Clinical Lead, Oldham CCNT) to highlight the ratio of GP referrals alongside a corresponding fall in referrals to acute units (Appendix 2).

During this project there were a total number of 562 GP referrals into the Oldham CCNT, which demonstrates a 23% increase in GP referrals compared to the previous year, with on average 37% of GP practices across the borough referring to the CCNT of these three GPs practices referred to the CCNT consistently nearly every month and six GP practices never referred to the CCNT during the project.



GP Survey

As part of the project it was important for the nurses to understand the impact their role was having on GPs and whether they had appropriate knowledge of the service, to ensure effective referrals to the CCNTs across Pennine Care NHS Foundation Trust. The nurses were supported by the communications department at Pennine Care NHS Foundation Trust in implementing a monkey survey electronically to GPs across the three boroughs of Bury, HMR and Oldham. As depicted in Figure 1, the bulk of the completed survey's 66.7% (n=12) from Bury, and only 27.8% (n= 5) from Oldham and 5.6% (n= 1) from HMR. These were poor response rates (n=18) but is unable to obtain whether the survey was sent to all GPs across the three boroughs, as from some responses it is evident that the survey was received by practice managers.

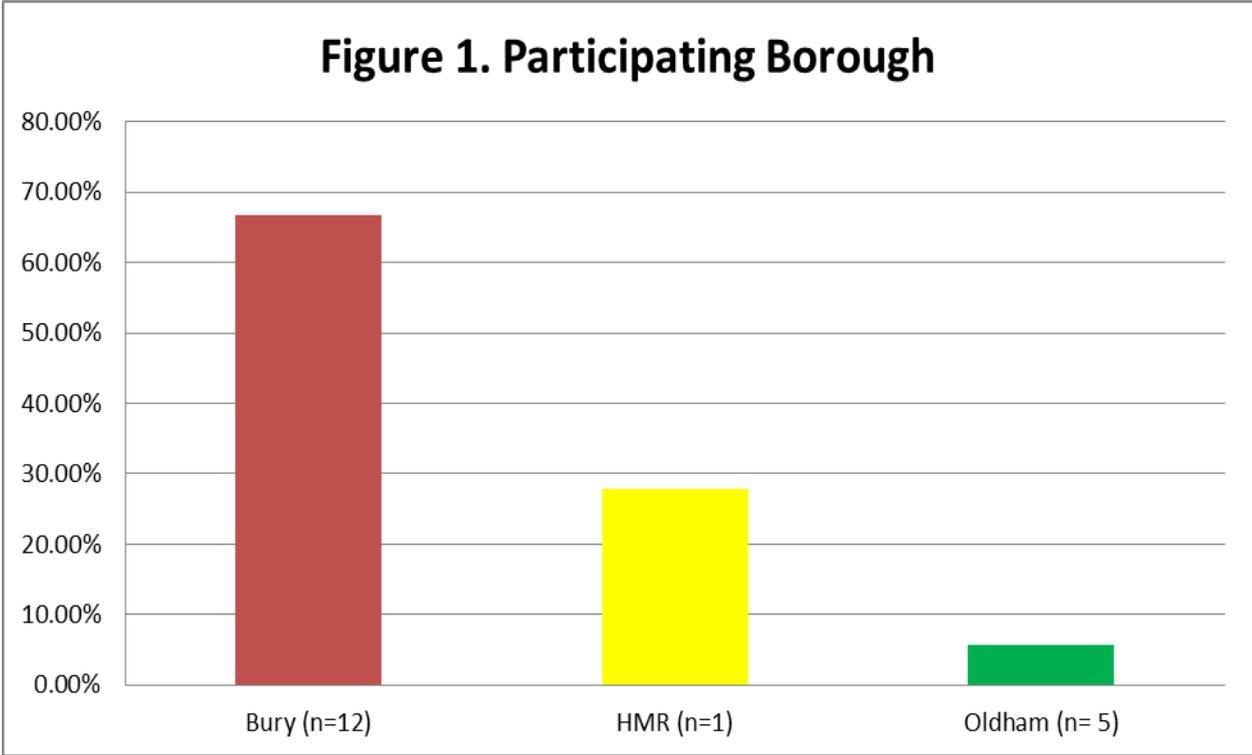
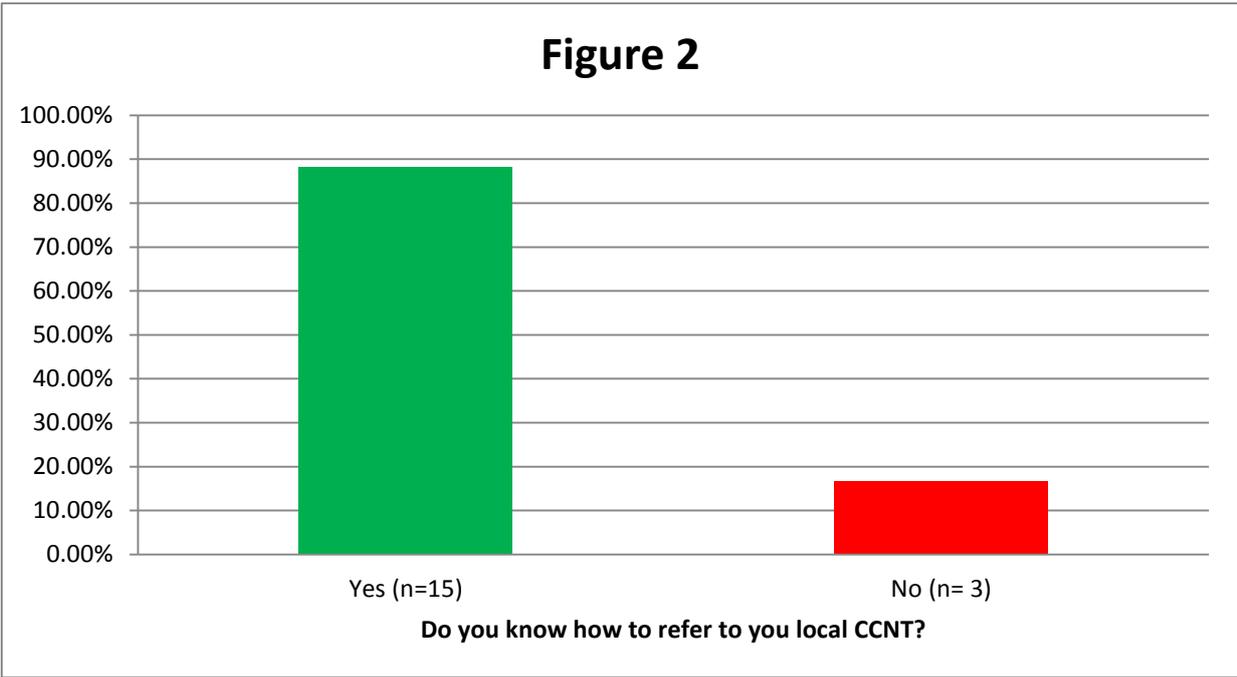


Figure 2 shows that GPs do know how to refer to the children's community nursing team 3.3% (n=15) answering yes with 16.7% (n=3) not knowing how to refer to the service.



Feedback from question two was as follows:

- Very supportive team always on hand to offer advice.
- As practice manger I don't get involved with this it is generally left to clinical staff.
- But I do think there needs to be better communication and discussion between them and the practice.
- But I feel not many GPs are aware of the service and service provision.

Figure 3 shows that GPs do know in the majority the working hours of the CCNT with 78% of GPs answering yes to this question.

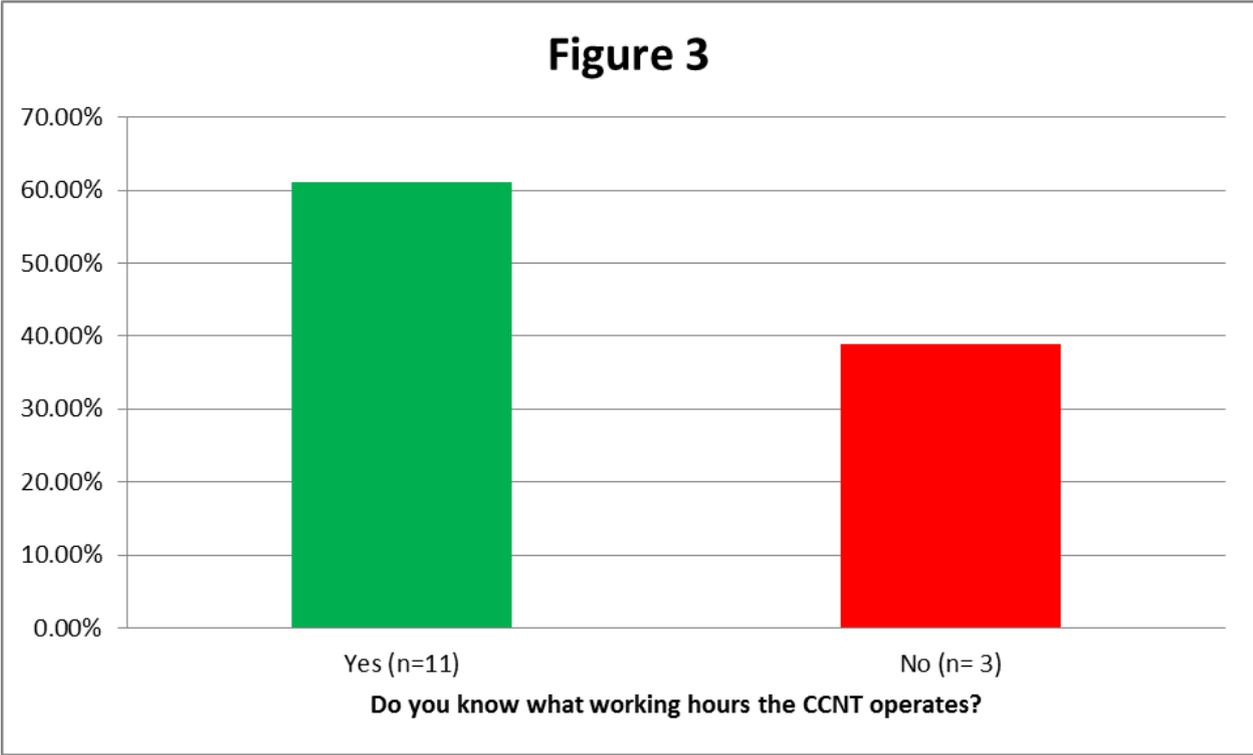
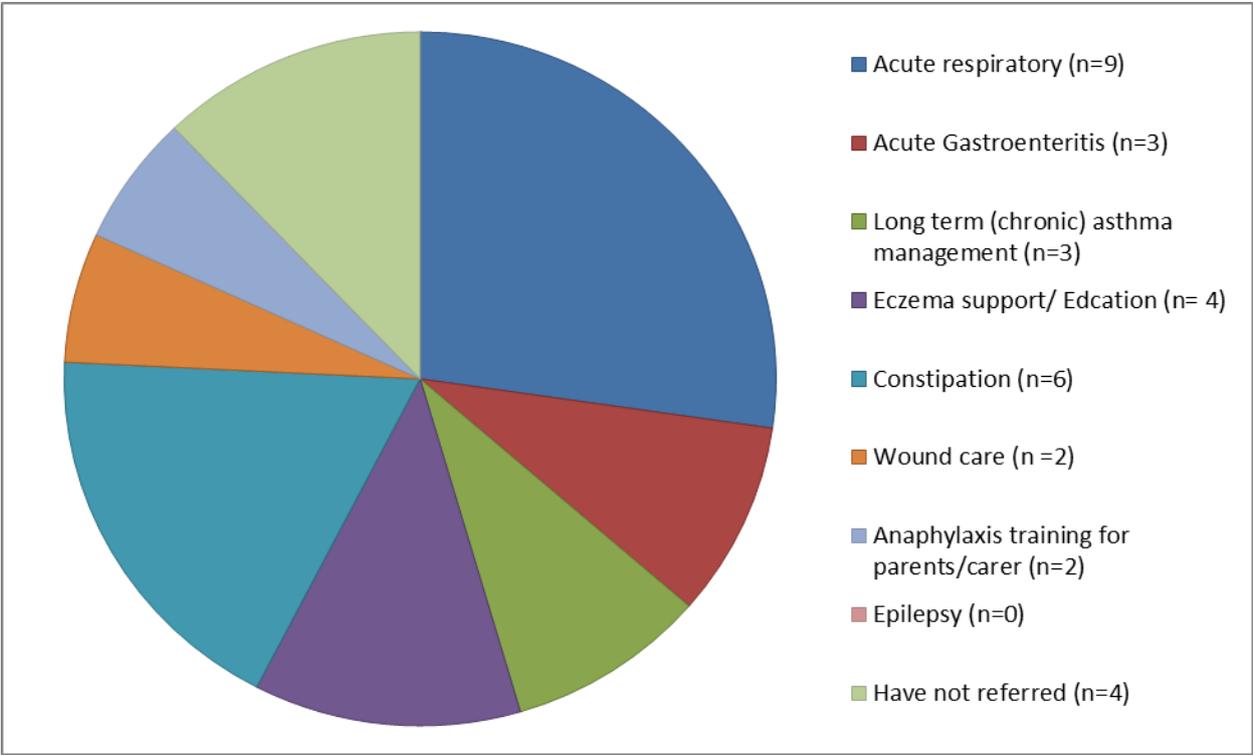


Figure 4 shows that the GPs replying to the survey had used the CCNT for varied reasons, the most common being respiratory illness (n=9) with 4 GPs stating they had never referred to the CCNTs.

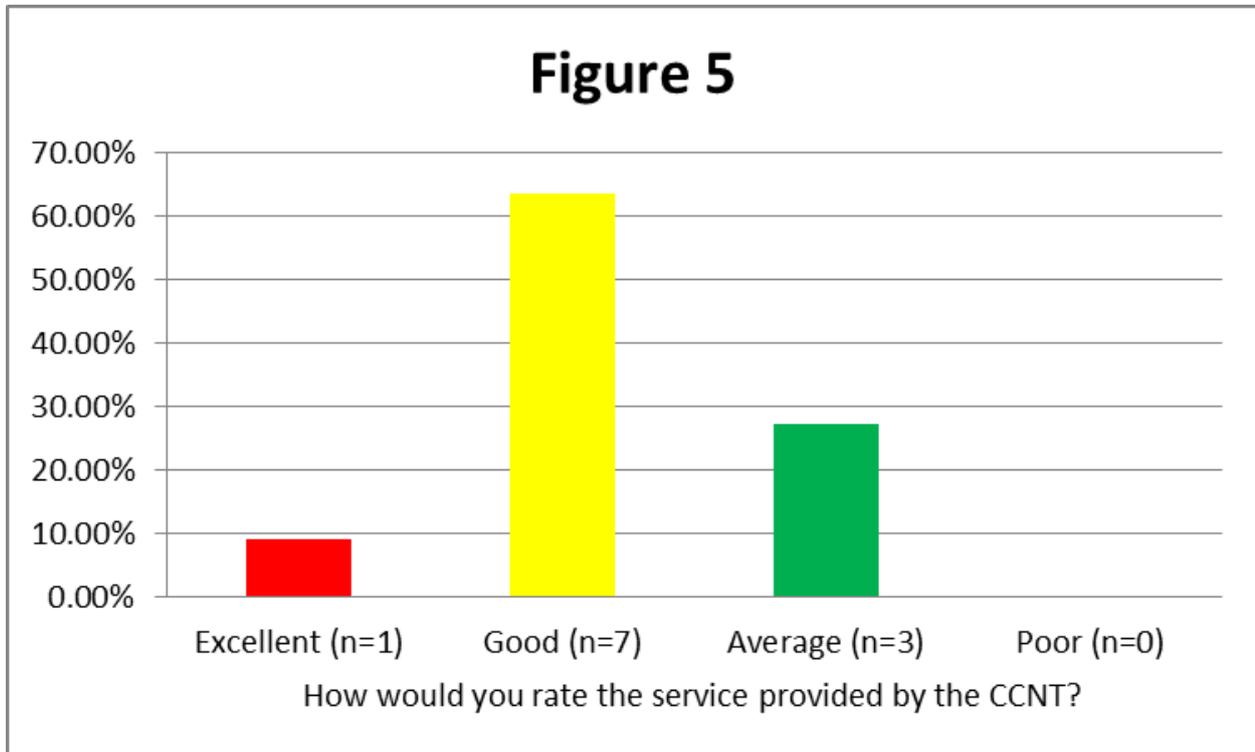


Written responses to these questions were:

1. Not noticed much feedback from the CCNT - would be nice to have correspondence after initial contact with a plan of management

2. This service should not be so quick to discharge the patients from their care, patients need continuity of care and just being bounced around the service is not good for anyone
3. Diet advice

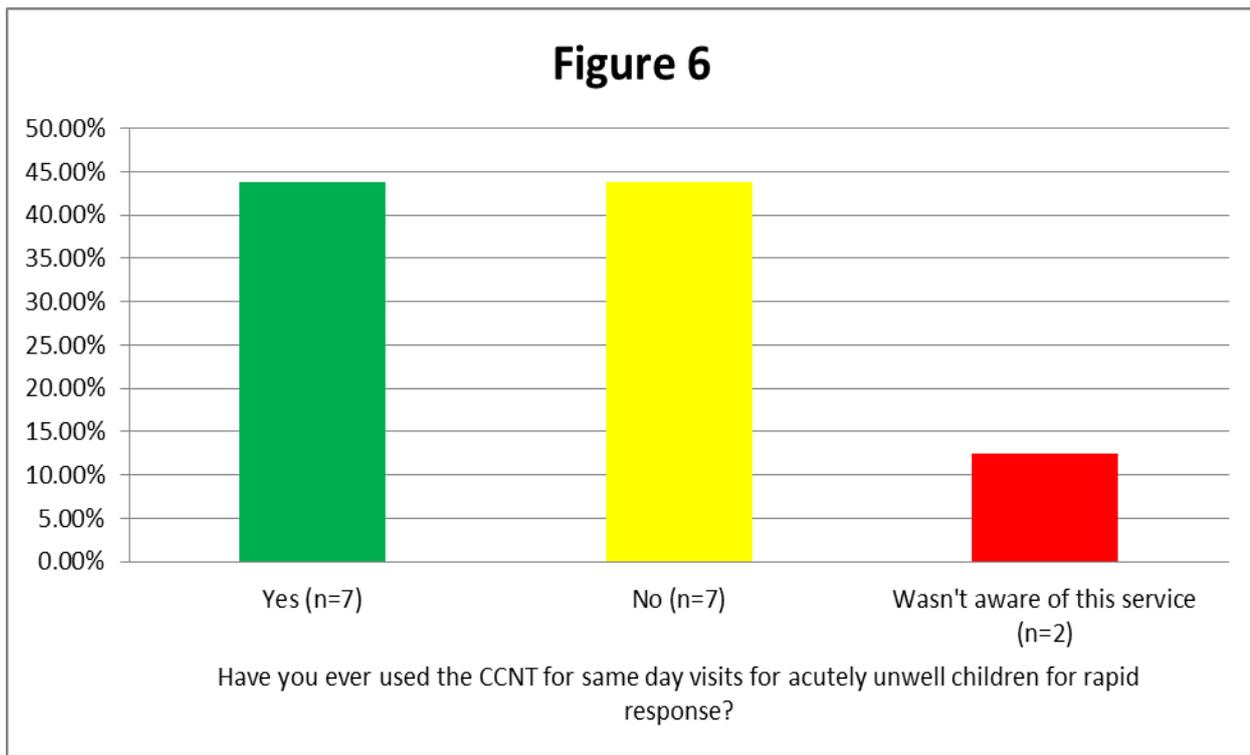
Figure 5 shows that 11 out of the 18 GPs completed this question with no one rating the service as poor, and the majority of GPs rating the service as Good (n = 7)



Written responses to this question were:

1. An excellent service which support the doctors whilst providing support to anxious parents when their children are ill
2. Do not refer so can't score
3. only put that because not had any problems except wrong phone nos on referral forms
4. Have been refused visit due to staff shortage which was not very good

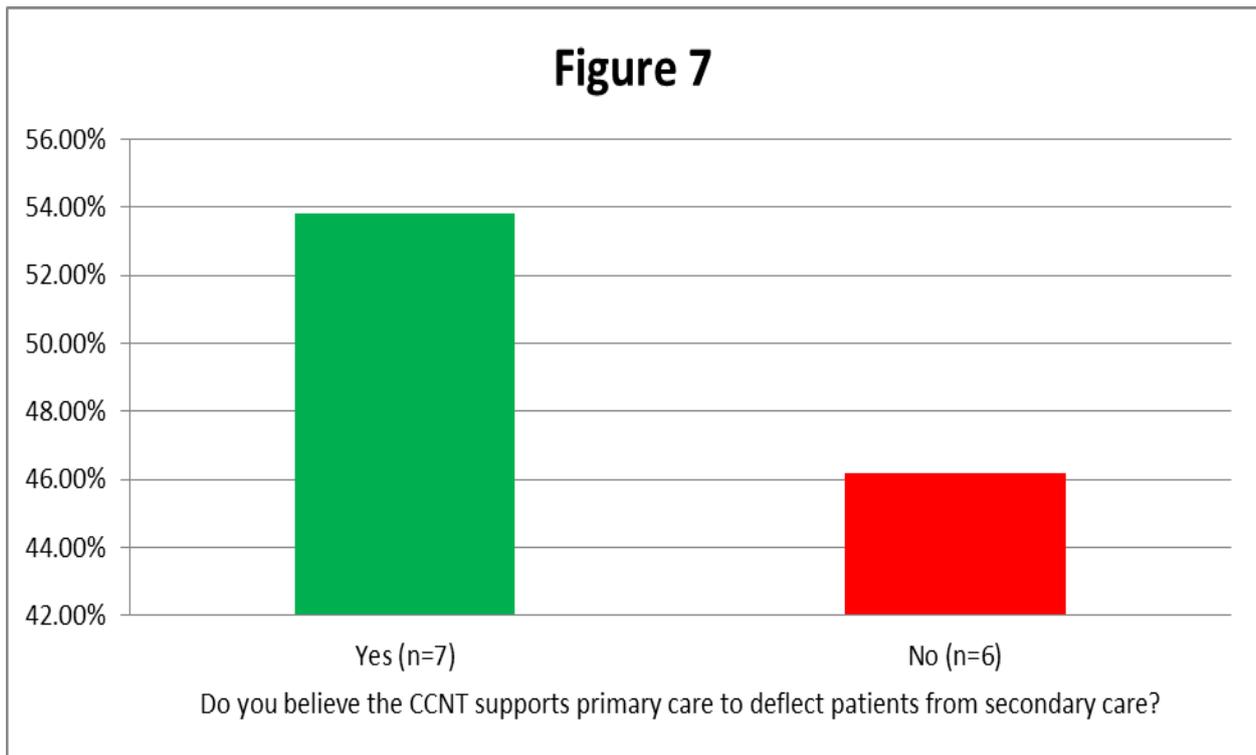
Figure 6 shows the GPs use and knowledge of the CCNTs sameday visiting pathway for acutely unwell children 16 GPs responded to this question with 44 % (n=7) having used the same day visit pathway and 12% (n=2) who were unaware of this service.



Written responses to this question were:

1. Unsure whether I would because if I feel the child is acutely unwell, I would refer to paediatric team and not CCNT.
2. Not had any feedback.
3. But service unable to see patient!!
4. PM do not refer.

Figure 7 shows the GPs response to whether they believe CCNTs support primary care in deflecting patients from secondary care, only 13 GPs responded to this question with a mixed result. N=7 believing they do with n=6 feeling that they didn't.



Written responses to question 7 were:

1. Is very helpful to be able to use rapid response service as well as referring for support/education for more chronic conditions.
2. Without a doubt. Parents will often present at Accident and Emergency when their children are unwell in order to receive prompt treatment. The community nurses can offer support and advice when needed which deflects parents from using secondary care services.
3. Unable to comment.
4. It is reassuring to know there is a link to secondary care for parents who are not that aware or able to judge if situations worsening and how to act.
5. But could do more. They do tend to try and d/c from their care, when the patients need continued support. It should not always be about back to your GP who can refer in again if necessary. How does this service fit with the HV's.
6. I do not think that should be the aim of the service provision for acutely ill children including acute bronchiolitis. The service should aim at educating parents and children of long term health issues and we need more specialised nurses who can deal with diabetes in children.

Finally the GPs were asked if they thought the CCNT could develop or improve, and 7 responses were initiated from this question:

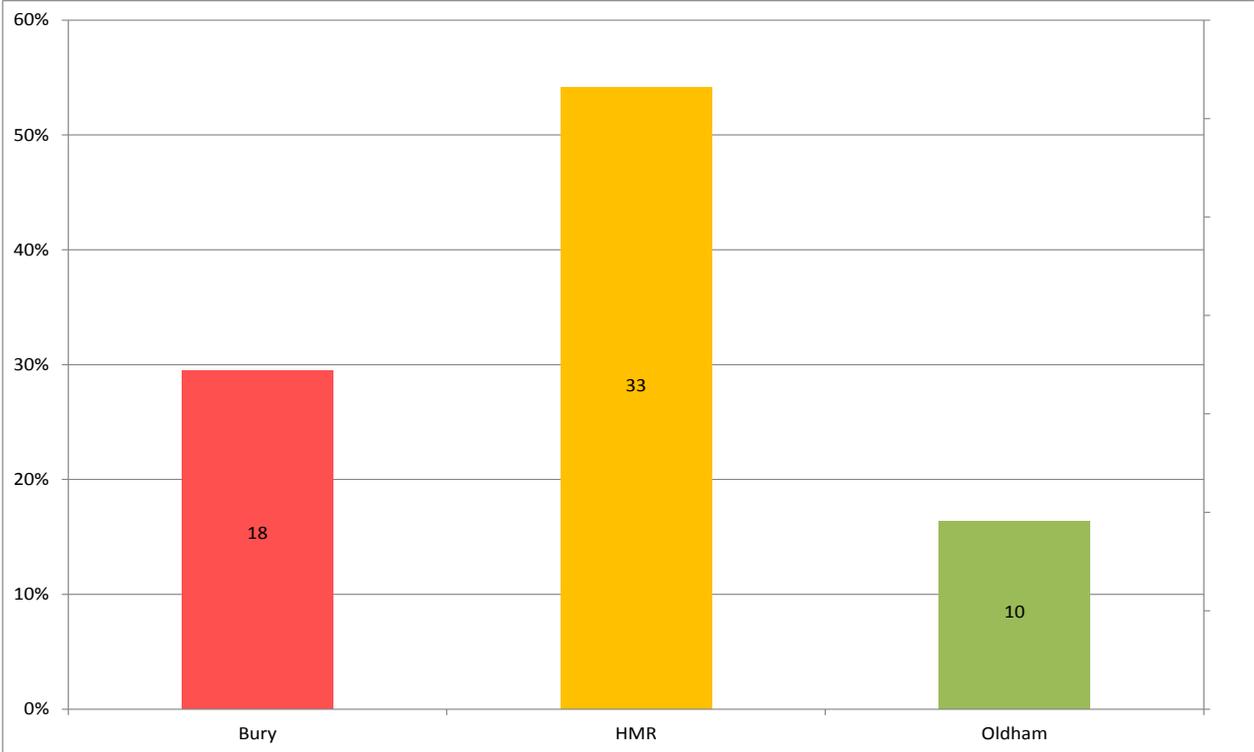
1. Adequate provision given at the moment from helpful supportive nurses.
2. Self-referral. Improved communication with practices. More nurse prescribers.

3. Improve communication with all agencies. More MDT meetings. Not discharging too quickly so as to reduce their own list, patients need continuity of care not just being passed from one service to another, More joined up working with all service and agencies.
4. Funding to follow the child so early help and deflection from hospital but also acknowledge that early discharge means sicker more complex children in community in relation to the length of time the visit/contact will take.
5. Longer hours and adequate staffing levels.
6. I am not sure. I feel they should be more available by publishing their service provision to both secondary care consultants and primary care GPs.
7. Not sure how suitable the service is for deflecting children may work better if working alongside primary care teams in managed care rather than as an urgent care service.

Patient Satisfaction Survey

As part of the project the team wanted to ensure that the children and their families who were referred to the CCNTs were satisfied with the service they received and whether the service has an impact on the need for secondary care. Response to the survey by patients and their families was low with 20% response rate to the surveys. As depicted in Figure 1, the bulk of completed questionnaires 54% (n=33) have come from HMR for this reporting period, with 30% (n=18) from Bury and only 16% (n=10) completed by Oldham patients which is a much lower number than the other two boroughs.

Figure 1: Participating Boroughs



The majority of referrals were made via the GP in HMR 44% (n=14), and also 44% (n=8) via the GP in Bury but, the majority of referrals from Oldham being from the children’s wards 60% (n=6) at the ROH. The lowest number of referrals was self-referrals with only one patient from HMR referring in this manner.

Figure 2: Referral service

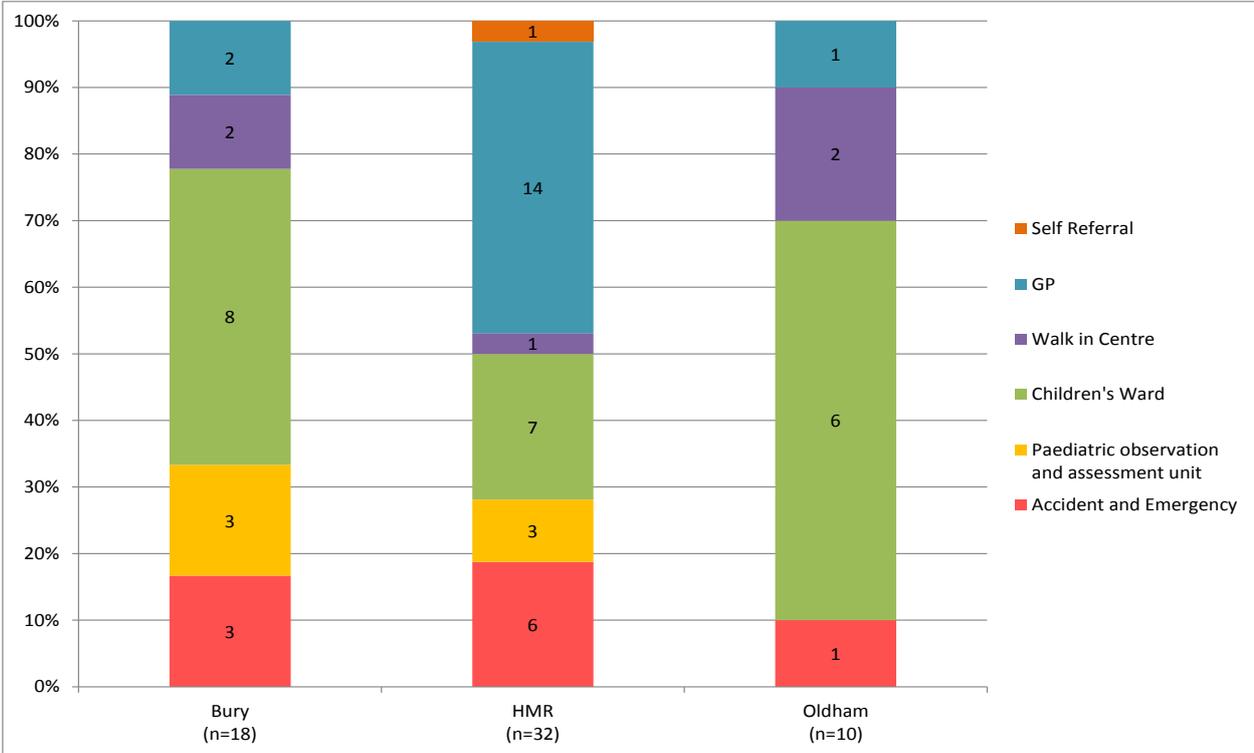
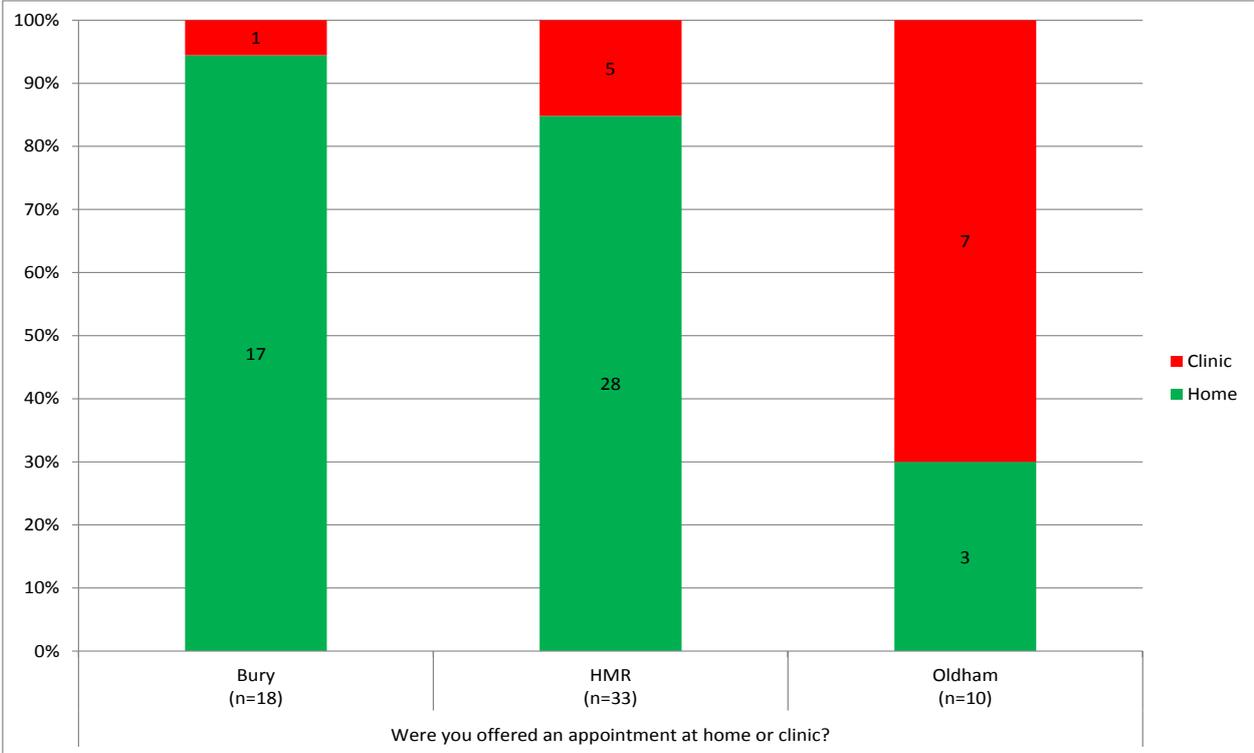


Figure 3 shows a positive 94% (n=17) of patients in Bury and 85% (n=28) in HMR were offered home appointments, however, in Oldham 70% (n=7) of patients were offered clinic appointments over home appointments.

Figure 3: Appointments



In Figure 4 it shows overwhelmingly that parents in Bury and HMR preferred their children to receive treatment in the home rather than in hospital, with Bury having 94% (n=17), HMR 91% (n=29) however parents in Oldham were split with only 67% (n=3) preferring their children to receive treatment at home.

Figure 4: Receiving treatment

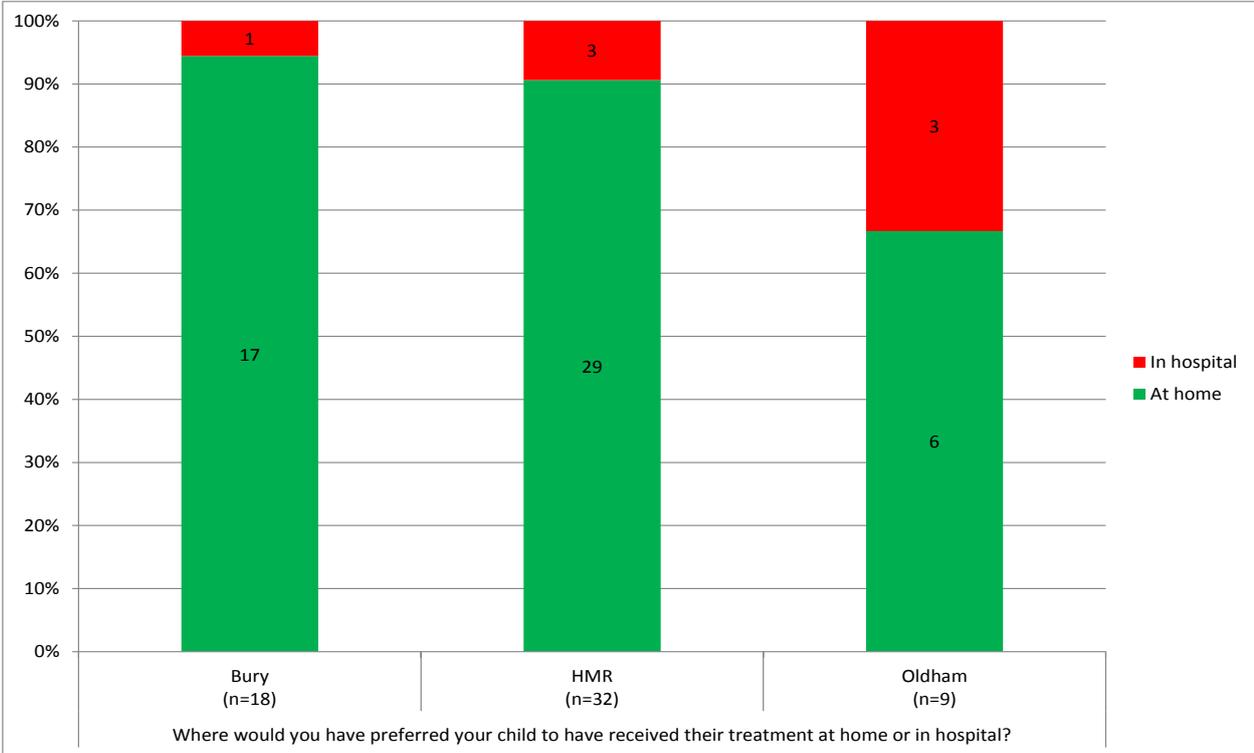
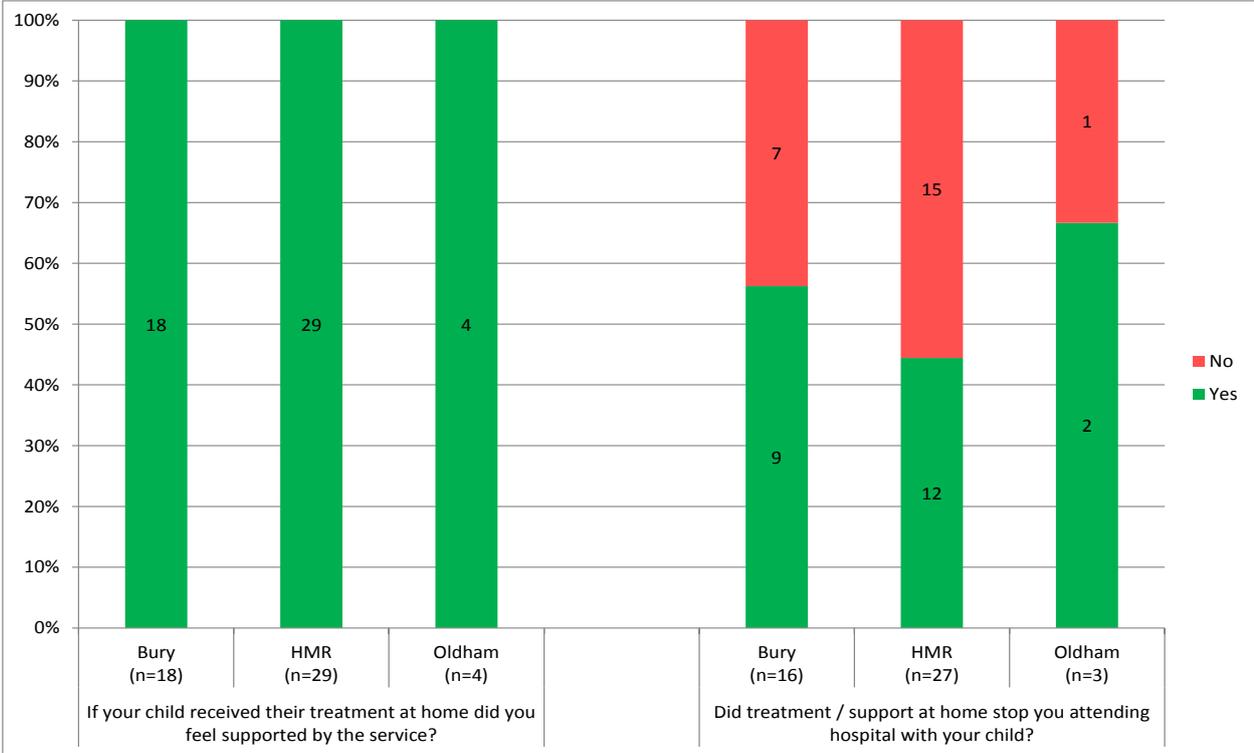


Figure 5 significantly shows that 100% of all patients whose children were treated at home felt they were supported by the service, with 50% of those across the three boroughs believing that the treatment support received at home stopped them from attending hospital with their child.

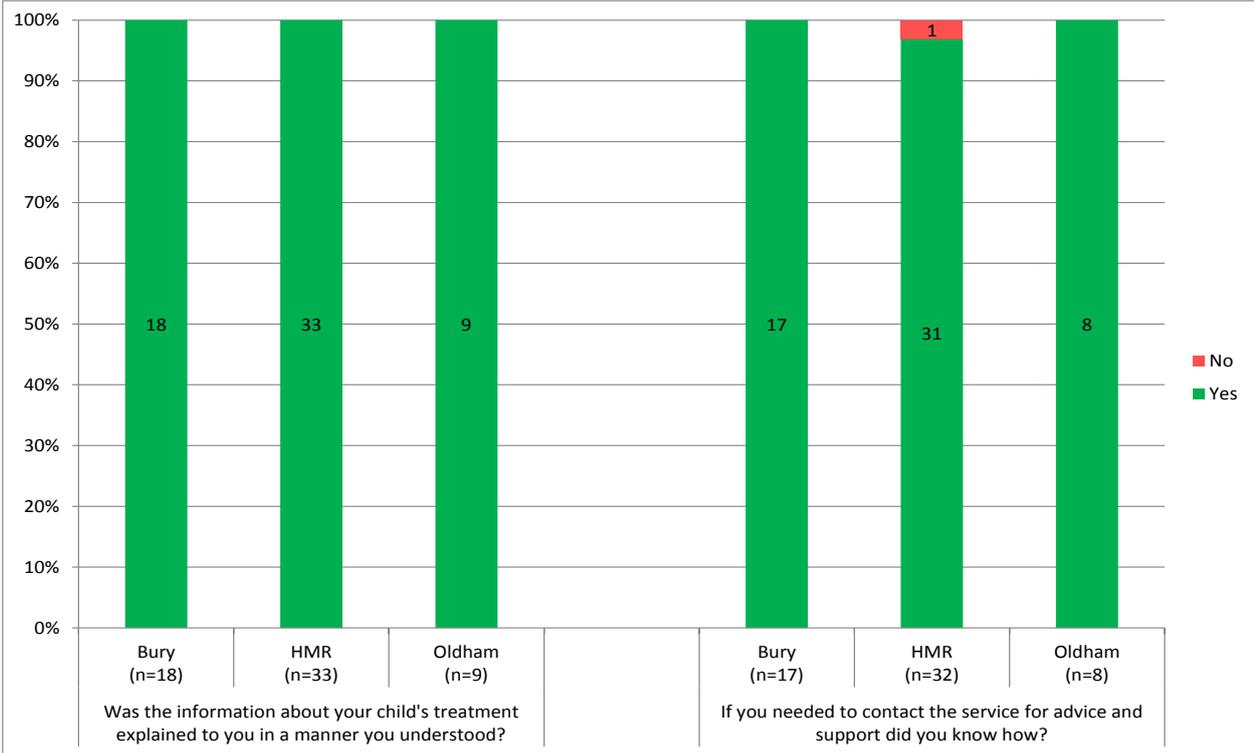
Figure 5: Home treatment



Again Figure 6 overwhelmingly shows that 100% of patients felt they were fully informed of their child’s treatment and that it was explained to them in a manner they understood.

100% of patients in Bury and Oldham that needed to contact the service knew how to and 97% (n=31) in HMR. Only one patient in HMR stated they did not know how to contact the service. Two patients stated they did not need to contact the service and two patients did not answer the question.

Figure 6: Treatment information advice and support



The majority of patients, 89% (n=16) from Bury accessed the service for less than one week, with no one accessing the service for more than two weeks. HMR 73% (n=22) of patients accessed the service with some accessing it for three to four weeks and longer than a month. In Oldham, however only 50% (n=4) accessed the service for less than two weeks with the other 50% accessing for longer than a month.

Figure 7: Accessing the service

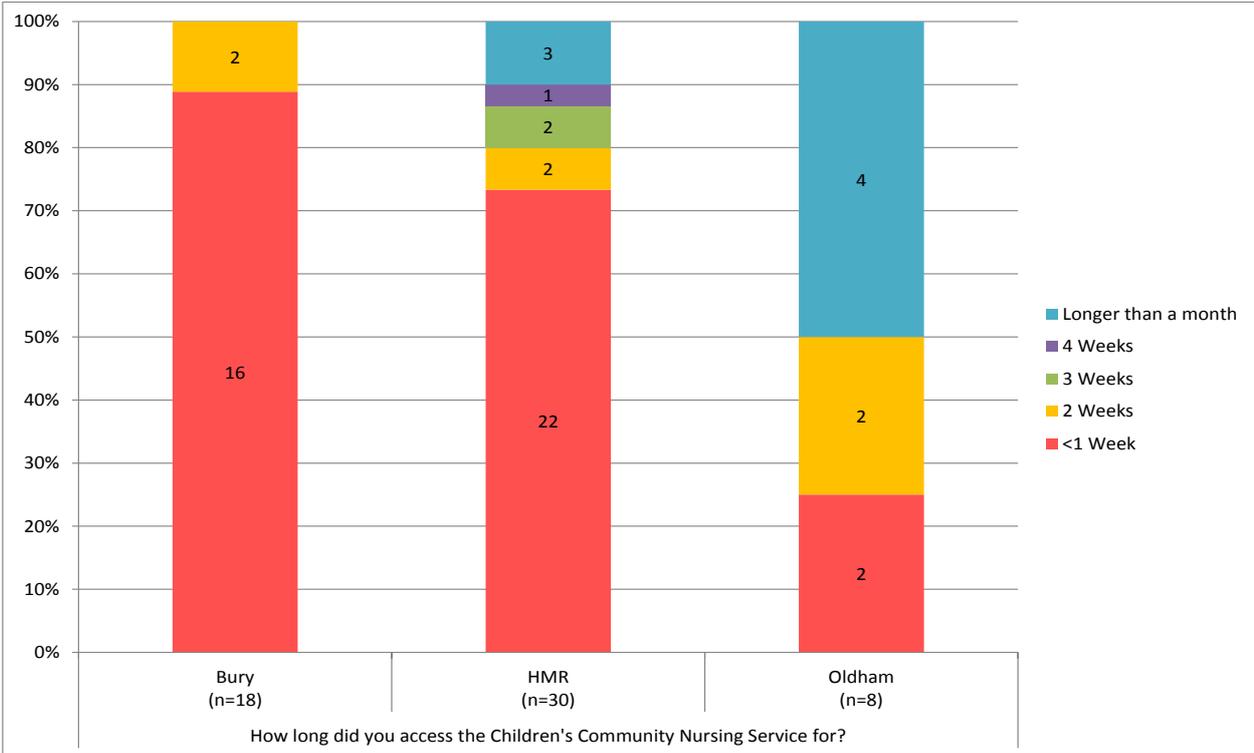
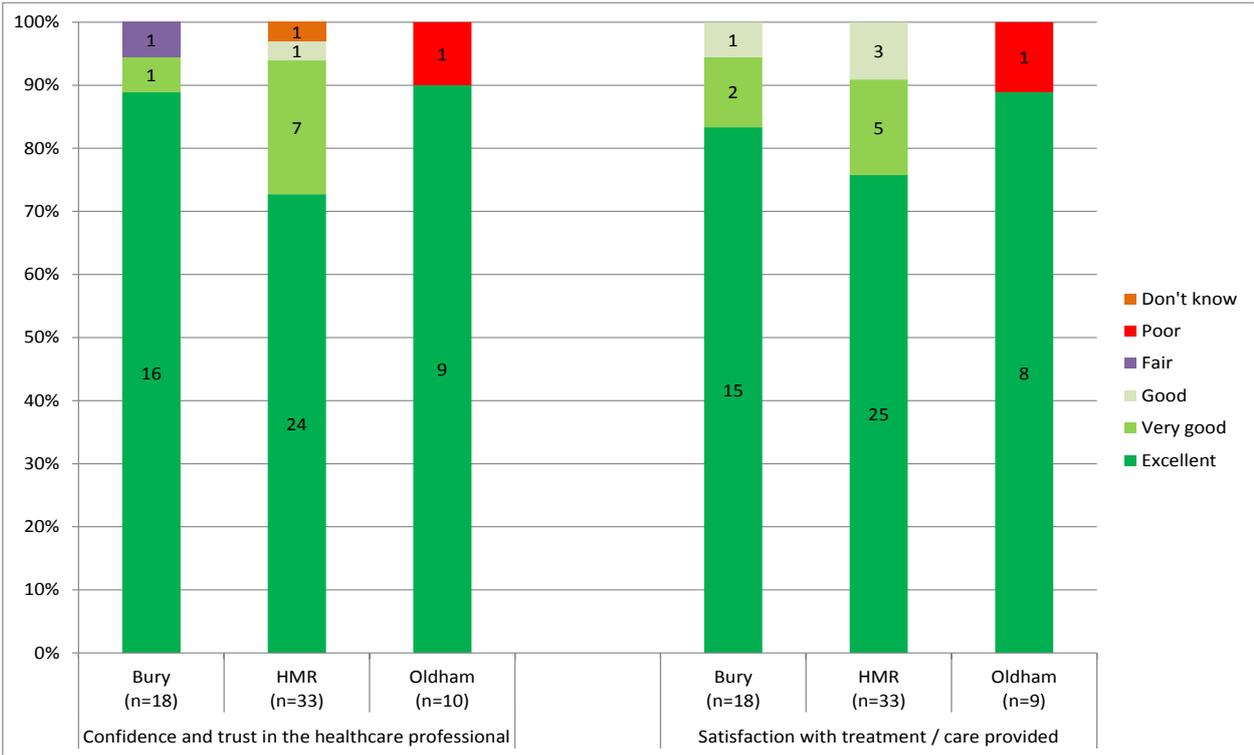


Figure 8 demonstrates that 94% (n=16 [excellent] + n=1 [very good]) of patients in Bury, 94% (n=24 [excellent] + n=7 [very good]) in HMR and 90% (n=10 [excellent]) in Oldham had confidence and trust in the healthcare professional. Only one patient in Oldham thought it was poor.

Patient satisfaction with care and treatment was 94% (n=15 [excellent] + n=2 [very good]) in Bury, 91% (n=25 [excellent] + n=5 [very good]) in HMR and 89% (n=8) found it excellent in Oldham. One patient in Oldham found it to be poor.

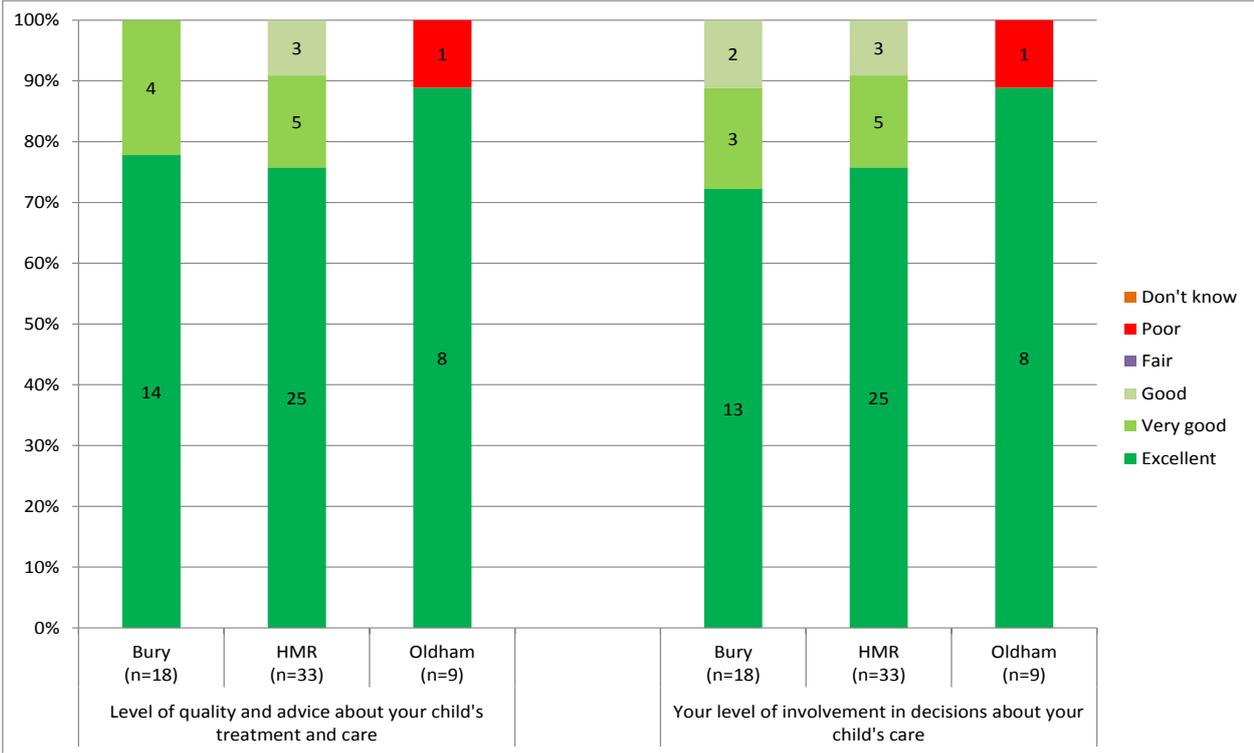
Figure 8: Confidence, trust and satisfaction



In Figure 9 the level of quality and advice about treatment and care found that Bury achieved 100% (n=14 [excellent] + n=4 [very good]), HMR 91% (n=25 [excellent] + n=5 [very good]) and in Oldham 89% (n=8) found it to be excellent, with only one patient in Oldham finding it to be poor.

The level of involvement in decisions about children’s care in Bury was 89% (n=13 [excellent] + n=3 [very good]), HMR 91% (n=25 [excellent] + n=5 [very good]) and Oldham 89% (n=8 [excellent]), with one patient in Oldham finding it to be poor.

Figure 9: Level of Quality, Advice and Involvement



Patient satisfaction in Figure 10 regarding the manner of our staff was very encouraging with Bury achieving 100% (n=16 [excellent] + n=2 [very good]), HMR 94% (n=27 [excellent] + n=4 [very good]) and Oldham with a slightly lower 89% (n=8 [excellent]), with only one patient in Oldham finding it only fair.

Figure 10: Our staff

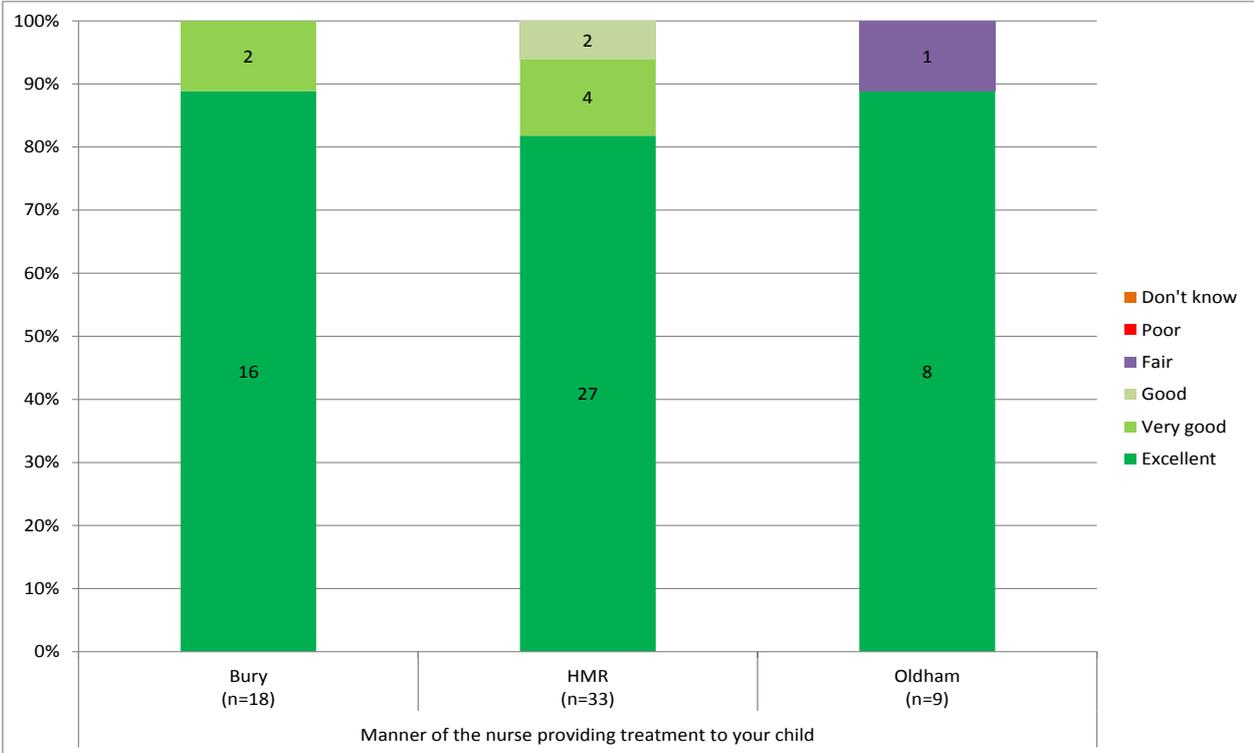


Figure 11 exhibits that patients overall experience within the service was 94% (n=16 [excellent] + n=1 [very good]) for Bury, 88% (n=24 [excellent] + n=5 [very good]) for HMR and 90% (n=9 [excellent]) for Oldham, with only one patient in Oldham finding it to be poor.

Figure 11: Overall experience

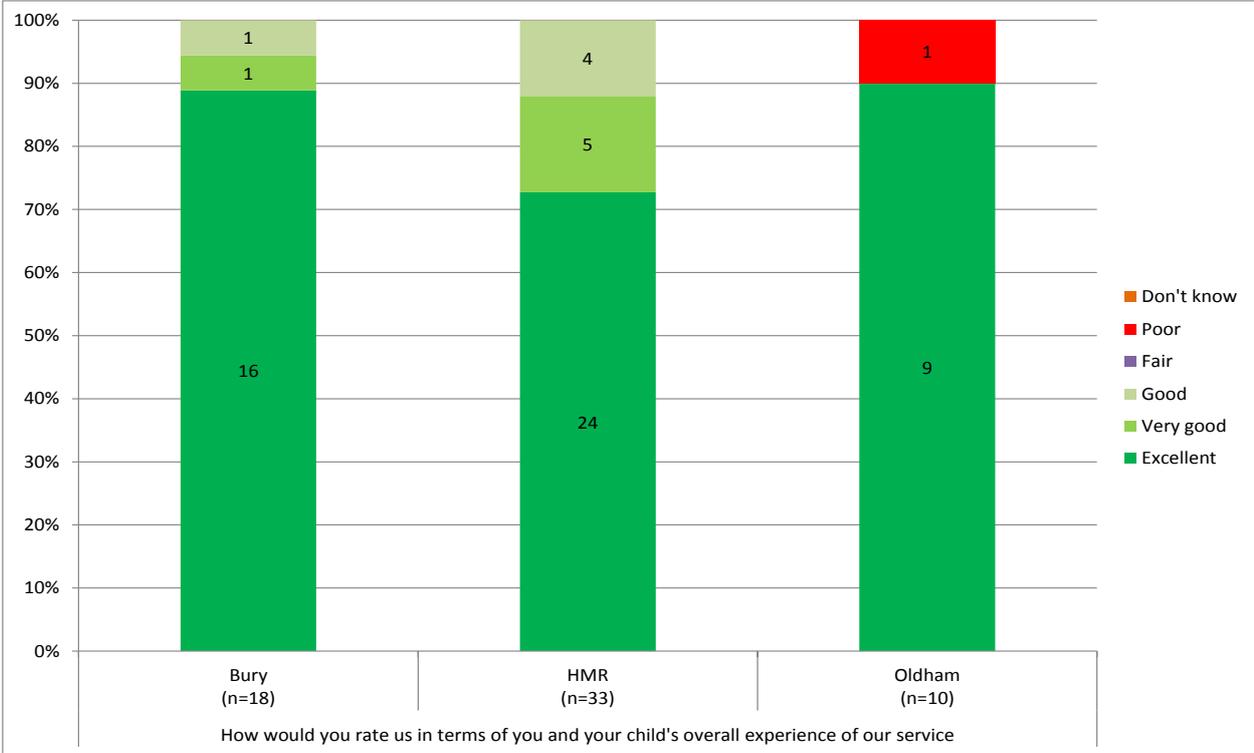
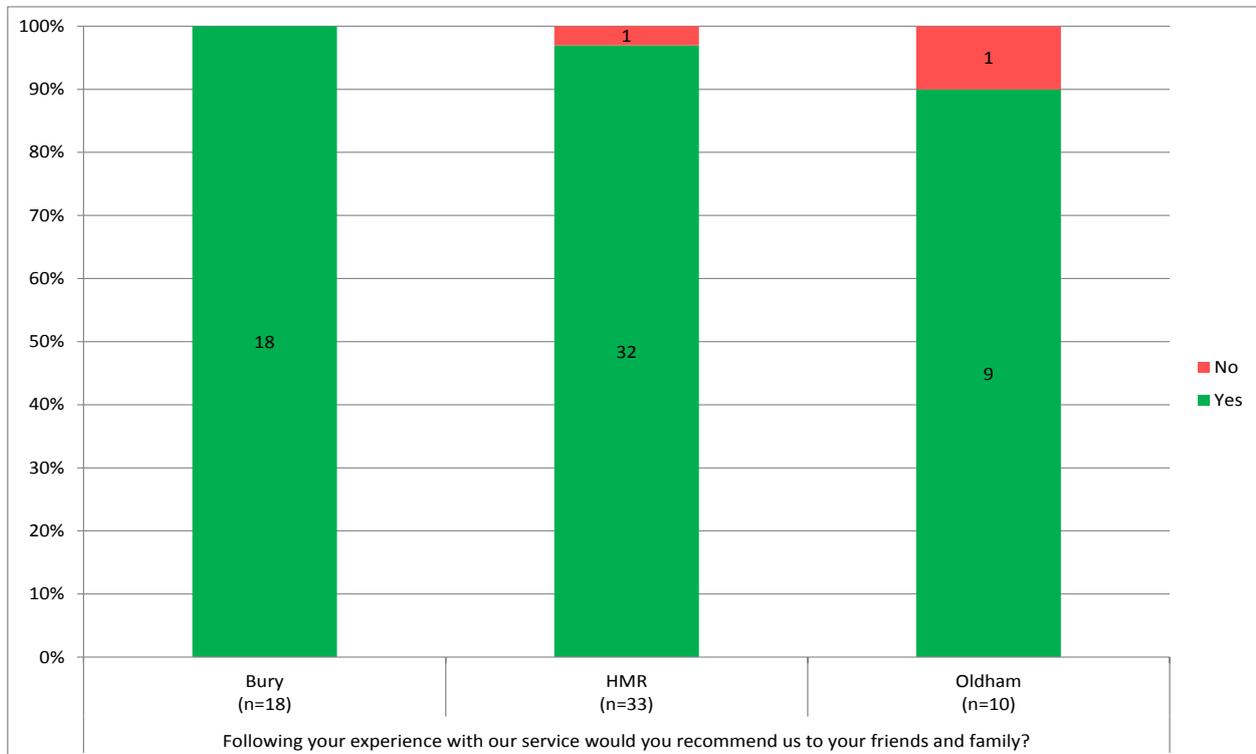


Figure 12 again shows a very encouraging patient satisfaction rate regarding recommendation of the service, 100% for Bury, 97% (n=32) for HMR and 90% (n=9) for Oldham. One patient in HMR and one in Oldham would not recommend the service.

Figure 12: Friends and family



Patient Comments

Patients' comments are highlighted in **Green (positive)**, **Black (neutral)** and **Red (negative)**.

The comments from patients and their families were overwhelmingly positive with only 4 negative and 3 neutral comments out of 47 comments.

If you did / did not feel supported by the team, what made you feel this way?

- Felt very supported and made me less anxious
- Staff arrived within specified time. Knowledge on my child's illness. Very reassuring. Felt reassured knowing they on other end of phone
- Was pleased to have the service available as my son was able to be in his own environment instead of being confined to one room in hospital. I believe this will aid his recovery. The nurses have been brilliant very professional and informed me of relevant information along the way. Thank you.
- Reassured that they were keeping a close eye on my daughter which gave added piece of mind
- Polite, confident
- I was very reassured by the nurse; it's a fantastic service which I didn't know about. Very happy with the service I received.
- Lady was very friendly and professional.
- The nurses telephoned twice daily to make sure there was no change in my son's condition. They arranged several visits to check on him, and /or whenever I was concerned. They were happy to answer all my questions.

- Staff had copies of Riley's original documents so didn't have to repeat ourselves, given phone number, lovely staff, friendly, professional
- A very kind and caring attitude was shown. The support put my mind at ease
- Nurses were very supportive & helpful made me feel confident & fully supported in the recovery & how to help my child recover.
- They gave so much advice and overall felt very supported
- I initially rang the team for advice and spoke to one of the nurses called Lisa. She was brilliant really helpful and understanding and gave me some great advice, which I followed and my little girls' condition improved dramatically. I haven't had support / treatment at home. I've had telephone advice and attended a clinic.
- The nurses are all very nice and listen to you and try to understand your concerns and explain them. Nothing seems too much trouble.
- I think is a better contact than any other, also very supportive, excellent nursing team would use it all the time against any other.
- They are very helpful and explain everything so you fully understand what is wrong with your child and what to do to help them.
- They help you understand the treatment that needs to be given and if needed how you can increase the dose safely if needed.
- Felt like they were there to help us, and offered future support. I rang another service who told us not to go as we were ill! The nurses offered helpful advice.
- I'll be phoning the team again if my child gets ill, I feel more comfortable talking to a nurse than a doctor thanks for your help I'm not as worried as I was.
- Apart from being referred on 30th April and them arriving on 13th May. The nurse we saw was very good.
- We once again had to pick up the prescription which proved a hassle (dressings) and on a previous occasion the non-attendance was a let-down.
- I did not feel supported by the team. They were not very helpful at all when I go to hospital with my children I get more help and advice I have been here many times but the nurses are not helpful at all. I am not happy with this service. I would like this service to improve more in future and most of nurses in community team care also need to improve the way the talk to parents and patient, the behaviour is most times not good at all.

Please add any other comments you wish to make about our service

- Very quick response from referral. Friendly and efficient. Great aftercare after first visit, offering further visits should I need one, alternatively offering a follow up phone call. Explained things I didn't get told at the hospital. Made it very clear how to contact you again.
- Thank you for help and advice, didn't feel as worries when advice and care was given.
- This being my first experience of my child needing inhaler for asthma - I found the 2 nurses who visited me very patient and more than willing to give me the information repeatedly. I found this very reassuring giving me confidence to support my child. Without this service I am sure I would have re-visited hospital!
- I did not know about the clinic but now I even take my baby there for eczema - great
- Timing needs working on give an all-day app time or arrive in specified times as if prior appointments have to be cancelled e.g. dentist, I am made to pay the change for late cancellation.
- All staff I spoke to / met were caring and returned my call as soon as possible. It is great that you can access the service 7 days a week (which I didn't know)
- Service was very good, I needed to contact the service after discharge and they were still able to help. Thanks!

- with having a family of 4 young boys under the age of 6 and no local family support, a stay in hospital would have a massive effect on family life at home, child care etc. Think this service is excellent.
- Nurses very smartly turned out, confident and knowledgeable
- I had a lovely lady, S Bradbury came out to see my daughter. She was amazing, reassured me that my daughter was ok and advised me of what to do if I was still worried, fantastic women.
- Did not know about this service until I went to my GP, my 9yr old son needed his stiches out and surprisingly they couldn't do this at the doctors they gave me a number for the central booking office who then gave me this number.
- Excellent service, didn't know it even existed. Excellent communication between GP/walking clinic/community nursing team.
- Excellent service at A+E at Fairfield. Staff very professional and helpful, same for the community nurses. NHS rocked this time. BIG THANKS
- Being under a wide trust area sometimes we have to travel quite a distance e.g. from Birch to Kingsway Rochdale but overall it's a small matter.
- Thank you for your help & support.
- Myself and my partner feel that this service is excellent, the overall care and attention given to our daughter and us as parents was absolutely brilliant I cannot thank the nursing team enough! If they can stop a child going into hospital, overall that is so much better for all involved
- Always felt very supported by our nurses, they have always given advice/seen us at short notice & helped massively towards our sons care.
- I would like to give a special mention to Tracy, who we saw on a few of our visits to the clinic at the integrated healthcare centre in Oldham. On each occasion, she was very professional & also very caring & supportive, plus if it wasn't for her, my baby could've become very ill. But she noticed his wound was becoming infected & sent us to A & E where he was admitted to hospital overnight.
- Very professional levels of care, conduct and service. Felt extremely reassured and well looked after by the team. A fantastic service!
- Just hope this service never stops.
- I feel at ease with the nurses who came to visit my child at home and feel they are very helpful and explain things very clearly. Carla, the nurse who has visited my son a number of times, is very helpful and always tries her very best in what she does.
- It's very difficult to get an appointment with the GP sometimes and the community nurses are a great help in understanding how to treat your child and prevent further appointments.
- I did not know that the service existed. It would have been more beneficial to have had earlier involvement with the service. When my daughter was at her poorest our GP was amazing, other out of hours services not so! I am and have been very grateful for the support we received. Thank you for being there when we needed you.
- The service is fabulous, very understandable & helpful- gave me the confidence to cope at home & know when to seek med advice.
- she was very helpful more helpful than GP
- Arriving 2 weeks after referral date wasn't the best really but overall. The nurse we saw was really good.
- This community team nurses they should improve more over the years because I don't feel happy at all it is hard when you have three children with eczema. When people go there they want help and not getting the support which is not good at all. If this service does not improve in over the years then I don't think I would be going there again and also one more thing when I asked for home visits the nurses say no and some time they are very rude. If this service provides home visits then why do they say no this needs to improve?

Conclusion

The Burdett Project has been successful in increasing the awareness of the CCNTs across Pennine Care NHS Foundation Trust with an increase in both GP practice and hospital referrals to the CCNTs. The project ran for 12 months and was extended for another 4 months due to its success. Similar to other projects the project has not been able to evidence a reduction in hospital admissions for children across Pennine Care NHS Foundation Trust, but this was particularly difficult due to the increasing paediatric population in the UK and changes in the secondary care inpatient services across Pennine Care NHS Foundation Trust. It also has to be recognised that although the CCNT gained good response and interaction from the majority of GPs, GPs are not necessarily incentivised to focus on improving outcomes for children's health services as the budgets are small compared to the whole health and care budget and it is evident that more work needs to be done with the CCGs to encourage better and consistent use of the CCNTs (NHS confederation, 2012; Lewis et al, 2013). It is evident that investment in more specialised support in the community can improve outcomes for children and reduce the number of secondary care admissions (Andrews, 2011; Children's Clinical Pathway Group, 2010).

Patient and parent's use of the CCNTs was seen as very positive and felt that CCNT aided their knowledge and confidence in managing their child's needs through an acute or chronic care need allowing children only to be admitted to hospital when it is clinically unsafe to care for them in the community (DOH, 2011).

Recommendations

Good healthcare services for children are essential to ensure good health for the future adult population, and although it can be evident that the Burdett Project has had an impact on referrals to the CCNTs, more work is required to ensure this improves and is maintained and would like to make the following recommendations (NHS confederation, 2012).

1. Continued engagement from the CCNT nurses with GPs at practice level and engagement at CCG level is essential to increase awareness of CCNTs and maintain and increase referrals to CCNTs.
2. Working with CCGs on projects and encourage discussions on paediatric care and CCNTs involvement at an organisational level.
3. Joint education with GPs, secondary care doctors and CCNTs to aid working relationships and ultimately decrease hospital admissions for children by increasing GPs confidence in caring for children and the use of CCNTs.
4. Continued educational development by CCNTs, as enhanced skills can increase the confidence levels of GPs and therefore the use of CCNTs and the CCNTs confidence and ability to deflect from the use of secondary care services. (DOH, 2011).

Dissemination

Service leads – CCNTs

TRaCCs study team – York University

Paediatric Service Directors

Clinical Commissioning Groups – North East sector

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Appendices

1. GP referral pathway for same day visits
2. GP partnership project evaluation
3. CCNT pathways for referral to the CCNTs