**Vision:**
The Child Health General Practice Hub Model has the patient’s voice at its heart. It will **improve experiences and outcomes** for children and their families by increasing **access** and drawing **paediatric expertise and community support** into primary care, where children’s and families’ needs are known and can be managed well.

**Aims:**
The hub model has been designed with patients to connect professionals from primary, secondary and tertiary care, to encourage:

- **Shared** learning and development, including co-creation.
- A **whole person** approach to caring for families.
- Patient, parent and professional **confidence** in the provision of child health services in primary care settings.

**Outcomes:**
The model is designed to deliver:

- Better **outcomes** for children, through coordinated care management, MDTs & assessment/treatment in the right setting.
- Enhanced paediatric **skills**, confidence and competence across the system.
- Reduced unscheduled care, inpatient admissions and paediatric outpatient referrals via **improved out of hospital care**.
- Effective and apposite access to **specialist** paediatric skills in the context of primary care.
- Development of specialist pilots (e.g. respiratory), into a more **generalist** integrated approach.
- **Financial savings** across the system.

"The ability to work in true partnership, and to co-create care plans with families and GPs, has been enormously enhanced by my seeing patients in a primary care setting .” (Dr Sara Hamilton, Paediatrician)
The number of children and young people presenting to A&E departments is growing year on year. A significant number of these children and young people, as well as many of those currently attending outpatient departments, could be seen in a GP setting. The proposed hub model therefore positions the **GP Surgery as the central point for child health**, convening professionals and access to community support under a single roof to maximise integration. There are three components to the hub, which build on existing best practice and which General Practices could adopt discretely or in combination:

<table>
<thead>
<tr>
<th>1. Paediatric Outreach</th>
<th>2. Co-production</th>
<th>3. GP Open Access</th>
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<td>The model will improve integration between 1°, 2° and 3° care, as well as supporting MDT case discussions between e.g. health visitors, social care, specialist nurses, midwives and schools.</td>
<td>The model will be built on patient engagement and co-production, ensuring that GPs, acute clinicians and patients work together as standard.</td>
<td>By answering patient calls directly or offering daily telephone support and consultation, GPs can provide patients with instant access to knowledge, whilst triaging those in need of a same day appointment. Such open access to primary care can significantly reduce use of unscheduled services.</td>
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<td>There could be five synergistic outreach activities in participating surgeries: 1. Collaboration with specialist nurses for LTCs. 2. GP-based child health outreach clinics. 3. Joint discussion on referrals/management. 4. Face-to-face education &amp; learning. 5. Email or phone discussion and support.</td>
<td>Children, young people and their families will be engaged in co-production through three priority initiatives: 1. Practice champions. 2. Peer support. 3. Self management.</td>
<td>The model will incorporate a paediatric focus by providing same-day telephone access to paediatric advice from a GP or Senior Nurse, or a same day appointment for under 16s if needed.</td>
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**These pilots are already delivering real benefits.** E.g. paediatric outreach means GPs and paediatricians are sharing learning, gaining confidence and making better patient assessments; the diabetes pilot means 75% of consultations with dieticians now take place in a familiar home or school setting; the information ‘App’ co-designed via the sickle cell pilot is giving young people a voice through clear ownership of health information and care planning.

Current proposals are to adopt a staged approach to setting up and scaling up the model in General Practice, to grow long term relationships and ways of working. Benefits will be most impactful at scale, so pilots may be established across groups of practices, based on pooled paediatric list size. We’d like to talk to you about how best to make this work.

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