Messages for commissioners

Children’s community nurses’ can provide expertise in paediatric care in community settings, with potential to bridge the gap between GPs and specialist paediatricians.

Parents and children value CCNT care and many believe CCNTs have reduced their children’s need for hospital care.

Avoidance of hospitalisation requires integration with other services to enable timely and appropriate referral at an early point in the pathway through urgent care.

Procedures need to be developed for referral to CCNTs from other services within the urgent care system at a sufficiently early point.

There must be a sense of shared purpose and understanding of the contribution that difference services can make to care. Clinicians will only refer to CCNTs if they trust in their ability to care for children effectively.

It can be difficult to identify the costs of specific services which share staff and resources with other services.

Commissioning and assessment of children’s urgent care pathways rather than individual services could enable costs and benefits throughout the urgent care system to be considered.

Skilled staff paid on higher grades can cost less overall if they reduce the need for other services such as return to A&E.

Further information

The full final report can be downloaded from The University of Manchester:
www.escholar.manchester.ac.uk/jrul/item/?pid=uk-ac-man-scw:140277

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Moving care closer to home

Research summary for commissioners
Background

Management of acute illness in children appears to be an area where there is potential for Community Children’s Nursing Teams (CCNTs) to avoid the cost and disruption to children and families of unnecessary admissions. Reducing avoidable emergency hospitalisations would reduce costs and strain on the NHS urgent care system. CCNTs can support families to continue caring for ill children in their own homes and as an alternative to some hospital admissions.

Most children in England now have access to a CCNT but they are organised in a variety of ways. A complex pattern of different models has emerged and there is limited evidence about the relative effectiveness of different models.

The overall aims of the research were to assess how different community children’s teams provide alternative care to hospital admission during acute illness and the costs associated with different models of service.

Methods

In Stage 1 we surveyed the CCNTs and Observation and Assessment Units (OAUs) across 10 adjacent Primary Care Trusts. We analysed Hospital Episodes Statistics to explore whether they could be associated with the number and duration of admissions. In Stage 2 we examined three CCNTs in case studies, including 736 questionnaires completed by parents, interviews with 13 children, 29 parents or carers and 39 health care providers.

Results and policy relevance

Parents were overwhelmingly positive in their evaluations of CCNTs. Children told us that hospitalisation could be reassuring if they had a serious problem but provided they felt safe home care was preferable. Parents also described how home care could be less disruptive than hospitalisation but they wanted the reassurance of an easy route back to hospital in case of problems. There were very few critical incidents reported by questionnaire respondents during CCNT care. Nine parents reported telephoning an ambulance and five parents called the out-of-hours GP to request a home visit while their child was under the care of the CCNT.

The most common support provided by CCNTs was checking up on children and providing advice and education. Some children also received hands on care and/or supplies.
Identifying the particular contribution of CCNTs to prevention of emergency admissions is complicated by variations in the use of urgent care services in different areas. However, most parent respondents thought that their child spent less time in hospital because of referral to a CCNT.

Integration with the urgent care system is essential for any CCNT to receive referrals at a sufficiently early point in children’s movement through the urgent care system to prevent avoidable extended pathways to care and/or hospitalisations. Our findings indicate the importance of two forms of integration. Normative integration which means that GPs, A&E, paediatric and other health professionals know about and have confidence in the capabilities of a CCNT. Clinical integration which means that there are clear systems for referral and that the clinical responsibilities of all are clear.

The overall NHS cost varied widely across services, in part reflecting differences in caseload but also associated with differences in CCNTs. Children cared for by the CCNTs that employed most nurses on higher bands (6 and 7) made least use of other NHS services and so had the lowest overall costs. This demonstrates the importance of recognising all NHS costs rather than just those of the CCNT when assessing the costs and benefits of CCNT care.

A substantial proportion of the care provided by CCNTs could be by telephone alone: nearly a quarter of respondents in one CCNT and nearly a fifth in another received no home visit.

Results and policy relevance

Improving links between providers in the urgent care system has been identified as an important policy objective in addressing avoidable emergency admissions. Co-location with acute services can help to develop these relationships but it is also important to have good relationships with community services especially in the care of children with long term conditions.

There was evidence that CCNTs could adopt a proactive approach to marketing their services to parents and general practitioners as well as secondary care services. However, they were concerned about the potential to attract inappropriate referrals of children with self limiting conditions who would have limited benefit from the care of a CCNT.

Financial arrangements including tariffs and block contracts were described to us as not providing financial incentives, and potentially constituting disincentives to provision of CCNT and other services to avoid hospitalisations.