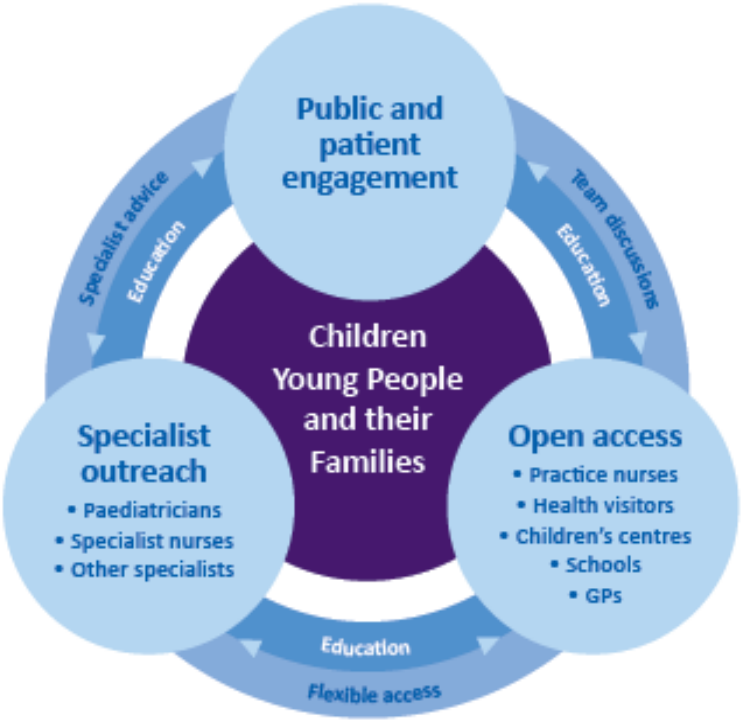
Connecting Care for Children

Briefing Pack

This Practical guide is designed for GP practices. It gives step by step instructions on how to set up a Child Health GP Hub.



May 2023

CC4C Team

Dr Mando Watson

Mando Watson is a General Paediatrician at St Mary's Hospital, part of Imperial College Healthcare. Through the Connecting Care for Children programme in North West London she has developed holistic care and increased emphasis on prevention and the patient perspective. 'Learning' integrated care requires a focus on the patient perspective - Mando has developed the Programme for Integrated Child Health (PICH). This is the first such programme in the UK; the impact of which has been transformational for participating trainees. As past president of the Child Health section of the Royal Society of Medicine, Mando organised conferences that put patients and parents on the podium, recognising that paediatricians need to become better at collaborative decision-making with patients and parents. Mando has two sons at university and prefers to travel on two wheels rather than four.

Dr Bob Klaber

Bob Klaber is a General Paediatrician & Deputy Medical Director at Imperial College Healthcare NHS Trust who also trained as an educationalist alongside his postgraduate paediatric training in London.
Bob has a strong interest in individual and systems learning & improvement, behavioural insights work and leadership development. Since 2015, Bob has been leading an ambitious project to create a culture of continuous quality improvement programme across Imperial which continues to evolve and develop in lots of exciting ways.
Bob co-leads the Connecting Care for Children (CC4C) integrated child health programme. When not at work Bob can usually be found on a sports field, though increasingly being out-run and out-played by his 3 children.

Dacia Jackson - Programme Coordinator

Dacia is the Programme Coordinator for Connecting Care for Children, an innovative integrated child health programme based at St Mary's Hospital and covering the majority of North West London. Her role focuses on the continued development of the six GP Child Health Hubs in collaboration with the variety of clinicians who attend. This ensures we are continually providing a strong service for Children & Young people as well as a place for on-going learning for all.

Phoebe Rutherford – Community engagement

Phoebe leads on community engagement for Connecting Care for Children. Phoebe works closely with local community groups, parents and young people to co-design resources and support children and young people's health and wellbeing in northwest London.

Kuzi Ngaru - Paediatric Grenfell Clinic Co-Ordinator

Kuzi supports and coordinates the Grenfell Paediatric Long Term monitoring service for the survivor and bereaved families of the Grenfell fire and provide holistic social prescribing support to the families and the clinicians who review the service users on an annual basis.

Contents

There is more information on our website http://www.cc4c.imperial.nhs.uk

You can also follow us on Twitter @CC4CLondon for regular updates.

Background

Connecting Care for Children's primary purpose is to create connections between clinicians, with the GP as the fulcrum of care. To build CC4C effectively it requires GPs and consultants to meet and connect, along with Health Visitors and other professionals working in primary care and community settings. One way it does this is through the, so called, Child Health GP Hub which hosts **clinics and multi-disciplinary team (MDT) meetings**. The service is clinically-led and adapts to meet the needs of the local population of the GP practices.

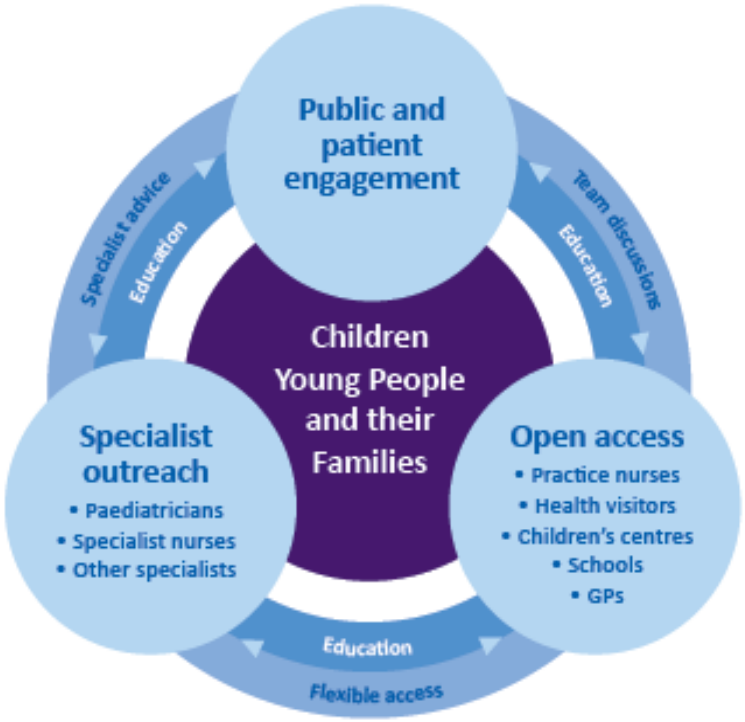
Citizens, patients, carers, families and parents are offered the opportunity to become involved in and shape clinical services for their local community. These so-called **Practice Champions** volunteer because they have an interest in child health. The addition of Practice Champions to a practice allows for stronger links to be developed between GPs and the wider community, reaching individuals through peer to peer support. The combination of GP and patient allows for a more patient-centred service. More information about the Champions is in our Practice Champion Recruitment Pack and on our website.

Working with Health Education England North West London (HEE NWL), **CC4C supports learning for clinicians through case discussions**. The MDT provides an opportunity for effective case management, signposting and learning across the MDT. The MDT increases clinicians' confidence in dealing with problems they may not have felt comfortable dealing with before. The Clinic allows the patient to see a consultant and GP working together, giving them further confidence to engage with their GP. Instead of requesting a hospital appointment, patients can be seen in a local GP surgery and the GPs are immediately up to date with their patients' case.

Practices that participate in the Child Health GP Hubs will benefit from having

- A familiar consultant paediatrician who visits every 4-6 weeks and is available in-between by phone and email
- Specialist paediatric clinics every 4-6 weeks for patients to be seen in the GP practice
- Child health focused MDT case discussions every 4 – 6 weeks to support case management without the need for face to face patient contact
- Regular child health Continuing Professional Development through
    - Joint GP-paediatrician clinics
    - MDT case discussion
- Participation of patients and parents as champions of child health and supporters of the practice
- Teaching and case discussion from specialist paediatric services
- Transition case discussion and joint clinics for patients with Long Term Conditions (LTC).

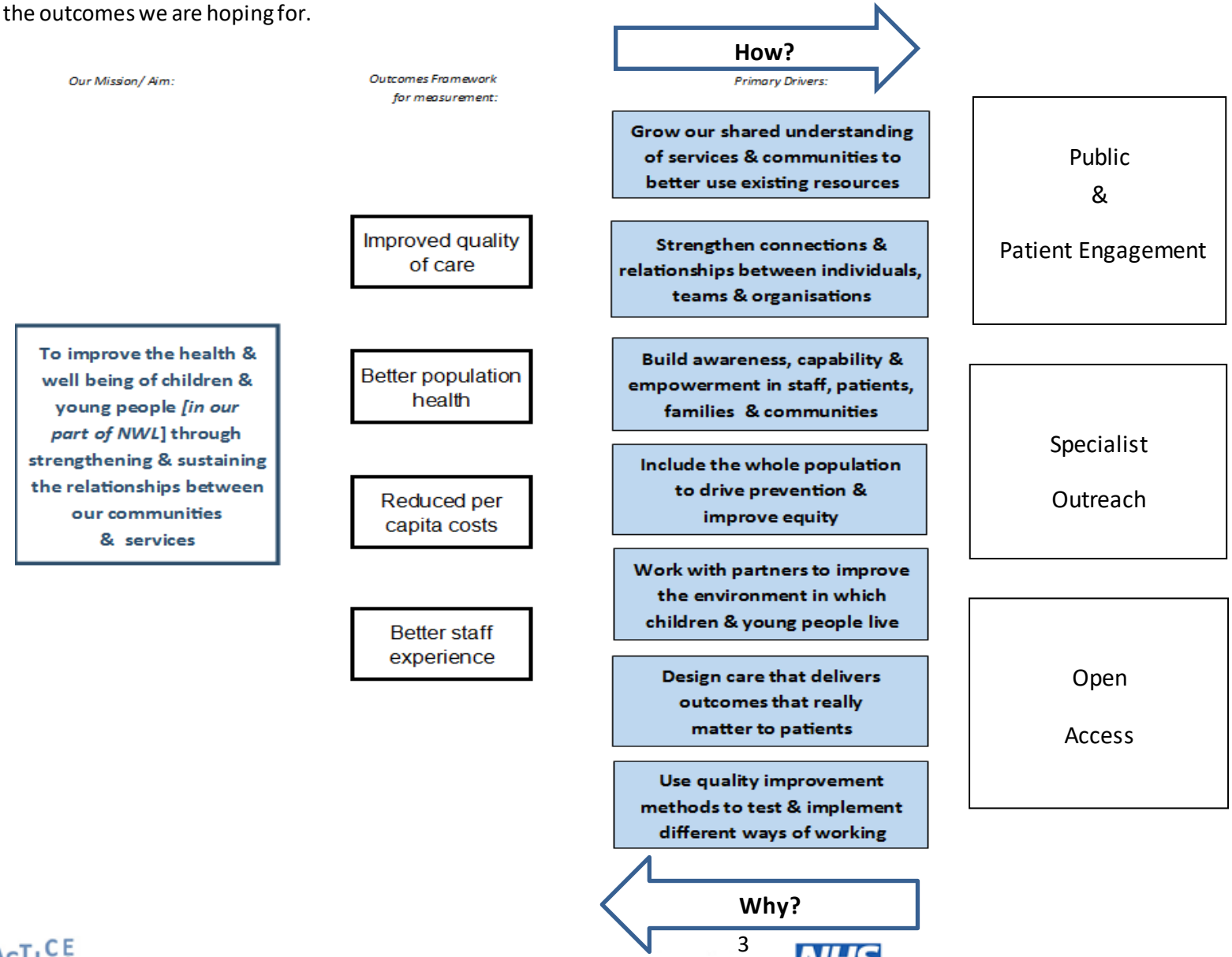
Please use this pack as a guide as you set up and develop the Hub. Its aim is to make the process as simple as possible whilst highlighting important features that will help GPs, Practice Staff and CCGs to understand the ethos behind the Connecting Care for Children Model of Care. The CC4C Team will be here to help so do get in touch with our Programme Coordinator Rianne for a more detailed discussion on anything that is included in the pack, or join one of our webinars led by Mando and Bob.



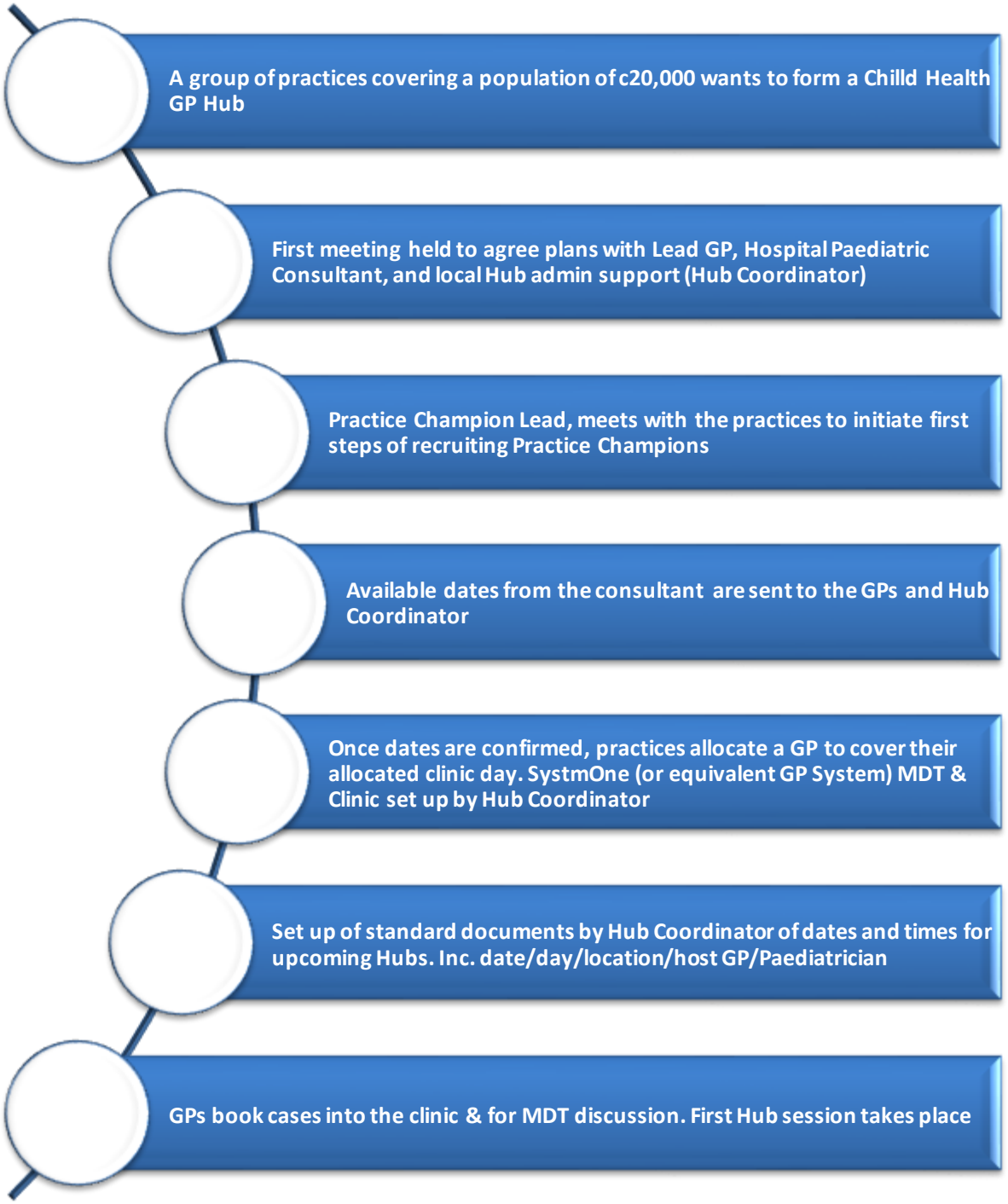
The Child Health GP Hub

CC4C Logic Model

This logic model describes the overall aim of Connecting Care for Children, and illustrates the logic as to why we are doing the work we are doing, and how we think it will lead to the outcomes we are hoping for.



Hub Set up

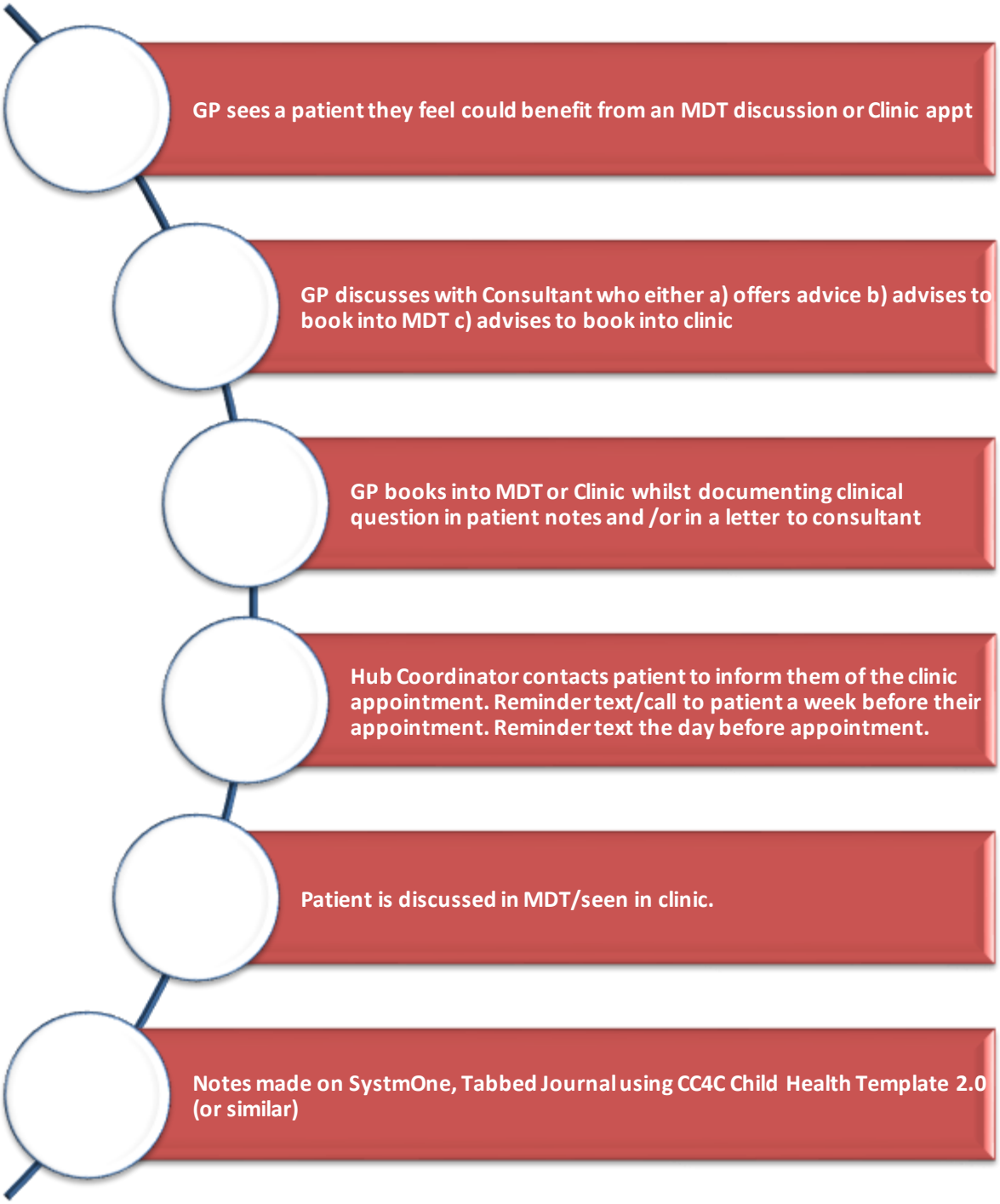

A group of practices covering a population of c20,000 wants to form a Chilld Health GP Hub
First meeting held to agree plans with Lead GP, Hospital Paediatric Consultant, and local Hub admin support (Hub Coordinator)
Practice Champion Lead, meets with the practices to initiate first steps of recruiting Practice Champions
Available dates from the consultant are sent to the GPs and Hub Coordinator
Once dates are confirmed, practices allocate a GP to cover their allocated clinic day. SystmOne (or equivalent GP System) MDT & Clinic set up by Hub Coordinator
Set up of standard documents by Hub Coordinator of dates and times for upcoming Hubs. Inc. date/day/location/host GP/Paediatrician
GPs book cases into the clinic & for MDT discussion. First Hub session takes place

The scheme opposite outlines the steps that are needed to get the Child Health Hub started. To prepare for the implementation of the Hub, there will be an initial Kick Off meeting with the GPs and the Paediatrician in which everyone is introduced, the procedures are talked through and any questions are answered. This is also an opportunity for Consultant and GPs to exchange contact information and to encourage GPs to reach out to the Consultant with any queries. At this point a member of the admin team is identified by the Practice to act as a Hub Coordinator. Hub Coordinators are an important part of the Hub and help to ensure the smooth running of MDTs and Clinics in the future.

CC4C aims to facilitate stronger relationships between health care professionals so it is helpful if the Practice Staff and Managers are kept in the loop from the beginning and included in the Kick-Off Meeting.

Arranging dates for clinics with GPs and Consultants is the next big step and effective planning of this is the key to success. A suitable room for the MDT needs to be identified for each practice who will host; this room needs to have a computer with SystmOne (or equivalent GP System). It's a bonus if the room has projector facilities. Some Hubs choose to rotate the host practice for the MDT and Clinic each month. Others choose to host it at the same practice each month. There are pros and cons of each and the choice is made locally.

Patient Pathway



Clinics

Patients registered with a Hub practice do not need to go to the hospital to see a paediatric specialist; they can be booked into a Hub clinic.

Setting up dates in advance

It is good practice if all Hub dates are booked and agreed between the host GP Practice and Paediatric Consultant for the Child Health GP Hubs at least 6 months in advance. This ensures people have enough notice to attend the MDT and a GP can be allocated to each clinic. Clinics can be held in the morning or afternoon. The minimum consultation for GP, Consultant and family is a 30-minute slot, as this allows the clinicians and family to have a thorough discussion and examination. Each Hub will determine if they want to support 3.5 hours (7 slots) or 3 hours (6 slots) this usually depends on whether the clinic is scheduled for the morning or afternoon. A key aim of CC4C is to share knowledge and learning and these planned time slots provide the opportunity for that.

Making the referral

The patient list will be curated by whichever Practice is hosting the Hub that day. GPs from the other practices will be able to remotely book their patients into the clinic (although this depends on the local IT set up). Appointments should be shared equally between GP Practices. Once an appointment has been booked, the GP can send the consultant a referral letter via email to ensure the Consultant is fully briefed before the clinic. If it has already been agreed between the consultant and GPs that referral letters do not need to be sent, the GP will need to record the clinical question being asked of the consultant directly into the patient's record.
If a GP is unsure of whether a patient should be seen in the Hub or not, they are encouraged to contact their Hub paediatrician and discuss the patient with them.

Importantly, a child should not be booked into the MDT or clinic unless the GP is attending the MDT or has sufficiently briefed a colleague in attendance.

Letting the patient know

An important role of the Hub Coordinator is to ensure that patients attend the clinics. When the GP has booked an appointment, the Patient will receive a confirmation of their appointment via text message from the Host Practice. In the week prior to the clinic, the Hub Coordinator contacts the parents or carers of the child to ensure they are aware of their appointment and their need to attend (unless the patient's practice would prefer to do so). Some practices also like to send the patient appointment reminders via letter, this needs careful coordination to ensure all parties have clear and consistent information.

Extra patients

To ensure the Hubs are reaching their full potential, the clinic should be booked to full capacity. If a clinic is full and a GP wants to book another patient in, and therefore overbook the clinic, it is best if he/she first speaks to the Hub paediatrician.

GP and paediatrician working together

Every clinic will have a GP and paediatrician working together. When a patient is seen by the paediatrician in a GP Hub clinic setting, clinical accountability will rest with the paediatrician; where the patient has been discussed at the MDT, the accountability rests with the GP.

We encourage the permanent GPs to have priority over rotating trainee GPs. The optimum model is for a different GP to be in attendance each month. This will enable every GP from each practice of the Hub to have the experience of joint working in child health. It is anticipated that each GP will have this learning opportunity **once or twice a year**. Evaluation data suggests that patients and their families strongly value being seen by the partnership of GP and paediatrician, even if they have not met them before.

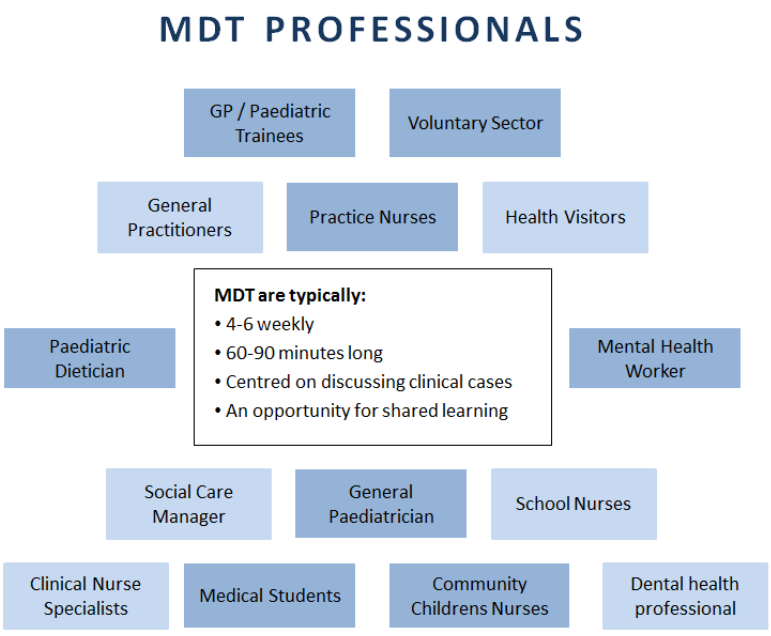
Multidisciplinary Team meetings (MDT)

We find that many cases can be managed without face to face patient contact. The MDT is a great opportunity to discuss cases – simple or complex – and to make a management plan for the patient.

While the MDT starts with a paediatrician, a GP and a Health Visitor, it is the intention of CC4C to welcome to the MDT as many child health professionals as possible to facilitate the whole systems approach to patient care that CC4C aims for.

Good practice will have the Hub Coordinator developing and maintaining an active list of MDT participants. The MDT can include Health Visitors, Community Nurses, Paediatric Dietici ans, School Nurses, Environmental Health Officers, CAMHS professionals, Social Workers, Speech and Language Therapists, Specialist Registrars, training GPs, Children's Community Nurses, and sub-specialist paediatric consultants (see diagram below). They are encouraged to bring cases for discussion (see case hunting section that follows).

MDTs are run after morning clinics or before afternoon clinics. Each Hub will work together to determine if they want to support 1 hour or 1.5 hour MDTs.



Case Hunting

The purpose of "case hunting" is to present cases to the MDT so that everyone there can work together to design a management plan that provides direct care to that patient. Patients for discussion may be identified through case hunting criteria which can include:

- Readmissions data
- A&E frequent attenders.
- Patients with Long Term Conditions

These will be agreed locally in the first instance and over time will be systematically implemented.

All professionals in the MDT are encouraged to case Hunt.
Examples include:

Midwives: pregnant ladies with drug use, medical problems, domestic violence

Health visitors: failure to thrive, maternal low mood, speech & language problems, developmental concerns, crossing centiles, unusual volume/ content of questions

School nurse: pupils with frequent absence, medical concerns, signs of safeguarding issues, mental health problems

Dietician: those on special formulas, obesity, failure to thrive

Social services: safeguarding, housing problems / entire caseload.

Practice nurse: those that have missed immunisations, unusual interactions between parents & children

GPs: frequent A&E attendances, those with medical problems, maternal anxiety etc., frequent GP attendance, high anxiety parents

Paediatrician: patterns of referral, children and young people with long term conditions for transition e.g. severe disability, children and young people with long term conditions for discussion with specialist nurse (diabetes, epilepsy, ISW, sickle)

MDT and Clinic Notification

When discussing cases at the MDT, clinicians will need consent from their patients to hold this discussion with identifiable data and full access to the patient record. If there is no consent given by the patient then this discussion must happen anonymously and the GP should update the patient record after the MDT.

The Hub runs effectively if the Hub Coordinator is in contact with the MDT professionals, sending a friendly reminder email with the location and timing of the Hub and other useful information (see page 12 & 18). This should happen three weeks and one week before the MDT and can also act as a prompt for clinicians to identify patients that they may wish to discuss at the MDT.

- Greeting to invitees
- What the invitation is for i.e. GP Child Health Hub Clinic and MDT
- The date and the venue (full address)
- Contact number and link to the Health Centre or Practice website
- A link to a map for directions
- The time of the clinic and MDT
- The name of the attending consultant paediatrician
- Details of parking availability, cost and directions
- Pin numbers for car park entry should also be included if needed, with cycle and moped parking details also.
- Details of the closest stations over ground and underground as well as local buses and routes
- The direct line number or mobile of the GP Child Health Hub Coordinator
- Whether lunch is provided

An example of an MDT invitation can be found in **Appendix 1**.

Where there is under filled capacity, the Hub Coordinator is encouraged to liaise with the GPs to see if there are any cases identified via case hunting methods that can be offered an appointment or booked for discussion.
It is helpful if the Hub Coordinator sends a copy of the MDT and Clinic list to clinicians the day before the Hub to remind them of which patients have been booked in. This also allows other MDT attendees to see if their services have had contact with the patients also (i.e. Health Visitors, dieticians, CAMHS).

After the Hub

The Hub Coordinator keeps a record of attendance and contact details of those that attended the MDT and distributes this after the meeting so clinicians can communicate outside of the MDT. An Attendance sheet is included in **Appendix 2**. New members of the MDT are added to the email distribution list

Evaluation

Capture of learning

It is important that the knowledge is shared and learning is recorded; this works best if a clinical volunteer takes down learning points during the MDT; a template for this can be found in **Appendix 4**. These can then be distributed to all health professionals associated with the Hub by the Paediatric Consultant and can be used by clinicians for their CPD portfolio.

Patient Reported Experience Measure - *one clinic per 6 months*

When a patient has completed their consultation, it is helpful if the GP or Consultant in attendance asks the family to fill out a PREM form (Patient Reported Experience Measure).These enable staff to gauge the usefulness of the clinics and continue to amend and improve as time goes on. A template for his can be found in **Appendix 5**.

Monitoring

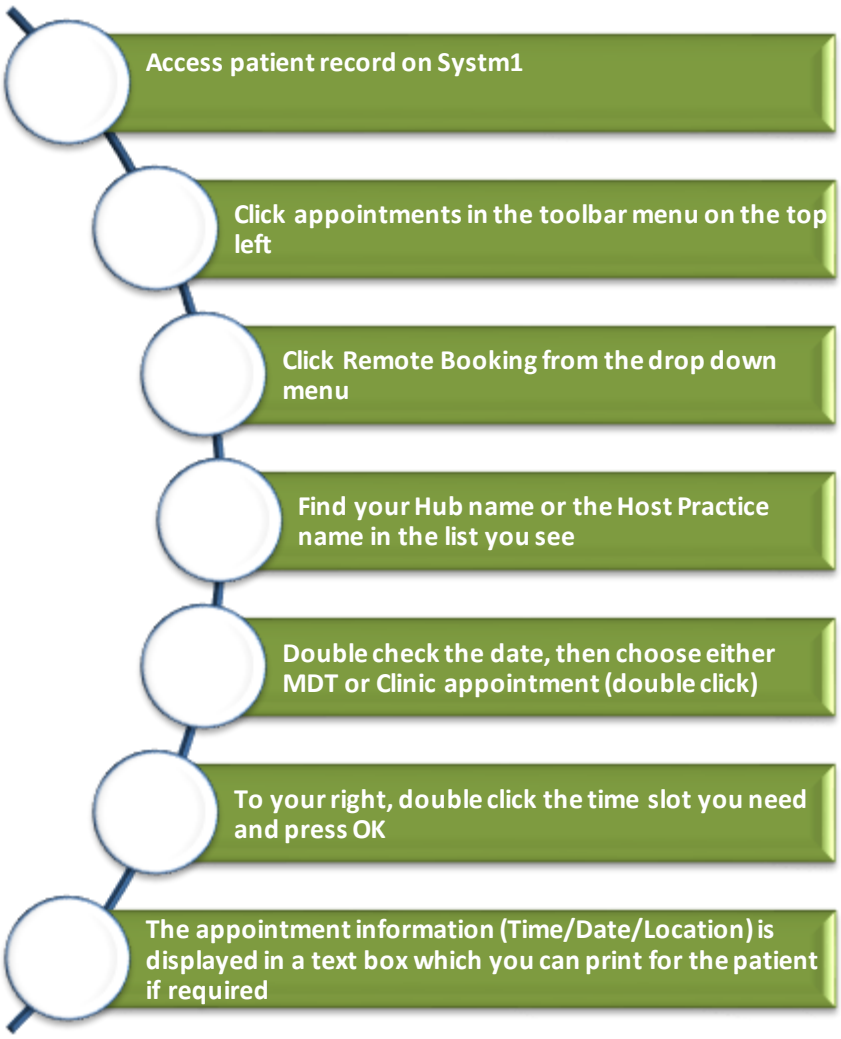
The processes from each Clinic and MDT are recorded on a Hub pro forma (which can be found in **Appendix 6**) completed by the Hub paediatrician; this can be reviewed regularly by the organisational team. The CC4C team review this weekly with the core team and monthly in our Governance meeting. These outputs can be annually reviewed with each Hubs GP Child Health Hub Coordinator, Paediatric Consultant, Lead GP, and CCG Lead.

Good practice should be shared and any recommendations for improvement are welcomed. Over time, we anticipate that this will facilitate learning and adoption of good practice from Hub to Hub and to inform development of the CC4C System.

SystmOne (or equivalent GP System)

The host practice sets up the MDT and Clinic appointments on their GP system and allows these appointments to be "remote booked" by other practices in the Hub. For governance reasons, practices should allow Smart Card access to their named paediatrician. The Hub Coordinator also needs to be given Smart Card access to manage the MDT/Clinic list. Most practices already use remote booking; for example, if you have appointments or sessions held at your practice that can be attended by patients from other practices, your settings will be in place already.

Remote Booking enables the GP and Paediatrician to see all of the patient's record during the Clinic or MDT, even those that are registered at other practices from the Hub. The process of booking a patient into the Hub MDT or Clinic is shown below (for SystmOne, similar process should be undertaken for alternative GP systems).



FAQs (SystmOne)

Q: I can't see the Hub date I require on SystmOne
A: It is most likely fully booked. When the MDT or Clinic is fully booked it will not be visible under remote booking. You can contact your Hub Coordinator to double check for you.

Q: There are too many rotas on my remote booking screen, how can I find the Hub?
A: On the remote booking screen click the drop down box titled 'show rotas for' and you can then pick the Host practice. This narrows down the search and will only allow you to see bookable rotas for the host practice rather than all of the practices that you can book patients into.

Q: I have booked my patient an appointment but can't remember the details – how can I check this?

A: Once the appointment has been booked it disappears from the remote booking screen. You can contact your Hub Coordinator for information on the appointments or if you remember the patient's details, you can look in their patient record.

Q: I need to cancel the appointment, how can I do this?
A: The Hub Coordinator can cancel this appointment for you. If the patient wishes to cancel they can contact the Practice directly to do this.

Q: Why do patients need to be booked into the MDT?
A: Having patients booked into the system allows the notes to be accessed directly during the MDT to provide a clearer medical history and eliminates the amount of patient information being passed around on paper during MDT.

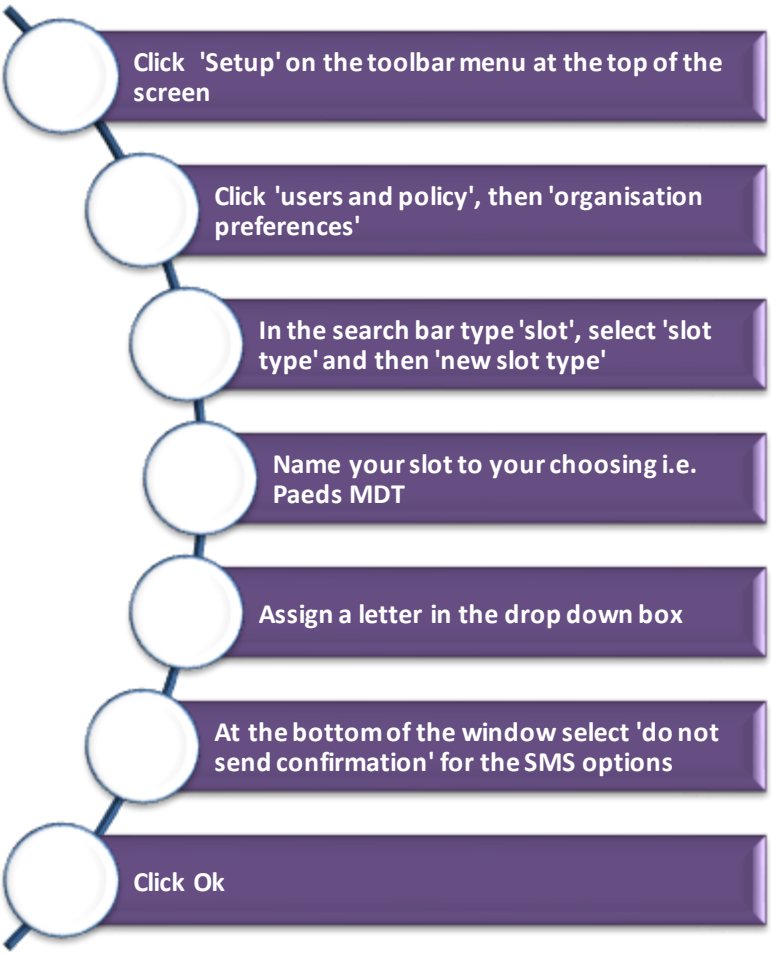
SystmOne in the Clinic
During this process it is helpful if a GP captures clinical notes in the Child Health Template 2.0 (Shown in **Appendix 3**). This template can also be used by GPs in their day to day practice when seeing paediatric patients. Please contact the CC4C Programme Coordinator if you would like access to the template.

SystmOne in the MDT
Patients to be discussed in the MDT should be booked into SystmOne in the same way patients are booked into the Clinics. However, it is vital that the MDT rota slots are set up to disable text messages to ensure patients who are being discussed do not attend the practice under the impression they have an appointment. You can create specific MDT slots to disable text messaging; the diagram on the following page details how to do this.

The host practice needs to have a computer with SystmOne available during the MDT. Notes taken during the MDT can be input through the 'Child Health template 2.0'. This template has a number of different tabs with helpful information.

MDT slot set up (SystmOne)

The diagram below outlines the steps taken to set up a new slot type for the MDT with SMS reminders disabled (for SystmOne, similar process should be undertaken for alternative GP systems).


Click 'Setup' on the toolbar menu at the top of the screen
Click 'users and policy', then 'organisation preferences'
In the search bar type 'slot', select 'slot type' and then 'new slot type'
Name your slot to your choosing i.e. Paeds MDT
Assign a letter in the drop down box
At the bottom of the window select 'do not send confirmation' for the SMS options
Click Ok

Appendix 1: MDT Invitation

Dear all,

The next meeting will be:

Date: Wednesday 16th September 2015
Venue: Health Centre
Health Centre
St Mary's Hospital
London W2 1NY
Tel :(020) 3312 6666

MDT meeting time: 12:30pm-14:00pm
Clinic: 14:00pm-18:00pm
Attending consultant: Dr Joe Bloggs
GP in clinic: Dr Smith – Health Centre

Car parking: Visitors will need to use pay and display located around the centre.
Closest stations: Paddington Underground Station (Hammersmith and City Line/ District and Circle Line/ Bakerloo line)
Closest Buses: 7, 23, 27, 36, 205, 332, 436
Please check your travel route prior to the meeting as sometimes there are works taking place causing delays or closures.
If anyone wants me to insert them in a slot for the meeting so you can discuss and share information with everyone please just email me the details.

Please could you e-mail me to let me know if you can or cannot attend.

Note for Clinicians: There is only one slot left for the clinic and no one has been booked for the MDT meeting yet. If you need any assistance booking MDT or Clinic slots please get in touch.

I will send an e-mail again closer to the date of the hub.

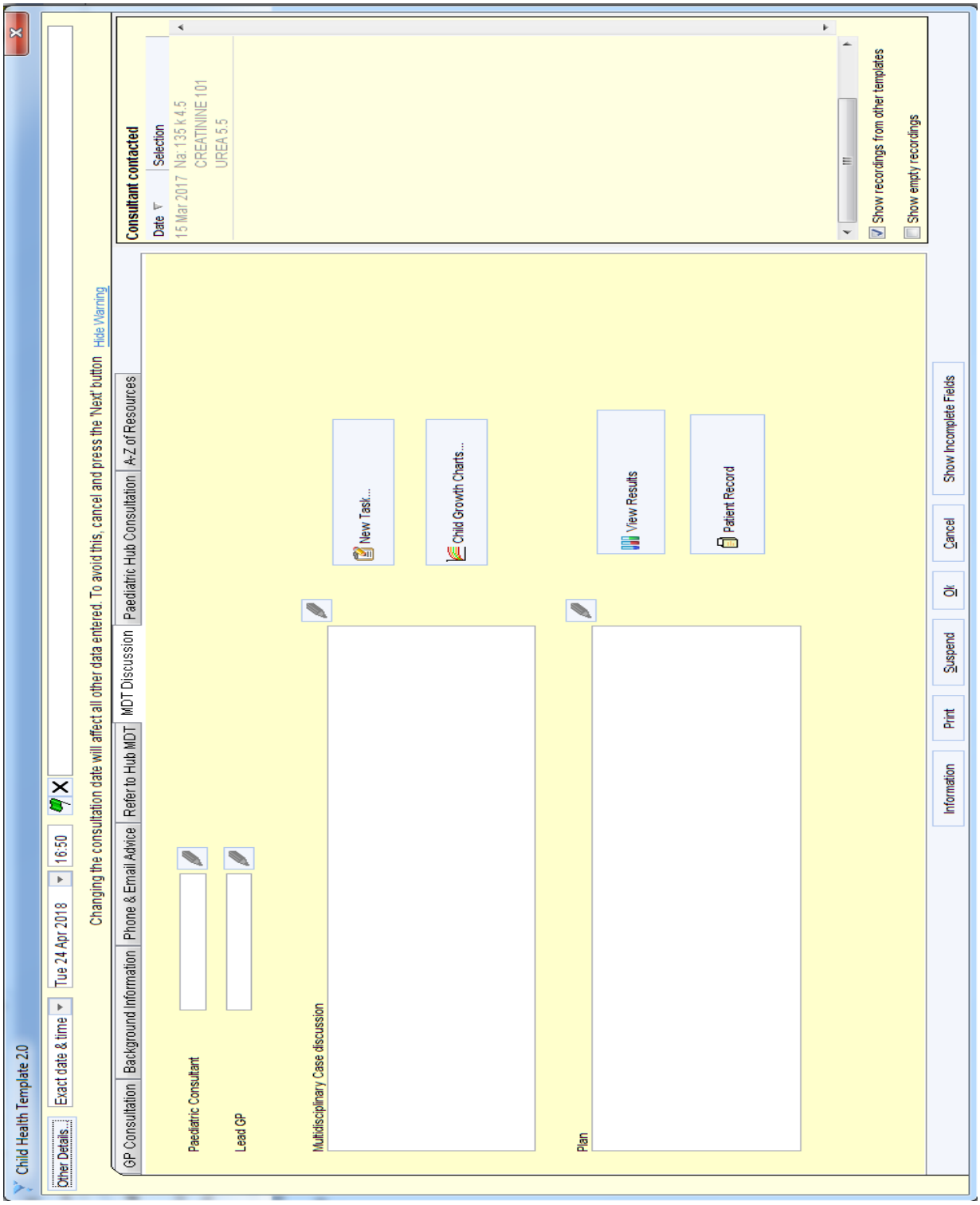
Thank you,
John Smith

The Child Health Hub Coordinator
Based at: **Health Centre, 6 West London Street, London W2 1NY**

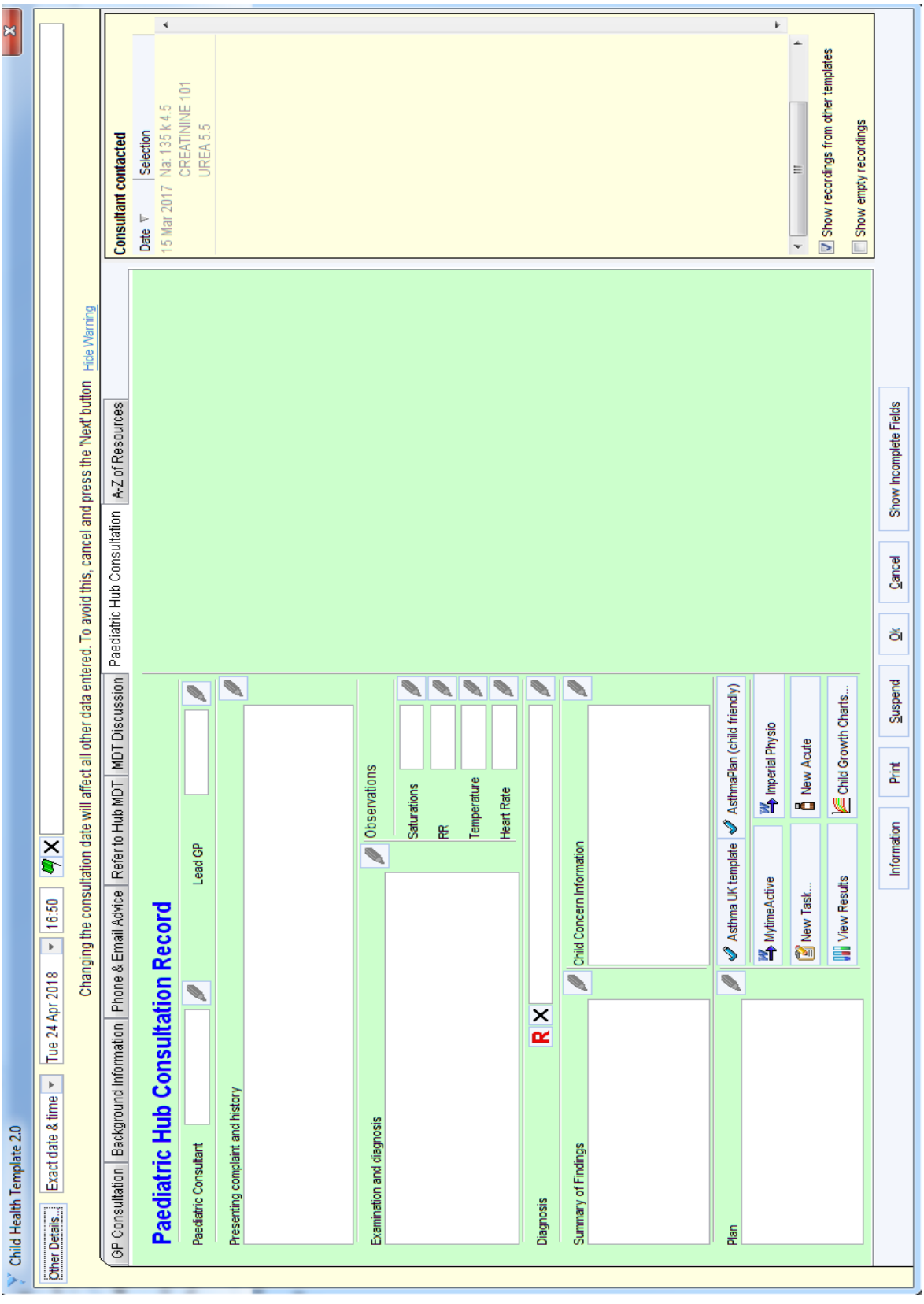
Appendix 2: Sign in sheet

Date:	Location:					
Name	Title	Organisation	Email address	First time ✓		

Appendix 3: Capture of clinical discussion at MDT meeting



Appendix 3: Capture of clinical assessment at Hub clinic



Appendix 4 – Learning points example

Dear Colleagues
Please find below a quick capture of some learning points from this week's Hub, put together by Dr Helpful Trainee
I look forward to seeing you next month
Dr Friendly Paediatrician

Learning points

1. Normal Limb Variants/Abnormalities in Children

- On the basis of seeing a very worried mother in clinic who brought her 2 year old who had bow-leggedness, we briefly discussed internal tibial torsion.
- This is a condition normally seen in 1 – 3 year olds, which is characterised by internal rotation of the tibia. This can result in the child's foot and knee not being in straight alignment when examining the leg. It is usually noticed by the parents when the child starts walking and may cause increased tripping or falling over.
- Important things to exclude in these children include: hip abnormalities, hyper-mobile joints and rickets.
- Parents require reassurance that it is completely normal and should resolve by the age of 4 on its own.
- Attached is a link to a BMJ article discussing various other limb abnormalities that may be encountered in primary care that are entirely normal: https://www.bmj.com/content/351/bmj.h3394

2. Torticollis and Plagiocephaly

- A 6 month old (born at 32/40) was seen in clinic due to torticollis and preferentially looking to the left side. This was causing him to develop plagiocephaly on that side. Neither of these are uncommon conditions, especially plagiocephaly in premature babies due to softer skull bones.
- Conservative treatment options include:
    - Turning the cot around so that baby has to turn their head the other way to see mum/dad approach
    - Use interesting/colourful toys to encourage them to look the other way
    - Encouraging tummy time
- It is important to explain to parents that this is something that will gradually resolve on its own as baby's muscles grow and they develop more head control. The plagiocephaly will then also gradually resolve as baby's brain grows and they spend more time sat upright.
- Important things to assess for on examination include: developmental milestones, craniosynostosis
- Another important learning point from this discussion was about the development of torticollis in an older child who has previously had full range of motion. In these cases a posterior fossa tumour must be ruled out.
- Attached is an NHS information leaflet that can be offered to parents for reassurance: https://www.nhs.uk/conditions/plagiocephaly-brachycephaly/

3. Differentiating Asthma from Anxiety in Young Patients

- This discussion came about after discussing a 12 year old girl who was suffering with recurrent asthma exacerbations and tachycardia of unknown cause, with a background of anxiety and ADHD. Her mother described how at times it was very difficult to differentiate whether her breathlessness was due to her asthma or her anxiety.
- Mando shared with us the benefits of using pulsus paradoxus and manual BP recording in this instance. Pulsus paradoxus is when there is a variation in recorded SBP depending on whether the patient is inhaling or exhaling.

If the difference between SBPs when pulsus paradoxus is heard and when it is not (i.e. Korotkoff sounds are regular) is >20mmHg, then this points to a respiratory cause rather than anxiety.

Appendix 5 – Hub Proforma

Hub:	Consultant: GP:	
Date:		
Venue		
Number of patients seen in clinic		
Number from each practice		
Number of DNAs? (which practice)		
MDT Attendance		
No. Pts discussed (not clinic patients)		
Number from each practice		
CAMHS professional in attendance?		
CAMHS professional contributed to a case?		
No. of GPs		
How many GPs from each practice		
No. of HVs		
Was there a Health Visitor representative from each practice?		
School Nurse (how many)		
Family Support Service (how many)		
Early help (how many)		
Specialist (how many)		
Any other professionals?		
Learning Points completed?		Y/N/In Progress
Round up email sent to attendees?		Y/N/In Progress
AOB - Issues/Comments		

Appendix 6 – PREM Form

Survey About your Appointment with a GP and a Hospital Doctor (Paediatrician)

1. What date was your appointment?
   .....
2. What is the name of your GP practice?
   .....

Section for young people:

1. Was there anything about your appointment that you thought was really good?
   .....
   .....
2. Was there anything you thought could have been better?
   .....
   .....
3. Did you know that this was not a regular GP appointment?
   a. Yes, and I knew who I'd be seeing
   b. No, but I knew who I'd be seeing
   c. No, I did not receive any information
4. Did the doctors listen to you?
   a. I felt they really listened to me
   b. I felt they listened to me some of the time
   c. I did not feel they listened to me
5. Were you as involved as you wanted to be in decisions about your treatment?
   a. I was as involved as I wanted to be
   b. I was less involved than I wanted to be
6. Did you feel confident in the doctors?
   a. I felt very confident in them
   b. I felt confident in them some of the time
   c. I did not feel confident in them
7. Did you like seeing both the GP and the hospital doctors together, rather than just the hospital doctor?
   a. Yes
   b. No
8. Did you receive enough information about what was wrong with you and what to do?
   a. Yes
   b. No
9. We may use your data for research and improvement. Is that ok?
   a. Yes
   b. No

Section for parents:

1. Was there anything that you thought was really good?
   .....
   .....
2. Was there anything you thought could have been better?
   .....
   .....
3. Did you know what to expect before you came to the appointment?
   a. I knew who I'd be seeing and what to expect
   b. I knew who I'd see, but not what to expect
   c. I did not understand who I'd be seeing
   d. I did not receive any information
4. Did the doctors listen to you and your child?
   a. I felt they really listened
   b. I felt they listened some of the time
   c. I did not feel they listened
5. Were you as involved as you wanted to be in decisions about your child's treatment?
   a. I was as involved as I wanted to be
   b. I was less involved than I wanted to be
6. Did you feel confident in the doctors?
   a. I felt very confident in them
   b. I felt confident in them some of the time
   c. I did not feel confident in them
7. Did you like seeing both the GP and the hospital doctors together, rather than just the hospital doctor?
   a. Yes
   b. No
8. Did you receive enough information about what was wrong you're your child and what to do?
   a. Yes
   b. No
9. Has seeing a hospital doctor in the GP surgery changed the way about how you feel about your child's care at the GP surgery?
   a. I feel more comfortable taking my child to see the GP
   b. I feel less comfortable taking my child to see the GP
   c. My feelings have not changed
10. How likely is it that you'd recommend this service to your friends and family?
    a. Very likely
    b. Somewhat likely
    c. Neither likely nor unlikely
    d. Somewhat likely
    e. Very unlikely
11. We may use your data for research and improvement. Is that ok?
    a. Yes
    b. No