

Gathering Examples of types of paediatric MDT and hubs (along CC4C lines)

Please answer as if helping someone set up your model in their patch. Keep to single page if possible

Venue Site/hospital Craigavon Area Hospital, Northern Ireland (linked to Armagh GP practices x3) Geographical area, eg PCN
Frequency
MDT type Duration and time of day 60min, starts at 13:30 Virtual eg Zoom (type) or F2F currently on zoom, preCOVID: F2F People involved every time GPs APNPs, Paediatrics, MEdstu, GP trainee, Paeds Trainee, HV People involved some of the time ED, visiting Primary care staff Discussion of high "risk" patients – how chosen by primary care team What are the common patients discussed SOOOOOOO variable and appropriate. No longer are they "common" problems as primary care have these sorted through shared learning How is it documented and how are themes disseminated letter with all attendees sent to families and named GP, immediately uploaded to country wide data base ("NIECR") for all to see (ED, primary and secondary care)
Clinic Duration of slots not sent – just discuss for as short or as long as needed All new or follow up majority new, review are caught up between clinics (eg results) Virtual or F2F f2f (now all virtual) Chosen by whom primary care staff Criteria/Guidelines for choice none – ask anything/not restricted GP sitting in – same one most times or variety or none staff rotate and if can't make it, a colleague presents their case – buy in from all GPs across all 3 practices Other people sitting in as outlined above (previously would have had the family present if required, but not done virtually) GP practice, same one each time or rotation – same GPs generally with others attending if free and have cases they want to discuss. The "regulars" attend even if no cases as they find the learning from cases very useful to their practice
Documentation/IT Hospital notes/GP notes – GP notes, hospital dictated letter addressed to parents (as above) IT fixes and barriers – deal with what we have but NI is introducing a new platform to start sometime (when COVID allows)
Payment How is this funded e.g. PCN/CCG/secondary care/mixed Payment of cases on a case by case basis, or session Who funds the people at the MDT Who funds the individual, e.g. the GP, the consultant This service was initially funded under Confidence and Supply Transformation funding from the Health and Social Care Board, through its Specialist Commissioning Team and Integrated Care Team. Funding was provided on a two strand approach:- 1. Commissioning funded the HSC Trust to provide the paediatric expertise and input at the sessions. Funding was provided for 1 consultant to work one day per month (0.05 of their time) in the Hub. As well as the consultant's time the HSCB also provided funding for 0.1 of a Band 6 Paediatric Nurse and 0.1 of Band 4 Administration input. This amounts to 2 days per month for both. 2. Integrated Care provided funding for each GP Practice that participates in the relevant Hub and the HSCB expected at least 3 practices to be represented in the Hub. Funding provision was as follows. Each practice received a set amount for each session they attended and the objective was to hold at least ten MDT/GP Hubs per year. As part of the review the HSCB is keen to ascertain whether amendments to the current are required to improve its service going forward.
Admin Who does it – consultant secretary types letter Who pays for it – see above Brief description of how things work With respect to admin, consultant allows any case to be brought for discussion (family are invited to attend at the next clinic if required based on discussion). Clinics are every 4 weeks. GP will sort out notes at their end and ring patient. Consultant typed letter will follow within a week (dictated following clinic)
Communication What methods, eg Teams, nhsnet, giving phone numbers – phone, zoom, email, CCG (online communication gateway that allows responses to be uploaded immediately without admin staff, to regional system for sharing (on NIECR)

How do GPs/HVs/Consultant communicate about patients between visits – email/CCG – phone if needed (but rarely)
How do you communicate common themes/learning points/details about clinics – teaching on topics as we go in real time with a summary of common themes and evidence base at the end of the year

Evaluation

What evaluation do you do and how – user and patient questionnaires

What makes your model sustainable/what are concerns about future – it works and we work much better together, because of it. No concerns at present – just need to watch the funding but the PHA are backing this and want more HUBs in NI – current regional review is happening right now

Who/which team is the driver behind your model – not really sure how to answer this but consultant and GPs within the HUB as well as PHA

Any governance or data protection issues/fixes – none identified

Other comments to help