Set up sheet - how the clinics work: *Learning Together* integrated child health

###### **Planning set up**

* The programme or local team will pair you up. You should arrange to meet your partner.
* GP registrar advertises the clinic to rest of GP staff. Explains rationale, patients to book, format.
* Decision made on the best day to hold a clinic once a month for six months. The clinic should be on a day when there is a practice meeting so that the pair can feedback to the rest of the practice about the patients seen enabling clinical continuity and cascading of learning. Plan to include practice nurse/HV if possible in team discussions.
* GP and paediatric registrars choose clinic dates to suit the practice and release from the trust rota. Start with one or two dates that are booked at the practice and give the practice enough lead in time to book children and young people in.

###### **Booking in children and young people**

* Patients booked by practice staff – triaged by the participating GP registrar.
* Six 20-30 minute slots
* Two 10-15 minute “walk in/emergency slots” booked on the day

###### Patients who could be seen in the clinic:

* Routine follow up of idiopathic constipation, eczema, allergy, annual review of common childhood illnesses, asthma etc
* Child with problem X who has been seen before in primary care but is difficult to manage, parent is anxious etc.
* “Frequent flyers” in the last six months to GP or urgent care
* Children discharged from secondary care and in need of follow up
* Children who might need referral to general paediatrics outpatients, or GPs would like a second opinion
* Two walk-ins to demonstrate ‘usual’ unfiltered GP care.

###### Patients who shouldn’t be referred to the clinic:

* Children in need of specialist paediatric input, e.g.: diabetes, neurology
* Emergency referrals - red flags - seen by other professionals in the practice should not be delayed by being booked into this clinic (unless they are a walk-in appointment).

###### **Clinic preparation – a few days before**

* Participating GP registrar emails paediatric registrar with patients booked (outlining their conditions/problems, not names) 1-2 days beforehand to allow the paediatric registrar time for preparation/revision
* ST3 reminds the practice about the feedback meeting.

###### **Clinic day: example**

* 8.30am: Pre-clinic discussion around patients to be seen
* 9am -12 noon Six booked slots
* 12-12.30pm Two emergency slots
* 12.30-1pm Debrief/discussion with GP trainer, review management plans, filling in learning log etc.
* 1-1.30pm Practice meeting/MDT feedback on patients, dissemination of learning, other patients discussed.

###### **In the next few working days**

* Paediatric trainee discusses patients with paediatric supervisor.
* Ongoing email/telephone contact between GP and paediatric registrars about patient management
* Trainees send Learning Log to project team / use it to add to their e-portfolio