

An audit to assess the impact of the Learning Together Program on the management of constipation in children by General Practitioners in a South London Practice.

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Learning Together Program 2014-2015

Introduction

'Learning Together is an integrated care training initiative currently expanding through South London.'¹ It involves the running of 'specialist paediatric' clinics in GP practices by a GP registrar and a Paediatric registrar. The clinics run over a period of 5-6 months. Patients are selected from the GP practice by the GP registrar with the aim of improving the management of chronic diseases and preventing secondary care referrals. The registrars involved were Dr Rachel Dunbar (GP ST3) and Dr Natasha Njenga (paediatric registrar ST8) from the local Hospital.

The clinics

6 clinics were held at a South London Medical Centre from November 2014 to April 2015.

After every clinic a Multidisciplinary Team Meeting took place which was open to all members of staff. Cases seen in the clinics were discussed and team members were able to bring their own cases to discuss. Guidelines of common conditions were also discussed.

Amongst many cases that were seen, managed and discussed the most prominent condition was constipation and faecal impaction. Subsequently an audit was designed to explore this.

Background

'Constipation is defined as the decrease in frequency of bowel movements characterised by the passing of hardened stools which may be large and associated with straining and pain. Soiling of the clothes may result from overflow from the overloaded bowel' (faecal impaction). 'It is one of the most common reasons for referral to Paediatric Services and in the UK 5% of children between 4 and 11 will suffer from constipation for 6 months or more.

It is widely underreported as the signs and symptoms often go unrecognised. Few parents relate the presence of soiling to constipation. 'Affected children experience misery and discomfort and potential social and educational consequences,' the effect on families can also be distressing and frustrating. NICE state that outcomes for constipation improve when it is identified and treated promptly, continuity of care is maintained and the effect on the family is considered. (2)

Aims and objective

An audit was led by Rachel Dunbar, co-designed with Wendy Riches and Roz Ullman to assess the impact of the Learning Together Program on the management of constipation in children in a local setting within Primary Care. The aim was to quantify a change in guidance adherence (best practice) and the impact on health, how well children were and for how long as a result of the joint clinics, and feedback/shared learning sessions.

Setting standards and criteria

Audit criteria for constipation, from the Learning Together CAFE data sheets were used. These are based on current NICE guidelines and formed the basis of the QiP data sheets (Appendix A).

The guidelines advise that:

- Macrogols should be used first line for the management of constipation*
- Follow up for maintenance of constipation should be within 6 weeks
- Follow up following faecal dis-impaction should be within 1 week
- Written information and lifestyle advice should be given but not used alone and this was added as a new criteriaⁱⁱ

* It was accepted that it can be appropriate to give Lactulose in under 1s as first line

Method

The inclusion criteria for the QiP were:

- All patients from 0-18 years who were seen 15/6/2014- 14/11/2014 in the 5 months prior to the Learning Together clinics
- All patients aged 0-18 years who were seen 15/11/2014- 20/04/2015 in the 5 months during the Learning Together clinics
- Patients with a diagnosis of constipation were selected using the EMIS Web Search database using the codes: constipation; faecal impaction; and overflow diarrhoea.

As in the CAFE case notes review each patient or patient's carer, was followed up with a telephone call, and asked, "are you (they) better?" For this QiP a positive reply prompted an additional question "for how long?" Follow up calls, or a notes review of a consultation, were made in June 2015 at least eight weeks after the patient was seen to allow for a clinically meaningful period of treatment. Patients were contacted twice. The calculation of time for a change in health (becoming well) was eight weeks after the five-month period for both groups.

Results

23 patients were seen with a diagnosis of constipation in the 5 months prior to the Learning Together clinics and 23 were seen in the 5 months during the Learning Together clinics. 6 of these patients overlapped into both time frames. For these patients the data collected was relevant only for the selected time period.

5 patients from the study were seen in the Learning Together clinics (LT) 3 of these had faecal impaction, 2 had constipation.

Maintenance follow up

Before LT:

Out of 23 patients 2 were discounted as had faecal impaction

- 10/21 (48%) were seen within 6 weeks
- 11/21 (52%) were not seen within 6 weeks
- 2/21 (10%) had appointments arranged but did not attend (DNA)
- 6/21 (26%) were asked to return if not improved (PRN)
- 3/21 (14%) were inappropriately not followed up

After LT:

Out of 23 patients 4 were discounted as they had faecal impaction

- 9/19 (47%) were seen within 6 weeks
- 10/19 (53%) were not seen within 6 weeks
- 3/19 (16%) had appointments arranged but DNA
- 4/19 (21%) were asked to return PRN
- 3/19 (16%) were inappropriately not followed up

Follow up of faecal impaction

Before LT

- 2 patients were seen with faecal impaction.
- Neither was followed up within 1 week.
- Follow up was in 10 weeks and 4 months
- Only 1 was started on treatment
- Neither was better by 15/11/2014

After LT

- 4 patients were seen with faecal impaction
- 2 of those were seen in the LT clinic
- All 4 were started on treatment
- 2 were followed up within 1 week, 2 were followed up within 15 days
- All 4 patients are better

Choice of laxative:

- Macrogol use as first line increased from 43% (before LT) to 52% (after LT)
- Inappropriate treatment decreased from 34% to 17%

(Defined as Lactulose or other given first line in an over 1 or diet advice only)

Advice (behavioural/ dietary/ leaflets)

- **Before LT** 17/23 (74%) were given advice
- **After LT** 15/23 (65%) were given advice

Referrals:

- **Before LT** 1/23 (4%) was referred to ADHD service as thought to be behavioural
- **After LT** 1/23 (4%) was referred to private paediatrician for abdominal pain, constipation documented to be resolved.

Health Outcomes:

Before Learning Together group – usual GP Practice

- 23 patients identified with constipation,
- 18/23 responded (consultation notes and phone calls)
- Responses:
 - 4/18 said they were better/well (22%)
 - Total of 12 months good health reported across all four patients
 - 14/18 were not well

After Learning Together started

- 17 newly identified patients with constipation
- 4/17 were seen in Learning Together clinics
- 12/17 responded (consultation notes and phone calls)
- Responses:
 - 11/12 said they were better/well (90%),
 - Total of 31 months of good health across all eleven patients
 - 1/12 said they were not well

P value = 0.0002 Usual practice compared to practice after Learning Together started in a team of 6 GPs at one Medical Centre.

Additionally, some patients in the before group continued to be treated or re-presented after Learning Together started:

- 6 additional patients were still being seen from the before group
- 1/6 was seen in a Learning Together clinic.
- 5/6 responded to a follow up phone call
- Responses

- 5/5 said they were better/well (100%)
- Total of 10 months of good health across all five patients after Learning Together started.

Table 1 QiP findings: Health outcomes

	Number of patients identified by EMIS search	Number of responses at follow up	Better: Yes	Better: No	Responders % well	Total months of well
Before group	23	18	4	14	22%	12 months good health (4 patients)
After group - new patients only identified in the search	17 (4 seen in Learning Together)	12	11	1	90%	31 months good health *
Before Group still unwell when LT started – identified in 'after' search	6 (1 seen in Learning Together)	5	5	0	100%	10 months good health **

*5 patients did not report a time to the GP at follow up

* *1 patient did not report a length of time to the GP at follow up

*5 patients did not report a time to the GP at follow up

* *1 patient did not report a length of time to the GP at follow up

Learning

It is well known that constipation can take several months to improve ⁱⁱⁱ (1). Ongoing support and review is key here and I believe the LT clinics emphasised this.

Practice changed as a result of Learning Together. Examples from the learning logs include:

- Psychosocial impact of overflow soiling – “mum at her wits end” and child sent home from school “because he smells”
- How behaviour can improve as symptoms resolve
- Appropriate water intake for toddlers
- Constant laxatives work better than when given ad hoc

In addition to the information found in this project the general feeling and attitude towards constipation has changed in the practice and this was demonstrated by GP interviews (undertaken as part of the programme evaluation). One of the strong themes from the interviews was ‘Assured practice (confidence from effective practice affirmed by a colleague/teacher, repeated practice of a skill). For example, the GP trainee learnt the “importance of properly explaining overflow soiling as symptom of constipation.”

The 2 cases with faecal impaction (seen in the Learning Together clinics) were causing significant distress and discomfort to the children and their families. The GP trainee believed that, had the clinics not taken place, these children would still be suffering. The clinic was able to provide enough time, patience and expertise to effectively manage these families, something that had not been possible before in the GP setting.

Limitations:

A limitation to implementation of best practice is lack of patient appointments and this played a part in some patients not being followed up or not being seen within the desired time frame. Doctors have no control over appointments that were booked and not attended. A responsibility also lies with the patients. Many patients were not followed up despite the GP clearly documenting to return if the problem persists. Many of these patients when contacted were not improved but no attempts had been made to seek review.

Some patients were seen by locums who were not aware of the LT program and had not taken part in the MDT meetings. Certain GPs at the practice were not able to attend the meetings as they were not at work on that particular day. (However, the NICE guidelines were emailed to them)

Conclusions:

The project has shown an improvement in the management of faecal impaction and the choice of appropriate laxative. There has also been a substantial increase in the number of patients whose constipation has improved since the LT clinics were introduced.

The total time that each group of patients said they were well, as a result of treatment by any GP in the practice, is remarkably different before and after Learning Together started. The range of increased health is as follows:

- Minimum (just including new patients): 19 months more of good health for under 18s with constipation compared to practice before the training intervention
- Upper range (new patients plus patients from before group still unwell at start of Learning Together): 29 months more of good health for under 18s with constipation compared to practice before the training intervention.

Using just one example condition, this QiP demonstrates that not only did new clinical knowledge spread to other GPs at the practice, but this new knowledge led to improved health outcomes for patients in their care.

Following the implementation of Learning Together at the practice there was a significant increase in the number of children and young people with constipation who reported that they were “better” when followed up by a phone call or in a consultation ($p < 0.0002$), despite the fact that most of these

patients under 18 years of age were seen outside the Learning Together clinics by other GPs at the surgery. The quantified health outcome (total time each group had been well) measures both the direct effect of Learning Together on the participating GP ST3's own clinical practice (5/23 cases were seen in Learning Together) and the indirect impact of the clinics as learning is disseminated in the feedback/MDT meetings (18/23 children were seen outside of Learning Together by other GPs at the medical centre).

Learning Together enabled new clinical knowledge and skills and changed practice that improved outcomes for children.

Appendix A: Data sheet

Audit Questions	Age	Date seen	1. Do the notes record that the child or young person with constipation received oral macrogols as first-line treatment?		2. If the child or young person had laxative treatment for DISIMPACTION, do the notes record they received a review of their treatment from a healthcare professional within 1 week of starting treatment?			3. If the child or young person had laxative treatment for MAINTENANCE therapy, do the notes record they received a review of their treatment from a healthcare professional within 6 weeks of starting treatment?			4a. Ask the carer or patient 'Are you better now - yes or no?'		4b. If 'Yes' how long have you been well?	Date called	5. Leaflet advice given?		6. Referred?	
			Yes	No	Yes	No	Time	Return if not better	Yes	No	Return if not better	Yes	No		Number of weeks they have felt 'better' since you saw them	Yes	No	Yes
Definitions			Constipation that cannot (currently) be explained by anatomical, physiological, radiological or histological abnormalities NICE CG 99		Disimpaction treatment: treatment with laxatives for the evacuation of faeces			Review during maintenance treatment includes ensuring the child or young person does not become impacted and assessing for possible issues in maintaining treatment such as problems with taking medicine and toileting			Better in the patients opinion: relief from symptoms of constipation may include normal bowel habits, no pain, taking reduced laxatives without symptoms getting worse							
X' in Yes or No column (or add n/a)																		
1st Patient																		
2nd Patient																		
....																		

References

ⁱ <https://www.learningtogether.org.uk/>

ⁱⁱ A useful source of patient information can be found at <https://www.eric.org.uk/what-is-constipation>

ⁱⁱⁱ Nice CKS Webpage: Constipation in Children (<http://cks.nice.org.uk/constipation-in-children>) September 2010 (June 2015)