



Modernisation Agency
Clinical Governance Support Team

Eureka

**Better assessments, better care for children
with complex needs**

Creating a practical model for multi-disciplinary working with
children and families with complex healthcare needs at
Leicester and Rutland Healthcare NHS Trust

Better assessments, better care for children with complex needs. Creating a practical model for multi-disciplinary working with children and families with complex healthcare needs at Leicester and Rutland Healthcare NHS Trust

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How it was

- Referrals to Children's services for children with complex needs were sent to community-based Paediatricians and/or Therapy and Specialist Health Visiting services via uni-disciplinary systems
- Assessments by individual professionals were undertaken in parallel: there was no formalised process for individual professionals to check their assessment in the context of others. Assessments were often not timely: individual professions had their own priority criteria.
- Care and intervention was not co-ordinated: creating unnecessary visits and ineffective use of resources, including child and families time.
- Information provided to parents was poor - leading to confusion about what was important: comments were often duplicated. Parents had no overall 'picture' of the Children's Service.
- In a recent experience questionnaire over 50% of parents/carers reported dissatisfaction with the level and type of information received.

How they did it?

- A team from Children's Services joined the Development Programme in 2000: they adopted the RAID model to review the way that existing services were organised.
- The fact finding - involving staff and parents - suggested that the current system for assessing the needs of children with complex needs and delivering care needed a shake-up.
- The team also took the time to locate and understand the practice being adopted in Children's services across the country
- A series of discussions were arranged to design a new assessment and intervention service with the focus on the needs of the child and family and meeting these in a multi disciplinary way.
- Additional resources enabled the new way of working to be tested. Following evaluation, the successful elements were rolled out across the district.

How it's improved

- The testing period of nine months went well. It showed improvements in terms of experience and outcomes for both children and families and members of the healthcare team.
- All children newly referred to the service under the age of 5 are now managed within the new way of working. It is likely to reduce waiting times.
- Parents/carers feel more empowered and involved in planning their child's care. They like the new system: *"It was easy to talk to everyone. Good that everyone knew what was going on", "All worked together well. Because they all meet together, everyone is working towards the same goal"*
- Multi-disciplinary working has become a reality - with individuals now understanding the role and contribution of their colleagues.

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Update March 2004

- The new approach to multi disciplinary working is going from strength to strength. Two important new developments are helping to improve the effectiveness of the service.
- Regular weekly 'allocation meetings' ensure that referrals to the service to be reviewed by all clinical professionals to ensure that the child is seen first by the most appropriate clinician. It has taken several stages out of the systems and has resulted in significant reductions in waiting times.
- If insufficient information is provided in the referral, two choices are now available to the team:
 - either the referral is sent back to the referrer for additional information,
 - or, the child is listed for a new 'Rapid Access Clinic'.
- The new clinic was designed to enable the team to make suitable assessment decisions where the nature of the referral is ill defined. For example, the referral may say "I think that this child needs...", but there are doubts about the most appropriate course of treatment.
- Children are seen within 4/6 weeks: the clinic involves four clinicians: paediatrician, occupational therapist, physiotherapist and speech and language therapist.
- The skills available, and the use of a screening questionnaire, allow assessment decisions to be made and treatment and therapy initiated promptly. Previously a letter would have been sent to the referrer seeking additional information. Again waiting times have been reduced.