

Supplementary PDF

Figure S1:

x
Template Runner

MOUSE, Mini (Miss)
Born **29-Oct-1990 (28y)** Gender **Female**
NHS No. **Unknown**

Template Runner

Reason For Child At Risk of Poor Outcome

Leap Assessment Active Problem - Minor - First Episode - Remains active indefinitely - 12-N »

Set as default duration for organisation

Immunisation Status: No previous entry

Missed Appointments: No previous entry

Tick Box If Frequent A&E attendances: Text Number of A&E Attendances last 12 months: No previous entry

Childhood Disability Text Specify: 12-Nov-2018 »

Child Protection Status

Child on protection register? 12-Nov-2018 »

Looked after child? No previous entry

Child Protection Category: 12-Nov-2018 Child protecti... »

Child In Need Status: 12-Nov-2018 Child in need ... »

Family History

Family Member on Child Protection Register? No previous entry

Text Details:

Family History: No previous entry

Parental History of Learning Disability (Please specify): No previous entry

Comments:

Social

At Risk of Social Isolation? No previous entry

Text Details:

Positive Family Relationships? No previous entry

Text

Benefits received 12-Nov-2018 »

House rented from council No previous entry

Action Points From GP/HV Meeting

Referral to Children's Centre No previous entry

Refer to health visitor 12-Nov-2018 »

Referral to community paediatric service 12-Nov-2018 »

Referral to community paediatric clinic No previous entry

Referral to G.P. No previous entry

Referral to community drug and alcohol team No previous entry

Referral to domestic violence advocate No previous entry

Advice to carer regarding child's immunisations No previous entry

Early Help Assessment No previous entry

Further Comments:

Tick Below To Complete PLAN:

LEAP Assessment Completed 12-Nov-2018 »

After completing LEAP template - Please deselect 'online visibility' icon (Computer Monitor Image) so template only visible to health professionals.

Vulnerable Child

Please tick to add vulnerable child to problem list 12-Nov-2018 »

Figure S2:

1. What is your job title?
2. Where did you have the GP Connect project GP/HV meetings?
3. How many joint meetings did the practice and the health visitor have during the pilot period? (April -October 2019).
4. How easy did you find it to arrange the GP/HV meetings?
5. Was a list of children to be discussed generated in advance of the meetings?
6. Did you feel that clinicians prepared for the meeting by reviewing the children's notes or asking colleagues for further information prior to the meeting taking place?
7. Roughly how long did it take you to discuss five GP Connect children and fill out the templates in the GP/HV meeting?
8. How much additional time in total did you spend before and after the actual GP/HV meetings, eg., time spent reviewing the five children's notes, writing up action plans, etc.
9. How useful did you find the GP/HV meetings where you discussed children identified as part of the GP Connect project?
10. Did searching for children who are late for immunisations lead to identification of families with other issues that may negatively impact on their child's well-being?
11. The GP Connect project required use of a bespoke electronic template designed specifically to gather information about a child's family and stimulate discussions between GPs and HVs. How useful did you find the template for the GP/HV meetings?
12. Has the GP Connect project changed the GP/HV relationship in any way?
13. Has the GP Connect project changed your action plans or referral patterns for children and their families?
14. Do you think it's beneficial to invite the wider health team (practice nurses, pharmacists, students, etc.) to GP/HV meetings?
15. Overall, how has the GP Connect project changed the way you think about providing care to very young children and their families?
16. Do you have any other comments about the GP Connect project?

Figure S3:



GP Connect pilot project: in-depth questionnaire about three cases

For this part of the GP Connect project evaluation, we are trying to obtain a deeper understanding of three children that you identified in your search, discussed during a GP/HV meeting and completed a template for.

For three children that you discussed as part of the project, please do the following:

1. Complete a copy of this questionnaire for each child
2. Locate the completed GP Connect template for each child
3. Allocate each child a number 1, 2 or 3 and ensure the child's **anonymised** template is correspondingly labelled 1, 2 or 3 so we can link the responses
4. Attach each child's **anonymised** template to their completed questionnaire
5. Send all six documents (questionnaires x3, templates x3) to cstanke@ncb.org.uk

Name of your GP practice:

Child number (please tick) 1 2 3

Referral to children's centre

Yes No

If yes:

Is it documented in EMIS GP notes that this action was carried out and that parents were actually signposted to children's centre by GP/reception (and not just a tick on the GP Connect template)?

Is it documented on HV notes (via local care records--LCR) that HV carried out this action?

Is there any documentation on the GP notes that parent and child actually attended a children's centre?

Is there any documentation on the HV notes (via LCR) that parent and child attended a children's centre?

Any other comments:

Referral to Health Visitor

Yes No

If yes:

Is it documented on EMIS GP notes that child and parent have been seen by HV?

Is it documented on HV notes (via LCR) that they were seen by HV for an additional visit (telephone or face-to-face)?

Any other comments:

Referral to Community Paediatric service/clinic

Yes No

If yes:

Is there documentation on EMIS GP notes that referral was made?

Is there documentation on HV notes (via LCR) that referral was made?

Is there documentation on EMIS GP system that child and parent attended, e.g. letter?

Is there any documentation on HV notes (via LCR) that child attended?

Any other comments:

Referral to GP

Yes No

If yes:

Is there documentation on EMIS GP notes that child attended a follow up with GP?

Is there any documentation on HV notes (via LCR) that child saw GP?

Any other comments:

Advice to carer regarding child's immunisations

Yes No

If yes:

Is there documentation on GP EMIS system that practice reminded parent about immunisations?

Is there documentation in HV notes (via LCR) that HV reminded parent about immunisations?

Is there evidence on GP EMIS notes that child had immunisation?

Is there evidence on HV notes (via LCR) that child had immunisation?

Any other comments:

Were any other issues identified?

Yes No

If yes, please describe:

Were there any other action points identified other than those described above? Please detail below.

Yes No

Was this child discussed at a subsequent GP/HV meeting after the initial one, to review action plans and progress?

Yes No

Thank you for completing this questionnaire

If you have questions about this process, please email Dr Rachael Kilner: rachaelkilner@nhs.net

Table S1:

Q1) What is your job title?

Response
GP
GP
Management
Project Manager
GP
HV
GP
HV
GP
GP
GP
Nurse
Manager
GP
GP
Senior Information & Data Officer
GP
Practice Manager
Clinical Administrator

Q2) Where did you have the GP Connect project GP/HV meetings?

Practice Number
Practice 5
Practice 5
Practice 5
Practice 5
Practice 7
Practice 5
Practice 6
Practice 6
Practice 1
Practice 6
Practice 3
Practice 3
Practice 6
Practice 6
Practice 6
Practice 6
Practice 4
Practice 4
Practice 2

Q3) How many joint meetings did the practice and the health visitor have during the pilot period? (April -October 2019)

Response
2
3
1
2
4
6
Don't know
4
4
Don't know
4
Don't know
4
Unanswered
6
4
4
6
4

Q4) How easy did you find it to arrange the GP/HV meetings?

Practice	Very easy	Easy	Neither easy nor difficult	Difficult	Very difficult	Don't know	Total
Practice 1				1			1
Practice 2			1				1
Practice 3				1		1	2
Practice 4	1	1					2
Practice 5		1			3	1	5
Practice 6		2	1	1	1	1	7
Practice 7				1			1
Total Count	1	4	2	4	4	3	18
Total Percentage	5.56%	22.22%	11.11%	22.22%	22.22%	16.67%	1

Q4.1) If difficult, please outline the reasons for this:

Response
Practice wasn't allocated a HV in a long time
HV felt should meet only every 2 months. Also did not attend the final meeting
difficult to arrange first meeting due to HV working days but at the end of the first meeting one HV said couldn't do 2 practices as meetings took too long so booked the next 3 meetings immediately with our link HV Nordette
Initial difficulty getting our link health visitor to book the sessions in advance due to calendar complications and lack of support from her senior colleagues. After they were booked some had to be rescheduled or cancelled due to changes in her rota.
Coordinating everyone to get together at the same time
Initially HVs didn't seem to be aware

Q5) Was a list of children to be discussed generated in advance of the meetings?

Practice	Always	Most of the time	Rarely	Never	Don't Know	Total
Practice 1	1					1
Practice 2	1					1
Practice 3	1					1
Practice 4	2					2
Practice 5	3	1	1			5
Practice 6	6					6
Practice 7		1				1
Total Count	14	2	1			17
Total Percentage	82.35%	11.76%	5.88%	0.00%	0.00%	100.00%

Q6) Did you feel that clinicians prepared for the meeting by reviewing the children's notes or asking colleagues for further information prior to the meeting taking place?

Practice	Always	Most of the time	Rarely	Never	Don't know	Total
Practice 1		1				1
Practice 2		1				1
Practice 3	1					1
Practice 4	1	1				2
Practice 5		1	4			5
Practice 6	1	3	1		1	6
Practice 7			1			1
Total Count	3	7	6		1	17
Total Percentage	17.65%	41.18%	35.29%	0.00%	5.88%	100.00%

Q7) Roughly how long did it take you to discuss five GP Connect children and fill out the templates in the GP/HV meeting?

Practice	less than 30 minutes	30-45 minutes	45-60 minutes	longer than 60 minutes	Total
Practice 1				1	1
Practice 2		1			1
Practice 3		1			1
Practice 4		2			2
Practice 5		2	2	1	5
Practice 6	3	3			6
Practice 7		1			1
Total Count	3	10	2	2	17
Total Percentage	17.65%	58.82%	11.76%	11.76%	100.00%

Q8) How much additional time in total did you spend before and after the actual GP/HV meetings, eg., time spent reviewing the five children's notes, writing up action plans, etc.

Practice	less than 30 minutes	30-45 minutes	45-60 minutes	longer than 60 minutes	Total
Practice 1		1			1
Practice 2				1	1
Practice 3			1		1
Practice 4	2				2
Practice 5	2	1		1	4
Practice 6	1	4		1	6
Practice 7		1			1
Total Count	5	7	1	3	16
Total Percentage	31.25%	43.75%	6.25%	18.75%	100.00%

Q9) How useful did you find the GP/HV meetings where you discussed children identified as part of the GP Connect project?

Practice	Extremely useful	Useful	Somewhat useful	Not really useful	Total
Practice 1		1			1
Practice 2		1			1
Practice 3			1		1
Practice 4	1	1			2
Practice 5	1	1	2		4
Practice 6		1	4	1	6
Practice 7	1				1
Total Count	3	5	7	1	16
Total Percentage	18.75%	31.25%	43.75%	6.25%	100.00%

Q9.1) What do you think would make them more useful?

Response
It was useful to give the new HV feedback on the information we had on all the families on the cohort
Further preparation of all members prior to the meeting (not just GP)
The HVs were sent lists of the children/families to be discussed but sometimes they had information such as that the EIHV was involved which it would have been useful to know before the meeting. Also it often became apparent that we were unsure who was in each household which made discussions confusing.

Q10) Did searching for children who are late for immunisations lead to identification of families with other issues that may negatively impact on their child's well-being?

Practice	Yes to a great extent	Yes somewhat	Rarely	Never	Total
Practice 1		1			1
Practice 2				1	1
Practice 3			1		1
Practice 4		2			2
Practice 5	1	2		1	4
Practice 6	1	5			6
Practice 7		1			1
Total Count	2	11	1	2	16
Total Percentage	12.50%	68.75%	6.25%	12.50%	100.00%

Q10.1) If yes, please comment on your answer

Response
The families had already been identified. GPs are informed regularly of children who dont have imms so they can investigate further
Children were in the same families and had often been contacted by surgery about missed imms the HV often had more recent information on the family
Usually we were already aware
We cross checked the missing immunisation children with those coded vulnerable to have a more meaningful discussion with the Health Visitors
Good to have a system to check on these families: this project led us to doing that

Q11) The GP Connect project required use of a bespoke electronic template designed specifically to gather information about a child’s family and stimulate discussions between GPs and HVs. How useful did you find the template for the GP/HV meetings?

Practice	Extremely Useful	Useful	Somewhat useful	Not useful	Total
Practice 1				1	1
Practice 2		1			1
Practice 3			1		1
Practice 4		1	1		2
Practice 5		1		2	3
Practice 6		2	1		3
Practice 7			1		1
Total Count	0	5	4	3	12
Total Percentage	0.00%	41.67%	33.33%	25.00%	100.00%

Q11.1) Please comment on the GP Connect Template

Response
Not aware of it
I didn't use it
Did not use a template
Forgot it was there most of the time felt didnt really help the discussion as most of the replies were in the negative
Easy to use

Q12) Has the GP Connect project changed the GP/HV relationship in any way?

Practice	Relationship improved to a great extent	Relationship somewhat improved	No change	Relationship More Negative	Total
Practice 1	1				1
Practice 2			1		1
Practice 3			1		1
Practice 4		1	1		2
Practice 5	1	1	2		4
Practice 6		3	2		5
Practice 7			1		1
Total Count	2	5	8		15
Total Percentage	13.33%	33.33%	53.33%	0.00%	100.00%

Q12.1) Please describe how the relationship has changed:

Response
Know who the HV is now, and more about how they work. Hope it is a regular meeting e.g. monthly
We are now seeing the health visitors again and feel that we can bypass SPA in certain circumstances which enhances the relationship from my end
We already have a great relationship with our h
I would be interested to know from HV perspective
Nice to bring up patients re immunisations
We have always held 6-8 weekly review meetings with HV team throughout the year

Q13) Has the GP Connect project changed your action plans or referral patterns for children and their families?

Practice	Yes significantly	Yes somewhat	Very little	No change	Total
Practice 1				1	1
Practice 2			1		1
Practice 3		1			1
Practice 4		2			2
Practice 5	1	1		2	4
Practice 6		1	1	3	5
Practice 7		1			1
Total Count	1	6	2	6	15
Total Percentage	6.67%	40.00%	13.33%	40.00%	100.00%

Q13.1) Please describe the changes you've made:

Response
We will be reviewing our immunisation recall process
Thinking more about Early Help and EI HV
I don't know if it has changed GP referral patterns
Chasing delayed immunisations
Action plan along LEAP guidance already in place

Q14) Do you think it's beneficial to invite the wider health team (practice nurses, pharmacists, students, etc.) to GP/HV meetings?

Practice	Yes often	Sometimes	Seldom	Never	Total
Practice 1			1		1
Practice 2			1		1
Practice 3	1				1
Practice 4	2				2
Practice 5	2	2			4
Practice 6	2	3			5
Practice 7			1		1
Total Count	7	5	3	0	15
Total Percentage	46.67%	33.33%	20.00%	0.00%	100.00%

Q14.1) Please comment on your answer:

Response
Student HV yes as part of training rest of team probably not a good use of time
Unfortunately our nurses were not able to attend but they have been doing a lot of work on outstanding imms

Q15) Overall, how has the GP Connect project changed the way you think about providing care to very young children and their families?

Response
Find out more info, especially home environment and wider family. Complicated families locally. Need better process at registration, to link families' notes
Not at all
More proactive looking for risks in children with missing imms/multiple A&E attendances
Yes
Not much. reinforced to discuss Immunisations with as many pasrents as possible which i suppose is a good thing
Not really
More active recall systems for immunisations
More input from wider community team needed to establish true reflection of the family and their needs
Good reminder of services available and of the complex issues raised
I can't comment as I only attended in an administrative capacity
Yes more structured
Being more alert of children who are late for imms and being able to flag them to the HV to also chase.
It hasn't. The GP/HV care is already very good as we communicate very frequently & have a good relationship with our HV

Q16) Do you have any other comments about the GP Connect project?

Response
Would have been better if Practive nurse and receptionists present. Receptionists are eyes and ears of the practice.
No
Search only looked for late immunisation children not those with no consent which would be useful going forward. it was really interesting to see how the HV worked She made contact immediately when we discussed a child introducing herself and why she had called. It also identified that many of our children are in different geographical areas locally or had moved further but kept local address which does cause issues with continuity
I hope that all GP's can build a better relationship with their health visitor. Ours is great and we really value it.
No
I hope we get feedback about how other practices have found it and any learning
N/A