

Covid 19 recovery: Paediatric outpatient scheduling principles

Developed by General Paediatricians, Community Paediatricians, Primary Care clinicians and the South Thames Paediatric Network

Paediatric outpatient approach: Covid-19

- As part of the recovery from the Covid-19 pandemic, all services are reviewing their approach towards outpatient appointments
- Paediatric services across the South Thames region significantly reduced the number of patients they saw face-to-face during the peak of the crisis – with around 80% appointments taking place virtually (video or telephone)
- As we move in to the Recovery phase, it is important to review these measures, to ensure children are treated safely and appropriately
- The following slide summarises the experiences of patients and clinicians during the first Covid phase, where virtual appointments have been the primary mode of clinic delivery

Paediatric outpatient approach: Covid-19 experiences*

Benefits	Challenges
<p>For patients:</p> <ul style="list-style-type: none">• Patients and their families are more relaxed• Behaviour and child interactions are more natural• Reduced cost of travel for families• No risk of infection• Shielded patients not at risk	<p>For patients:</p> <ul style="list-style-type: none">• Confidentiality is harder to manage• Some families cannot access video consultation due to limited / no internet access
<p>For clinicians:</p> <ul style="list-style-type: none">• Scheduling of MDT clinics is easier• No risk of infection• Staff can work from home, freeing up clinical space• Shielded staff able to continue clinics	<p>For clinicians:</p> <ul style="list-style-type: none">• Physical examination, which may be crucial for clinical decision making, is more difficult• Confidentiality is harder to manage• Reduced opportunities to detect and act on Safeguarding concerns, particularly in high risk groups



Recovery phase

- It is appropriate for a proportion of appointments to continue virtually, and a general rule to follow is “Is there any reason this appointment can’t be virtual?”. Virtual appointments save children and families time and money, and can be a more efficient use of a clinical time. In addition they reduce the risk of children and their family contracting coronavirus through attending hospital
- However, there are reasons why some children will need to be seen face-to-face. For example:
 - To observe the interaction between the child and their family
 - When there are safeguarding concerns / the patient is a looked-after child
 - Virtual examination of a child is limited and visual only. In addition they do not follow instructions like adults do, and changes related to puberty are subtle
 - It is a vital part of clinical practice to see C&YP alone, and with their family. This can be challenging for many families virtually. This applies to all young people, but especially those transitioning to adult services.
 - A lack of connectivity / digital capability of a family
- The following principles outline the considerations to take in to account when scheduling virtual or face-to-face appointments.
- Trusts need to assess their own facilities when scheduling appointments. For example, some Trusts have outpatient areas that make infection control very difficult
- STPN recommends ongoing liaison between primary and secondary care to ensure the most appropriate treatment for children.

General Paediatric outpatients: principles for scheduling

Face-to-face appointments

New patients:

- C&YP requiring physical examination (especially where they have never been physically examined by their GP or another Paediatrician)
- When a family is known to social care
- Where the symptoms suggest social or family interaction will be an important part of the consultation
- Two-week wait referrals where a virtual appointment will add delays in examination

Follow-up patients:

- Physical re-examination is required and where growth or weight needs to be monitored
- Ongoing concern re: social interaction
- Ongoing safeguarding concern
- Adolescents transitioning to adult services – first appointment

Virtual appointments

New patients:

- Where there is no change to the primary care diagnosis but management / treatment requires review:
 - Referral refused, with advice and guidance provided for GPor
 - Virtual appointment requested by patient / family

Follow-up patients:

- No concerns re: safeguarding / social interaction
- No significant change to management plan

- Patient / family preference should be taken in to account in all cases. Where appointments are virtual, this should include whether a telephone or video consultation is used.
- There will be cases where the referral isn't clear: a virtual triage system might therefore be needed, and/or an agreement between GP and paediatrician as to the type of referral required

Community Paediatric outpatients: principles for scheduling

Face-to-face appointments

New patients:

- Patient requires physical examination and/or requires specific assessment eg. GFMCS/Development (Bayley/ Griffiths)
- Equipment : needs to be appropriately measured for eg. orthotics, splints, hoist
- Concerns regarding safeguarding or other risk at home or school
- Family request

Follow-up patients:

- Training for parent/carer
- Physical treatment eg. botox or measure for equipment
- Physical re-examination is required and where growth or weight needs to be monitored
- Ongoing concern re: social interaction
- Ongoing safeguarding concern
- Patient preference

Virtual appointments

New patients:

- Interviews : screening questions, developmental and play skills in the home
- Virtual screening :
 - Speech and language
 - Occupational therapy

Follow-up patients:

- Useful to share information e.g investigation results
- No concerns re: safeguarding / social interaction
- No significant change to management plan
- Family preference

- Patient / family preference should be taken in to account in all cases. Where appointments are virtual, this should include whether a telephone or video consultation is used.