

THE DEVELOPMENT OF A PATHWAY FOR CONSTIPATION IN CHILDREN IN BARROW IN FURNESS

A community approach to developing a parent-led pathway for parents, children, primary care, community services and acute services to prevent and treat constipation in children and Young people

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Purpose of Document

This case study focuses on an improvement in service quality, innovation or a new way of working, specifically along one or more of the strands of the health visiting service vision and family offer

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Introduction

Health visitors in Barrow had identified for a number of years that many children were suffering from constipation and needed a more proactive approach to their condition. As a result, a health visitor-led constipation clinic was established for children under five years that focused not only on prevention but also treatment. This clinic was established by two health visitors who had a special interest in this field. They provided support to other health visitors who were treating children on their caseloads and a monthly clinic and telephone support for families who needed additional support, working alongside the family health visitor.

A review of the data demonstrated that many referrals to the acute trust for constipation were for children living in the Barrow in Furness area. In addition, the clinic had developed a waiting list of up to 12 weeks from referral to being seen. In light of this information, it was clear that a different approach was needed.

The development of the pathway

A multi-disciplinary task and finish group was established to identify the way forward. The group consisted of health visitors, school nurses, a dietician, a public health specialist a registrar, and a GP. The work of the group was supported by the development of a local evidence base through a more detailed study of constipation in children in Barrow. This public health-led study included an audit of cases in January 2010. Overall, the report highlighted:

- inconsistent diagnostic practice
- inconsistent prescribing
- high levels of hospital attendance
- significant levels of consultant follow up
- need for improved liaison with community services.

On the basis of this intelligence an initial pathway was developed to apply across the health community in Furness. The draft pathway took a traditional approach, written to reflect Nice Guidance and set out how all services across community, primary and general practice should work together, placing health visiting and school nursing as key practitioners in preventing and treating constipation in children. One of the key aims was to ensure that children were managed in the community by their family, health visitor or school nurse.

Following a Cumbria-wide workshop exploring ways of reducing the demand for urgent care, the Barrow group was provided with additional support from a senior clinician who was leading the Health Builders initiative in the county. Health Builders is the network through which the three local NHS provider trusts have agreed to work together with

commissioners to transform the delivery of services for children, young people, and their families. Health Builders has a medical director and dedicated support, but it is not an organisation; it works through existing organisations to deliver improvements.

With the support of Health Builders the emphasis changed from what one may be described as a service focus to much more of an outcome focus. The Health Builder pathway approach is simple: it is an outcome-focussed tool which empowers patients and constantly reminds professionals of their core purpose.

The pathway speaks directly to children, young people and their parents, making it clear '*their entitlement*' from NHS services. The pathway makes clear what children, young people, and their families should experience where organisations adhere to national (NICE) guidance. In this way, the pathway also holds professionals to account (for a fuller description of the Health Builders pathway approach see Appendix 1).

This was a different approach in that it put parents in the driving seat – a key assumption is that if parents have more information on what they can reasonably expect from services then they will become more active in the process. Because health professionals had to give parents a copy of the pathway explaining what it meant, it also acted as a prompt for health staff.

The pathway was crafted in simple language and carried powerful messages. Health visitors and school nurses were key in ensuring that the language used was clear for children and families. A copy of the pathway is included in Appendix 2 attached. In practice, the pathway is printed in a small card version which folds concertina style.

The starting point for the pathway is not the professional, but the parent. It includes advice and guidance, with specific information targeted at the point where parents may become worried.

The pathway makes explicit who best to turn to for help, with emphasis on health visiting, school nursing and primary care, deliberately trying to manage parental expectations and helping parents to navigate services.

The pathway then makes clear what the health professionals should do in terms of diagnosis and treatment; and developing a plan of care which outlines elements such as:

- what level of professional contact a family can reasonably expect to have
- when a more specialist clinician needs to be involved
- how a specialist will support the community 'core team', so that children should not normally require outpatient appointments.

Finally, the pathway makes clear what a good outcome should be.

The pathway is underpinned by supporting guidance, which is probably closer to what health professionals would normally call the pathway. Additional advice, information and contacts is also available.

Implementation

A training package was developed by Health Builders and this was delivered by the health visitors involved in the pathway development with the support of a consultant paediatrician. Training was provided to a broad group of health professionals including health visitors, school nurses, GP's, A&E staff, the out of hours service, pharmacists, children's centres, children's wards and paediatricians.

We raised awareness amongst staff through a poster campaign in children centres, GP practices and nursery and primary school settings.

The pathway was launched in Barrow in Furness at the local theatre. Health visitors secured funding from a local toilet paper manufacturer for production of the posters and the provision of a children's story book that was provided to all local primary schools. One of the children's nurses from the hospital contacted a local charity and secured funding for a theatre performance for local school children of 'The little mole who knew it was not his business'.

The launch was held at the local theatre in Barrow in Furness and was attended by senior management and commissioners from across the acute and providers services in Cumbria. Two parents gave inspirational speeches about the impact on their family of having a young child who was constipated and how having this level of support made a real difference. The school nurses ensured that the local primary schools were fully engaged in the pathway development, piloting the posters before printing to ensure that they were well received by children, parents and teachers. One hundred and fifty children attended the theatre production of the launch and left with a bottle of water and a sticker saying 'soft poo rules'.

The pathway was fully implemented in October 2011, supported by a clear performance framework and was embedded into the current CQIN and QUOF. Significantly, this framework includes key quality indicators that will help us to monitor patterns and trends of the service and be supported through:

- structured feedback from parents using 'conversation packs'
- multi-professional case reflection

APPENDIX 1 : PATHWAY DESCRIPTION



Health Builder Pathways: Purpose

Context:

A Health Builder Pathway will always address:

- Children, young people and their families.
- All relevant health professionals.
- Key partners from the Local Authority and other relevant agencies.

Aim:

- An outcome focussed description for children, young people and their families of how they will be served.

Objectives: To deliver a pathway which

- 1 Is child and parent centred
- 2 Is integrated
- 3 Is a supportive guide for professionals
- 4 Enables accountability and audit of professionals and agencies.

To make transparent and explicit:

- Who the *experts* are that the family can turn to for help.
- Which supporting guidance underpins the pathway; including advice and information.
- How the experts will work together as a single team (the core team).
- That the core team (family and key experts) will always maintain the child at the centre
- That professionals in the core team will work with the family to develop a plan, which is based on a sound analysis of **need** and is not narrowly focussed on 'condition'.
- On what the plan should include.
- On how the core team will support the child and family, being clear on contact and review.
- How other elements within the NHS such as CHOC and the Emergency Department will always direct back to the core team; provide advice and support and on occasion join the team.
- To be clear on what the overall outcome might look like, what we can expect to see at the end of an intervention.

Appendix 2: Health Builders Constipation Pathway

PDF attached