ABC of 1 to 7 (Revised)

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SERVICES FOR CHILDREN: PRIMARY CARE

The general practitioner provides continuous care for the whole family, and his intimate knowledge of the fears and aspirations of each individual enables him to act as a trusted counsellor in both preventive and curative medicine. Specialists in the community or hospital provide the support he requests. About 25% of the work of the general practitioner concerns children, and he recognises that their needs are different from those of patients in other age groups because they are both dependent and developing.

Unfortunately, the primary care of children is still divided: general practitioners provide a mainly treatment service (for those who seek it) while the clinical medical officers of the child health and school health services provide a surveillance, prevention, and health education service. General practitioners are performing an increasing amount of preventive work stimulated by the report *Healthier Children—Thinking Prevention* from the Royal College of General Practitioners in 1982.

Practice organisation

Illness in children often starts suddenly and arouses acute anxiety in parents. Practice receptionists need to appreciate this natural protective response and allow children to be seen promptly despite the planned appointment system.

Although the level of home visits is falling, this reduction is less sharp in the case of children. If there are other siblings or transport problems it may be difficult to bring the child to the surgery, and parents often wrongly believe that ill children should be kept in bed or that children with respiratory tract infections or a fever should not go out in the fresh air. A home visit is valuable in educating the parents.

A general practitioner is the doctor of first contact who provides continuing care and has 24-hour responsibility for all his patients. Access should be simple. Some general practitioners dislike being interrupted by telephone calls during a consultation session, but speaking directly to an anxious parent may save time and increase confidence. Outside surgery hours telephone access should be simple. A direct call diversion which would mean the general practitioner himself answering the telephone is ideal but not always possible. Alternatives should not involve more than one step—for example, an answering machine should give a number where the doctor can be contacted, not yet another number which will refer the caller elsewhere. With the advent of radiopagers and cellular telephones no general practitioner need be out of contact with his patients.

Deputising services

No awareness of family's background
No access to medical records
Not known to family

A rota system among group practices or singlehanded family doctors, in which the doctors share their out-of-hours work with colleagues, is the ideal method of sharing night duty. Deputising services provide doctors who are not aware of the family's background, do not have access to the medical records, and are not known to the family. The doctor who sees the child may have had no training in paediatrics or in general practice, and long delays may occur. At present about a third of general practitioners use deputising services. Doctors working in these services should have adequate experience of general practice and acute illness in children, and it is hoped that the new deputising subcommittee will ensure this occurs and continues.

Preventive service

New entrants to general practice spend a year as trainees in general practice and two years in various hospital posts, which usually include six months in paediatrics. Some experience in the community services is essential, and ideally this would be in addition to the hospital paediatric post.

Not more than one in 10 general practitioners have clinics for the regular surveillance of infants. If a general practitioner is to run his own clinics an attached health visitor is essential. Antenatal care by the family doctor prepares the family for an unrequested home visit after the mother's discharge from the maternity unit. He can then observe for himself the conditions of the family and attitudes that will mould the child's life.

During the first few months of life mothers will readily attend an efficient, welcoming baby and toddlers clinic. The baby can be weighed, a growth chart maintained, and simple advice given which will resolve many problems. The clinic also provides an opportunity for the mother to meet other mothers and discuss mutual pleasures and problems. If she finds this clinic satisfying she will continue attending so that a full programme of immunisation can be carried out. All mothers are eager to know whether their infants have normal hearing, sight, and development, and they are more ready to accept preventive health care such as immunisation from a doctor who is known to the family. Developmental screening examinations should be performed only if the general practitioner has a special interest and training in this subject. If this aspect of paediatric care is to increase vocational training schemes should allow time for the necessary skills to be acquired. Clinical medical officers in the community health service could provide these preventive services in the premises of general practitioners.

When abnormalities are detected—for example, squints, hearing disorders, speech disorders, and varying degrees of delayed development—prompt referral to the appropriate specialist is necessary.

The Royal College of General Practitioners has developed a package providing a handbook and record cards for general practitioners who wish to start preschool surveillance.

Age	Clinic activity
Birth	Home visit by GP
6 weeks	Screening check
3 months	1st immunisation DTP+Polio
5 months	2nd immunisation DTP+Polio
9 months	3rd immunisation DTP+Polio
7-10 months	1st hearing test+screening check
14 months	Screening check+measles immunisation
2½ years	Screening check
4½ years	Preschool check+DT+polio immunisation

Equipment

Sutures and dressings to deal with minor injuries should be available because there is often a long wait in local accident and emergency departments and management by the general practitioner is more appropriate. Equipment for resuscitating the newborn and for performing developmental screening should be available, as should equipment for examining children. Toys and other items to help the doctor talk to the child are useful. A simple screening audiometer for assessing hearing loss in children with resolving otitis is invaluable.

Primary health care team

General practitioner
Nurse
Health visitor
Midwife
Practice manager
Secretary/receptionist
(Social worker)

The primary health care team consists of the general practitioner, nurse, health visitor, and midwife, with the practice manager, receptionists, and secretary. An attached social worker is an essential part of many teams. The team meets regularly to co-ordinate and improve care. The lack of social workers in many primary health care teams reduces their effectiveness.

The health visitor provides the mother with advice on child care in the home and the clinic, and she is one of the most effective sources of health education. She also has the opportunity to teach the mother how to look after a sick child in the home. As part of the team she can feed back to the general practitioner and social worker any early warning signs of child abuse.

Communication

The general practitioner's letter of referral to a paediatrician should contain the following information:

- Date of birth; address.
- Family history where relevant.
- Social circumstances and details of other agencies involved.
- History and developmental history.
- History of present complaint.
- Current and previously tried medication; drug allergies.
- The reason for referral.

The consultant's reply should contain the following information:

- Extra pieces of vital information which he may have obtained.
- His own diagnosis and treatment plan.
- What he has told the family.
- When he intends to review the case.
- If he is not reviewing the case under what circumstances he wishes to see the child again.

Continuing education

The local postgraduate tutor should arrange meetings in the form of seminars so that general practitioners, clinical medical officers, and consultants can share their views and experiences.

It is becoming increasingly common for doctors to meet in small, locally based groups to discuss various topics.

Many practices are auditing the care that they are giving children in various fields such as immunisation, asthma, and upper respiratory tract infections. This trend is increasing.

Practices should have an adequate reference library with up-to-date journals and textbooks relevant to paediatric care.

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