Models of Child Health Appraised

(A Study of Primary Healthcare in 30 European countries)

Differences in key elements of primary care models to inform an appraisal framework for primary care for children

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Background

Models of primary care for children in Europe and their effects on child health outcomes are under-researched. To describe the different models of care in Europe, the MOCHA project looked at

- lead practitioner (primary care paediatrician, general practitioner or a mix of physician/nurse roles);
- first point of contact with the service;
- existence or absence of a primary care gatekeeping role;
- Referral methods.

These have been identified as key elements of primary care services, so potentially form a basis for appraisal against a range of outcome indicators.

Methods

Research questions directed to 30 country agents in EU & EEA countries gave us evidence about the models of care for children, and the primary care services for children and their families. These data were then compared with evidence from literature, quantitative data that were available and the views of children and young people themselves where possible.

We identified a number of scenarios based on common clinical conditions, which would illustrate how the different primary care systems work in European countries. As the project has developed, we extended these scenarios to describe alternative eventualities.

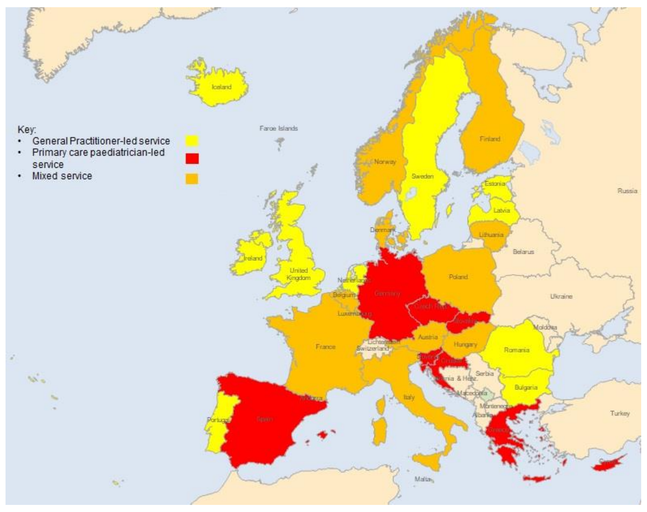
Basic scenario	Additional vignettes
Acute illness in a normally healthy child during normal working hours	What professional would first see the child? what happens out of hours? What is normal procedure for managing acute illness?
the referral to secondary care of a child whose illness worsens significantly, in a young child	What happens if the child is very young? What happens if the child is at school at the time? What happens if the child already has an existing condition (e.g. asthma)?
the management of a simple chronic condition by a young person (particularly in the school setting).	How do they manage the school setting? Do they manage their own condition and medication (once mature enough)? Can they consult primary care independently of parents if they wish?

Country agents were asked specific questions about 'what normally happens' in these situations over a period of 30 months. These questions required no personal opinion, but the exploration of national and regional policies and legal structures underpinning primary care actions, and how these relate specifically to children.

Results

Twelve countries had mixed systems of care; 11 had GP-led primary care; and six countries reported primary care paediatricians cared for children.

The lead practitioner was commonly also the first point of contact with the service; but in four countries a nurse acted as a first point of contact.



Eight countries had no gatekeeping system; in seven countries a partial gatekeeping system existed, some of which included incentives to use primary care as a gatekeeper; and in Fourteen countries, primary care has a full-gatekeeping role.

Referral to secondary care generally relied on telephone or letter. In only six countries was the primary care team involved in the child's ongoing care after referral to secondary care. In 18 countries, management of a common chronic condition included an individualised plan for the child, developed in most cases by the child's physician; in two countries, the child, family and school collaborated in its creation; and in two countries the physician and parents develop the plan.

Discussion

Children's needs are very different to those of adults. We found great complexity and variety in the models of primary care, which have generally developed from an adult-focused perspective and are structured primarily to meet adult requirements. This makes it challenging to assess the models against the needs of the child population; and to assess the contribution primary care services pay to the health of children and young people in the EU and EEA.

The use of common representative child-centred scenarios allowed the identification of specific elements of primary care systems that are common across Europe and relevant to children. This not only illustrated some of the differences and similarities in country models of primary care, but also allowed a means of comparison between the systems based on child health outcome.

Using a child-centred approach is crucial to allow the MOCHA project to assess the identified differences in primary care modes, against children's experiences, research evidence and health outcomes, and provide recommendations about which elements of each model have the greatest potential to improve children's health in Europe.

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