Paediatric medical outpatients: are all those reviews necessary?

Paediatric medical outpatients: all those of with asthma between of asthma disorder demanding views of agreed follow-up in 40°/O of discharge more children. It is a worry, of paediatricians know their children involved. The paediatricians and GPs.6 local general practitioners are still involved. The clinics raises the issue of parental involvement in, and direct parental access to, secondary and tertiary services for disorders such as cystic fibrosis. With the possible exception of asthma, parents, with the support of the general practitioners (GPs), wanted to be given more control over decision making related to the health of their children. A meaningful partnership with parents in the health care of their child requires that all professionals negotiate treatment and management decisions with parents and strive to develop services which reflect parental needs as much as those of service managers and professionals.6

Conclusions
In spite of the fact that the clinics studied have a lower review rate than those in adjacent districts, there are still opportunities to reduce the workload in paediatric medical outpatient departments. This should be achieved by discussion between consultants and GPs and the development of agreed guidelines, especially for children with asthma and for those attending registrar clinics. The feasibility of direct access to outpatient clinics when parents are worried needs to be explored further.

Commentary
Paediatric outpatient services, which are almost exclusively hospital based, are overdue for searching examination. Many children are referred to outpatient clinics with disorders which are more appropriately dealt with in primary care or community paediatric clinics.1 Repeated reviews are not unusual, often by a different doctor on each occasion.

The paper of Dodd et al is a valuable contribution to the small number of publications on this important aspect of paediatric practice. They focus on parental, general practitioner, and consultant perceptions of the need for paediatric outpatient review attendance. The paper might be better entitled 'Paediatric medical outpatient reviews - who thinks they are necessary?'

Role of Parents
The inclusion of parental perceptions is welcome. The findings of Dodd et al suggest that paediatricians remain reluctant to accept parents as skillful and responsible partners in the health care of their children, despite the strength of evidence2 3 and their apparent willingness to accept active parental involvement in, and direct parental access to, secondary and tertiary services for disorders such as cystic fibrosis. With the possible exception of asthma, parents, with the support of the general practitioners (GPs), wanted to be given more control over decision making related to the health of their children. A meaningful partnership with parents in the health care of their child requires that all professionals negotiate treatment and management decisions with parents and strive to develop services which reflect parental needs as much as those of service managers and professionals.6

Where Should Paediatric Medical Outpatients Be Seen?
The role of GPs in the review of children referred to paediatric outpatient clinics raises the wider issue of where children referred for consultant paediatric opinion should be seen. A large percentage of the children seen in general paediatric medical outpatient clinics do not require investigation and many present with psychosocial, emotional and family problems, or normal variants.15 These children can be managed in community based clinics or GP surgeries to the advantage of the parent, child, and primary health care professionals.1 Joint consultations with GPs serve to strengthen primary care as well as allowing more rational and appropriate management to be negotiated between the parents, GPs, and

paediatricians. These potential advantages are partially offset by the limitations of time and the logistics of running outreach clinics, but the established community paediatric services and the embryonic ambulatory paediatric services will need to address these issues with purchasers. Conflicting views related to review, such as those described by Dodd et al, are much less likely to occur in such clinics and families will have to make many fewer unnecessary, and often expensive, trips to hospital.

FUTURE RESEARCH RELATED TO PAEDIATRIC MEDICAL OUTPATIENT CARE

The design of the study of Dodd et al limits the conclusions which can be drawn from the results obtained. They are unable to be explicit about the sampling frame used for the study because of inadequacies in the hospital information system. Randomisation is referred to without explanation of the method used. Inadequate information is available on two important groups who constitute a large minority; those who did not attend and those who refused to participate in the study. As the authors comment, it is likely that parents in the non-attenders group would perceive reviews as unnecessary. The true figure of parents perceiving paediatric outpatient reviews as unnecessary may therefore be nearer 40%. A prospective study from initial referral to medical paediatric outpatient attendance would overcome some of these limitations of method. Data could be collected on parental and professional perceptions of the appropriateness of the referral and their expectations and reasons for further review or referral back to the referral agency. Non-attenders could be interviewed to ascertain their perceptions and, in a subsample of cases, in depth interviews with consultants and parents conducted to test the tentative conclusions reached by Dodd et al that parents and professionals have different perceptions of asthma and the need for follow up.

CONCLUSIONS

Paediatric medical outpatient activity warrants much greater research attention than it has received so far. Larger and more sophisticated studies than those published to date are now required to examine this aspect of paediatric practice more closely and test different models of service delivery.

NJ SPENCER
Section of Child Health,
School of Postgraduate Medical Education,
University of Warwick,
Coventry CV4 7AL