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Do Health Visitors manage minor illnesses?

Practices, views and training needs

Unite / CPHVA Annual Professional Conference 2011
'Critical Ages, Creative Solutions'

Jane Terry, Professional Lead for Health Visiting & School Nursing, Wye Valley NHS Trust

A provider of health and social care.

Study

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- Structured Interviews
- Taped
- Health Visitors
- (>1 year qualified – mean =16.6 years)
  - 0 – 5 caseload
- Qualitative data analysis
- Data validity
- Study limitations

Findings - Themes

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- Current practice
- Parental Education/ Literature Utilised
- Frameworks/ Knowledge and Skills
- Prescribing
- Future role /Training
- Definition

What is a minor illness?

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- Self-limiting - *Little et al (2001)*

- Not normally requiring medical intervention - *Hall & Lawson (2004)*

- Can only be defined in retrospect, when a perceived self-limiting condition resolves - *Morris et al (2001)*

Who manages minor illness?

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- **A & E (annually 25% of population seek advice) -** *Hendry et al (2007)*
- **GP (70% of time) -** *Morris et al 2001*
- **Most common reason for consultation is fever** *(NICE 2007)*
- **Parents with a typical under 4 year old, consults the GP on average six times a year** *(RCGP 2001)*
- **72 million in the 1990s increase predicted to in the region of 83 million by 2020** - *Jenkins-Clarke et al 2001*

Role of Health Visitor

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- Skills and abilities to identify many childhood illnesses - *Kendrick et al 2000*
- Play an important role advising parents of self help measures to deal with these - *Neal 1982.*
- Nurse prescribers
- On occasion's parents bypass the normal reception route to see someone from the primary healthcare team, and self refer to the health visitor - *Kendrick et al (2000)*

Reducing dependency on consultation

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- Improve knowledge
  - leaflets
  - sessions with professionals

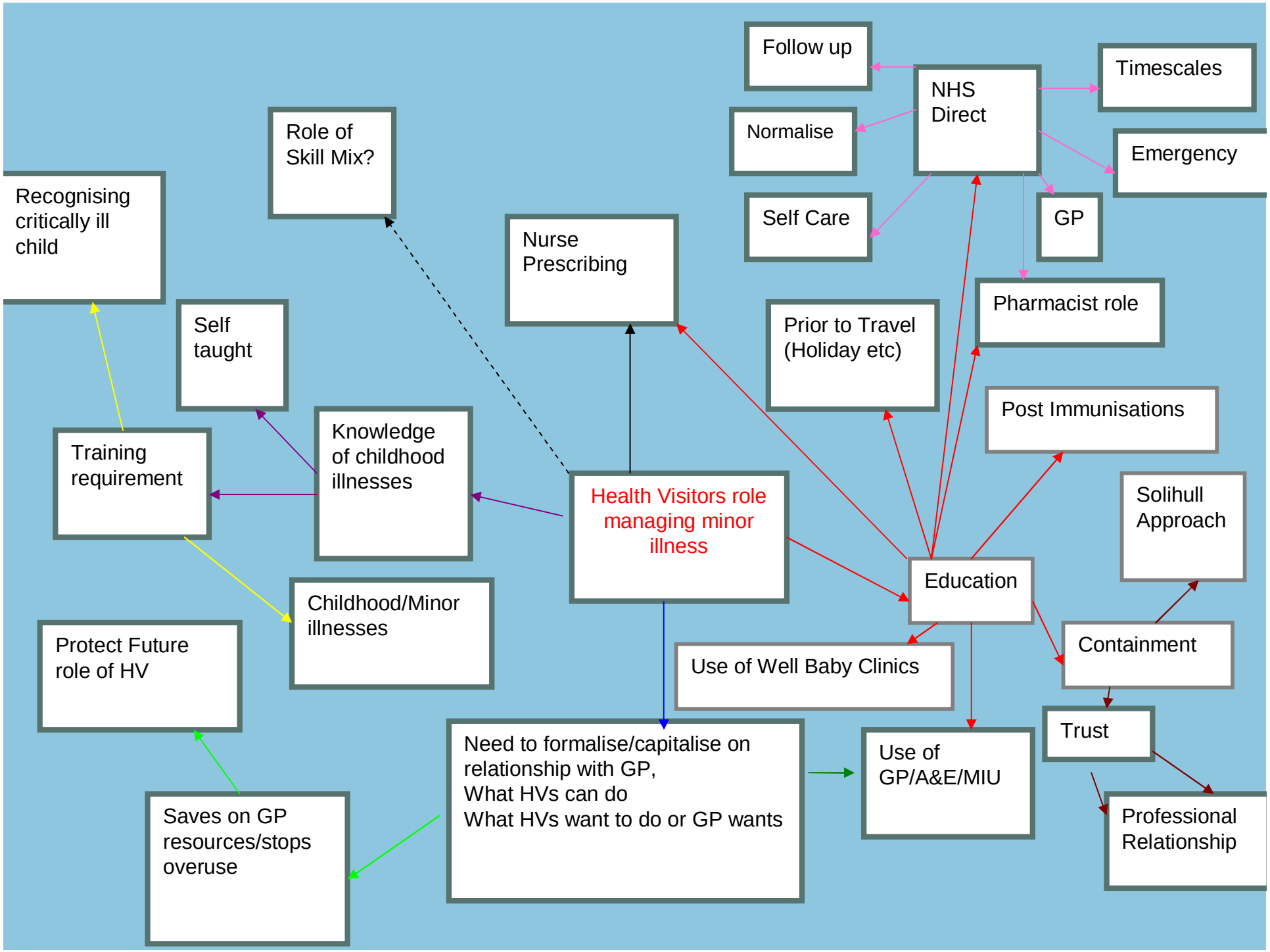
- Increase confidence/ alleviate concerns

- Perception of normal
  - some people take child to consult others don't

- Empower

A **Management of presenting problem** *"Search for health needs"* *"stimulating an awareness of health needs"*	**B** **Modification of help-seeking behaviour**
C **Management of continuing problems** *"stimulating an awareness of health needs"*	**D** **Opportunistic health promotion** *"facilitation of health enhancing activities"*

(Stott & Davis 1979)


Follow up
NHS Direct
Timescales
Normalise
Emergency
Role of Skill Mix?
Self Care
GP
Recognising critically ill child
Nurse Prescribing
Pharmacist role
Prior to Travel (Holiday etc)
Self taught
Post Immunisations
Knowledge of childhood illnesses
Training requirement
Health Visitors role managing minor illness
Solihull Approach
Education
Childhood/Minor illnesses
Protect Future role of HV
Containment
Use of Well Baby Clinics
Trust
Need to formalise/capitalise on relationship with GP,
What HVs can do
What HVs want to do or GP wants
Use of GP/A&E/MIU
Professional Relationship
Saves on GP resources/stops overuse

Recommendations

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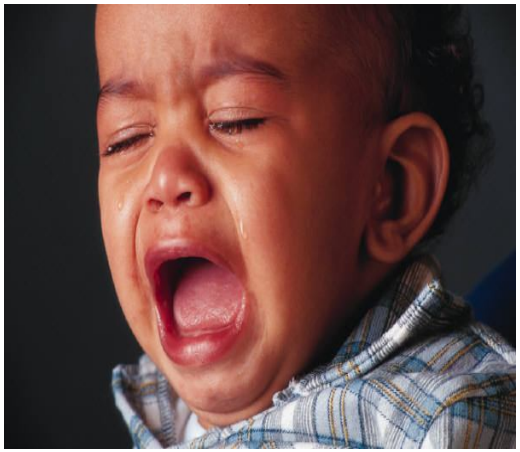
- Improve diagnostic skills/ knowledge
- Improve understanding of limitations
- Improve risk assessment skills
- Improve provision of prescription pads
- Provide emergency practitioner type skills
- DH extend prescribing range

The Future

- Wye Valley NHS have recently become one of a further 6 Early Implementer sites for Health Visiting
- Consideration is being given as to whether is part of Rapid Response service



The Future

- Further training for Health Visitors to be able to identify ill child
- Increase number of Health Visitors with diagnostic and Extended prescribing skills
- Follow Traffic Lights system within NICE guidance on Feverish child
- NICE discharge advice sheet to be used as standard *(NICE 2007)*

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Many thanks...

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