
CONFERENCE ABSTRACT**Integrating care in Irish paediatric dermatology services: an analysis of GP experiences.**

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Introduction

Children should have access to safe, local, child centred and high quality services within an appropriate timeframe. In Ireland dermatology services are overburdened and children can be waiting >3 years for a first appointment. Many referrals could be dealt with locally in primary care if additional supports, education and clear integrated clinical pathways were available. As GPs are the gatekeepers to secondary care their opinions are key when identifying the root cause of challenges faced and considering interventions that would strengthen the relationship between primary and secondary care. Thus, facilitating more integrated care for children.

Theory/ Methods

This cross sectional study investigated GP and GP trainees experiences of referring to paediatric dermatology services and explored interventions. A unique online questionnaire based off the literature was designed with key stakeholders and distributed to participants. Qualitative themes were identified using Braun and Clarke methodology.

Results

Of 206 respondents (GPs=162, trainees=44), 75% were urban based and 25% rural. The majority had >20years experience. Interestingly, 43% felt they did not have access to appropriate resources in the community and 79% felt they had not received enough training. Despite over 50% not having an interest in dermatology, 67% wanted to manage chronic skin disease in children. Integrated care pathways were the most desired intervention, with 95% feeling this would be of benefit for their practice. Most respondents wanted more education (92%) and national guidelines (88%). From the open ended questions 16 codes were identified and 4 major themes emerged. The theme 'Barriers to Access' encompassed codes relating to long waiting lists, geographical location and funding. 'Teledermatology' included comments relating to phone and virtual patient clinics. The theme

'Education' included guidelines, training, and further resources. Finally 'Collaboration' incorporated comments regarding specialist nurses and follow up as well as remote support for GPs.

Discussion

Many GPs have a desire to care for their patients in the community and could be supported remotely by specialist services. Although it would take time and resources to implement these interventions, secondary care services would benefit as it would allow more time to see complex cases suitable for a tertiary level facility.

Conclusion

The findings of this study show clear clinical pathways, more training and recognised guidelines would be well received. Treating children closer to home would be expected to lead to a reduction in referrals and allow patients to be seen in a more timely and cost effective manner, thus benefiting children and families.

Lessons learned

Paediatric dermatology is a service that would benefit from an integrated care approach. The interventions suggested are cost effective, straightforward and scalable.

Limitations

The survey was anonymous. It would have been useful to collect contact information from GPs who would like to be involved in further work on this project. As this was a survey, bias in respondents is a possibility.

Suggestions for future research

Further work is required to establish how to implement and roll out these interventions. Particular attention should be directed towards reaching and engaging a maximum audience.