



Flash of brilliance

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 Service: Clinical Nutrition and Dietetics **NHS Foundation Trust**



Aim: What were you trying to achieve? Change ideas:

Increased capacity during a period of low staffing levels, by providing a 'One stop shop' solution to reduce waiting times for a patient group, where advice and treatment is relatively prescriptive and generic.

Change ideas: What changes did you make?

- Identified Cow's Milk Allergy (CMA) as a condition within paediatric dietetics where advice and treatment is relatively prescriptive and generic.
- Developed a virtual group session for parents of infants and children with suspected/ diagnosed cow's milk allergy.
- Collated evidence-based advice that has routinely been delivered in one-to-one face to face, video or telephone consultations (one 40-minute initial consultation and one to three subsequent 20 minute review consultations) into a 'one stop shop' solution of a two and a half hour group session.
- The virtual group session is introduced by one paediatric dietitian and an administrator (to help with registration, technical issues and flow) and consists of a 45-minute recorded PowerPoint presentation, followed by up to 45 minutes of verbal discussion, followed by 60 minutes of muted written chat discussion (where required).
- Initial administration of appointments meant we might have had anything from 10 to 25 patients (parents/carers) at one group session; in recent months this has since been standardised to a maximum of 15 patients in each session for better manageability.

Lessons learned and what's next?

A focused survey was used to gain feedback⁶.

Key questions:	Yes	No
Were you happy to be invited to a group session?	73%	27%
Do you feel your questions have been answered to enable self-management?	67%	33%

"Very happy with the group, it was convenient and helpful, I was able to follow the milk ladder to manage my child's allergy." 88% felt satisfied/ very satisfied with the overall administration process and the content and knowledge of the dietitian. Comments (in around 30 per cent of the patient surveys) also indicated that one-to-one appointments would have been preferred.

Recommendations:

- Continue with the group session, but make it a pre-requisite that can lead to one optional follow up appointment.
- Cost savings can continue to be seen by:
 - Reducing Band 6 time (admin to introduce/run the presentation and take on the follow up administration work)
 - Improving RIO (EPR system) to facilitate bulk printing of letters
 - Potential to assign this caseload to our newly appointed Band 5 in due course.
- Continue to streamline referral process to reduce the number of referred patients accepted who don't have cow's milk allergy and are not appropriate for referral, by:
 - Educating referrers (GPs, health visitors etc) to diagnose CMA by reintroduction of cow's milk after a period of two to four weeks of symptom improvement (as per iMAP guidance⁷) by signposting to Kent Community Health NHS Foundation Trust (KCHFT) online community dietetics paediatric referral form and KCHFT children's dietetic page (which together detail exclusion criteria, other supporting services, information and resources⁸).
- Continue to survey and respond appropriately to feedback to improve the group experience; gaining data on the number of re-referrals is important to assess whether our discharges post group have been appropriate.
- Consider other patient groups that may benefit from dietetic group sessions.

Measures/results: What was the impact of the changes?

The Cow's milk allergy group sessions were started in September 2021. Data compared six months of 2021 with six months of 2022¹

- The Clinical Nutrition and Dietetics Paediatric Team receive on average 252 general paediatric referrals² per month, of these referrals 139 are seen (55%)³.
- 61 of the monthly referrals (of which 35 are seen) are suspected or diagnosed cow's milk allergy; which equates to a quarter of the caseload.

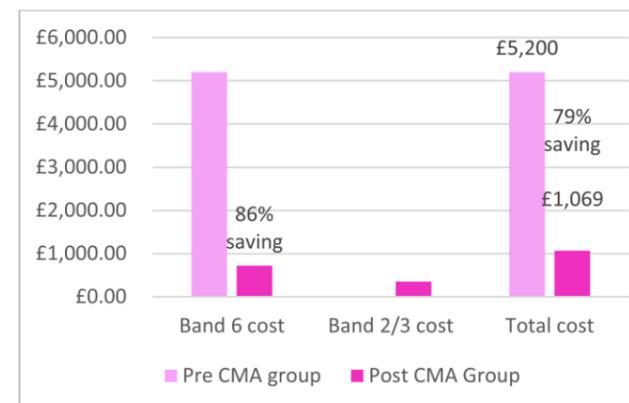
Patient Contact (in 6-month period) ⁴	Pre-CMA Groups	Post-CMA Groups
Total hours	227	56
Band 6 dietitian hours	227	31
of which new	157	25
of which Follow up	70	6
Band 2/3 administrator hours	0	25
Average contact time per patient (mins)	58	18

Setting up groups has reduced total contact time with patients by 75%.

The maximum number of reviews pre-CMA group for any one patient was 10, in comparison to four post groups.

160 of 183 patients (87%) in post-CMA group data have been discharged to date, compared to only 60 of 236 patients (26%) in the equivalent time period of 2021 (pre-CMA group)⁵.

Cost savings in 6-month period



Total cost savings of £4,131 (79%).

If we considered savings based on a "See-Do" approach (for instance, to include patient related administration time) we would see total cost savings of £6,970 (81%).

In addition to reduced patient contact time and cost savings, our service/ patients have seen:

- Dramatically reduced waiting times; referral to treatment time (RTT) of eight - 12 weeks, which in turn enables the delivery of correct and timely advice to a patient group who rely on appropriate formulas and weaning advice in the first few months of life.
- Quicker symptom management of infants and children and reduced anxiety of parents/carers.
- Thorough delivery of advice in a forum where parents can share and learn from each other.
- Convenient treatment at home.

1. Data used compares referrals received in the period 1st January to 30th June 2021 (pre-group) with those of 1st January to 30th June 2022 (post group)

2. Referrals do not include enterally fed patients

3. Patients not seen due to: DNA's, did not contact service, no further treatment appropriate, moved out of area, referred to other speciality etc.....

4. Patient contact based on 10 groups in the 6 months period, ~18 patients per group, with each group consisting of 2.5hrs Dietitian time and 2.5 hrs administrator time (f/u patients also included in figures pre and post groups)

5. Data has been extended by 2 months to allow the capture of discharges post June (and to date) for both groups

6. 15 patients responded to our survey request

7. iMAP guidance; [imap-if-empa-is-being-considered-parents-guide.pdf](https://www.kentcht.nhs.uk/forms/community-dietetics-paediatric-referral-form/) ([patientwebinars.co.uk](https://www.kentcht.nhs.uk/forms/community-dietetics-paediatric-referral-form/))

8. KCHFT online community dietetics paediatric referral form; <https://www.kentcht.nhs.uk/forms/community-dietetics-paediatric-referral-form/> and Children's dietetics online information and resources; <https://www.kentcht.nhs.uk/service/clinical-nutrition-and-dietetics-service/childrens-dietetics/>