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A paediatric community matron service was set up to cut emergency admissions of children with respiratory disease. This article reports on a parent satisfaction survey

Exploring parent views of community matrons

In this article...

- › How a paediatric community matron service was developed
- › Results of a parent satisfaction survey
- › Recommendations for developing and extending the service

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Abstract Allcock D, Smith K (2014) Exploring parent views of community matrons. *Nursing Times*; 110: 16, 21-23. The children's national service framework advocates children's services being designed and delivered around the needs of the child. This article details parental perception of and satisfaction with a paediatric community matron service that aims to reduce emergency admission of children aged 0-16 with respiratory disease. Parents valued the individualised holistic relationship formed between the community matron, child and family. One in four said their child's hospital attendance was reduced.

The UK has been ranked 16 out of 29 industrialised countries for overall wellbeing of children (UNICEF, 2011), and widespread concerns about NHS services for children and young people and the variation in quality across the country have been reported (Kennedy, 2010). Parents are often quoted as being frustrated by the lack of coordination between services involved in their child's care and often experience a lack of networking and partnership between those services (Allcock, 2009).

The Kennedy report recommended that services for children and young people should have a single point of access and be open at all times so that patients can be assessed and directed to the right

professional for the right treatment in the right place (Kennedy, 2010). The report advocated a shift in the culture of general practice from gatekeeper to the more positive role of navigator.

This article reports on a parent satisfaction survey of a community paediatric service. The survey was to be used to identify the views and experiences of past and present patients, identify any barriers and challenges, recommend improvements to the service, and ensure it complied with current policy and the recommendations of the Kennedy report.

The paediatric community matron service in East Cheshire was set up in 2006 and the numbers of patients using it has increased year on year (Cheshire East Community Heath, 2010). Its objective is to help and support children and their parents to recognise the early onset of the child's respiratory condition and manage each episode to reduce the need for admission to hospital.

The children's national service framework (Department of Health, 2004) advocated the development of community paediatric services and a shift towards children's services being designed and delivered around the needs of the child. The aim of the NSF was to ensure children and young people received a service that was equitable and measurable in terms of quality and met the NHS policy aim of shifting services into the community.

Within the community paediatric matron service, we have worked hard to become champions for children and young people in the Crewe area. We provide strong leadership, which helps our patients and their families to feel they have a positive connection to a service that

5 key points

1 The children's national service framework called for services to be designed around the needs of the child

2 The Kennedy report recommended a single point of access to services

3 Parental management can reduce hospital admissions in these children

4 Community matrons can provide a bridge between primary and secondary services

5 Patient questionnaires can be used to gather feedback and shape service development



Questionnaires can collect data while avoiding ambiguity if written effectively

endeavours to provide a much-needed bridge between primary and secondary services. Unfortunately, resources dictate that the service is restricted to patients attached to only five GP practices within Crewe, and is limited to weekdays between 9am and 6pm. This long-standing issue has been highlighted by patients and multidisciplinary services; all appreciate the benefits of this service and wish to see it rolled out further across the trust and extended beyond working hours only.

The service aspires to promote positive health in a way that ensures families feel a sense of involvement, and to provide those offering the service with opportunities for learning within everyday practice. Kennedy (2010) highlighted that “training lies at the heart of making a better future for children and young people in the community”. The paediatric community matrons (two are job sharing one post) were trained at Liverpool John Moores University on the MSc advanced paediatric practitioner nurse course.

Children are referred to the service for support and case management. Their care is provided by an advanced paediatric nurse practitioner (called a community matron in East Cheshire). The community matron works with them holistically to produce a package of care that is built around the needs of the child. This package can be episodic or long term; in each case, children and families receive evidenced-based care that supports the approach and aims adopted by the Kennedy report (2010).

Families are given in-depth information on the child's respiratory condition as well as any medication and other treatment. The paediatric community matron works to ensure the children and families are confident with identifying the onset of symptoms of the child's condition, have evidence-based information and are seen in the most appropriate setting by the most appropriate professional (DH, 2007).

Since being established, the service has been annually audited using a parent satisfaction questionnaire and the results have informed its development. The information and report give the provider evidence that the paediatric community matrons are providing a high-quality, valued service. Although the questionnaire cannot reflect all service users' views, combined with verbal feedback from children and families, it demonstrates they feel they are receiving an equitable service that meets their needs and is delivered by appropriate professionals with credible qualifications.

BOX 1. SAMPLE SURVEY QUESTIONS

- Since seeing the paediatric community matron, do you feel that your understanding of your child's health has altered in any way?
- Is the paediatric community matron service easy to access?
- Can you give an example of how the paediatric community matron has helped you in a way that is different from the care you get from your GP?
- If the paediatric community matron service was no longer offered to your family, what impact would this have on you?
- If your child has been discharged, would you be happy to be referred back to the paediatric community matron if needed?

When devising a questionnaire, it is crucial to use a rigorous methodology to ensure it achieves its objective of facilitating quality improvement. Those trying to interpret data will make subjective judgements if questionnaires are not devised appropriately to look at aspects of care.

Patient surveys have been recognised for their significant role in driving service improvements, and are essential in transforming service delivery and design. They help health professionals to monitor, improve and implement key objectives that meet the drivers of high-quality care (Cleary and Davies, 2005).

Method

A questionnaire was sent to every family on the community paediatric matron's current caseload, which included those being actively managed long term and those on episodic management, and to a random selection of those discharged in the past year.

The questionnaire covered 15 statements; our aim was to ascertain whether parents perceived services provided to their child had been improved by the involvement of the community paediatric matron (Box 1); 13 questionnaires were returned from the 50 sent out. Questions were qualitative and quantitative to reflect the experiences we wanted to capture around the impact of the service and its delivery.

This low response rate belies the verbal praise and positive feedback about the service given by parents throughout the year. Alternative methods such as interviews were considered, but questionnaires

remain a more objective and efficient method of collecting data in a standardised way that avoids ambiguity and bias if written effectively (Boynton, 2004).

The evaluated area is one of high deprivation and low employment, with a growing Polish and Slovakian population. We considered providing support workers and interpreters to assist parents to complete the survey but in the current economic climate this was not possible. In addition, the motivation to influence service development could be lower in parents juggling greater concerns.

For the parents who did answer our questionnaire, we wanted to establish whether their understanding of their child's health had improved and whether they had needed to access hospital and GP services less often since their child had been involved with the service. Most importantly, we wanted to find out whether they felt that the service was accessible to them and what impact it would have on them, their child or family if it was decommissioned in the future (DH, 2008).

The questionnaires were returned to the clinical effectiveness auditing team and were anonymous to ensure there was no influence or bias to the data. The analysis of the data formed a report for the commissioners of the service to demonstrate its effectiveness, quality and equity.

Results

Results indicated that 92% of the parents who responded said they were definitely better able to cope with their child's health needs since they had received the paediatric community matron service.

All stated that the paediatric community matron had given them more confidence in dealing with their child's health needs, 75% stated they attended hospital less often and 77% had not needed to see their GP since seeing the community matron for emergency appointments. Box 2 gives a selection of quotes demonstrating this evidence.

It would be easy for professionals to select only positive comments from the audit and to ignore the negative. However, the data contained no negative comments; everyone spoke highly of the service. We are aware that these views are from a small, selective demographic audience, but feel that the elements of this service could be duplicated and are transferable to a wider service population.

Parents' suggestions on how to improve the service related to increasing its hours; they would like the service to run over the

BOX 2. PARENT QUOTES TAKEN FROM THE SURVEY

"By receiving a lot more in-depth information and being able to contact the community matron for help and advice, I am able to cope better with my child's condition"

"Being able to phone the community matron not only for emergencies but also for advice is invaluable, knowing that reassurance is at the other end of the phone is excellent, and due to this my child has had fewer admissions to hospital"

"Home visits provide lots of useful advice"

"My daughter is seven months old and, before being referred to the community matron, had seen several different GPs around nine times for the same symptoms. Since seeing the community matron, we are managing things without the need for the GP help"

"The community matron and I manage my child together so I use the GP less"

"The community matron knows my child better than other health professionals and knows when intervention is required"

"The service is different from the GPs' as there is no huge wait for appointments, the matron is able to spend more time and properly recognise the symptoms - she comes back sometimes more than once a day to re-evaluate and sees my child at home"

"The community matron always returns to evaluate the effectiveness of the medication"

"My child often gets antibiotics from GPs as a precaution as I don't feel they have got to grips with the symptoms"

"I always felt the GP did not have the time to listen and provided unnecessary medication as they did not know my child. The community matron sees my child separately and provides an added service which is valuable"

"Last year my three year old was hospitalised every two weeks between January and April. Since seeing the community matron for regular check-ups and being able to call during the early onset of symptoms, he has only been in hospital once this year and his health has vastly improved"

weekend and have late evening or 24-hour telephone support. The service is run by one whole-time equivalent paediatric community matron (two community matrons job sharing) so this extension is not possible within existing resources.

The paediatric community matron provides a monthly update of children on the caseload to the nights, evening and weekend (NEW) service so, if a family does contact this service, background information is available.

Conclusion

The paediatric community matron service is not trying to replace GP services but to complement them. Nurses are taking on more advanced practice and delivering services that traditionally have been provided by the medical profession. We strive to work in a partnership, communicating about care and management.

An additional factor the paediatric community matron offers is the ability to spend more time getting to know families, forming relationships and understanding their child's condition. We have the advantage of delivering the service in the family home. This allows us to educate on concordance of treatment and evaluate environmental issues, such as poor housing or parental lifestyles, which can have a detrimental effect on a child's health.

Kennedy (2010) demonstrated that many GPs gain little experience of paediatrics as part of their professional training and, as a result, often refer children unnecessarily to hospital for a second opinion or provide antibiotics as a precaution.

Communication, listening and negotiation are the key themes that emerge from the parents' responses. Parents want to be heard, they want an advocate, and they want to know that everyone involved in providing care knows about their child and the condition requiring treatment. This is where the paediatric community matron service is getting it right. We keep everybody involved in a child's care, undertake regular education updates and medication reviews, and liaise with the wider multidisciplinary teams. This all contributes to the role of child and family advocate.

It is evident from the questionnaire analysis and verbal responses that children and their families do feel this service is different from that offered by GPs; parental feedback concurs with Kennedy's synopsis of GPs' overuse of medication. We empower and support parents to know when it is appropriate to access the GP, the hospital or our service.

Anecdotal evidence has shown that parents become more confident and know when it is appropriate to give antibiotics. Parents contact our service to say their child had been prescribed antibiotics but they had not been started. This is because parents felt they were not needed because the GP had said the child's chest was clear.

We have made the following recommendations from the survey:

- » Identify a more robust and valid method of auditing data that captures the problems of interpretation and translation;
- » Consider using a method of collecting

data other than the traditional questionnaire;

- » Expand this service to a wider geographical area by building up a team of mixed-skilled professionals, so offering a more robust service that incorporates other long-term conditions identified by government directives.

By sharing this data, we hope to share a vision that can be transferred to other areas, demonstrate the need for advanced practice and encourage other nurses to replicate this model in their own service. **NT**

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