LIFE AND DEATH Iona Heath

Let's not widen the gulf in children's health care

Proposals arising from the Darzi review risk endangering the care of children in general practice

An illness or accident that kills or permanently disables a previously healthy child is a shocking and terrible thing. Such a possibility creates a continual undercurrent of dread familiar to every parent. The dramatic fall in the mortality rate among children in rich countries has been one of the great achievements of modern society and modern medicine, but the fear remains.

It is this context that informs some of the proposals emerging in the regional responses to the junior health minister Ara Darzi's "next stage review" of the NHS. These are being published in quick succession by each region in England through May and June. An early example is that from the Yorkshire and the Humber Strategic Health Authority, entitled *Healthy Ambitions* (www.healthyambitions.co.uk). Its proposals are organised as eight "pathways," one of which is the "children's pathway."

There is much that is good among the proposals, not least the plan for properly constituted multidisciplinary primary care teams for children, with health visitors, midwives, school nurses, community children's nurses, paediatric therapists, and GPs all working together. Many GPs and health visitors have been arguing for such teams for years; but unfortunately this degree of provision and integration is not cheap, and the aspiration has seldom become a reality. Much more controversial is the proposal "to pilot a new role of a children's GP." For the worried parents of an acutely ill child this might make immediate sense, but the implications and potential perverse effects demand close examination. Such a proposal completely misunderstands yet again the nature and contribution of generalist medical care and the optimal relationship between specialist and generalist.

If expertise in the care of children is to be concentrated in a single doctor in a primary care team, the inevitable result is erosion not only of the generalist skills of that single doctor but also of the paediatric expertise of the other doctors. That particular doctor cannot be available all the time, and thus

at times of absence children will be obliged to see the other doctors, who will now have less experience of sick children. The proposal also dismisses the importance to children's care of knowledge of family structure and interactions. Primary care teams develop an extraordinary institutional memory of families that extends back over generations and can never be fully captured in a medical record—memory that is immensely important to the care of each new generation. As the Irish writer John McGahern put it in his *Memoir*: "A child can become infected with unhappiness." Such knowledge should not be lightly discarded.

All GPs are, and must continue to be, trained and examined in the recognition and care of the acutely and seriously ill child, paying particular attention to the challenge of diagnosing illness in its very early stages. Generalist expertise must then be backed up by easy and rapid access to specialist advice and support. This last imperative has been systematically jeopardised by recent political manipulation of the NHS in England, which has substituted competition for cooperation in the relationship between specialist and generalists. Most specialists, including paediatricians, are now working within the Payment by Results framework of incentives, while generalists are being encouraged or coerced into undertaking practice based commissioning, the intention of which seems to be to keep patients away from costly hospital services. These policies have driven a wedge between specialists and generalists and have made it much more difficult for the two parts of the profession to collaborate in the interests of patients, including children.

Despite these recent changes, specialists and generalists continue to depend on each other's skills. Generalists can work safely to the limits of their knowledge and skills only if they can refer easily and promptly to their specialist colleagues when those limits are reached. Specialists can use their expertise maximally only if they are enabled to work with a highly selected

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population for whom their particular skills are appropriate. A children's GP is a contradiction in terms, neither generalist nor specialist, potentially undermining the effectiveness of both.

The recent report *Why Children Die* from the Confidential Enquiry into Maternal and Child Health shows that 77% of children who died had developmental delay, impairment or disability, or existing illnesses or complex needs (*BMJ* 2008;336:1089; 2008;336:1083-4). These are special children, and their families are profoundly affected by their predicament. Such children need highly specialist paediatric expertise, but their families also need skilled care and support from primary care. Neither need can be met by a children's GP.

Much could be achieved if Ara Darzi's proposals were to build on the tradition of general practices hosting outreach sessions for consultant paediatricians and so rebuild close working relationships between generalists and specialists for the benefit of children. The plan for children's GPs risks working in completely the opposite direction, increasing the gulf between most GPs and their specialist colleagues.

Mortality in children aged under 5 years in Sweden is almost half that in the United Kingdom and the lowest in the world. Swedish children, alongside all the other members of their extended families, get their primary health care from ordinary family doctors. Sweden has recognised that although medicine and the health service contribute to children's health, the organisation of society and, in particular, the support given to parents are at least as important. Swedish couples get 480 days of paid leave after the birth of a child: each must take at least 60 days, and the remainder can be split between father and mother as they prefer. Subsidised nursery places are available to all. Children and their parents are explicitly valued, and that in itself promotes children's health. We should learn from those who are doing it right.

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