

PRIMARY/SECONDARY GROUP Bruxelles 2005  
report by Alf Nicholson

ATTENDANCE

21 participants from 17 countries

OPENING REMARKS

Stefano del Torso opened the meeting and welcomed all the delegates

He asked delegates to consider nominations for Treasurer of CESP/EAP. Armand Biver briefly presented his vision for the post of treasurer in a witty presentation. Adamos Hadjipanayis from Cyprus was proposed by Alf Nicholson as the representative of the secondary care group on the executive committee in place of Armand Biver. Stefano del Torso asked the primary care delegates to consider a new primary care delegate with proposals to be made before the May meeting as Stefano is unwilling to continue for a second term.

GENERAL PAEDATRICS IN EUROPE : WHAT IS NEW ?

GERMANY

Elke Jaeger Roman raised the issues of rising costs , need for increase in quality and efficiency , the abolition of the separation of hospital and ambulatory care and competition between all players (insurance companies, hospital and private doctors).

Hospitals in Germany are now reimbursed for DRG'S (diagnostic related groups) and this favours more complex cases

Hospitals may provide ambulatory tertiary care by their specialists

Supporting institutions may run medical care centres with multiple disciplines to provide ambulatory primary and tertiary care

Other developments include integrated managed care pathways for defined conditions (eg obesity/ADHD) with payment by combined budgets and structured cooperation between primary and tertiary care through disease management programs (eg a DMP for asthma in 5 year olds and over) .

IRELAND

Alf Nicholson presented a resume of paediatric care in Ireland highlighting the continuing high birth rate and increased number of immigrants . Paediatric care is delivered by secondary care paediatricians (120 in total) with primary care delivered by GP's . Strengths include low perinatal mortality and early neonatal mortality rates , well-developed training programmes and a national neonatal transport service. Deficiencies included low breast feeding and immunisation uptake rates , lack of a single tertiary centre and no national paediatric transport service. Future directions include centralization of tertiary services and neonatology , a doubling of consultant

numbers , a national paediatric retrieval service and greater support for disadvantaged groups.

## SPAIN

Diego Van Esso highlighted 17 autonomous communities with 6.6 million children with an increasing birth rate (1.32 at present). Approx 5,000 primary care paediatricians work generally in primary care centres in tandem with GP's and nurses. Primary care paediatrics has developed its own way and increased coordination with secondary and tertiary paediatrics is in process.

CME is generally given by secondary/tertiary paediatricians with intensive 1-4 day courses devoted to specialist topics

Many clinical trials in vaccines and some epidemiological research in primary care are in progress

Primary care paediatricians spend 1-2 sessions in Accident and Emergency in hospitals and many have new mixed contracts spanning primary and secondary care

In relation to networking , there is now web-based primary care medical records with partial integration with Xray and blood results and will soon be shared with hospital records to improve efficiency and avoid duplication

## SECONDARY CARE IN PAEDIATRICS – GENERAL CONTEXT

Armand Biver stressed that health care budgets are increasing and there are always issues re cost-containment . We require quality , equity and efficiency . We need to integrate primary and secondary services via improved information systems .

Measures to reduce costs include reduced length of stay , increased centralization , increased day case procedures and reduced hospital beds with more short stay facilities and home care.

There is an increased number of emergency consultations with lack of coordination between primary and secondary care. Many A/E consultations are not true emergencies. Clinical networks should work in a coordinated way and may be speciality or disease-specific. We need to ensure 24/7 safe care with more senior input and perhaps use advanced nurse practitioners in addition to doctors. There is a balance to be struck between quality and cost-containment.

## ESAP

Francoise Bovet stated that an Ambulatory Paediatric group recently met in Barcelona and a study comparing GP and paediatric care was presented – drug prescriptions , consultations , antibiotics and antidiarrhoeals were used less by paediatricians and they performed less laboratory tests. Paediatricians were more involved in health promotion practices. A strong case for paediatricians to be the primary caregivers to children was made. ESAP and the primary care group of CESP should work together to promote ambulatory pediatrics

Very useful discussion with input from many delegates and a general consensus that care of children is best delivered by paediatricians. Stefano del Torso raised the issue of mandatory CME for primary care paediatricians. There is a decline in paediatrician numbers and thus a mixed approach may be required. Francis Rubel from France highlighted health economics with an increased focus on cost-containment and an increased number of females in paediatrics. There is a deficit of 30% in projected numbers of paediatricians in France presently. Diego Van Esso stressed the importance of primary care whereby a lesser number of tertiary care specialists is required if primary care paediatrics is well-developed. Erika Isolauri from Finland spoke of integrated pathways between GP's and paediatricians which are effective in Finland.

Catherine Weil Olivier highlighted the importance of emergency care for children and this will be discussed at greater length at the next meeting in May 2006.

Hungary, Sweden and Switzerland were invited to present in May 2006 in Koln

## SECONDARY CARE PAEDIATRICS QUESTIONNAIRE

Armand Biver distributed a questionnaire pertaining to secondary care and asked all delegates to return the questionnaire prior to the end of the meeting

## SPRING MEETING

Topics will include GP training, Health booklet, General Paediatric Care including emergency care in paediatrics.

Stefano del Torso thanked all for their input to the discussion

**To allow more time for discussion the 3 countries presentation will be postponed to the December meeting and during the EC it has been proposed that the meeting should last 2 hours instead of 90' minutes (comment by Stefano del Torso)**