



DEPARTMENT OF HEALTH AND SOCIAL SECURITY
ALEXANDER FLEMING HOUSE
ELEPHANT AND CASTLE LONDON SE1 6BY
TELEPHONE 01-407 5522 EXT

EL(90)P/36

To: Regional General Managers) For action
District General Managers)

Family Practitioner Committee
General Managers - For information

Mr D Long

Mrs Ford

Clinical Section Managers

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| Chairman | DGM | All DMG | DMO | Pers | DFM | Dir Plan | UGM Acute | UGM Comm | UGM Psych | Works | Information | FPC | MEC | |
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16 February 1990

Dear General Manager

CHILD HEALTH SURVEILLANCE: IMPLEMENTATION OF THE NEW GP CONTRACT

It has become clear from discussions we have had with colleagues in the field that the joint circular HC(FP)(89)20/HC(89)32 "Promoting Better Health: Management of General Medical Services" may not have received a sufficiently wide distribution amongst those concerned with community and child health services.

Our concern is that health authority staff responsible for child health ensure Districts take the action necessary to meet the increased involvement of GPs in child health surveillance (CHS) which will undoubtedly result from the implementation of the new contract for general practitioners. Although the new arrangements leave it to individual GPs to decide if they wish to take on this work, it is already clear that many GPs are interested in undertaking child health surveillance.

Paragraphs 34 and 35 of the Circular describe the action which is thought necessary to ensure that this part of the contract is successfully implemented. We believe it is essential that DHAs have an agreed policy statement with FPCs on the aims and conduct of CHS in the District in order to ensure that services - whether provided by community health services or family practitioner services - are provided in a consistent and coherent way. Such statements will, we believe, need to cover:

- i. the criteria - based on experience and training during the five years immediately preceding the application - which determine the eligibility of GPs to be included on the CHS list (the Royal College of General Practitioners and the British Paediatric Association have jointly produced a set of guidelines for the training and accreditation of GPs in CHS);

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- ii. the means by which parents will be made aware of the choice they have in arranging CHS for their children where their GP is on the CHS list;
- iii. the maintenance and transfer of child health records which ensure effective - but not duplicatory - tracking and follow-up of children;
- iv. management policies which enable the GP contribution to CHS to complement the specialist knowledge and experience of community health staff - doctors and health visitors;
- v. arrangements for monitoring the performance of their CHS procedures and the quality of service provided.

A copy of the relevant part of the GP's terms of service, Schedule 1A of the NHS (General Medical and Pharmaceutical Services) Regulations 1974 as amended, which describes CHS, is attached for your information.

I should be grateful if you could ensure that this letter is passed to managers of community child health services and that action necessary for the implementation of the new provisions for CHS is taken.

Any enquiries about this letter or the section of the circular on CHS should be addressed to Mr Jerry Read, Branch CMP1C, Room No B1308, Alexander Fleming House, Elephant and Castle, London SE1 6BY, Tel. 01-407 5522 Ext 7571.

Yours sincerely

J Middleton

J C MIDDLETON
Assistant Secretary
Branch CMP1

This letter will be cancelled and removed from the Communications index on 31 January 1992

SCHEDULE 1A

Regulation 2(1)
Schedule 1, paragraph 9/B

CHILD HEALTH SURVEILLANCE SERVICES

1. The services referred to in paragraph 9B(a) of Schedule 1 shall comprise -

(a) the monitoring -

(i) by the consideration of information concerning the child received by or on behalf of the doctor, and

(ii) on any occasion when the child is examined or observed by or on behalf of the doctor (whether pursuant to sub-paragraph (b) or otherwise),

of the health, well-being and physical, mental and social development (all of which characteristics are referred to in this Schedule as "development") of the child while under the age of 5 years with a view to detecting any deviations from normal development;

(b) the examination of the child by or on behalf of the doctor on so many occasions and at such intervals as shall have been agreed between the Committee and the health authority in whose district the child resides (in this Schedule called "the relevant health authority") for the purposes of the provision of child health surveillance services generally in that district.

(2) The records mentioned in paragraph 9B(b) of Schedule 1 shall comprise an accurate record of -

(a) the development of the child while under the age of 5 years, compiled as soon as is reasonably practicable following the first examination mentioned in paragraph 1(a) of this Schedule and, where appropriate, amended following each subsequent examination mentioned in that sub-paragraph; and

(b) the responses (if any) to offers made to the child's parent for the child to undergo any examination referred to in paragraph 1(b) of this Schedule.

(3) The information mentioned in paragraph 9B(c) of Schedule 1 shall comprise -

(a) a statement, to be prepared and dispatched to the relevant health authority referred to in paragraph 1(b) of this Schedule as soon as is reasonably practicable following any examination referred to in paragraph 1(a) of this Schedule, of the procedures undertaken in the course of that examination and of the doctor's findings in relation to each such procedure;

(b) such further information regarding the development of the child while under the age of 5 years as the relevant health authority may request.