Towards a comprehensive child health service

IT is now 10 years since the publication of the Court Report, which argued persuasively for the integration of prevention and treatment services for children.[1] A crucial element in the Court Report's strategy was a greater integration of developmental surveillance into the primary care team. Sadly, little progress has been made since then; the tripartite system of child health services still exists, with general practitioners (contracted through family practitioner committees) providing treatment of illness in the practice, consultants (employed by regional health authorities) providing hospital treatment and clinical medical officers (employed by district health authorities) providing developmental screening and health education. Indeed, it seems at times that the services have become even less integrated.

New hope, however, appeared last year in the form of a short policy statement on health services for children, agreed jointly by the Health Visitors Association, the General Medical Services Committee of the British Medical Association, the British Paediatric Association and the Royal College of General Practitioners. This stated that:

1. Preventive and surveillance services for all children are the function of primary care and should be delivered by general practitioners, health visitors and clinical medical officers.
2. There needs to exist an effective secondary support service which should be led by consultant paediatricians.
3. There needs to be a planned move towards an integrated service for children.
4. The Department of Health and Social Security should initiate action towards integrating services for children as a high priority.
5. The integrated service should include specialist and support services available in the community.
6. The school health service should be included within these integrated arrangements.
7. Preventive and surveillance services for identified populations should increasingly be based upon general practices.
8. In order to provide an effective service, there should be increased opportunities for continuing education in developmental paediatrics and child health surveillance for all professional groups. The four organizations will encourage the uptake of these opportunities.

Although welcome, these proposals are stated in broad terms and we need to examine the ways in which they might be implemented. First, the Government needs to take an active role, in the knowledge that previous governments of different political persuasions have been committed to the principle of an integrated child health service. The DHSS should invite health authorities to develop overall strategies for achieving integration, leaving health districts to implement these in a way best suited to their particular needs. Secondly, community physicians will need to be involved in coordinating and monitoring the effectiveness of services to different populations of children. Thirdly, each professional group should look at the appropriateness of its training programmes. In general practice, for instance, the ability to deliver a comprehensive health service for children, embracing both prevention and surveillance, could become a prerequisite for recognition as a trainer.

If some general practitioners are unable or unwilling to provide preventive and surveillance services for their child populations, clinical medical officers could be invited to carry out these tasks with access to practice records and premises. Such a move would foster integration and might provide a better career structure for clinical medical officers.

Developmental surveillance will only lead to improvements in health if all children are assessed and if problems which are detected are treated effectively; this means that all general practitioners must be informed about the results of health assessments in children. It has been shown that surveillance rates of over 95% can be achieved in practices which are committed to preventive care in children,[2] whereas the proportion of children aged under five years attending child health clinics is currently only 45%.[3] The direct comparison is perhaps unfair but it indicates that the present system is not providing a preventive service to the whole population and also that high surveillance rates are possible.

For too long the different professional groups involved in child health services have been concentrating on protecting their own interests. They need to join together and forget their sectional interests. A survey of general practitioners published in the *Journal* this month shows that there is a high level of commitment to paediatric developmental screening in general practice but that there is a need for further expansion in postgraduate paediatric training.[4] General practice should commit itself wholeheartedly to delivering comprehensive health care to children, to providing a service which embraces prevention and surveillance and to ensuring that all entrants to general practice are appropriately trained.

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The future of community nursing

THE discussion and debate about the Government's Green Paper on primary health care[1] may mean that the Report of the Community Nursing Review in England, chaired by Julia Cumberlege,[2] will be overlooked by general practitioners. This would be a pity as the Report contains an interesting analysis of the current problems in community nursing and makes clear proposals for changes in the organization and training of the community nurses of tomorrow.

The review team were asked to 'study the nursing services provided outside hospital by health authorities and to report to the Secretary of State on how resources can be used more effectively, so as to improve the service available to client groups and to take into account the input from nurses employed by general practitioners. They were also asked to conduct the review within a very short time, although the reason for this haste is not apparent since nursing reviews in Wales and Scotland are proceeding in a different manner. The evidence of the Welsh Council of the College to the Welsh Community Nursing Review is published in this issue of the *Journal.*