SERVICE EVALUATION OF A GP DROP IN CLINIC AT A FAMILY HUB

“This is a brilliant idea, whoever did this needs a statue”

“We kind of feel that NHS is looking after us in a good way now. That we've been heard now. We've been looked after. We've been seen. And cared for. That's what NHS is for, isn’t it?” (P1)

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Executive summary

This is a service evaluation of a drop-in GP clinic provided by the same GP for two sessions a week for families accessing certain groups at the Rainbow Family Hub in Hull. There is no time limit, and whole-family care is available, or adults can visit the GP whilst their children are cared for by family hub staff.

Over the first six months of the service, the GP saw 78 family members across 135 drop-in consultations. The drop-in GP clinic is used by a wide range of families mainly for chronic issues, including dermatological concerns, gastrointestinal issues, mental health, and social and neurodiversity concerns. Most families engage with the service more than once, enabling continuity of care and reducing risk of overtreatment as health conditions can be monitored over time.

Interviews were undertaken with eight families from those groups and nine family hub staff members.

Parents who had felt overlooked or struggled to access help were now happy they could easily access the care they needed. Parents described feeling validated, listened to and understood, and many attributed this to the lack of time constraints which allowed the GP to show genuine interest in them as a family. The service helped renew trust in wider health services and the NHS as a whole.

On a professional level, the drop-in clinic being located at the family hub enabled valuable relationship-building and upskilling of other professionals working in early years.

Combining the analysis from interviews, clinical data and case studies, the evaluation showed a very positive impact of the service. However, there are wider considerations about the model which need further exploration.

Recommendations:

- Continuing the existing service in its current format, and providing a mirror service in another family hub with a different GP to enable comparative evaluation
- Seeking funding for the next 2 years to enable continuity
- Seek research funding opportunities to enable objective and more detailed exploration of impact, outcomes, and model viability
- Explore opportunities to test this model in different settings and with different populations

Foreword

Those of us working in general practice may have noticed a feeling of dissatisfaction about the care we feel we are currently able to give to the families we see and the communities we serve. We will have certainly heard a similar story from many of our patients. This impingement to high quality timely primary care never matters more than in early childhood and its solutions will never count more than when acted on here, in partnership with these families.

I am pleased to present this evaluation of a proposed new approach to early years care in the community. We have aimed to ‘walk the walk’ of inter-generational preventative holistic care and accessible place-based delivery. While the evaluation below provides reassuring early evidence that we are on the right track, I hope that this model may be allowed to grow and be directed by ever more robust evidence in future.

For me personally, working in this way in this environment has been a professional revelation. For the first time in my career, I have been able to fully experience the effectiveness of consistent continuity of care, the potentiation rather than inhibition of trust between patient and doctor, the satisfaction of proactive rather than reactive care, and the ability to practice holistically in the way we have been trained but never fully enabled to. Removing single barriers to patient access and multi-disciplinary colleague working has removed multiple barriers to effective and meaningful family care. This is why we do our job.

At a time when the GP workforce is tired and retiring, I have never felt less like leaving the profession nor more hopeful about the quality of care we can provide. I hope that in time others may also be able to work under a similar model so we truly can give every child *the best start in life* (Marmot, 2010).

Dr Joseph Witney

Who is this report for?

This report is for anyone who is interested in setting up, sustaining or evaluating a GP drop-in clinic to help address health inequalities and support early prevention, including Start for Life family hub teams, ICB inclusion health teams, Public Health, Primary Care commissioners, Children’s services within local councils and the Health Innovation Networks.

1. Background to the service

1.1 Rationale

The importance of the first years of life is well known, with good evidence linking difficulties experienced in early development with subsequent poor mental health and physical health outcomes (Black et al., 2021). The Covid-19 pandemic had a negative impact on children's health (Stanford, 2021) and exposure to adverse experiences (Casebourne, 2021). Those living in more socio-economically deprived areas, such as Hull, suffer proportionally more than their peers (Pearce et al., 2019). We also know vulnerability in children is intrinsically connected to the needs of their care givers (Felitti et al., 1998), and that good care is enabled by continuity and trust between family members and their clinician (Horn et al., 2012; Kelley et al., 2014; Van Walraven et al., 2010).

GPs are trained to approach patients' problems holistically and to consider children's health in the context of the wider family setting. The current 10-minute 'one patient, one problem' model however, does not provide enough time or the right framework to fully enable this holistic approach (Salisbury, 2019). Indeed, GPs experience low job satisfaction and do not feel they have enough time with each patient (Evan D., 2023), which could underly a lack of confidence to make decisions and respond appropriately to issues around child mental health (O'Brien et al., 2017). This can also increase the risk of missed diagnoses early in life, leading to years of inappropriate treatment and mismanagement of conditions. GPs' frustrations around the lack of time to do their job properly and concerns about associated risks contribute to decisions to leave the role (Sansom et al., 2018)

1.2 Case study 1

During 'usual' general practice care, I encountered a male patient in his early 40s. The telephone consultation was listed on my ledger as 'ADHD referral'. The patient was severely distressed and spoke for 10 minutes before I first felt able to reply. He told me of his experience in and out of mental health services including multiple misdiagnoses, life trauma, and heavy medication prescribing. He had recently been told he may have had ADHD traits since early childhood and now felt the weight of years of mischaracterisation as a 'naughty' child and 'mentally unwell' adult. He told me that he wondered if his life would have taken a different direction "*if someone had taken the time to sit me down and properly listened to me when I was young*".

Alongside these issues with quality of care, access to Primary Care remains a problem. While almost half of GP appointments take place on the day they are booked (Royal College of General Practitioners, 2021), many patients are having to wait longer to see a GP with some waiting more than 2 weeks. The process of booking a GP appointment can also be challenging, with only 50% of patients responding to the GP Patient Survey reporting that it was 'easy' to get through to their practice by phone, and 28% reporting a poor experience overall of booking a GP appointment (IPSOS, 2023). Hull has the lowest number of GPs per head in the country, therefore improving local access is particularly important. Inequalities in capacity to make and attend appointments exacerbate the issue, with some parents struggling with language barriers or confidence in navigating the system, having enough credit to hold the line when waiting for an appointment, finding a convenient time for an appointment due to busy lives and lack of childcare, or needing the motivation and energy to engage with booking an appt alongside competing demands.

Despite known benefits of seeing the same GP over time, including improved adherence to treatment (Youens et al., 2021), lower healthcare costs (De Maeseneer et al., 2003) and higher GP job satisfaction (Royal College of General Practitioners, 2021), only about half of a patient's appointments over a 2-year period in East London were with their most regularly seen GP (Hull et al., 2022). GP Patient Survey data indicates that around a third of Hull patients report seeing their preferred GP "a lot" or "all" of the time.

1.3 GP drop-in clinic as a solution

After experiencing these issues with current care first hand, Dr Joseph Witney (GP) approached Helen Christmas, Public Health Consultant at Hull City Council, about the idea of funding a drop-in clinic at a family hub in Hull. Family hubs are located in communities of increased need and deprivation and offer services for local families. They are targeted at families with children or young people aged 0-19 and aim to intervene early by facilitating access to support (Family Hubs Network) and to provide a one stop shop for families to access all the services they need in one place.

Funding was obtained from the Family Hubs and Start for Life grant and Humber and North Yorkshire Integrated Care Board's health inequalities funding for a two-year pilot.

A 4-hour GP drop-in clinic was setup at the Rainbow Centre Family Hub in Hull in April 2023. Two group leaders let families know about the drop-in clinic during their play and development sessions. One group is for 0–2-year-olds, the other for 1–4-year-olds, and both are open for any families to attend. The drop-in GP clinic is available to parents and carers attending these play sessions.

The consultation is conducted in-person by a GP (JW) and parents and caregivers can either attend with their child, or on their own while their child is in the play session. They see the same GP every week, and families can return to discuss

ongoing issues if needed. Consultations are not restricted by the usual 10-minute appointment time, nor limited to one family member. A flexible approach is instead adopted, such that quick queries can be resolved, or in-depth discussions held as needed. The GP aims to bring a holistic approach to care through which multiple, often interconnected and intergenerational, issues can be addressed.

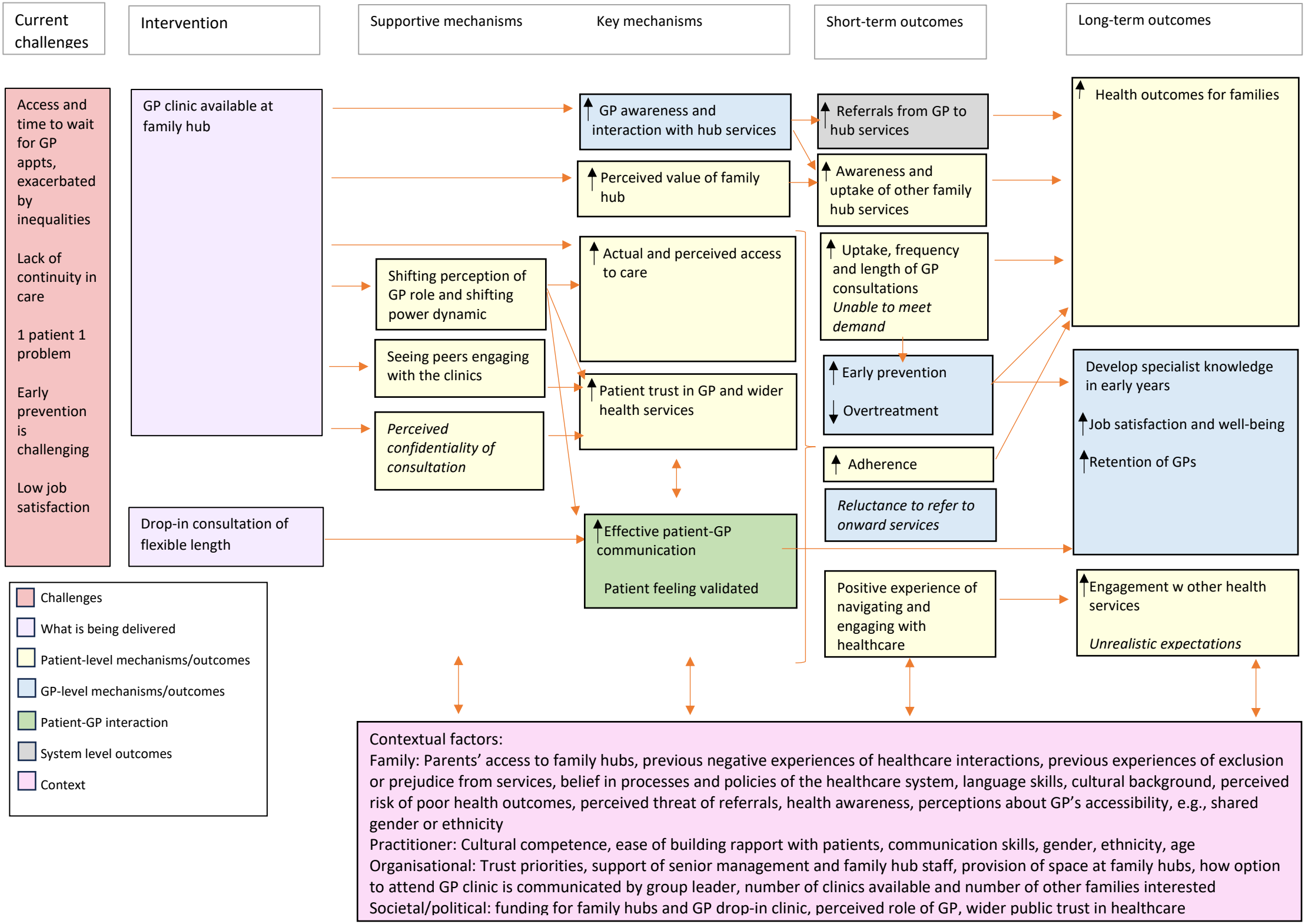
1.4 Scope and aims of evaluation

This report aims to:

- Explore the reach and usage of the GP drop-in clinic from April-October 2023
- Explore parents' and staff's experiences of the GP drop-in clinic
- Gain insight into how the GP drop-in clinic might work to change outcomes
- Make recommendations for next steps.

1.5 How is the drop-in clinic theorised to work?

A logic model was developed by KM, health psychologist at the University of York, to outline how the GP drop-in clinic might improve outcomes, see Figure 1. This was informed by reflections of JW, the GP running the clinic approximately one month after it was set up, and refined via conversations with SB, a chartered psychologist in family well-being at the University of York, and HC, a Public Health Consultant at Hull City Council. The logic model was refined slightly based on subsequent interviews with parents, where the importance of feeling validated and listened to was frequently discussed. A narrative to support the diagram is included at Appendix 1.


Current challenges
Intervention
Supportive mechanisms
Key mechanisms
Short-term outcomes
Long-term outcomes
Access and time to wait for GP appts, exacerbated by inequalities
Lack of continuity in care
1 patient 1 problem
Early prevention is challenging
Low job satisfaction
GP clinic available at family hub
Drop-in consultation of flexible length
Shifting perception of GP role and shifting power dynamic
Seeing peers engaging with the clinics
Perceived confidentiality of consultation
GP awareness and interaction with hub services
Perceived value of family hub
Actual and perceived access to care
Patient trust in GP and wider health services
Effective patient-GP communication
Patient feeling validated
Referrals from GP to hub services
Awareness and uptake of other family hub services
Uptake, frequency and length of GP consultations
Unable to meet demand
Early prevention
Overtreatment
Adherence
Reluctance to refer to onward services
Positive experience of navigating and engaging with healthcare
Health outcomes for families
Develop specialist knowledge in early years
Job satisfaction and well-being
Retention of GPs
Engagement w other health services
Unrealistic expectations
Challenges
What is being delivered
Patient-level mechanisms/outcomes
GP-level mechanisms/outcomes
Patient-GP interaction
System level outcomes
Context
Contextual factors:
Family: Parents' access to family hubs, previous negative experiences of healthcare interactions, previous experiences of exclusion or prejudice from services, belief in processes and policies of the healthcare system, language skills, cultural background, perceived risk of poor health outcomes, perceived threat of referrals, health awareness, perceptions about GP's accessibility, e.g., shared gender or ethnicity
Practitioner: Cultural competence, ease of building rapport with patients, communication skills, gender, ethnicity, age
Organisational: Trust priorities, support of senior management and family hub staff, provision of space at family hubs, how option to attend GP clinic is communicated by group leader, number of clinics available and number of other families interested
Societal/political: funding for family hubs and GP drop-in clinic, perceived role of GP, wider public trust in healthcare

2. Service evaluation methods

Demographic and clinical data were collated from the GP medical records, with patients' consent.

Semi-structured interviews were conducted with 8 parents and 9 staff members at the Rainbow Family Hub. Parents were purposively sampled from the play sessions who had and had not used the drop-in clinic. The parent topic guides aimed to openly explore experiences and outcomes of using the drop-in clinic (Appendix 2), while the staff topic guides explored perceived benefits and disadvantages of having the drop-in clinic at the hub and any changes in practice (Appendix 3). Interviews were conducted by SN, an NHS graduate management trainee on placement with Hull City Council in Sept-Oct 2023. Participants provided informed consent, and the interview was recorded and transcribed verbatim.

The transcripts were analysed using codebook thematic analysis (Braun & Clarke, 2023). This approach was chosen for being pragmatic with a focus on describing the main topics discussed, and efficient within the time frames available. SN and KM jointly created code names and definitions based on the first parent interview transcript. SN then used the coding manual to code the remaining 7 parent interviews. SN and KM met to review the codes and develop themes or shared topics which brought codes relating to similar topics together (Braun & Clarke, 2023). SN then independently coded the staff interviews.

KM had led the development of the logic model so brought this prior knowledge of theorised mechanisms and outcomes to the coding process. SN had not been involved in the logic model development and was employed by the NHS so brought a different perspective to the analysis.

3. Findings

3.1 Profile of families using service

Rainbow family hub community

Each Family Hub in Hull has a geographical area or 'cluster' that it serves. Rainbow Family Hub is located in the West of Hull, on Wheeler Street in the Newington and Gypsyville ward. Most of the cluster is classified as being within the 10% most deprived in the country (IMD 2019), and all of the cluster ranks within the 30% most deprived areas nationally. The census in 2021 shows that around 70% of the population aged 0-24 in the area is from a White British background. People of Eastern European descent make up the next largest group.

It is a vibrant area which faces a lot of the challenges seen in urban areas with high levels of socioeconomic deprivation. There is a large, housed traveller community in

this part of the city and a high rate of immigration into the Rainbow Family Hub area, largely from Eastern Europe; with language and cultural-based inequality a real issue. Substance addiction and health literacy compare unfavourably to the city and national averages. Housing insecurity, chronic pain and significant mental health burden are a concern, as is the intergenerational trauma inherent in these challenges. There is also a strong sense of local pride and multiple longstanding businesses and charities who have been serving this community for many years.

Families using the service

In the first 6 months, 78 family members used the drop-in service in 135 consultations. All consultations were informed by both the child and the adult's needs, even if the primary concern was related to the child only. Initially participation with fathers was low; this increased towards the end of the first 6 months, with 5 fathers being involved to date.

Most involved families spoke English as a first language. A significant proportion of families spoke English as second language, however translation services have yet to be required. These are available should they be required in future.

The 8 parents/carers interviewed for this evaluation were aged between 31 and 50, and were from HU3, HU4 and HU5 postcodes. A range of ethnic backgrounds were represented.

3.2 Clinical data

- **Number of issues addressed**: Ranging from 1-5 'separate' issues per family member, and from care provided to single family members (children more common than parents) to maximum 3 family members.
- **Types of issues addressed:** A broad range of issues typical to primary care were encountered; ranging from infection and dermatological concerns to mental health, social and neurodiversity concerns. There was often clear interconnection between issues. Social and neurodiversity concerns featured more commonly than in typical general practice consultations, as did infant and early years mental health. The care also aimed to be proactive: The GP actively signposted to schemes such as the Healthy Start scheme, with the majority of families eligible for this, and 4/7 eligible families not yet having been aware or taken up this offer
- **Severity and duration:** Concerns were usually routine and non-emergency. Acute issues were rare with only one on-the-day emergency referral to hospital made, as was suspected severe pathology, with one 2-week-wait cancer referral made during 6 months
- **Continuity:** More consultations were repeated than not. The greatest number of contacts with a single family since the start of the drop-in service was 13
- **Multidisciplinary working**: The GP involved family hub colleagues or referred to community services following 11% of consultations. This compares with less than 5% of consultations when audited in the same GP's usual general practice work

3.3 Clinical benefits

3.31 Getting the help that's needed

Parents described how the drop-in clinic had helped them get the help they needed for themselves and/or their child, which they hadn't received in usual care for reasons such as not engaging, not knowing where to find information, or their issue not being looked into adequately. Quotes from interviews are reported below, with 'P' signifying a parent interview and 'S' a staff interview.

"It was a lifesaver here because < child> is now four years old. Obviously with Covid, we've not been able to attend any clinics or seeing a doctor. So, basically <child> was born premature and we stayed in hospital for two weeks. After that I went to see GP once for check-up. And since then, I've not seen anybody physically …<Child> is autistic and doctor was providing us with some good guidance on what we need to do, what we need to follow". (P1)

"I have a lot of questions about my little daughter because this is first my baby. I don't have more information about it, and he's helped me and he's very good" (P6)

"Ten years I say I have problems, only painkillers every month, write for me 100 co-codamol. This is my stomach is also make problem from my stomach, from my belly, from everywhere. But this doctor must be say come to check, into hand checking physically what is my problem". (P6)

3.32 Reducing service usage

There was also a perception amongst parents that having the drop-in clinic available helped reduce use of GP emergency appointments or Accident and Emergency services (A&E), as parents can get reassurance when they need it.

"For me it's a lot easier just to come here and see the doctor. With my older children I've been going a lot to A&E. That will literally mean a full night waiting". (P2)

"When I have the problem from today, say no space, go to the hospital. And I have the little daughter. Hospital for me is very difficult because I am a refugee. I don't have family; I don't have friends." (P6)

3.33 Long term holistic solutions

Case study 2

I saw a 2-year-old child at the family hub. She was brought in by her mum due to persistent issues with constipation. She had been seeing their GP regularly for laxative prescription titration over the past year, since moving to Hull from Eastern Europe, and had not seen any improvement. It was apparent that her diet was very poor. We had the time and continuity to work on improving hydration, movement and dietary fibre. I also had the time to talk to mum during the same session, who had similar issues and dietary restrictions. Together, we looked at the causes before jumping to the treatment. She was struggling to adapt over here, had limited income and was low in mood. On subsequent consultations she also disclosed her past experiences of significant trauma. All this understandably made maintaining a healthy diet for herself and her daughter much more difficult. I worked with her over time to improve her mental health, referred her for trauma-focused therapy and to my Early Help colleagues to help with her finances and social integration. I discussed the case with them in person at the Family Hub and we continue to work together. Both mum and daughter's constipation has improved, and they have stopped needing regular laxatives. They have stopped seeing their GP on a regular basis for prescriptions and now have a better platform for their own health creation.

3.34 Prevents overtreating

Case study 3

Acute infective problems are a common presentation in early years primary care, particularly during the winter months. I reviewed a child with tonsillar swelling who had received multiple courses of antibiotics from her GP in the preceding year via telephone consultation. Her mum was requesting more. The reassurance of continuity allowed me to feel able to raise my treatment threshold appropriately and safely, to allow time and to avoid unnecessary antibiotic prescribing. Over time I gained clear knowledge of the child; that her tonsils were chronically rather than intermittently enlarged and that she had some adenoid features including associated recurrent ear infections. I also got to know mum; that her anxiety around infections in her only child prompted frequent GP contact and that treatment without face-to-face review or time for explanation often perpetuated rather than relieved her concerns. Distance consulting at pace and without context or continuity had incentivised multiple appointments and lowered the bar for treatment with associated iatrogenic harm and cost. I referred the child routinely to the paediatric ENT team and have not needed to prescribe antibiotics for her to date. Mum is happier managing her daughter's symptoms and she has yet to return to her GP for acute treatment since receiving care at the Family Hub. We now start our consultations by understanding the issue and working forwards, rather than by hearing the treatment request and working backwards – we are buffered by trust and knowledge of each other – and we have both benefited.

3.4 Experiences of accessing and engaging with healthcare

3.41 Access and convenience of drop-in GP clinic for parents

Parents described a sense of relief and reassurance at being able to see a GP when they needed to, even though the drop-in clinic is only available at two parent-baby groups a week.

"I can just come here and see the doctor every Tuesday or Thursday where trying to get an appointment with the GP has been Mission Impossible for the last few years." (P2)

"Obviously it's nice to know that I can get access to GP without waiting weeks". (P4)

The convenience of having the drop-in clinic located at the family hub, which they were attending anyway, was also noted by some parents.

"It's just easier, when you're attending a group, to do a couple of things. (P5)

"It's just so convenient because the baby can come and play, and I can come and see the doctor at the same time. It's so convenient". (P2)

3.42 Parents feeling their concerns were important

The lack of time constraints for the consultation enabled the GP to provide a holistic, caring approach to help parents feel validated, comfortable and confident to raise things which are important to them.

"He's really thorough. Like you don't feel like you have to be rushed in there. You feel like you can talk to him about anything…It made her [child] feel at ease and me at ease that we didn't have to rush out of there. Yeah, it just, it made me feel good that" (P7)

The feeling of their concerns being important was reinforced by having the same GP follow-up over time to provide continuity of care and asking holistically about them rather than about one condition.

"It wasn't just, "Okay, 15 minutes, I'll talk to you," and then that's it. Bye bye. Goodbye. But he'll follow up. So, he's involved. That's the one. Whether he does or doesn't have the time, he'll still ask how's things going". (P1)

"Like even the next time I seen him, he'd say, "Oh, are you still okay? How is everything going?" And not just whatever I've gone in there for, like me in myself, like how is your mental health? How are you doing? Not just about that, just everything. Yeah. Everything. So, he's really good". (P7)

This contrasted for some with usual care where some felt their concerns would not be taken seriously due to the short appointments.

"It's hard to get in the doctors these days and half the time you feel like you're getting fobbed off because there's not enough time". (P7)

The importance of unrestricted timing and the GP's personal approach in encouraging parents to talk openly about their problems was also noted by staff at the family hub.

"He's great and he's always got time for everybody. And he's got plenty of time. He's not stuck to an appointment time" (S2)

"Stuff that they've been putting off for a few weeks or even a few months, they've been able to go and talk to Joe about it because he's here and the service is available to them and he's just so friendly and approachable" (S1)

*"I've even had parents say to me that they make the patients feel like they're at home when they're with him. So, giving them that feeling makes it more, I don't know what the word is. It makes it more like you were open to just to discuss all your issues" (*S7)

Meanwhile the GP suggested that people felt more comfortable talking about their concerns due to the location of the clinic.

"Because I'm right next to the room which they're doing their session in, they can come and see me at any time and the intimidation factors I feel… for both of us, the hierarchy feels flatter. And so, the disincentive to see me for issues that they may perceive to be silly or embarrassing, it feels like there's less friction in the system there". (S6)

3.43 Trust in the information and the system

Parents described a general sense of trust and belief in the advice they received.

"He gives me good advice, good medical advice" (P1)

"My problems are going to finally get sorted" (P4)

For one parent, seeing the GP in person increased their trust in the information they received, and contrasted with their uncertainty about telephone appointments in usual care.

"They [usual care] do this thing where you send pictures of things, like you know if there's rashes, you can send a picture to them and I don't think that's like sometimes it's not 100% on photos so you can't tell. So, it's nice if you can see someone face to face. (P7)"

Seeing the same GP over time was also perceived to enable better quality care, as parents felt he would understand them better.

"I think it's the same doctor every week. And every time it just makes it easier. He will get to know all of us and it's just a lot easier instead of going to GP, seeing a different doctor every time." (P2)

One parent and one staff member also talked about increased trust in the wider healthcare system as a result.

"We *kind of feel that NHS is looking after us in a good way now. That we've been heard now. We've been looked after. We've been seen. And cared for. That's what NHS is for, isn't it?" (P1)*

"I think it gives them gives them a bit of faith back in health really as well" (S8)

3.44 Impact professionally

Staff working together

Having the GP located at the hub facilitated partnership working with other professionals, which has benefits in terms of referring families to appropriate services, upskilling, and providing advice to other professionals, and building relationships between professionals.

"I can talk to Joe if we've got a family that has maybe got a problem. We can advise that they go see Joe. If Joe obviously thinks there's more going on, he can then refer them in to us…Joe has the opportunity to suggest our services and vice versa" (S1)

So, if I work with a family and I need some advice on a child maybe not eating well or sleeping, it's just being able to go, have that on-the-spot chat straightaway to offer that advice to parents without having to go on the internet or try and contact their GP and get some feedback" (S9)

"I met the health visitor in person for the first time not long ago which felt inconceivable beforehand. And so there isn't just trust growing between myself and the patients, it's the other staff in the family hub and the other staff around us in the community, there's growing trust between us, which is just good for information sharing, it's just good for enjoyment and it's just good for families" (S6)

Case study 4

Many of the children we see in general practice have neurodiverse traits. We know that getting early needs-based support can be incredibly beneficial to the whole family, not just the child. In typical general practice however, we do not have the time or knowledge of the child to be able to do this well. Consequently, this responsibility has now fallen to others. During the drop-in sessions however, I was able to send a detailed and appropriate referral for a child with suspected autism for early support and to discuss the case with the neurodiversity team, who I knew through the Family Hub work. I was also able to update the nursery with regards to the EHCP process and to meet the health visitor in person at the Family Hub to discuss progress. Being able to develop both family-doctor trust and doctor-colleague trust are inherent in making this process work well. For this child's care, we were not replicating siloed care tangentially, rather we were working together for the specific needs of this family.

3.45 Facilitating access to other services for families

Some staff perceived that having the GP clinic at the family hub would help raise awareness about and access to other services.

“Even if they just come for the GP service, it then helps them to see what else the family hubs provide” (S5)

“We now have a breastfeeding sort of drop-in session that also runs alongside the Tuesday afternoon, so they can come to the session if they've got any feeding queries, they can see her or see the GP. So, it's kind of like a, there's all the services under one roof really” (S2)

3.5 Logistics and practicalities

3.51 Confusion about how to access the drop-in clinic

Some parents had not realised they could access the service without registering, suggesting additional information about access would be helpful.

“I thought that you have to register first for you to be seen. I didn't know that you could just go when we're free during a certain period”. (P3)

3.52 Challenge of service being provided by a single GP

Having only one GP available to deliver the drop-in clinics means that the clinic cannot be delivered if the GP is off sick or on leave.

3.6 Wider system questions

The interviews demonstrated a differential use of this service compared to usual primary care, and an ask for expansion.

3.61 Managing demand within existing users

Some parents described bringing queries to the drop-in clinic that they wouldn’t take to their usual GP Practice, which is important for reassurance and potentially helps detect any health issues earlier.

“Sometimes you just think is it urgent enough to ring GP?... I've been able to ask burning questions kind of which you wouldn't necessarily ring your doctor about because it's not temperature, it's not something they can physically right now give you antibiotics or something” (P1)

“Sometimes they don't need to, necessarily need a doctor's appointment. It's nice for them just to have a bit of reassurance and somebody just to listen”. (S5)

“If they've just got that niggling concern that they're not quite sure about, they wouldn't necessarily ring the doctor. They might go to the pharmacy or something

like that. But at least when they come here, they know they can just pop in and ask him, you know, "Is this right?" or whatever" (S2)

None of the parents raised waiting time as an issue, despite a staff member noting that parents sometimes have to wait to be seen.

"They might be waiting a long time. But that's hit and miss. It depends how many people want to see him" (S2)

There are also implications for demand for the play session from which parents can access the drop-in clinic.

"It's definitely got our numbers up in the play session, which has made me, I'm having to sort of think a little bit more about what I put on in the session so that there's more stuff for them to do. But again, that's a positive there". (S1)

3.62 Opening the drop-in clinic to others

Some families wanted their older children to have access to the service too.

"She's 15. So, and she can't use this service at the moment because it's only for my little one and me. So, yeah, it would be good if she could use it as well, because I don't think she can come along because she's 15" (P7)

Staff suggested expanding the times of the drop-in clinic or enabling bookings to allow more families to attend.

"I think I'd like to see it on a full day, possibly in the future, I mean, I am looking in the future, possibly two days a week. So, because what we do find with our families is some parents will only come to a session in the morning because the baby sleeps in the afternoon". (S8)

"Can we book appointments for parents that we feel could do with that chat? Because we do get some parents that are struggling with their mental health and they're not getting reviews from their GP". (S9)

However currently the drop-in clinic is ringfenced such that only families with children below 5 attending the play sessions can attend, which is seen as necessary to enable the GP to meet the demand.

"I think if we just advertised it out there, we have GP clinic on a Tuesday, it would maybe be sort of a rush of people". (S3)

"It's going to be really over run if you advertise it". (S7)

3.63 Support for wider roll-out

Both parents and staff consistently felt that the service needed to continue and be provided at other family hubs.

"I think it needs to be rolled out to all the, like I said, to all the other centres. Let everyone be able to use a service like this". (P4)

“If health visitors were working over at Priory, then it's how they then get their families from Priory to the Rainbow Centre. So, I think having something similar in other children's centres will be the big, big bonus. I think it will work really well”. (S8)

4. Conclusions and next steps

The interviews with families and staff, coupled with the clinical data clearly demonstrate significant benefits from this service. Testing against the anticipated short-term outcomes in the logic model after only six months, there is emerging evidence of meeting the outcomes the service was designed to achieve.

This pilot was deliberately kept to a small, ring-fenced offer to test a new way of working whilst ensuring the service didn’t promise more than could be confidently delivered. One of the most prominent risks has been that if the service was open to a larger group of people, demand would not be met. However, there are also risks involved in having such a small service that is reliant on a single GP and commissioned separately from existing local primary care structures.

The very clear benefits experienced by the families and staff interviewed gives us a strong responsibility to further explore the sustainability of this model of care, and the potential to expand beyond young families to other populations and explore who else might benefit from access to this type of service. The next steps, therefore, need to test the viability, ethics, and cost-effectiveness of this model on a larger scale.

5. Recommendations

Based on the findings in the evaluation, we recommend:

- Continuing the existing service in its current format, and providing a mirror service in another family hub with a different GP to enable comparative evaluation
- Seeking funding for the next 2 years to enable continuity
- Seeking research funding opportunities to enable objective and more detailed examination of impact, outcomes, model viability, and cost effectiveness
- Exploring opportunities to test this model in different settings and with different populations

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Appendix 1: Logic model narrative

Supportive mechanisms

Shifting perception of GP role (supportive mechanism)

The traditional model of 1 patient-1 problem and the strong narrative in society about long waiting times for a GP appointment can promote a feeling of helplessness, such that parents only discuss issues with the GP which they perceive to be serious, 'worthy' or clearly defined in their own mind. The location of the GP clinic at the family hub, the endorsement of the clinic by the family group leader, and the focus on family health may help shift parents' perceptions about the role of the GP and what is appropriate to discuss with them, reducing guilt or perceived pressure about using GP's time for a quick check about issues perceived to be minor, or broader issues around e.g. a child's behaviour. This shifting perception about the GP could also help underserved groups feel more confident that the GP is there for them and will listen to them.

Shifting power dynamic (supportive mechanism)

Family hubs are an inclusive space designed for families, and many families may already be quite familiar with their hub through attending community groups. The fact that the GP has come to the hub rather than them having to go to the GP's own setting may help families feel more confident to speak to the GP, as they are in their comfort zone. Informal feedback from parents at the hub suggests this also applies to children, who are more comfortable at the family hub setting than the GP Practice where they may be scared to attend.

Seeing peers engaging with the clinics

Families who attend groups together at the hub may talk to one another and share experiences of using the clinic or may notice that other families similar to them are using the service.

Perceived confidentiality of consultation

To what extent a patient trusts that their information will be kept confidential and not shared with other services.

Key Mechanisms

Increased GP awareness and interaction with hub services

Defined as GP awareness of other services and service providers based at the hub.

Influenced by:

The intervention setting of the GP drop-in clinic being based at the family hub, providing the opportunity for better networking and to build relationships with other service providers, such as PMH support groups.

Increased perceived value of family hub

Defined as the how useful a family perceives the family hub to be for their needs.

Influenced by:

The intervention setting of the GP drop-in clinic at the family hub, as families who already attend the hub may start to perceive it as more of a one-stop-shop for all their needs because of the provision of a drop-in GP clinic, and other local families who had not engaged in the hub previously might become aware of the drop-in GP clinic and start to attend family groups at the hub in order to access it.

Increased actual and perceived access to care

Defined as how easily the parent can actually access the GP, and how easily they perceive they can access a GP, including to what extent it is appropriate and acceptable to do so. It has been defined as “the ability to receive the appropriate care from a proper healthcare provider, at the right time and place, depending on the context” (Saurman, 2016)

Influenced by:

GP clinic available at family hub (intervention)

The physical setup of the clinic at a regular time slot, in a location where families would be anyway, could make it easier for families to attend the clinic. The lack of appointments can make it feel less formal and more opportunistic to consult the GP, and removes barriers around speaking to a receptionist at a GP Surgery and having to plan a time to come in.

Shifting perception of GP role (supportive mechanism)

Through a changing perception of what the GP is there for, patients perceive better access to the GP as they realise they can approach them for minor concerns or broader queries.

Shifting power dynamic (supportive mechanism)

Families are theorised to feel that the GP is more accessible when the GP has come into their space rather than them having to visit the GP Practice.

Increased patient trust in GP and wider health services

Patient trust in GP has been defined as “a set of expectations that the healthcare provider will do the best for the patient, and with good will, recognising the patient’s vulnerability” (Rasiah et al., 2020).

It’s about believing that the GP will act in their best interests (Hall et al., 2001). This includes believing that the GP will treat you fairly, and not feeling judged.

Influenced by:

Shifting perception of GP role (supportive mechanism)

The belief that the GP is genuinely interested in even minor or poorly defined concerns and will take a holistic approach to their family is theorised to increase trust, as it suggests the GP will act in their family's best interests.

Shifting power dynamic (supportive mechanism)

The GP is more visible and is reliably available on a regular basis, which increases trust.

Seeing peers engaging with the service (supportive mechanism)

Seeing other families using the GP drop-in clinic who are perceived as similar to their family may help parents trust that the GP will do their best for them.

Perceived confidentiality of the consultation (supportive mechanism)

The clinic being located in the family hub may make some parents uncertain about who will see their consultation notes, especially if a family is concerned about being referred to social services or if they share concerns about their mental health with the GP. Alternatively, this setting within the family hub may actually improve trust as families perceive that the GP is there to help them, not as part of the system, and will be more likely to keep their notes confidential.

Effective patient-GP communication (another key mechanism)

A two-way relationship is theorised between patient-GP communication and trust, whereby having effective two-way conversations with the GP increases trust that they care about your outcomes, which in turn improves communication as the patient is willing to share more information.

<u>Effective patient-GP communication</u>

Effective patient-GP communication is defined as "two-way communication (spoken, written and non-verbal) that engages patients in decision making and care planning. It is tailored, open, honest, and respectful and there is an opportunity for clarification and feedback" (Australian Commission on Safety and Quality in Health Care). It includes the patient feeling willing to disclose information, and the GP being able to make holistic care decisions.

Influenced by:

Shifting perception of GP role (supportive mechanism)

Perceiving that the GP is accessible and committed to improving your family's health outcomes could facilitate more effective communication as the parent is willing to share more information.

Shifting power dynamic (supportive mechanism)

The consultation taking place in a more comfortable and familiar environment may facilitate parents to share more information.

Drop-in consultation of flexible length (intervention)

There are various features of the drop-in consultation that may facilitate effective patient-GP communication, such as being in-person, the consultation being for the whole family and not for one individual, the lack of a tight time pressure on the length of the consultation, and the opportunity to continue attending consultations with the same GP allowing rapport to develop.

Patient trust in GP and wider health services (Another key mechanism)

As described above, a two-way relationship is theorised between patient-GP communication and trust, whereby having effective two-way conversations with the GP increases trust that they care about your outcomes, which in turn improves communication as the patient is willing to share more information.

Patient feeling validated

The patient feels their concerns are important, that they have been listened to, and that they are not being brushed off.

Drop-in consultation of flexible length (intervention)

A key contributor to the patient feeling validated is the lack of time constraints on the appointment, enabling the GP to explore their problem holistically and provide tailored advice.

Short-term outcomes

Increased referrals from GP to hub services

Defined as a higher number of referrals made to other services at family hubs

Influenced by:

GP awareness and interaction with hub services

The GP may be more likely to refer to hub services as connections are built with service providers through being based in the same place.

Increased awareness and uptake of other family hub services

Defined as more families attend family hub services.

Influenced by:

GP awareness and interaction with hub services

Families start to use the hub services more due to referral by the GP.

Perceived value of family hub

Families attend the hub more often due the increased value of having the drop-in clinic there, and through attending more often become aware of other services available for them.

Uptake, frequency and length of GP consultations

Defined as more one–off appointments and follow-on appointments per family than in usual care at a GP Practice, and longer duration of consultations.

Demand could become too high over time, with the unintended consequence that the clinic is unable to see all families who attend.

Influenced by:

Actual and perceived access to care

As families have easier access to care via the drop-in clinic at the family hub, and perceive easier access to care, they will attend GP consultations more frequently.

Patient trust in GP and wider services

As parents trust in the GP improves, they will be more likely to attend appointments more regularly and to have a longer consultation as their increased trust encourages more in-depth conversations.

Effective patient-GP communication

The parent being more willing to disclose information and the GP being more able to engage in holistic decision making will increase the length of consultations and increase the likelihood that the parent will continue to engage with the GP over time.

Increased early prevention and reduced overtreatment

Earlier and increased identification of physical and mental health issues than usual GP Practice care.

Lower number of prescriptions for ‘just in case’ scenarios.

Influenced by:

Actual and perceived access to care

Knowing that parents are more able to return for future consultations enables GPs to make the decision to hold off treatment rather than treating ‘just in case’.

Patient trust in GP and wider services

Greater trust between the GP and parents enables parents to communicate more openly and to share wider associated health issues in a more holistic setting, facilitating earlier prevention.

Effective patient-GP communication

Two-way communication and holistic decision-making facilitates earlier prevention and reduces overtreatment.

Improved adherence

Parents are more likely to start recommended treatment/interventions and to maintain adherence over time in line with GP recommendations.

Influenced by:

Actual and perceived access to care

More regular appointments could improve adherence as GPs and parents can check-in more regularly to discuss how a treatment or intervention is working, or to answer any questions that have emerged since prescribing.

Patient trust in GP and wider services

Parents are more likely to adhere if they trust the GP's advice.

Effective patient-GP communication

GPs have more time and are more able to explain the rationale for treatments or interventions and how to effectively adhere, enhancing adherence.

Reluctance to refer to onward services

GP is less likely to refer to onward services or engage in safeguarding procedures than in a usual GP Practice setting.

Influenced by:

Actual and perceived access to care

The GP builds more of a relationship with the parent due to the ongoing consultations over time.

Patient trust in GP and wider services

The increased trust leads the GP to feel more investment in continuing to support the patient.

Effective patient-GP communication

The GP may be concerned that the open communication and trust they have built with the parent would not be continued if they refer the parent on to other services.

Positive experience of navigating and engaging with healthcare

Parents are more satisfied and empowered by their consultation experience.

Influenced by:

Actual and perceived access to care

Easier access makes for a more positive experience, as parents are not having to navigate the process of making an appointment, travelling to the GP Practice etc.

Patient trust in GP and wider services

Feeling trust in the GP leads to a more positive consultation experience, as parents feel listened to and that the GP is genuinely interested in their health.

Effective patient-GP communication

Two-way, open communication helps parents evaluate their consultation more positively as they are able to fully describe the problem and are involved in deciding the next steps.

Long-term outcomes

Improved health outcomes for families

Earlier diagnosis, tailored referrals and appropriate prescribing for a wide range of physical and mental health issues for parents and children.

Influenced by:

Referrals from GP to hub services

Referring families to wider support services, such as perinatal mental health support groups or breastfeeding clinics, will help meet their needs and improve wider health outcomes.

Awareness and uptake of other family hub services

As parents are either referred to other services or become aware of services themselves by attending the GP clinic at the hub, this engagement with other services will have a positive impact on family health outcomes.

Uptake, frequency and length of GP consultations

The GP will be able to see families who would not normally attend appointments, and see families more regularly over time, both of which will facilitate improved health outcomes by enabling the GP to provide holistic family care.

Longer appointments will have a positive impact on health outcomes as the GP has the time to direct them to specifically relevant services and resources.

Early prevention and reduced overtreatment

Early prevention and reduced overtreatment will improve overall health outcomes for families by preventing problems from escalating and ensuring appropriate diagnosis and treatment.

Adherence

Improved adherence from parents and children to treatments or interventions will improve health outcomes as conditions are optimally managed.

Develop specialist knowledge in early years

Increased GP knowledge about early years healthcare as the GP spends more time with families and hears more details about the holistic family situation and how this impacts on health issues.

Improved job satisfaction and well-being, retention of GPs

GP feels more satisfied with their work, has higher mental well-being and fewer GPs leave the NHS.

Influenced by

Early prevention and reduced overtreatment

GPs feeling they have the time and rapport with patients to be able to detect problems early, respond appropriately and reduce overtreatment will help increase their job satisfaction and well-being.

Effective patient-GP communication

GPs gain satisfaction from having effective, meaningful, face-to-face conversations with patients which enable them to do their job better. This will also facilitate the development of specialist knowledge in early years as GPs become more familiar with problems often affecting young families and have increased confidence to support them., enhancing job satisfaction and ultimately retention.

Improved engagement w other health services

Increased uptake and ongoing use of other health services, including referrals. Possible unintended consequence that parents assume that other health services will be able to provide similar drop-in access, and continuity of care. Or parents want to switch GP Practices in order to continue seeing the family hub GP.

Influenced by:

Positive experience of navigating and engaging with healthcare

Overall perceptions of healthcare and expectations of positive experiences and outcomes are raised, which leads to more willingness to engage with other health services. However, this could result in disengagement if other care settings are not as quick, responsive, consistent and holistic.

Contextual factors

It is theorised that contextual factors will affect all mechanisms, outcomes and relationships between them. This includes factors at the level of the family, practitioner, organisation and society, and more detail is included below:

Family:

Parents' access to family hubs, as those with a family hub geographically nearer or with good transport links may be more likely to use the GP clinic

Previous negative experiences of healthcare interactions, such as long waiting times or lack of positive outcome for addressing the health issue, may reduce the likelihood that parents would be willing to attend a drop-in clinic

Previous experiences of exclusion or prejudice from services may reduce likelihood of parent engagement if a healthcare practitioner has previously treated them differently because of who they are.

Holding positive beliefs in the processes and policies of the healthcare system could increase the likelihood of engaging, as these wider beliefs increase the perceived trust and benefit of the intervention.

Language skills: Being able to speak English may make people more likely to engage in a consultation, due to the lack of a language barrier and confidence in being able to communicate effectively with the GP.

Cultural background: Some cultures may place higher value on attending the GP for family problems.

Perceived risk of poor health outcomes: Parents with strong concerns about the possible consequence of health issues may be more likely to attend.

Perceived threat of referrals: Parents with concerns about being referred to social services or similar may be less likely to attend.

Health awareness: Parents with higher health literacy and awareness may be more likely to engage.

Perceptions about GP's accessibility: Some parents may perceive the GP to be more accessible if they have shared sociodemographic characteristics, such as ethnicity, gender, age group, or other perceived similarities.

Practitioner:

Cultural competence: GP's sensitivity and understanding of other cultures.

Ease of building rapport with patients: How easily a GP can build a comfortable relationship with a patient, in which they feel happy to share

Communication skills: GP's existing skills for communicating openly and involving the patient in decision-making

Gender, ethnicity and age: The GP's gender, ethnicity and age might influence how willing patients are to attend and engage with the drop-in clinic, depending on their own sociodemographic characteristics.

Organisation:

Trust priorities: The extent to which the local trust prioritises drop-in GP clinics compared with competing services

Support of senior management and family hub staff: The amount of support for the GP to have the dedicated clinic time from senior management and family hub staff will influence how well this service can be delivered.

Provision of space at family hubs: The GP clinic requires dedicated space at a family hub.

How option to attend GP clinic is communicated by group leader: As families are signposted to the GP clinic by a group leader, the way in which the group leader explains the clinic's purpose and value could influence engagement.

Number of clinics available and number of other families interested: How well the clinic works will depend on whether there is enough resource to meet demand.

Societal/political:

Funding for family hubs and GP drop-in clinic: The service depends on continued funding for family hubs and the GP to have dedicated time to run the drop-in clinic on a regular basis.

Perceived role of GP: Societal perceptions about the role of the GP may influence the service

Wider public trust in healthcare: Recent events can influence public trust in healthcare as a whole, which could influence engagement in this service

Appendix 2 Parent topic guide

Introduction

I will ask you a few questions about your experiences of the drop-in GP clinic at this family hub.

There are no wrong or right answers - I'm just really interested to hear all about your experiences and anything you'd like to tell me. This will help us understand more about the drop-in clinic, and people's experiences of using it.

I don't know any details about your family or which services you have been offered or used. You can tell me as much or as little information as you feel comfortable with.

The conversation will take about 20-30 minutes. We can take a break at any time, or you can stop taking part altogether at any time - just let me know.

Do you have any questions for me now? Does everything sound ok?

Questions

1. Can you tell me how you found out about the GP drop-in clinic at the Rainbow Family hub?

2. Have you used the clinic yet?

   <u>If yes</u>

   a. How many times have you used the clinic?

   b. Can you tell me how you feel about a drop-in GP clinic being provided at the hub?

   c. Can you tell me about what made you decide to use the drop-in clinic rather than going to your GP Practice? You don't need to tell me about any specific health details if you don't want to.

d. Can you tell me about who in your family has attended the drop-in consultations you've had at the clinic? And how did that work for you?

e. Can you tell me how you felt about the consultation(s) you've had with the GP at the drop-in clinic?
    i. Was there anything that was different from GP appts at your usual GP Practice? How did you feel about that?

    ii. Was there anything that helped the drop-in clinic work well for you?

    iii. Was there anything that made the drop-in clinic harder for you?

f. Can you tell me about what happened after the appointment?
    i. Did anything change for your family?
    ii. How do you feel about the drop-in clinic now?
    iii. Has the drop-in clinic changed anything else for you?

g. Can you tell me if you think you or your family would use the drop-in GP clinic in the future?
    i. What might make you more likely to use it?
    ii. What might make you less likely to use it?

<u>If no</u>

h. Did you know there was a drop-in GP clinic at the family hub? It's ok if you didn't. (*If no - provide a short explanation. If yes - ask, Can you tell me about what you know about the drop-in GP clinic at the family hub?)*

i. Can you tell me how you feel about a drop-in GP clinic being provided at the hub?

j. Can you tell me if you think you or your family would use the drop-in GP clinic in the future if someone in your family was poorly?
    i. What might make you more likely to use it?
    ii. What might make you less likely to use it?

Closing

Do you have any other thoughts about the drop-in GP clinic at the hub that we haven't already talked about?

Do you have any final questions for me?

Appendix 3 Staff topic guide

Introduction

I will ask you a few questions about your experiences of the drop-in GP clinic at this family hub.

There are no wrong or right answers - I'm just really interested to hear all about your experiences and anything you'd like to tell me. This will help us understand more about the drop-in clinic, and how it might be working in practice.

The conversation will take about 10-20 minutes. We can take a break at any time, or you can stop taking part altogether at any time - just let me know.

Do you have any questions for me now? Does everything sound ok?

Questions

For all service providers:

1. Could you tell me a bit about your role at the family hub?
2. Can you tell me what you think about the drop-in GP clinic at the family hub?
3. Can you tell me about any benefits of having a drop-in GP clinic for families?
    a. Can you tell me about any benefits you've noticed of having the clinic based at the hub?
    b. Can you think of any benefits for families?
    c. Can you think of any benefits for partner services?
4. Can you tell me about any disadvantages of having a drop-in GP clinic for families?
    a. Can you tell me about any disadvantages you've noticed of having the clinic based at the hub?
    b. Can you think of any disadvantages for families?
    c. Can you think of any disadvantages for partner services?
5. Can you tell me about any changes the clinic has made to how you work with the GP involved?
6. What do you think the next steps should be for this service?

Additional questions for GP delivering the service:

1. Can you tell me about how you have found it delivering a drop-in service for families at the hub?
2. Can you tell me about any changes the clinic has made to how you work with service partners?
3. How do you think this drop-in clinic influences your relationship with patients?
4. What has worked well? Can you tell me about an example of a family who you think has benefitted from the service?
5. What has worked less well? Can you tell me about an example of a family who you are concerned may not be engaging well with the service?
6. Can you tell me about any signposting you do to other services at the hub? What might influence your decision about referring patients on to other services?
7. Can you tell me about any differences you have noticed from delivering Primary Care in normal Practice?

Closing

Do you have any other thoughts about the drop-in GP clinic at the hub that we haven't already talked about?

Do you have any final questions for me?

References

Black, M., Barnes, A., Strong, M., Brook, A., Ray, A., Holden, B., Foster, C., & Taylor-Robinson, D. (2021). Relationships between Child Development at School Entry and Adolescent Health—A Participatory Systematic Review. *International Journal of Environmental Research and Public Health*, *18*(21), 11613. https://www.mdpi.com/1660-4601/18/21/11613

Braun, V., & Clarke, V. (2023). Is thematic analysis used well in health psychology? A critical review of published research, with recommendations for quality practice and reporting. *Health Psychol Rev*, 1-24. https://doi.org/10.1080/17437199.2022.2161594

Casebourne, J. (2021). 400,000 children affected by domestic abuse every year, showing the mountain to climb to support child victims of domestic abuse. https://www.eif.org.uk/press-release/400-000-children-affected-by-domestic-abuse-every-year-showing-the-mountain-to-climb-to-support-child-victims-of-domestic-abuse

De Maeseneer, J. M., De Prins, L., Gosset, C., & Heyerick, J. (2003). Provider continuity in family medicine: does it make a difference for total health care costs? *Ann Fam Med*, *1*(3), 144-148. https://doi.org/10.1370/afm.75

Evan D., G., et al.,. (2023). *Overworked and Undervalued: Unmasking Primary Care Physicians' Dissatisfaction in 10 High-Income Countries: Findings from the 2022 International Health Policy Survey* Retrieved from https://www.commonwealthfund.org/publications/issue-briefs/2023/aug/overworked-undervalued-primary-care-physicians-10-countries#:~:text=The%20Commonwealth%20Fund%20also%20found,care%20data%20to%20external%20entities

Felitti, V. J. M. D., Facp, Anda, R. F. M. D., Ms, Nordenberg, D. M. D., Williamson, D. F. M. S., PhD, Spitz, A. M. M. S., Mph, Edwards, V. B. A., Koss, M. P. P., Marks, J. S. M. D., & Mph. (1998). Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults: The Adverse Childhood Experiences (ACE) Study. *American Journal of Preventive Medicine*, *14*(4), 245-258. https://doi.org/10.1016/S0749-3797(98)00017-8

Horn, I. B., Mitchell, S. J., Wang, J., Joseph, J. G., & Wissow, L. S. (2012). African-American Parents' Trust in their Child's Primary Care Provider. *Academic Pediatrics*, *12*(5), 399-404. https://doi.org/https://doi.org/10.1016/j.acap.2012.06.003

Hull, S. A., Williams, C., Schofield, P., Boomla, K., & Ashworth, M. (2022). Measuring continuity of care in general practice: a comparison of two methods using routinely collected data. *British Journal of General Practice*, *72*(724), e773-e779. https://doi.org/10.3399/bjgp.2022.0043

IPSOS. (2023). *GP Patient Survey*. http://www.gp-patient.co.uk/

Kelley, J. M., Kraft-Todd, G., Schapira, L., Kossowsky, J., & Riess, H. (2014). The influence of the patient-clinician relationship on healthcare outcomes: a systematic review and meta-analysis of randomized controlled trials. *PLoS ONE*, *9*(4), e94207. https://doi.org/10.1371/journal.pone.0094207

Marmot, M. (2010). *Fair society, healthy lives : the Marmot Review : strategic review of health inequalities in England post-2010*.

Retrieved from https://www.gov.uk/research-for-development-outputs/fair-society-healthy-lives-the-marmot-review-strategic-review-of-health-inequalities-in-england-post-2010

O'Brien, D., Harvey, K., Young, B., Reardon, T., & Creswell, C. (2017). GPs' experiences of children with anxiety disorders in primary care: a qualitative study. *British Journal of General Practice*, *67*(665), e888-e898. https://doi.org/10.3399/bjgp17X693473

Pearce, A., Dundas, R., Whitehead, M., & Taylor-Robinson, D. (2019). Pathways to inequalities in child health. *Arch Dis Child*, *104*(10), 998-1003. https://doi.org/10.1136/archdischild-2018-314808

Royal College of General Practitioners. (2021). The power of relationships: what is relationship-based care and why is it important. *General practice COVID-19 recovery [download]. accessed. https://www. rcgp. org. uk/-/media/Files/Policy/power-of-relationships-rcgp-2021. ashx*.

Salisbury, H. (2019). Helen Salisbury: The 10 minute appointment. *BMJ*, *365*, l2389. https://doi.org/10.1136/bmj.l2389

Sansom, A., Terry, R., Fletcher, E., Salisbury, C., Long, L., Richards, S., H. , Aylward, A., Welsman, J., Sims, J., Campbell, J., L. , & Dean, S., G. (2018). Why do GPs leave direct patient care and what might help to retain them? A qualitative study of GPs in South West England. *BMJ Open*, *8*(1), e019849. https://doi.org/10.1136/bmjopen-2017-019849

Saurman, E. (2016). Improving access: modifying Penchansky and Thomas's Theory of Access. *Journal of Health Services Research & Policy*, *21*(1), 36-39. https://doi.org/10.1177/1355819615600001

Stanford, M. (2021). Growing up in lockdown: the impacts of pandemic life on children's early physical development. https://www.eif.org.uk/blog/growing-up-in-lockdown-the-impacts-of-pandemic-life-on-childrens-early-physical-development

Van Walraven, C., Oake, N., Jennings, A., & Forster, A. J. (2010). The association between continuity of care and outcomes: a systematic and critical review. *Journal of Evaluation in Clinical Practice*, *16*(5), 947-956. https://doi.org/https://doi.org/10.1111/j.1365-2753.2009.01235.x

Youens, D., Doust, J., Robinson, S., & Moorin, R. (2021). Regularity and Continuity of GP Contacts and Use of Statins Amongst People at Risk of Cardiovascular Events. *J Gen Intern Med*, *36*(6), 1656-1665. https://doi.org/10.1007/s11606-021-06638-3