

## **Working group primary and secondary group May 2004 Sigtuna**

A major part of the meeting was due to the presentation of Armand Biver from Luxemburg and collaborators on a **Child Health Booklet through Europe**.

The booklet exists in every country, mainly for children up to 5 years of age, up to 20 years of age (Portugal, France) or up to 12-14 years of age (Belgium, Spain, Switzerland).

### **Are found in those booklets :**

- a history of pregnancy, and / or hospitalisations (in a structured or non structured way) ; neo-natal screening ; immunization program ; anticipatory guidance, injury prevention ; measurements on reference population ; blood pressure monitoring.
- The “screening” includes: hips, hearing, eyesight and psychomotor development; some metabolic disorders (PKU, hypothyroidism, G6PD, Galactosemia, Neuroblastoma, Duchenne’s disease)
- The item “development” includes surveillance and simple items (UK, Austria).
- In the “immunization” item are included separation cards (UK), contra indications, minor safety issues, and official national schedule.
- As for guidance and education some information is given on breast feeding, nutrition especially during adolescence and some frequent symptoms (fever, cough, cold, convulsions...) as well as baby teeth, allergy prevention (UK), passive smoking (UK), drugs and other dependences (Switzerland), injury prevention (one half of the countries) especially domestic ones (shakes, electricity, drowning...) with check lists given to parents.

Information is transferred to an administrative (Public health) level in France, Germany, Luxemburg and UK.

Outpatient visits are recommended by AAP at 1, 2, 4, 6 months, then every 3 months up to 18 months, 24 months of age and every 2 years up to 18years of age.

Following this presentation a **global discussion** pointed out some major facts:

- Is there a room for a European booklet, summarizing or completing the existing one?
- For whom? : Parents? Doctors? Public Health? A need for interactivity should be encouraged.
- Could it be a quality instrument? So far, there is few evidence of goodness and this has to be proven.
- Most of the time doctors fill it, except in Ireland and UK (filled by parents)

- Are compulsory health exams needed and if so when: 9 months and 24 months as done in France (for Social Security and family resources)? Is it useful to harmonize through Europe a certain amount of visits (minimal number to define) at certain ages? If yes, some basic standards are to be well defined, compatible with the national health care objectives.
- A common trunk of information should include items on BMI curves, blood pressure, neonatal screening, immunization and developmental skills. This huge collection of data could serve clinical research in paediatric practice.
- Very often, guidance is based on good will
- Some countries are conducting a reflection on new forms of booklet (Germany, private Insurance Company), or a research program (Italy, one region)

The **conclusions** are to focus on a uniformed booklet which has to be simple, practical and for medical data. It appears to be a useful tool permitting surveys and publications. It is a full part of the medical record even if in some countries, parents fill it

It could be printed as a record or even as an electronic model (Finland already has it with disappearance of the booklet. Ireland is going on that way : every medic has its own medical record).

Finally, as a guidance device, it has to include guidelines with a common trunk all through Europe. Those guidelines could be defined and established within this group in order to publish them on behalf of CESP.

The cost has to be considered for the booklet itself and, depending on the countries some leaflets added. An electronic model is the future.

In the second part of the meeting, Dr Adamos Hadjipanays from Cyprus gave some **comparisons between paediatricians and GP** based on UNEPSA work published recently (Pediatrics, 2002;109:788-96) .

By the end of 1999 there were through Europe 158 Million children under 15 years of age and 167 444 paediatricians with a median number of 1/2094(range 401-15150).

Depending on the countries the outpatient care was by paediatricians (12 countries), GP (6 countries (UK, Norway, and Netherlands...)) and a combined system (then mainly paediatricians for children under 2 years of age)

The parent's acceptance seems in favour of paediatricians and paediatric nurses. One example (Germany) is given concerning the respective cost of practice. In Bavaria, for 17 Million people, GP practice is 20% more costly than Paediatricians practice. In other regions, hospitalisations are 30% more when initial GP care.

A lack of time prevented a deep reflection on this important topic.

The **major message** was to reinforce the role of General Paediatrics in different countries.

The Handbook of Quality for primary care paediatricians in Italy has been presented to all delegates in the plenary session. To convince health authorities, quality indicators should be collected to be able in the future to plan activities based on performance review and setting of explicit targets for good clinical practice with the aim of improving the actual quality of patient care in general paediatrics.

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