



# PICCH

Programme  
for Integrated  
Child Health

# The PICCH toolkit

Interactive PDF Toolkit



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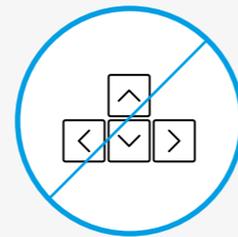
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# Instructions

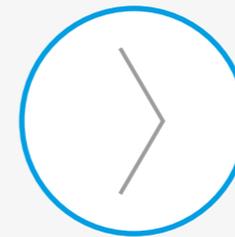
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# Welcome

## Introducing PICH

The Programme for Integrated Child Health (PICH, pronounced “pitch”) is the first comprehensive integrated child health training programme in the UK. It is a practical one-year course designed to develop participants’ skills and confidence. It is highly regarded and is now running in its fourth year in London. It has strong potential for wider exposure and we are making this document to share our experiences with you.

PICH is run as a joint learning programme for senior paediatric trainees, general practice trainees and newly qualified GPs (‘First5’s). PICH is a self-directed programme where trainees encounter the real-world obstacles standing in the way of integrated care.

Our ambition is that by the end of their participation in PICH, trainees emerge with the skills and confidence needed to head out as new leaders of integrated care.

## This toolkit

This toolkit is a resource to enable other trainers and organisations to set up their own versions of PICH . Our experiences of running it are freely shared with the hope that it can spread more widely.



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## Where PICH fits



### Context

#### **Integrated care is an imperative.**

Patients and professionals are shouting for more joined-up care that sees things from the patients' point of view.

But energy alone is not enough to break down barriers in the system or to drive people to work in different ways.

Trainees ask “how do I learn integrated care when there are so few clinical settings in which integrated care is practiced?”



### The PICH Programme

#### **PICH builds skills and confidence.**

PICH exposes trainees to experienced and passionate integrated care practitioners.



### Outcome

#### **The next generation of integrated care professionals.**

Trainees vary in their engagement by the end of the programme. Some will decide that their future career must be centred around integrated care; all will have developed new skills and awareness. All outcomes are vital in equipping the next generation of clinicians with integrated care skills.

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## The core ingredients that make the PICH programme work

- 1. A passion for integrated care inspired by meeting people involved in integrated care.**
- 2. Great mentor support for the participants.**
- 3. Trainees getting stuck in to real-world projects.**
- 4. Trainees developing relationships and building lasting new personal networks.**
- 5. Flexibility so the programme is relevant to the working environment of the participant.**

## How we got here

PICH was developed in 2014 by a team at the London School of Paediatrics, in response to growing demand from trainees and trainers to equip the next generation of consultants with skills required to deliver and drive healthcare built around the needs of patients.

The core team, Mando Watson, Chloe Macaulay and Kate Dharmarajah, are general paediatricians and medical educators. They have been helped along the way by many enthusiasts (see acknowledgements).

The first pilot ran in 2014 with a faculty of 11 consultants. 22 senior paediatric trainees applied to participate on the programme which followed the format described below. Since 2015/16 the program has been adapted to include GP trainees and GP faculty. Each year 24-30 participants are selected; with equal numbers of Paediatricians and GPs. Each year the programme content changes, shaped by the initiatives of the evolving NHS and the projects chosen by the participants themselves.



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## An independent view of the PICH programme

PICH was evaluated by the UCL Medical School Research Department of Medical Education in 2017. This was a really helpful process- while the results were positive they also gave a lot of practical feedback and advice to improve the programme.



The evaluation is available [here](#)

### The report said:

*“The PICH programme was highly evaluated by participants and mentors. It is a well-run programme populated by enthusiastic mentors and trainees, and leads to significant learning for everyone involved.”*

*“Interviewees enjoy the programme. One reports it is a ‘fabulously fun place to be’. Participants mention that they come away feeling inspired by the enthusiastic ‘buzzing’ atmosphere.”*

*“Fundamental to its success are two key ingredients. Firstly, the learning environment established at the seminars provides both support and challenge from peers and senior colleagues. Secondly, the project allows participants to engage with data, work with authentic problems and innovate.”*

## Trainees views

The participants in each cohort are asked to complete a post programme evaluation form. Some of their responses are below.

*“Thinking about patient experience has transformed the way I think.”*

*“I have learnt the power of using data to effect change.”*

*“I believe the real way to bring about good integration is with patient involvement and co-production.”*

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# Why?

## Everything starts with patients needing joined-up care

The message from patients and parents is loud and clear:

*“My health visitor told me to do one thing and the hospital told me something else. It’s confusing.”*

*“I only found out how to use my son’s inhaler properly when he had an asthma attack and was on the children’s ward.”*

*“No one seems to know who’s doing what. My severely disabled son has 3-4 appointments a week but I don’t think any of them talk to each other.”*

*“I prefer to see my GP – I know him and he’s looked after all my family for years.”*

## The integrated care challenge

Many healthcare professionals looking after children and young adults share the frustration of working in separate trusts or organisations that prevent them from providing the best care for their patients. The burden of ill-health is changing, with a growing need to manage long term conditions. It is increasingly likely that paediatricians and GPs of the future will be working in a very different way from those in consultant posts today.

With this programme, we support trainees to develop knowledge and skills in providing integrated care for their patients.



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## Belief in a more integrated future

Our hope is that we can encourage and enable the next generation to build this new world of integrated care, where more patient-centred and joined-up care is available.

**“We want to get to a situation where it is the norm that children and young people receive patient-centred care in age appropriate settings. This requires integrated teams, integrated working, and integrated commissioning ... integration around the needs of the child and family and not integration between layers within the system.”**

*Children and Young People’s Health Outcomes Forum 2013.*



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# What?

## What is in the PICH programme?

PICH is a self-directed learning programme – it is about learning through doing.

Participants do PICH alongside their clinical jobs, rather like a Diploma or Postgraduate Certificate. It is based around monthly seminars and support sessions; a mentor relationship; and self-selected project work.

During the year, participants are introduced to key themes around integrated care. They undertake project work and reflect on their learning. Participants get support from mentors on a regular basis. They seek personal local champions who can guide them through their specific system and support their projects.



## Previous participants say:

**“It has been a really informative and interesting year! I’ve thoroughly enjoyed it. It is obvious that a lot of hard work has gone into creating this PICH programme.”**

**“Thanks so much for all the effort that was put in by the PICH team. It was very well run and organised and the teaching given was of an exceptionally high quality.”**

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## The themes of PICH

There are five themes that provide the structure of the programme.



### What is integrated care?

An introduction to integrated care to recognise its importance and be inspired by the possibilities.

### Using data to influence change

So that work is data-driven and not randomly chosen. Using prevalence and whole population level data to ground projects and reveal opportunities; using patient voice to lend power.

### Capturing and understanding patient experience and involvement

Teaching trainees how to push hard, to learn to listen openly and to get underneath the surface of patient feedback as well as thinking about equal partnerships with patients in developing solutions.

### Working clinically in an integrated way

Support to allow trainees to start to work very differently when practising in their clinical place of work.

### Leadership of the development of integrated services

Learning the skills to navigate through, and be an ambassador for, integrated health in the future.

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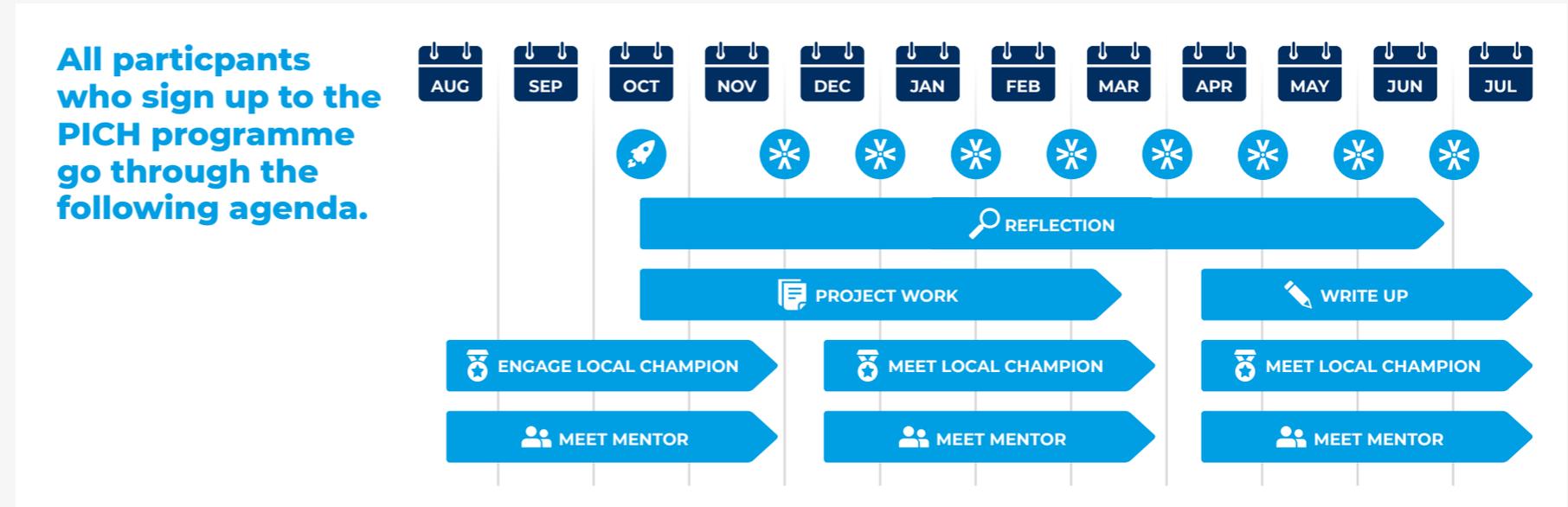
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## The PICH year for participants



**The Launch Event**  
This is an afternoon launch event, and an evening where last year's PICH team presents its work – an end to their year and an inspiration to the next cohort.

**Monthly Meetings**  
Starting in the autumn, there are monthly evening meetings which combine a learning and support session followed by a learning seminar (presentation and worksession).

**Personal Reflection**  
Trainees complete personal reflections on each theme of the programme and connect these together through time.

**Project Work**  
Trainees complete project work in each theme. For example - data analysis with the team from their trust, to discover the strengths and weaknesses of what is known. For example: using the Fingertips Tool to explore and compare data in their local area, then using this data as a prompt to plan a project in an area needing change.

**Local Champion**  
Trainees find their own local champion – usually a consultant or GP trainer; someone who will be able to support them in navigating their local landscape, connecting them with the right local voices and advocating for their project work.

**Mentor**  
A mentor is assigned to each trainee. The mentor will meet them three times during the programme. This mentor is a leader in integrated care and/or a strong and supportive character in developing systems change; with skills in mentoring and personal development.

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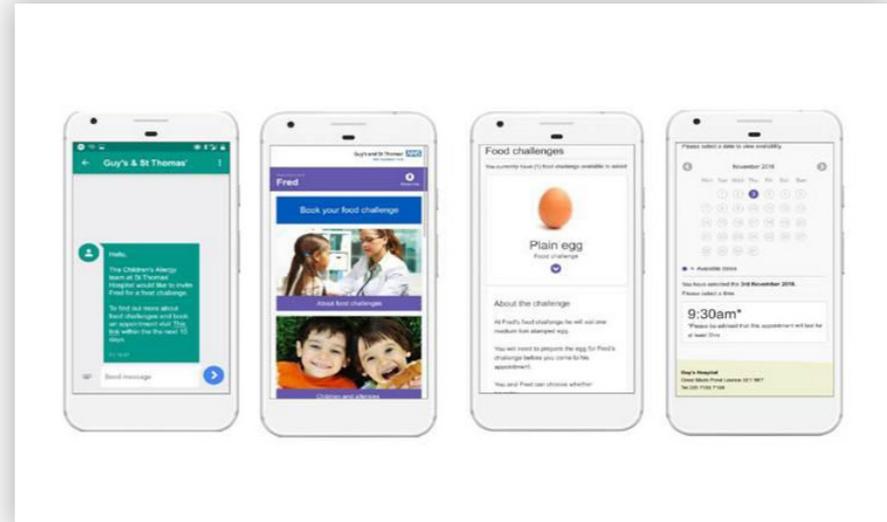
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### Personal projects are at the core of PICH

Traditionally, medical training is achieved by working in the field. For example, cardiology skills are learnt by working on a cardiac ward. Currently, the NHS does not have places to learn integrated care. Yet we know that participants will learn more from doing than from listening. This programme aims to develop autonomy and confidence through real experiences.

Equally importantly, trainees develop new connections with other participants and people involved in their projects and these relationships and networks will provide energy and support to future change.





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# How?

## The core delivery team and the wider PICH faculty

The wider PICH faculty might be 8 GPs, 8 Paediatric trainers and 2 trainees each from GP and Paeds.

The GPs and paediatric trainers are also the PICH mentors. It is of course important to choose people with a spread of knowledge and experience across the themes. The new faculty should come to the launch event so that they understand the shape of the programme and the content of the themes.

Having educationally-minded trainees in the core delivery team is essential - in connecting the course more strongly to participants; and providing feedback on where the course can be better designed; as well as a very useful development experience for the trainee.

The core delivery team that runs the programme is typically 4-6 people. This might be 2 GPs, 2 Paediatricians and a GP trainee and a Paeds trainee.

### The faculty need to commit to:

- Mentoring 2 trainees (3 meetings per year each or together)
- Hosting an evening seminar once per year, sharing personal expertise and experiences +/- an invited guest speaker

- Encouraging their mentees to present projects at the evening seminars (in the second half of the year)
- Attending at least half the seminars for the first hour, including the evening of the launch
- One faculty development afternoon meeting per year
- Taking an occasional turn to lead the recruitment of new participants annually

### The core delivery team needs to commit to:

- Organising recruitment and the launch event
- Allocating mentors to participants
- Allocating faculty to host each evening seminar
- Allocating at least one member of core faculty to be present at each evening seminar
- Allocating dates and rooms for the evening seminars and launch event
- Review and revision of the launch event
- Devise and host one faculty development meeting per year





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## Project work

Participants complete a piece of project work for each of the main themes of the programme. It might be that all themes can be incorporated into one project, or, there may carry out several separate pieces of work.

Participants commonly start with wide ambitions and narrow understanding. It is important for the faculty to direct the participant to a realistic goal that also creates opportunities for learning and gaining experience ‘outside the box’.

Trainees often have limited understanding of Quality Improvement (QI) techniques –attending a local QI training programme can be useful for some participants. Participants are also asked to keep reflections for each seminar and theme.

We encourage projects to be diverse and flexible. One aspect we also stress is that experiences – rather than finished pieces of work – are important: even if projects don’t get off the ground, or they don’t get the results they were aiming for, what have participants learnt by trying?

Participants have the opportunity to discuss their project ideas and progress in the learning seminars/support sessions, and present them more formally later in the programme. Some choose a project that covers all the themes, others choose smaller activities to address the different themes.

## Requirements to complete the programme

To complete the programme, the participants are asked to:



**Portfolio:** Collate a portfolio with:

- Reflections on the five themes
- Reflection on the PICH Learning Seminars
- A write up of their project(s)
- Notes from their mentor meetings

Example proforma reflection sheets are available [here](#).



**Presentation:** Prepare a mini presentation for the September Launch Event (for the next cohort of participants) covering, in 6-8 minutes (with no slides)

- One aspect of what they did
- What they learned
- What the challenges were



**Case study:** Submit one page to represent the above mini presentation. This is published in a yearbook, and available to take away on the night of the following year’s Launch Event.



**Meeting:** Following this, participants have a face to face meeting with the core delivery team to conclude their year and discuss and reflect on their work. This is designated their ‘sign off’ and completion of the programme.







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## FAQs

### Q: Has the programme been evaluated?

**A:** Yes this was done both internally and then externally with a very positive and useful report which is available here.

### Q: How can you support us

**A:** We are providing as much detail and content as we can in this document and via the website links. We are available to discuss further support to help you set up your own programme.

### Q: What operational tips and pitfalls can you share with us?

**A:** Some that come to mind are:

- Attracting participants to apply when it is hard for them to know what they are signing up for – they don't know what integrated care really is
- Faculty is difficult to secure – people are busy and others don't have the breadth of knowledge/experience
- Pairing participants to link a GP with a Paed participant and a mentor all working in the same geographical sector is a good idea
- We initially aimed the programme at GP ST3s but many fell away because of their exams, we have had more success with other training years and newly qualified GPs ('First5's)
- It helps if monthly seminars are kept at the same location and some catering is provided

### Q: Are you planning to have the programme accredited?

**A:** No at this stage we don't intend this approach to the programme.

### Q: Is this a free resource?

**A:** Yes, this is all shared freely under a common license. We request that you credit PICH in any future publicity.

### Q: How much does it cost to run PICH? Do participants pay?

**A:** We do not currently charge participants. The cost of the programme is room bookings and refreshments only. All mentors and speakers give their time freely. We are considering asking participants to pay a nominal amount e.g. £100 for the year to contribute to food, and encourage proper commitment.

### Q: Is PICH similar to other courses

**A:** We are not aware of any other trainee integrated care course in the UK.

### Q: What is the difference in roles between the core delivery team and the wider faculty?

**A:** The smaller core team takes overall responsibility for the programme and final review of participants progress.

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# What's next?

We hope this toolkit has given you a clear view of PICH and inspired you to set up your own version of the programme.

#### Here are some of the ways in which we can support you:

- We strongly recommend for you to attend a PICH seminar and experience things first-hand
- We are happy to have a telephone conversation or arrange a meeting with some of the core PICH team
- We have a number of **PICH ambassadors** who have been on the course and are willing to spend time with you and support you as you set up your versions of PICH

**Email us:** [contact@pich.org.uk](mailto:contact@pich.org.uk)

**Visit the website:** [www.pich.org.uk](http://www.pich.org.uk)



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- Mando Watson, Consultant Paediatrician, Training Programme Director, London School of Paediatrics
- Chloe Macaulay, Consultant Paediatrician, Learning Together Lead, Training Programme Director, London School of Paediatrics
- Kate Dharmarajah, ST5 Paediatric Trainee, Trainee Committee Chair, London School of Paediatrics

### And

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- Andrew Long, ex Head of School of Paediatrics, London
- Ann Griffin, UCL London
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- Catherine O'Keefe, Health Education England
- Catherine Sikorski, ST4 Paediatric trainee, Paediatric trainee
- Chris Kelly, paediatric trainee, London
- Claire Lemer, consultant paediatrician, London
- Curriculum Delivery Subgroup, London School of Paediatrics
- Fran Cleugh, consultant paediatrician, London
- Francina Cunningham, ex Educator, School of Paediatrics, London
- Holly Boyd, ST8 Paediatric Trainee, Trainee Committee, London School of Paediatrics
- Jay Bowden, GP, ex Health Education England
- Jo Yong, GP, Barnet
- Melanie Menden, Consultant Paediatrician, Royal Free Hospital
- Mitch Blair, professor of paediatrics and public health, London
- Nerys Cater, Health Education England
- Niamh McLoughlin, GP, Westminster
- Rebecca Hewitston, ST6 Paediatric trainee, Trainee Committee Member, London School of Paediatrics
- Tony Hufflett, Datasyrup

**And of course all PICH participants, past and present**