Support for commissioning for feverish illness in children under 5 years

Support for commissioning
Published: 31 July 2014
nice.org.uk

Overview and resources

This resource helps with quality improvement by providing information on key clinical, cost and service-related issues to consider during the commissioning process and signposting other implementation support tools.

More information about NICE support for commissioning

Use the NICE pathway on feverish illness in children for fast access to NICE guidance and implementation resources to support commissioning for this condition.

Why the quality standard on feverish illness in children under 5 years is needed.

Who is responsible for commissioning for feverish illness in children under 5 years?

- Clinical commissioning groups (CCGs) are responsible for secondary care. The areas of responsibility of most relevance to the quality standard include accident and emergency (A&E) and paediatric departments.

- NHS England area teams are responsible for primary care services, including the GP services at which many of the children present.
Who should CCGs and NHS England work with?

- Feverish illness in children under 5 years is assessed in a range of healthcare settings, including GP practices, accident and emergency (A&E), walk-in centres, out-of-hours services and paediatric departments.

- CCGs and NHS England should work with these services to ensure that they can demonstrate that the assessment of feverish illness in children under 5 years is consistent with this quality standard and the NICE clinical guideline *Feverish illness in children* (CG160).

More information about using NICE quality standards to improve practice.

The quality statements and their commissioning and resource implications

**Quality statement 1: Risk of serious illness**

Infants and children under 5 years with unexplained fever have their risk of serious illness assessed and recorded using the **traffic light system**.

**Rationale**

The condition of an infant or child with a serious illness can deteriorate within hours of onset. It is therefore important that risk of serious illness is assessed when infants and children present to healthcare professionals with unexplained fever. The traffic light system helps healthcare professionals, in conjunction with their professional judgement and the information provided by the parents and carers, to assess the risk of serious illness in a child with unexplained fever.

**Commissioner and provider actions**

- Healthcare professionals can use [clinical audit tools](#) developed alongside the guideline on feverish illness in children (NICE clinical guideline 160) to demonstrate to commissioners that the traffic light system is being used to assess risk of serious illness in infants and children under 5 years with unexplained fever.

**Estimated resource impact**

- Implementation of this quality statement is not expected to involve the recruitment of additional staff as it should be included in the core responsibilities of healthcare professionals.
Accurate assessment of the risk of serious illness in children under 5 can help to encourage more appropriate onward referral and future treatment, potentially leading to savings from the prevention of avoidable hospital attendances. An admission to secondary care for an unspecified fever without complications has a Payment by Results tariff of £576 (2014-15 tariff - admitted patient care and outpatient procedures, HRG code PA20B), and an attendance at accident and emergency has a tariff of £77 (2014-5 tariff - A&E, HRG code VB09Z).

**Quality statement 2: Measuring and recording vital signs**

Infants and children under 5 years who are seen in person by a healthcare professional have their temperature, heart rate, respiratory rate and capillary refill time measured and recorded if fever is suspected.

**Rationale**

Measuring and recording vital signs is an essential step in assessing the risk of serious illness, aiding diagnosis and ensuring the correct course of action. Measuring vital signs includes taking the child's temperature and measuring heart rate, respiratory rate and capillary refill time. Temperature, heart rate and respiratory rate should be measured using the correct equipment for the child's age. To ensure an accurate reading, it is important that a healthcare professional measures the child's temperature even if the parent or carer has already done this. Parental or carer reports of fever should be acted on.

**Commissioner and provider actions**

- Providers should ensure that healthcare professionals measure the vital signs of all infants and children under 5 years with feverish illness using appropriate, correctly calibrated equipment.
- Commissioners should seek assurance that vital sign measurements are being recorded consistently for infants and children under 5 years when fever is suspected. Clinical audit tools developed alongside the guideline on feverish illness in children (NICE clinical guideline 160) can be used to monitor and demonstrate this.

**Estimated resource impact**

- Measuring vital signs to monitor potential risk factors is a core responsibility and is not expected to involve the recruitment of additional staff.
- Accurate assessment of the risk of serious illness in children under 5 can help to encourage more appropriate onward referral and future treatment, potentially leading to savings from
the prevention of avoidable hospital attendances. An admission to secondary care for an unspecified fever without complications has a Payment by Results tariff of £576 (2014-15 tariff – admitted patient care and outpatient procedures, HRG code PA20B), and an attendance at accident and emergency has a tariff of £77 (2014-15 tariff – A&E, HRG code VB09Z).

Quality statement 3: Urine testing

Infants and children presenting with unexplained fever of 38°C or higher have a urine sample tested within 24 hours. See statement 1 of NICE quality standard 36 on urinary tract infection in infants, children and young people under 16 for the quality measures, what the quality statement means, source guidance and definitions.

Rationale

It is important that a urinary tract infection is considered as a possible cause of feverish illness in infants and children under 5 years. When an infant or child (under 5 years) with a temperature of 38°C or higher is taken to a healthcare professional, and there is no obvious source of infection, a urine sample should be tested within 24 hours to ensure prompt diagnosis and antibiotic treatment if needed. An infant under 3 months should be admitted to hospital if they present with fever (as outlined in the traffic light system) and the urine sample should be tested in the hospital. A child over 3 months may be cared for at home, depending on other symptoms, in which case the urine sample should be tested in primary care.

Commissioner and provider actions

- Commissioners should ensure that healthcare professionals carry out urine testing within 24 hours for infants and children under 5 years who present with unexplained fever. This is covered by NICE quality standard 36 on urinary tract infection in infants, children and young people under 16.

- Details of commissioning issues for providing urine tests within 24 hours for infants and children under 5 years with unexplained fever are available from section 4.1 of the support for commissioning document for NICE quality standard 36.

Estimated resource impact

- The costing report for NICE clinical guideline 54 estimates that the unit cost of urine testing varies from £0.13 (leukocyte esterase and nitrite tests) to £20 (urgent microscopy and follow-
up culture). This may have a small impact on future contract costs with commissioning organisations.

- It is anticipated that additional urine tests will lead to an increase in the number of infants, children and young people who are diagnosed with a UTI. Where the number of urine tests increases significantly, additional costs may be incurred by test providers.

**Quality statement 4: Safety net advice**

Parents and carers who are advised that they can care for an infant or child under 5 years with unexplained fever at home are given safety net advice, including information on when to seek further help.

**Rationale**

Sometimes a healthcare professional advises parents and carers to care for their child at home. This may be because the child is at low risk of serious illness or they may have been stratified as medium risk but the decision has been made to care for them at home. Advice about what to do and what to look out for (safety net advice) empowers parents and carers to seek help if the child's condition deteriorates further or if they need more support. If a child's condition deteriorates it is important that they are seen again quickly.

**Commissioner and provider actions**

- Providers and healthcare professionals should ensure that parents and carers are given safety net advice when they are told they can care for an infant or child under 5 years with unexplained fever at home. It should include information on identifying symptoms of concern.

- Providers and healthcare professionals should ensure that staff routinely discuss safety net information with parents and carers to provide reassurance and to make sure that the information is understood.

- The advice should be available in a range of languages and formats appropriate to meeting the needs of parents and carers.

- Commissioners should ensure that the services they commission can demonstrate that parents and carers are being provided with appropriate safety net information.
Estimated resource impact

- Providing information in an appropriate format is a core responsibility and will not need additional staff, so additional costs are not anticipated.

- Ensuring that parents and carers are informed about how to look after an infant or child under 5 years with unexplained fever at home, and which symptoms are of concern, is likely to reduce inappropriate re-attendances at GP practices and A&E departments as well as enabling parents to know which risk factors mean they should re-attend as a matter of urgency. This could help avoid exacerbations of any underlying condition.

- Currently it is not possible to quantify savings related to this statement as there is insufficient data available to support a financial evaluation.

Disclaimer

This resource provides support for the local implementation of NICE quality standards. It does not constitute formal NICE guidance. Each resource should therefore be used in conjunction with the relevant NICE quality standard and current national guidance on commissioning.

Copyright

© National Institute for Health and Care Excellence 2014. All rights reserved. NICE copyright material can be downloaded for private research and study, and may be reproduced for educational and not-for-profit purposes. No reproduction by or for commercial organisations, or for commercial purposes, is allowed without the written permission of NICE.