

POSTER ABSTRACT

High Intensity Users in Paediatrics: Using an Integrated Care Dashboard to Identify Children with Complex Needs

International Conference on Integrated Care (ICIC26), Birmingham, 13-15 April 2026

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Background: High Intensity Users (HIUs) are locally defined as patients attending Accident & Emergency or Urgent Treatment Centres six or more times within six months. In children, these frequent attendances often reflect complex medical or psychosocial circumstances, driven by chronic conditions, acute episodes or gaps in coordinated care. Recognising these patterns is valuable for identifying and addressing unmet physical or psychosocial needs.

In North West London, there is currently an established data system (Whole Systems Integrated Care, WSIC dashboard) which provides a summary of patient's healthcare from multiple providers, forming an integrated care record. It offers a potential mechanism to identify high users of emergency services and thus flag children with potential unmet needs.

This project aimed to explore the WSIC dashboard's ability to accurately identify paediatric HIUs and assess whether it could highlight children with unmet needs. By identifying these cases, the dashboard can prompt targeted interventions that move care from reactive treatment to proactive strategies.

Approach: Data for patients under 18 years of age registered with three GP practices in North West London was reviewed, with practice populations ranging from 7,000 to 18,000 patients. A clinician reviewed the GP records to validate attendance history and explore whether these presentations reflected ongoing medical management, acute episodes or broader unmet needs. The review also considered the time and expertise required to interpret the data and correlate it with the information available in primary care records.

Results: The integrated care record identified five HIUs under 18 years of age. Three presented with acute, self-limiting issues and two had pre-existing conditions, confirming the system's reliability in quantifying emergency attendances within the defined timeframe. Most patients were appropriately utilising emergency services, commonly following clinical advice or presenting with acute issues such as wound care or recurrent seizures.

Use of the tool also supported the identification of potential unmet needs. One example was a 14-year-old patient with emergency attendances following episodes of absconding from home, a pattern only recognised on detailed review of her clinical record. This case illustrates both the strengths and limitations of the integrated care record. While effective in flagging children for targeted review and multidisciplinary discussion, meaningful interpretation depends on clinician access, documentation quality, and in-depth record review. Nevertheless, the system demonstrates clear potential to enable proactive, coordinated care for children with complex needs.

Implications: This work demonstrates the potential of integrated care dashboards to identify children with high healthcare utilisation and unmet needs, enabling clinicians and multidisciplinary teams to intervene proactively. By highlighting patterns of frequent attendance, the data can inform targeted case discussions and guide care planning tailored to each child's needs. As NHS digital systems evolve, with more sophisticated integration of primary care and community information, this will enhance the efficiency and accuracy of identifying and addressing complex needs early. Harnessing these insights can shift care from reactive treatment to proactive, family-centred management, ultimately improving outcomes for children and reducing unnecessary emergency visits.