

Supplementary Material for

Strengthening care for children: pilot of an integrated general practitioner–paediatrician model of primary care in Victoria, Australia

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File S1. GP surveys; baseline, interim and outcome data collection periods

File S1.1. Baseline GP Survey

General Practitioner Survey - BASELINE

Name: _____

General Practice: _____

We only collect Name and General Practice so we can track who has completed the GP survey. Your name and General Practice will not be linked to your responses.

About This Survey

This survey is about your experiences in providing care and making referrals for paediatric (0 – 17 years) patients.

The survey will take about 10 minutes to complete.

How to Fill Out the Survey

For each question please choose one response.

You are welcome to add any further comments at the end of the survey.

Section 1: Demographics

1.1 What is your gender?

Male

Female

Other (please state): _____

1.2 Are you a General Practitioner or General Practitioner Registrar?

General Practitioner (*go to question 1.2b*)

General Practitioner Registrar (*go to question 1.3*)

1.2b For how long have you been a General Practitioner?

Less than 6 years

6 – 15 years

More than 15 years

1.3. How many half-day clinical sessions do you work per week?

Less than 6 clinical sessions per week

6 – 10 clinical sessions per week

More than 10 clinical sessions per week

1.4. What is the average number of paediatric (0 – 17 years) patients you see per week?

Less than 11 paediatric patients

- 11 – 20 paediatric patients
- More than 20 paediatric patients

1.5. Have you ever had formal paediatric health care training outside of your MD or GP Registrar training?

- Yes (*please specify below*)
- No

1.5b Yes (*please specify*):

1.6. What proportion of paediatric patients do you bulk bill?

- Bulk bill all paediatric patients
- Bulk bill some paediatric patients
- Only bulk bill paediatric patients covered by a health care card/concession card (or equivalent)
- Do not bulk bill

Section 2: Importance of different issues in decision to refer

2A. **How important** are each of the following **factors in your decision** to refer a child to an outpatient paediatrician?

	Very Unimportant	Somewhat Unimportant	Somewhat Important	Very Important
2.1 I have insufficient time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.2 The practice in which I work does not have the clinical staff necessary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.3 The practice in which I work does not have the necessary equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.4 It is not financially viable for the practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2B. **How important** are each of the following **personal factors** in your decision to refer a child to an outpatient paediatrician?

	Very Unimportant	Somewhat Unimportant	Somewhat Important	Very Important
2.5 I do not have enough knowledge about a specific child's condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.6 I have no experience in treating or providing ongoing management of a specific child's condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.7 I do not feel comfortable caring for a child with a chronic or complex condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.8 I do not feel confident in reassuring parents that they do not need to seek a second opinion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 3: Factors influencing decision to refer

3A. As a proportion of all of your paediatric referrals, **how often** did each of the following factors influence your decision to refer a child to a paediatrician?

	Rarely (<10%)	Sometimes (10-50%)	Frequently (51-90%)	Almost Always (>90%)
3.1 I wanted a second opinion to confirm a diagnosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.2 I believed that a paediatrician would better manage the child's condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.3 The child needed to undergo a procedure that is only provided by a paediatric specialist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3B. As a proportion of all of your paediatric referrals, **how often** did the following requests from a parent influence your decision to refer a child to an outpatient paediatrician?

	Rarely (<10%)	Sometimes (10-50%)	Frequently (51-90%)	Almost Always (>90%)
3.4 A parent requested I refer their child to a paediatrician for an initial consultation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.5 A parent requested I renew a referral because they reported a paediatrician wanted them to return for long term care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.6 A parent requested I renew a referral because they wanted to continue care with a paediatrician	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 4: GP perspectives on the referral process

4A. As a proportion of all of your paediatric referrals, **how often** have the following been your goals for referral?

	Rarely (<10%)	Sometimes (10-50%)	Frequently (51-90%)	Almost Always (>90%)
4.1 To receive specialist advice on a diagnosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.2 To receive specialist advice on a treatment plan for a specific patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.3 To receive specialist advice on episodic worsening or increasing complexity of a child's condition (e.g., exacerbation)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.4 To arrange shared care with a specialist for a specific problem with a child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4.5 For a paediatrician to take over management of a child's condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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4B. As a proportion of all of your paediatric referrals, **how often** did you **experience** the following **outcomes from the referrals**?

	Rarely (<10%)	Sometimes (10-50%)	Frequently (51-90%)	Almost Always (>90%)
4.6 You received information (in a letter or phone call) from the paediatrician after the referral	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.7 You considered the information you received from the paediatrician to be timely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.8 You considered the information you received from the paediatrician to be helpful in your management of the child's condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.9 A child you referred to the paediatrician never returned to your care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 5: Paediatric care and services

The following statements relate to **how confident** you feel in paediatric **care and services**.

Please read each statement, and tick the box that best describes how confident you feel in relation to each statement.

I am confident that...	Not at all confident	Not very confident	Fairly confident	Completely confident
5.1 I know how paediatric services are organised	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.2 I know how to access paediatric services for my patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.3 I have the knowledge to manage child health issues.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.4 I have the skills to manage child health issues.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 6: Paediatric Health Pathways

The following statements are about **Paediatric Health Pathways**.

Please read each item, and tick the box that best describes how much you **agree** with each statement.

	Strongly disagree	Disagree	Agree	Strongly Agree
6.1 I am aware of what Health Pathways is	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6.2 I am aware that Paediatric Health Pathways is available for me to use within my practice				
6.3 I use Health Pathways regularly for paediatric care	<i>Go to 6.3.1</i>	<i>Go to 6.3.1</i>	<i>Go to Section 7</i>	<i>Go to Section 7</i>
6.3.1 I plan to use Health Pathways regularly for paediatric care				

Section 7: Further Comments

Any further comments:

**** Thank You Very Much For Helping ****

File S1.2. Interim GP Survey

General Practitioner- INTERIM

About This Survey

This survey is about your experiences in providing care and making referrals for paediatric patients.
The survey will take about 10 minutes to complete.

How to Fill Out the Survey

For each question please choose one response.
You are welcome to add any further comments at the end of the survey.

Name: _____

Practice: _____

Section 1 Pre-Survey: Capturing demographics for new participants

1. Did you complete the baseline study survey in March 2018?

- Yes - **skip to Section 2 below.**
 No - **please complete the following questions.**

1.1 What is your gender?

- Male
 Female
 Other, please specify: _____

1.2 Are you a General Practitioner or General Practitioner Registrar?

- General Practitioner (*opens question x.2b*)
 General Practitioner Registrar (*goes straight to question x.3*)

1.2a For how long have you been a General Practitioner?

- Less than 6 years
 6 – 15 years
 More than 15 years

1.3. How many half-day clinical sessions do you work per week?

- Less than 6 clinical sessions per week
 6 – 10 clinical sessions per week
 More than 10 clinical sessions per week

1.4. What is the average number of paediatric (0 – 17 years) patients you see per week?

- Less than 11 paediatric patients
 11 – 20 paediatric patients
 More than 20 paediatric patients

1.5. Have you ever had formal paediatric health care training outside of your MD or GP Registrar training?

Yes, please specify: -----

No

1.6. What proportion of paediatric patients do you bulk bill?

Bulk bill all paediatric patients

Bulk bill some paediatric patients

Only bulk bill paediatric patients covered by a health care card/concession card (or equivalent)

Do not bulk bill

Section 2: Importance of different issues in decision to refer

The following statements relate to your perceptions of the importance of different issues in the decision to refer a paediatric patient.

Please read each questions and statement, and tick the box that best describes how important each statement is in your decision to refer.

How important are each of the following **factors in your decision** to refer a child to an outpatient paediatrician?

	Very Unimportant	Somewhat Unimportant	Somewhat Important	Very Important
2.1 I have insufficient time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.2 The practice in which I work does not have the clinical staff necessary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.3 The practice in which I work does not have the necessary equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.4 It is not financially viable for the practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How important are each of the following **personal factors** in your decision to refer a child to an outpatient paediatrician?

	Very Unimportant	Somewhat Unimportant	Somewhat Important	Very Important
2.5 I do not have enough knowledge about a specific child's condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.6 I have no experience in treating or providing ongoing management of a specific child's condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.7 I do not feel comfortable caring for a child with a chronic or complex condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.8 I do not feel confident in reassuring parents that they do not need to seek a second opinion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 3: Factors influencing decision to refer

The following statements relate to factors that influence your decision to refer a paediatric patient. Please read each question and statement, and tick the box that best describes how often each statement influences your decision to refer.

As a proportion of all of your paediatric referrals, **how often** did each of the following **factors** influence your **decision to refer** children to an outpatient paediatrician?

	Rarely (<10%)	Sometimes (10-50%)	Frequently (51-90%)	Almost Always (>90%)
3.1 I wanted a second opinion to confirm a diagnosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.2 I believed that a paediatrician specialist would better manage specific child's condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.3 The child needed to undergo a procedure that is only provided by a paediatric specialist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

As a proportion of all of your paediatric referrals, **how often** did the following **requests from a parent** influence your **decision to refer** a child to an outpatient paediatrician?

	Rarely (<10%)	Sometimes (10-50%)	Frequently (51-90%)	Almost Always (>90%)
3.4 A parent requested I refer their child to a paediatrician for an initial consultation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.5 A parent requested I renew a referral because they reported a paediatrician wanted them to return for long term care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.6 A parent requested I renew a referral because they wanted to continue care with a paediatrician	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 4: GP perspectives on the referral process

The following statements relate to your perspectives on, and experiences of, referring a paediatric patient. Please read each question and statement, and tick the box that best describes how often each statement applies to you.

As a proportion of all of your paediatric referrals over the past 5 months, **how often** have the following been your **goals for referral**?

	Rarely (<10%)	Sometimes (10-50%)	Frequently (51-90%)	Almost Always (>90%)
4.1 To receive specialist advice on a diagnosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.2 To receive specialist advice on a treatment plan for a specific patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Rarely (<10%)	Sometimes (10-50%)	Frequently (51-90%)	Almost Always (>90%)
4.3 To receive specialist advice on episodic worsening or increasing complexity of a child's condition (e.g., exacerbation)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.4 To arrange shared care with a specialist for a specific problem with a child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.5 For a paediatrician to take over management of a child's condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

As a proportion of all of your paediatric referrals over the past 5 months, **how often** did you experience the following **outcomes from the referrals**?

	Rarely (<10%)	Sometimes (10-50%)	Frequently (51-90%)	Almost Always (>90%)
4.6 You received information (in a letter or phone call) from the study paediatrician after the referral	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.7 You considered the information you received from the study paediatrician to be timely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.8 You considered the information you received from the study paediatrician to be helpful in your management of the child's condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.9 A child you referred to the study paediatrician never returned to your care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 5: Paediatric care and services

The following statements relate to your perspectives on, and experiences of, paediatric care and services. Please read each item, and tick the box that best describes how much you agree with each statement.

	Not at all confident	Not very confident	Fairly confident	Completely confident
5.1 I am confident I know how paediatric services are organised	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.2 I am confident that I know how to access paediatric services for my patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.3 I am confident that I have the knowledge to manage child health issues.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.4 I am confident that I have the skills to manage child health issues.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 6: Paediatric Health Pathways

The following statements are about Paediatric health Pathways

	Strongly disagree	Disagree	Agree	Strongly Agree
6.1 I am aware of what Health Pathways is	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.2 I am aware that Paediatric Health Pathways is available to me for use within my practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.3 I use Health Pathways regularly for paediatric care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Only answer 6.3a if you responded Strongly Disagree or Disagree to 6.3</i>				
6.3a I plan to use Health Pathways regularly for paediatric care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 7: Your experience of the model of care

The following statements relate to your thoughts about the new model of care that you have been part of for the last few months. Please read each statement and tick the box that best describes how much you agree with each statement.

Participating in this model of care has.....	Strongly Disagree	Disagree	Agree	Strongly Agree
7.1 ... strengthened my links with other child health professionals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.2 ... helped me gain knowledge about how children's services are organised.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.3 ... helped me gain knowledge about how to access services for my patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.4 ... increased my professional knowledge in child health issues.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.5 ... increased my professional skills in child health issues.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.6 ... increased my professional confidence in child health issues.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participating in this model of care has been feasible, in terms of completing the...				
7.7 ... monthly case discussions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.8 ... weekly co-consulting sessions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.9 ... telephone/email support from Paediatricians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The following questions relate to the degree to which you participated in each aspect of the model of care.	<i>[Not possible for me]</i>	Never	Once	Twice or more
7.10 I attended the weekly co-consulting sessions...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.11 I attended the monthly multi-topic case discussions...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.12 I used the paediatrician email support service...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.13 I called the paediatrician support phone number...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7b. If you answered 'Not possible for me' to any of the questions, please provide further detail:

7c. If you answered 'Once' or Twice or more' to any of the above questions, please respond to the questions below.

As a proportion of your referrals to the weekly co-consulting sessions with the SCC Paediatrician, how often were each of the following your main reason to refer a child to a co-consulting session?	Rarely (< 10%)	Sometimes (10-50%)	Frequently (51-90%)	Almost Always (>90%)
7c.1 Education purposes – I would not typically refer this child/condition to a paediatrician, but was interested in furthering my knowledge about management and/or treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7c.2 Parent reassurance – parent was keen to see a paediatrician for their child's condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7c.3 Genuine referral – I considered that the child needed to see a paediatrician	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7D. The following questions relate to your thoughts about the frequency of the model components.

	Not often enough	Enough	Too often	I did not attend
7D.1 The monthly case discussions were held...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7D.2 The weekly co-consulting sessions with paediatricians were held...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7E. These questions are about how you feel the model of care has had an impact for those involved.

	Strongly Disagree	Disagree	Agree	Strongly Agree

7E.1 This model of care has been beneficial for paediatric patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7E.2 I listened to the advice given by the RCH Paediatrician(s) with regards to care for my paediatric patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7E.3 I feel the study Paediatrician(s) listened to the advice I gave with regards to care for the paediatric patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 8: Overall feedback

8.1 How likely is it that you would recommend this model of care to other General Practitioners?

Not at all likely

Very likely

- 0 1 2 3 4 5 6 7 8 9 10

8.2 Was there anything that you thought was really good about the model of care?

8.3 Was there anything that you thought could have been better about the model of care?

8.4 Any further comments:

**** Thanks Very Much For Helping ****

File S1.3. Outcome GP Survey

General Practitioner Survey – OUTCOME

Name: _____

General Practice: _____

We only collect Name and General Practice so we can track who has completed the GP survey. Your name and General Practice will not be linked to your responses.

About This Survey

This survey is about your confidence in providing care for paediatric (0 – 17 years) patients and your experience of participating in the Strengthening Care for Children pilot. The survey will take about 10 minutes to complete.

How to Fill Out the Survey

For each question please choose one response.
You are welcome to add any further comments at the end of the survey.

Section 1 Pre-Survey: Capturing demographics for new participants

1.0 Did you complete a study survey in March or September 2018?

- Yes; *Skip to Section 2 below.*
 No; *Complete the following questions.*

1.1 What is your gender?

- Male
 Female
 Other, please specify: _____

1.2 Are you a General Practitioner or General Practitioner Registrar?

- General Practitioner (*go to question 1.2a*)
 General Practitioner Registrar (*go to question 1.3*)

1.2a For how long have you been a General Practitioner?

- Less than 6 years
 6 – 15 years
 More than 15 years

1.3. How many half-day clinical sessions do you work per week?

- Less than 6 clinical sessions per week
 6 – 10 clinical sessions per week
 More than 10 clinical sessions per week

1.4. What is the average number of paediatric (0 – 17 years) patients you see per week?

- Less than 11 paediatric patients
 11 – 20 paediatric patients
 More than 20 paediatric patients

1.5. Have you ever had formal paediatric health care training outside of your MD or GP Registrar training?

- Yes, please specify: _____
- No

1.6. What proportion of paediatric patients do you bulk bill?

- Bulk bill all paediatric patients
- Bulk bill some paediatric patients
- Only bulk bill paediatric patients covered by a health care card/concession card (or equivalent)
- Do not bulk bill

Section 2: Paediatric care and services

The following statements relate to your confidence in paediatric care and services. Please read each item carefully and check the box that best aligns with each statement.

	Not at all confident	Not very confident	Fairly confident	Completely confident
2.1 I am confident I know how paediatric services are organised	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.2 I am confident that I know how to access paediatric services for my patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.3 I am confident that I have the knowledge to manage child health issues.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.4 I am confident that I have the skills to manage child health issues.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 3: Your experience of the model of care

The following statements relate to your overall experience of the model of care. Please read each statement and check the box that best describes how much you agree with each statement.

Participating in this model of care has.....	Strongly Disagree	Disagree	Agree	Strongly Agree
3.1 ... strengthened my links with other child health professionals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.2 ... helped me gain knowledge about how children's services are organised.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.3 ... helped me gain knowledge about how to access services for my patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.4 ... increased my professional knowledge in child health issues.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3.5 ... increased my professional skills in child health issues.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.6 ... increased my professional confidence in child health issues.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In December, we moved to the fade out model of fortnightly co-consultation sessions with the paediatrician. Case discussions have remained monthly. Thinking about this change, please check the box that best describes how much you agree with each statement below.

Since December, participating in the fade out model of care has <u>been feasible</u> in terms of completing:	Strongly Disagree	Disagree	Agree	Strongly Agree
3.7 Monthly case discussions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.8 Fortnightly co-consulting sessions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.9 Phone/email support from Paediatricians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Just considering your participation in the fade out model of care (December to present), the following questions relate to the degree to which you participated in each aspect of the model of care.

Since December...	Never	Once	Twice or more	<i>[Not possible for me]</i>
3.10 I attended the fortnightly co-consulting sessions...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.11 I attended the monthly multi-topic case discussions...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.12 I used the paediatrician email support service...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.13 I called the paediatrician support phone number...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Only respond to this question if you selected 'Once' or 'Twice or more' to 3.10 Attending Co-consulting Sessions

3.14 What was your main motivation for referring a child for a co-consult with the Paediatrician?

- Education purposes
- Parent request or reassurance
- I considered that the child needed to see a paediatrician
- Other, please specify:

3.15 If you answered “*not possible for me*” regarding participation in any component of the model (questions 3.10 to 3.13), please provide details below:

--

The following questions relate to your thoughts about the frequency of the fade out model components (December to present).

	Not often enough	Enough	Too often	<i>I did not attend</i>
3.16 The monthly case discussions were held...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.17 The fortnightly co-consulting sessions with paediatricians were held...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 4: Feedback on the overall model of care and sustainability

The following statements relate to your experience of the model of care as a whole (April 2018 – present).

	Strongly Disagree	Disagree	Agree	Strongly Agree
4.1 This model of care has been beneficial for paediatric patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.2 This model of care has been beneficial for me as a GP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.3 This model of care has been beneficial for the general practice I work in	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.4 I listened to the advice given by the RCH Paediatrician(s) with regards to care for my paediatric patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.5 The study Paediatrician(s) listened to the advice I gave with regards to care for my paediatric patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4.6 What do you think the impact of this model has been for your paediatric patients?

--

4.7 What do you think the impact of this model has been for your paediatric knowledge and skills?

Section 5: Sustainability and Scale-up

5.8 Once the paediatrician has left your practice, how might you maintain any acquired skills and knowledge in paediatric care?

5.9 Do you have a need or want for ongoing paediatric support?

- Yes
- No

5.9a If yes, what would this ideally look like? (Choose multiple)

- Ongoing monthly case discussions
- Ongoing co-consulting sessions (weekly, fortnightly, monthly?)
- Ongoing phone and email support
- Other, please specify:

5.9b If yes, to ongoing co-consults, what would be the ideal frequency of those co-consults?

- Weekly
- Fortnightly
- Monthly

5.10 If we were to run this pilot again for a full 12 months, what do you think would be the ideal model for co-consults?

- 8 months of weekly co-consults followed by 4 months of fortnightly (*current model*)
- 6 months of weekly co-consults followed by 6 months of fortnightly
- 6 months of weekly co-consults followed by 3 months of fortnightly and then 3 months of monthly co-consults

5.11 How might new GPs to your practice be upskilled in Paediatric care, once the paediatrician has left your practice?

5.12 Would you recommend this model of care to other General Practitioners?

Yes

No

5.12a If yes, why?

5.12b If no, how could we improve the model of care or what would you change?

Overall Feedback

5.13 Was there anything that you thought was really good about the model of care?

5.14 Was there anything that you thought could have been better about the model of care?

5.15 Any further comments:

**** Thank You Very Much For Helping ****

File S2. Family online surveys; baseline and interim data collection periods

File S2.1. Baseline Online Family Survey

Your Child's Appointment at the GP Practice

About This Survey

This survey is about the care your child received in today's appointment. Your feedback will help us learn about your experience today, and how we could make it better. It is up to you whether you want to take part - you don't have to. You do not need to tell us your name, so please be honest - nobody will know who said what. Your answers are confidential, and will help us to improve our service. The survey will take about 10 minutes to complete.

Who is the Survey For?

The questions are for the parents or carers who attended the appointment with the child.

How to Fill Out the Survey

For each question please choose one response. You are welcome to add any further comments at the end of the survey.

When you have completed the survey, please pass the iPad back to the researcher.

Section 1: About you and your child

1.1 What is your relationship to the child you brought to the consultation today?

- Mother
- Father
- Other, please state: *[Includes box to enter details]*

1.2 What is your child's gender?

- Male
- Female
- Other

1.3. What is the highest level of education you have completed?

- Secondary school or less
- Trade or other certificate level qualification
- Bachelor degree
- Postgraduate qualification

1.4. What is your country of birth?

- Australia
- New Zealand
- Other, please state: *[Includes box to enter details]*

1.5. How old is the child you brought to the consultation today?

- 0-1 year old
- 2-5 years old
- 6-12 years old
- More than 12 years old

1.6. What is the birth order of the child you brought to the consultation today?

- First born
- Second born
- Third born
- Other born

1.7 How many children do you care for all together?

- 1
- 2
- 3 or more

1.8. For what type of concern did you bring your child to the GP today? Tick all that apply.

- A long-term medical concern (e.g., asthma, diabetes)
- A short-term medical concern (e.g., fever, sore throat)
- An injury (e.g., broken bone, cut, sprain)
- A behavioural concern (e.g., tantrums, toileting, aggression, anxiety)
- A developmental concern (e.g., delay in language or motor skills)
- A routine check-up (e.g., immunisation, post-natal check-up)
- To request a repeat prescription
- To request a referral
- Other [*includes box to enter details*]

1.9. If it was a medical, behavioural, or developmental concern that brought you to the GP clinic today, is this a new or ongoing concern for your child?

- New
- Ongoing

1.10. In general, would you say your child's health is:

- Excellent
- Very Good
- Good
- Fair
- Poor

1.11. Is your child covered by private health insurance?

- Yes
- No

1.12. Which of the following best describes the annual income (pre-tax) of the child's household?

- Less than \$40,000
- \$40,001 – \$65,000
- \$65,001 – \$90,000
- More than \$90,000

1.13. Which of these is the MAIN language spoken at the child's home?

English

Other (please state):

1.14. What is your home postcode?

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Section 2: Your thoughts about the care provided today by the GP for the care of your child

The following statements relate to your thoughts about the care provided by the GP that you saw today. Please read each statement and tick the box that best describes how much you agree with each statement.

How confident do you feel that...	Not at all confident	Not very confident	Fairly confident	Completely confident
2.1 ... the GP can provide general care for your child?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.2 ... the GP can treat your child for the health concern you came for today?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.3 ... the GP can provide follow-up care for the health concern you are here for today?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.4 ... the GP can share responsibility with a paediatrician for the care of the health concern you are here for today?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.5 ... the GP can manage and coordinate short and long term care for your child?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Strongly Disagree	Disagree	Agree	Strongly Agree
2.6 I prefer my child to see a paediatrician rather than a GP for any issue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.7 When I came to this appointment today I was hoping for a referral to see a paediatrician	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.8 I take my child to the GP only when I need a referral	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.9 The GP will give my child a referral to see a paediatrician whenever I ask	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Never	Rarely	Sometimes	Usually
2.10 The GP listens to what I had to say	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.11 The GP helps me to understand any recommendations given about my child's care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.12 I receive enough information from my GP about any questions or concerns I have	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2.13 The GP coordinates my child's care with other doctors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.14 The GP involves me in decisions about my child's care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.15 I receive high quality care for my child from the GP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.16 I get the care I need for my child from the GP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 3: Questions about follow-up care for your child

3.1.1 My first preference for follow up care from today's appointment is:

- Follow-up by a GP**
- Follow-up by a nurse
- Follow-up by a general paediatrician
- Follow-up by a sub-specialist paediatrician
- Follow-up by an allied health professional
- I expect there will be no need for follow up care

** 3.1.2. [IF GP ABOVE]. Did the referring GP request your child return to their clinic after today's appointment?

- Yes
- No
- Unsure

3.2 If the health condition your child is here for today were to worsen slightly, where would you likely first seek treatment?

- A general paediatrician
- A GP
- The emergency department
- A sub-specialty paediatrician

Section 4: Final thoughts

4.1 How likely is it that you would recommend this GP practice to your friends and family?

Not at all likely *Very likely*
 0 1 2 3 4 5 6 7 8 9 10

4.2 Was there anything that you thought was really about your visit today?

4.3 Was there anything that you thought could have been better about your visit today?

**** Thanks Very Much For Helping ****

File S2.2. Interim Online Family Survey

Your Child's Appointment at the GP Practice

About This Survey

This survey is about the care your child received in today's appointment. Your feedback will help us learn about your experience today, and how we could make it better.

It is up to you whether you want to take part - you don't have to.

You do not need to tell us your name, so please be honest - nobody will know who said what.

Your answers are confidential, and will help us to improve our service.

The survey will take about 10 minutes to complete.

Who is the Survey For?

The questions are for the parents or carers who attended the appointment with the child.

How to Fill Out the Survey

For each question please choose one response.

You are welcome to add any further comments at the end of the survey.

Section 1: About you and your child

1.1 What is your relationship to the child you brought to the consultation today?

Mother

Father

Other, please specify: _____

1.2 What is your child's gender?

Male

Female

Other, please specify: _____

1.3. How old is the child you brought to the consultation today?

0-1 year old

2-5 years old

6-12 years old

More than 12 years old

1.4. What is the birth order of the child you brought to the consultation today?

First born

Second born

Third born

Other born

1.5 In general, would you say your child's health is:

Excellent

Very Good

Good

Fair

Poor

1.6. For what type of concern did you bring your child to the GP today? Tick all that apply.

A long-term medical concern (e.g., asthma, diabetes)

A short-term medical concern (e.g., fever, sore throat)

An injury (e.g., broken bone, cut, sprain)

A behavioural concern (e.g., tantrums, toileting, aggression, anxiety)

A developmental concern (e.g., delay in language or motor skills)

- A routine check-up (e.g., immunisation, post-natal check-up)
- To request a repeat prescription
- To request a referral
- Other, please specify: _____

1.6b. If it was a medical, behavioural, or developmental concern that brought you to the GP clinic today, is this a new or ongoing concern for your child?

- New
- Ongoing

1.7. Is your child covered by private health insurance?

- Yes
- No

1.8. What is the child's home postcode?

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1.9. Which of these is the MAIN language spoken at the child's home?

- English
- Other (please specify): _____

1.10. Which of the following best describes the annual income (pre-tax) of the child's household?

- \$40,000 or less
- \$40,001 to \$65,000
- \$65,001 to \$90,000
- \$90,001 or more

1.11. What is your country of birth?

- Australia
- New Zealand
- Other, please specify: _____

1.12. How many children do you care for all together?

- 1
- 2
- 3 or more

1.13. What is the highest level of education you have completed?

- Secondary school or less
- Trade or other certificate level qualification
- Bachelor degree
- Postgraduate qualification

Section 2: Your thoughts about the care provided today by the GP of your child

The following statements and questions relate to your thoughts about the care provided by the GP that you saw today.

Please read each statement and tick the box that best describes how confident you feel.

How confident do you feel that...	Not at all confident	Not very confident	Fairly confident	Completely confident
2.1 ... the GP can provide general care for your child?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.2 ... the GP can treat your child for the health concern you came for today?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2.3 ... the GP can provide follow-up care for the health concern you are here for today?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.4 ... the GP can share responsibility with a paediatrician for the care of the health concern you are here for today?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.5 ... the GP can manage and coordinate short and long term care for your child?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please read each statement carefully, and select the box that best describes how much you agree with each statement.

	Strongly Disagree	Disagree	Agree	Strongly Agree
2.6 I prefer my child to see a paediatrician rather than a GP for any issue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.7 When I came to this appointment today I was hoping for a referral to see a paediatrician	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.8 I take my child to the GP only when I need a referral	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.9 The GP will give my child a referral to see a paediatrician whenever I ask	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please read each statement carefully, and select the box that best describes how you feel about each statement.

	Never	Rarely	Sometimes	Usually
2.10 The GP listens to what I have to say	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.11 The GP helps me to understand any recommendations given about my child's care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.12 I receive enough information from my GP about any questions or concerns I have	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.13 The GP coordinates my child's care with other doctors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.14 The GP involves me in decisions about my child's care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.15 I receive high quality care for my child from the GP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.16 I get the care I need for my child from the GP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 3: Questions about who your child's your appointment was with today

3. Who did your child have an appointment with today?

- A GP (**skip to Section 4**)
- A GP and the RCH Paediatrician
- RCH Paediatrician

3.1. Before you saw the RCH Paediatrician today, did you want a referral to a paediatrician for your child's issue that you came for today?

- Yes
- No (**skip to Question 3.2**)

3.1a. After your appointment today, would you still like a referral to another paediatrician for your child's issue that you came for today?

- Yes
- No

3.2 I was satisfied with the care my child received today with the RCH Paediatrician (and GP):

- Not at all Satisfied Not very satisfied Fairly satisfied Completely satisfied
-

3.3 Would you recommend this approach (seeing a GP and paediatrician together) to other families?

Yes

No, please specify why: _____

Section 4: Questions about follow-up care for your child

4.1. Did the GP request your child return to their clinic after today's appointment?

Yes

No (**skip to Question 4.2**)

Unsure

4.1a My first preference for follow up care from today's appointment is:

Follow-up by a GP

Follow-up by a nurse

Follow-up by a general paediatrician

Follow-up by a sub-specialist paediatrician

Follow-up by an allied health professional (e.g., psychologist, speech pathologist, dietitian)

I expect there will be no need for follow up care

4.2 If the health condition your child is here for today were to worsen slightly, where would you likely first seek treatment?

A GP

The emergency department

A general paediatrician

A specialist paediatrician

Section 5: Final thoughts

5.1 How likely is it that you would recommend this GP practice to your friends and family?

Not at all likely

0

1

2

3

4

5

6

7

Very likely

8

9

10

5.2 Was there anything that you thought was really good about your visit today?

5.3 Was there anything that you thought could have been better about your visit today?

**** Thanks Very Much For Helping ****

File S3. Family telephone interviews, outcome data collection period

Interview Guide: Parents of children who have seen SCC Paediatrician and GP in a Co-Consult

Study ID:		GP Practice:	
Participant Name:		Participant Phone #:	
Interview Date & Time:		Interviewer Name:	

The purpose of these qualitative interviews is to understand how families' experience of care has changed from the paediatrician being at their clinic, as well as ways we can improve child health services.

Before you begin

- Give a quick overview of the project and answer any questions that the participant may have.
- Let the participant know that they can withdraw from the study at any time and that they can choose not to answer questions.
- Ask the participant to provide verbal consent to participate and record consent on the verbal consent form.
- Confirm that the participant is okay for their interview to be audio recorded and note that the audio recording will be transcribed by the research team. If not, make written notes of responses.

Interview Guide

"These questions relate to the appointment your child had with the RCH Paediatrician (PAED NAME) and a GP at (CLINIC) on (DATE). First I will grab some information about you and your child."

Section 1: About you and your child

1.1 What is your relationship to the child?

- Mother
 Father
 Other, please specify: _____

1.2 What is your child's gender?

- Male
 Female
 Other, please specify: _____

1.3. How old is your child?

- 0-1 year old
 2-5 years old
 6-12 years old
 More than 12 years old

1.4 In general, would you say your child's health is

- Excellent
 Very Good
 Good
 Fair
 Poor

1.8. What is the child's home postcode?

1.9. Which of these is the MAIN language spoken at the child's home?

- English
 Other (please specify): _____

Section 2: Semi-structured interview

"I'm now going to ask you a couple of questions about your experience of the appointment with the Paediatrician and GP, as well as about children's healthcare more generally.

Question 1: Can you tell me what you think about the GP and Paediatrician seeing your child together?

Prompts; if not answered during response, and if applicable:

- What were the best things about this service?
- What could have made your experience better or is there anything you would change?
- What does having access to a GP and Paediatrician working together mean for your child's health and their healthcare in general?

Question 1.1: Would you recommend this service to other families?

Question 2: What changes would you like to see in children's healthcare?

Prompts; if not answered during response, and if applicable:

- What would you change or like to see that would make managing your child's health easier?
- What do you think could be done to improve children's healthcare at your local GP practice?
- What do you think could be done to improve children's healthcare in your community?

Question 3: Where do you currently get information or advice about your child's health?

- GP
 Nurse
 Pharmacy
 Hospital
 Government
 Community Group
 Allied health
 Peer
 Family
 Social media
 Parent forums
 Online, where? _____
 Other _____

- In your opinion, what would be ideal place/source to get this information from?
- What would be the best format (written, phone, face to face, group, online)?
- Who would be the best provider/person to get this information from? (Nurse, chemist, GP, Allied health professional, peer, etc.)
- Do you feel comfortable accessing information around child health and health services? What makes this process easier or harder?

Question 4:

"I now have a couple of statements I would like you to respond to. You will respond on a 4-point scale which indicates how often you have had this experience when accessing healthcare for your child. The scale is never, rarely, sometimes, and usually. If you need me to repeat the scale at any point please let me know.

- Cost of looking after your health
 Yes
 No
If yes, please describe your experience?

- Poor guidance from health professionals on what to do and how to manage you/your family's health
 Yes
 No
If yes, please describe your experience?

- Difficulty accessing health services
 Yes
 No
If yes, please describe your experience?

- Previous bad/negative experience with health services
 Yes
 No
If yes, please describe your experience?

- Lack of ongoing follow up?
 Yes
 No
If yes, please describe your experience?

Question 5: If your child was to fall unwell after the opening hours of your regular general practice, where would you likely first seek treatment?

- After hours GP
- Local hospital emergency department (Local hospital: _____
_____)
- The Royal Children's Hospital emergency department
- Pharmacy
- Other _____

- What would lead you to choose this service?