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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\textsuperscript{8}Corresponding author. Email: harriet.hiscock@rch.org.au
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?

<table>
<thead>
<tr>
<th>Factor</th>
<th>Very Unimportant</th>
<th>Somewhat Unimportant</th>
<th>Somewhat Important</th>
<th>Very Important</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1 I have insufficient time</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>2.2 The practice in which I work does not have the clinical staff necessary</td>
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<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>2.3 The practice in which I work does not have the necessary equipment</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>2.4 It is not financially viable for the practice</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Factor</th>
<th>Very Unimportant</th>
<th>Somewhat Unimportant</th>
<th>Somewhat Important</th>
<th>Very Important</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.5 I do not have enough knowledge about a specific child’s condition</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>2.6 I have no experience in treating or providing ongoing management of a specific child’s condition</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>2.7 I do not feel comfortable caring for a child with a chronic or complex condition</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>2.8 I do not feel confident in reassuring parents that they do not need to seek a second opinion</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
### 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?

<table>
<thead>
<tr>
<th>Factor</th>
<th>Rarely (&lt;10%)</th>
<th>Sometimes (10-50%)</th>
<th>Frequently (51-90%)</th>
<th>Almost Always (&gt;90%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.1 I wanted a second opinion to confirm a diagnosis</td>
<td></td>
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<tr>
<td>3.3 The child needed to undergo a procedure that is only provided by a paediatric specialist</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### 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?

<table>
<thead>
<tr>
<th>Request</th>
<th>Rarely (&lt;10%)</th>
<th>Sometimes (10-50%)</th>
<th>Frequently (51-90%)</th>
<th>Almost Always (&gt;90%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.4 A parent requested I refer their child to a paediatrician for an initial consultation</td>
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<td></td>
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<tr>
<td>3.5 A parent requested I renew a referral because they reported a paediatrician wanted them to return for long term care</td>
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<td>3.6 A parent requested I renew a referral because they wanted to continue care with a paediatrician</td>
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<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 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**?

<table>
<thead>
<tr>
<th>Goal</th>
<th>Rarely (&lt;10%)</th>
<th>Sometimes (10-50%)</th>
<th>Frequently (51-90%)</th>
<th>Almost Always (&gt;90%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.1 To receive specialist advice on a diagnosis</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td>4.2 To receive specialist advice on a treatment plan for a specific patient</td>
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<tr>
<td>4.3 To receive specialist advice on episodic worsening or increasing complexity of a child’s condition (e.g., exacerbation)?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.4 To arrange shared care with a specialist for a specific problem with a child</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
4.5 For a paediatrician to take over management of a child’s condition □ □ □ □

4B. As a proportion of all of your paediatric referrals, **how often** did you experience the following **outcomes from the referrals**?

<table>
<thead>
<tr>
<th>Outcomes</th>
<th>Rarely (&lt;10%)</th>
<th>Sometimes (10-50%)</th>
<th>Frequently (51-90%)</th>
<th>Almost Always (&gt;90%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.6 You received information (in a letter or phone call) from the paediatrician after the referral</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>4.7 You considered the information you received from the paediatrician to be timely</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>4.8 You considered the information you received from the paediatrician to be helpful in your management of the child’s condition</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>4.9 A child you referred to the paediatrician never returned to your care</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

**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.

<table>
<thead>
<tr>
<th>I am confident that….</th>
<th>Not at all confident</th>
<th>Not very confident</th>
<th>Fairly confident</th>
<th>Completely confident</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.1 I know how paediatric services are organised</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>5.2 I know how to access paediatric services for my patients</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>5.3 I have the knowledge to manage child health issues.</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>5.4 I have the skills to manage child health issues.</td>
<td>□</td>
<td>□</td>
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</tbody>
</table>

**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.

<table>
<thead>
<tr>
<th>I am aware of what Health Pathways is</th>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.2 I am aware that Paediatric Health Pathways is available for me to use within my practice</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.3 I use Health Pathways regularly for paediatric care</td>
<td>Go to 6.3.1</td>
<td>Go to 6.3.1</td>
<td>Go to Section 7</td>
<td>Go to Section 7</td>
</tr>
<tr>
<td>6.3.1 I plan to use Health Pathways regularly for paediatric care</td>
<td></td>
<td></td>
<td></td>
<td></td>
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**Section 7: Further Comments**

Any further comments:

** Thank You Very Much For Helping **
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 question 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?

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<tr>
<th>Factor</th>
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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?

<table>
<thead>
<tr>
<th>Statement</th>
<th>Rarely (&lt;10%)</th>
<th>Sometimes (10-50%)</th>
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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?

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<tr>
<th>Request</th>
<th>Rarely (&lt;10%)</th>
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**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**?

<table>
<thead>
<tr>
<th>Goal</th>
<th>Rarely (&lt;10%)</th>
<th>Sometimes (10-50%)</th>
<th>Frequently (51-90%)</th>
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4.3 To receive specialist advice on episodic worsening or increasing complexity of a child’s condition (e.g., exacerbation)?

<table>
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<tr>
<th>Rarely (&lt;10%)</th>
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4.4 To arrange shared care with a specialist for a specific problem with a child

<table>
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<th>Rarely (&lt;10%)</th>
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4.5 For a paediatrician to take over management of a child’s condition

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<td></td>
<td></td>
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</tr>
</tbody>
</table>

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?

<table>
<thead>
<tr>
<th>Rarely (&lt;10%)</th>
<th>Sometimes (10-50%)</th>
<th>Frequently (51-90%)</th>
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<tr>
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</tbody>
</table>

5.1 I am confident I know how paediatric services are organised

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<thead>
<tr>
<th>Not at all confident</th>
<th>Not very confident</th>
<th>Fairly confident</th>
<th>Completely confident</th>
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<tr>
<td></td>
<td></td>
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</table>

5.2 I am confident that I know how to access paediatric services for my patients

<table>
<thead>
<tr>
<th>Not at all confident</th>
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<tr>
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5.3 I am confident that I have the knowledge to manage child health issues.

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<th>Not at all confident</th>
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5.4 I am confident that I have the skills to manage child health issues.

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</tbody>
</table>
### Section 6: Paediatric Health Pathways

The following statements are about Paediatric health Pathways

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.1 I am aware of what Health Pathways is</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.2 I am aware that Paediatric Health Pathways is available to me for use within my practice</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.3 I use Health Pathways regularly for paediatric care</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Only answer 6.3a if you responded Strongly Disagree or Disagree to 6.3**

| 6.3a I plan to use Health Pathways regularly for paediatric care         |                   |          |       |                |

### 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.

<table>
<thead>
<tr>
<th>Participating in this model of care has.....</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>7.1 ... strengthened my links with other child health professionals.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.2 ... helped me gain knowledge about how children’s services are organised.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.3 ... helped me gain knowledge about how to access services for my patients.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.4 ... increased my professional knowledge in child health issues.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.5 ... increased my professional skills in child health issues.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.6 ... increased my professional confidence in child health issues.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Participating in this model of care has been feasible, in terms of completing the...

| 7.7 ... monthly case discussions |                   |          |       |                |
| 7.8 ... weekly co-consulting sessions |                 |          |       |                |
| 7.9 ... telephone/email support from Paediatricians                  |                   |          |       |                |
The following questions relate to the degree to which you participated in each aspect of the model of care.

<table>
<thead>
<tr>
<th>Question</th>
<th>[Not possible for me]</th>
<th>Never</th>
<th>Once</th>
<th>Twice or more</th>
</tr>
</thead>
<tbody>
<tr>
<td>7.10 I attended the weekly co-consulting sessions...</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.11 I attended the monthly multi-topic case discussions...</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.12 I used the paediatrician email support service...</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.13 I called the paediatrician support phone number...</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>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?</th>
<th>Rarely (&lt; 10%)</th>
<th>Sometimes (10-50%)</th>
<th>Frequently (51-90%)</th>
<th>Almost Always (&gt;90%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>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</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7c.2 Parent reassurance – parent was keen to see a paediatrician for their child’s condition</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7c.3 Genuine referral – I considered that the child needed to see a paediatrician</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Question</th>
<th>Not often enough</th>
<th>Enough</th>
<th>Too often</th>
<th>I did not attend</th>
</tr>
</thead>
<tbody>
<tr>
<td>7D.1 The monthly case discussions were held...</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7D.2 The weekly co-consulting sessions with paediatricians were held...</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
</table>
7E.1 This model of care has been beneficial for paediatric patients

7E.2 I listened to the advice given by the RCH Paediatrician(s) with regards to care for my paediatric patients

7E.3 I feel the study Paediatrician(s) listened to the advice I gave with regards to care for the paediatric patients

**Section 8: Overall feedback**

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

<table>
<thead>
<tr>
<th>Not at all likely</th>
<th>Very likely</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ 0</td>
<td>☐ 10</td>
</tr>
<tr>
<td>☐ 1</td>
<td>☐ 9</td>
</tr>
<tr>
<td>☐ 2</td>
<td>☐ 8</td>
</tr>
<tr>
<td>☐ 3</td>
<td>☐ 7</td>
</tr>
<tr>
<td>☐ 4</td>
<td>☐ 6</td>
</tr>
<tr>
<td>☐ 5</td>
<td>☐ 5</td>
</tr>
<tr>
<td>☐ 6</td>
<td>☐ 4</td>
</tr>
<tr>
<td>☐ 7</td>
<td>☐ 3</td>
</tr>
<tr>
<td>☐ 8</td>
<td>☐ 2</td>
</tr>
<tr>
<td>☐ 9</td>
<td>☐ 1</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th></th>
<th>Not at all confident</th>
<th>Not very confident</th>
<th>Fairly confident</th>
<th>Completely confident</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1 I am confident I know how paediatric services are organised</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>2.2 I am confident that I know how to access paediatric services for my patients</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>2.3 I am confident that I have the knowledge to manage child health issues.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>2.4 I am confident that I have the skills to manage child health issues.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Participating in this model of care has.....</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.1 ... strengthened my links with other child health professionals.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>3.2 ... helped me gain knowledge about how children’s services are organised.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>3.3 ... helped me gain knowledge about how to access services for my patients.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>3.4 ... increased my professional knowledge in child health issues.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
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.

<table>
<thead>
<tr>
<th>Since December, participating in the fade out model of care has <strong>been feasible</strong> in terms of completing:</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.7 Monthly case discussions</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>3.8 Fortnightly co-consulting sessions</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>3.9 Phone/email support from Paediatricians</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Since December...</th>
<th>Never</th>
<th>Once</th>
<th>Twice or more</th>
<th>[Not possible for me]</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.10 I attended the fortnightly co-consulting sessions...</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>3.11 I attended the monthly multi-topic case discussions...</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>3.12 I used the paediatrician email support service...</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>3.13 I called the paediatrician support phone number...</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

*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 did not attend
---|---|---|---
3.16 The monthly case discussions were held... | | | |
3.17 The fortnightly co-consulting sessions with paediatricians were held... | | | |

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 | | | |
4.2 This model of care has been beneficial for me as a GP | | | |
4.3 This model of care has been beneficial for the general practice I work in | | | |
4.4 I listened to the advice given by the RCH Paediatrician(s) with regards to care for my paediatric patients | | | |
4.5 The study Paediatrician(s) listened to the advice I gave with regards to care for my paediatric patients | | | |

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, toiletting, 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?

- [ ]
- [ ]
- [ ]
- [ ]

**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.

<table>
<thead>
<tr>
<th>How confident do you feel that...</th>
<th>Not at all confident</th>
<th>Not very confident</th>
<th>Fairly confident</th>
<th>Completely confident</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1 ... the GP can provide general care for your child?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>2.2 ... the GP can treat your child for the health concern you came for today?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>2.3 ... the GP can provide follow-up care for the health concern you are here for today?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>2.4 ... the GP can share responsibility with a paediatrician for the care of the health concern you are here for today?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>2.5 ... the GP can manage and coordinate short and long term care for your child?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.6 I prefer my child to see a paediatrician rather than a GP for any issue</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>2.7 When I came to this appointment today I was hoping for a referral to see a paediatrician</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>2.8 I take my child to the GP only when I need a referral</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>2.9 The GP will give my child a referral to see a paediatrician whenever I ask</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>2.10 The GP listens to what I had to say</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>2.11 The GP helps me to understand any recommendations given about my child’s care</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>2.12 I receive enough information from my GP about any questions or concerns I have</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
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

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

Very likely

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?

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.

<table>
<thead>
<tr>
<th>How confident do you feel that...</th>
<th>Not at all confident</th>
<th>Not very confident</th>
<th>Fairly confident</th>
<th>Completely confident</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1 ... the GP can provide general care for your child?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>2.2 ... the GP can treat your child for the health concern you came for today?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
2.3 ... the GP can provide follow-up care for the health concern you are here for today?

2.4 ... the GP can share responsibility with a paediatrician for the care of the health concern you are here for today?

2.5 ... the GP can manage and coordinate short and long term care for your child?

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

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.6 I prefer my child to see a paediatrician rather than a GP for any issue</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>2.7 When I came to this appointment today I was hoping for a referral to see a paediatrician</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>2.8 I take my child to the GP only when I need a referral</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>2.9 The GP will give my child a referral to see a paediatrician whenever I ask</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Statement</th>
<th>Never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Usually</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.10 The GP listens to what I have to say</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>2.11 The GP helps me to understand any recommendations given about my child’s care</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>2.12 I receive enough information from my GP about any questions or concerns I have</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>2.13 The GP coordinates my child’s care with other doctors</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>2.14 The GP involves me in decisions about my child’s care</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>2.15 I receive high quality care for my child from the GP</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>2.16 I get the care I need for my child from the GP</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

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 (skip to Question 3.2)
   - ☐ 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 ☐ 8 ☐ 9 ☐ 10

Very likely

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

<table>
<thead>
<tr>
<th>Study ID:</th>
<th>GP Practice:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participant Name:</td>
<td>Participant Phone #:</td>
</tr>
<tr>
<td>Interview Date &amp; Time:</td>
<td>Interviewer Name:</td>
</tr>
</tbody>
</table>

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?