

Learning Together to improve children's health



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Bringing general practitioner (GP) and paediatric trainees together for shared training could improve children's health care says a new position paper published jointly by the UK's Royal College of Paediatrics and Child Health (RCPCH) and the Royal College of General Practitioners (RCGP) on May 13, 2016. "Despite the high quality of specialist GP and paediatric training in the UK, children still face relatively poor health outcomes when compared to other comparable countries", said David Evans of the RCPCH. Children are estimated to make up a quarter of a GP's average workload, but less than 25% of GP trainees are able to undertake paediatric placements during training. These secondary-care-based placements might prepare GPs relatively poorly for the common presentations they will encounter in the community. Conversely, paediatric trainees have little exposure to community-based child health—contrary to current NHS shifts to deliver care closer to home.

Two pilot schemes are currently running. Learning Together brings senior GP and paediatric trainee pairs together to run GP-based clinics. Joint consultations

facilitate peer learning and specialist knowledge can then be disseminated throughout the GP practice. The pilot scheme saw hospital visits being avoided in 55% of appointments and compliance with clinical guidelines improve from 57% to 76%. "Although the clinics are primarily a training initiative, they also represent an educational intervention leading development of services", says Chloe Macaulay, London clinical lead. She also co-leads the Programme for Integrated Child Health, which brings together paediatric and GP trainees to train them to work in an integrated way and lead the development of integrated services.

The two Royal Colleges have correctly identified that breaking down the divisions between these two traditional specialist silos is vital if the NHS is to deliver high-quality child and family centred care. The pilot schemes represent a key first step to achieving the laudable vision described in this position paper, but further action is urgently needed if improvements are to be achieved quickly enough to benefit the UK's current generation of children. ■ *The Lancet*

For the **position paper Learning Together to improve child health** see <http://www.rcpch.ac.uk/news/learning-together-improve-child-health>

For more on **Learning Together** see <http://www.learningtogether.org.uk>

For more on the **Programme for Integrated Child Health** see <http://www.pich.org.uk>

No ifs, no buts, no follow-on milk



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Regulation of the marketing of breastmilk substitutes is a cornerstone of global action on breastfeeding; the International Code of Marketing of Breast-Milk Substitutes was drafted in 1981 amid widespread concern about the advertising and promotion of infant formula, particularly in settings where mothers lacked access to the clean drinking water and sterilisation equipment needed to safely prepare formula milk. The Code prohibits direct advertising of breastmilk substitutes to mothers, claims that formula milk provides health benefits, and gifts or free supplies to health-care workers and facilities.

A new report by WHO, UNICEF, and the International Baby Food Action Network summarises the status of international implementation of the Code. Encouragingly, 135 of 194 countries in the analysis had at least some legal measures in place, compared with 103 countries in 2011. However, only 39 countries have comprehensive legislation covering all aspects of the Code.

Strikingly, it is high-income countries (including the USA, Australia, and much of western Europe) and middle-income countries such as China that have the fewest legal

protections—and some of the lowest breastfeeding rates, particularly beyond 6 months. Meanwhile, many poorer countries lack the resources to effectively implement, enforce, and monitor their existing laws. Implementation of the Code, the report warns, is hindered by lack of political will, poor coordination between stakeholders, industry interference, and insufficient resources for monitoring and data gathering.

Several letters in this issue, drawing on our recent Series on breastfeeding, emphasise the clear benefits for global health. Yet most babies worldwide are not breastfed according to WHO guidelines, and many will receive formula milk in some form. Shockingly, as the report highlights, many countries do not require manufacturers to provide label information about safe preparation.

From tobacco, to sugar, to formula milk, the most vulnerable suffer when commercial interests collide with public health. Robust advertising regulation—covering all milk products for children up to 3 years, and banning social media promotion—is the next step to protect them. ■ *The Lancet*

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For the **report on ICBMS implementation** see http://who.int/entity/nutrition/publications/infantfeeding/code_report2016/en/index.html

For the **previous Series on breastfeeding** see <http://thelancet.com/series/breastfeeding>