

Name of Practice: Cranleigh Medical Practice (Lead: Dr Clare Stevens)


Children and Young Peoples Service PACE SETTER Award UK
Achievement Chart for Primary and Community Care
PACE Element 1: PATIENT and CARER EXPERIENCE

Key Activity	What are/were we going to do?	What have we done?	–Celebrating Success – PACE SETTER Achievements, Lessons learned, Plans for the Future
KA 1a. Patient Engagement Exercise	<p><u>Patient Consultation:</u> We undertook a multi-pronged and widespread successful Patient & Staff engagement exercise including:</p> <p>Advertising our intentions in the local Cranleigh monthly magazine, and on our website and requesting interested parties fill in a questionnaire about us.</p> <p>We also distributed the questionnaire widely and asked people to give us their details if they would be</p>	<p>We advertised in the local Cranleigh monthly magazine our plans to achieve a PACE setter award and what this meant.</p> <p>We directed people to our website to fill in our questionnaire and we also handed out the questionnaire at our local children centres, the youth club and brownies/guides. Our school nurses, health visitors and practice team also handed it out. We had 55 replies.</p> <p>The questionnaire (copy attached) told us that a lot of young mothers were not aware that we had a website, that they could book on-</p>	<p>In retrospect, the questionnaire could have been much better designed to gather more useful information about the service we offer to children and young people. However, it has provided me with a list of names of people who are interested in improving services for children and young people in Cranleigh.</p> <p>Some of the Mum’s who answered our questionnaire and attended our forum have suggested ideas for the future;</p> <p>By taking one Mum’s suggestion and using information from other PACE setter practices, we could develop a separate waiting area for children with behavioural problems. Next year, we are also looking at other improvements we could make for children with behavioural problems modelled on what other practices</p>

	<p>interested in becoming involved in an annual forum for children and young people.</p> <p>We invited teenagers from one of our local schools to come and be 'mystery shoppers' at the Practice and then to attend our forum to feedback.</p> <p><u>Whole Team Consultation:</u> We spoke with our practice nurses who have minor illness surgeries. We spoke with health visitors and our school nurses who are keen to be involved. We are a training practice and have a good flow of FY2 doctors, GP trainees and</p>	<p>line or that we could offer a telephone consultation if appropriate.</p> <p>Our forum was attended by parents, our mystery shoppers, school nurses, and a local head teacher, amongst others. The feedback from our mystery shoppers was excellent! They told us that the building was very cold and clinical and not very inviting. They suggested that as teenagers they are more likely to look at our website before coming into the building.</p> <p>As well as embedding the three high volume pathways (fever, bronchiolitis and d&v) one of our GP's and a practice nurse developed other minor illness templates to use for both children and adults.</p> <p>Our school nurses fed back useful information about different ways to target young adults and this influenced our decision to develop our website. We asked our young staff members to help in the actual design and wording used.</p>	<p>did, such as 'passports'.</p> <p>Another young mum came to see me after our forum and said that she had attended an excellent basic life support training day (provided as part of her post-natal care), better than anything she had been on with her other children and wondered if we could do anything to promote the use of this particular course. It had included elements of minor illness/accident training also. This is also something we may look into.</p> <p>All those who attended our forum agreed that making it an annual event is something they would be interested in doing so we intend to do this.</p> <p>Gathering together different people involved in the care of children, from nurses to teachers and parents, was an excellent idea and has made all of us understand the other's involvement better. One of our head teachers talked about inhalers for children with asthma in school and the sort of instruction that her staff receive. The school nurses are over-stretched and possibly under-staffed but there may be things that Cranleigh Medical Practice could help with and we have offered to be involved. This may be something we take forward next year.</p> <p>Children and Young People's section of our website nearly up and running. This will be regularly updated and improved.</p>
--	--	---	---

	paramedics. We developed some pathways around common paediatric conditions to be used and refined by all.		
--	---	--	--

PACE Element 2: ACCESSING SERVICES

<p>Key Activity 2b and 4d: Making Cranleigh Medical Practice more accessible and more child-friendly as recommended at our CYP forum</p> <p>Our forum said; Cranleigh Medical Practice is not a particularly child friendly environment to be in. There are no distractions for children and there is no information for young people. Young people living in a village setting like Cranleigh would like to be able to get some information and guidance before coming to the surgery.</p>	<p><u>Aim of the KA:</u> To make our building more child-friendly and inviting.</p> <p>To provide resources and distractions for young people and children.</p> <p>To develop information for young people which they can easily access before deciding whether the surgery is the right place for</p>	<p>Develop a corner of the waiting room which is more appealing to children. Using different coloured walls and seating.</p> <p>Look into providing packs of colouring materials for occasions when there are long waits and parents have not brought any toys or books with them</p> <p>Develop an area of leaflets that are aimed at children and young people including healthy eating and weight leaflets, teenage enuresis etc.</p> <p>We have worked as a team, with the assistant practice manager, a clinician and young members of our reception</p>	<p>Awaiting outcome of request for funding from 'The League of Friends'. Hoping to purchase a mural and consider different colour seating for children, depending on funding. Our PPG have requested that they are involved in the design.</p> <p>Before and After photo to follow!</p> <p>Activity packs ordered and await delivery. May need to ensure there is a strict policy on only handing out when long delays expected, otherwise we may prove too popular.</p> <p>We have a section of patient information leaflets for CYP which includes healthy eating/living leaflets, sexual health and enuresis. Most places provide a number of leaflets for free so just asking is worth trying.</p> <p>We will look into WI-FI access for patients.</p> <p>Now that we have a dedicated section of our website for children and young people we will continually update it and add to it, as appropriate.</p> <p>Getting help with the design and wording from young members of staff has made this section user-friendly and orientated towards this age group.</p>
---	--	---	---

	<p>them to come and whether they need to come or just to speak to someone first.</p>	<p>team to develop a section of our website dedicated to young people. Completion 13/05/2016.</p> <p><i>How will you know you have succeeded?</i></p> <p>Feedback from our forum and our mystery shoppers next year. Feedback from our PPG group</p>	<p>It has also been a great way of involving our young team and letting them know that their contribution is really valued.</p>
--	--	---	---

PACE Element 3: CLINICAL PATHWAY IMPLEMENTATION

<p>Key Activity 3a: Safeguarding</p> <p>I can confirm that my organisation is CQC compliant for CYP Safeguarding Procedures and Processes? Signed: Dr Clare Stevens</p>	<p>Di Christie is Lead Clinician for Children's Safe-guarding</p>	<p>As well as updating our policy annually, Dr Christie meets monthly with our Lead Health Visitor, Jane to discuss all children at risk. This is a key opportunity for both teams to highlight children and families at an early stage, as well as discussing known families. Both health visitors and GP's find it invaluable.</p>	<p>This seems to be a good and comprehensive way of ensuring all members of the primary care team work well together and are kept informed. No changes are planned.</p> <p>We are lucky that our health visiting team reside in the same building as us and we have daily contact with each other.</p>
<p>Key Activity 3b: Use and Promotion of High Volume Pathways. Help in development of a single patient leaflet</p>	<p><u>Aim of the KA:</u> To ensure patients, parents and carers are seen in the correct healthcare setting. Giving parents and carers the confidence to know where and when to seek</p>	<p>We have done a lot of work using the high volume pathways and they are embedded in emis. We have talked to our health visitors about them and they have</p>	<p>As mentioned earlier, our nurses are using minor illness templates well.</p> <p>We have the three high volume pathway templates but have also developed similar templates for symptoms of sinusitis, tonsillitis, upper respiratory tract infection, otitis media, and urinary tract infection. These have recently been modified to include advice about sepsis. The minor illness nurses find them most useful, doctors are</p>

<p>Using High Volume Pathways (fever; bronchiolitis; D&V; asthma;) developed by SCN – We have promoted their use to our primary care team including triage practice nurses and HV’s and emphasised the use of Patient information leaflets. We have also helped in the development and promotion of a single patient information leaflet</p>	<p>further help and advice.</p>	<p>copies. All our doctors and triage nurses know about them and are beginning to use them.</p> <p>How will you know you have succeeded in achieving this KA? Audit of daily hospital attendances for CYP from Cranleigh Medical Practice. Data collection from September/October and February/March.</p>	<p>slower to adopt them.</p> <p>We are a training practice for doctors and paramedics and they have also commented that the minor illness templates are useful. We have tried measuring the success of these templates by auditing A&E attendance over a 6 weeks period before and after the templates were introduced. However, the results are difficult to interpret because of diurnal variation.</p> <p>The first 6 weeks was September/October last year, the second February/March this year. This second 6 week period always has a higher rate of A&E attendance for minor illness and still did. We had 78 attendances in the first period and 89 in the second. The majority of attendances in both periods were for trauma and head injury (56% and 45%). The percentage of attendance for minor illness was 19% and 29% respectively.</p> <p>Performing further data collection at the same time of year this year i.e. September/October would be more useful perhaps.</p> <p>I have had some positive feedback from individual parents, particularly about our single patient leaflet. One parent said it was the first time anyone had really tried to give her guidance about when to attend for minor illness. Another parent telephoned for advice, quoting what the leaflet had said.</p>
<p>Key Activity 3c: The Development & use of pathways for Common Non-Acute Conditions</p> <p>A Study Day was organised by the CCG looking at common paediatric conditions including gastric reflux, recurrent abdominal pain, nocturnal enuresis and constipation. From this, we developed</p>	<p><u>Aim of the KA:</u> To ensure that all GP’s and trainees are working up patients in a similar way before referring to secondary care if necessary. Our parents have said they would rather their children were treated locally if possible and these pathways will give GP’s the confidence to work up common conditions without the need to refer in.</p>	<p>Pathways discussed and people sign-posted to them at every opportunity. The pathways are really just a guide and we have discussed them at a clinical meeting and asked for any feedback or changes to be made.</p> <p>They have been laminated and copies put in all clinical rooms.</p>	<p>Feedback from colleagues; The nocturnal enuresis pathway signposts to a really helpful website for parents/carers. The recurrent abdominal pain pathway is good but we cannot order abdominal x-rays in general practice.</p> <p>Will continue to review and update these pathways. It would be useful to have a Paediatrician come to one of our practice meetings again to help with this and I would also like to develop a guideline for treating atopic eczema/dermatitis, perhaps with some input from one of the CCG pharmacists to guide us on prescription of different emollients.</p>

<p>guidelines to use within our practice. These guidelines were endorsed by Mark Evans (Clinical Director of Paediatrics at Royal Surrey County Hospital).</p>	<p><u>What will you do?</u> Promote use of pathways and provide each consultation room with a copy of guidelines. We will also encourage discussion with each other and with our visiting consultant (currently Mark Evans) before referral if appropriate.</p>	<p>How will you know you have succeeded in achieving this KA?</p> <p>Soft intelligence from secondary care colleagues and from those using guidelines</p>	
--	---	--	--

PACE Element 4: EDUCATION – WHOLE-TEAM AND CLINICIANS

<p>See above</p>	<p>Education on high volume pathways, minor illness and common paediatric conditions. See above</p>		
------------------	---	--	--

Any other comments/information to share? SHARING BEST PRACTICE – PACE SETTER TOP TIPS....

Our Mystery Shoppers gave us valuable feedback. Approaching schools and asking children to help us in this way was really useful.

Forming an annual forum was easy and I was surprised at how many different people were willing to give up part of their evening to attend and give such useful feedback.

We have a lot of young receptionists and asking for their help in this project has also been an excellent way of involving the whole team.

I feel like we have done a lot of work already but it also feels like the momentum can be continued to focus on something different for children and young people each year.