PACE SETTER Award UK
‘Quality Mark’ for Children and Young People’s Services in Primary and Community Care - Pioneer Phase
A Practical Step By Step Guide & Resource Pack

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The PACE SETTER Award UK Summary Statement and Award Logo

To encourage, through the PACE SETTER Award UK scheme, the development of NHS teams and organisations, that provide high quality services to children, young people and their families / carers, that are:

- attuned to the needs of their local population,
- supported by their local CCG and provider Trusts
- endorsed or supported by benchmark setting bodies such as the Royal College of General Practice, Royal College of Paediatrics and Child Health and patient representative bodies and
- celebrated by both their service users and the whole team caring for them

In summary:

The PACE SETTER Award UK has been designed and launched by an experienced team to highlight and reward great quality for Children and Young People (CYP) services. It is:

Instigated by a GP
Endorsed by the RCGP

Approved by Healthwatch
Supported by the RCPCH

and Sponsored by the

South East Coast Children and Young People Strategic Clinical Networks

....to celebrate all you have achieved to improve the health and well-being of our Children and Young People
Letter of Welcome...

to GP Practice / Community Provider Teams and CCG Boards / Commissioners

Dear Colleagues,

We would like to introduce you to the PACE SETTER Award UK scheme and, if you are working in a primary care or community care organisation, to encourage you to consider applying for this opportunity to celebrate excellence in the care of children and young people in your various fields of operation. Within this Step-by-Step guide you will find a description of the principles behind the Award, but, more importantly, the bulk of the guide is filled with many practical examples and suggestions to support a successful application.

The PACE SETTER Award UK is a “home-grown” initiative which has been designed by colleagues working within the primary and community care sector. The PACE SETTER Award UK embraces quality practice already ongoing in the field and/or seeks to provide a practical way to enhance your local services for CYP patients. It has been designed to be a voluntary but formal system for recognising, celebrating, promoting and sharing excellence in the provision of health services to CYP. Patients and their families form a key part of the whole Award system. The Award is designed to be a “quality mark” which can be applied to Primary Care and Community Settings. It will mark them out as being of a high quality/excellent, verifiable standard. It is similar in concept to the “Michelin Stars” for excellent food at restaurants or the “Kite Mark” for safety.

The Award name and this guide are framed around the acronym “PACE”. PACE SETTER refers to the four Elements of PACE that provide a clear and standardised structure around which participating organisations are encouraged to review and refresh their services to CYP. The four Elements are: Patient and Carer Engagement, Accessing Services, Clinical Pathways Implementation, and Education of both staff and also of families to increase confidence and resilience.

The PACE SETTER Award UK logo is shown in Fig. 1. Once the Award has been awarded to an organisation, the logo can be used widely on noticeboards, websites, and letterheads and even included as evidence for CQC inspections to highlight and promote the high quality care provided for CYP by your team. The Award will remain current for 3 years after which we would encourage Award holders to reapply.

Applying for the PACE SETTER Award UK is done at your own pace! As such, it should be a positive experience for the whole team and it could even be fun (have a look at our promotional poems in Appendix 11). Seeking the views of the children, young people and their parents and carers, who use your services, is always worthwhile – but rarely features in NHS initiatives - and in this Award process the engagement activity is of central importance as, through it, you will be defining your agenda for your application. Once the Award projects have been completed, the concept of sharing...
learning and your achievements will undoubtedly prove a source of great inspiration and encouragement to others.

Provider Trusts, Patient representative groups, CCGs and CYP Strategic Clinical Networks should also expect to have a pivotal role in promoting this rewarding and innovative Award system in their localities by working together to establish local Award Panels who will quality assure the process, and managing the dissemination of best practice revealed through the reports received from successful applicants. More details are given in Appendix 10.

In summary, therefore, this process is all about enabling your organisation to succeed in your aim to become a genuine pacesetter in the field of CYP care. It should stretch and challenge you, but ultimately it should become the source of much pride and celebration for both you and, most importantly, the children and young people, and their carers, served by your organisation.

If you decide to proceed with the PACE SETTER Award UK process, we would like to invite you to take part in our Pioneer Programme which will inform the further development of PACE SETTER and we look forward very much to working with you during your application.

Yours sincerely

The Children and Young People’s Network

“I love the idea of celebrating achievements within Primary Care while driving up standards elsewhere. We need more of this sort of incentive and I think you will get practices very much on board with this. I think it all makes sense and appears straight forward and demonstrates that it has been well thought out.”

Tracey Osborne Practice Manager – Maywood Healthcare Centre, Coastal West Sussex CCG

Professor Nigel Mathers, Honorary Secretary, Royal College of General Practitioners

The PACE SETTER Award UK is endorsed by the

Royal College of General Practitioners
"Executive Summary" (Quick View) of the Overall PACE SETTER Application Process:

Table 1 Award Application Timeframe and Checklist – PIONEER PROGRAMME

<table>
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<th>Month Timeline</th>
<th>Step By-Step</th>
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| 0-1            | APPLY Step 1 [p25] | • Local CCG/Trusts agree to support PACE SETTER Award UK  
• CYP Provider organisation (eg GP surgery), as a whole team, decide to apply for Award – Complete Sign Up Sheet¹ |
| 0-2            | AGREE Step 2 [p29] | Key Activities (KA) - 5 in total: all to be aligned to PACE agenda including:  
• **Mandatory Key Activity** KA 1a Patient Engagement / User Consultation Exercise  
• **Mandatory Key Activity** KA 3a Safeguarding audit and action (thereby completing two of the 5 KAs required)  
+ Three additional Key Activities (KAs) (see **Suggested Activities picking list** (Table 2 in Main Document))  
Your progress should be entered onto the Achievement Chart (Appendix 6) and passed to local CCG Award Panel at outset for advice, feedback and agreement. |
| 2-3            | ACT Step 3 [p33] | 1. Applicant **safeguarding audit** process completed  
2. **User engagement consultation** carried out  
3. Proposed 5 Key Activities discussed with, and approved by, Award Panel |
| 4-6            | ACHIEVE Step 4 [p47] | Completion of all 5 KAs and audit |
| 6-7            | AWARD Step 5 [p61] | Achievement Chart (Appendix 6) sent with evidence to Award Panel for evaluation and any clarification. |
| 8              | Ongoing | • Final Submission of Achievement Chart presented to Award Panel  
• Outcomes for each Key Activity approved by Award Panel  
• Award decision made - valid for 3 years |
| 36             | Application for renewal of Award can be made.  
Consider re-application for Award at end of 3 years |

¹ For detailed guidance see the Award Application Timeframe and Checklist – PIONEER PROGRAMME.
Authors’ Biographies

Dr Tim Fooks is a full-time GP partner in West Sussex; he is also a parent of three children through whom he has gained some valuable insights about, and experiences of, the NHS’s service for children and young people. Tim started in Pulborough in 1992 having worked in paediatrics in east London and Cambridge. He is a GP trainer and has been Course Organiser for the Imperial College GP Refresher course for the last 8 years. He has chaired a Primary Care Group, sat on a PCT board and, since 2010, has been a Clinical Lead for Children and Young People Commissioning. He is now also one of the clinical leads for the NHS South East Coast CYP Strategic Clinical Network focusing on ‘NHS at Home’ and expanding the capacity and function of Community Nursing. In his primary role as a GP, he remains committed to patient centred care and ensures that his surgery is supported by a very active patient participation group.

Christine McDermott is part of the NHS IQ Faculty (Development for Commissioners Programme) and the interim CYP Urgent Care Project Manager at Coastal West Sussex CCG. She trained in Health Economics and worked at the Health Economics Research Group (HERG). She joined Croydon Health Authority as a Commissioner – bringing research into practice - and has maintained this interest in her Commissioning roles since then. She undertook 2 years voluntary work in East Africa with Action Against Hunger. She returned and worked on the West Sussex Fit for the Future Programme. She then joined the NHS Institute for Innovation and Improvement Children and Young People (CYP) Emergency and Urgent Care arm which led 10 health systems nationally to implement Whole System best practice.

Lorraine Mulroney has been working as a Quality improvement Lead in the Strategic Clinical Networks for the South East Coast since April 2013. She started her NHS career 19 years ago as a Children’s Nurse with her latest clinical posts residing in community services. In 2009 she moved to commissioning and strategy with a focus on workforce planning and thereafter joined West Sussex in Joint Commissioning of children and young people’s services. Her interests and passion for “Care Closer to Home” drive her current programme of work and is very much linked to her previous work on Emergency and Urgent Care. She is undertaking the Nye Bevan Leadership Programme through the NHS Leadership Academy.

Acknowledgements

Our thanks go to all our patients, their families and the colleagues at settings where we have all gained our experience who each in their own way contributed to the idea for this PACE SETTER Award UK. We also thank Laura Robertson for her input on Communications and all those from various collaborating organisations who have provided advice / quotes / endorsement and support as detailed within this Step By Step Guide and Resource Pack.
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“This is an exciting development that will help to focus us all on improving primary care for and with the children, young people and families we serve. Professor Don Berwick, leader in Health Care improvement reminds us often ‘one of the measures of a civilised society is how well it looks after the most vulnerable members of its society’ we, as champions for the delivery of the best health care possible, know that together we can move primary care services for children, young people and their families ‘from good to great’.”

Kath Evans, Head of Patient Experience
Maternity, Newborn, Children and Young People, Nursing Directorate, NHS England
AWARDED 2015

PACE SETTER

South East Coast Strategic Clinical Networks
Children and Young People
PART 1 – BACKGROUND & CONTEXT
PART 1 – BACKGROUND & CONTEXT

1 Introduction to the PACE SETTER Award UK

The PACE SETTER Award UK is a new initiative for primary and community care in the NHS. It has been designed by those working within the primary and community care sector. The project is included within the work programme of the South East Coast Strategic Clinical Network (SEC SCN) for Children and Young People. It is a voluntary but formal system for recognising, celebrating, promoting, and sharing excellence in the provision of health services to children and young people (CYP). A PACE SETTER organisation will be known by its younger patients, and their carers and families, to be committed to the provision of safe, well-designed, consistent, co-ordinated, family-friendly and patient-centred care.

The PACE SETTER Award UK aims to encourage the whole provider team to commit to high standards of integrated, co-ordinated and accessible care that are designed around the needs of their local population. The Award provides a means, therefore, to define, implement and celebrate best practice that can be recognised by both CYP service users and colleagues alike.

"When a child is ill, it is crucial that they are seen in the right place, at the right time, by the right person. That means making sure primary and secondary care health professionals work effectively together, and that more care is moved from inside the hospital to community settings. Only then will health outcomes for children in the UK begin to rival the best in the world.

The PACE SETTER awards provide an excellent opportunity to share and celebrate some of the innovative work that is going on in primary care to focus and improve services for the benefit of children and young people."

Dr Hilary Cass - President, Royal College of Paediatrics and Child Health
November 2014
Why is it called a PACE SETTER Award UK?

The definition of a PACE SETTER sets out the vision for an Award winning team:

pace·set·ter [ páyss sèttər ] a leader in field of activity: a person or group regarded as being a leader in any field and one whom others may emulate

PACE SETTER refers to the acronym PACE consisting of four Elements that provide a clear and standardised structure around which participating organisations are encouraged to review and refresh their services to children and young people. The four elements are:

- Patient and Carer Engagement,
- Accessing Services,
- Clinical Pathways Implementation, and
- Education.

‘PACE’ captures all the components within a high quality strategy for children and young people with safety underpinning them all.

The PACE SETTER Award UK requires five Key Activities (KAs) to be undertaken within the four elements of PACE. Two Key Activities are mandatory. These are 1. The Patient Engagement / User Consultation Exercise and 2. The safeguarding audit. The other three KAs will be agreed in conjunction with service users from the long list of ideas that come from the Patient Engagement / User Consultation Exercise.

In this way, patients and the public are encouraged and welcomed to input and help both primary and community care to determine priorities for action both together and in their local setting. Therefore, through this initiative, it is expected that clinical practice will become more patient-aware and service users will become more confident in their local non-acute care providers.

It is planned that Patients / Parents / Carers will form part of the Award Panel.
The rationale for improving the standards of service to CYP patients in primary and community care

1.1 The national picture: children’s and young people’s care

Although the NHS only spends 5% its total NHS budget on the care of children and young people (see Fig 3), the provision of healthcare to this age group, and their carers and families, forms one of the most important, rewarding but also challenging aspects of the work of all primary and community health providers. Together these organisations provide the bedrock of services for the future adults of the nation, both in meeting their acute healthcare needs but also providing the bulk of the public health-related measures, such as developmental checks and the NHS immunisation programme.

However, in terms of their health and social care needs, children and young people cannot be treated as though they are simply mini-adults. Indeed, as with education, the needs of each age band requires different areas for prioritisation, and since each child is, by definition, dependent on others for almost all their daily health, social and education requirements, the impact of any difficulty they may face also extends onto those involved in all other aspects of their care.

The complexity of their need has necessitated a multiplicity of providers and commissioners working within and across the health sector and local authorities. Historically, it has proven exceptionally complicated to connect the related strands across each area, but a great deal of work is now being undertaken to ensure CYP services wherever possible, are being commissioned jointly, or are ensuring clarity of leadership for taking

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CYP NHS Commissioning Vital Statistics

- 12.4 million 0-19 year olds in England, 24% of the population (2010)
- 5% of NHS budget is allocated to children’s healthcare
- CYP are 25% of a GP population but 40% of its workload, young children being particularly frequent users
- 80% of all illnesses in childhood managed by families at home.
- <5 yr old child will see a GP ~6 times /yr
- >5yr old children will see GP 2-3 times /yr
- 25% calls to NHS Direct involved children.
- Up to 50% <1yr and 25% of older children attend an A&E /yr
- ~75% seen in A&E fit enough to be discharged home
- 1 in 20 children with head injury are admitted; 19 in 20 sent home.
- 1 in 11 children will be referred to a hospital ODP /yr
- 1 in 10 to 15 will be admitted to hospital.
- Over 1/3 of short stay admissions in infants are for minor illnesses that could have been managed in the community

Figure 3 CYP NHS Commissioning Data. [Sources: From Programme of the Focus On Document. NHS Institute for Innovation and Improvement, 2010 and Sheila Shribman, National Clinical Director for CYPM Services]
forward each work programme. Furthermore the creation of the Maternity, Children and Young People’s Strategic Clinical Network will encourage, and should result in, the development of increasingly coordinated services.

However, despite the clear commitment NHS commissioners and clinicians demonstrate toward their younger patients and their families, (with some GPs reporting up to 40% of their workload relating to this age group Footnote xiii), there is a developing body of evidence which suggests that, in some key outcomes associated with this nation’s care of its children, the UK is now lagging behind other comparator nations. (See Figure 5). So much so that one commentator has noted:

**If the UK health system performed as well as that of Sweden, as many as 1500 children might not die each year**

Such a situation is obviously unacceptable and poses an undoubted challenge to primary and community care to ensure that every step is being taken to develop a higher standard of care for the CYP population.

### 1.2 The Challenge for the NHS to provide integrated health and social care for CYP

Several of the important high level strategic documents (see Figure 4) relating to the health and well-being of CYP, have arisen out of the exposure of failure in systems designed to keep children healthy and safe e.g. Every Child Matters in response to the Lord Laming report 2003 on the Victoria Climbié tragedy. From this document five outcomes for children and young people (and See Appendix 4) were defined:

- **Staying Safe**: being protected from harm and neglect
- **Being Healthy**: enjoying good physical and mental health and living a healthy lifestyle
- **Enjoying and Achieving**: getting the most out of life and developing the skills for adulthood
- **Economic Well-being**: not being prevented by economic disadvantage from achieving their full potential in life.
- **Making a Positive contribution**: being involved with the community and society and not engaging in anti-social or offending behaviour

These enduring guiding principles remain at the heart of further initiatives to improve services to the CYP population with an increasing trend towards the

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**Figure 4 CYP Related UK Documentation**

- **Every Child Matters** 2003
- **RCGP Child Health Strategy 2010-15**
- **Healthy lives, brighter futures – The strategy for children and young people’s health**
- **Getting it right for children and young people: Overcoming cultural barriers in the NHS so as to meet their needs** Sir Ian Kennedy Report 2010
- **Making it better: For children and young people 2007**
- **National Service Framework for Children Young People and Maternity Services: Children and Young People who are Ill: Standard 6 2004**
- **RCGP Child Safeguarding Toolkit**
- **Healthy Child Programme 2010**
- **Achieving Equity & Excellence for Children 2010**
- **GMC 0-18yrs: guidance for all doctors**
- **Facing the Future: Standards for Paediatric Services [April 2011 RCPCH]**
- **Care of Children and Young People [ Royal College of General Practitioners Curriculum Statement 8]**
- **NHS CYP Health Outcomes Report 2014**
- **Children and Families Act 2014**
integration of health (physical and mental) and social care. However, there is still much to be done, and in her latest annual report 2012\(^6\), Our Children Deserve Better, Dame Professor Sally Davies clearly and compellingly articulated the need for all parts of the NHS to review and improve our approach to meeting the health and emotional well-being needs of CYP:

“the review of the evidence by experts clearly identifies that children and young people in England are not doing as well as they could; with high mortality [see Fig.5], morbidity and inequality” [when compared with similar countries].

![Deaths in children 0-14 yrs](image)

**Figure 5 Deaths in Children 0-14 yrs**

*By the end of the period studied, the UK ranking has slipped from top 50% to the least good of the comparator nations*

Her report sets out a challenging set of 24 recommendations which describe standards and actions that are required to improve health and wellbeing outcomes for children and young people. Many of these extensive and far-reaching recommendations will require a response by primary and community care providers, but two are specific to primary care:

1. **that every child with a long term condition to have a named GP and;**
2. **that GP training should be extended to include a core component of paediatrics and child health.**

It has\(^7\) been highlighted that a GP’s clinic list can include up to 40% of children or young people. However, whereas secondary care activity is contracted against a number of key performance indicators, very few are in place for CYP service standards in primary care. Those that do exist tend
to be quantitative e.g. rates of immunisation, six week checks performed; none directly relate to the quality of care provided to CYP patients.

However, some indirect measures are available that would support the CMO’s conclusions. Chief of these is the high attendance at local A&E departments of children coded as requiring “no intervention and no treatment.” These will largely comprise attendances for minor illness which can account for up to 50% of attenders under 5yrs. Many, if not all, of these cases could reasonably be expected to be safely managed within primary care and the reasons for their presentation at an emergency department of an acute trust has been a matter of considerable study both locally and elsewhere. From this, it would seem that three key factors influence a parent’s decision to attend A&E with a sick child:

1. A perceived or actual difficulty accessing primary care services both in and out of hours relative to current A&E targets.
2. Thresholds for accessing NHS service by parents with a sick child have probably reduced, both in terms of severity of illness and expected speed of response by the primary/community health services.
3. Parents describe an inconsistency in confidence and approach in the management of sick children by some GPs.

This perceived or actual lack of experience/competence in primary care paediatrics may relate to the problem well described in Sir Ian Kennedy’s 2010 report ‘Getting it right for children and young people’, where he particularly identified inadequate GP training and a lack of clinical experience of severe acute childhood illness as two aspects that need to be addressed in primary care services to fill this gap:

"Many GPs have little or no experience of paediatrics as part of their professional training. Given that the majority of their patients are adults, caring for children and young people is low on most GPs’ priorities. Accident and emergency (A&E) has become the default option. While A&E departments dedicated to children and young people provide good care, the experience of children entering adult A&E departments can be quite different”.

The inadequate opportunities for GP to receive training in paediatrics is being addressed by the RCGP, but an additional factor to consider remains the reduction, in real terms, in the prevalence of acutely sick children seen in primary care due to such factors as the success of the NHS immunisation programme. For example, in a recent primary care meeting with 60 primary care GPs and practice nurses only 10% had had first-hand experience of diagnosing and managing a child with meningococcal septicaemia or meningitis. Education must therefore be a key element of any programme of service improvement.
Problems with the management of children with long term conditions (LTC) are also apparent across the South East Coast (Kent, Surrey and Sussex) area, where higher than average admission rates for children with long term conditions such as diabetes, epilepsy and asthma are being observed\textsuperscript{14}. In primary care, until the age of 8yr, there are no qualitative assessments of performance and, even then, parents of children with a long term condition describe their experience of GPs as a 'bit of a lottery'\textsuperscript{15}.

With this in mind, it has become even more important that primary care effectively responds to this year’s RCPCH National Review of Asthma Deaths (NRAD Report)\textsuperscript{16} which demonstrated examples of poor performance in every part of the NHS including primary care, in the management of asthmatic children.

Commenting on the NRAD report, Dr Hilary Cass, President of the Royal College of Paediatrics and Child Health has said:

"In many ways asthma is a barometer of the whole system – from public health measures aimed at protecting children from developing illnesses, through to the management of conditions in hospital. In the case of asthma, we’re failing right across the board. ... Too many children are dying from asthma and in a country with one of the best health systems in the world; this is simply not good enough. Not only does the UK have higher death rates than European counterparts, there is also a five-fold variation in emergency admission rates for children with asthma across the country.

Part of the problem is poor management of the condition at home and we need to be doing more to ensure children, parents and schools are better equipped to act quickly and prevent potentially life-threatening asthma attacks. But as healthcare professionals we also have to take responsibility for high standards of care not just when children are admitted to hospital with asthma, but also when they are discharged. Too many children are dying from asthma often before they even reach hospital. Yet only a minority of children have an asthma action plan telling them how to recognise and respond to an attack and when to seek emergency help. It is also gravely concerning that some healthcare professionals are unable to recognise how serious a patient’s asthma really is."

Therefore, there is now a significant body of local and national evidence suggesting that the quality of care we provide for our CYP population in both primary care, and the community, could be improved. But the question remains how best to respond in a way that promotes best standards but does not lose a local focus and energy.
1.3 The rationale for introducing the Children and Young People Service PACE SETTER Award UK

In the recent past, challenges such as those described above, would be met by the production of tightly-defined top-down NHS directives or enhanced services. Where funding permits, they have the advantage of ensuring high levels of compliance. But they also can be too inflexible to allow local innovation to thrive and too rigid to meet the specific needs of a local population. Furthermore, they do not tend to celebrate and disseminate best local practice and can de-motivate and disengage clinicians all too effectively.

This proposal, to be known as the PACE SETTER Award UK scheme, has been developed from within the realities of front-line primary and community healthcare. From the information available to the design team, this scheme is unique within the NHS in that the key driver of its agenda is an engagement exercise between the service provider (e.g. GP practice or Community Nursing Team) and the parents, carers, children and young people they are in place to serve. It makes a refreshing change to top-down high-level NHS directives.

It’s objectives are to enable both provider and service user to celebrate, promote and encourage improvement in the quality of services being offered to CYP patients.

For the providers, the scheme should act as an invitation to take a fresh look and consider the provision of children’s services from the perspective of the whole team within a GP surgery or other community provider. Powered by the engagement exercise with patients and families, it provides them with a practical opportunity to ensure that services are safe, comprehensive, timely and meeting the needs of children, as well as providing staff with assured meaningful and rewarding practice.

The design group are aware that there is much emphasis in the NHS on measuring key performance indicators and targets, which has its place, but the drive for this Award is rather to encourage us to “look under the bonnet” of the care we are providing to children and young people and to adopt best practice voluntarily. It aims to encourage us to ensure that the “way we do things around here” does pool our local expertise to improve quality and outcomes.

Practices and providers will therefore engage in this Award scheme because they aspire to clinical excellence and best practice. And, through the right to display the attractive and eye-catching Award
logo, they would like to be recognised publically by their patients and their peers for the hard work they expend to deliver excellent services to their younger population. These teams will rightfully be able to call themselves PACE SETTERs in CYP healthcare.

1.4 The Principle of Quality marks

Quality mark awards have been proven to be an effective way to encourage organisations to improve and focus on delivering quality service to their customers. The Kite Mark for quality and safety and Michelin Star for restaurants/cuisine have become well recognised by providing a simple means by which a high quality service can be recognised. In the public sector, the United Kingdom Charter Mark became a nationally recognised standard of excellence that awards and values commitment to quality service. Introduced in 1991, it was replaced by the Customer Service Excellence award in 2008.

Any public sector department or organisation, including art galleries, museums and even utility companies can attain the award and display the esteemed Charter Mark logo. However, the CSE award attracts significant costs, both in the preparation for the certification assessment and in the payment of the company that performs this role. Based on what information is available in the public domain, the cost to a mid-sized GP practice could exceed £2000.

In the NHS the public assessment of quality is managed from a number of different perspectives. Contracts for community trusts and GP practices contain elements of clinical quality performance indicators but all NHS providers must now undergo an additional assessment by the Care Quality Commission (CQC). The CQC holds the statutory responsibility to ensure a minimum standard of customer service is being maintained by NHS service providers. Providers, who must pay at least £600 to be inspected, are assessed against a minimal accepted standard in 5 key elements are now being rated on a scale from outstanding to inadequate. Failure in any one area is determined as failing the overall assessment. The reported outcome, whether successful or not, must be made available in the public domain.

It sounds a really good idea - if the public were made aware that it [PACE SETTER] is out there then they could challenge their GP about whether they have obtained the Award - so it could become a good bottom up way of encouraging participation.

Alexandra Burroughes, Young Health Ambassador, NHS England [From a discussion paraphrased]
PART 2 – Step By Step Guide

✓ APPLY
✓ AGREE
✓ ACT
✓ ACHIEVE
✓ AWARD
PART 2 – Step By Step Guide

This practical Step By Step Guide section straightforwardly steers the reader through the 5 stages that are required to make an application to qualify for a PACE SETTER Award UK.

The 5 stages, which build upon each other, are set out on page 23.

The guide contains descriptions of the necessary steps to be followed as well as providing suggestions about potential Key Activities (KA) that your team may want to tackle. These are based on best practice from elsewhere having been shown to enhance quality and outcomes. The KAs required to fulfil the standard for this Award are illustrated, with examples, to assist each team as it consider its own agenda. (See Tables 4 and 5).

Glossary of Definitions:

For the purposes of the Award application process:

- **‘Patient’** refers to all patients aged <19yr and all those aged 19-25yr with a significant Long Term Condition and/or Complex Health need where issues to do with transition must be considered. It is expected that providers will consider their <19yr CYP Patients in appropriate age bands reflecting their different stages of development and need (See Appendix 4).

- **‘Carer’** refers to all those involved in caring for a younger patient. This term includes immediate family members and those with the formal responsibility for their welfare.

- **Element** - one of the four categories of activity compromising the PACE assessment approach

- **Key Activity (KA)** refers to the initiatives being implemented by the applicant as part of their submission. Five KAs must be completed with each application and evidence provided to demonstrate that effective progress for each has been made during the application process. Between them, these 5 activities should comprise significant components and include at least one KA from each of the 4 PACE elements.

- **Award Panel (or “Panel”)** – the local team who will support each team making an application. The panel will be formed by the local CCG and will include Patient / family / carer or user representation eg from Healthwatch.
The 5 Steps Summary to Apply for a PACE SETTER Award UK

(Purple instructions are for CCGs; Blue for Practice/Provider teams)

Step 1:
- Download Step By Step guide
- Provider Team make a decision to apply
- CCG should set up an Award panel

Step 2:
- Undertake Consultation with your local Service Users (KA 1a.)
- Jointly Agree 4 Key Activities (KAs) within the 4 PACE elements including a review of your Safe-guarding protocols and procedures.
- Confirm these with CCG Award panel at outset

Step 3:
- Carry out Key Activities and monitor
- Complete “Achievement Chart”

Step 4:
- Send completed “Achievement Chart” to Award Panel
- CCG Award Panel undertake evaluation of “Achievement Chart” and may suggest further action to ensure Award standards have been reached.

Step 5:
- CCG Award Panel confirm receipt of Award to your team
- Celebrate your success - publicise achievement of the Award with Award logo on practice website & materials
- Share your successes and inspire others.

Figure 8 The Step By Step Guide
PART 2 – Step By Step Guide

✓ APPLY
✓ AGREE
✓ ACT
✓ ACHIEVE
✓ AWARD
**Step 1: APPLY**

**APPLY** STEP 1.1 PACE SETTER Award UK – Application Form completion

1. **Who should apply?** We encourage applications from in-hours and out-of-hours primary care practices and other primary care provider organisations. Urgent care centres and minor injury units may also apply. Organisations working exclusively with children and young people may not find the Award a suitable vehicle for their development, but ultimately, the decision to accept an application will rest with the local Award Panel.

2. **Involve your whole team from the outset.** The PACE SETTER Award UK scheme has been designed to be a challenging yet achievable activity involving your whole team. We therefore recommend that, as part of the application process, each organisation makes a strategic decision to work together toward the PACE SETTER Award UK, focusing learning events, audits, and personal development plans on topics and activities linked to the Award process.

3. **No specific deadlines – start and finish when you are ready.** There will be normally be no specific period of deadline for applying for, or completing, the Award process. However, for the PIONEER PROGRAMME phase, during which we will be assessing PACE SETTER more thoroughly, a timetable has been set.

4. **Incentives and financial assistance.** For the PIONEER PROGRAMME, a start-up grant of £750 is available from the South East Coast SCN for each participating organisation. This is primarily designed to enable the clinical backfill required to support the patient engagement exercise. Following the Pioneer programme phase,
it is not intended to provide grants for PACE SETTER, but we would encourage SCN/CCGs to consider such an approach.

5. **Reapplication.** The duration of each Award will be for three years after which Award holders will be encouraged to maintain the momentum they have achieved in enhancing CYP services by building on this to attain the Award for a further three years.

**APPLY**

**STEP 1.2 Scope and Exclusions**

What is in scope and what is excluded?

- This scheme covers all children and young people <19 yrs and those under the age of 25 years with significant complex health needs and/or long term conditions.
- The Interfaces with other workstreams / dependencies are set out in Appendix 9
- Patients over the age of 25 years are excluded.

**APPLY**

**STEP 1.3 Establishing an effective Award Panel**

Award Panels have the following functions:

1. To promote the **PACE SETTER** programme in the locality to appropriate potential applicants

2. To quality assure the **PACE SETTER** programme to ensure the receipt of the Award reflects significant progress in the Key Activities agreed with the Panel at Step 2 of the Award process.

3. To ensure there is an effective range of skills / experience on the panel to assess the applicants’ action plans and achievements.

4. It is recommended that the minimum membership for each panel is as follows:
   a. the CYP CCG clinical lead
   b. Patient representative (e.g. from Healthwatch)
   c. Practice manager
   d. Senior clinician from local acute or community trust.

5. To review applications in a timely manner and support applicants in Steps 2 and 4 in such a way that they can be clear what is necessary to make their application successful.
PART 2 – Step By Step Guide

- APPLY
- AGREE
- ACT
- ACHIEVE
- AWARD
Step 2: AGREE

Step 2:
- Undertake Consultation with your local Service Users (KA 1a.)
- Jointly Agree Key Activities (KAs) within the 4 PACE elements
- Confirm these with CCG Award panel at outset

Step 2.1 Components of the PACE SETTER Award UK

PRINCIPLES

1. **Identifying Key Activities.** Step 2 refers to the period during which the applicant identifies the 5 Key Activities which will form the basis for their programme. These proposals will have to be presented to, and agreed with, the local Award panel to ensure they will reach a standard appropriate for the Award.

2. **Achievement Chart.** Each applicant will need to present their proposed KAs to the panel using the PACE SETTER Achievement Chart (Appendix 6).

3. **Role of Award Panel.** The Award panel is charged with the responsibility of working constructively, and in a timely manner, with applicants to increase their likelihood of success.

4. **Safeguarding Policy.** Every applicant organisation will need to demonstrate that they have a working safeguarding policy in place which has been reviewed in the last 3 years.

5. **Patient Engagement / User Consultation Exercise.** They are also required to carry out a patient engagement exercise which will involve at least 1% of their CYP Patient population – either patients themselves or their carers/parents.

6. **PACE Elements.** PACE refers to the four Elements, and their associated Key Activities around which the Award is based. These four Elements of the PACE SETTER Award UK are as follows:

   P – Patient and Carer experience
   A – Access to Services
   C – Clinical Standard implementation
   E – Education and Learning
Organisations applying for the PACE SETTER Award UK will be expected to develop KAs utilising different aspects from each of these elements. The list is not exhaustive but applicants would be advised to check with the Award Panel if one of their KAs is not obviously linked to the areas described below.

**AGREE** Step 2.2 Key Activities – Introduction and High Level Description

The Key Activities for each of the four PACE elements above are summarised in this Table below with a more detailed description below. These are just suggestions and you may think of many more new ideas.

<table>
<thead>
<tr>
<th>Patient and Carer Engagement</th>
<th>Accessing Services</th>
<th>Clinical Pathway Implementation</th>
<th>Education</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Engagement / User Consultation Exercise [Mandatory]</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>KA 1b.</td>
<td>Service Provision Reviewed Against Population Age and Need</td>
<td>KA 2b. Acute and Short-term conditions</td>
<td>KA 3b. Non-clinician education and training</td>
</tr>
<tr>
<td>KA 1c.</td>
<td>Out of Hours</td>
<td>KA 2c. Common Non-acute conditions</td>
<td>KA 3c. Clinician training</td>
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<td></td>
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<tr>
<td>CYP Friendly/Aware Structure within Practice</td>
<td></td>
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<tr>
<td>KA 1d.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>KA 1e.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>KA 2d.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>KA 3d.</td>
<td>Long Term Conditions (LTC)</td>
<td>KA 4d. Patient and Carers Training</td>
<td></td>
</tr>
<tr>
<td>KA 3e.</td>
<td>Partnerships and Interfaces – see Balloon Diagram (Fig 13)</td>
<td>KA 4e. Sustaining Quality (post the Award)</td>
<td></td>
</tr>
</tbody>
</table>
These are the KAs that will be at least acceptable to the Award Panel. Two of the KAs are mandatory for all applicants. These are:

**KA 1a. CYP Patient Engagement / User Consultation Exercise**

**KA 3a. Safeguarding Audit**

Each team may choose to sub-divide a KA and work on those as priorities in the current year eg. See Tables 4 and 5 (where two Worked Examples are shown for illustration). Practice Team A (Table 4) shows that within PACE Element “Education” this team did two Key Activities around Clinician Activity (KA 4c.) – ie. they focussed on both:

- Six Week Check (6WC) – maintaining GP skills aiming to ensure that all GPs performing 6WC have attended a refresh course every 3 years (Table 4 KA 4c. i) and
- Clinicians’ CYP Skills Update - GPs and practice nurses to complete “Spotting the Sick Child” educational tool as part of their personal annual Personal Development Plan (PDP) (Table 4 KA 4c. ii)

Whilst it is recognised that KA 1a. will require significant investment of time in the initial stages, it is also recognised that most applicants will already have an effective safeguarding policy (KA 3a.) in place. This existing evidence will be welcomed as part of the Award submission.

The other three KAs are expected to reflect the priorities identified in the consultation exercise and should include at least one KA that addresses Elements 2 – Accessing Services, and one addressing Element 4 – Education. However, since it is expected that most of the proposed KAs will actually involve a combination of the Elements, the Panel will be particularly interested in the evidence of CYP service development through a balanced and pragmatic approach.

For this reason the design team have developed an “Achievement Chart” as a summary tool (Appendix 6) which must be completed by each applicant. Within the Tool it will be possible to demonstrate progress against each of these areas. The tool is designed to allow a clear explanation of the chosen Key Activities, and, most importantly, to describe the key achievements, lessons learned and plan for future development. (Please see Tables 4 and 5 for some examples). They show a compilation of KAs in each of the 4 PACE Elements to simply inspire local teams.
PART 2 – Step By Step Guide

✓ APPLY
✓ AGREE
✓ ACT
✓ ACHIEVE
✓ AWARD
**Step 3: ACT**

**ACT Step 3 Suggestions for Illustration of Alternatives for Key Activities which Teams can consider**

A more detailed description of suggested Key Activities, and the principles behind them, are listed below. The design team is of the opinion that these KA represent some of the most important areas for development in most CYP providers. However if applicants wish to develop and implement a different KA, this will certainly be considered particularly where this has arisen from the User Survey (Patient and Carer) consultation (KA 1a.).

**ACT Step 3 ELEMENT 1: P- Patient and Carer experience**

Key Activities for this Element will identify aspects of a CYP patient’s journey through the provider’s service.

**Mandatory Key Activity**

**KA 1a: Patient Engagement / User Consultation Exercise**

A consultation exercise with the service users in your target CYP patient population or their parent or lead carer is required. It should aim to involve, at least 1% of this practice CYP population (approximately 10 in a GP practice of 5000), or 20 individuals for other providers. The consultation process should be focussed around an annual meeting to review CYP services with users with the aim of:

- celebrating the organisation's strengths and
- Identifying 3 KAs for development of the CYP elements of the provider’s service for review at the annual meeting.
Useful Resources on Capturing Patient Experience

At the heart of the PACE SETTER initiative is the linkage between service provider and service users. An effective and robust consultation exercise between both is therefore an essential KA that must be completed by all applicants.

- The Award Panel is expecting most GP practices to work with their Patient Participation Group for this activity, and the Award Panel is certain this will prove to be a very worthwhile and constructive exercise for all parties concerned.

In the Foreword to the RCPCH document “Not just a Phase - a guide to the participation of children and young people in health services” 17 Former RCPCH President Professor Terence Stephenson noted “The National Health Service should not be a service designed just by older people for older people.” Within this timely, highly readable and informative document, there are useful suggestions to help to inspire your own local Patient Engagement / User Consultation Exercise for the PACE SETTER Award UK. This RCPCH document, “Not Just a Phase” (See Section 6 in particular), offers the following as some of the potential avenues for ensuring rewarding and enlightening engagement with service users/families:

- Questionnaires and Surveys – used to collect opinions and views
- Focus groups – incorporate group interaction to explore people’s opinions and views / allow brainstorming
- Interactive multimedia – increasingly huge opportunities exist eg creating films to highlight a problem, spark a discussion or start a campaign.
- Youth councils or youth forums – youth represent their peers to provide input to reference groups on matters relevant to children and young people. It also helps to develop their skills.
- Service evaluation and mystery shoppers – to really test the quality by engaging young people in evaluating the local service is recommended.

For each of these methods the advantages and disadvantages are clearly set out which provide insights and can further spark how you adapt these kinds of ideas to your local set up.

Overall, encouraging the involvement of children in our ongoing planning and design of services, an overview is provided in “Seen, Heard, Involved, Valued - A personal view – by Kath Evans, NHS England 2014 – Are children and young people really involved in decisions about their health care?” Read about the importance of listening and what questions we should be asking at: http://www.england.nhs.uk/wp-content/uploads/2014/11/cyp-week-kath-evans.pdf.

Alexandra Burroughes, Young Health Ambassador, NHS England, thinks the Patient Engagement / User Consultation Exercise is a great idea as she believes they will have loads of suggestions (not necessarily wild or expensive) - e.g. can the times of appointments be varied so she does not have to miss school and catch up but rather maybe come after or before school time?
The film called *Capturing the Voice of Children, Young People and Families to help Progress NHS Services – NHS Primary Care Services* produced by Kath Evans provides very insightful and practical hints from patients on potential service enhancements and is well worth watching. ([https://vimeo.com/user9821274/review/62371680/6cea170bd1](https://vimeo.com/user9821274/review/62371680/6cea170bd1)).

In addition, some on-the-shelf assessment tools have already been developed and the design team would like to recommend one particular measure, The Patient Reported Experience Measure (PREM)\(^\text{18}\), which applicants might find of use.

The Patient Reported Experience Measure (PREM) has been produced, in collaboration with the RCPCH, to measure the experience of paediatric patients 0-16 years in all urgent and emergency care (U&EC) settings including GP surgeries, walk-in centres, emergency departments and the ambulance service. Two versions of the questionnaire are available – one for parents of children 0-7yr and the other for children aged 8-16yr. PREM has been validated through research, and further information may be found at [http://www.rcpch.ac.uk/final-urgent-and-emergency-care-prem-tools](http://www.rcpch.ac.uk/final-urgent-and-emergency-care-prem-tools).

![PREM Questionnaire form](image)

It would be expected that a record of this work would be placed on the practice / provider websites and on noticeboards and the public domain. (See Section 2.6)
Details of Other Possible Key Activities:

KA 1b: Communication

As part of their audit, PACE SETTER Award UK holders will have:

- reviewed their standards of communication against those laid out in the GMC document: 0-18 years: guidance for all doctors19
- Ensured that the practice has considered the best way to keep in touch with its CYP patients through the use of email, text, Twitter, Facebook etc.

Alexandra Burroughes, Young Health Ambassador, NHS England, understands that GPs can do a lot to keep people away from A&E but she says they need to advertise their service more widely and target young people particularly to explain that, if they can't sort out the problem themselves, they can make sure a patient in need of help gets to the right place in the NHS straight away.

- An annually reviewed library20 of information leaflets and guidance for parents and CYP on common conditions to ensure a consistent approach with regard to information sharing is maintained.
- Reviewed their communication systems with other agencies, e.g. health visitors, social services, school nurses, schools and out of hours.
- Linked every child with a long term condition (eg diabetes, epilepsy, asthma) requiring support from a specialist, consultant-lead unit, to a named clinician, who will be their main point of contact in the primary/community care organisation or ensuring this information is up to date if already in place.
KA 1c: Establishing CYP Friendly/Aware Structures

- The organisation will appoint a CYP champion/lead and establish a Continuing Professional Development (CPD) programme in place for this post
- GP practices will consider linking into the Children and Families Centres Partnership Boards
- PACE SETTER applicants will contact their local schools with a view to developing stronger links with head teachers and school nurses and supporting education programmes for children and families
- There will be systems in place to gain on-going real-time feedback about services which will be reviewed and acted upon regularly.
- The organisation will review guides such as that produce by the charity Contact a Family ‘Making GP practices more welcoming for families with disabled children’ January 2013 to ensure best practice is being implemented for more vulnerable patients.

ACT Step 3 ELEMENT 2: A - Accessing Services

Details of Possible Key Activities:

KA 2a. Appointments

As part of the service review, PACE SETTER Award UK holders will have considered how to adjust their appointment system to meet the needs of the CYP population. It is expected that the review will include consideration of

- the timing of appointments and the method of booking them,
- the types of appointment - open/booked, face to face, telephone, email, Skype
- the information given to patients about the appointment system
- Training to the reception staff to ensure they are confident in handling calls from parents with sick children.
- Consider developing PACE SETTER “patient passport” enabling quick access to practice/provider services in certain circumstances.
- PACE SETTER Award UK holders may well seek to work with neighbouring practices/providers to provide extended hours access for CYP patients.
- Appropriate facilities for CYP
KA 2b. CYP Age and Service appropriate services are provided

(See Appendix 4)

KA 2c. Out-of-Hours (OOH)

A PACE SETTER Award UK service 'out of hours' will have a significant impact on the number of CYP patients attending emergency departments for minor illness. As such it will need to have considered and put in place systems that

- Allow a swift response to CYP cases and are co-ordinated with other providers, such as community nursing services.
- Clinical communication with 'in-hours' services will be clear and timely so that CYP cases requiring on-going support the following day are able to promptly access support from the day-time service. For example, a PACE SETTER Award UK practice may provide a number of appointments that can be booked by an OOH agency the following morning.

KA 2d. Emotional Health and Well-Being

The 2014 Children’s Emotional Wellbeing and Mental Health Needs Assessment in West Sussex (http://jsna.westsussex.gov.uk/jsna-Comprehensive-Needs-Assessments) has identified some specific quality standards/activities which can be considered by PACE SETTER applicants who are making this area one of their 5 KAs.

1. Improving Communication between GP/Primary Care Staff and Young People, their parents and carers
2. GP teams should proactively inform themselves on the vast range of alternative emotional well-being services that are available locally
3. Listening to the voice of the young person
4. Review Information and resources for young people, parents/carers and Primary Care Staff in your organisation
5. Promote “doc ready app” which helps a young person get ready for the first time they visit a doctor (www.docready.org)
6. Improving clinical working and communication with other agencies (eg, school, social worker).
7. Provide Staff training on basic mental health first aid/awareness for all staff (including receptionists)
In addition, PACE SETTER applicants who are proceeding the this KA will also find the “You’re Welcome” quality criteria a very useful resource:


The West Sussex CYP Mental Health commissioners Becca Randell and Jane Taylor have provided more detailed advice which is reproduced in Appendix 8. Our thanks to them.

**ACT Step 3 ELEMENT 3: C- Care Pathways**

**PRINCIPLES**

**PACE SETTER Award UK** organisations will be expected to work towards adopting locally agreed care pathways to cover the following four areas:

- Safeguarding
- Acute and Short-Term Conditions
- Common non-acute conditions
- Long-Term Conditions

It should be understood that the expectation of the design team is that applicants will be utilising locally agreed guidelines rather than be expected to produce their own de novo. Evidence for successful implementation could include an audit of admissions for short term conditions, or an educational activity at which a particular pathway/s are adopted followed by a case review demonstrating the impact of this action.

It is expected that **PACE SETTER Award UK** providers would also be keen to take an active role in promoting locally agreed pathways across their CCG area and will be keen to participate in the development of new pathways as the need arises as part of the wider ongoing Whole System collaboration.
**Mandatory Key Activity**

**KA 3a: Safeguarding**

A PACE SETTER Award UK practice will have completed a locally approved (e.g. RCGP/NSPCC 2014) safeguarding self-assessment tool and will engage in all appropriate safeguarding procedures and training requirements. Guidance on safeguarding children training requirements for general practice staff is set out in “Safeguarding children and young people: roles and competences for health care staff, Intercollegiate Document (2014)”. A useful Safeguarding leaflet / ebook is available at: [http://www.seqo.nhs.uk/leaflets/safeguarding/](http://www.seqo.nhs.uk/leaflets/safeguarding/)

**Details of Possible Key Activities**

**KA 3b: Acute and Short-term conditions (for example)**

These pathways have been developed by including clinical input on their content and development by professionals from right across the Whole System. This is critical to ensuring that consistent assessment and advice is being given out no matter where a patient and their family present within an urgent and emergency care needs. This consistency in message to both clinicians and families should increase confidence of staff and both the confidence and resilience of our local families.

<table>
<thead>
<tr>
<th>Fever</th>
<th>D&amp;V</th>
<th>Bronchiolitis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute Asthma</td>
<td>Head Injury</td>
<td>Anaphylaxis</td>
</tr>
</tbody>
</table>

Resuscitation - CPR, choking [https://www.resus.org.uk/pages/pbls.pdf](https://www.resus.org.uk/pages/pbls.pdf)

“I feel much safer handling bronchiolitis patients than I have done in the last 25 years - thank you”

(See Appendix 3)

GP (David Whitehead - Coastal West Sussex CCG) on Acute Short term pathway implementation

Figure 10 Examples of high volume pathways based on NICE/SIGN developed across West Sussex and rolled out across South East Coast Strategic Clinical Networks. Available for 1. Acute Assessment & management; 2. Primary Care and Community Assessment & Management 3. Parental Advice. Available for fever, bronchiolitis, diarrhea and vomiting, head injury and Acute Asthma /Wheeze. Available on Western Hospital NHS Foundation Trust site at: [http://gp.westsussexhospitals.nhs.uk/guidelines/paediatrics/](http://gp.westsussexhospitals.nhs.uk/guidelines/paediatrics/)
**“Personally I have found them very useful providing a clear, concise & a reassuring check list.””**

*Dr Nigel Lyons GP, The Lyons Practice - Adur Locality, West Sussex*

**“In our practice, we have now bought a Saturation monitor suitable for under 5s as a result of the roll out of the pathways”**

*Practice Manager on Acute Short term pathway impact*

### KA 3c: Common Non-acute Conditions

Examples of conditions (not listed in order of priority) for which PACE SETTER organisations will have agreed pathways in place could include:

<table>
<thead>
<tr>
<th>Enuresis</th>
<th>Constipation/recurrent abdominal pain</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recurrent UTI</td>
<td>Feeding problems/ the crying baby</td>
</tr>
<tr>
<td>Headache</td>
<td>The ‘Six Week’ Developmental Check</td>
</tr>
</tbody>
</table>

It is expected that these pathways will follow NICE or Royal College guidance or will have been approved by a CCG or Provider Trust guidelines group/committee. (For a good example, see Western Sussex Hospitals NHS Trust website).

### KA 3d: Long Term Conditions (LTC)

- Examples of LTC that may be considered in this section

<table>
<thead>
<tr>
<th>Asthma</th>
<th>Diabetes</th>
<th>Epilepsy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients with complex health conditions and disabilities</td>
<td>Coeliac Disease</td>
<td>Cystic Fibrosis</td>
</tr>
<tr>
<td>Affective Disorders (Emotional health and wellbeing / Mental Health services) (See Appendix 8)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
• Ensuring **Patient Management Plans** and held by patients receiving shared care with specialist unit will be deemed a **highly desirable (albeit not mandatory)** key objective. These plans may be generated by the specialist unit or other lead provider and will include the details of the named GP/clinician for each case.

• **Proactive Management of Transition.** Although they will not always be the lead agency, providers will work with the relevant specialist units to ensure they play an active role in the transition of a young person through into adult services.

> “You GPs sometimes forget how important you are to us!”

_A patient in Pulborough_

• **Detailed reviews of LTCs.** Applicants are encouraged to ensure they have updated their procedures and policies for all the main LTC every 3 years. These documents should not be exhaustive statements of each condition but should cover any specific management issues relating to each. For example:
  - acute episode management for asthmatics or diabetic hypoglycaemia,
  - diagnostic alerts for cystic fibrosis, and celiac disease
  - Procedure to contact patients after overdose reported by A&E.

*With regard to asthma, PACE SETTER Award UK practices will provide the majority of clinical care and support to patients with British Thoracic Society Guideline “Steps 1-3” asthma. “Step 4” asthma patients and those with diabetes or epilepsy and other complex LTC, will require regular input from a specialist unit.*

• **Affective Disorders (Emotional health and well being / Mental Health services) (See Appendix 8)**
KA 3e: Partnerships and Interfaces

PACE SETTER organisations will recognise they sit at the fulcrum of the care-pathway between the patient’s home and acute care. To maximise their ability to influence the journeys of care taken by children and young people they may seek to develop partnerships with other key agencies within the community and acute sector. (see Fig 12 p28)

KA example: Frequent A&E Attenders review: PACE SETTERs may decide to review those patients frequently attending A&E with minor illnesses and establish links through social care, community nursing and health visitors to support these families to become more resilient and provide safe alternatives to A&E derived care.

Figure 11 Balloon Diagram of Relationships for the Children and Young People Emergency and Urgent Care Pathway for Illustration
**ACT Step 3 ELEMENT 4: E – Education**

**Principles**

It is expected that a PACE SETTER Award UK applicant will identify a number of educational needs from the annual review. These will reflect both the needs of the whole team as well as those of individual clinicians. It is expected that applicants will already have well-established education and training programmes in place. However, during the process of applying for the Award, it will important to indicate how existing programmes will be used to support the various initiatives being explored and implemented. In general terms Education KAs should be considered in terms of the four criteria shown below:

**Details of possible Key Activities:**

**KA 4a: Whole Team** e.g. implementing changes to appointment system, and audit change utilising patient satisfaction assessment of changes

**KA 4b: Non-clinician education and training** e.g. managing an anxious parent/carer, recognising signs of abuse

**KA 4c: Clinician training** e.g. 6 week check assessment refresh, assessing sickness in children \(^{26}\), learning from the introduction of clinical pathways.

**KA 4d: Patient and Carers training** eg educational events for parents or CYP at schools or in the practice on navigating the NHS when a child is sick, focussed educational programme for young people with asthma. These may be run with other providers.

**KA 4e: Sustaining Quality post the Award** - Holding the gains in the longer term is critical to ensure continuous improvement. A PACE SETTER Award UK holder will need to ensure all new staff receive training during their induction regarding the standards that the organisation has achieved to receive the Award. It would be expected that new staff would be assessed during their period of assessment against these standards in order to ensure they are maintained.
**ACT Step 3 Use of Improvement Methodology such as Plan-Do-Study-Act (PDSA Cycles) and SMART criteria**

As with best practice, applicants should be able to demonstrate that each of their chosen KAs are designed around the following ‘SMART’ criteria (See Figure 12 below).

<table>
<thead>
<tr>
<th>CRITERIA</th>
<th>Description Questions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>S</strong>pecific</td>
<td>Can we describe exactly what the Key Activity will be?</td>
</tr>
<tr>
<td><strong>M</strong>easurable</td>
<td>Can the Activity be observed and measured to know when it has been completed?</td>
</tr>
<tr>
<td><strong>A</strong>chievable</td>
<td>With a reasonable amount of effort and application can the Activity be achieved? Is too much being attempted?</td>
</tr>
<tr>
<td><strong>R</strong>elevant</td>
<td>Is the Activity in keeping and compatible with our organisation’s other objectives?</td>
</tr>
<tr>
<td><strong>T</strong>ime-bound</td>
<td>What is the time-frame for this Activity? How do we ensure we stay within this interval?</td>
</tr>
</tbody>
</table>

**Figure 12 SMART Criteria for setting Key Activity criteria**

Highly recommended too, where appropriate, the panel recommends that a PDSA (Plan-Do-Study-Act) Type approach is adopted for each KA (See Appendix 1). A PDSA cycle provides a practical way for each local initiative to be implemented effectively, suitably and sustainably. Furthermore, although it will not be necessary for the panel to see every detail of each PDSA, it is hoped that they will prove an excellent resource to make available to other organisations wishing to apply for the Award and seeking to share lessons from your experience.
PART 2 – Step By Step Guide

✓ APPLY
✓ AGREE
✓ ACT
✓ ACHIEVE
✓ AWARD
**Step 4: ACHIEVE**

**ACHEIVE**

### Step 4.1 Expectations on the length of time to make a good application

1. It is expected that particularly the initial stages of this initiative (including the mandatory KA 1a. Consultation with Service Users) will take the greater proportion of the time for organisations. It is then likely that the audit cycles for some of the KAs may take several months to complete.

2. It is also understood that most organisations will already be successfully achieving many of the Key Activities described in the PACE SETTER Elements. Applications from these exemplar organisations will be welcomed so that their success and lessons learned may be shared with others.

**PACE SETTER Tip: Putting yourself in other’s shoes**

Throughout the work of your team to enhance quality and become a PACE SETTER provider, imagine yourself as a grandmother, a mother, a father or a sibling – what kind of care would you want for your own child from across the system?

Keeping the child and family in mind helps us to think outside our organisational and professional boundaries and plan the best possible pathway for our patients and their families. This approach allows us to design and implement an ideal clinical model that will maximise outcomes.
ACHIEVE  Step 4.2 Award Application Timeframe and Checklist

A summary check list for the application process is shown below. The following table gives a possible timeframe. Although this is intended only as a guide, it does reflect the time required to carry out at least one PDSA type cycle for each of the initiatives being undertaken.

Table 3   Award Application Summary and Check List

<table>
<thead>
<tr>
<th>Award Application Timeframe and Checklist</th>
</tr>
</thead>
<tbody>
<tr>
<td>Month timeline</td>
</tr>
<tr>
<td>----------------</td>
</tr>
<tr>
<td>Start</td>
</tr>
</tbody>
</table>
| 0-1            | Key Activities (5 in total): all to be aligned to PACE agenda. (It is expected the implementation of these activities will extend beyond the time-frame of the Award application process.) Provider/Practice plan the two mandatory Key Activities (KAs):
| AGREE Step 2   | Key Activities (5 in total): all to be aligned to PACE agenda. (It is expected the implementation of these activities will extend beyond the time-frame of the Award application process.) Provider/Practice plan the two mandatory Key Activities (KAs):
|                | • Mandatory Key Activity  KA 1a Consultation exercise |
|                | • Mandatory Key Activity  KA 3a Safeguarding audit and action (thereby completing two of the 5 KAs required) |
|                | + Three additional Key Activities (KAs) (see Suggested Activities picking list below) identified using SMART criteria, entered onto Achievement Chart (See Blank version at Appendix 6) and passed to local CCG Award Panel at outset for advice, feedback and agreement. |
|                | Suggested Key Activities picking list: |
|                | • Ensure CYP aware structures in place (See KA 1c.) – PATIENT AND CARER ENGAGEMENT |
## Award Application Timeframe and Checklist

<table>
<thead>
<tr>
<th>Month timeline</th>
<th>Step By Step</th>
<th>Application Steps (Full detail)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>• Development of new communication platforms eg. on practice website utilising social media eg. twitter, facebook, YouTube, email to inform, sign-post and facilitate easier communication between provider and CYP population - <strong>ACCESS</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Re-design of CYP service to allow same day access after 5.30pm for minor illness and injury. eg. shared project between local community and primary care services. (evidence would include documented reduction in A&amp;E attendance) - <strong>ACCESS</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Implementation of SEC SCN high volume clinical pathways with documented evidence that pathways are being utilised and advice sheets are being issued appropriately – <strong>CLINICAL PATHWAYS</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Care plans with documented named lead clinician established for all CYP patients with a LTC/complex health need/vulnerable/safeguarding issue – <strong>CLINICAL PATHWAYS</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Training programme for all staff on improving communication with CYP population in line with GMC guidance – <strong>EDUCATION</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Clinical training programme for specific areas implemented – eg. Spotting the Sick Child, six week check, sexual health, patients with learning difficulties. - <strong>EDUCATION</strong></td>
</tr>
</tbody>
</table>

**ACT Step 3**

- Applicant **safeguarding audit** process [Mandatory Key Activity] completed
- **User engagement consultation** [Mandatory Key Activity] carried out utilising face to face meetings or surveys. At least 1% of target population documented as being involved in process. Target population for consultation includes 0-18yr patient population served by provider, their parents/carers, & 18-25yr with complex health needs.

**ACHIEVE Step 4**

- Completion of 5 KAs and audit
- **Peer Review** – process to be agreed by local CCG/ Trust following Design Team guidance (See Appendix 10)

**Achievement Chart** (Appendix 6) sent with evidence to Award Panel for evaluation and any clarification.

- Initial Submission of Achievement Chart to Award Panel
- Feedback and questions to applicant provided by Panel
## Award Application Timeframe and Checklist

<table>
<thead>
<tr>
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<th>Application Steps (Full detail)</th>
</tr>
</thead>
</table>
| 8              | **AWARD Step 5** | - Final Submission of Achievement Chart presented to Award Panel  
- Outcomes for each Key Activity approved by Award Panel  
- Award decision made - valid for 3 years |
| Ongoing        |             | - PACE SETTER organisation share their golden nuggets / best practice / lessons learned with patients and peers |
| 36             |             | Application for renewal of Award can be made  
Consider re-application for Award at end of 3 years NB: This should require less input and be less onerous than the first time round as the CYP awareness will have been raised and if quality has been maintained then the next application is about “topping up” rather than starting from scratch. |
### Children and Young Peoples Service PACE SETTER Award UK

**Achievement Chart for Primary and Community Care [Page 1 of 3]**

#### Element 1: PATIENT and CARER EXPERIENCE

<table>
<thead>
<tr>
<th>Key Activities</th>
<th>Initial RAG Assessment and date</th>
<th>What are we going to do?</th>
<th>What have we done?</th>
<th>Audit RAG Assessment at 6 months</th>
<th>–Celebrating Success – PACE SETTER Achievements, Lessons learned, Plans for the Future</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1a. Patient Engagement / User Consultation Exercise</strong></td>
<td>Example: 1/6/14 Existing PPE exercises reviewed</td>
<td>Example: Patient experience questionnaire sent to all households with CYP patients 0-25yr leading to consultation meeting with 15 who respond to invitation. Areas for action: 1. Clinical staff skills update on management of sick child (Acute / Short Term conditions) 2. Review written advice for parents, 3. wider engagement exercise with local schools patient advice they are giving out – to ensure match.</td>
<td>Example:Spotting the Sick Child (will be part of personal annual PDP); Whole team ENCIRCLE training on recognising and managing acute sickness organised (we had sent a request to CCG for this topic); SEC SCN Clinical pathway advice sheets adopted; O2 saturation monitor for infants and young children purchase. Pathway posters up in clinical areas. Schools agreed to review.</td>
<td>Example: 1/4/15 Next review 1/12/15</td>
<td>Example: 1/2/15 Pathway posters displayed, 2 Oximeters now available, SEA of avoided admission demonstrated value of information provided to parents and consistent assessment by 2 GPs involved, GP and lead practice nurse invited to attend local school to run workshop on childhood illnesses, At staff meeting, team report increased confidence in managing sick children and the renewed team approach.</td>
</tr>
</tbody>
</table>

**Who to contact for more information:** Practice Manager tel no 01234 567 8910 praman@nhs.net
## Element 2: ACCESSING SERVICES

### 2a. Practice Appointment Profile Review

**Description:** 14/6/2014To review and align appointment profile to times of peak demand and clarify methods of accessing clinical advice

| Example: Use engagement exercise (KA 1a) to inform practice plan for improving appt profile. Review demonstrated need for afternoon walk-in clinic at time of school closure | Example: Practice/Provide to introduce a GP/Nurse walk-in clinic for 30 min each afternoon at 4pm. Clinic established Sept (start of new term) and patient satisfaction recorded for first 8 weeks. 2-3 children are being seen each clinic. One acute admission recorded. A&E attendance rate falls 1/12/14 | Example – practice based feedback tool used to gain feedback | Example: New walk-in clinic very successful – patient feedback 95% stated excellent new service (1 response noted that the parent preferred to wait for this afternoon clinic than to go to A&E). |

**Who to contact for more information:** Practice Manager tel no 01234 567 8910 praman@nhs.net
## Achievement Chart for Primary and Community Care [Page 2 of 3]

### Element 3: CLINICAL PATHWAY IMPLEMENTATION

<table>
<thead>
<tr>
<th>Key Activities</th>
<th>Initial RAG Assessment and date</th>
<th>What are we going to do?</th>
<th>What have we done?</th>
<th>Audit RAG Assessment at 6 months</th>
<th>—Celebrating Success— PACE SETTER Achievements, Lessons learned, Plans for the Future</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>3a. Safeguarding</strong></td>
<td><strong>Description</strong> Example: Practice to review safeguarding policies, procedures and development needs every 3 years</td>
<td>Example: 1/10/14</td>
<td>Example: RCGP Self-assessment audit tool to be completed</td>
<td>Example: Audit tool completed by key members of team and educational and organisation development needs identified. Updated action charts placed in every clinical room</td>
<td>Example: 1/2/15 carried out SEA of case involving CYP safeguarding issues – HV and social services contributed to meeting. Conclusion was that practice team had performed well although it proved difficult for GPs to attend all the case meetings hence they will now get notice of Case meetings so that they can input if desired and will receive Minutes of Case Meetings to keep them in the loop.</td>
</tr>
<tr>
<td><strong>3b. Acute/Short Term Conditions (A/STCs)</strong></td>
<td><strong>Description:</strong> Example: Practice/provider to improve consistency and confidence of clinicians in handling A/STCs</td>
<td>Example: 1/10/14</td>
<td>Example: SEC SCN ASTC pathways for fever, bronchiolitis, D&amp;V, acute asthma and head injury adopted</td>
<td>Example: Whole team ENCIRCLE training on recognising and managing acute sickness organised; SEC SCN Clinical pathway advice sheets adopted; O2 saturation monitor for infants and young children purchased. Pathway posters displayed in clinical areas.</td>
<td>Example: 1/4/15 CAU Attendance has dropped by 10% in study period, SEA analysis of one case of avoided admission demonstrated consistent clinical approach and value of oximetry in decision-making. Parent feedback about sheets very positive. Plan to agree work with clinical guidelines group to develop abdominal pain clinical pathway</td>
</tr>
</tbody>
</table>

**Who to contact for more information:**
- **Practice Manager** tel no 01234 567 8910 praman@nhs.net
- **Dr CYP Lead** tel no 01234 567 8910 CYPlead@nhs.net
## PACE Element 4: EDUCATION – WHOLE TEAM and CLINICIANS

### Key Activities

<table>
<thead>
<tr>
<th>Description</th>
<th>Initial RAG Assessment and date</th>
<th>What are we going to do?</th>
<th>What have we done?</th>
<th>Audit RAG Assessment at 6 months</th>
<th>–Celebrating Success – PACE SETTER Achievements, Lessons learned, Plans for the Future</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>4b. Clinical Pathways – non-clinical team training</strong></td>
<td>Example: Following practice/provider survey Receptionist response to parent with sick child is identified as an area for further development. Manager establishes that other practices have also identified this as a matter for action. 14/6/2014</td>
<td>Example: Whole team ENCIRCLE training on recognising and managing acute sickness organised; clear guidance produced for accessing appointments for children under 5 yrs without triage telephone call. This has been provided as training to each of the Receptionist staff.</td>
<td></td>
<td>Example: 1. Whole team ENCIRCLE training on recognising and managing acute sickness carried out and proved very successful; clear guidance produced for accessing appointments for children under 5 yrs without triage telephone call. Case reviews performed which demonstrated change in practice by team and increased satisfaction of parents bringing CYP Patient to surgery – high levels of satisfaction reported on NHS choices website</td>
<td>Next audit date 1/12/15 Who to contact for more information: Practice Manager tel no 01234 567 8910 <a href="mailto:praman@nhs.net">praman@nhs.net</a></td>
</tr>
<tr>
<td><strong>4c-i. Six Week Check (6WC) – maintaining GP skills</strong></td>
<td>Example — no formal update undertaken by GPs for + years</td>
<td>Example: review of GPDC revealed none had received any formal training in performing 6WC for 5+ years. Appropriate education event to be identified and attended</td>
<td>Example: no specific course identified locally so practice organised a ½ day training event to which all local GPs from nearby practices were invited. 10 were present and the training was lead by the local Community Paediatrician and paediatric orthopaedic surgeon attended for one session on hip dysplasia.</td>
<td></td>
<td>Next audit date 1/12/15 Who to contact for more information: Dr CYP Lead tel no 01234 567 8910 <a href="mailto:CYPlead@nhs.net">CYPlead@nhs.net</a> Who to contact for more information: Dr CYP Lead tel no 01234 567 8910 <a href="mailto:CYPlead@nhs.net">CYPlead@nhs.net</a></td>
</tr>
</tbody>
</table>

### ACTION PROGRESS RAG (Red Amber Green) Rating Key:
- Red - not yet achieved or little action taken to date
- Amber - some action undertaken but further work needed to complete
- Green - completed, procedures in place and monitored
Table 5  PACE SETTER Award UK Achievement Chart –Second Worked Example for Inspiration – PRACTICE TEAM B

Children and Young People’s Service PACE SETTER Award UK

Achievement Chart for Primary and Community Care [Page 1 of 4]

Element 1: PATIENT and CARER EXPERIENCE

<table>
<thead>
<tr>
<th>Key Activities</th>
<th>Initial RAG Assessment and date</th>
<th>What are we going to do?</th>
<th>What have we done?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Patient Engagement / User Consultation Exercise</td>
<td>Example: 12/6/14 All Patient Engagement practice wide reviewed (including complaints and compliments processes)</td>
<td>Example: Patient experience questionnaire sent to all households with CYP patients 0-25yr. Meeting held with 20 who respond to invitation. Areas for action: 1. Receptionist management of parent with sick child 2. Communication Review suggested by Service Users around improving website/social media to raise awareness of services our practice offers; 3. Requirement for sexual health clinic focussed on YP patients 4. Long term conditions management needs to be better 5. Six week check (refresh) training needed</td>
<td>Ensured whole clinical team training on recognising and managing acute sickness and pathways organised by CCG; O2 saturation monitor for infants and young children purchased. Receptionists training organised based around pathway traffic lights. CYP part of the website being redesigned (with local school 14-16 year olds) to ensure user friendly and relevant to CYP needs. Sexual health clinic service up and running.</td>
</tr>
</tbody>
</table>

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Example: 1.12.14 Ensured all pathway materials on practice intranet system and leaflets in consulting rooms. (need to ensure stocks are topped up – system being put in place). Oximeter now available. At staff meeting, receptionists report role is more rewarding and they feel increased confidence in signposting parents at the “front door” – interaction with Service Users (CYP issues) at the “front door” feels to be “transformed – better relations all round” (receptionist quote)

Who to contact for more information: Practice Manager tel no 01234 567 8910 praman@nhs.net

Next review 1/12/15
### 1b. CYP Communication Review

**Description:** 24/6/2014 To review and modernise methods for communication with CYP pt and carers

<table>
<thead>
<tr>
<th>Key Activities</th>
<th>What are we going to do?</th>
<th>What have we done?</th>
<th>Audit RAG Assessment at 6 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example: no previous action taken in this regard</td>
<td>Example: To develop a communication plan to cover information sharing to include use of social media to advise CYP how to most effectively access appointment, receive results and practice information via e.g. app, social media, email, telephone, text reminders)</td>
<td>Example: Comms plan with the help of pupils from local school, Twitter set up to inform CYP users how to make a GP appt.; website updated, new CCG App promoted; audit of use (e.g. no. of followers) to be performed after 6pm</td>
<td>Example: 1/4/15</td>
</tr>
</tbody>
</table>

Example: 1/4/15 Twitter account followers reach 200 in 6 months, local Youth Group promote use and provide advice on CYP Page for website. Plan is to set up Practice CYP Facebook account with other local practices and community provider.

**Manager:** praman@nhs.net

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### Children and Young Peoples Service PACE SETTER Award UK

**Achievement Chart for Primary and Community Care [Page 2 of 4]**

**Element 2: ACCESSING SERVICES**

<table>
<thead>
<tr>
<th>Key Activities</th>
<th>Initial RAG Assessment and date</th>
<th>What are we going to do?</th>
<th>What have we done?</th>
<th>Audit RAG Assessment at 6 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example: no previous clinic available</td>
<td>Nurse lead outreach Sexual Health clinic tested out; set up with support of local GUM service. Liaised with local school(s) nurse to design and test the service...</td>
<td>Nurse lead outreach Sexual Health clinic focussed on YP patients</td>
<td>Example – practice based feedback tool used to gain feedback from clinic</td>
<td>Example: New sexual health clinic advertised through Twitter – clinics now full and most walk-in appointments are used very week. Considering increasing frequency of clinic to twice weekly. Plan to liaise with local schools to promote the service.</td>
</tr>
</tbody>
</table>

**Next review:** 1/12/15

<table>
<thead>
<tr>
<th>Who to contact for more information:</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Practice Manager tel no 01234 567 8910</td>
<td><a href="mailto:praman@nhs.net">praman@nhs.net</a></td>
<td></td>
</tr>
<tr>
<td>Lead SH clinic nurse tel no 01234 567 8912</td>
<td><a href="mailto:lshcnurse@nhs.net">lshcnurse@nhs.net</a></td>
<td></td>
</tr>
</tbody>
</table>
### Achievement Chart for Primary and Community Care [Page 3 of 4]

#### Element 3: CLINICAL PATHWAY IMPLEMENTATION

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<tr>
<th>Key Activities</th>
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<th>What are we going to do?</th>
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<th>Audit RAG Assessment at 6 months</th>
<th>--Celebrating Success --</th>
</tr>
</thead>
<tbody>
<tr>
<td>3a. Safeguarding</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Description</strong></td>
<td>Example: Practice to review safeguarding policies, procedures and development needs every 3 years</td>
<td>Example: 1/10/14</td>
<td>Example: RCGP Self-assessment audit tool to be completed</td>
<td>Example: 1/5/15</td>
<td>Example: 1/2/15 carried out SEA of family case involving CYP safeguarding issues – Ensured HV and social services attended the meetings. Practice system has been reviewed to ensure that lessons learned in place – particularly the practice team agreed that such a review is helpful to prioritise in our meeting schedule even for the opportunity of the rich multidisciplinary conversation we were able to have – very informative and empowering for us all..</td>
</tr>
<tr>
<td><strong>Example:</strong></td>
<td>Last review of SG policy 4 yrs ago</td>
<td>Example:</td>
<td></td>
<td></td>
<td>Who to contact for more information: Practice Manager tel no 01234 567 8910 <a href="mailto:praman@nhs.net">praman@nhs.net</a></td>
</tr>
</tbody>
</table>

| 3d. Long Term Conditions | Example: AMBER | Example: Asthma Review of pathways, protocols and procedure including patient information and care plan lead by Nurse team leader | Example: Asthma care plans renewed in conjunction with SEC SCN publication. CYP receiving shared care with specialist unit allocated to named GP. | Example: 1/4/15 | Example: 1/4/15 Not all CYP with complex health needs and/or LTC have named GP or care pathways in place. Plan is to complete this exercise by 1/8/15 |
| | | | | | Who to contact for more information: Dr CYP Lead tel no 01234 567 8910 CYPlead@nhs.net |

<table>
<thead>
<tr>
<th>Next review</th>
<th>Next review</th>
<th>Next review</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/12/15</td>
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**Children and Young People’s Service PACE SETTER Award UK**
**Children and Young People’s Service PACE SETTER Award UK**

**Achievement Chart for Primary and Community Care [Page 4 of 4]**

**PACE Element 4: EDUCATION – WHOLE TEAM and CLINICIANS**

<table>
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</tr>
</thead>
<tbody>
<tr>
<td>4c-i. Clinicians’ CYP Skills Update</td>
<td>Example: review of GPPDP revealed none had received any formal training in performing 6WC for 5+ years. Appropriate education event to be identified and attended</td>
<td>Example: All GPs and practice nurse involved in minor illness clinics have begun Spottting the Sick educational programme, in addition 3 GPs have attending update course in Brighton</td>
<td>Example: no specific course identified locally so practice organised a ½ day training event to which all local GPs from nearby practices were invited. 10 were present and the training was lead by the local Community Paediatrician and paediatric orthopaedic surgeon attended for one session on hip dysplasia.</td>
<td>Next audit date 1/12/15</td>
<td>Example: 6 clinicians have completed course with another 3 to do so within 6 months. The course is widely viewed to be a very worthwhile exercise although somewhat focussed on children being assessed in the acute sector. Who to contact for more information: Dr CYP Lead tel no 01234 567 8910 <a href="mailto:CYPlead@nhs.net">CYPlead@nhs.net</a></td>
</tr>
<tr>
<td>Description: Example: GPs and practice nurses to complete Spottting Sick Child educational tool as part of their personal annual PDP</td>
<td>Example: All GPs and practice nurse involved in minor illness clinics to undertake Spottting the Sick educational programme</td>
<td></td>
<td>Next audit date 1/12/15</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4c-ii. Six Week Check (6WC) – maintaining GP skills</td>
<td>Example – no formal update undertaken by GPs for + years</td>
<td>Example: no specific course identified locally so practice organised a ½ day training event to which all local GPs from nearby practices were invited. 10 were present and the training was lead by the local Community Paediatrician and paediatric orthopaedic surgeon attended for one session on hip dysplasia.</td>
<td>Example: GPs report increased confidence in performing 6WC and managing abnormalities identified. Some training now identified as being required for feeding problems - to be organised</td>
<td>Next audit date 1/12/15</td>
<td>Who to contact for more information: Dr CYP Lead tel no 01234 567 8910 <a href="mailto:CYPlead@nhs.net">CYPlead@nhs.net</a></td>
</tr>
<tr>
<td>Description: Example: to ensure all GPs performing 6WC have attended refresh course every 3 years</td>
<td>Example: review of GPPDP revealed none had received any formal training in performing 6WC for 5+ years. Appropriate education event to be identified and attended</td>
<td>Example: no specific course identified locally so practice organised a ½ day training event to which all local GPs from nearby practices were invited. 10 were present and the training was lead by the local Community Paediatrician and paediatric orthopaedic surgeon attended for one session on hip dysplasia.</td>
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PART 2 – Step By Step Guide

✓ APPLY
✓ AGREE
✓ ACT
✓ ACHIEVE
✓ AWARD
Step 5: AWARD

**Step 5.1 Award Certificate and Celebrating the Achievement**

The Award Certificate (and / or logo) should be displayed on Practice noticeboards / website / letter heads as applicable. A sample certificate is shown below. In addition it is recommended that a PACE SETTER Award UK Report is compiled by the successful Practice Team to share the achievement and progress in the KA priority projects with the local patients and public. These Award Reports can also be shared with neighbouring practices and others further afield who are seeking to learn lessons from your experience.

![Figure 13 Examples of Award Certificate and Award Success Report](image-url)
**AWARD**  Step 5.2 Ongoing evaluation of the PACE SETTER Award UK

It is expected that a provider that has applied for and has been awarded the PACE SETTER Award UK will have made both a publically available written-statement and taken all due steps to demonstrate a clear commitment to maintaining high standards of care for their CYP patients. As, by definition, they will be an exemplar practice/team, it is central to the PACE SETTER process that examples of their good practice will be made available for others to learn from and implement for themselves.

However, although, it is not the intention of the Award Panel to 'police' organisations that have received the PACE SETTER Award UK, if it came to light that a provider was no longer able to demonstrate engagement in this project, the Panel will reserve the right to withdraw the Award.

Finally, once the three year duration of the Award is completed, a PACE SETTER provider will be encouraged to re-apply and build on the strong foundation of care designed around the defined needs of the local population.

**AWARD**  Step 5.3 Holding the Gains / Maintaining Standards Achieved

Although, it is not the intention of the strategic clinical network (SCN) to 'police' the PACE SETTER Award UK, the SCN would reserve the right to withdraw the Award if a provider was no longer able to demonstrate engagement in this initiative around quality care for CYP. Ongoing development will be achieved through the regular review with the relevant practice population and being able to promote their organisation under this respected award.

As the PACE SETTER Award UK is based on a completed audit cycle, it is expected it will take approximately 6-8 months, from the time of application, before the Award may be granted (See Table 3).
### Table 6 Risks and Mitigation

<table>
<thead>
<tr>
<th>Risk</th>
<th>Mitigation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Time commitment may mean that some practices fail to complete PDSA (Appendix 1) and implementation of changes in services</td>
<td>Encourage sustainability to ensure that the reputation of a practice in caring for CYP grows and make teams aware that most of the work will be undertaken in the scoping and first round of implementation. Thereafter it is expected to be more of a top-up exercise and so less time commitment.</td>
</tr>
<tr>
<td>2 PACE SETTER agenda perceived to be too onerous in light of existing workload</td>
<td>The PACE SETTER design team have sought to ensure the Award is recognised by the Royal Colleges as a standard that may be taken into account as part of existing statutory quality assessments. Clinicians may also use the application process to provide evidence for their appraisals and performance assessments.</td>
</tr>
<tr>
<td>3 Patients do not change behaviour patterns</td>
<td>Onus on practice staff to make each encounter count.</td>
</tr>
<tr>
<td>4 A&amp;E attendances remain at similar levels/trend</td>
<td>Include A&amp;E in planning of the Award scheme to ensure their perspective is reflected in the proposal.</td>
</tr>
<tr>
<td>5 Different professionals within the practice team as well as individuals do not engage with the agenda</td>
<td>Peer influence and collaboration</td>
</tr>
<tr>
<td>6 It is understood that this is the first time in the UK NHS that this kind of a Quality Mark has been rolled out for Primary Care – so it may not have the understanding, buy in or flourish as we would hope</td>
<td>The concept (similar to Michelin stars for restaurants and Kite Marks for safety) is easily grasped and the aspiration is clear.</td>
</tr>
</tbody>
</table>
PART 3 – REFERENCES & APPENDICES

RESOURCE PACK
PART 3 – REFERENCES & APPENDICES

RESOURCE PACK

3.1 Bibliography


Focus on: Children and Young People Emergency and Urgent Care Pathway Document. 31 March 2010. Delivering Quality and Value, NHS Institute for Innovation and Improvement.


Making it better: For children and young people 2007. Department of Health Sheila Shribman, National Clinical Director for Children, Young People and Maternity Services [Online http://dera.ioe.ac.uk/6610/1/idcplg%3FIdcService%3DGET_FILE%26dID%3D122745%26Rendition%3DWeb]


Making GP Practices more welcoming Jan 2013 Contact a Family
http://www.cafamily.org.uk/media/624223/parent_carer_participation_gp_practice_guide-making_gp_practices_more_welcoming.pdf

Urgent Care – a practical guide to transforming same day care in General Practice (2009) Primary Care Foundation supported by the Department of Health [Online http://www.primarycarefoundation.co.uk/images/PrimaryCareFoundation/Downloading_Reports/Reports_and_Articles/Urgent_Care_Centres/Urgent_Care_May_09.pdf]
The four stages of the PDSA cycle:

**Plan** – agree the change to be tested or implemented.

**Do** – carry out the test or change

**Study** – examine the data before and after the change and reflect on what was learned

**Act** – plan the next change cycle or full implementation “rapid tests of change”).

It is advisable to keep testing out ideas on an ongoing basis to ensure that the health system is flexible and adapting to changing circumstances such as staff skills mix, patient case mix and even moving premises. This will ensure continuous improvement and

**Plan, Do, Study, Act Cycles**

That processes and patient flow are optimal and most efficient.

One of the teams tested the feverish illness “traffic light” pathway and developed their own simple testing form for the pathway.

PDSA cycles provide a framework for developing, testing and implementing changes leading to improvements. The model is rooted in a scientific method and moderates the impulse to take immediate action, with the wisdom of careful study. The framework includes 3 key questions and a process for testing change ideas (often called

**Tool: Simple template for evaluation of a rapid test of change**

[CYP Emergency and Urgent Care - Evaluation on Rapid Tests of Change Feverish Illness in Children (Based on NICE Clinical Guideline 160) TESTING OUT Pathway and Patient Advice Sheet Paediatric assessment unit/A/E/GP practice – in hours / GP out of hours/school nurse/health visitor (circle as appropriate) Date: Age of child………………………………………………………………………… In which department did the test take place? Which traffic light group was the child in? RED AMBER GREEN What was the outcome of the assessment? (Admission/seek further opinion/discharge) Was this different from how you would usually manage this child? …………………………………………………………………………………………. What worked well? (Communication, understanding, other issues?) …………………………………………………………………………………………. Views of parents/carers - what do they like or not about this advice sheet? (contact details if they are willing to participate in a follow up call) …………………………………………………………………………………………. What would you change/any other comments …………………………………………………………………………………………. Thank you! Please return completed form to: Practice Manager]
Resource Appendix 2 – Suggested Agenda Items for PACE SETTER planning meetings

PACE SETTER Tip: Are we missing any tricks? Suggested Agenda Items for PACE SETTER planning meetings

Consider rotating the venue for the project meetings. Meetings can be hosted by the different organisations you collaborate with e.g. 111, A&E, Ambulance, GP out of hours – this could help to maintain a fresh and clinical focus and allows all organisations in the system that would otherwise have been working in “silos”, to learn about the service that they refer to or that refer patients to them. It makes sense to understand each other’s service challenges and opportunities better. This should facilitate more effective collaborative working.

The first part of the meeting could be the host organisation presenting their service. This presentation could cover such information as:

- **Highlights** – what are we proud of in our part of the service? What do we do well? (e.g. patient engagement, outcomes, staff morale)
- **Opportunities** – what are our challenges?
- **activity** – numbers seen
- **Wish list** – what would improve the quality of our staff and patients’ lives?
- **Next steps** – what is our strategy for the future and how could the other stakeholders and whole system help our practice team?

This innovative approach helps to identify “any tricks we are missing”, in terms of collaboration to improve the patient journey / experience.
Resource Appendix 3 – Promoting the High Volume (evidence based) pathways

**PACE SETTER Tip: Promoting the High Volume pathways**

Reducing unintended variation in practice is important. Practice teams/Practice managers could consider visiting neighbouring / best practice GP practices to share ideas around improving quality. Whole system working and pathways can then also be discussed and commitment to whole system working secured. Questions to other practices could be:

1. Are you aware of the local paediatric urgent care network which is reviewing and developing whole system pathways?
2. Have you received copies of the NICE based pathways?
3. Are the pathways used by your staff consistently?
4. Is reference made to the pathways when making ongoing referrals?
5. Are the patient advice sheets being given out to families?

An E-Learning Programme (to be published in April 2015) is being produced presented by Dr Nelly Ninis, consultant in General Paediatrics at St Mary's Hospital, Paddington, featuring the pathways to support primary care clinicians in their adoption of these effective and practical tools.
Resource Appendix 4 – Service Provision reviewed against population age and need

PACE SETTER Tip: Segmenting your CYP population into bite-sized chunks

The issues are broadly different within the different CYP age-groups and therefore it useful to consider them in eg, three distinct categories from the outset in planning how primary care can best serve each grouping. This distinction will be useful even whilst undertaking the initial Patient Engagement / User Consultation Exercise. The three categories are:

1. Under 5s
2. School age children - 5 - 11 years
3. 11* years +

Keeping the fact that there are differences in need is good to keep in mind so that your initiatives around CYP are better tailored from this more sophisticated segmentation. Some services will apply to all three groups but others may be more specific to one of these groups eg minor illness open access clinics for the Under 5s.

Ensuring over the course of the next few years that you have jointly developed eg “Baby-Friendly” (Breastfeeding etc) services; Emotional Health and Wellbeing Services for CYP; Teenager friendly services (including updating on “Our Lifestyle Survey” run by Public Health for Year 10 to advise on smoking and drinking in teenage population; “Transition” awareness even for CYP without long term conditions but simply moving from Child to Adult services; Accident Prevention; Services for Families with Disabled children and other enhancements will certainly improve the patient experience and outcomes for the patients, carers and staff of your practice. Viewed in this way they can be bitten off in bite sized chunks and each thoroughly reviewed and embedded in conjunction with your local user input.

* Within this group the “You're Welcome” standards have been implemented which are best practice even though there is not national accreditation for them they are endorsed by WHO and worth noting. The link to “You're Welcome” is: https://www.gov.uk/government/publications/quality-criteria-for-young-people-
Resource Appendix 5 – Walking the Pathway

PACE SETTER Tip: Observation tools - ‘Walking Your Patch’

Observational visits, literally ‘walking your patch’, are an invaluable diagnostic tool to understand how services fit together in practice. They help to identify opportunities for service development. Teams usually gain considerable value in visiting all parts of the healthcare system, including GP practices, local pharmacies, out-of-hours services, walk in centres, children’s community nursing teams, minor injury/illness units, ambulance services, A&E, paediatric assessment units and paediatric wards to see how they join up.

Staff within other areas often value the opportunity to share their knowledge about the service they work in and find it refreshing to hear from others in the system. It is particularly important to understand the interface issues between services and the impact that can have on the journey for the patient. Within organisations, services may be working well, however, the transfer of patients between services and variation in the consistency of approach are likely to be highlighted during these visits. Working collaboratively across the whole system can assist in addressing any bottlenecks and opportunities for improvement identified.

‘Walking your patch’ across the various organisations that make up your system should be an exercise that is repeated on a regular basis. This activity helps break down organisational barriers and helps measure how improvements are being sustained enabling your network to continue to pursue high quality care.

Importantly, don’t forget to ask children, young people and families what they think about the services they are using - service users provide valuable insights and suggestions that can really assist us to enhance the quality of our services.

Charlie, a 9-year old, said of the walk in centre in Sussex: “you get seen quickly by nice Staff, but a few books and things to look at and do while I’m here would be good.”
### Resource-Appendix 6 – Blank version of the Achievement Chart

**Children and Young Peoples Service PACE SETTER Award UK**

**Achievement Chart for Primary and Community Care**

**PACE Element X: ........................**

| Key Activity | Initial RAG Assessment and date | What are we going to do? | What have we done? | Audit RAG Assessment at 6 months | –Celebrating Success –
<table>
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<td></td>
<td>PACE SETTER Achievements, Lessons learned, Plans for the Future</td>
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<td></td>
<td>RAG Rating Key:</td>
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<td></td>
<td></td>
<td>Red - not yet achieved or little action taken to date</td>
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<td></td>
<td>Amber - some action undertaken but further work needed to complete</td>
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<td></td>
<td>Green - completed, procedures in place and monitored</td>
</tr>
</tbody>
</table>

**ACTION PROGRESS RAG (Red Amber Green) Rating Key:**
- Red - not yet achieved or little action taken to date
- Amber - some action undertaken but further work needed to complete
- Green - completed, procedures in place and monitored
Resource-Appendix 7 – PACE detail is provided from a strategic perspective for information, illustration and inspiration

This seeks to outline the potential breadth and content of each of the 4 PACE elements. (This also relates to the wider CYP strategy across the Whole System).
Resource Appendix 8 – Emotional Health and Well-being

Together we can make a difference........“The number one reason parents, teachers, young people and GPs think young people who self-harm stop doing so is that they find better ways to cope with the emotions associated with it, principally through getting support.” (“Talking Self Harm” – CELLO / Young Minds Report 2012)

PACE-Setter Tip: Primary Care Excellence in Emotional Health and Well Being Services for Young People – ensuring high quality services in primary care to promote better emotional wellbeing and mental health in our young patients, their parents and carers

There is more to good mental health than avoiding or treating mental illness – there is also positive emotional wellbeing. There are 5 steps (NEF, 2014) for a young person to improve their emotional well-being:

- Connect with friends, family and people around you
- Be active – physical activity is associated with lower rates of depression and anxiety
- Keep learning new skills and find activities you enjoy
- Give to others e.g. volunteering or taking part in social or community life
- Take notice of the present moment including feelings and thoughts

We recognise that the journey from childhood to adulthood through emotional well-being and mental health services has weaknesses. Our stakeholders, including GPs, patients and families have told us that what matters to them through the Children’s Emotional Wellbeing and Mental Health Needs Assessment in West Sussex (http://jsna.westsussex.gov.uk/jsna-Comprehensive-Needs-Assessments). This includes:

- Being seen quickly, and with high continuity of care
- Early identification of when help is needed, and that help being available
- Greater capacity and choice for users and stakeholders early in the system
- Easy access and simple pathways
- Recognition of the complexity of many CYP’s lives
- Having a great experience of care as well as the right medical intervention
- No ‘holes’ between children’s and adult services
- A single commissioning process and greater coordination between all agencies including GP practices and schools
- Better communication and engagement with young people.
“You’re Welcome” Quality Criteria has been developed by the Department of Health to make health services young people friendly. There are a number of criteria which supports health professionals to improve patient experience and health outcomes for young people:-

1. Access
2. Publicity
3. Confidentiality and consent
4. Environment
5. Staff training, skills, attitudes and values
6. Joined-up working
7. Monitoring and evaluation, and involvement of young people
8. Health issues for young people
9. Sexual and reproductive health service
10. Child and adolescent mental health services (CAMHS) – targeted and specialist services for young people on psychological wellbeing and mental health.

Based on these criteria, the following measures and practical suggestions have been identified:-

1. Better Communication between GP/Primary Care Staff and Young People, their parents and carers

   Often young people and their families are coming to the GP to receive advice and/or be signposted to the appropriate services – they should be treated with a listening ear and with the options being clearly explained to them. If a GP unsure what to recommend – honesty with the family/patient is the best policy and together a “solution” which can be devised between the clinician and family as appropriate for that situation. In terms of keeping the patient/family informed, even if you have not heard back from an agency to which you have referred the young person, feeding this back to the family to reduce their anxiety levels is essential.

2. GP teams should proactively inform themselves on the vast range of alternative emotional well-being services that are available in West Sussex. For example, the Find it Out Shops provide sexual health advice, counselling, housing advice and training for young people (www.yourspacewestsussex.co.uk) or counselling available within schools and colleges.

3. Listening to the voice of the young person – Having suggestion boxes in the waiting rooms can encourage young people to feedback their views. Telling people how you have responded to their suggestions (e.g. “You Said, We Did” displays in waiting rooms).

4. Information and resources for young people, parents/carers and Primary Care Staff are currently being produced and will be available throughout the county. It is important for GP Practices to have a range of resources and information available in their waiting rooms. If GP
Practices are developing resources, encourage young people to help design web pages or practice information bulletins.

5. It can be difficult for young people to talk to professionals when they are having difficulties with their mental health. We are promoting the “doc ready app” which helps a young person get ready for the first time they visit a doctor (www.docready.org)

6. **Joined up working and communication with other agencies** is important as other local services will be aware of the needs of the young person (e.g., school, social worker).

7. **Staff training** on basic mental health first aid/awareness for all staff (including receptionists) within a practice is key to provide staff with the skills and confidence to deal with a young person with an emotional wellbeing need.

Becca Randell and Jane Taylor

West Sussex CYP Commissioners

December 2014
Resource Appendix 9 – Interfaces with other workstreams

It is useful to be note that the PACE SETTER Award UK seeks to build on and complement existing high quality care and programmes / structures in place for the care of CYP. However, an understanding of where particularly pertinent internal and external interfaces / dependencies exist or should be closely aligned bringing together the PACE SETTER Award UK initiative with other projects (national and local) / programmes/ and “business as usual” within Primary Care and Community Settings and across the Whole System is valuable.

Related Documents for Information:

This PACE SETTER Award UK “Step By Step” Guide and Resource Pack is appropriately linked and should be viewed and read in conjunction with the following (list not exhaustive):

<table>
<thead>
<tr>
<th>Name</th>
<th>Owner</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project Brief Acute and Short Term Conditions</td>
<td>Tim Fooks</td>
<td>Strategic Clinical Network (SCN)</td>
</tr>
<tr>
<td>Programme Brief CYP</td>
<td>Lorraine Mulroney</td>
<td>SCN</td>
</tr>
<tr>
<td>Co commissioning Guidance for primary Care</td>
<td>NHS England and CCG’s</td>
<td>Website CCG’s</td>
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<td>NHS England</td>
<td>Website and in SCN folder</td>
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<td>South East Coat (SEC) –Area Team</td>
<td>Area Team Files</td>
</tr>
<tr>
<td>SEND code of practice: 0 to 25</td>
<td>Department of Education &amp; Department of Health</td>
<td>Website</td>
</tr>
<tr>
<td>Family and Friends Test</td>
<td>NHS England</td>
<td>Website</td>
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<tr>
<td>NHS Outcomes Framework and Public Health</td>
<td>NHS England</td>
<td>Website</td>
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<tr>
<td>Health and Wellbeing Boards (HWBB) Pledge</td>
<td>Individual HWBB</td>
<td>Websites</td>
</tr>
<tr>
<td>Health Education England (HEE) Mandate and Framework 15</td>
<td>HEE KSS</td>
<td>Website</td>
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</tbody>
</table>
Resource-Appendix 10 – Peer Review – Guidance for CCG Commissioners in facilitating the PACE SETTER Award UK Panel

We highly recommend CCGs to lead and support a PACE SETTER Award UK process within their local system. There are expected to be benefits from this Quality Mark for CYP services that span the system much wider than Primary and Community care and will also benefit from improved quality and patient outcomes.

The PACE SETTER Award UK’s objective is to enable both provider and service user to celebrate, promote and encourage improvement in the quality of services being offered to CYP patients together. This directly and sustainably fits in with CCG Commissioners’ agenda and the need to promote GP Members engagement as well as to ensure value for money.

Issues for a CCG Board to note in deciding and then embarking on promoting the PACE SETTER Award UK (not listed in priority order):

<table>
<thead>
<tr>
<th>No.</th>
<th>Issue</th>
<th>Details</th>
<th>Potential Risks</th>
<th>Recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Agreeing to PACE SETTER in your CCG</td>
<td>-Promotes Children and Young People agenda</td>
<td>Ensuring the Applications are completed amongst other competing priorities</td>
<td>CCGs will enhance the quality of care for future generations by investing in PACE SETTER now – the investment is expected to be low but the increase in morale and satisfaction of staff and parents expected to be high and sustainable</td>
</tr>
<tr>
<td></td>
<td></td>
<td>-Quality initiative</td>
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<td>-New in that Patient engagement is key and integral to the Award</td>
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<tr>
<td>2</td>
<td>Award Panel Set up</td>
<td>Members should include: CYP commissioning lead, and representatives from local provider trusts e.g. GP, Paediatrician, Community Nurse Lead, and relevant Patient group e.g. Health watch and/or Youth Ambassador</td>
<td>Turnover of Award panel members and ensuring continuity of quality standard – the Primary Care GP representative should help to ensure high standards in assessment of applications is maintained. -Conflicts of interest</td>
<td>Main tasks (can mostly be undertaken virtually). These are to ensure that Key Activities being chosen at the outset will be of a sufficient standard and quality to warrant the Award down the line.</td>
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<tr>
<td>No.</td>
<td>Issue</td>
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<td>to be dealt with in the usual way.</td>
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<tr>
<td>3</td>
<td>Quality Assurance of the PACE SETTER standard</td>
<td>See the Achievement Charts Worked Examples for Illustration (Tables 4 and 5) which outline the minimum acceptable standard required by this Award.</td>
<td>E.g. if a “Survey Monkey” approach for the Patient Engagement / User Consultation Exercise is adopted, the response rate should be acceptable (e.g. over 80%) and there should be evidence that the correct population have been targeted</td>
<td>Possibility of dialogue between Award panel and PACE SETTER Applicants throughout the period of the Application process as required (Timeline is 6 – 8 months) will smooth out any issues early on. In addition the SCN team will be available <a href="http://www.secsn.nhs.uk/our-networks/maternity-children-and-young-people/children-and-young-people-high-volume-conditions-pathway-resources/pace-setter-awards/">http://www.secsn.nhs.uk/our-networks/maternity-children-and-young-people/children-and-young-people-high-volume-conditions-pathway-resources/pace-setter-awards/</a> for advice and guidance.</td>
</tr>
<tr>
<td>4</td>
<td>Sustaining Quality - Holding the Gains</td>
<td>Variation across practices / providers for similar patients shows that there is much to be shared / learned across a patch. Helping services to share this best practice and lessons learned will certainly help to sustain and prolong the learning and behaviour change by teams and services.</td>
<td>Lessons learned are not well shared across CCGs to avoid “reinvention of the wheel”</td>
<td>If the PACE SETTER Award UK is implemented with the ethos of encouraging teams with their local users to identify and then transform services themselves then the sustainability should be built in from the start. This is a bottom up initiative, instigated by a GP, to reward and celebrate quality practice for our CYP populations.</td>
</tr>
</tbody>
</table>
Resource Appendix 11 – Promotional poems for Bronchiolitis and Asthma

Composed by Dr Tim Fooks, GP Commissioning Lead for Children and Young People, Coastal West Sussex CCG

**The Bronchiolitis Pathway**

Have you heard of the bronchiolitis?
It’s the one when infants do wheeze.
And they cry and they puke and they grizzle,
And drive parents down on their knees.

And it isn’t at all easy for doctors,
To decide which ones to admit.
The patients can’t give you a history
Unless you count screaming and … poo!

But, GOOD NEWS, I’ve got your answer!
It written on this sheet of A4,
With its colours and arrows and numbers
Your worries will fly out the door.

So when the cold of winter starts biting,
And RSV infections begin,
Just reach for this clinical pathway
So only the sick ones go in….

**The Asthma Pathway**

Today let us talk about Asthma
Yet another tricky disease.
Bronchiolitis? – that’s just for the babies!
This one makes bigger kids wheeze.

And, of course, we can prescribe ‘puffers’:
The brown, the purple, the blue.
But, when the patients come to inhale ‘em,
Too many just don’t have a clue.

And from the National Data we’re learning
That our asthma outcomes aren’t great:
Too many are admitted to hospital -
Their breathing in a perilous state.

So if an asthmatic appears when you’re ‘Duty’,
All distressed and wheezy as heck,
Do YOU know how to properly assess them
And what rates and sats you should check?

But, GOOD NEWS, here are the answers!
Written clearly on this sheet of A4;
With its colours, arrows and numbers
Your worries will fly out the door!

And, with confidence, you’ll be able to manage
The needs of both parents and wheezer,
Who, with delight, will accept, as they leave you,
A **Personal Asthma Action Plan**
.... for the dear little geezer.
Footnotes

1 For Sign Up Sheet to register your Application for the PACE SETTER Award UK – Please contact Christine.McDermott2@nhs.net

2 This document is an output from the SEC SCN Children and Young People’s programme Moving Clinical Care of Children and Young People from Secondary Care to Community and Primary Care Settings.

3 The term “Providers” is used in this brief to describe General practice teams as well as Community services such as Urgent Care Centres, Walk-In Centres and other similar services in the community setting.


9 Jones CHD, Neill S et al. The safety netting behaviour of first contact clinicians: a qualitative study BMC Family Practice 2013, 14:140 [Online http://www.biomedcentral.com/1471-2296/14/140]

10 Jones CHD, Neill S et al. Information needs of parents for acute childhood illness: determining ‘what, how, where and when’ of safety netting using a qualitative exploration with parents and clinicians bmjopen.bmj.com on July 29, 2014 - Published by group.bmj.com

11 Personal Communication 22.7.13 - Christine McDermott, Children and Young People Urgent Care Project Manager, Coastal West Sussex CCG – Based on an Audit of Children’s Centres (in October 13 Sample size 89 interviews) – “The survey suggests that only 34% of parents have a high level of confidence (any score above 4) in local GP services across the patch – Within this, there is also a marked difference between locations with the least confidence scored in Littlehampton, followed by Worthing and then Pulborough / Billingshurst.”

12 Insights into family experiences of urgent care – Wirral CCG ELC Insights analysis V3 140814 DRAFT


14 Profiles produced by Public Health England are a rich source of indicators across a range of health and social care themes [Online http://fingertips.phe.org.uk/profile/cyphof/data#gid/8000025/pat/6/ati/102/page/3/par/E12000008/are/E10000032]

15 Statement made by parent of child with severe learning difficulty May 2014

16 Why asthma still kills - The National Review of Asthma Deaths (NRAD) – Confidential Enquiry Report May 2014 – Led by the Royal College of Physicians. Commissioned by the Health Quality Improvement Partnership

17 “Not Just a Phase - a guide to the participation of children and young people in health services” – RCPCH Published April 2010 - The publication provides information to ensure the safe, meaningful and ethical participation of children and young people within the delivery of quality child health services. It also practically demonstrates how we can contribute towards creating a culture of
participation. The document is divided into six sections including the key principles of participation; essential elements of a participation strategy and project; and how to create a culture of participation. It also provides useful examples of participation in practice which would be helpful to PACE SETTER Award teams. Link is: http://bit.ly/1EGxbzp


Suggested Whole System agreed pathways for the common conditions e.g. fever; bronchiolitis; diarrhoea and vomiting and head injury based on NICE/SIGN and other evidence base/best practice are available for adoption (These have been produced across the West Sussex system) [Online http://gp.westernsussexhospitals.nhs.uk/guidelines/paediatrics/

The publications is at: http://www.cafamily.org.uk/media/624223/parent_carer_participation_gp_practice_guide-making_gp_practices_more_welcoming.pdf


http://gp.westernsussexhospitals.nhs.uk/guidelines/paediatrics/


See Spotting the Sick Child free resource. Department of Health [Online: https://www.spottingthesickchild.com/]


Op cit.

Op cit.


New Economics Foundation link http://www.neweconomics.org/projects/entry/five-ways-to-well-being

The link to “You're Welcome” is: https://www.gov.uk/government/publications/quality-criteria-for-young-people-friendly-health-services