

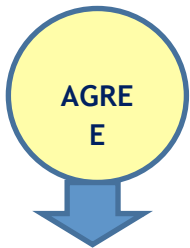
FIRST STAGE WRITE Up – For Assessment by Award Panel

TO BE COMPLETED FOLLOWING YOUR PATIENT ENGAGEMENT EXERCISE

WHAT IS THIS FORM FOR? *The information in this form will reviewed by the PACE SETTER Award Panel to ensure that the KEY ACTIVITIES planned by each applicant organisation will be appropriate, both in scope and scale, for a PACE SETTER Award. The purpose of each local Panel is to act as both a standard bearer and a guide to encourage the successful attainment of sustainable and transformational children and young people (CYP) service improvement by all applicants.*

Your General Practice / Community Provider details

Name and Title of Key Contact Details (of person completing this form)	Dr Deborah Allen
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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**

Details about the 2 MANDATORY KEY ACTIVITIES:

KEY ACTIVITY 1: SAFEGUARDING

Statement: I can confirm that my organisation is CQC compliant for CYP Safeguarding Procedures and Processes? Signed: Deborah Allen-----

Please also provide any additional standards reached eg please supply any examples of Best Practice in Safeguarding that you would like to share:

We have completed the RCGP safeguarding toolkit (June 2014) and plan to repeat this again in June 15

We have a strong safeguarding policy. Most of our staff , including non-clinicians, were trained to level 3 last year and we are repeating level 3 training again in March. We encourage open dialogue regarding issues and the CP lead Deborah Allen is happy to be contacted at any time to

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discuss issues of concern.

We hold quarterly safeguarding meetings to discuss both adults and children. Interval discussions are welcomed if required. Any request for information from Social Services and other agencies are dealt with speedily and thoroughly with due respect given to the consent process. Any requests for information and subsequent reports are copied to CP lead.

We hold a list of families of concern in a password protected place on our intranet. This includes families on the register, just off the register, under any CIN plan and other families just of concern including those whom DNA hosp appts repeatedly. This list is checked, reviewed and updated monthly by the CP lead Deborah Allen.

Deborah Allen holds meetings with the Health visitor team every 8 weeks to discuss families of concern. Feedback after these meetings is given at the next practice clinical meeting

MANDATORY KEY ACTIVITY 2: PATIENT ENGAGEMENT / USER CONSULTATION

***NB: AS DISCUSSED AT THE INTRODUCTION MEETING, THIS IS THE MOST CRITICAL PART OF THE APPLICATION PROCESS AS THIS DETERMINES THE OTHER 3 KEY ACTIVITIES YOU WILL UNDERTAKE
NB there needs to be evidence of linkage between KEY ACTIVITY 2 and the three other KEY ACTIVITIES***

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PATIENT /USER ENGAGEMENT involving at least 1% of your target population - Please provide sufficient detail (eg profiles of whom you have spoken to) for us to understand and assess how you have undertaken your engagement with the patient/family groups.....

We conducted a three pronged approach to our user engagement exercise.

- 1. Focus group work with parents/carers/specific carer groups and a separate group for teenagers.**
- 2. Patient surveys**
- 3. Meeting with our PPG**

We estimate that we have approx. 3000 CYP and have consulted with over 30 children/carers. With other peer evidence gathered (mums and carers discussing survey with their peers before getting back to us with their opinions)

CYP Focus Group 1

Interviews/brainstorming conducted over week Feb 1st-7th

Representation:

Mothers of children ages 0-17

Total number of children 30

Specific groups targeted: Grandparent carers (x2)

Twin parents (x2)

LBTG parents (x2 ie one family)

Method

Face to face conversations with 6 families.

Phone interview with other families. Pts called and project explained then rang back next day to get feedback. Pts selected by looking at recent attendances and also targeting specific groups as above.

Carers targeted also kindly asked their peers (exceptional input in case of Grandparent carers) and some peer feedback was also obtained.

Pts and carers were encouraged to discuss any bad ie less than satisfactory experiences they had had, then any positive reflections. Suggestions for improvement in service were then welcomed.

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Feedback quotes

I have always got instant access, have rung up and been seen as soon as I could get there

'I have had to wait for ages in the waiting room for an emergency appointment, I was grateful to be seen but by the time I was seen kids had gone mad in the waiting room. Is there a way we could be prioritised? (wait time found to be 17 mins from our records)'

'I don't know how the GPs and the Health Visitors communicate, that does not seem to be clear' (pt had no specific issue medically)

'I am glad to be doing this I wanted to let you know about something ...receptionist had told me to get an eyecream from the chemist for my son, had to stand my ground to get a call back but then problem was dealt with promptly and very well by Dr P'

'I get nervous on a Friday when kids are a bit off colour as don't want to be running over to Crawley with them if they are ill at the weekend'

Every parent interviewed said they felt they had a positive relationship with the surgery and whilst many commented that getting an appointment for themselves was tricky, they were all happy that they knew how to get seen urgently and had all experienced this aspect of our service.

'website could be better, how about a Children's page?' pt unaware of links to childrens illness info on website

The PPG had suggested that we look at non-parent carers. We surveyed two Grandparent carers and a childminder (not included in total number of children stats). The Grandparent carers felt well supported and happy to get information. The matter of consent for the non parent carer to discuss the child's health was discussed and felt to be handled well. The Childminder felt that her contract with the parents covered consent issues. She felt there were no issues

Twin parents felt they were offered appointments with both children if needed, in consecutive slots . if squeezed into one slot they did not feel rushed.

There was an issue with taking twin buggies into the Children's Centre but not into Moatfield

LBTG parents were happy, they did get asked 'who is mum' sometimes by those unfamiliar with set up, but did not have an issue with that and felt any notification on the notes to highlight family set up would be a negative input.

Conclusions

This was a very enjoyable and informative exercise. Feedback was positive in general.

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Several thinking points which we will take to practice.

CYP focus group 2.. Teenage focus group

We actively recruited teenagers from two local schools. Beth Chalis was our lead and was very engaged with the project. It became very clear from the outset that they had some fantastic ideas and we needed to have a rolling programme of engagement with them which will be part of one of our KAs.

They looked at our website and also discussed how they wanted to be treated. As their findings and ongoing work is going to be part of one of our KAs over access this will be discussed further in that section but key points from this group were.

1. Website has no teen specific area, infact ' Family section' clearly states '6-15'
2. Teen specific information is not easily available on the website
3. Confusion regarding when and if they can attend without their parents, especially for the 14-16 yr old group
4. Links to useful websites, either on our own or in waiting room would be useful.

PPG Meeting

We met with our PPG. They were very supportive of the project. After a wide ranging discussion they asked us to look at non-parent carer groups and to check that they felt supported. Specifically Grandparent carers. They also were very keen on 'point of access work' ie receptionist training in handling the parent/carer concerned regarding their child.

Surveys

We conducted a modified PREM survey, handing out surveys (and pens) and asking pts attending emergency/urgent appointments to fill them in. We handed out over 30 and got 10 back.

The results were generally positive with no consistent issues identified. Waiting time was tolerated/acceptable and patients felt communication between themselves and the staff was effective and beneficial.

We were disappointed with low return rate of surveys, especially as we had counselled the parents first; however realise that with a sick child in tow, a parent may not wish to stay in the surgery for an extra ten minutes completing the survey. (NB Christine has a copy of patient survey we used)

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WHOLE TEAM CONSULTATION: Please summarise the discussions held with representatives of your **WHOLE** staff team to support your development of your additional three Key Activities (NB these could help to shape your patient engagement exercise)

Prior to the patient engagement event we held two meetings with the core team and a meeting with staff to discuss the project and patient engagement. Email was also used to publicise and encourage use of the Patient Engagement surveys.

After the Patient Engagement event we held two meetings, one with the core team as listed and one practice wide meeting to discuss possible KAs. Non clinical staff were very vocal on their views and provided useful insight into what they felt was useful and achievable beyond the clinical aspects of the tasks. Presenting the A and E audit helped us determine what we needed to do in terms of pathway education.

Please feel free to use as much space as you like – please include quotes from your patients; survey results; copies of questionnaires to patients etc.

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Please outline for the Panel your plans for your 3 additional Key Activities

KEY ACTIVITY (KA) 3 TITLE: Access for 13-18s

[And Re: Table 2 on Page 31 in **PACE SETTER Step By Step Guide = KA 1a. / KA 2a.**]

Brief details of the KA:	Aim of the KA:	What will you do?	How will you know you have succeeded in achieving this KA?
Looking at our information and access for this specific group	To empower, boost confidence, improve engagement and access to primary care for this group	Continue to work with our focus group. Redesign a specific area on our website with our focus group participating. This will also link with KA 4	Look at user feedback Review feedback from our own staff and peers.

Panel Feedback:

KEY ACTIVITY (KA) 4 TITLE: EDUCATION AND ENGAGEMENT WITH NON CLINICAL STAFF, SPECIFICALLY 'FRONT DOOR STAFF' OVER THE MANAGEMENT OF CYP AND THE CONCERNED CARER.

[And Re: Table 2 on Page 31 in **PACE SETTER Step By Step Guide = KA 4b.**]

Brief details of the KA:	Aim of the KA:	What will you do?	How will you know you have succeeded in achieving this KA?
Education and engagement with non clinical staff, specifically 'front door staff' over the management of CYP and the concerned	To improve our service and to empower our staff. To set a clear policy that is consistent across the board. To engender a positive	We will be holding a workshop and a brainstorming session. This will also include some time discussing Fraser guidelines and GMC protocols. We will	Staff satisfaction Improvement in staff knowledge User feedback

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<p>carer. We will also deal with issues of consent and discuss Fraser guidelines and GMC guidelines and carer consent</p>	<p>culture in the management of CYP from the first contact to the last.</p>	<p>work with staff to create a 'script' for dealing with parents. We will be having some education on 'empathy and compassion'</p>	
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Panel Feedback:

KEY ACTIVITY (KA) 5 TITLE: Head Injury pathways
[And Re: Table 2 on Page 31 in PACE SETTER Step By Step Guide = KA 3b.]

<p>Brief details of the KA:</p> <p>From the A and E audit we conducted we assessed that management of minor head injuries was something we could focus on to avoid patients needing to attend A and E. We feel we can possibly support parents better in this area</p>	<p>Aim of the KA:</p> <p>Improve outcomes for patients in terms of avoiding A and E attendance</p> <p>Empowering and education our staff and parents</p>	<p>What will you do?</p> <p>Review our data for A and E audit to quantify issue. Run a head injury education session for ALL STAFF not just clinicians. Look at how easy it is to access our pathways online and via our website. Review other ways to pass message to patients.</p>	<p>How will you know you have succeeded in achieving this KA?</p> <p>Improved knowledge, reviewed at 3mthly interval after initial session.</p> <p>Peer review of our website/availability of information. We are planning to repeat the audit again in Jan 16 to have the same seasonal demographic so this may fall outside of the time frame for this award</p>
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Panel Feedback:

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SHARING BEST PRACTICE – PACE SETTER TOP TIPS

Every stage of a PACE SETTER application is likely to uncover points of clinical and organisational learning and good practice that are worth sharing. If you already have some PACE SETTER TOP TIPS you would like to share, please make a note of them here and we will pass them onto others.

Trust all the staff, not just clinicians; we all have experience of being service users AND providers and all have feedback to give.

Mums love to chat about their experiences, take any opportunity to do this. I (DA) had a very fruitful patient feedback session whilst watching a hockey match, attended by a patient and her children!

EVALUATION OF THE PACE SETTER PROCESS

We know there is much for us to learn to ensure PACE SETTER can develop into a really effective programme for practice development, especially if we are able to proceed on from this PIONEER phase. Therefore, please provide us with your comments regarding your experience to date. You may like to mention this form, the Step By Step Guide and Resource Pack, accessing documents on the website access etc.

Please detail the names and job titles of your PACE SETTER Award Core Practice Team Members (please continue on another page if necessary):

Name Deborah Allen Title GP/CP lead

Name Laura Ireland Title Nurse Manager

Name Helen Griffin Title Deputy Practice Manager

Name Emmeline Kane Title GP

Statement: *On behalf of my organisation, I can confirm that our practice team have developed the plans for our KEY ACTIVITIES as per the PACE SETTER guidance.*

Name: _____

Signed: _____ Date: _____

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Message from PACE SETTER Award Panel:

Thank you for this information. We will contact you shortly (aim within 2 weeks) with the Panel's comments to ensure that your team is aiming in the right direction to be eligible for a PACE SETTER Award.

Comments from the Award Panel following your completion of this Form (for official use only- not to be completed by PACE SETTER Applicants):

PANEL Comments (as at April 2015):

Overall - "I really like the discussion and involvement the practice is currently having with its younger people/families. I think a lot of reflection is going on and this practice will achieve something really positive during this process.

Nice to see it GP owned and led as well."

Re: Key Activity 3: ACCESS FOR 13 – 18s – An excellent idea to initiate and to plan to have ongoing engagement with this age group – please keep us posted on developments and progress.

Re: Key Activity 4 - EDUCATION AND ENGAGEMENT WITH NON CLINICAL STAFF, SPECIFICALLY 'FRONT DOOR STAFF' OVER THE MANAGEMENT OF CYP AND THE CONCERNED CARER

- Seems a great aim (ie but deliverables are not SMART enough – and we wont know if they have changed the culture or what it is now? Would be good to understand where the staff feel they are now? As often staff will say" oh we are fine with under 5s" but is this organisation-wide and " a part of the way they work /the way they do things around here"?)

Re: Key Activity 5 – HEAD INJURY PATHWAYS

- Excellent that the practice team have refined their A&E Audit specifically to Head injuries - is this team almost doing First Aid classes for parents so that they will know what to do at home and so not attend A&E? and/or is it mainly

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to educate/raise awareness in practice staff?

- Suggest use of the SCN Head Injury Parental Advice sheet – one of the 5 High Volume Pathways developed across South East Coast (see <http://www.seccsn.nhs.uk/our-networks/maternity-children-and-young-people/children-and-young-people/children-and-young-peoples-high-volume-conditions-pathway-resources/urgent-care-pathways/>) - What about including linking up with schools? Who have received the head injury leaflet too (previously distributed across West Sussex)? Just a thought.
- Good initiative as this brings all the other high volume pathways into a higher profile (all available at link above).
- Eg Dr Helen Milne at A&E, WSHT will be delighted to hear of this proactive practice around Head injury as she still thinks too many attending at A&E despite the leaflet – so it may be great to see how this affects attendances data and it would be great if they could show how this has changed over time.

We wish you all the best – Please do not hesitate to contact us should you need any further information or support.

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