



PACE SETTER Award UK



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 UK 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 UK. 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	Dr Patience Okorik
Details (of person completing this form)	Leachroft Medical Practice Langley Green, Cranley RH11 7TF



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: Dee

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 a designated safeguarding GP responsible for CYP in the practice. GP lead regularly attends safeguarding meetings. Case conferences involving any of our patients. The practice also share any concerns about safeguarding during our monthly clinical meetings.

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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

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.....

Questionnaire was drafted and issued to 25 patients (≈ 1% of our target population)

This was a survey of their perception of healthcare services offered to children and young people at our practice.

25 of them were returned, and analysed.

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)

The pacesetter project was introduced and discussed with the whole practice team during one of our practice meetings.

Activities involved were outlined and it was made clear that we will need the support of the whole staff in the practice (administrative & Healthcare). Two members of the practice (2 nurses) were designated with duties to achieve our key activities.

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:

Brief details of the KA:	Aim of the KA:	What will you do?	How will you know you have succeeded in achieving this KA?
Evaluation of services provided to patients with chronic illness measured in Asthma	To ensure our CYP living with Asthma understand the disease, and are getting the appropriate care & know why to seek help	Audit of our CYP with Asthma, A&E attendance. Medication review use of Personal Asthma plan	When there is a reduction in No of patients present at A&E.

Panel Feedback:

KEY ACTIVITY (KA) 4 TITLE:

Brief details of the KA:	Aim of the KA:	What will you do?	How will you know you have succeeded in achieving this KA?
Health Education outreach event to local Primary Schools in our locality	To ensure that children and young people are aware of common illnesses and how and when to seek help	Outreach visit to the local schools by the nursing team to educate about cough & cold, D&V and appropriate care	When patients and carers begin to seek help appropriately. Reduction in No of patients attending A&E for these illnesses

Panel Feedback:

KEY ACTIVITY (KA) 5 TITLE:

Brief details of the KA:	Aim of the KA:	What will you do?	How will you know you have succeeded in achieving this KA?
Audit the number of CYP with complex medical problems. Review their care. Make passports for them	To ensure CYP with complex medical problems have easier access to GPs and all GPs are aware of their care. Ensure GPs promptly	Find no of these patients. Make passports for them. Special notes ensure seen promptly & what to do.	Reduction in No of patient feedback to see if they have been helped.

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.

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	<u>Patience Okorin</u>	Title	<u>Dr</u>
Name	<u>Hazel D'Alvarez</u>	Title	<u>Nurse Manager</u>
Name	<u>Julie Healy</u>	Title	<u>Nurse</u>
Name	<u>Charlotte Rugby</u>	Title	<u>Dr</u>

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: Patience Okorin

Signed: [Signature]

Date: 28/9/2015

Name of Applicant Organisation: Leacroft Medical Practice



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Message from PACE SETTER Award UK 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 UK.

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

Name of Applicant Organisation: Leacroft Medical Practice



A survey of Services to Children and Young People **at Leacroft Medical Practice**

1. It was easy to get an appointment Yes No
2. The reception staff were friendly and approachable Yes No
3. The doctor introduced herself/himself Yes No

If you are 16 years and above please go to number 7

4. The doctor talked clearly to parents about the child's condition or treatment Yes No
5. Did the Doctor or Healthcare Professional provide advice leaflet on the condition Yes No
Your child has?
E.g. Fever advice leaflet, cough and cold advice leaflet,
6. The doctor explained clearly to parents about tests Yes No
7. The doctor acknowledged the child Yes No
8. The doctor gave clear answers to questions Yes No
9. The doctor was friendly and helpful Yes No
10. The other healthcare professionals at the Surgery were friendly and helpful Yes No
11. The patient or carer was confident about the doctor Yes No
12. The patient or carer was confident about other healthcare professionals Yes No
13. Overall impression:
Reason for appointment was addressed completely? Yes No

