



PACE SETTER Award – Introduction Meeting with Moatfield Practice, East Grinstead

Notes from Meeting – 30th January 2015 at 2pm

Attendees:

- Dr Deborah Allen (DA) – Children and Young People (CYP) Clinical GP Lead, Horsham and Mid Sussex CCG
- Mrs Laura Ireland (LI) – Nursing Manager (ex-Paediatric Nursing Sister) – a real bonus to this practice
- Ms Helen Griffin (HG) – Reception Manager
- Beth (B) – Young Person Representative
- Christine McDermott (CM) - CYP Urgent Care Project Manager, CWS CCG

Apologies

- Dr Tim Fooks - Children and Young People (CYP) Clinical GP Lead, CWS CCG and Co-Clinical Lead, South East Coast Strategic Clinical Networks

1. Welcome and Introductions

Moatfield team members attended as above and including Beth, a young person who came from a local school (Lower VIth pupil). This was fantastic to have Beth attending and on board from the outset. It was also great to meet most of the **PACE SETTER Award** core

group at this first meeting – this shows the enthusiasm and commitment from this practice from the start and that a lot of thought has gone into the decision to apply for the **PACE SETTER Award**. Thank you for arranging for this and at such short notice! Apologies from Tim Fooks due to us having put this meeting date in ASAP.

2. Film introduction to the PACE SETTER Award from Tim Fooks

Useful background and scene setting. CM also commented that she liked the newsletters on their website including giving patients the background on how many appointments they undertake; how many prescriptions are issued as well as more global trends on obesity etc – that is good to educate parents on NHS use etc. Agreed the website needs more CYP/family focussed section – Plan is that Beth will help them with this as below.

CM noted that implementing all the changes/ideas may take a few years – and the emphasis of the **PACE SETTER Award** is that practices seek to implement their chosen Key Activities coherently and sustainably so they truly become “ the way we do things around here...” – ie truly changing the “culture” of the practice in regard to CYP as they apply for this PACE SETTER Award.

Also discussed that practices have to be able to evidence what they have and have not undertaken to apply for the **PACE SETTER Award** so that this can be reviewed as part of the Application process and also if in future queries arise about the **PACE SETTER Award**.

3. KEY ACTIVITY 1 - Safeguarding

Moatfield are up to date with their Safeguarding audit/procedures currently.

4. KEY ACTIVITY 2 - Patient Engagement –they already have plans in place

- Beth (in attendance at the meeting) and another teenager are going to set up a focus group – as well as advising the practice wider on their website and other ways to make the practice attractive to CYP (The implementation could lead to / result in a **PACE SETTER Award** Key Activity?)
- Patient Participation Group – they have spoken to them and are meeting with them tonight to plan and set up a focus group – they are more involved with fundraising for the practice.
- Aim to run a focus group with 3 Mothers (with 7 children) and another aiming at the under 14 age group.
- They have adapted (shortened) a survey (based on the RCPCH PREMS) for parents attending for minor illness (post the appointment before they leave the surgery hence the need to keep it short) to “interview” them.

ACTION: DA will send us a copy of the survey.

- Finally, DA is linking in with the Patient Reference Group (for the CCG)

ACTION: DA agreed that they will need to ensure that it covers at least addressing/canvassing 1% of their CYP population (as the response rate).

5. KEY ACTIVITY 3 / 4 / 5 – Moatfield’s suggested activities were briefly discussed:

Discussed that we need to let the patient engagement exercises inform which Key Activities are deemed to be high priority – so that it is clear that patients underpin and are integral to the Award Application and almost “you said, we did.....”

Suggested KA 3. an audit of all CVP attendances at A and E over 3/12 looking at timings (to see if improved access would dec attendance) and conditions (looking to see if pathway advice given by GP would decrease attendance)

Discussed that many Key Activities may arise from this analysis – there is no one golden solution to the A&E attendances question but likely to be influenced and affected by a number of initiatives in parallel. Having this understanding of patient flows, age groups, conditions, times of day should significantly assist Moatfield with choosing Key Activities (which also aligns with the results of the patient engagement exercise).

Suggested KA 4. Acting on 1. clinical education sessions on pathways and identifying further educational needs

The high volume pathways are uploaded onto the Moatfield electronic practice system and easy to get at and DA was able to locate them immediately.

Suggested KA5. Sessions with reception staff working on their phone and face to face communications skills with parents/teens looking at 'scripts' etc

This sounds a great, worthwhile idea – PACE SETTER team will look forward to feedback on outputs etc.

6. Setting up their own CCG Panel

DA noted that they “will need to come to another CCGs panel for assessment as we have yet to set up our panel here at HMSCCG, partly because none of us have direct experience of the project....a Catch 22 situation.” They had written earlier that they would like some help with setting up a CCG panel and particularly with involving a paed clinician.

CM confirmed they can come to the CWS CCG panel for MoatfieldPractice especially with the “slightly accelerated timeframe, particularly as most of the elements have been completed/started due to other projects.” (DA in an earlier email).

CM confirmed that Moatfield will not have to attend to present their completed Application but can present the material virtually. The Panel do however wish them to remain in close touch with us to keep us updated on progress and to ensure that things are moving in the right direction and eligible to ensure they attain Award status.

7. Comments on PACE SETTER Document

- Make it shorter – 80 pages is far too long – maybe it could be based on the way they produce short one page summaries for Brownies badges?
- DA does not think there is enough mention/emphasis in the document on the needs of staff – where happier staff means happy patients.... And this may be particularly true for non-clinical staff.

The meeting finished at 14.40pm