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PACE SETTER Award – Introduction Meeting with Cranleigh Medical Practice, near Guildford, Surrey

Notes from Meeting – 23rd March 2015 at 2pm

Attendees:

- Dr Clare Stevens – Lead Clinician for CYP at Cranleigh Medical Practice and CYP lead at North West Surrey CCG
- Dr Di Christie – Senior Partner
- Ms Jacqueline Stockill – Practice Manager
- Judith Hawkey - Practice nurse
- Alison Rose – Health Visitor
- Caroline Batchelor – Health Visitor
- Rebecca Nicholls-Sweeney – School Nurse
- 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
- Sure Start had been invited to the meeting but not able to attend

1. Welcome and Introductions

Cranleigh Practice team members attended as above. It was great to have such a diverse group attending as the core group of the first meeting of the **PACE SETTER Award** at this practice. School nurse / Practice nurse keen to be involved in planning of PACE SETTER, as applicable, for teenagers .

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

Useful background and scene setting. CM reiterated that 5 Key Activities need to be undertaken to make the **PACE SETTER** Application of which 2 are Mandatory (Safeguarding and Patient Engagement).

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.

3. KEY ACTIVITY 1 – Safeguarding (Mandatory activity)

Cranleigh will confirm their Safeguarding audit/procedures status – PACE SETTER Panel only need confirmation that compliance is in place but not to see all the documentation.

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

The group discussed that there are a number of different ways that the engagement can be tackled including focussing on particular groups eg teenagers or Under 5s or could equally survey the full age range of CYP/Parents. The team will discuss how best to tackle this Patient Engagement activity including possibly via Sure Start and the Leisure Centre.

CM 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 – Some potential ideas / activities for the Cranleigh Application 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.....”

- Training of clinical staff – HVs attending noted that they get a few phonecalls per week around minor illness management – they were not aware of the available pathways – discussed how ensuring that all clinicians across the system give consistent advice and consistent safety netting information to patients will go a long way to increasing the confidence and resilience of parents / patients. Great that the HV and School nurse attending this **PACE SETTER** meeting. (Wondered if Virgin who employ the HVs could also upload the pathways eg the SCN /NWS CCG pathways to make the advice consistent?)
- Reviewing links between the practice and other partners whom families visit and the issue of networks – schools, children’s centres etc was also discussed particularly in the planning of appropriate CYP services to avoid duplication and to reduce confusion to families.
- Pathways had previously been agreed by the Practice to be implemented around QP Targets – the team could revisit those and see if they have been embedded as part of the **PACE SETTER** Application? (The North West Surrey CCG has issued the high volume pathways for common illnesses which should be being used– they have good links with Dr Mark Evans – Consultant Paed) – CM shared the new SCN high volume pathways (Fever, D&V, Bronchiolitis, Acute Asthma/Wheeze and Head Injury). (Cranleigh Practice has a minor illness team)
- Transition was another area as well as others touched on that were briefly discussed.

(Some suggestions for useful pathways to be developed were: Abdominal pain; Eneuresis and Gastro-oesophageal reflux)

6. Setting up their own CCG Panel

CM confirmed Cranleigh Practice can send their Application to the CWS CCG panel whilst we all learn the ropes and then a NWS CCG panel could be formed.

7. Comments on PACE SETTER Document

Both the GP team members in attendance had seen and read through the **PACE SETTER** document before the meeting.

8. Invoice

CM will send the details on to the Practice Manager so the invoice can be raised.

9. AOB

Saturation monitor – TF happy to share his experience of using the Sat monitor – increasing number of practices are purchasing this essential piece of equipment for CYP.

The meeting finished at 15.10 hrs