



National Cancer Action Team
Part of the National Cancer Programme

Using Peer Review To Improve Standards of Care in Paediatric Diabetes

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National Diabetes Audit 2007-2008

‘ Act now. The progression of diabetes is relentless. We have the knowledge .We need to use it and take responsibility and benchmark our efforts against others in order to improve further .Children and Young People deserve nothing less ’

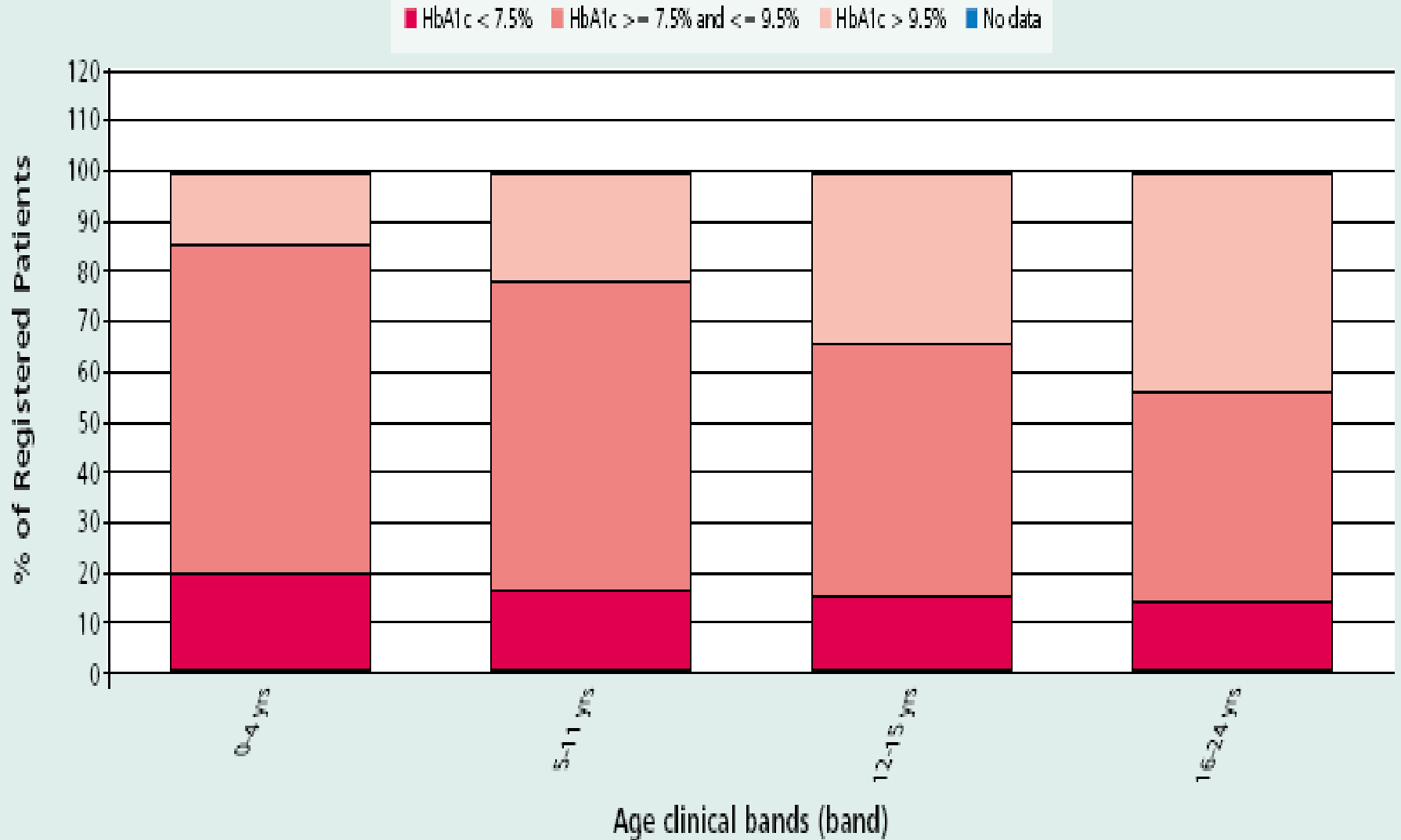
Dr Sheila Shribman

National Clinical Director Children Young People and Maternity Services

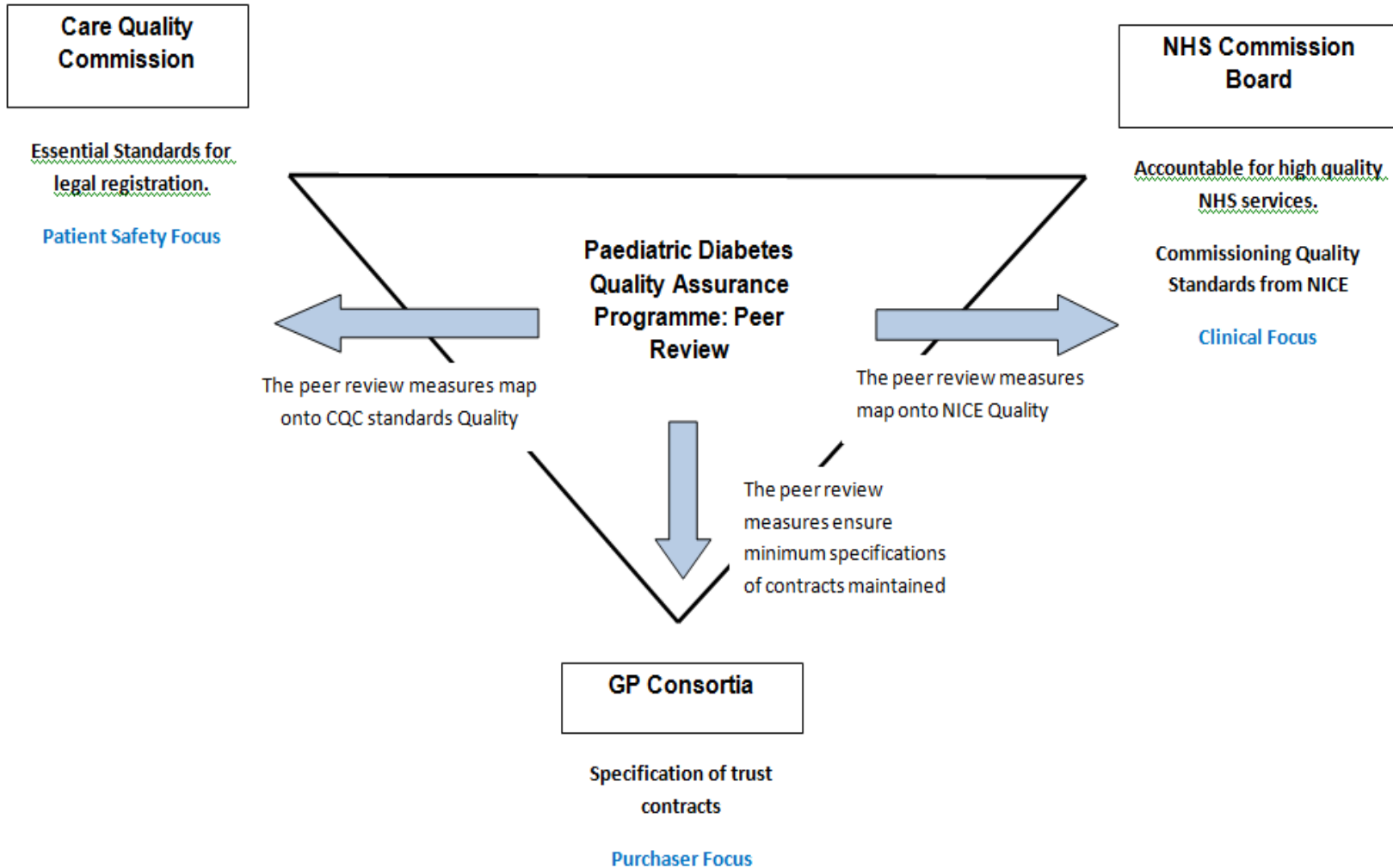
Median HbA1c by audit year



HbA1c targets by age band



The New Health Environment



Aim of Peer Review

Ensuring Services are as safe as possible

Improving the quality and effectiveness of care

Improving the patient and carer experience

Undertaking independent, fair reviews of services

Providing development and learning for all involved

Encouraging the dissemination of good practice

Key Principles

Clinically Led

Consistency in
delivery of
Programme

Developmental

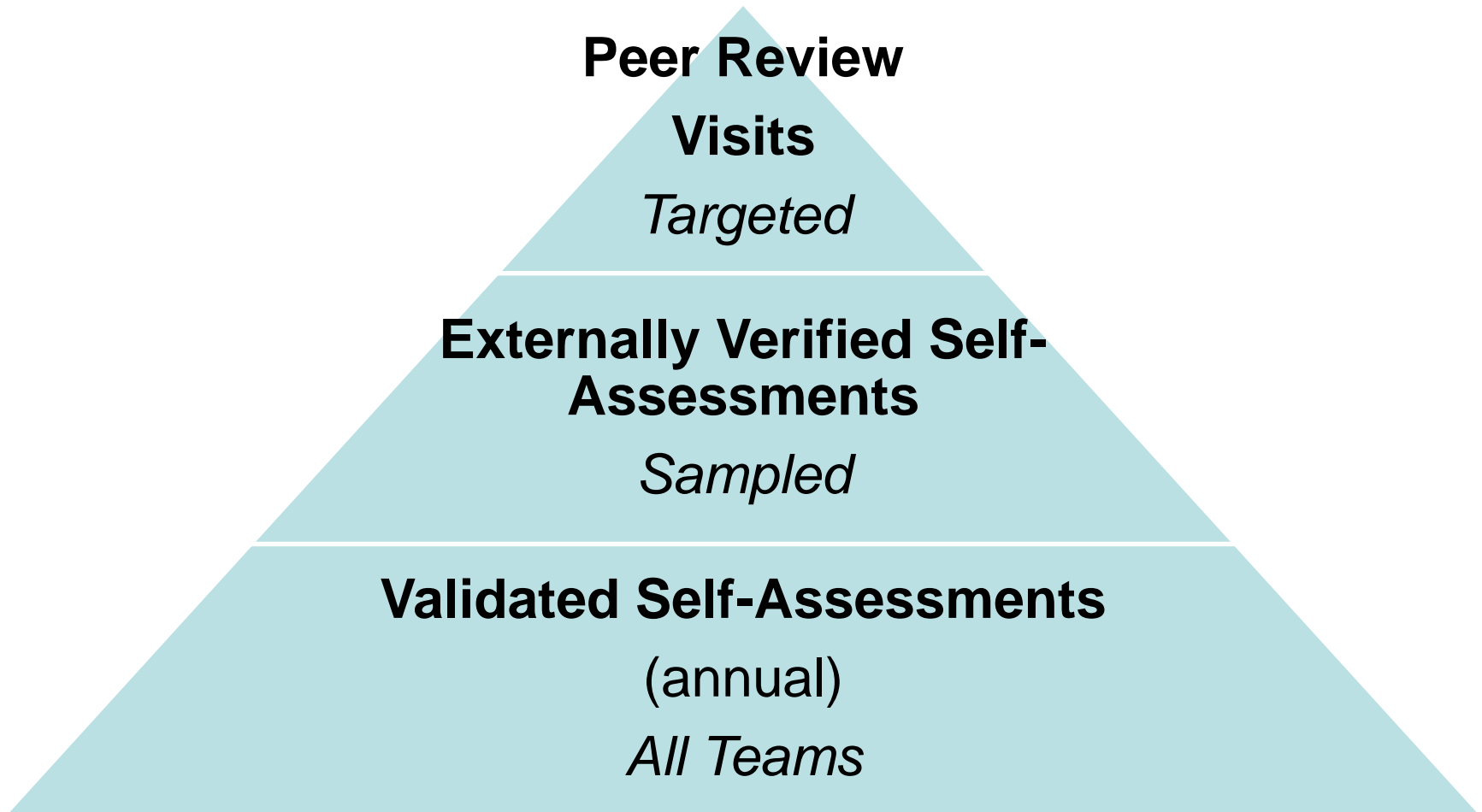
Focus on
Coordination
within and across
organisations

Peer on Peer

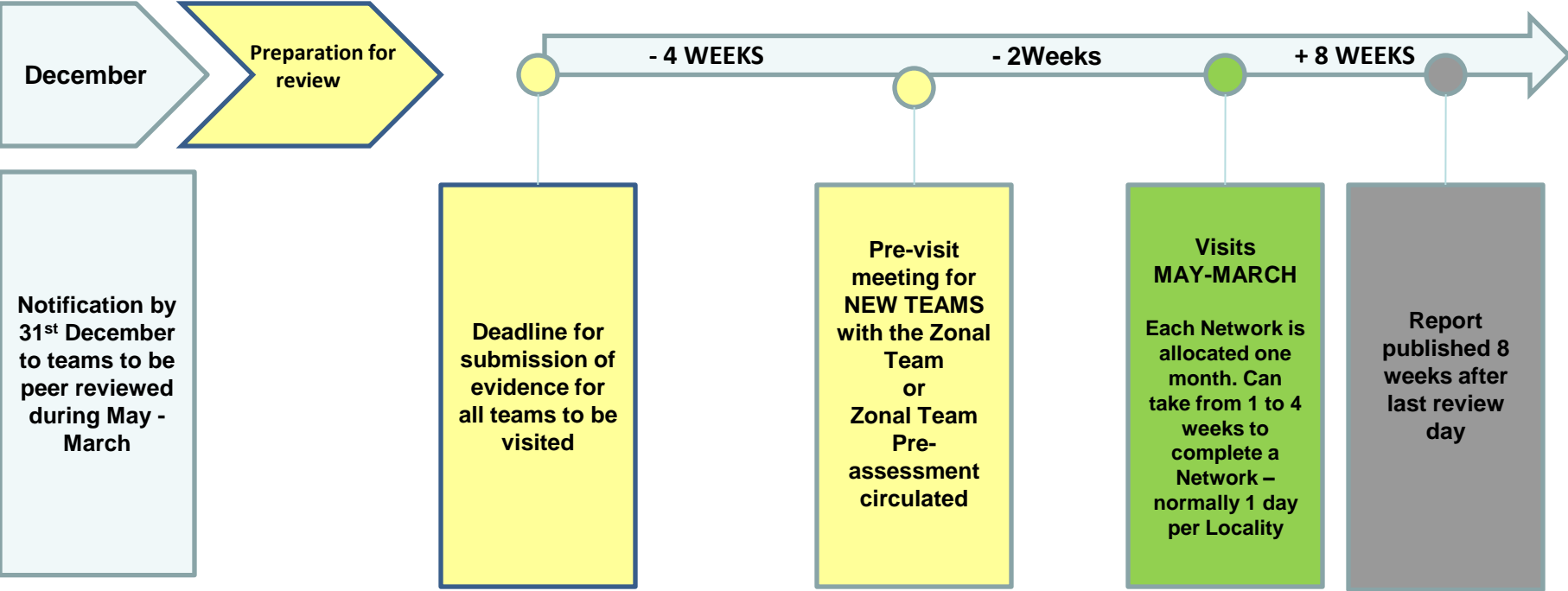
Integration with
other review
systems

User/Carer
Involvement

The Process



The Peer Review Visit Plan



MDT– Key Themes

Structure and Function

Co-ordination of Care/Pathways

Patient experience

Clinical Outcomes/Indicators

MDT Key Questions

Can You:

Demonstrate that you have a properly constituted and functioning MDT?

Demonstrate that you have effective systems for providing coordinated care to individual patients?

Demonstrate that your team has adequate information to help it improve service delivery?

Demonstrate how you are continuously improving your service (including both clinical effectiveness and the patient experience)?

Self-Assessment

– Key Tips:

Use the evidence guides

Get the evidence agreed in line with the measures

Ensure all Agreements are documented on evidence cover sheets

Be honest

Don't let yourself down with poor evidence

Data Requirements for Annual Reports – establish a process

Sell yourself

Use Annual report – focus on Outcomes

Using our Evidence Guides

Guidance to help you structure your evidence documents

Guidance for Compliance

Additional Guidance

Always refer to the full measure in making assessments against measures

MDT- Evidence Documents

Operational Policy	Annual Report	Work Programme
<p>Describing how the team functions and how care is delivered across the patient pathway</p> <p>Outlining policies/processes that govern safe / high quality care</p> <p>Agreement to and demonstration of the clinical guidelines and treatment protocols for team.</p>	<p>Summary assessment of achievements & challenges</p> <p>Demonstration that the team is using available information (including data) to assess its own service</p> <ul style="list-style-type: none"> -MDT Workload & Activity Data (activity by modality, surgical workload by surgeon, numbers discussed at MDT, MDT attendance) -National Audits -Local Audits -Patient Feedback -Trial Recruitment -Work Programme Update 	<p>How the team is planning to address weaknesses and further develop its service.</p> <p>Outline of the teams plans for service improvement & development over the coming year</p> <ul style="list-style-type: none"> -Audit Programme -Patient feedback -Trial Recruitment -Actions from Previous reviews

Demonstrating Agreement

- Where agreement to guidelines and policies is required this should be stated clearly on the cover sheet of the relevant evidence document.
- Evidence Guides will indicate the groups and individuals that need to be documented as agreeing the key evidence documents.

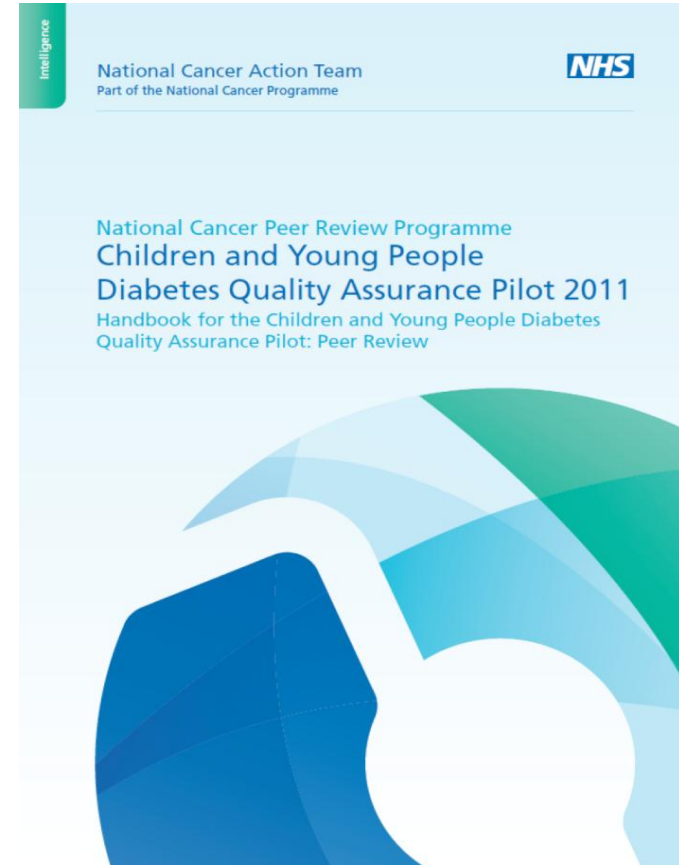
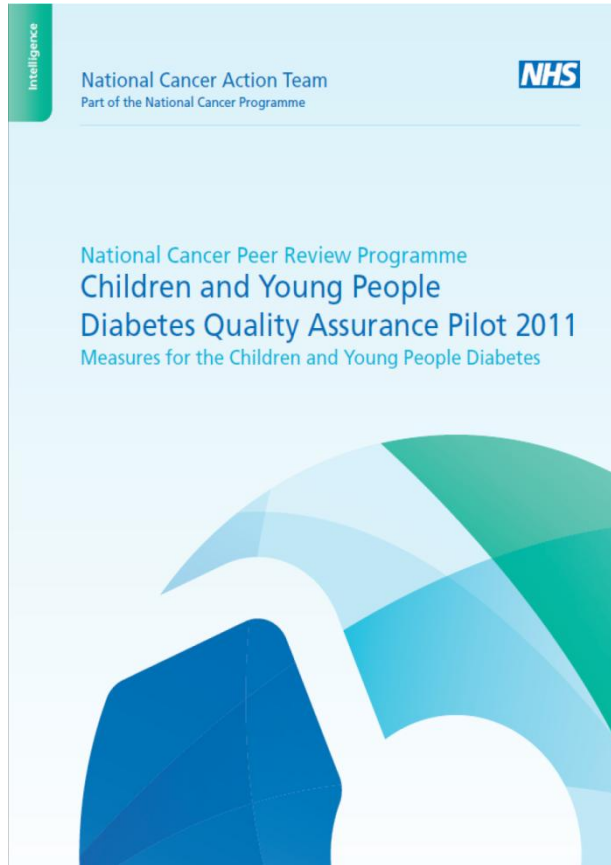
Background

- A detailed assessment of Children and Young Peoples diabetes services across 20 provider units in the 14 PCT's of the Y&H SHA identified a significant variation in care with the number of children with an NDA HbA1c < 7.5% ranging from 3% to 30%
- The variation could not be explained by demographics or resource

Methods

- Agreement was obtained from 3 units to pilot Peer Review in conjunction with the National Cancer Peer Review Team
- The methodology was developed and the Measures were written along with a Handbook

Peer Review in Paediatric Diabetes



Handbook for the Paediatric Diabetes Peer Review Programme

Contains details of the process from start to finish
Including:

1. The Peer Review Programme
2. Self Assessment
3. Outcomes of the Peer Review Process
4. Identification of Concerns
5. CQuINS

Paediatric Diabetes Measures

- Based on availability of Hospital services.
- MDT Clinic functionality.
- National Diabetes Audit.
- Clinical Management of patients.
- Patient Experience.

Organisations Participating

- Hull & East Yorkshire Hospitals NHS Trust
- Bradford Teaching Hospitals
NHS Foundation Trust
- Calderdale & Huddersfield
NHS Foundation Trust

Team Preparation

- The 3 teams were given support from the NCPR team along with further support from the Regional CYP Diabetes Network
- Each team submitted
 - an annual report
 - an operational policy
 - a work plan for the year with goals with an aim to improve on PNDA results
- All supporting documents uploaded on to CQuINS database

Team Preparation

- The Trust Chief Executives received a letter informing them of the intention of the Peer Review team to visit the unit and the intended date
- The provider unit teams received training in the Peer Review process from the NCPR team and a pre review on site visit after their submission of evidence
- The multi disciplinary Diabetes Peer Review team received training from NCPR team

Using CQuINS V4

Available via the web site at: www.cquins.nhs.uk

- Secure web based database supporting each stage of the cancer peer review process
- Records assessments, compliance with the measures and reports
- Provides information for national analysis and reporting

CQuINS V4

- Front end Website
 - Resources for Teams
 - Measure Manuals
 - Published Reports
 - Public Information About NCPR.
 - NCPR News
- Login Access to the Database
 - (which wont be publicly accessible)

CQuINS Homepage

CQuINS V4 - National Cancer Review Programme 2009/10 - Windows Internet Explorer

http://www.cquins.nhs.uk/index.php?action=logout

File Edit View Favorites Tools Help

CQuINS V4 - National Cancer Review Programme...

National Cancer Peer Review Programme

NHS

Quality in Cancer Service

Home | About Us | Public Information | Contact Us | Resources | News | Links

About Us

National Cancer Peer Review (NCPRI) is a national quality assurance programme for NHS cancer services.

The programme involves both self-assessment by cancer service teams and external reviews of teams conducted by professional peers, against nationally agreed "quality measures".

[Read more ...](#)

Public Information

A number of different types of "reports" will be published here which will provide information about team's and organisation's compliance with Quality Measures and also broader "qualitative" assessments relating to the quality and safety of patient care.

There are broadly two types of report which will be published.

[Read more ...](#)

Links

- [CQuINS V3 \(2008 version\)](#)

CQuINS V3/V4...

CQuINS version 3 holds all information for National Cancer Peer Review activity from 2001 - 2008. This information can be viewed via the [version 3 link](#). **CQuINS version 4** (log in using your existing CQuINS ID and password) should be used for all new self assessment Peer Review activity for 2009.

The only exception to this, is for the self assessment of **Chemotherapy Measures**. **CQuINS version 3** should be used for the self assessment of Chemotherapy measures until the **end of January 2009**.

News

- 06/01/2009 - Welcome to the new version of CQuINS which is being unveiled today.

[More news ...](#)

CQuINS V4 Login

Email:

Password:

[v4 Registration](#) [Password Remind](#)

For Chemotherapy

Chemotherapy assessors need to continue using [Version 3 of CQuINS](#).

Resources for cancer teams

Useful resources to download are available [here](#).

Navigate to CQuINS homepage
www.cquins.nhs.uk

Enter your registration details

Quick Find

Users:

Teams:

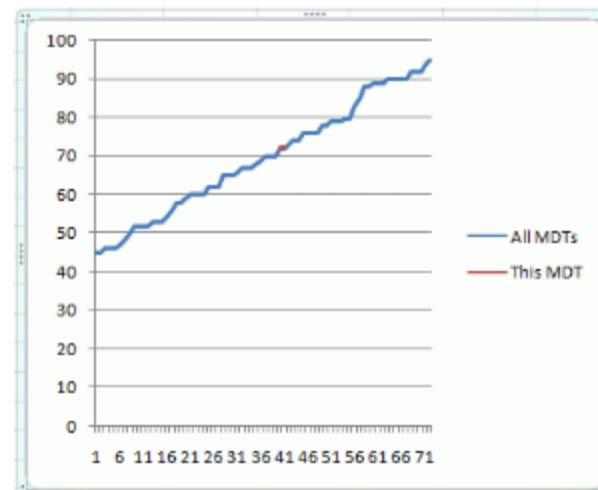
Local MDTs

Dummy Trust MDTs:

2C - Lung MDT

Dummy Trust 2C - Lung MDT

[60 Msrs]	SA	IV	EV	PR
%age Assessed:	20%	40%	0%	100%
%age Compliant:	70%	60%	0%	80%
Last Assessed:	14-Sep 2008	12-Sep 2008	20-Aug 2008	27-Aug 2008
Assessments Begin:	11-Jan 2009	1-Feb 2009	31-Mar 2009	01-May 2009
Assessments Deadline:	11-Jan 2009	1-Feb 2009	31-Mar 2009	01-May 2009



Key Evidence Documents

Type	Document Title	Uploaded By	Date	View	Action
OP	Operational Policy	NH	21 Nov 08	View	Download
AR	Annual Report	NH	21 Nov 08	View	Download
MD	Work Programme	NH	21 Nov 08	View	Download

Reports

Type	Document Title	Uploaded By	Date	View	Action
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Team Members

Self-Assessment vs Peer Review

Level of compliance against paediatric diabetes measures

- Self Assessment average: 91%
- Peer Review average: 75%

Who are Reviewers?

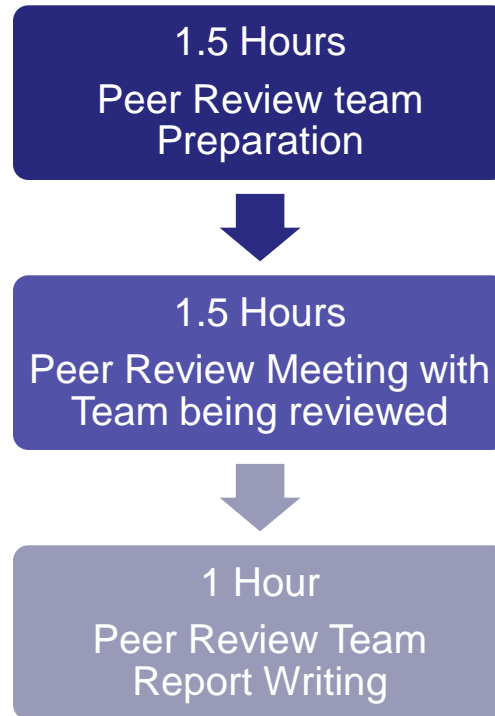
Multidisciplinary teams of

- Service Users, Clinicians, Managers, Commissioners

“Peers are people who have been trained and working in the same discipline as the people they are reviewing”

Reviewers will not be from the own Trust

The Visit Day



Categorising Review Findings

Immediate Risk

- An issue that is likely to result in harm and requires immediate action

Serious Concern

- An issue that could compromise the quality or outcome of patient care

Concern

- An issue that affects the delivery or quality of the service

Good Practice

- Relates to the service and can be either innovative or common practice undertaken very well

Results

- 3 diabetes services visited over a 3 consecutive day period
 - 1 team was identified as the highest performing team in the region
 - 2 teams acknowledged that they were struggling to improve service provision and outcomes

Results

- The high performing team
 - had clear clinical governance framework
 - had an operational policy which was in use
 - downloaded all pumps and BG meters and used this information to teach and train staff and patients/families
- 100% patients on MDI regimens with 40% on CSII

Results

- One of the 2 other teams was identified as having a major concern over dietetic provision and a letter was sent to the CEO
- Both teams had low numbers of patients on MDI regimens and pumps
- Both services highlighted excessive workload of the MDT as the reason for not using intensive insulin therapy
- One team had significant levels of deprivation
- Neither team had Directorate support to improve service provision

Good Practice Identified

- Young adult clinic – transitional arrangements
- Education/teaching session for families
- E-learning module
- Interaction with local schools
- Support worker role
- Use of technology for alerting patients

Serious Concern

- Lack of dietetic support. Impacting on level of control of HbA1c and general diabetes management. Lack of capacity affecting implementation of NICE pump guidelines
- Trust gave an undertaking to recruit Specialist Diabetes Dietitian.

Concerns

- Performance against HbA1c targets.
- Sustainability of on-call rota.
- Lack of formal access to psychological support.
- Lack of progress on developing facilities for downloading of meters and pumps.

What Happened Next?

Feedback to team at end of review day

Draft report circulated to the Review Team and Trust Team / Network for comment on factual accuracy

Final report completed within 6 weeks

Report available on CQuINS website

Conclusions

- All teams found Peer Review a supportive process
- All teams felt that it had helped them to structure their service and identify a way forward
- All teams thought Peer Review was a good way of driving up performance
- Peer review of all 20 units in SHA Y&H has been completed during Feb/ March 2012

In Summary

Benefits of Peer Review

- Provision of disease specific information across the region together with information about individual teams which has been externally validated
- Provision of benchmark data
- Provision of a catalyst for change and service improvement
- Identification and resolution of immediate risks to patients and or staff
- Engagement of a substantial number of front line clinicians in reviews

In Summary

Benefits of Peer Review

- 100% Clinical support for peer review
- Enabled rapid sharing of learning between clinicians, as well as a better understanding of :
 - Commissioning Services for Children and Young People with Diabetes
 - Delivering the Diabetes National Service Framework
- Will provide support for future business cases along with the Best Practice Tariff

