PEER REVIEW OF SPECIALISED PAEDIATRIC ENDOCRINOLOGY **B**SPEDSSERVICES IN THE UK - EVALUATION OF THE OUTCOMES

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Introduction

The BSPED Peer review programme was first initiated in 2011 to provide a regular cycle of independent impartial professional assessment, against quality standards for Specialised Paediatric Endocrine Services (SPES) in the UK.¹

We present here an evaluation of the outcomes from the first review cycle completed in 2017.

All SPES reported that the quality standards were appropriate, the assessment from the review process was fair and it motivated engagement in quality improvements.

However, one SPES reported no impact owing to lack of support from the hospital senior management team.

From the post-review questionnaire, 21 SPES found the review process useful in identifying developments and implementing quality improvements.

Methods

		standards?			
Results Table 1. Summary of Outcomes		The final Peer Review Report was intended to be a fair assessment of your service. Do you agree this was the	18	3	0
Number of tertiary centres in the UK	England 18, Scotland 2, Wales 1,	case?			
	Northern Ireland 1	Did the entire Peer Review process and outcome			-
Total population served by centres	median 2.6 x10 ⁶ , range 1-8 x10 ⁶	motivate your team to engage in quality improvements?	15	5	1
Number of total consultations (new + follow-up) per year	median 1810, range 779 - 6738	Did the outcome from the Peer Review reinforce your local efforts in quality improvements to your service?	13	5	3
Number of new patient consultations	modian 270 range 160 1251	iocal enorts in quality improvements to your service:			
per year	median 379, range 160 - 1354	Has the Peer Review been of benefit to your service?	14	4	3
Number of day cases per year	median 211, range 80 - 1300	Has the Peer Review been of benefit to the patients	11	C	Л
Number of criteria (n=54) in the Standards met	median 43, range 30-49	served by your service?		Ь	4

Table 2. Centre Post Peer Review Feedback (n=21)

For details of the process of peer review please see our other poster (RFC14-2).					
A Peer Review Officer was appointed by the BSPED to oversee the planning and		Post Review Questions	Yes	Partly	Νο
delivery of this programme.		The process of Peer Review entails evaluating services			
We examined pre-review self-assessment and post-review questionnaires		against 54 essential and desirable criteria derived from	15	6	0
(SAQ) completed by the SPES lead.		the BSPED standards. Were these standards appropriate for reviewing your tertiary service?			
We also reviewed final Peer Review asse	essment reports completed by the				
BSPED Peer Reviewers from each SPES.		You will recall that you completed a self-evaluation questionnaire in advance of the Peer Review visit. Did			
The reports showed whether standards were met, unmet or exceeded (very		this self-evaluation enable you to reflect on the	18	3	0
good practice).		performance of your service against the BSPED			
Results		standards?			
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		motivate your team to engage in quality	15	5	1
Total population served by centres	median 2.6 x10 ⁶ , range 1-8 x10 ⁶	improvements?			
Number of total consultations	median 1810, range 779 - 6738	Did the outcome from the Peer Review reinforce your local efforts in quality improvements to your service?	13	5	3
(new + follow-up) per year					
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Number of day cases per year	median 211, range 80 - 1300	Has the Peer Review been of benefit to the patients	11	6	4
Number of criteria (n=54) in the	median 43, range 30-49	served by your service?			
Standards met					

Conclusions

BSPED Quality Standard	Essential criteria	not met	
	Telephone access to consultant	8	
	endocrine advice is available for staff		
	in secondary care 24 hours a day		
1. Access to Specialised	Availability of transition clinics for		
Paediatric Endocrine Services	young people with endocrine disorders	5 3	
	to transfer to adult care		
	Specialist psychology support is	11	
	available for all patients who require it		
3. Environment and facilities,	Facilities for day case endocrine		
care of the child and	investigations are available at the SPES	1	
family/patient experience			
	Letters should contain a list of principal		
	& other diagnoses, together with a list	•	
4. Communication	of recommended medications and	U	
	their doses		
5. Clinical governance,	Evidence of specialist endocrine		
professional education and	training and CPD of medical and	1	
training, and evidence base	nursing staff		

his BSPED activity aimed at promoting the quality of SPES in the UK emonstrates the feasibility and acceptability of establishing a nationwide eer Review programme.

he results illustrate the considerable variation in the size of the 22 SPES, which may be a factor in quality of services provided.

he review process was helpful in supporting service developments for the ajority of centres.

his BSPED Peer Review programme has contributed to promoting the quality 80% SPES and the care they provide for children and young people with ndocrine disorders within the UK National Health Service. To enable ppropriate action plans from the final report and recommendations, it is vital nat these are presented to the medical and health care professionals of the PES, but also to the Senior Management Team. xperience from this first cycle, evidence, best practices and commendations will be used by BSPED to redefine SPES standards and to form the next peer review cycle.

References

¹BSPED. UK Standards for Paediatric Endocrinology, 2010. https://www.bsped.org.uk/media/1370/bspedpaediatricendocrinestandardsvs130710.pdf



