

Peer Review Working Party

Membership

Dr John Hanley	Chair
Dr Julia Anderson	UKHCDO Member
Dr Gillian Evans	UKHCDO Member
Dr Lishel Horn	UKHCDO Member
Dr Ri Liesner	UKHCDO Member
Dr Rhona MacLean	UKHCDO Member
Dr Tim Nokes	UKHCDO Member
Anna Wells	Lead Physio HCPA
Sarah Bowman	Social Worker
Cathy Harrison	Chair HNA
Liz Carroll	CEO Haemophilia Society
Graham Knight	Patient Representative
Dr Kate Khair	Past Chair HNA
Dr Anne Yardumian	Peer Review Programme Clinical Lead
Rachael Blackburn	Assistant Director QRS

Since the 2018 AGM, the UKHCDO Peer Review programme has been rolled out to both Comprehensive Care Centres and larger Haemophilia Treatment Centres. The programme has been an ongoing collaboration between the UKHCDO and the Quality Review Service (QRS - formally the West Midlands Quality Review (WMQRS)).

The programme involves a total of 37 visits which will cover almost all of the UK. By the 2019 UKHCDO AGM in November, 29 visits will have been carried out. The remainder are scheduled to be completed by January 2020. The individual reports have been issued to the reviewed centres as soon as they are finalised, and all reports as well as a UK-wide summary overview report will be published at the end of the process in 2020. There is a plan to hold a “good practice sharing event” as part of the opportunity to disseminate the huge amount of good practice highlighted in the peer review visits.

In total 182 reviewers have been trained (67 Nurses; 43 Consultant Haematologists; 31 Physiotherapists; 20 Patients / Carers / Haemophilia Society staff; 7 Data or Service Managers; 5 Psychologists; 4 Social Workers; 3 Laboratory Scientists). For each visit a team of reviewers is assembled and the visit follows a structured process to review the evidence of compliance with the agreed Quality Standards. Each visit is coordinated by the QRS and a member of QRS staff (most often Rachael Blackburn) and Anne Yardumian, in her role as clinical lead for the programme, attend every visit. Anne takes on the important role of coordinating the discussion and providing feedback during the visit and she collates the report. This approach ensures that the process has a considerably greater degree of consistency compared to our historical Triennial Audits.

The visits to date have highlighted many areas of excellent care and good practice in the UK although a small number of immediate risks have been identified. These have either been in relation to inaccuracies or lack of clarity in written protocols as well as some concerns about resuscitation training for staff. All the immediate risks highlighted have been promptly addressed by the Centres concerned.

Overall the main concerns highlighted during the visits relate to staffing levels. It is clear that there are wide differences in the provision of staffing infrastructure particularly in relation to physiotherapy, clinical psychology and social work although there are also shortfalls in medical and nursing provision in some Centres. In addition, there are some centres with inadequate space and facilities.

The Peer Review process has also demonstrated marked differences in the way CCCs interact with HTC and other hospitals within their geographical catchment areas. There are some examples of well-established Clinical Networks which have excellent Clinical leadership as well as support and investment from Trusts and Commissioners. However, this is not the case for most of the UK where the Network arrangements are much less formal and as a result may impact on quality of care.

Individual centres can use their reports to develop action plans to address the concerns highlighted. This clearly needs to be done with the support of the relevant Hospital Trusts and Local Commissioners. In addition, the conclusions of the Peer Review programme will need to be taken on board at a national level through the Clinical Reference Group and UKHCDO. The information from the Peer Review programme will inform discussions about minimum staffing levels as well as designation of CCC status.

Dr John Hanley,
Chair, Peer Review Working Party
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