

Peer Review for Cardiothoracic Transplantation

Background

Peer Review is a part of the ODT TO2020 Strategy, and is seen as a way of approaching variations in practice and encouraging learning between centres and between clinicians. There are important Quality Assurance aspects of the peer review programme which are also seen as an advantage.

There are a number of evolving strands being developed in parallel. In addition to the intentions of NHSBT, NHS England have some steps in place already:

- CQUIN process for adult and paediatric heart and lung.
- NHS England is developing a Quality Dashboard across all the specialized services. This will utilise many of the common sources of data, for the transplantation.
- Transplant programmes already have review by the HTA for their EUODD compliance, and commissioning visits from NHS England as well as Trust CQC visits.

NHS England has a Peer Review programme, led by Ruth Bridgeman, National Programme Director for Peer Review. The team includes a number of Quality Managers who coordinate the review process. It has already carried out Peer review visits in Trauma, and Paediatric Diabetes. It is responsible for the Cancer Peer Review Programme, and has carried out a pilot peer review of stroke services in Humberside along with many other service reviews and is to become accredited by the UKAS as well as CQC.

A proposal went to NHS England in August 2014, for this team to carry out Peer Review across the Transplant specialities. The decision was that in the first instance they would carry out Peer Review for Cardiothoracic Transplantation, within the current financial year. If this was successful, and if there is continued funding support for the Peer Review team, this will extend across all the organ groups.

The Peer Review Team establish a website for centres to carry out self-assessment against an agreed set of objective criteria, train reviewers, including nursing, lay and carer representatives, and arrange the review. One of the team supports the reviewers on visits to take notes and write up the report.

The results of the Review belong to NHS England, but will be reported back to CTAG. We anticipate this to be a means of sharing good practice and learning, at all levels, about different models of care at different units.

Adult and Paediatric teams will have separate reviews. There is opportunity for the Scottish centre to take part in the process.

Timetable

- Volunteers will be invited from all the centres, through CTAG, to undergo training as Reviewers. This will be a mixture of physicians, surgeons, nurses, managers and patient and carer representatives. Doctors receive CPD points for this training, with similar arrangements for other specialities.
- A small group will be assembled, probably in late October 2014 to devise a list of objective criteria by which centres will be assessed. This will cover the whole pathway from referral to palliative care, for both hearts and lungs. Paediatrics will be represented, with an overlap of criteria. Retrieval will not be included.
- These criteria will then be put out for consultation by the whole of CTAG and the Clinical Reference Group.
- When criteria are finalised, the Peer Review team will open the web-based self-assessment, to allow Trusts to download the information required prior to the Review visit. This information will be in the public domain.
- Training will be done in late November/December 2014, probably in two groups, north and south, to minimise disruption.
- Review visits will take place over a 2-4 week period in the early spring of 2015. Review teams will, it is suggested, consist of a surgeon, a physician, a nurse, a patient/carer and a manager. The Area Team Commissioner will be invited to join the visit. A member of the Review team will be present, and in consultation with all the reviewers, will write up the report, based on a standard template, the first draft report will be completed on the day.
- Results of all the reviews will be fed back to CTAG in April 2015.

Actions

Composition of the group who assemble the criteria must be decided. It is suggested that we have two surgeons, a physician from each of heart and lung, a nurse and a patient.

Volunteers are needed amongst potential reviewers, for training in late November 2014.