

Peer Review

What is a peer review?

For several years now, the Cystic Fibrosis Trust has been engaged in a process of peer review, to improve the care of those with CF irrespective of where they live in the UK.

A peer review is a process whereby a CF service is reviewed by a panel of experts from a similar CF unit. The peer review panel consists of two CF consultants and two of the following: a specialist CF nurse, physiotherapist or dietitian. There is also an adult patient or parent representative, and a senior member of the Cystic Fibrosis Trust on the panel, as well as a note-taker.

The objective of a peer review is to make a fair, constructive appraisal of the service, acknowledging aspects that are of a high standard and making recommendations as to where improvements need to be made.

The process is detailed, thorough and time consuming for all involved, including the team being reviewed and the review panel.

The process

Once a date is agreed, the specialist centre or clinic to be peer reviewed is sent a comprehensive set of papers, including a pro forma to be completed, covering all aspects of care offered, a treatment and outcomes questionnaire and a set of questionnaires to be distributed to their patients with reply paid envelopes addressed to the Cystic Fibrosis Trust.

These are collated and a set of papers is given to each of the panel members in advance. The panel meets the night before the peer review to discuss the programme for the next day and to highlight any areas of obvious concern or which need clarification.

The peer review starts at 8:30am in a meeting room at the hospital of the CF Unit that is being peer reviewed. The lead consultant gives an overview of the service, which is followed by a tour of the facilities, including outpatient clinics, lung function rooms, inpatient accommodation, and for paediatric services, play areas and school rooms. Physiotherapy facilities including exercise areas and gymnasiums will also be visited.

The panel then meets with each part of the multidisciplinary team. This will include consultants, junior doctors, CF nurse specialists, ward nurses, physiotherapists, dietitians, social workers, psychologists and microbiologists, as well as data clerks, secretaries and,

where appropriate, play leaders or youth workers. A thorough discussion as to the nature of the service provided takes place, as well as aspects of care which should be available but which staff limitations make difficult.

After a working lunch, the panel meets with parent or adult patient representatives. During the tour of the facilities, any inpatients or outpatients who are willing to give their opinions will be encouraged to do so. These views will all be taken on board, as well as feedback from the patient questionnaires.

Hospital managers are then interviewed, usually including the medical director, finance manager and the Chief Executive. Increasingly commissioners, who are the people responsible for the strategic planning and funding of the CF service, are also keen to be involved.

At the end of a long day and after the panel has had some time to discuss its conclusions from the day, honest and clear feedback is given to as many of the multidisciplinary team as are available, usually the majority of them.

A member of the panel, usually but not always the representative of the Cystic Fibrosis Trust, then drafts a comprehensive report which is circulated to the rest of the panel for consideration. Comment, modification and/or addition is invited. Most reports are re-drafted two or three times before a final version is agreed. At this stage it is sent to the lead consultant of the service that has been reviewed for any factual correction to be made before it is circulated to the appropriate commissioner, Chief Executive of the hospital and the lead consultant. The report will include an executive summary and key recommendations as well as detailed findings.

Results of peer reviews

Increasingly, for paediatric services we are being asked to review specialist centre as well as shared care clinics, i.e. the whole network. To date this has included centres with nine, four and twelve clinics, and dates have been agreed for several more complete networks.

The work involved is considerable. As at March 2010, 38 specialist centres and 38 specialist clinics have been peer reviewed and several more have been scheduled for later in 2010. We are now planning our 2011 peer review programme.

A further development is that a number of centres have asked to be re-peer reviewed, to ensure that recommendations made are taken seriously and acted upon.

The results of this process have (by and large) been overwhelmingly positive. Over £15 million of extra Department of Health funding has been made available for improved CF care, and every week we hear of additional improvements following a peer review. Other countries are considering implementing a similar programme. We recently had a visit from some of our colleagues in Germany to learn more about the process. The Australians are also keen to establish a similar programme.

It is a tribute to the commitment of the CF community, including doctors, nurses and other allied health professionals to help improve care across the UK that this initiative has proved to be so successful. Our thanks go to all of those who have participated and contributed to this important programme. They participate willingly, and often tell us that they have learnt something during the day that has since been implemented in their own centre.

The last word should go to one of our parent representatives, Penny Higgins:

“Thank you very much for inviting me to attend today's peer review of Alder Hey. For me it was perhaps a one off chance to sample the inner workings of a CF centre and fully appreciate some of the stresses and strains they are under. It was also an amazing opportunity to see how keenly and proactively the CF Trust supports both the centres providing the care and the families receiving it, which I am certain many parents don't realise.

I was so thrilled to have been part of such a professional team today and to be genuinely included as part of that team. I sincerely hope that the outcome of these reviews is that centres and peripheral clinics are able to provide an even better service in the future and I have to say that if anyone can achieve it, you all can.

I look forward to receiving the report and once again I thank you for the wonderful opportunity I feel I have had today.”