2010 Reviews of Urgent Care, Critical Care, Stroke (acute phase) & TIA, and Vascular Services

Evaluation Report

Key Points

1 This evaluation of the 2010 WMQRS review programme has three parts: evaluation of training sessions, evaluations at the time of the visit and an overall evaluation carried out when all reports had been finalised and circulated.

2 Learning objectives at the half-day training sessions were generally achieved well. In particular, 86% respondents said that they understood the role and responsibilities of reviewers fully or very well. The main comments were about insufficient time. These views have to be balanced against the impact on clinical time if training is increased to one day for all reviewers. The evaluations show high levels of satisfaction with reviewer performance at the visit and with the quality of the report.

3 The health economy evaluations identified some issues with preparation and with the timetable and additional health economy-based briefings for future programmes are proposed to address these. Comments were very positive about the approach and attitude of the visiting teams. Reviewers were positive about the experience, including about the organisation of the visit, the welcoming attitude of staff being reviewed and the learning they gained from the experience. There was a variety of views on whether the timetables, with some people thinking that they were too busy.

4 The response rate for the overall evaluation was low. Relative to other programmes, it shows poor use of the preparation time but good results for the experience of being a reviewer and for 'immediate risks and concerns' having been addressed. Seventy three per cent of respondents said that the peer review process overall had been useful or very useful to their organisation in improving services.

5 Overall, this evaluation shows that the 2010 review programme was well received and achieved its aims of improving the quality of services, providing development and learning and helping organisations to develop greater competence and confidence in clinical quality assurance.

Introduction

6 In 2010 the West Midlands Quality Review Service (WMQRS) undertook quality reviews of urgent care, critical care, stroke (acute phase) & TIA, and vascular services across the West Midlands. The reports of each review visit and Overview Reports which summarise the regional picture are available on the WMQRS website: www.wmqi.westmidlands.nhs.uk/wmqrs

7 WMQRS is committed to evaluation of its work and this report presents the evaluation of the 2010 review programme. The 2010 evaluation has three elements:

a. Evaluation of training sessions
b. Evaluations at the time of the visit
c. Overall evaluation

This report summarises the findings of each of these evaluations and compares the overall evaluation with other review programmes. Where comments have been analysed, the number of comments is shown in brackets (XX). One respondent may have made more than one comment.

8 These are internal evaluations with respondents aware that their replies will be read by WMQRS staff. The responses are from those who made the effort to return a form and generalisations should therefore be drawn with some caution. They give, however, the best available view of the value of the 2010 review programme. Evaluations were undertaken in a comparable way to other review programmes.

Evaluation of Training Sessions

9 One hundred and eighty six reviewers attended a half-day training session between March and June 2010 and 181 (97%) of these completed an evaluation form.

10 Learning objectives at the training sessions were generally achieved well (table 1). In particular, 86% respondents said that they understood the role and responsibilities of reviewers fully or very well. Least positive were 'be familiar with the Quality Standards' and 'practice the skills'. This is not surprising given the extent of material that needed to be covered in a half-day session.

Table 1 Achievement of Learning Objectives

Learning Objectives	% Achieved (N= 181)				
	Not at all	Not very well	Fairly well	Very well	Fully
Be familiar with the Quality Standards you will be reviewing	2	2	35	48	13
Understand the way in which peer review visits will be organised.	0	1	16	53	30
Understand the role and responsibilities of reviewers and the relationship with other team members.	0	1	13	59	27
Understand what you need to do at each stage of the peer review visit	0	1	29	48	22
Have practised the skills you will need when reviewing.	0	3	39	46	12

11 The individual training sessions showed a similar picture (table 2) with most sessions evaluating well and the poorest response for the session on practising skills. This session has also evaluated the lowest in previous training sessions. It involves 'role play', which is often unpopular, but without which reviewers do not fully understand what they have to do.

12 Specific comments were made about the need for more time (17), more explanation of the evidence review (8), criticisms of the venue or food (9). A small number of comments were also made on the presentations, role play and Quality Standards. Other general comments were balanced between critical comments or suggested improvements (16), and positive responses (17) including "*One of the best training days I have been on for a very long time. Very practical and helpful. Thank you".*

Table 2 Evaluation of Individual Sessions

	% (N=181)			
Session	**Poor**	**Adequate**	**Good**	**V. Good**
Presentation: Purpose, Quality Standards & Visit Principles	0	2	50	48
Group Work: Review of Evidence	0	13	60	27
Presentation and practise: Health Economy Presentation and 'litmus test'	1	8	55	36
Presentation: Gathering Information	0	5	56	39
Group Work: Practising meetings	1	21	51	27
Presentation and practise: Conclusions	0	6	58	36

13 The question of the length of training sessions is difficult. One of the WMQRS principles is that impact on clinical time should be minimised. Reviewer training days have been increased to a full day for the 2011 review programme but WMQRS staff do not consider that this should be the norm for all reviews. Training can be completed in half a day but some reviewers will think this is too short. This issue should perhaps be considered in the light of the outcomes of training, in particular, satisfaction with the reviewers' performance (section 18) and with the review report (section 25). For the 2010 programme, training lasted half a day but satisfaction with reviewer performance and with the report were high.

Evaluations at the Time of the Visit

14 Evaluation forms were given to reviewers and to the health economies which were visited. These evaluations are often not returned but have, in the past, been useful for quickly identifying specific problems which have occurred.

Health Economy

15 Only 39 evaluation forms were returned from nine of the 15 review visits (14 health economies plus West Midlands Ambulance Service). The number of returns for each health economy ranged from one to 11.

16 The responses showed general satisfaction with the pre-visit preparation and the performance of the visiting team (table 3). More informative, however, are the comments on the evaluation forms. In relation to preparation for the review visit, some respondents said that they had not been involved (5), some felt that communication before the visit was poor (5) and others that communication was good (3). Comments on the preparation of evidence were similarly varied with 10 finding the preparation useful and eight saying that the evidence preparation was too time-consuming and duplicated what was needed for Monitor, NHSLA and CQC. Examples include: "*It was helpful for my team to prepare for this visit and allowed us to update protocols etc – which we had always meant to do*" and "*Time consuming – large amount of work to complete*." Three comments specifically highlighted that the preparation had improved team-work within their service.

Table 3 Health Economy evaluation at the time of the visit

Question:	% (N=35)		
	Not helpful	**Helpful**	**Very helpful**
The pre-visit preparation was:	9	69	23
The visiting team was:	3	37	60

17 Views on the actual visit also varied. There were 24 comments that the visit timetable was too rushed or was unclear, for example, "*Poor organisation and last minute changes led to confusion and the timetable was disrupted"* and "*Timing during the day. Failure to follow the programme meant the assessors disappeared at one point. It was disorganised and shambolic"*. A few people specifically commented that reviewing four services on one day was ambitious. Nine people commented that the visit timetable worked well, for example "*The day went like clockwork",* and there were five comments about the value of visiting clinical areas. Other comments were about a lack of information about what was expected at meetings (5), of which three comments specifically related to patient groups. Comments on the feedback given on the day were both positive (5) and negative (3).

18 Comments about the reviewers were overwhelmingly positive with 37 comments that reviewers were friendly, approachable, supportive and knew what they were talking about compared with three critical comments. Typical examples are: "*Informed and knowledgeable. Had obviously read the folder of evidence that had been collated. Were approachable and supportive in attitude – non-threatening. Listened to what we had to say and gave useful feedback."* or *"They were very knowledgeable and willing to discuss emergency care with us which was a good source of information. I found them supportive and understanding."* Two comments highlighted the usefullness of reviewers' suggestions.

19 General comments were positive with either "*nothing went badly or could be improved"* (13) or specific comments about the value of the process (5). Examples include: "*Made me look at things with fresh eyes. Made us realise we had some really good areas of practice."; "Gave focus to the standards of service required. Highlighted standards that we are acheiving and identified areas that needed improving."; "Generally served as a stimulus to critically review where we were compared with the Quality Standards and encouraged consideration of care pathways."; "A very helpful and positive process. Lots of work to prepare for the visit but this was positive in that issues neeing to be brought up to date were done."; "I feel the review was constructive, fair and balanced - just right. Very supportive of staff and the development of the service. Reviewers were very professional but able to support staff in feeling comfortable and open during discussions."*

Reviewers

20 Evaluation forms were returned by 102 reviewers which represents 44% of individual reviewers and 22% of reviewer days. (Reviewers are less likely to complete an evaluation form for second and subsequent visits). Twelve comments from reviewers which were sent separately immediately after the visits have also been included in the analysis of comments. Table 4 shows that reviewers were generally positive about the pre-visit information and organisation of the visit.

Table 4 Reviewer evaluation at the time of the visit

Question:	% (N=102)		
	Not helpful	Helpful	Very helpful
The information sent to me before the visit was:	2	42	56
Overall, I found the organisation of the visit:	0	28	72
I found the recording form:	0	51	49

21 Reviewers also gave more detail in their written comments. There were 18 positive comments about the information sent in advance of the visit with only four comments that it was poor or incomplete and one person who said it was too much. Four people would have like printed copies rather than emailed information and two had difficulty opening the zipped files attached to the email. Three people would have liked more guidance on which information to look at. Two reviewers commented that the training was invaluable in making sense of the pre-visit information.

22 Comments on the organisation of the visit were overwhelmingly positive (55), for example "*Organisation of the visit was very slick. All parties turned up at the right time with the right information"* and "*Highly professional but pleasingly friendly, personal and understanding",* although some reviewers would have liked more time for the review of evidence (3), for visits to wards and departments and meeting staff (9) or for meeting patients (2). Some reviewers commented that timekeeping was not good (6), that they had insufficient time overall (3) or did not manage to speak to appropriate staff (6). Finding evidence in the folders or intranet was sometimes difficult (8) and two people would have liked to receive the evidence in advance of the visit. Reviewers made several suggestions for improving the organisation of the visit (6). Some reviewers were concerned about refreshments (5), parking (2) and problems with the base room (5).

23 Reviewers generally commented on the positive attitude of staff from the health economy (13). There were also positive comments about the review of evidence (4), meeting patients (2) and teamwork among reviewers (12). Reviewers commented on the learning that they had gained from the experience (15): "*Good opportunity to learn and share working practices."; "learned about services and the importance of having protocol and policy. Good insight of system. Good experience."; "As educational as ever."; "Every part of the visit was enlightening – so much to learn".* "*Great experience. Learned a great deal*"*;* "*It was a great experience and I think as a result of it there are messages I can spread across my own Trust."*

24 Eight reviewers commented positively on the support available from WMQRS staff, for example "*I particularly valued the response of WMQRS staff in dealing with my queries in a speedy and supportive way. I felt valued and "looked after" in undertaking a new experience."; "It is an extremely difficult process in bringing together a group of professionals who have not met or worked together before. However, WMQRS seem to have great skills in overcoming problems and generating cohesion and cooperation without being patronising. I can only say – very well done".* There were 20 comments about the Quality Standards or the recording form but no general themes within these comments.

Overall Evaluation

25 Overall evaluation questionnaires were sent out in June 2011 to lead contacts in Trusts and PCTs, to reviewers, and to people who were both reviewers and lead contacts. Despite two reminders, the response rates were poor with only 49 forms returned from reviewers and 15 from Trust and PCT leads. The responses from the two groups were very similar and so they have been combined. Table 5 shows the responses from the 54 individual people who replied (10 people were both reviewers and Trust / PCT leads). The results are generally positive, in particular, 88% of reviewers said that the experience was helpful or very helpful in improving their own services. Most organisations did not use preparation for the review as a way of making changes in services. This is probably not surprising given the relatively short preparation time which was available for this review programme. The first reviews were carried out less than two months after the Quality Standards were finalised.

26 Fifty six per cent of respondents to the overall evaluation said that immediate risks and concerns identified in the visit report had been addressed in full or nearly so. Examples of changes made included introduction of a seven day a week TIA service, nursing competences improved, involvement of critical care staff in outlying high dependency units, a new sluice, increased consultant numbers, joint vascular and diabetic foot clinics, improved availability of data, improved bed management arrangements, new resuscitation equipment, improved patient information available, *"departmental protocols on most things for the first time ever"* and relocation of an acute medicine service. Some issues had proved difficult to address including absence of a mental health liaison service, establishing an interventional radiology rota, maintaining patient flow of acute medical admissions and data submission to the National Vascular Database.

Table 5 Overall Evaluation Responses

Question		%						N
		1	2	3	4	5		
The pre-visit support available from West Midlands Quality Review Service was:	Not helpful	0	7	40	27	27	Very helpful	15
Did the preparation for the visit lead to changes in the services provided by the Trust/Health Economy?	No change	33	13	20	33	0	Significant improvement	15
Was the experience of being a reviewer useful in developing your own services?	Not useful	0	0	12	43	45	Very useful	49
Was the peer review visit to your own organisation a helpful or unhelpful experience?	Not helpful	2	4	21	47	26	Very helpful	53
Did the report of the visit give a fair reflection of the services at your own organisation at the time of the visit?	Unfair	0	8	19	43	30	Very fair	53
Has your organisation been able to address the 'immediate risks' (if any) and 'concerns' identified in the report of its peer review visit?	Not addressed at all	2	12	31	44	12	Addressed in full	52
Has the involvement of staff from your Trust or provider organisation in visits to other places been helpful in improving own services?	Not helpful	0	15	23	46	15	Very helpful	13
Has the peer review process overall been useful to your organisation in improving services?	Not useful	0	4	23	62	11	Very useful	53

27 Suggestions for disseminating good practice included conferences, newsletters and dissemination using existing networks.

28 Respondents made several general comments of which some were negative (4), for example, *"Lot of work for little long-term gain",* or made suggestions for improvement (3). The balance of the comments was, again, positive including the following comments:

- *"A very worthwhile exercise that enabled us to have a good look at how others may take a different approach to a similar workload. Many potential tweaks to practice are thus revealed and while all may not be suitable in our Trust the debate about them does concentrate attention in delivering the best possible care for our patients.*
- *Extremely useful to be part of the overall process from putting the Standards together to undertaking the reviews.*
- *I found this to be a very objective assessment when being reviewed. The experience of reviewing another department was incredibly valuable.*
- *Collating index of evidence was a useful exercise in terms of identifying good practice and areas where we could improve.*
- *Excellent process to drive up quality – follow up is needed and standards should be refined and developed.*

- *The process was very helpful for me personally- it was instrumental in bringing on changes to my organisation - it should continue and aim to alter and improve the service in future as it is doing presently - is very helpful in maintaining patients' confidence and experience about the service.*
- *A very useful exercise, it focuses the mind and brings quality to the fore.*
- *The experience of being a reviewer and being reviewed is very valuable. I am happy to contribute more to this process because it is very worthwhile.*
- *Enjoyable to be a part of and I know it benefits clinical care as it has helped the movement of ideas and thoughts.*
- *The review process has provided me with good skills to review services and practice, it has provided good contacts for sharing information. Quality Standards provide focus and prioritisation for essential improvements or changes.*
- *The review is very helpful - it focuses on the quality of service, local priorities and organisational strengths and weaknesses. Just the process of preparation for the review serves is an important check of local service.*
- *The organisation of the WMQRS visits proved most instructive, while the experience gained proved invaluable in conducting and reporting on my organisation's announced and unannounced visits to local hospital wards and care homes. The approach, method and appraisal of such has noticeably improved as a direct result of the understanding and knowledge gathered during the periods in question working under the instruction and guidance of WMQRS. (Comment by Chair of a LINk/ HealthWatch)".*

29 Table 6 compares the evaluation of the WMQRS 2010 review programme with other reviews undertaken by WMQRS or its predecessor organisations. This shows, relative to other programmes, poor use of the preparation time but good results for the experience of being a reviewer and for 'immediate risks and concerns' having been addressed. Seventy three per cent of respondents said that the peer review process overall had been useful or very useful to their organisation in improving services.

Table 6 Overall Evaluation – Comparison with Other Review Programmes

Question	Response	%					
		CIC 2003	Cancer 2005	CIC 2006	WMQRS		
					Renal 2009	SC&T 2010/ 11	2010
Did the preparation for the visit to your own organisation lead to changes in the services provided?	Improvement or Significant Improvement	34	41	71	14	50	33
Was the peer review visit to your own organisation a helpful or unhelpful experience?	Helpful or Very Helpful	72	47	78	80	100	73
Did the report of the visit give a fair reflection of the services at your own organisation at the time of the visit?	Fair or Very Fair	83	58	65	66	100	73
Was the experience of being a reviewer useful in developing your own services?	Useful or Very Useful	81	74	89	91	92	88
Has your organisation been able to address the 'immediate risks' (if any) and 'concerns' identified in the visit report?	Addressed in full or nearly addressed		43		48	23	56
Has the peer review process overall been useful to your organisation in improving services?	Useful or Very Useful	67	45	61	52	73	73

Key: CIC Critically Ill Children SC&T Sickle Cell and Thalassaemia

Overall Conclusions and Actions

30 This section summarises the overall conclusions from the evaluation of the WMQRS 2010 review programme and recommends action which should be taken as a result.

31 The training sessions generally evaluated well despite lasting only half a day, and reviewers were assessed as performing well. The session on practising meetings evaluated least well. **Action:**

a. WMQRS to review again the session on practising meetings before the next training to identify whether improvements can be made.

b. In general, training should last half a day in order to minimise the impact on clinical time.

32 Despite the advice in the Review Process Paper, several organisations found that the preparation of evidence was too onerous. **Action:**

c. WMQRS to consider again whether the work involved in the presentation of evidence can be reduced.

Several aspects of the preparation for the visits could be improved, including better communication. Organisations' experiences appeared to vary considerably, possibly depending on the interest and enthusiasm of the identified lead contact for the review. Some organisations had not fully understood the Review Process paper, in particular, the section on preparing evidence. **Action:**

d. For future reviews, WMQRS should offer briefing sessions in each health economy for individual service leads (rather than region-wide briefings for lead contacts from each organisation). These briefings should cover all aspects of the review and, in particular, the preparation of evidence.

33 Some people, including patient groups, were unclear on the purpose of meetings. The Review Process Paper now includes guidance on the expected issues to be discussed at patient group and other meetings.

34 There was a variety of views on whether the timetables, with some people thinking that they were too busy. As well as the WMQRS commitment to minimising the impact on clinical time, reviewing several services together has many advantages. The links between services can be identified and good use is made of the time of 'generic' reviewers, staff within the Trust and WMQRS staff. The 2010 reviews did run up to seven, sometimes multi-site, clinical streams on one day and this may have been too many. In general, four or five clinical streams is probably the maximum which should be undertaken on one day in future reviews. Several detailed suggestions will also be taken into account in the design of future review programmes.

Dissemination of good practice is the responsibility of sponsoring networks or clinical pathway groups and did happen to a varying extent for the 2010 review programme. **Action:**

e. WMQRS should give greater consideration to the dissemination of good practice as part of the scoping of future review programmes.

f. Future WMQRS programmes should normally review a maximum of five or six clinical services per day.

35 Response rates in some parts of this evaluation were low. The evaluation used the methods developed for previous programmes, rather than the framework developed by *Finnamore,* in order to give data which could be compared with other programmes. The evaluation was internally collated and analysed and so does not give an independent view of the success of the programme. Full external evaluation of each programme would not be affordable within WMQRS resources but external analysis of collated responses could be commissioned. **Action:**

g. WMQRS to consider ways in which the response to each stage of the evaluation of review programmes can be improved.

h. WMQRS to commission external analysis of future evaluation responses.

36 Overall, however, this evaluation shows that the 2010 review programme was well received and achieved its aims of improving the quality of services, providing development and learning and helping organisations to develop greater competence and confidence in clinical quality assurance.