

WMQRS Annual Report 2013/14

WMQRS: Supporting NHS organisations in the West Midlands to improve quality

WMQRS is a collaborative venture

by NHS organisations in the West Midlands to help improve the quality of health services by:

- Developing evidence-based Quality Standards
- Carrying out developmental and supportive quality reviews often through peer review visits
- Providing development and learning for all involved

WMQRS Board Members

- Beryl Nock, Patient Representative
- David Orme, Patient Representative
- Nick Flint, Patient Representative
- Simon Hairsnape, Chief Officer, NHS Redditch & Bromsgrove CCG / NHS Wyre Forest CCG
- Rob Lusuardi, Director, Stafford & Surrounds CCG
- Salma Ali, Accountable Officer, NHS Walsall CCG
- Rachel O'Connor, Head of Specialised Commissioning, NHS England
- Sue Doheny, Director of Nursing and Quality, Arden, Herefordshire and Worcestershire Local Area Team
- Richard Kirby, Chief Executive, Walsall Healthcare NHS Trust
- Rob Courteney-Harris, Medical Director, University Hospital of North Staffordshire NHS Trust
- Bev Ingram, Nurse Director, Birmingham Community Healthcare NHS Trust
- Paul Martin, Director of Governance, University Hospitals Coventry & Warwickshire NHS Trust
- Roger Stedman, Medical Director, Sandwell & West Birmingham Hospitals NHS Trust
- Anna Morton, Associate Director, West Midlands Strategic Clinical Networks & Senate

Welcome!

Welcome to the WMQRS 2013/14 Annual Report! As for many NHS organisations, 2013/14 has been a year of transition for WMQRS. The work programme has been more responsive to each health economy priorities. This has brought advantages and disadvantages but has definitely resulted in a much wider and more varied programme. I am particularly pleased that we now have three year funding agreed for WMQRS. This gives us all the chance to plan for a work programme which makes the best use of WMQRS and its products for improving quality.

Simon Hairsnape
Chief Officer

NHS Redditch and Bromsgrove CCG / NHS Wyre Forest CCG
Chair of WMQRS Board



WMQRS Products

- ⇒ Pathways
- ⇒ Quality Standards
 - Suitable for use in self-assessment, service specifications or peer review visits
- ⇒ Pathway-based peer review visits
- ⇒ Overview Reports which identify common themes and provide benchmarking
- ⇒ Development and learning
 - Reviewer training
 - Review visits
 - Good practice sharing events

What we did
in 2013/14:



Want to find out more? Contact WMQRS

Website: www.wmqrs.nhs.uk email: swb-tr.SWBH-Team-WMQRS@nhs.net

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Follow us on Twitter @WMQRS

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2013/14 At a Glance



"The feedback meeting was really useful in teasing out some of the detail from the over-arching themes. It gave an early indication of the issues we will need to pick up across the health and social care economy."



"The process followed was informal but detailed, thorough and concise."



Pathways Developed:

- ⇒ Very pre-term babies
- ⇒ Eye care
- ⇒ Childhood asthma & constipation
- ⇒ CAMHS

Peer Review Visits:

- ⇒ Care of critically ill children (6)
- ⇒ Urgent care (2)
- ⇒ Critical care (1)
- ⇒ Speech & language therapy (1)
- ⇒ Acquired brain injury (1)
- ⇒ Day case surgery (1)
- ⇒ Paediatric palliative care & long-term ventilation (1)

Formative Review Visits:

- ⇒ Care of frail older people (4)
- ⇒ Maternity services (1)

New Quality Standards:

- ⇒ Acquired brain injury
- ⇒ Chronic pain
- ⇒ Transfer from acute hospital care and intermediate care
NB. These Standards cover community hospitals and intermediate care in care homes or at home
- ⇒ CAMHS
- ⇒ Enhanced primary care services
- ⇒ Generic Quality Standards for any 'patient facing' service

Updated Quality Standards:

- ⇒ Several Quality Standards updated

Overview Reports:

- ⇒ Long-Term Conditions
- ⇒ Adult Haemoglobin Disorders
- ⇒ Paediatric Diabetes

Workshops:

- ⇒ Pressure Ulcer Prevention & Treatment

Development and Learning:

Good Practice Sharing Events:

- ⇒ Long-term Conditions: 120 attendees
- ⇒ Adults with Haemoglobin Disorders: 57 attendees

Continuing Professional Development

- ⇒ 159 reviewer days
- ⇒ 100 reviewers trained

Evaluation Reports

- ⇒ Long-Term Conditions
- ⇒ Adult Haemoglobin Disorders



Other products available:

Some people think that WMQRS only produces Quality Standards and peer review reports. We do other things as well:

- * Self-assessment forms for each set of Quality Standards
- * Reviewer training
- * Good Practice Sharing Events
- * Overview Reports
- * Evaluation of reconfiguration proposal against Standards
- * Input to leadership and development programmes

Page 4 gives suggestions of how organisations can use these products.

What did it cost?

Core Costs funded by Clinical Commissioning Groups (CCGs)	£381,100
Carry forward for Long-Term Conditions Programme	£57,400
Commissioned reviews	£43,700



What went well?

- ◆ We completed the long-term conditions review programme
- ◆ WMQRS work has been more responsive to local priorities
- ◆ WMQRS products cover a wider range of services
- ◆ More pathway development work has taken place
- ◆ All 2013/14 health economy work programmes will be delivered

What's changed as a result?

It is difficult for WMQRS to know the impact which its work has on the quality of patient care. We are soon to invite proposals for 'Demonstrator Projects' which will help us to understand more about how our products can be used.

All the WMQRS evaluations show a positive impact on services. Interestingly, there was much less change before the visits for the 2012/13 long-term conditions programme—possibly because services had not been involved in reviews of this sort before.

Percentage of respondents for each WMQRS review programme:	Renal 2009	2010	2011	2012/13
Preparation for visit led to changes in services provided	14	33	32	0
Being reviewer was useful in developing own services	91	88	80	88
'Immediate risks and 'concerns' addressed	48	56	60	58
Peer review process was useful in improving services	52	73	71	60

What could have gone better?

- ◆ WMQRS may have assumed that everyone knew what WMQRS does. With hindsight we should have done more to explain this.
- ◆ Topics for the 2013/14 review programme were often not agreed between CCGs and providers
- ◆ WMQRS therefore wasted time meeting the wrong people, waiting and chasing. Some health economies then changed their minds or commissioned overlapping work.
- ◆ The work programme was 'back-loaded' with more happening in January to March than has been comfortable for WMQRS or the organisations with which we work
- ◆ Because topics were not suggested by health economies, some have not had value for money from their 2013/14 subscription
- ◆ Working on different topics for each health economy means that there will be no benchmarking, Overview Report or Good Practice Sharing Events from the 2013/14 work

WMQRS has two external contracts:

- ◆ A three year programme of reviews of Isle of Man health services
- ◆ UK-wide reviews of services for people with haemoglobin disorders

How to get the most from WMQRS:

Communication

- Each organisation has a WMQRS leads to:
 - Ensure staff aware of WMQRS and its work
 - Distribute WMQRS bulletins and products
 - Lead on health economy discussions about your local WMQRS work programme
 - Communicate with WMQRS about any problems or suggestions for improvement
 - Sign off potential reviewers

You can find the WMQRS lead for your organisation from the WMQRS website!

- WMQRS issues regular Updates and Bulletins
- Twitter - Follow us on Twitter @WMQRS
- Website - www.wmQRS.nhs.uk

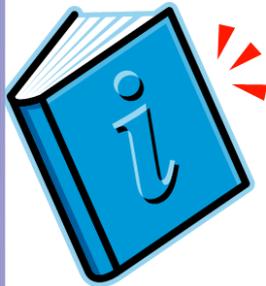
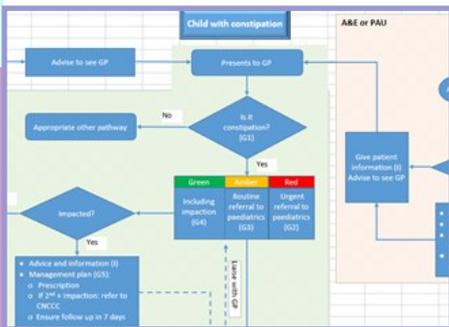
“The organisation of the review was more collaborative than expected. This was really good in that it enabled us to have influence, but it did create a workload for the service that I hadn't anticipated.”

Work Programme

- Ensure clinical support
- Target joint priority areas
- Work with other health economies
 - Better quality products
 - Comparative information
 - More learning and development
- Clearly identify leads
- Communicate and don't duplicate



“As a reviewer I found the day to be a great learning opportunity. I intend to use the self assessment form with my team leaders to look at our own service.”



Use products available to drive service improvement

Commissioners	Providers	HealthWatch and other patient groups
Service specifications	Self assess	Review local services
Provider monitoring	Staff development	
Link to service improvement plans and CQIn's	Link to service improvement plans	
	Internal reviews	

Take development opportunities

- Reviewer training
- Acting as a reviewer:
 - Over 80% reviewers say they used the experience to improve their own services
- Good Practice Sharing Events

Use WMQRS Expertise

- Overview Reports and Check Lists
- Evaluation of reconfiguration proposals
- Advice on strategy
- Advice on interpretation of visit reports