

Peer Review of London's Renal Services – Overview Report

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EXECUTIVE SUMMARY

- 1 This report summarises the findings of the London Renal Clinical Network's programme of peer review visits to renal services in London. Peer review visits to seven London Trusts providing care for adults with progressive and advanced chronic kidney disease took place in May, June and July 2016. The aim of the review programme was to help providers and commissioners of services to improve clinical outcomes and service users' and carers' experiences by improving the quality of services. The programme was run by the West Midlands Quality Review Service on behalf of London Renal Clinical Network.
- 2 Multi-disciplinary teams of patients and carers, clinical staff, managers and commissioners visited each main renal unit and a selection of satellite units. The teams reviewed compliance with the Quality Standards for Services for People with Progressive and Advanced Chronic Kidney Disease (Version 3) by looking at documentary evidence, visiting facilities, talking to patients and staff and reviewing case notes. A total of 92 reviewers were trained and 74 took part in visits and the review programme provided a total of 176 days of Continuing Professional Development.
- 3 The main findings from the review programme were that all services had highly committed, caring staff who were doing their best to provide high quality care. Excellent practice was evident in each of the services reviewed. For nearly all problems identified, another service had good practice which could be demonstrated and shared. Three issues were common across the Trusts reviewed: facilities and equipment, vascular access and document control.
- 4 Problems with facilities were identified at all but one of the visits, including beds too close together, insufficient privacy and dignity, broken lifts, poor lighting and leaking roofs. Three reports stated that space was so limited that it would be difficult for staff to resuscitate a patient if required. In terms of vascular access, rates of dialysis through a fistula or graft varied from 19 to 76% and none of the Trusts reviewed reached the Renal Association recommended level of 80%. Issues of document control were identified at all of the Trusts reviewed, including out of date documents, poor version control and a lack of adherence to Trust document control policies.
- 5 The review visits also identified the potential to improve patient experience, quality of care and patient outcomes in the following areas:
 - a. Improving prevention of end stage kidney disease through best management of chronic kidney disease (CKD)
 - b. Improving the patient experience of care by better information and support for patients and carers, including better access to clinical results
 - c. Self-management and independent therapy: Rates of self-management, including self-management at a dialysis unit, home dialysis and peritoneal dialysis varied significantly across the services reviewed. Patient choice needs to be taken into account but staff attitudes were also crucial. If rates of home and peritoneal dialysis were increased to those of the highest Trust in London, over 640 additional patients could manage their own care. This is equivalent to over 135 dialysis stations which would otherwise have to be built.
 - d. The pathway for pre-emptive transplantation for suitable patients varied significantly between the services reviewed with the potential to increase transplantation rates significantly if best practice was adopted.
- 6 This report makes recommendations for individual providers and for future collaborative working among renal services in London to achieve on-going improvement in the quality of care provided.

- 7 Evaluation of the programme gives a mixed picture with some very positive comments about changes to services but, overall, only 50% Trusts reporting that they found it useful in improving the quality of their services.

INTRODUCTION

- 8 This report summarises the findings of the programme of peer review visits to renal services in London. Peer review visits to seven London Trusts providing care for adults with progressive and advanced chronic kidney disease took place in May, June and July 2016 (Table 1).

Table 1 Participating Trusts

Trust	Visit Date	Abbreviation
Barts Health NHS Trust	11 & 12 May 2016	Barts
Royal Free London NHS Foundation Trust	19 & 20 May 2016	Royal Free
King's College Hospital NHS Foundation Trust	24 & 25 May 2016	King's
Guy's and St. Thomas' NHS Foundation Trust	14 & 15 June 2016	GSTT
Imperial College Healthcare NHS Trust	21 & 22 June 2016	Imperial
Epsom and St. Helier University NHS Trust	29 & 30 June 2016	ESTH
St. George's University Hospital NHS Foundation Trust	6 & 7 July 2016	St. George's

- 9 The aim of the review programme was to help providers and commissioners of services to improve clinical outcomes and service users' and carers' experiences by improving the quality of services. The programme aimed to be supportive and developmental whilst also providing external assurance of the quality of the services delivered. The review programme was funded by the Trusts which took part and supported by the London Renal Clinical Network.
- 10 The peer review visits reviewed compliance with Quality Standards for Services for People with Progressive and Advanced Chronic Kidney Disease (Version 3) which were developed by the West Midlands Quality Review Service (WMQRS) and identified issues related to these Standards. The review programme was run by the WMQRS and accordance with the WMQRS '*Principles and Approach*' (available on the WMQRS website: www.wmqrnhs.uk). As required by the '*Principles and Approach*', any immediate risks to clinical safety and clinical outcomes identified during the visits were reported immediately to the Trusts and their commissioner and an action plan provided by the Trust concerned.
- 11 Reports of individual review visits are available from the Trusts concerned or through the WMQRS website: www.wmqrnhs.uk Responsibility for addressing the issues identified in the individual Trust reports lies with the Trust concerned and their commissioners. Most of the issues can be resolved by providers' and commissioners' own governance arrangements. Many can be tackled by the use of appropriate service improvement approaches although some will require commissioner input. Individual organisations are responsible for taking action and monitoring this through their usual governance mechanisms. The lead commissioner for the service concerned, in this case NHS England Specialised Commissioning, is responsible for ensuring action plans are in place and for monitoring their implementation liaising, as appropriate, with other commissioners.
- 12 Appendix 1 gives a glossary of terms and abbreviations used in this report.

Acknowledgements

- 13 This review programme could not have taken place without the support of many people, in particular, the British Kidney Patients Association for financial support and encouragement; the leadership and determination of Dr Neil Ashman, Clinical Director for the London Renal Clinical Network; the agreement and funding from all participating Trusts and their willingness to release staff to act as reviewers; the London Renal Clinical Network for their belief in the programme, funding and arranging workshops and provision of a senior project manager, Katy Gordon who enthusiastically supported the programme throughout; Dr Anne Yardumian, North Middlesex University Hospitals NHS Trust and Carol Willis, Heart of England NHS Foundation Trust for running the review visits; the willing participation of a large number of patient representatives and NHS staff who acted as reviewers and the UK Renal Registry for bespoke outcomes data prepared by Retha Steenkamp and Fergus Caskey.

About WMQRS

- 14 WMQRS is a collaborative venture between 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, producing comparative information on the quality of services and providing development and learning for all involved.
- 15 Expected outcomes are better quality, safety and clinical outcomes, better patient and carer experience, organisations with better information about the quality of clinical services, and organisations with more confidence and competence in reviewing the quality of clinical care. More detail of the work of WMQRS is available on www.wmqrs.nhs.uk

PEER REVIEW PROGRAMME

- 16 Preparation for the peer review programme started in early 2015 with agreement from the seven Trusts providing renal services for adults that this would help them to improve quality. A Steering Group was established involving patient, clinical and managerial representatives from the participating Trusts, NHS England Specialised Commissioning, the London Renal Network and WMQRS (Appendix 2)
- 17 Between June 2015 and May 2016 the Steering Group oversaw a process of review of the Quality Standards to ensure the latest guidance had been incorporated, self-assessment, planning of review visits, reviewer training and preparation for the visits themselves. A 'Good Practice Sharing Event' in October 2016 will complete the review programme and the work of the Steering Group. Appendix 3 gives more detail of the work that has taken place between June 2015 and October 2016.
- 18 Review teams were made up patient and carer representatives plus staff from the seven participating Trusts. Each review team comprised:
- 1 One or two patient or carer representatives
 - 2 Two consultant nephrologists
 - 3 At least two renal nurses
 - 4 Renal technician
 - 5 Consultant transplant surgeon (Transplant Centres only)
 - 6 If possible, a pharmacist, dietician, counsellor or manager
- 19 A total of 92 reviewers were trained and 74 took part in visits. Eighteen reviewers attended a training session and were offered a visit date but were not able to take part. Table 2 shows the number of reviewers and review days for different types of reviewers.

Table 2 Reviewers

Reviewer	No. Trained	Review Days
Patient or carer representative	11	21
Consultant nephrologist	17	31
Renal nurse	28	54
Renal technician	9	7
Consultant transplant surgeon	8	7
Dietician	3	5
Pharmacist	6	9
Counsellor	1	3
Manager ¹	7	7
Commissioner	2	9
Total	92	153

- 20 Reviewer training (0.5 day) and acting as a WMQRS reviewer has been shown to be highly effective Continuing Professional Development. This review programme provided a total of 176² days of CPD.
- 21 In advance of the visit reviewers were provided with a short background report about the service and a self-assessment of compliance with the Quality Standards. On the first day of the review visit, the team divided into two groups each of which visited between one and three satellite dialysis units. The Steering Group considered that it was important that satellite units were visited as this is where the majority of care for people on dialysis is provided. It was not feasible, however, to visit all satellite units in the time available. The satellite units to be visited were chosen by staff at the main renal unit. All were managed by the Trust concerned except for one St. George's University Hospital NHS Foundation Trust (St. George's) unit at Colliers Wood which was managed by Fresenius. On the second day of the visit the reviewers went to the main renal unit. At each site, reviewers looked at documentary evidence of compliance with the Quality Standards, visited facilities, talked to patients and staff, and reviewed a selection of case notes.
- 22 The review programme looked at the sections of the Quality Standards relating to primary care and renal services (satellite unit, renal unit and transplant centres). Quality Standards relating to the renal network and to commissioning of renal services were not reviewed.
- 23 The visiting team's findings were written up and circulated to reviewers prior to sending to the Trust concerned for comments on factual accuracy. All reports were then considered and approved by the Steering Group prior to being finalised. Each report consists of details of compliance with each Standard and a free text section where issues were classified as:
- General Comments and Achievements
 - Good Practice (GP)
 - Immediate Risks to Clinical Safety and Clinical Outcomes (IR)
 - Concerns (C)
 - Further Consideration (FC)

¹ Some of those with the title 'manager' were experienced renal nurses.

² Includes those who attended training sessions plus total review days. Those trained individually are not included in the CPD calculation.

Details of the compliance with each Quality Standard are given in Appendix 4.

- 24 The number of times particular issues were identified is shown in brackets in the 'Findings' section of this report. For example (C:1; FC:1) would indicate one 'concern' and one 'further consideration'. Examples of good practice are given. These are not exhaustive and other services may have similar (or better) practice.

FINDINGS

- 25 The main findings from the review programme were that all services had highly committed, caring staff who were doing their best to provide high quality care. Excellent practice was evident in each of the services reviewed. For nearly all problems identified, another service had good practice which could be demonstrated and shared. Three issues were common across the Trusts reviewed: facilities and equipment, vascular access and document control.
- 26 Considerable progress had been made towards meeting the expected Quality Standards, especially in ensuring patient information was available and appropriate clinical guidelines were in place. Some of the information and guidelines had been developed shortly before the review visit and further work to ensure full implementation will be important.
- 27 In addition to two common issues described above, four broad themes, recognised by the London Renal Clinical Network for patients, commissioners and providers as important for the development of London's renal services over the next five to ten years, emerged through the peer review programme:
- a. Prevention of end stage kidney disease through best management of chronic kidney disease (CKD)
 - b. Patient experience of care
 - c. Self-management and independent therapy
 - d. Pre-emptive transplantation for those suitable
- 28 The peer review programme did not cover avoidable harm and acute kidney injury (AKI), perhaps because the responsibility for preventing and managing AKI sits with a far broader 'constituency' than the seven provider units. Ideally, future reviews will include this important element of the kidney care pathway and clarify clinical responsibility and management arrangements for patients with acute kidney injury.

PREVENTION

- 29 Guidelines, education and training for primary care were in place in most Trusts. Particularly good practice in prevention of end stage renal disease was identified at Barts and St. George's (a system-wide regular 'virtual' chronic kidney disease clinic with GP involvement), Imperial (CKD and diabetes nurse specialist) and St. George's.

PATIENT EXPERIENCE OF CARE

- 30 Enabling patients to take responsibility for their own care and improving the patient experience are vital to achieving good outcomes. Several reports included suggestions about improving information and support for patients and carers (FC:15). Examples of good practice included the quality of patient letters (King's), access to education (Imperial), access to holiday dialysis (King's, Imperial), patient involvement mechanisms (Barts, ESTH) and patient feedback (GSTT). The availability of night-time dialysis at ESTH was also commended as was the opportunity for young adults to dialyse together on a 'twilight shift' at St. George's.
- 31 Services were moving towards meeting the Standards for information and support for patients and carers but four Trusts did not meet the Standard on care plans (QS RN-110), mostly because patients could not access clinical results and relevant clinical information through Renal Patient View or an equivalent system

(FC:2). Only four Trusts met the Standard on providing an education and awareness programme for patients (RN-109).

- 32 Only one Trust (Royal Free) met the Standard on patient transport although all other Trusts were working on this and trying to reduce waiting times for transport.

SELF-MANAGEMENT AND INDEPENDENT THERAPY

- 33 Given the pressure on facilities and capacity, it is important that maximum use is made of self-management and home therapy. Patient choice clearly needs to be taken into account. In relation to self-care, however, staff attitudes appeared to be crucial and the potential to increase the amount of self- and/or home care was mentioned in two reports (C:1; FC:1) whereas, for example, staff at GSTT were particularly positive about self-care. The total number and percentage of patients on home therapies varied between seven and nearly 20% as shown in Table 3.

Table 3 Patients on Home Therapies (at the time of the review visit)

Trust	Barts	Royal Free	King's	Imperial	GSTT	ESTH	St George's
Number of home HD patients	25	23	14	20	47	28	6
Patients on home HD as % of total HD patients	2.4	3.2	2.5	1.4	6.9	3.1	1.6
Number of PD patients	225	150	81	90	33	121	43
Patients on PD as % of total dialysis patients	17.8	17.2	12.4	5.8	4.6	12.0	10.3
% patients on home therapy	19.8	19.8	14.6	7.1	11.2	14.7	11.7

- 34 The percentage of patients on home haemodialysis ranged from 1% to 3% in six units but was 6.9% at GSTT. If rates in the other six Trusts increased to the GSTT levels then an additional 233 London patients would dialyse at home. This represents additional capacity of 50³ stations, although the nursing and technologist support needed for patients dialysing at home should not be underestimated.
- 35 Barts and the Royal Free both had over 17% patients on PD with over 10% at King's, ESTH and St. George's. Reviewers had concerns about uptake of PD at two Trusts. If uptake of PD at the other six Trusts increased to the Barts levels then an additional 410 London patients could benefit from this treatment modality.

TRANSPLANTATION

- 36 The transplantation pathway also varied significantly between services. Concerns were raised in one Trust about the low pre-emptive transplantation rate and in another about the lack of detailed discharge summaries from the Transplant Centre. Suggestions for improving the transplant pathway were made in four Trusts. On the other hand, good practice was identified at the Royal Free ('one stop' live donor work up and a clear overseas donor protocol which determined suitability before travel to the UK), GSTT (live donor team with individual case management of donors and recipients and a high live donor transplant rate) and St. George's (patient information and clinical guidelines, education sessions, management of transplant list, and good access to theatres which reduced cold ischaemia times and length of stay).
- 37 The following transplantation-related Standards (Table 4) were not met by three or more Transplant Centres, suggesting that further work on these aspects of the transplant pathway is required.

³ Average London patient: station ratio (excluding acute HD) of 4.7 has been used for this calculation.

Table 4 Transplant-related Standards not met by three or more Transplant Centres⁴

Ref.	Quality Standard Short Title	Met	Not Met	N/A
RN-509	Acceptance on transplant list	3	4	0
RN-529	Post-transplant follow up	4	3	0
RN-531	Pre-operative protocol	4	2	1
RN-533	Post-operative care	5	2	0
RN-535	Post-transplantation referral back to Renal Units	0	4	3 ⁵
RN-609	Transplant Centre coordination	2	3	2
RN-705	Transplant Centre audit 1	1	4	2

VASCULAR ACCESS

- 38 Rates of dialysis through a fistula or graft varied from 19 to 76% (C:3; FC:3) and none of the Trusts reviewed reached the Renal Association recommended level of 80%. In some Trusts access to theatres or day case beds were seen as the limitation whereas in others organisational issues or links with vascular surgeons were more relevant. Particularly good practice was identified at ESTH where the ‘fistula service’ was particularly responsive: a list of patients dialysing with non-permanent lines was held centrally and there was a plan to convert these wherever this was considered possible.
- 39 In three Trusts emergency and elective surgical services could not meet the expected Standard on elective access surgery or emergency surgery for failed vascular access and removal of infected peritoneal dialysis catheters (QS RN-302). Four Trusts did not have protocols, including criteria, for access surgery (QS RN-507) and three Trusts did not have guidelines on access management (QS RN-524).

FACILITIES AND EQUIPMENT

- 40 Some renal services were provided from high quality, pleasant and up to date facilities which were appropriate for the needs of patients and reviewers were particularly impressed by the Royal London Hospital and Queen’s Hospital, Romford (Barts) and isolation facilities at the Royal Free. Concerns about facilities were identified, however, in all but one of the review visits. These related to both satellite (C:4; FC:1) and main units (C:2). Only one service met QS RN-401: ‘Appropriate facilities for the provision of haemodialysis should be available’ in the services that were visited by reviewers. (NB. Some satellite units were not visited). Problems identified included beds too close together, insufficient privacy and dignity, broken lifts, poor lighting and leaking roofs. Three reports stated that space was so limited that it would be difficult for staff to resuscitate a patient if required. Further problems were identified with access to isolation beds (C:1) and out-patient clinics (FC:2). In two satellite units in-patients and out-patients were dialysing together (C:2) and in one of these there was no on-site renal consultant.
- 41 Problems with facilities were linked to concerns about haemodialysis capacity. Capacity was mentioned in three reports, one about commissioning of future capacity (FC:1) and two concerns about a lack of isolation facilities. Two reports had issues about dialysis duration (C:1; FC:1) and one suggested improvements to the management of capacity (FC:1).
- 42 Appropriate equipment was usually available but two Trusts did not have programmes of equipment replacement and were using machines beyond their recommended replacement date (C:2).

⁴ Transplant Centres were Barts, Royal Free, Imperial, GSTT and St. George’s. Transplant clinics were provided at King’s and ESTH so some Standards were met at both.

⁵ Imperial considered this QS was N/A as patients were not transferred back to referring Renal Units

- 43 Technical support was also worrying with only two Trusts having sufficient clinical technologists with appropriate competences (QS RN-210) (C:1; FC:2).

DOCUMENT CONTROL

- 44 Issues around document control were identified in all the Trusts visited (C:1; FC:6). These issues were mainly about out of date documents, and documents without appropriate version control or which did not conform to Trust document control procedures. Some of these issues arose because Trusts were working on documents in preparation for their peer review visit.

AVOIDABLE HARM AND ACUTE KIDNEY INJURY

- 45 Acute kidney injury occurs in hospital and in primary care and is an important cause of harm to patients (NCEPOD report, Acute Kidney Injury: Adding Insult to Injury 2009). All seven renal service providers accepted patients with AKI along referral pathways and reviewers were particularly impressed with aspects of in-patient care at Barts and the Royal Free.

COMPLIANCE WITH QUALITY STANDARDS

- 46 Comparison of percentage compliance with Quality Standards should be viewed with caution as they give the same weight to each of the Quality Standards. Percentage compliance takes no account of 'working towards' a particular Quality Standard. Reviewers often comment that it is better to have a 'No, but' where there is real commitment to achieving a particular Standard rather than a 'Yes, but' where a 'box has been ticked' but the commitment to implementation is lacking. Another factor to take into account is that Transplant Centres have a higher number of applicable Standards than Trusts which did not provide transplantation. Also, other peer review programmes have also shown that Trusts which are later in a visit programme generally achieve a higher percentage compliance as staff who have acted as reviewers on early visits bring back ideas and learning and implement improvements.

RECOMMENDATIONS

- 47 The following recommendations are made as a result of the findings of the peer review programme:
- 1 Individual providers should discuss these findings with their teams, their patient groups, their Trusts and their commissioners. In particular, problems with the estate and facilities should be taken forward at local level.
 - 2 Individual providers should continue to work towards achieving all requirements of the Quality Standards in all Units, including in satellite units.
 - 3 The whole London kidney community should use the working relationships made during peer review programme to achieve best practice in all domains for patients' benefit, using the expertise in every domain which has been shown to exist somewhere in London.
 - 4 The London kidney community should work together to address those areas of practice which are known to improve the effectiveness and value of care:
 - a. Preventing kidney disease and it's progression, in partnership with primary care and other acute services
 - b. Enabling pre-emptive transplantation as the therapy of choice for those with kidney failure who are considered suitable

- c. Improving patient engagement and experience of care, and encouraging self-management, by working with patients in all Units
 - d. Avoiding the harm coming from acute kidney injury through collaborative working with primary care and other acute hospital services
- 5 The peer review programme should be repeated in two to four years, to confirm and support on-going improvement in the quality of care provided across London.

EVALUATION

- 48 Appendix 5 summarises the four evaluations undertaken during the course of the peer review programme:
- 1 Training: Feedback at the end of the training session
 - 2 Reviewers' views: Feedback at the end of the review visit
 - 3 Evaluation from those being reviewed: Feedback from Trusts a few days after their review visit
 - 4 Overall Evaluation: These look at the views of participating Trusts at the end of September (ie. three to four months after their review visit)
- 49 This shows some of the benefits of participation in the renal peer review programme and the positive views of those who took part. Relatively few changes are reported as having been made as a result of the programme but this may be because the overall evaluations were completed relatively soon after the review visits and with summer holidays in-between.
- 50 The overall evaluation (Table 5) compares well with other review programmes except that the programme overall was considered useful by only 50% of those who responded. All six Trusts which responded stated that they had been able to address the immediate risks and concerns identified in their visit report.

Table 5 Overall Evaluation and Comparison with other WMQRS Review Programmes

Question	Response	2003 CIC %	2005 Cancer %	2006 CIC %	2009 Renal %	2010-11 Haem %	WMQRS 2010-11 %	WMQRS 2011-12 %	WMQRS 2012-13 %	2012-13 Haem %	WMQRS 2013-14 %	WMQRS 2014-15 %	2014-16 Haem %	WMQRS 2015-16 %	2016 Renal %	2013-16 CIC %
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	32	0	56	20	33	45	43	83	38
Was the peer review visit to your own organisation a helpful or unhelpful experience?	Helpful or Very Helpful	72	47	78	80	100	73	74	79	100	100	94	86	86	100	100
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	68	84	88	40	73	76	71	100	88
Was the experience of being a reviewer useful in developing your own services?	Useful or Very Useful	81	74	89	91	92	88	80	88	89	100	100	80	100	100	100
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	60	58	35	50	88	39	33	100	63
Has the peer review process overall been useful to your organisation in improving services?	Useful or Very Useful	67	45	61	52	73	73	71	60	75	75	73	71	83	50	86

Key

CIC Care of critically ill and injured children

Haem Services for children and young people with sickle cell disease or thalassaemia (2010/11); Services for adults with haemoglobin disorders (2012/13); Services for people with haemoglobin disorders (all ages) (2014 to 2016).

APPENDIX 1

GLOSSARY OF TERMS AND ABBREVIATIONS

AKI	Acute Kidney Injury: a condition where kidneys are not functioning properly.
C	Concern: Issue related to the Quality Standards or prerequisites for their achievement. Some concerns may be categorised as 'serious'.
Carer	Throughout the report the term 'carer' applies to both family carers and paid carers or support workers.
CKD	Chronic Kidney Disease
Commissioner	A commissioner decides how NHS and / or social care resources are spent, with the aim of improving health, reducing inequalities, and enhancing patient experience.
CPD	Continuing professional development
CQC	The Care Quality Commission is the independent regulator of health and social care in England.
FC	Further Consideration: Areas which may benefit from further attention by the service or improve standards of care or service delivery
GP	Good Practice which should be shared with other organisations
HD	Haemodialysis
IR	Immediate Risk: A risk to clinical safety and clinical outcomes that is a situation where a Serious Incident could occur in the circumstances found by the reviewers
PD	Peritoneal Dialysis
NICE	National Institute for Health and Care Excellence
NCEPOD	National Confidential Enquiry into Patient Outcome and Death
Provider	A health or social care organisation which provides services to patients.
QS	Quality Standard
Renal Unit (RU)	A unit which provides a range of services for those with Kidney disease including dialysis.
Satellite Unit (SU)	A unit which provides dialysis and some care nearer to patient's homes. A renal Unit may be linked to a number of satellite units
Service provider	See ' <i>Provider</i> '.
Service commissioner	See ' <i>Commissioner</i> '.
Transplant Centre (TC)	A facility undertaking kidney transplant surgery
Trust	A NHS Trust, NHS Foundation Trust or other organisation with management responsibility for the service.
WMQRS	West Midlands Quality Review Service

APPENDIX 2 STEERING GROUP MEMBERSHIP

Role	Name	Position	Organisation
Chair	Dr Neil Ashman	Clinical Director	Barts Health NHS Trust
Network	Katy Gordon	Programme Consultant Strategic Clinical Networks – Renal (to end July 2016)	NHS England (London Region)
Network	Paul Trevatt	Strategic Clinical Network Lead CVD / EOL	NHS England (London Region)
Transplant Surgeon	Sarah Heap	Renal Surgery Speciality Lead/Consultant Transplant Surgeon	St George's University Hospitals NHS Foundation Trust
Renal Technician	Cyril Prince	Lead Technician	Barts Health NHS Trust
Renal Technician	Ian Morgan	Lead Technician	King's College Hospital NHS Foundation Trust
Pharmacist	Hayley Wells	Principal Pharmacist	Guy's and St Thomas' NHS Foundation Trust
Commissioner	Carrie Gardner	Service Specialist	NHS England (London Region)
Commissioner	Sue Sawyer	Commissioner	Specialised Commissioning NHS England (London Region)
Patient/Carer	John Connor	Patient Representative	
Patient/Carer	Brian Gracey	Patient Representative	
Patient/Carer	David Myers	President	The Royal Free Hospital Kidney Patients Association
Patient/Carer	Nicholas Palmer	Head of Advocacy	National Kidney Federation
Patient/Carer	Jasmine Taylor	Patient Representative	
Nurse	Breeda McManus	Consultant Nurse	Barts Health NHS Trust
Manager	Tom Logan	Renal Services Manager	Barts Health NHS Trust
Manager	Helen Wensley	General Manager, Medicine	Barts Health NHS Trust
Consultant	Peter Andrews	Clinical Director	Epsom and St Helier University Hospitals NHS Trust
Nurse	Susie Mallinder	Head of Nursing	Epsom and St Helier University Hospitals NHS Trust
Nurse	Roopkishor Hurril	Senior Nurse	Epsom and St Helier University Hospitals NHS Trust
Consultant	Rachel Hilton	Consultant Nephrologist	Guy's & St Thomas' NHS Foundation Trust
Nurse	Sue Cox	Consultant Nurse - Advanced Kidney Care	Guy's & St Thomas' NHS Foundation Trust
Nurse	Ros Tibbles	Service Improvement Nurse	Guy's & St Thomas' NHS Foundation Trust
Consultant	Tom Cairns	Clinical Director,	Imperial College Healthcare NHS Trust
Nurse	Wendy Brown	Consultant Nurse	Imperial College Healthcare NHS Trust
Consultant	Rob Elias	Consultant Nephrologist	King's College Hospital NHS Foundation Trust
Consultant	Katie Vinen	Clinical Director Renal Medicine	King's College Hospital NHS Foundation Trust
Nurse	Elaine Bowes	Senior Nurse	King's College Hospital NHS Foundation Trust

STEERING GROUP MEMBERSHIP CONTINUED

Role	Name	Position	Organisation
Nurse	Maxine Keddo	Renal Matron	King's College Hospital NHS Foundation Trust
Consultant	Gillian Cross	Clinical Director	Royal Free London NHS Foundation Trust
Consultant	Jennifer Cross	Consultant Nephrologist	Royal Free London NHS Foundation Trust
Nurse	Janice Ward	Matron	Royal Free London NHS Foundation Trust
Consultant	Daniel Jones	Clinical Director	St George's University Hospitals NHS Foundation Trust
Nurse	Alice Kebbay	Renal Practice Educator	St George's University Hospitals NHS Foundation Trust
Nurse	Fiona Sinclair	HD Nurse Practitioner	St George's University Hospitals NHS Foundation Trust
WMQRS	Sarah Broomhead	Assistant Director	West Midlands Quality Review Service
WMQRS	Jane Eminson	Director	West Midlands Quality Review Service
WMQRS	Anne Yardumian	Associate	West Midlands Quality Review Service
WMQRS	Carol Wills	Associate	West Midlands Quality Review Service

APPENDIX 3

PEER REVIEW PROGRAMME - 'AT A GLANCE'

2015	
April	<ul style="list-style-type: none"> • London Renal Clinical Network workshop 'Establishing Peer Reviewed Renal Services'
June	<ul style="list-style-type: none"> • Steering Group established
July - September	<ul style="list-style-type: none"> • Trust CEOs informed • Services self-assess against Quality Standards (Qs) • Library of supporting materials established • Services start working towards achieving Qs • Initial self-assessment submission on Wednesday September 23rd
October	<ul style="list-style-type: none"> • Workshop 1: October 9th 2015 <ul style="list-style-type: none"> ○ Sharing of self-assessments ○ Sharing of supporting material ○ Agree any changes to Qs ○ Initial visit timetable planning ○ Steering Group meeting at end of workshop
November - December	<ul style="list-style-type: none"> • Services continue working towards achieving Qs • Ongoing sharing of supporting material
2016	
January - February	<ul style="list-style-type: none"> • Services continue working towards achieving Qs • Ongoing sharing of supporting material • Detailed planning of visit timetables
March	<ul style="list-style-type: none"> • Workshop 2: March 4th 2016 <ul style="list-style-type: none"> ○ Sharing of progress ○ Reviewer training ○ Briefing on review visits ○ Steering Group meeting
April	<ul style="list-style-type: none"> • Services continue working towards achieving Qs
May - July	<ul style="list-style-type: none"> • Peer review visits
June - August	<ul style="list-style-type: none"> • Report writing • Services start action planning and post-visit actions
September	<ul style="list-style-type: none"> • Reports and Overview Report signed off by Steering Group
October onwards	<ul style="list-style-type: none"> • Good Practice Sharing Event! • Services continue implementing action plans working towards achieving Qs

APPENDIX 4 COMPLIANCE WITH QUALITY STANDARDS

The following table summarises compliance with the Quality Standards as found during the peer review visits.

Ref.	Quality Standard Short Title	Met	Not Met	N/A
RA-298	Primary care training and development	5	2	0
RA-501	Primary care guidelines	6	1	0
RN-101	General Support for Service Users and Carers	6	1	0
RN-102	Information: All patients	5	2	0
RN-103	Information: Pre-dialysis	5	2	0
RN-104	Information: Patients with dialysis access	6	1	0
RN-105	Information: Patients considering transplantation	6	1	0
RN-106	Information: Patients considering live donation	6	1	0
RN-107	Information: Post-transplant patients	5	2	0
RN-108	Information: Transition to adult care	3	4	0
RN-109	Education and awareness: All patients	4	3	0
RN-110	Care plans and 'key worker'	3	4	0
RN-111	Food	5	2	0
RN-112	Car parking	4	3	0
RN-113	Patient Transport	1	6	0
RN-199	Involving Patients and Carers	7	0	0
RN-201	Lead Consultant and Nurse	7	0	0
RN-202	Leads for particular aspects of care	5	2	0
RN-203	Consultant Nephrologists	7	0	0
RN-204	Transplant Surgeons	5	0	2
RN-205	Lead Consultant: Transition	4	1	2
RN-206	Lead Surgeon and Urologist	0	0	7
RN-207	Staffing: In-patient wards	6	1	0
RN-208	Staffing: Dialysis services	6	1	0
RN-209	Specialist Nurses	5	2	0
RN-210	Clinical Technologists	2	5	0
RN-211	On-call Clinical Technologist.	7	0	0
RN-212	Support Staff	4	3	0
RN-301	Support Services	4	3	0
RN-302	Access surgery	4	3	0
RN-303	Dermatology services	7	0	0
RN-304	Transplant Coordinator: live kidney donors	7	0	0
RN-305	Transplant Coordinator	3	2	2
RN-306	Expert advice on antibody incompatible transplantation	5	0	2
RN-307	Histocompatibility service	5	0	2
RN-308	Histopathology service	5	0	2
RN-309	Theatres for transplantation	4	1	2
RN-310	Plasmapheresis	5	0	2
RN-311	Support Services: Transition	4	1	2
RN-401	Haemodialysis facilities	1	6	0

Ref.	Quality Standard Short Title	Met	Not Met	N/A
RN-402	Equipment	6	1	0
RN-403	Haemodialysis: Equipment replacement	5	2	0
RN-404	Haemodialysis: Concentrates	7	0	0
RN-405	Haemodialysis: Water	6	1	0
RN-406	Haemodialysis: Membranes	2	0	5
RN-408	Isolation facilities	4	3	0
RN-409	Weighing scales	7	0	0
RN-410	Home therapy training facility	6	1	0
RN-501	Operational Policy	0	7	0
RN-502	Guidelines: Lifestyle advice	3	4	0
RN-503	Clinical guidelines: Management of CHD risk factors, anaemia and diabetes	3	4	0
RN-504	Referral for psychological support	5	2	0
RN-598	Referral to specialist palliative care	5	3	0
RN-599	End of life care guidelines	7	0	0
RN-505	Operational Policy: Pre-dialysis care	3	4	0
RN-506	Control of infection	6	1	0
RN-507	Access surgery protocol	3	4	0
RN-508	Referral for consideration of suitability for transplantation	4	3	0
RN-509	Acceptance on transplant list	3	4	0
RN-510	Referral for combined kidney and pancreas transplantation.	6	1	0
RN-511	Suspension and reinstatement on transplant list	3	4	0
RN-512	Annual review of patients on transplant list	1	6	0
RN-513	Removal from transplant list	3	4	0
RN-514	Cardiovascular work up pre-transplantation	6	1	0
RN-515	Operational Policy: Self-care and home therapies	4	3	0
RN-516	Monitoring	1	6	0
RN-517	Six monthly holistic review	1	6	0
RN-518	Nutrition while on dialysis (adults)	4	3	0
RN-519	Nutrition while on dialysis (children and young people)	0	0	7
RN-520	Dialysis away from 'base'	5	3	0
RN-521	Withdrawal of dialysis	3	4	0
RN-522	Haemodialysis: Regimes	3	4	0
RN-523	Haemodialysis: Control of infection	6	1	0
RN-524	Haemodialysis: Access management	6	4	0
RN-525	Peritoneal dialysis: Regimes	5	2	0
RN-526	Peritoneal dialysis: Access management	7	0	0
RN-527	Peritoneal dialysis: Management of complications	4	3	0
RN-528	Post-transplant clinical guidelines	5	2	0
RN-529	Post-transplant follow up	4	3	0
RN-530	Live donor work-up	7	0	0
RN-531	Pre-operative protocol	4	2	1

Ref.	Quality Standard Short Title	Met	Not Met	N/A
RN-532	Pre and peri-operative care: antibody incompatible transplantation	4	0	3
RN-533	Post-operative care	5	2	0
RN-534	Discharge following transplantation	3	2	2
RN-535	Post-transplantation referral back to Renal Units	0	4	3
RN-536	Live donor follow up	7	0	0
RN-537	Payment of live donor expenses	7	0	0
RN-538	Transfer to adult care	1	6	0
RN-601	Multi-professional pre-dialysis care	4	3	0
RN-602	Dialysis quality monitoring	6	1	0
RN-603	Eligibility for free transport and temporary dialysis away from home	7	0	0
RN-604	Liaison with diabetes services	1	6	0
RN-605	'Concerns Register'	3	4	0
RN-606	Publicity of transplant successes	6	1	0
RN-607	Unit / Transplant Centre liaison 1	2	0	5
RN-608	Unit / Transplant Centre liaison 2	5	0	2
RN-609	Transplant Centre coordination	5	0	2
RN-610	Transition: Joint clinic	3	2	2
RN-701	Renal Registry data submission	7	0	0
RN-702	Audit	5	2	0
RN-703	Unit audit: dialysis	2	5	0
RN-704	Unit audit: transplantation	4	3	0
RN-705	Transplant Centre audit 1	1	4	2
RN-706	Transplant Centre audit 2	3	1	3
RN-707	Transplant surgeon minimum activity	5	0	2
RN-708	Antibody incompatible transplantation service minimum activity	3	1	3
RN-798	Review and learning	6	1	0
RN-799	Document Control	1	6	0

APPENDIX 5 EVALUATION

- 1 The following evaluations were undertaken during the course of the peer review programme:
 - 1 Training: Feedback at the end of the training session
 - 2 Reviewers' Views: Feedback at the end of the review visit
 - 3 Trust Views: Feedback from Trusts a few days after their review visit
 - 4 Overall Evaluation: These look at the views of participating Trusts three to four months after their review visit.

REVIEWER TRAINING

- 2 Ninety two reviewers were trained in two sessions. Forty nine responses were received giving a response rate of 53%.
- 3 Detailed results of the evaluation of training sessions are available on request. Both training sessions evaluated well although, compared with other WMQRS training sessions, respondents' replies were about 20% lower in 'very good' with corresponding increases in 'good'. The first session was very cold. The second session was attended by a larger number of people and some attendees commented that they would have liked to work in a smaller group.

COMMENTS ON TRAINING SESSIONS

Went well:

- Presentation (2)
- Lots of time for questions (1)
- Pre-visit information (1)
- Timetable (1)
- Group exercises useful (1)
- Conclusions useful (2)
- Venue location (1)

Went not so well:

- Venue temperature - hot (1) cold (10)
- Venue location and acoustics (1)
- Practising reviewing skills was brief (1)
- Practising meetings not required (1)
- Did not discuss evidence/results (2)

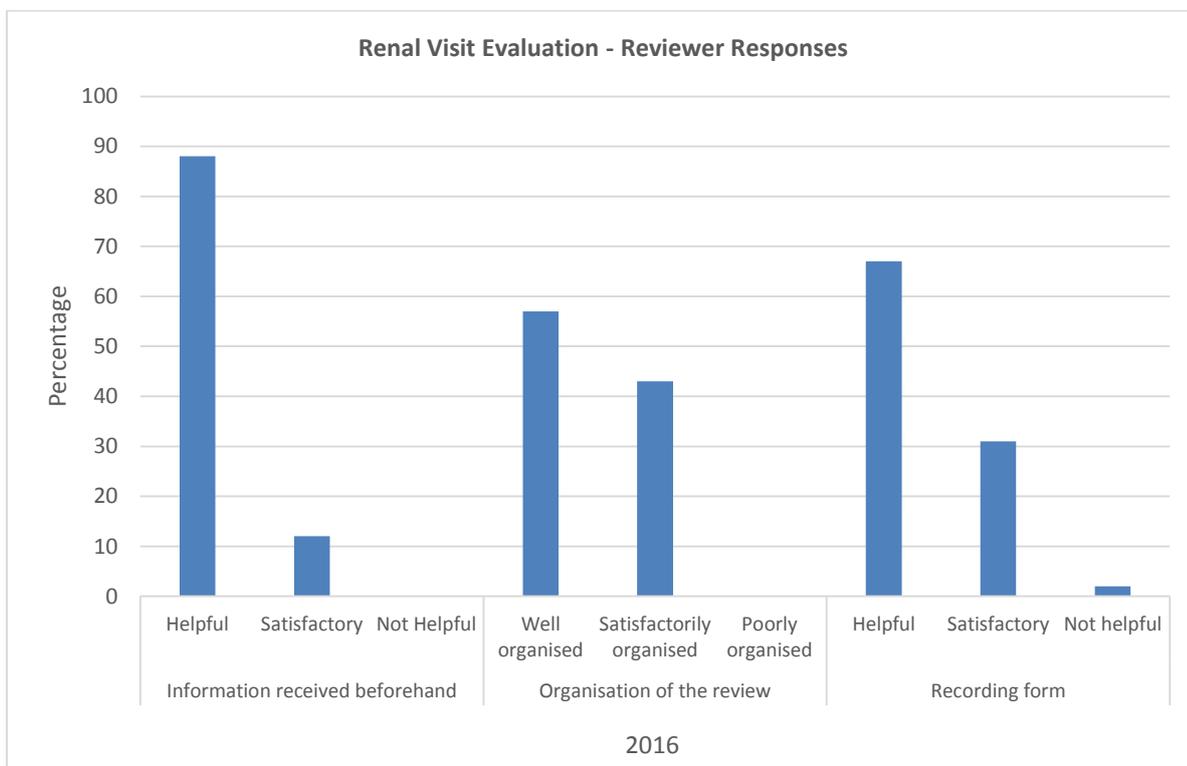
Any suggestions/comments you feel would help improve the process:

- Will be clearer during the visit (3)
- A lot to take in (1)
- Will need to spend time reading standards (2)
- Smaller groups (4)
- Practice runs (1)
- Clearer regarding Good Practice + Achievement categories (4)
- The QS numbers did not tally with the QS in all cases of the first session of group work (1)
- Consider re-naming the category "Achievement" as "Progress"? (1)
- Hierarchical structure of slide is confusing (1)
- Full day so more practice (1)
- Simplify some of the group work - particularly the 1st group work (1)

- More understanding of what is involved before attending (1)
- Outlining who is acting as lead on visits (1)
- Define roles/purposes for each specialty (1)
- Examples of smaller groups on visits needs defining (1)
- Better facilities to fit group (bigger/smaller room) (4)

REVIEWERS' VIEWS

- 4 Evaluation forms were issued to 74 reviewers and 42 responses were received (57%). Reviewers' responses were similar to other WMQRS review programmes although the proportion considering the visit was well organised was slightly lower. This may be because reviewers to satellite units on day 1 had to manage the day for themselves without WMQRS support.



REVIEWERS' COMMENTS

VISIT OVERALL

Went well:

- Whole day (3)
- Useful (4)
- Organisation (14)
- Meeting staff and patients (5)
- Teamwork (14)
- WMQRS support (10)
- Staff welcoming/helpful (9)
- Timekeeping (4)
- Transport (1)
- Visiting units (2)
- Clarifying queries from day 1 on day 2 (1)

- Good/helpful pre-visit info (6)
- Pre-visit info allowed time to prepare (5)
- Trust organisation (1)
- Recording form – useful during visit (3)
- Recording form – lots of space for notes (1)
- Networking (2)
- Training prepared well for visit (1)
- Conclusion session (1)
- Well managed (1)

What didn't go so well?

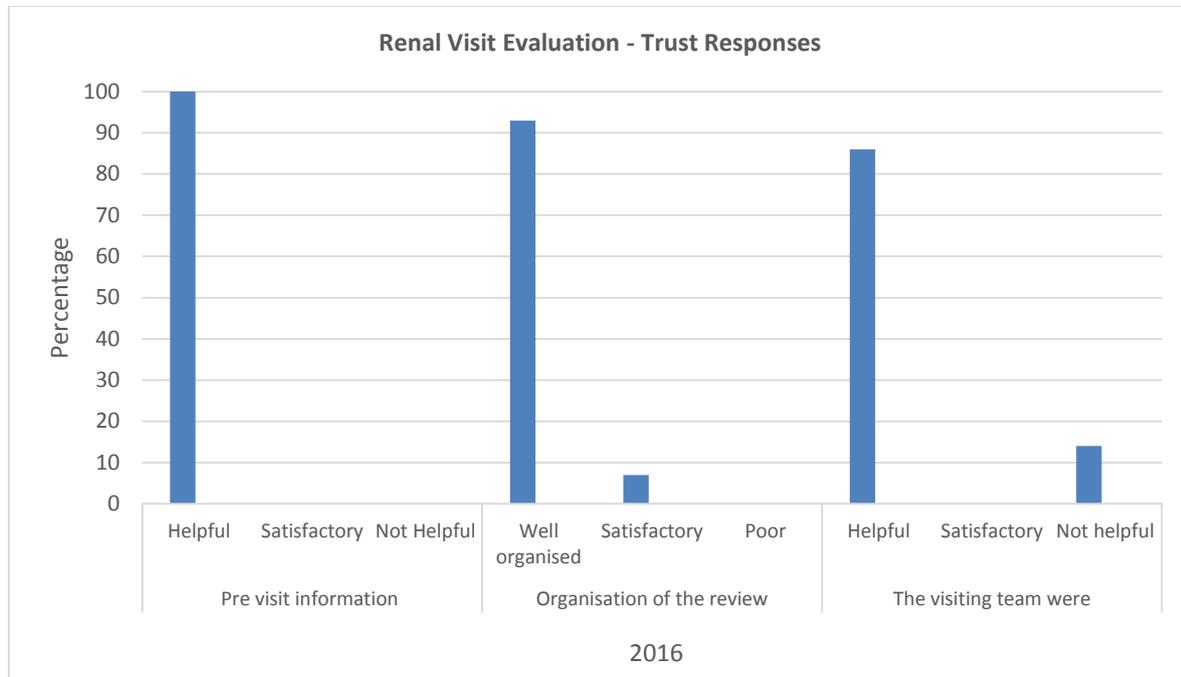
- Nothing (1)
- Trust organisation (3)
- Documentation/evidence organisation (9)
- Timekeeping/timetabling changes (9)
- Not sure of timetable before visit (2)
- Facilities (4)
- KPRT representative was unwell (1)
- Pre-visit info terminology confusing for user rep (1)
- Couldn't print standards - sent as A3 (1)
- Insufficient copies (2)
- Travel issues (1)
- Recording form – too big/modalities/pathway unclear (3)
- Satellite Unit very small so meetings shorter and lots of spare time
- Too many patients at meeting/ would have liked more time with patients (2)
- Refreshments (3)

Any suggestions/comments you feel would help improve the process:

- Give team guidance on how to structure evidence (link evidence to Qs) (6)
- Evidence in separate folders with standard number (1)
- Not enough time (2)
- Whole day for training (1)
- Initially overwhelming (2)
- Focussed on policies not implementation (1)
- Standards too prescriptive (1)
- Get better each time you do a review (1)
- Clinicians need to listen to other team members more (1)
- More time looking at evidence (1)
- Less time on evidence, more time on discussion (1)
- Unlikely reviewers will get chance to look at pre-visit info (1)
- Spreadsheet sent out earlier (1)
- Divide into groups beforehand (1)
- Recording form – more room for compliments and comments (2)
- Recording form – better/clearer organised (2)
- See more satellite units (1)
- Make sure quieter people have input (1)
- Could learn from approaches used by other review organisations (1)

TRUST VIEWS

- 5 Evaluations were issued to seven Trusts shortly after the review visit. Seven responses were received, relating to six Trusts). Response rate: 86% (based on six Trusts). Trust evaluations compared favourably with other WMQRS review programmes.



TRUST COMMENTS

VISIT OVERALL

Went well:

- Feedback (5)
- Opportunity to show services (2)
- Networking (2)
- Teamwork (3)
- Meeting with staff and patients (1)
- Reviewers - committed/engaged/professional/approachable (3)
- Pre-visit info reassuring (1)
- Staff engaged (1)
- Organisation (2)
- WMQRS support (2)
- Very beneficial (2)

What didn't go so well:

- Nothing (2)
- Clinic not prepared for visit (1)
- Facilities (3)
- Rooms organisation (2)
- Not ideal timing (soon after CQC inspection) so not as much attention given as would have liked (1)

Any suggestions/comments you feel would help improve the process

- Guidance on how to structure evidence (2)
- A second visit as now understand process more (1)
- Didn't realise how much emphasis on formal policies (1)
- Harder for people only doing second day (1)

OVERALL EVALUATION

Overall evaluations were issued to seven Trusts. Six responses were received (relating to six Trusts). Response rate: 86%. A table showing results for the renal peer review programme and comparisons with other WMQRS review programmes is included in the main report. Comments received were as follows:

Did the preparation for the visit lead to changes in the services provided by the Trust?

- Patient information sheets (1)

Was the actual visit a helpful or unhelpful experience for staff within the Trust?

- Enjoyed opportunity to present service to peers (1)

Does the report of the visit give a fair reflection of your services at the time?

- Required some amendments which were accepted (1)

Examples of changes made as a result of the visit:

- Guidance for satellite nurses about care of inpatients (1)
- Haemodialysis patient information leaflet (1)
- Looking at QI project - end of life care (1)
- New protocol for water treatment plant (1)

Areas that have proved very difficult to address:

- Satellite unit being re-provisioned - takes time. Carried out a risk assessment (1)
- Peritoneal dialysis uptake is a challenge (1)

Has the involvement of reviewers from your organisation in visits to other places been helpful in improving your own services?

- Saw examples of good practice elsewhere (1)

If you also acted as a reviewer: Was the experience of being a reviewer useful in developing your own services?

- Saw examples of good (and less good) practice elsewhere (1)

Has the peer review process overall been useful in improving services in your locality?

- In progress (1)
- Too early to say - depends how we use the information internally (1)
- Still not able to share documents electronically which would be very helpful (1)

Any other comments about the Quality Standards or the peer review process?

- An opportunity to continue collaborative working (1)
- Very hard work and taken long time but rewarding (1)
- Review of Quality Standards important - some unhelpful (1)