West Midlands Renal Peer Review: outcome based and focused around peer learning

Background: Quality improvement (QI) is vital to ensure best quality and value in delivery of renal care. It requires the wide multi-professional team and patients to work together to ensure care is delivering outcomes indicated by national guidance. Peer review can be a helpful method to highlight different approaches to care, with learning from each other and mutual support. The West Midlands region performed full renal peer review with the WMQRS in 2009-11. This was a valuable process, although very resource heavy, which was felt to be unrealistic to repeat within current limitations. Collectively the West Midlands Renal Network wished to perform further peer review, with an outcome focus. This has been achieved by collective working of the region with NHS England and the Kidney Quality Improvement Partnership (KQuIP).

Methods: A peer review group was established via open invitation from the expert advisory group of the West Midlands Renal Network (NHS England). This group, including patient representatives, agreed on the structure for review, and data sets to be collected. Full consultation was then taken within the region with establishment of terms of reference via NHS England Specialised Commissioning. The Network then worked with KQuIP and the UK Renal Registry (UKRR). A regional KQuIP day was held in March 2017 with a bespoke West Midlands data set produced by UKRR for discussion. Areas identified for review in this process were CKD/ESKD interface, Haemodialysis, Peritoneal Dialysis, Home Haemodialysis, Transplantation (workup and follow up) and Miscellaneous to include staffing, patient feedback and transport. Agreed data sets were compiled by the units, along with brief presentations to include three items of which the unit was proud, three where they acknowledged further work was needed and three where advice was required. Data was compiled ahead of a ‘peer review day’ in October 2017 which was very well attended by the regional teams. Three hour workshops were then held in each area with regional data presentation and unit ‘three item’ presentation. Agreed themes for discussion came from these presentations. All attendees provided real time written feedback to all units and a report was compiled following the whole process as a summary of discussion and highlight of areas for regional QI focus. Each unit also received an individual report of areas where peers felt specific action was required. All units shared policy and procedure documents, along with patient information leaflets, to allow peer help with development if required.

Results. Overall, the peer review day and process received excellent feedback with all contributing honestly and in a supportive manner, allowing very productive learning. Areas highlighted for ongoing regional work include further work on pre-emptive listing and transplantation via the already established Transplant First programme, creation of core specifications to allow repatriation of more transplant patients to base units, increasing uptake of home therapies with mutual learning and support, facilitating clear pathways for Hepatitis B vaccination and learning from different models of nursing for dialysis. It was also quite clear that different units achieved similarly good outcomes using different processes, and that there is no ‘one size fits all’ solution. : Despite being a far less comprehensive process than the previous peer review, this still required considerable unit input and regional organisation. Collection of data was often more difficult than was expected and highlighted to all that routine review was not always occurring, and that evaluation for this process had revealed some unexpected issues It was agreed that the process would be repeated in two years.

Conclusion: Outcome-based peer review is well received and helpful. It allowed the units and region to focus on areas for ongoing QI in a mutually supportive process. It does however require commitment by the units and region to ensure maximum benefit from a time consuming process.