National Diabetes Quality Programme
Impact report

Contents

Foreword

I am delighted to introduce the 2023 National Children and Young People's Diabetes Quality Programme Impact Report. This report is the first of its kind that has been published by the Royal College of Paediatrics and Child Health. The report highlights the impact that the programme has had on paediatric diabetes units across England and Wales, over the last five years, since its inception in 2018. It covers all aspects of the programme, from the successful Diabetes Quality Improvement (QI) Collaboratives to individual diabetes service peer reviews and self-assessment.

The programme was initially designed to last for three years. It required to be extended to five years duration to accommodate the disruption to the delivery of the programme caused by the COVID-19 pandemic. We had to move the QI collaborative events and the individual service peer reviews from in-person events to an entirely virtual setting. For several years now the programme has functioned in a time where healthcare, including paediatric diabetes care, has been faced with unprecedented upheaval. The commitment demonstrated by very many colleagues at the RCPCH, the Children and Young Person's Diabetes Networks, the clinical teams and the families was second to none and this is what allowed the programme to continue to the end despite significant challenges.

The impact of the pandemic and the disruption to care that it caused is evident in the individual team's compliance with the self-assessment measures, some of which have decreased significantly since 2018. However, there is still much to celebrate within this report, including the number of recommendations implemented and support received by services from their management following peer review.

Participation in the programme by so many teams, despite the challenges of service disruption and the significant amount of time spent attending QI events, submitting data, and preparing for peer reviews, is a testament to the commitment of these teams to improving the care of children and young people with diabetes.
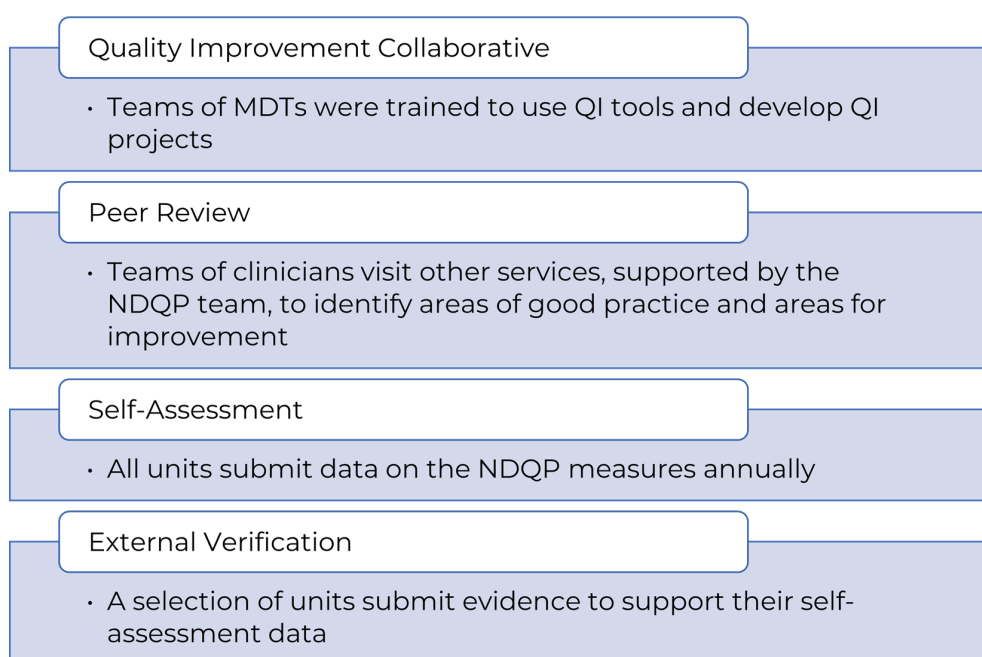
I would like to personally thank all those involved in the programme, and in particular the clinicians who gave up their time to act as peer reviewers. I would also like to thank the National Diabetes Quality Programme (NDQP) team, for their hard work in the programme and for putting together this report. Finally, thanks should go to the Clinical Advisory Group and Programme Board, for their guidance and support over the last five years.

Dr Fiona Campbell OBE, MD, FRCPCH
Clinical Lead
National CYP Diabetes Quality Programme

Introduction to the National Diabetes Quality Programme

The National Diabetes Quality Programme (NDQP) was established in 2018 in collaboration with the National Children and Young People's Diabetes Network and was delivered by the Royal College of Paediatrics and Child Health. The programme set out to help drive outcomes, improvements and encourage service change in paediatric diabetes care in England and Wales. The programme aimed to improve multidisciplinary care for children and young people with diabetes in the NHS, reducing unwarranted variations and involving families in service improvement in a developmental way.

The NDQP consisted of four parts:

Quality Improvement Collaborative
- Teams of MDTs were trained to use QI tools and develop QI projects

Peer Review
- Teams of clinicians visit other services, supported by the NDQP team, to identify areas of good practice and areas for improvement

Self-Assessment
- All units submit data on the NDQP measures annually

External Verification
- A selection of units submit evidence to support their self-assessment data

In this impact report, we have focused on the impacts of the Peer Review process and Quality Improvement Collaborative. This was demonstrated through a series of surveys, as well as a review of our serious concerns data.

Our self-assessment data has been analysed and is published as a separate report, but we have included some key findings here.

Written feedback has also been included in this report, where relevant.

"The hospital has benefitted in so many ways from this scheme and we are proud of our improved outcomes over the past few years. The external peer review we had in 2020 identified serious concerns in staffing. This put pressure on our Trust to invest in our service. This would not have happened without the peer review. Taking part in the pilot of the RCPCH QI collaborative has embedded QI in our service. The skills learnt have been invaluable both for developing our service but also currently as we merge with another hospital to form a new diabetes service." Clinical Lead, Paediatric Diabetes Service

Key Findings

The national median HbA1c (a measure of blood glucose control) for England and Wales reduced from **64.0** in 2017/2018 to **61.0** in 2020/2021 according to the National Paediatric Diabetes Audit (NPDA). This may not be a direct result of the NDQP, however the programme may have contributed towards this decrease.

132

peer reviews were conducted across the duration of the NDQP

88

peer reviews had serious concerns raised

182

serious concerns were raised in total during the NDQP

117

services took part in the Quality Improvement Collaborative

The most common recommendations made during peer reviews were for increases in MDT staffing including **dietetic**, **medical**, **psychological**, **PDSN** and **administrative provision**.

76%

of responding peer reviewed services stated that they think peer review has had a direct impact on their service and health outcomes

Programme Impact Survey

A dedicated impact report survey was sent to all units that participated in the peer review programme. The survey was open from November to December 2022. Out of the 132 paediatric diabetes units that were contacted, 100 responses were received from 83 services. The below findings are from the services that responded. Please note that there may be some overlap of the data between the survey responses and the serious concern action plans and responses.

Peer Review Recommendations Implementation

As part of the impact report survey, services were asked about the recommendations that have been implemented following the peer review. This list is not exhaustive of all recommendations made by the programme, but it depicts the recommendations that were highlighted in the impact report survey by responding services. In addition to depicting the recommendations implemented, the graph below shows the number of recommendations that are under review but not yet fully implemented, and the number of business cases that are in progress but not yet finalised.
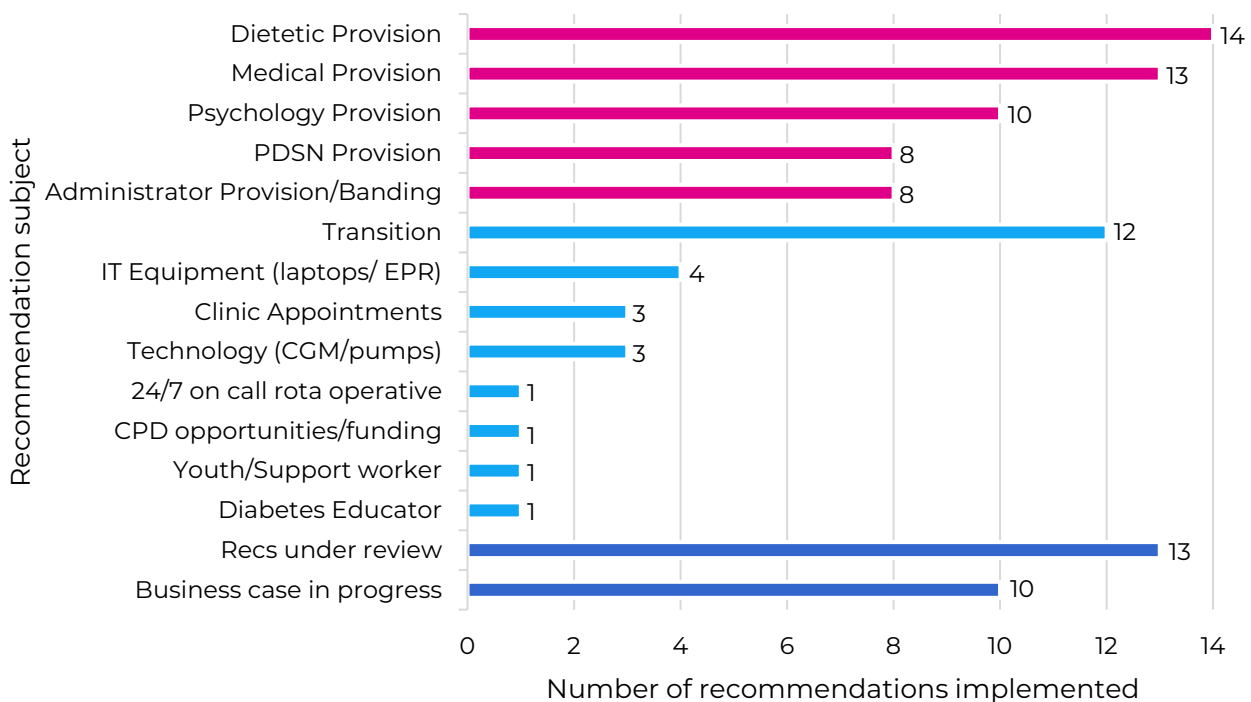

Figure 1: Recommendations implemented by peer reviewed services post-review

Findings:

- The majority of recommendations implemented were in relation to increasing staffing provisions in paediatric diabetes unit multidisciplinary teams, with recommendations mainly being implemented in the following areas:

    – The dietetic provision was increased in 14 services with most services confirming

an increase in capacity. Other services highlighted that whilst an increase in WTE has been agreed, recruitment is still pending.

- 13 services reported an increase in the medical provision, highlighting that vacancies were filled, provision was increased, and additional time was given specifically for clinical lead roles.
- The WTE for the psychology provision was increased in 10 services although some services reported being unable to recruit due to the national shortage of psychologists.
- There were 16 reports of the peer review supporting services to increase the provision for the PDSNs, increases in the provision for the administrator role or increasing the banding of the administrator.

- Feedback included:

  "There were serious concerns raised on the day which had a direct effect on increasing staffing levels in the diabetes team."

  "It has helped with discussions with management and workforce is now on the Trust Risk Register."

  "Peer review was very beneficial to our service."

- Further areas where recommendations were implemented include:

  - The transition service where 12 services reported improvements, which included: increasing the number of joint appointments with the adult service, having protected time in job plans for the service, agreed funding and/or recruitment of a transition nurse and the recruitment of a full time adult DSN, re-building the transition service or setting up an adolescent service post COVID-19.

    Feedback included:

    "The main [recommendation] was about concerns with the transition service, mainly due to lack of engagement from the adult services. We were able to improve this significantly with support from senior management and close working with the adult team. Our NDQP QI project was also on this subject which helped us to put in more time and energy to come up with a structured plan."

- Feedback from the impact report survey has demonstrated that the peer review has helped to strengthen the need for developing business cases in order to increase staffing provisions across all disciplines, 10 services reported having business cases in place following the peer review.

  Feedback included:

  "Referring to the report definitely makes people pay more attention."

"The peer review has supported us to get a business case almost approved (currently in final stages)."

Overall, 76% of peer reviewed services stated that they think peer review has had a direct impact on their service and health outcomes.

72% said peer reviewed services stated that they think participation in the NDQP has had a direct impact on patient experience.

Management support

Services were asked about the level of support they received from Trust and Health Board management to implement recommendations to overcome their challenges post peer review. The chart below depicts the responses received in the impact report survey by responding services.
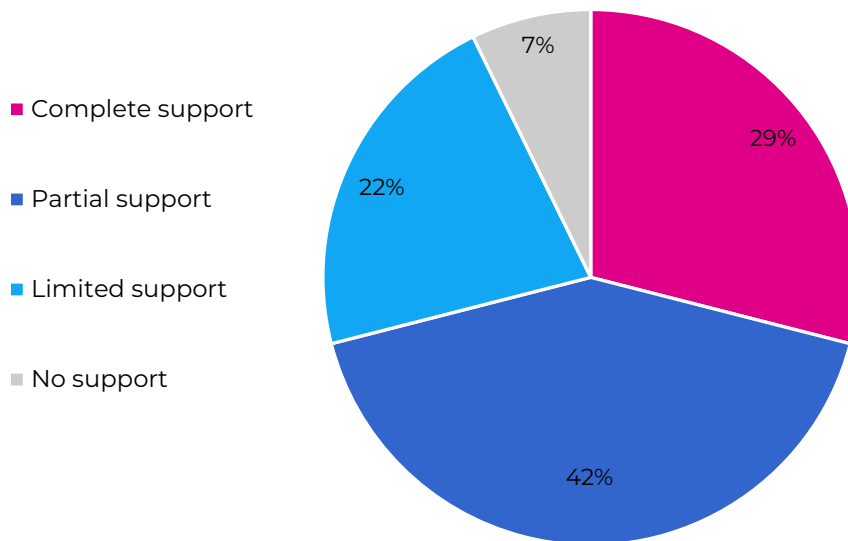

Figure 2: Management support services received post peer review to overcome challenges faced

Findings:

- The majority of respondents reported to have received some level of support from management following their peer review, with 29% receiving complete support, 42% receiving partial support and 22% receiving limited support.

Complete support

- Respondents who reported to have had complete support from management, post their peer review, successfully scoped additional funding and developed business cases to increase staffing provisions within the MDT.

  Feedback included:

  "Immediate management have been very supportive, including operational business

manager and matron. Reassurances have been given that more senior management is also onboard."

"Strategic Outline Case (Business case) was submitted to fund staff following red flags identified in peer review report from RCPCH."

"The management team took some time to understand that concerns raised by peer review team were not a reflection of HbA1c outcomes which were very good, but due to a great deal of goodwill from diabetes team and a threat to sustainability. Once this was understood, they took concerns raised seriously and action was taken to support the diabetes team."

Partial support

- Respondents who reported receiving partial support from management post their peer review provided feedback which stated that direct managers were very supportive. However, the same level of support was not received from Trust-level managers due to urgent and competing priorities within the Trusts. Financial constraints within the Trusts resulted in incomplete business case submissions and (where applicable), recommendations in relation to transition services were impacted by adult colleagues' engagement.

  Feedback included:

  "We have now got increased admin time however this came about more from us being unable to submit to NPDA due to COVID-19 work pressures. Our immediate management is supportive however there are competing resource pressures within paediatrics."

  "Immediate managers were very supportive, trust-level ones not so much."

  "We received good support from the senior management team, but lack of resources in the adult diabetes team still comes in the way of successfully implementing all the changes that are required."

  "They want to help but there is insufficient resource available to be able to achieve these. The Trust Wide Management Group is functioning much better now, and I feel that our Clinical Director and directorate manager have a much better idea of the service than in the past. They are currently helping us develop a business case for additional resource given our increase in caseload."

Limited support

- Feedback from respondents who reported receiving limited support from management post their peer review included facing challenges with business case approvals including lack of funding and lack of clarity, difficulties in recruitment, and lack of engagement from the senior management team.

- It must be noted that five out of 15 respondents within this group were able to implement some of the recommendations from the peer review, however, this was achieved with limited support from direct management.

  Feedback included:

  "We had to push them all the way really. Team members did jobs we thought really should have been done by management regarding the recruitment. It was only sheer persistence by certain team members that achieved this."

  "Engagement with management is one sided - from us, they are hard to engage consistently with tangible results."

  "Management received the business case, but it was not successful. The business case was drawn up by the diabetes clinical lead and the lead for psychology. Management have helped identify possible opportunities for data management support in the directorate, but this is not fully established yet".

  "Recruitment process went well and recruited as development posts; however management team underestimated the amount of time needed for remaining experienced staff to train new staff to competency".

No support

- 7% of respondents stated they received no support from management. They also reported not being able to implement any recommendations from the peer review.

Extending peer review to other areas of paediatrics:

93% of respondents said they would consider recommending extending peer review to other areas of paediatric specialties:

"I found it really helpful to have the incentive to review and reflect on our practice properly, and to have a collaborative space to be humble and learn about the strengths and challenges of our unit. I also feel like going forward, the peer review team will likely be able to put us in touch with other units who have successfully tackled the same challenges to learn from them (they already have done this). This sort of outcome is applicable to all sub-specialties."

"Peer review provides constructive and objective feedback. It helps build the service and provides teams with further objective evidence to support proposals for change to take to senior management."

"Having a set of measures to benchmark the service against is very helpful both in being more organised as a team but also highlighting gaps in resources to management."

Post Peer Review Surveys

After each peer review, services and the peer review team were provided with a survey to continually assess the effectiveness of the programme and make ongoing improvements.

Service feedback

157 respondents from services completed the post peer review survey during the programme.

Legend:
- Consultant Paediatrician
- PDSN
- Paediatric Dietitian
- Clinical Psychologist
- Administrative support
- Other

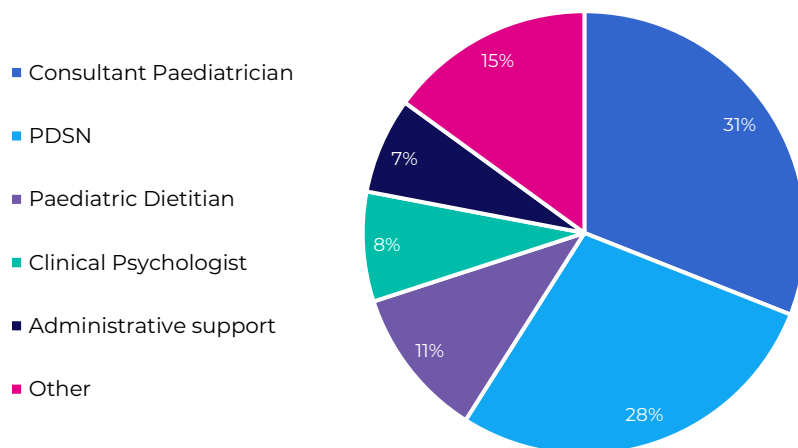Pie chart values: 31%, 28%, 11%, 8%, 7%, 15%

Figure 3: Professions of post-review service survey respondents

There were several questions asked related to assessing the initial preparation stages for peer review

- 93% of responders marked 'plenty of information' when asked whether communication about the peer review visit was made available to all prior to the day

When asked 'Thinking about the visit day and your contact with the peer review team':

- 95% - Felt that the purpose of the peer review visit & the NDQP were explained 'enough'
- 87% - Marked enough when asked 'I felt the verbal feedback and recommendations were fair'

In response to the question, overall, how did you find the peer review process?, respondents' comments predominately related to:

- **Helpfulness & constructiveness of having the peer review (31%)**

    "Excellent process which engaged our senior managers and helped to get our business case finalised after two years. We have already got additional clinical psychology and some dietitian provision as a result of the [peer review] meeting."

    "Very helpful to support the team and help us further highlight areas for the service that need improvement/investment to the Trust"

- **Organisation of the peer review in advance and on the day (16%)**

  "The review itself was well managed and constructive."

- **The peer review team being helpful, clear and able to put staff at ease (14%)**

  "I was more anxious than anticipated, but the peer review team put me at ease and I found them to be approachable and professional."

  "I found the opportunity to share experiences with peers from a number of other services very valuable. I felt listened to and I valued their feedback and ideas."

- **Being able make the peer review team aware of challenges and achievement (12%)**

  "It was beneficial for the issues the team are experiencing. Finally felt we were listened to and understood. We are grateful that they understood the issues and made helpful recommendations."

  "The way this allows us to be really clear about our challenges is helpful. Also, the engagement of higher level trust members and CCG (Clinical Commissioning Group) is a useful process, and allows appropriate challenges to these stakeholders."

Peer Reviewer survey feedback

113 peer reviewers completed the survey during the programme.

- Consultant Paediatrician
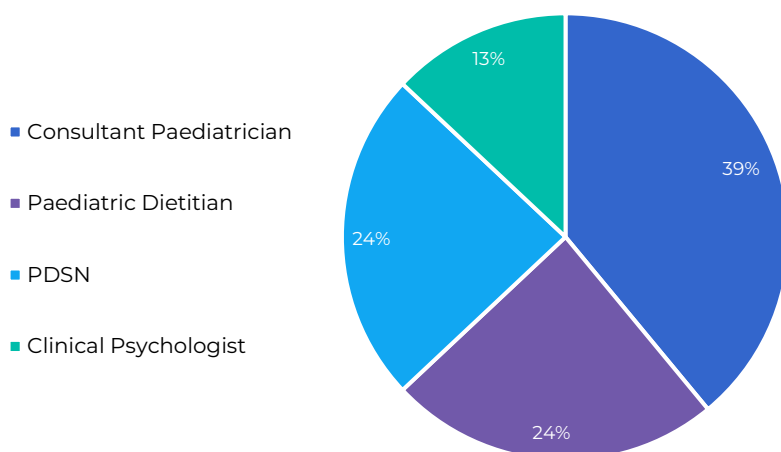- Paediatric Dietitian
- PDSN
- Clinical Psychologist

Figure 4: Professions of post-review peer reviewer survey respondents

Findings:

99% of peer reviewers surveyed would recommend being a peer reviewer to a colleague.

- 97% agreed or strongly agreed that the peer review visit was impactful
- 96% agreed or strongly agreed that they found the peer review visit useful and that the experience contribute to their own practice
- 97% agreed or strongly agreed that they enjoyed the peer review

When asked to describe overall experience of the Peer Review process respondents comments predominately related to:

- To being a worthwhile experience (52%)

  "I find it hard work but worthwhile - the day is very busy and full on and can feel a little surreal online, however the format works well and is considerably more value for money than I imagined."

- To the benefits of shared practice (27%)

  "Wonderful experience. The benefits of being a reviewer and learning from the experience was worth it. I could take several good practices to my own team."

- To influencing change (11%)

  "It is such a great experience to be able to spend time with a service trying to understand their great achievements and the things that they are hoping to improve. Feeling that as a team you are able to help a team to be able to push forward for changes feels really important."

Multiple peer reviewers also noted enjoying the team aspect and the way the peer reviews were organised:

- *"The virtual platform worked well and the peer review team from RCPCH was very supportive. Really enjoyed the day and the interaction with other reviewers and the team"*

- *"It was a very tiring day but well worth the effort. An extremely well organised and professional day."*

Serious Concerns

A serious concern is an issue that is likely to have a moderate to significant detrimental impact on the quality of care that is received by patients, and/or patient safety. Peer review teams raised serious concerns during peer reviews, and these were fed back to the service at the end of the day. Following a serious concern being raised, services are expected to create an action plan within four weeks to address the concern. The action plans were then reviewed by the NDQP Clinical Advisory Group, and additional recommendations were made to services following these meetings alongside requests for updates.

The below findings are a result of the analysis of the action plans and subsequent updates sent by services.

Findings:

- Across 132 peer reviews there were 88 services at which serious concerns were raised and 44 reviews had no serious concerns raised
- 182 serious concerns were raised in total
- The most frequent serious concerns raised were in the areas of 'Transition service' 'Psychology provision' and 'Dietetic provision'.
- Areas with a smaller number of serious concerns identified included clinical lead time, clinical space, ward staff training, MDT clinic appointments, team dynamics, pump services, MDT training and HbA1c testing.
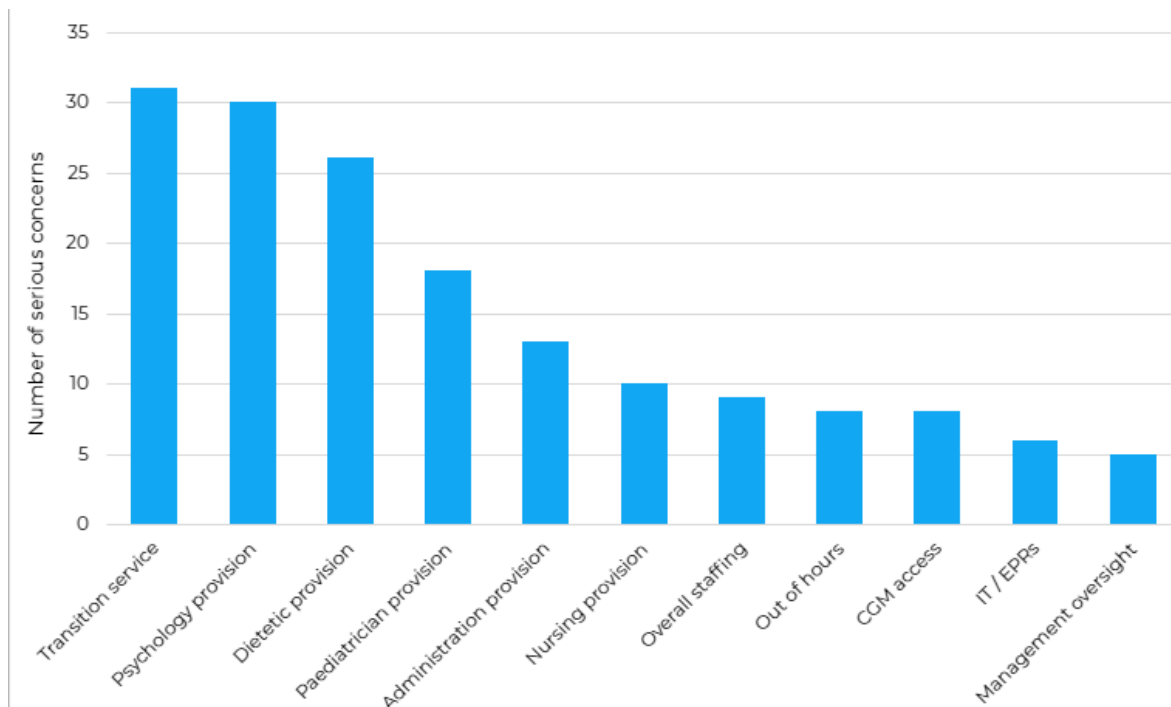

Figure 5: Categories of serious concerns raised

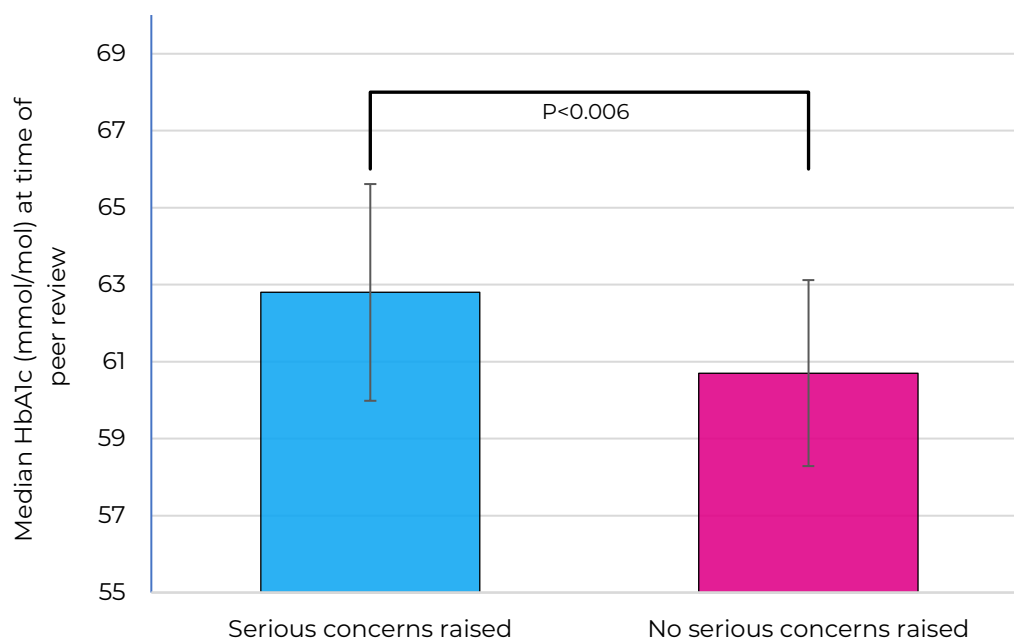**Average HbA1c appears higher in services with serious concerns**

Figure 6: Median HbA1c (mmol/mol) of services with serious concerns raised compared to services where no serious concerns were raised. Median HbA1c were recorded at time of peer review for 56 services between March 2018 – March 2021. Within these services, 28 had serious concerns raised and 28 had no serious concerns raised.

Provision has increased for many services after serious concerns were raised at peer review

Through monitoring updates requested by the Clinical Advisory Group for 68 services that had serious concerns raised (all reviews occurred prior to Sept 2022), the following increases in provision were collated:

Area of serious concern	Number of services	Total increases in provision
Psychology	12	6.1 WTE
Dietetics	12	7.23 WTE
Medical provision	9	1.7 WTE
Administration	8	3.25 WTE
Transition	5	2 new transition services launched & 3 transition nurses recruited

Figure 7: Total increases in provision per area of serious concern

A number of confirmed post-peer review updates that were not provision-based updates also included:

- Services working with CCGs/ICBs to agree increases in technology access and funding for continuous glucose monitors, insulin pumps and point of care Hb1Ac testing equipment
- Escalation of IT barriers, supporting the acquisition and implementation of databases and electronic patient records to enhance best practice tariff and NPDA data collection
- Additions of concern to trust risk registers, elevating awareness
- More clinical space being allocated to MDTs
- Updates to/newly created policies linked to NDQP measures around transition, out of hours, did not attend (DNA)/ was not brought (WSB) and high HbA1c group

Self-assessment

Self-assessment was conducted across the duration of the programme from 2018 to 2022. Self-assessment measures were created by the NDQP in 2018 to evaluate the compliance of paediatric diabetes services across England and Wales in relation to NDQP and Best Practice Tariff (BPT) requirements.

A full report of the findings is available on the RCPCH website and highlights some key increases and decreases measured over five years against the NDQP standards.

Measures are broken down into several groups:

1. Health Board/Trust;
2. Multidisciplinary team (MDT); and
3. Network measures.

There were six key themes under Health Board/Trust measures, 27 key themes associated with MDTs, and 12 themes of Network measures. Several of the measures having sub-measures, Health Boards/Trusts are assessed against a total of 25 measures, there are 95 MDT measures in total, and 34 Network measures.

Key findings:

H.6 Outpatients' Clinic Management

- H.6.1 At each clinic appointment, is the CYP offered consultation with all members of the multidisciplinary team (MDT), defined as including a doctor (please see the help definitions), paediatric diabetes specialist nurse, paediatric diabetes specialist dietitian and paediatric psychologist

> There was a significant reduction of services who were compliant with measure H.6.1, decreasing from 85% in 2018 to 60% in 2022.

M.8 Four clinic appointments per year

- M.8.1 Each patient is offered a minimum of four clinic appointments per year with a MDT, defined as including a paediatric diabetes specialist nurse, a paediatric diabetes dietitian, paediatric psychologist, and doctor. At every visit, the patient must be seen by a doctor with appropriate training in paediatric diabetes and at least one other member of the MDT

> Similarly, to measure H.6.1, there was a notable decrease in compliancy with measure M.8.1 whereby all CYPD were offered a minimum of four MDT clinic appointments per year with the whole MDT present. Compliance of this measure decreased from 85% in 2018 to 68% in 2022.

M.16 Transition and Transfer Policy

- M.16.1 Has the MDT implemented an up-to-date transition and transfer to adult services policy that is in line with current national guidance on transition
- M.16.2 At the start of transition there is a care plan that includes a person-specific programme of competencies to develop safe self-management of diabetes care prior to transfer.
- M.16.3 There are individualised transition and transfer arrangements agreed for patients with additional or complex needs.
- M.16.4 The decision about the age of transfer to the adult service is based on the young person's physical development, emotional maturity, local circumstances and patient choice.
- M.16.5. There are clear protocols and guidelines in place for 16-18-year olds with DKA admissions that have been agreed jointly with adult services.

Notable increases occurred across all M.16 transition measures. For example, compliance for M.16.5 Protocols and guidelines for 16 – 18-year-olds with DKA admissions that have been agreed jointly with adult services increased from 67% in 2018 to 94% in 2022.
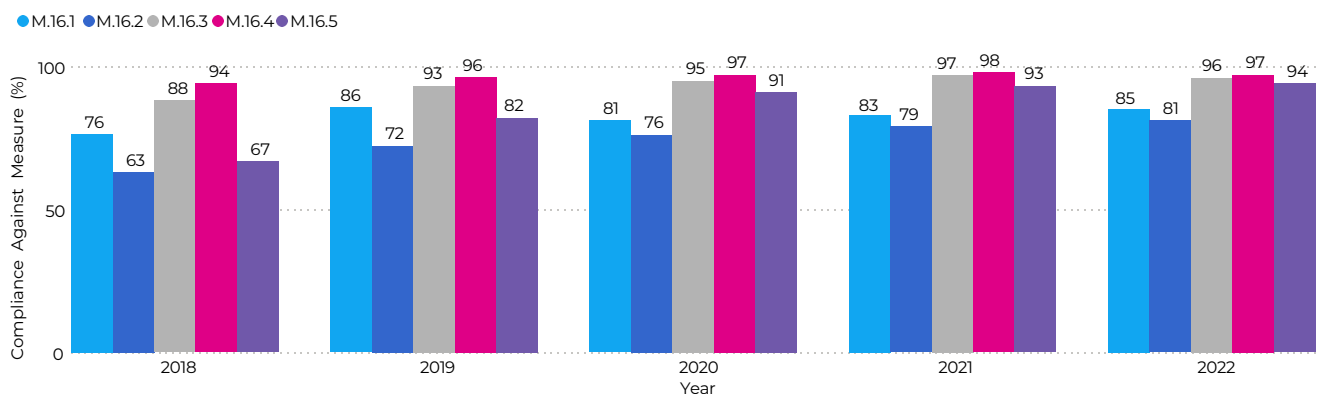

Figure 8: Compliance of M.16.1 to M.16.5 per year

M.21 Diabetes Self - Management Education Programme

- M.21.6 Does the programme commence within 3 months of diagnosis and level 3 CHO counting within 2 weeks?

Compliance of measure M.21.6 increased from 84% in 2018 to 97% in 2022. This is a core BPT measure and it is imperative to the care of newly diagnosed CYPD to ensure they receive specialist carbohydrate counting education within two weeks of their diagnosis.

M.27 Percentage of patients who did not attend/were not brought/ (DNA/WNB)

- M.27.1 Have DNA/WNB rates been reviewed across all clinics?

- M.27.2 Are DNA/WNB rates reviewed across different age bands?
- M.27.3 Have DNA/WNB rates been discussed at the trust/health board management group
- M.27.4 Have actions been taken to improve patient surveillance
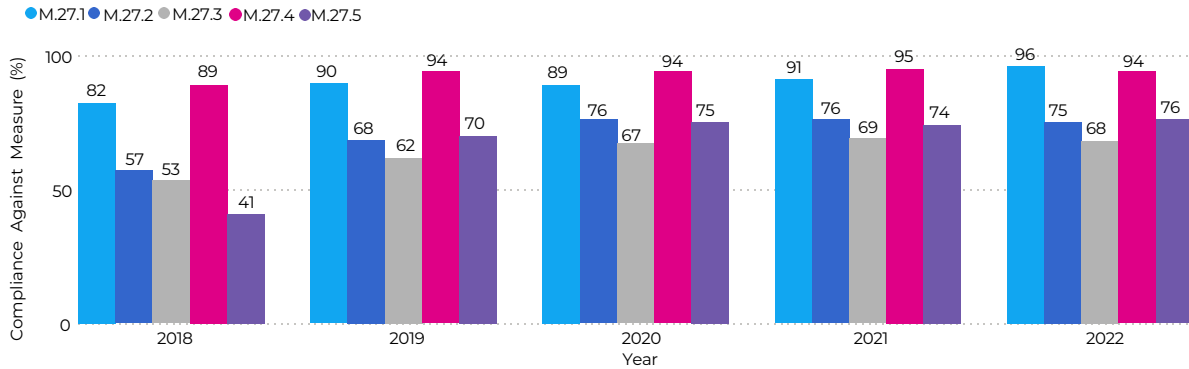- M.27.5 Have the DNA/WNB rates been discussed at CYPDN?

Figure 9: Compliance of M.27.1 to M.27.5 per year

M.27 measures increased in compliance between 2018 - 2022. Several measures had significant increases from 2018 to 2022 including M.27.2 (18%), M.27.3 (15%), and M.27.5 (35%).

Quality Improvement Collaborative

117 units took part in the Quality Improvement (QI) Collaborative workstream of the NDQP. The QI Collaborative was delivered over 14 waves from the pilot in 2017 to the final session in 2022. Each service taking part in the QI Collaborative received support over a nine-month training programme to develop new models of care to improve health outcomes. The aim of the QI Collaborative was to provide multidisciplinary teams (MDTs) with the support and tools to identify, design and analyse their own interventions and data specific to the needs of the children, young people, and families they care for. The QI collaborative also provided MDTs with an opportunity to share best practice and innovation with other paediatric diabetes units (PDUs).

The QI initiatives were varied and included carbohydrate counting from diagnosis, self-management education and resources, outpatient clinic experience, access to download technology, support for patients on insulin pumps, patient engagement and communication and completion of key care processes.

Participating units were advised to have one main area of focus for their QI initiatives, with the potential to have sub-projects focusing on other areas of service delivery (if required). Out of the 117 services, 83 units focused on only one main area of improvement, 25 units focused on 2 areas of improvement, 7 units focused on 3 areas of improvement and 2 units focused on 4 areas of improvement throughout their QI Collaborative journey.

The chart on the following page depicts the number of QI projects undertaken in specific areas of diabetes care. The chart only depicts the main area of focus for each service and does not include the second, third and fourth (where applicable) area of improvement.
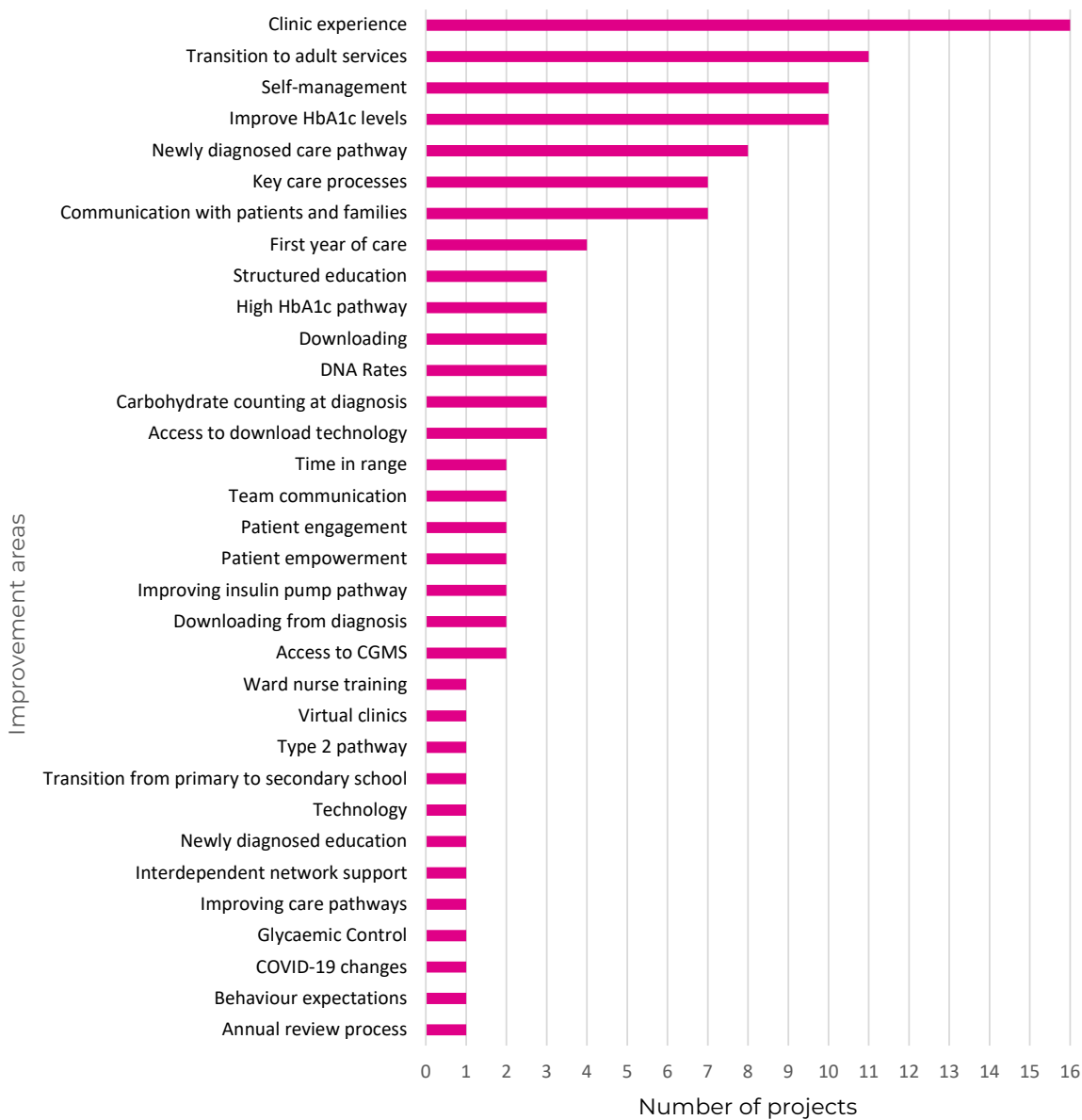
Figure 10: Main areas of focus for QI initiatives

Findings:

- Overall, there were 33 aspects of diabetes care and service delivery that PDUs focused their main QI project on.
- The most common projects were: improving the clinic experience for children, young people and their families, transition to adult services, diabetes self-management education and support and improving HbA1c levels to reduce the number of patients with high HbA1c levels.

Feedback from services who participated in the QI Collaborative

As part of the impact report survey paediatric diabetes units were asked whether taking part in the QI Collaborative had an impact on their service and delivery of care for the children, young people, and families they provide care for. Feedback included:

"The project made us think about transition and how to better improve the service for our patients and families. It allowed us to seek feedback from young people and improve our communication and preparation material."

"Definitely increased the number of annual reviews reviewed by consultants. Another good thing that came out of NDQP QI was that we introduced a monthly QI meeting which allows us to focus on QI projects and ensure their completion."

"We have seen an improvement in our HbA1c."

"(Taking part in the QI) really helped us to have a little time out (& make the time) to focus on the way our clinics run, reasons for non-delivery of key care processes and improving both of these."

"Yes absolutely. It created structure and a rapid evaluation method to all team meetings and service developments, away days were initiated once every 8mths and were very effective, HbA1c outcomes improved."

"We developed a newly diagnosed Type 1 diabetes booklet and pathway, and pathway for Type 2 diabetes."

"Improved engagement and reduced HbA1c, together with increased team cohesiveness."
"We discovered on starting the project we were all giving different advice, some of it contradictory and now have a consistent approach across the team."

"Significantly improved our outcomes from us being a negative outlier on many outcomes on NPDA to being in line or more than the England and Wales average."

"Most of our patients are home downloading now, many are dose adjusting. HbA1c continues to fall."

Extending QI to other areas of Paediatrics

Units were asked whether they would recommend extending quality improvement to other areas of paediatrics.

93% of respondents said they would consider recommending extending quality improvement to other areas of paediatric specialties:

"It would encourage other services to examine the quality of the care they provide."

"Gives the whole team QI skills and drums up enthusiasm for future projects too."

"Helps with teamwork, focus on 'quick wins' that take no time or cost, good for morale and for patients and families."

Lessons Learned

This programme has been the first of its kind in the UK, and therefore has continually evolved over the years. A full evaluation of the programme has been completed, and key lessons learned include:

- Shorter reports are more impactful and should have a turnaround time of no longer than 12 weeks.
- Review days are long and intense, therefore regular breaks are imperative, particularly if conducting virtual reviews. We tested having a condensed review day with shorter sessions (reduced from 45 minutes to 20 minutes), however it was felt that this was insufficient time for services to discuss their achievements and challenges, as well as for the review team to provide the service with recommendations, and the quality of the review was therefore compromised.
- Peer reviews require a significant amount of engagement from clinicians willing to become peer reviewers, and at least two peer reviewers should be present at each review. This comes with risks and should be appropriately considered at the start of the process. Where there is a gap within the review team, a clinician from that discipline should review the documentation and provide the peer review team with areas to explore and questions prior to the review day. This allows for some discipline specific insight and expertise.
- For each virtual peer review, three staff members were required – a peer review manager, report writer, and logistics manager. This is a considerable amount of staff time for each review, and should be adequately scoped at the beginning of the programme.
- The voice of children and young people (CYP) should be included within any programme that will have an impact on their care and outcomes. This requires adequate support and training, and this programme would have benefitted from a dedicated CYP liaison officer. In addition, having parent/CYP representation on governance groups and to aid recommendation writing, may have been a positive influence on this kind of programme.
- Feedback from services show that the most burdensome part of peer review is the documentation upload required. In future, the amount of documentation required should be reduced if possible in order to reduce this burden.
- Measures and standards should be clear and not subjective/down to interpretation. This would ensure a consistent approach across all reviews.
- Good practice should be shared as much as possible. We shared good practice through newsletters and peer reviewers, but additional ways to share good practice should be considered in any quality programme.
- Serious concerns and immediate risks should have a solid, clear escalation framework behind them. For this programme an escalation policy was written and this allowed immediate risks to be dealt with appropriately, however further consideration should be given as to how far these issues are escalated, including whether the Clinical Quality Commission should be notified.

Conclusions

The NDQP has strived to improve the care of children and young people with diabetes, and the impact of the programme has been clearly felt by the services that have participated in the programme. Over the last five years, services have been able to check their compliance against the NDQP measures, and in the past two years the self-assessment platform has included benchmarking against network and national compliance. Peer review, in combination with self-assessment, has allowed services to identify and raise challenges as well as areas of success, and this has enabled most services to gain the support of their senior managers and raise the profile of paediatric diabetes.

It is clear that services have found both peer reviews and the quality improvement collaborative to be impactful, and will take the recommendations and learnings from both of these initiatives forward in their practice.

Glossary

CYP – Children and young people

DKA – Diabetic ketoacidosis

HbA1c (Glycated haemoglobin) – The term HbA1c refers to glycated haemoglobin. By measuring glycated haemoglobin (HbA1c), clinicians are able to get an overall picture of what our average blood sugar levels have been over a period of weeks/ months. For people with diabetes this is important as the higher the HbA1c, the greater the risk of developing diabetes-related complications. (Diabetes.co.uk)

NDQP – National Diabetes Quality Programme

NPDA – National Paediatric Diabetes Audit

Acknowledgements

Report Editors
NDQP Team

NDQP Clinical Lead
Dr Fiona Campbell OBE, Clinical Lead, RCPCH and Consultant Paediatric Diabetologist, Leeds Teaching Hospitals NHS Trust

Programme Management
Ms Jessica Ellis, NDQP Programme Manager, RCPCH

Project Management
Ms Eva Anjoom-Zaman, NDQP Project Manager, RCPCH
Mr Bryn White, NDQP Project Manager, RCPCH

Project Support
Ms Heather Meek, Project Coordinator, RCPCH
Ms Ofelia Torres, Project Coordinator, RCPCH
Ms Madison Lindeman, Project Coordinator, RCPCH

Ms Charlotte Jackson, Project Coordinator, RCPCH
Ms Shanti Courtman, Project Coordinator, RCPCH
Ms Kal Kohli, Project Administrator, RCPCH
Ms Gloria Bokongo, Project Administrator, RCPCH
Ms Emily Arkell, Director of Research and Quality Improvement, RCPCH

NDQP Project Board
Dr Fiona Campbell OBE, Clinical Lead, RCPCH and Consultant Paediatric Diabetologist, Leeds Teaching Hospitals NHS Trust
Professor Paul Dimitri, Vice President for Science and Research, RCPCH
Dr Neil Hopper MB ChB FRCPCH, Consultant Paediatrician, Sunderland Royal Hospital
Dr Rajesh Krishnan, Officer for Clinical Standards and Improvement, RCPCH, and Deputy Medical Officer, Swansea Bay University Health Board
Ms Margot E Carson, Children and Young People's North West Diabetes Network Manager, Leeds Teaching Hospitals NHS Trust
Ms Emily Arkell, Research and Quality Improvement Division Director, RCPCH

NDQP Clinical Advisory Group
Ms Jenny Foster, Network Manager, Children and Young People's North East and North Cumbria Diabetes Network
Dr Alice Williams, Clinical Psychologist in Diabetes, University Hospital Southampton NHS Foundation Trust
Dr Nicola Trevelyan, Consultant Paediatrician and Clinical Lead in Paediatric Diabetes, Southampton Children's Hospital, University Hospitals Southampton NHS Trust
Ms Liz Haase, Lead Nurse, Paediatric Diabetes team, Northampton General Hospital NHS Trust
Ms Louise Salsbury, Specialist Paediatric Diabetes Dietitian, Royal Manchester Children's Hospital

National Diabetes Quality Improvement
Programme
Impact report

✶RCPCH

**Royal College of
Paediatrics and Child Health**
Leading the way in Children's Health