National Diabetes Quality Programme

Jess Ellis 00:04
Hi, I'm Jess Ellis, head of the National Diabetes quality programme at the Royal College of Paediatrics and Child Health. I'm joined by my colleague Brian White, one of our project managers and we are joined by a very special guest today, Dr. Fiona Campbell, OBE. She's Chair of the National children and young people's diabetes network in England and Wales, a consultant in paediatric diabetes at Leeds Children's Hospital, and clinical lead for the National Diabetes quality programme. Thank you very much for joining us today.

Dr Fiona Campbell 00:35
Thank you, Jess. That's a lovely introduction. And it's a pleasure for me to be here with you and Brynn to tell everyone about our antics, I suppose and how well we've done the quality programme over the last five years.

Jess Ellis 00:49
This is the first of our second college strategy 2021 24 series where we focus on our strategy in action and the impact this work has made in the community. Our first strategic aim is to harness knowledge, data and intelligence to improve the quality of care for children and young people. One of the ways to achieve this is to drive up the standard and quality of paediatric care by championing innovation, and audit. In this episode, Dr. Campbell Brennan, I will look back over the five years of the NDK up and share stories of impact and how this work will continue to leave an imprint on diabetes care. Can you believe it's been five years since the launch of the National Diabetes quality programme? And we can now say we've completed 132 peer reviews in England and Wales? Well, I

Dr Fiona Campbell 01:36

I think this is a remarkable achievement. And it is one that I never really thought we were going to manage to do. This quality programme was, first of its kind. And I personally being a practising clinician in diabetes, offering care to hundreds of young people and their families. I was determined to find a way to support my colleagues over there clinical practice, support them on daily tasks, daily decision making, using data to improve the services that we deliver to our families across the country. And it was a big ambition. But one I'm really grateful that the college believed in. And I've had great fun and great colleagues actually helping to achieve this aim over the last five years. Yes. So, it's been a journey and but are very enjoyable.

Jess Ellis 02:41
So, Fiona, you were absolutely instrumental in the inception and launch of this initiative, won't you?

Dr Fiona Campbell 02:48
Yeah, I was. It was in my days when I was working at the College as the Officer for Clinical Standards. I was very impressed with the work that the College was doing in clinical standards., but I felt we could do more to support our membership. And there's one thing, checking guidelines and suggesting what gold standard practice should look like. But it's another thing actually working with teams on the ground, to actually train them or give them confidence in how to improve their service with the resources they have. Also, to use data to drive improvements in outcome, to influence the business cases that we so often have to prepare as clinicians to persuade our clinical management colleagues that investment in our service is both worthwhile, and indeed necessary.

With that in mind, I spoke to colleagues at the College about five, a little bit more than that now actually, maybe six or even seven years ago, and said, how about doing really in-depth support programme for our membership. Not only using our data but looking at self-assessing where they are against standards and training them in quality improvement methodology and applying it to the diabetes service. And going out and putting a programme of reviewing individual services together as peers, not inspectors but just colleagues looking at ways that teams could improve as I say with the resources they had. So that was the ambition.

It was very much based on what I knew from colleagues abroad in Sweden in particularly. They give us confidence to do this and even came over to visit and supported a couple of our face-to-face meetings. And based on what they've done and seen success we felt in our

countries, we could do this too. And our outcome would be one simply measured by an improvement in median HP seen over the years, and we have managed to demonstrate this. And we've just had a new report that we published just this last week, which shows that our contribution to improvement has been very well received, and I think very effective.

Bryn White 05:36
what were some of the key challenges in getting the programme of this scale going within the paediatric diabetes landscape?

Dr Fiona Campbell 05:43
Well, I'm very fortunate, I have been working with my colleagues many years Bryn. And I've got a lot of support. I think as an individual, I think people trust that if I'm going to suggest ways of improving services, the same suggestions would apply to my own clinical practice. And I would never ask anybody to do what I wouldn't be prepared to do. So I think people trusted my judgement in what might work in clinical practice. But I was really keen that everybody participated. And when I mean, everybody that was really a couple of thousand staff, it was looking after almost 30,000 families. And we didn't really want any of the teams to miss out.

Not only did I not want teams to miss out, but I didn't want patient care to miss out. I really believe that by doing the quality improvement programme that teams have better insight, better ability to offer better care to families. And so the challenge was 100% participation. We got I think, Jess, you'll need to check for me, but I think about 91% participation, and which was amazing. I mean, we have to say amazing when this wasn't a compulsion to do this, this was people wanting to do a better job. So 91% uptake was good.

But the biggest challenge, I suppose from a college perspective, not a clinical perspective, was obviously this had to be done on subscription funding model. And as there was no central funding for this, and so the college to calm and contracts with individual clinical teams, and in order for this programme to be able to be developed and sustained. So keeping all the plates spinning, with different conversations between the college and my clinical teams was the biggest challenge and making people confident know, what was suggested was going to be a success.

Jess Ellis 08:03

I think it's very clear that you are very well respected within the clinical community. So I'm not surprised that so many services, follow your example really. I think the uptake was really, really good. And I know what was really interesting is that having done quite a few of these reviews and the QI programme, we did start receiving emails from services that hadn't participated that saw what an amazing impact we were having on the services that were participating. And they were then requesting to participate with us. So that was really interesting.

Dr Fiona Campbell 08:43
Yes, and sadly, they sort of realised a little bit too late just because in fact, we weren't able to actually take them on board at a later date. And I do think there is a lot of teams that had wished they had because sometimes opportunities don't come round again. And or they come round at a later date. And I think I'm sure all the teams really did want to participate, but we just couldn't accommodate them in the in the time scale.

Bryn White 09:18
And fast forward five years to now where we've successfully completed the delivery of the peer review programme and the QI collaborative. What have been some of the key highlights for you both?

Dr Fiona Campbell 09:28
Well, the highlights for me are taking part. I mean, I have been fortunate enough because I've been working on behalf of the college during the clinical advisor clinical leadership. So I've actually managed to carve out time from my clinical practice to attend many of the events that allowed me to meet lots of the clinical and MDT members and watch them in action. And prior to COVID we even had face to face events and peer review. Remember these days. And I think we successfully moved from what we really intended was, you know, eyeball to eyeball looking at people in the real life to converting our programme onto a very successful virtual environment.

And people were anxious initially, but we bought into that. And to be honest, if there was a programme beyond are very successful, then we would I'm sure just be advocating that we did carry on in the virtual environment because it allowed more people to participate. But it's been great fun. It's been serious business. And there have been lots of chats with teams about the difficulties and barriers they face to improving quality of care in clinical practice. But the college have been amazing at supporting my colleagues and giving them advice.

And without fail, I would think every team that's participated is a few steps further ahead than they ever were before we started this out.

Jess Ellis 11:17
For me, I would say that I've been on many, many peer reviews now. And my favourite part of every review has definitely been meeting with the parent representatives and sometimes even young people. Because for me, it really highlights the importance of the work that you're doing when you hear how people have been personally affected by this. So that has been quite affecting at times actually hearing the testimonies and hearing from the people, as I said, directly affected. Yeah. Additionally, I've previously worked in clinical audit, which was a step removed from services. And it's been so nice to work closer to kind of ground level and visit the services even just virtually and see the direct impact of the work that we're doing. It's meant that I can build up the relationships with clinical leads. For each review that we have, there tends to be one main point of contact within the team here. And they manage the peer review. And when you're doing that you spend so much time working with the clinical leads. And I have a few leads that I speak to even now having run their review about two years ago. And I emailed all of the leads recently to let them know that the programme was ending, and I was inundated with responses from services saying how much of an impact the programme had had on them, the peer review and the QI collaborative. I do have a quote from one of them, which I would quite like to share, I did get permission to share this. So they said the hospital has benefited 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 learned have been invaluable, both for developing our service, but also currently as we merged with another hospital to form a new diabetes service. And I just thought that was so lovely when I received that. And I have to say, I've received pretty much the same comment many times over as a response to me sending this email around. So that has been really quite touching to the team. I know.

Dr Fiona Campbell 13:42
I think also it's helped us Jess hasn't having the college support this programme because the college is well respected in clinical practice. And when you go to your management colleagues and saying, you know, we've had a peer review, the college have come and this this is the recommendation. It's not pushed back and put under the carpet as well actually, if the Royal College have indicated that this should be happening, we better take this just a

little bit more seriously. And I think that was one of my endeavors actually was to have college backing for a quality programme. We could have done it in our networks, we have a very strong network structure. But the problem we would have run into is when we came up with recommendation, then the recommendations wouldn't have gone very far. And we really needed the expertise and the team at the college behind this to really give it a bit more gravitas a bit more in the way of teeth to make changes. So I'm very proud of it. And I would say that I was a highlight in my clinical career. And in August of this year, I will have been in clinical Practice for 40 years, virtually full time bar, a small amount of maternity leave with my four children. i This is my proudest achievement is to help my colleagues at the college achieve what we've done over the last five years.

Bryn White 15:21
That's that's so nice to hear Fiona. And then the list of highlights goes, I think for me personally as well, I really enjoyed the peer reviewer side of things. So I've really enjoyed some of those peer review days where you don't know anyone at the start. But at the end, you feel like you've formed a little bond and group. And that camaraderie has been is really, really good. We did run a peer review a survey that people completed shortly after the peer review days. And from that participants really valued the shared learning aspect of it. And the opportunity to meet people experiencing very similar situations to other services across the country, I found, I think that was a really valuable part of it. I think my favourite stat of all this kind of evaluation has been that 99% of peer reviewers surveyed said they'd recommend being a peer reviewer to a colleague, which is a really good endorsement. And another personal highlight. For me, being someone with type one diabetes myself, and being a strong advocate for flashing continuous glucose monitoring technology. It feels great that we've been able to support some service establish stronger connections with integrated care systems and ICS reps to overcome barriers to technology access. Some services have existing ties with the ICS established, in some cases, these peer reviews have been their first experience of meeting ICS reps. And ICS is getting a real insight into services challenges. So it's been a great opportunity to highlight how this technology can benefit children and young people, and also flag inequalities that exist around access.

Dr Fiona Campbell 16:46
And we are going to continue on that mission, our labour and that's research and development really important going forward in the next few months. So yeah, yeah, I'd completely agree with that.

Jess Ellis 16:59

I think we would be remiss if we didn't mention in a bit more detail, the massive impact this programmes had. Our teams are always in contact with services after review and units have consistently said how thankful they are that we came in, and in particular helped them raise issues with their senior management, it can be hard to quantify that kind of impact. But we do have an impact report, which will be published in around March or April this year. Fiona? In your opinion, what do you think are some of the biggest impacts we've had?

Dr Fiona Campbell 17:34
I think one really important impact for me is giving team members the confidence to engage in conversation about their the standards of care that they're delivering the confidence to look at their data, and analyse it work out what they need to do, in a logical way to make a difference. And certainly, what I hope has happened is that every team member across the country who's participated feels that they're, they're part of a stronger team back home that works every day to do something better than they did the day before. So in my team in Leeds, and I'm very grateful to my team in Leeds, because I always try and test out the theories with them before I bring it to the bigger picture for a little bit of debate and challenge. And I see every team member and there is 40 years of a difference in age between my youngest team member and myself. But that young team member feels part of the team and is taking part in the quality improvement work streams that are ongoing. And that's why I'm proud of that people see quality improvement and quality assurance using data, engaging in conversation to do better, and much more confidently and part of the day job now. Whereas it was something five or six years ago, there was an add on an optional extra. And it's no longer optional. It's just part of what you discuss in your teams on a daily basis. And I think that's the biggest impact. And as long as that just becomes a natural conversation, or leadership conversation back at home, the data will come the data will improve. The service specs will be issued. And the conversation has to be had about what we're going to do next. And I'm always surprised that teams are a little bit reticent about engaging in the improvement conversation, what they need to get better. How to formulate a business case to improve their offering to families. And I think we've done that, well, I think we really have tried our best to make everyone on a level playing field with equal confidence to tackle the finances, the barriers, and to share, share with colleagues about how they've done things well, and how they have done these knots well, and try and pick up in an equal sort of non competitive way. And that's what we set out to do. And I think that's been a big success.

Jess Ellis 20:37

I agree, I definitely think one of our biggest achievements is almost just opening up those conversations. And I'd like to share a couple of stats from our impact report leading on from that, one of which is that 93% of services reviewed said that they'd had at least some support from their senior management to overcome the challenges that we'd raised at peer review, which is fantastic. And I know, when we've attended peer reviews, it's really great to see that the senior management have been engaging. And sometimes we've seen services where they've said, we can't really speak to our senior management. And then by the end, we have opened up that conversation. And we can see with action plans that things are being done to help support the services and make those changes. And another stat I would like to share is that 76% of services that responded to our impact survey, said that they felt peer review has had a direct impact on their service and health outcomes. So I thought that was nice as well that they felt it's had a direct impact.

Dr Fiona Campbell 21:43
Yeah, and one of the things that we mustn't forget to that participation by the clinical teams just in the whole process has, particularly in the peer review, you know, going out to review services, whether it be in person, or virtually, there's not a day where you don't do a review, and you learn something that you can usefully take back to your own workplace. Or you can share or you've had a problem in a similar way. And you've even been able to share in real time, that that also happened to you. And this is what happened. So the dialogue was very free and easy when going out to teams. And I think that that's something that we should be proud of. We weren't seen as a threat. I don't think I think there was a lot of work and a lot of preparation for any visits. But I don't think people were worried about taking part. And I think we did set out from the start to be like that, and we sort of approachable, kind, considerate and understanding. And I think I hope people would would see that that we achieved on the fat. Yeah.

Jess Ellis 22:55
So while we were working on this programme, we were very much thinking that this concept could work for other areas of paediatrics, or even other countries wanting to conduct a diabetes paediatric programme like this. And I do think we have a very solid proof of concept here. We have kept a log of some learnings, which some of which we've added to the impact report. But just from your perspectives, what are some of the top tips in running a programme like this,

Bryn White 23:23

I think having a really good administrator to run a programme is really important. We've been fortunate, and we've had more than one really good administrators working on this programme. And it's much like the services that we review as well. Having one or two very strong administrators has a huge benefit for running scale of programme with so many contacts and services to work with. And they kept us really organised and kept us in check. So it's a shout out to the administrators there. I also think that the strong governance processes that we've set up, like our clinical advisory group, where we can get additional advice beyond the peer reviews, this group have always been instrumental in helping us make more recommendations for services that we might not have been able to on our own. And so we're incredibly grateful for for all the support with this. And also, the peer review days were very long, and they and so it was it was through the surveys and through asking people what improvements we could make that we realised this and we did try to change the structure of that a bit. And it introduced more breaks. And that made it a big difference for the peer review teams. So just having that survey in place really helps you have your own quality improvement within a programme.

Dr Fiona Campbell 24:39
Yeah, I would agree. I think robust administration bring anywhere is absolutely essential. And that also goes for our clinical teams on the ground. You know, having a very good grip of the administration allows the clinical practitioners to do a better, you know, an even better job than they're trying to do. trying to do. From my perspective, I was always very trusting of the team at the college. Of course, I wasn't on site. I wasn't there every day. But I help the team knew they could contact me. And I would get back to them as soon as I possibly could. I've been in the meetings, relevant programme meeting, programme board meetings, and the clinical advisory group has been really fabulous for me otherwise, I would have felt that I was carrying the weight of all clinical decision making about the programme myself. And it's just not the right thing to do, when I've got such competent and confident and willing colleagues out there to come and bring their clinical viewpoint to the table. So I would also like to thank the clinical advisory on the programme board for keeping everything show on the road, because there have been little bumps here and there. But in the majority, we have seen all sailed down the road to completion. And this has allowed us to do the podcast that we're doing today.

Jess Ellis 26:12
So I have a couple of top tips. The first one would be making sure that you have enough staff and really taking the time to scope out the programme. I know at the start of the programme, we only had a couple of staff members. But at the same time, we also wanted

to ensure that the programme was very, very high quality. Of course, there's fear. And I mentioned this was subscription funded. So services were paying for this out of their best practice tariffs. Therefore, we wanted to give them something that would be really useful, really impactful, and with the amount of work needed to keep that quality high participating, particularly in the peer review days, and all the written reports we were doing, we did need a whole team in place. And towards the end of this, we've had around 10 people in the team at a time to make sure that it goes very smoothly. The other thing that I would suggest is ideally don't do this during a global pandemic.

Dr Fiona Campbell 27:11
That won't happen again. Yes, nevermind, we never know do we

Jess Ellis 27:16
fingers crossed, we should definitely acknowledge that COVID has had a huge impact on the programme. To start with, it was in person. And then we had to move to virtual during COVID, which was actually probably a blessing in disguise. But it also made it significantly harder for services to participate in the programme just because they were under so much pressure, it was completely unprecedented. And the fact that even though they're going through COVID. And we know there's been quite a significant increase in children presenting with diabetes during and since COVID. Even though they had all of that going on, they still wanted to participate in both the QA aspect, and in the peer reviews. And this is not a small amount of work that those services were doing for us. They were sending us huge amounts of evidence to back up all of the all of the work that they were doing. And then obviously, the days as well that we spent with them and the presentations that they were making for us. It was a big amount of work. And they still did it despite all of this going on. So it just shows how dedicated the services are to quality improvement and quality assurance and making sure that their children, young people and their families get the best service possible.

Dr Fiona Campbell 28:37
Yeah. And our team has been positive at the college jet. No, there isn't a day goes by where we have a chat about supporting teams that the word supporting is just so important. The teams and know what they have to do in terms of clinical practice. And they do face a lot of frustration when you know what you have to do, but you're just not able to do it. And I think they greatly valued the supportive conversations. Just nudging them down the road, just a little bit. Not galloping, always but definitely nudging and I think that is so important. So services don't go backwards and seeing our NPD A report published or listed the other side

of the weekend with their continued improvement in a one see increase care process completion, trying to close the inequalities gap and the increasing use of the technology has all been supported by quality assurance and quality improvement worth the programme offer the services.

Jess Ellis 29:49
Unfortunate unfortunately, the nd QP will be closing at the end of March. We are so proud of the work that has been done and the relationships we've built with many NHS Trusts and health boards around the UK. It's been an amazing journey. And I am sad to see it and but the work will hopefully live on. Fiona. What do you think paediatric diabetes services can take forward?

Dr Fiona Campbell 30:13
Well, I would say they are not going to go backwards. So that's absolutely my commitment for as long as I'm still working in clinical practice and diabetes, we are looking to improve. I am in conversation with your self Jessalyn members of the the actual the college, and we are very, very keen not to redo what we've done, there is no virtue in redoing, you have to modify sometimes take the best bits move forward. So there is a dialogue about how we continue the quality improvement endeavour, the quality and shoot assurance endeavour going forward in partnership with NHS England and other partners and our college. And I'm very, very hopeful that we can use the best bits of what we've developed, and form a partnership with other other improvement outfits if you like, and take something forward later on in the year. That's what I would really like to. And I've just had an email this morning from our colleagues saying, Fiona, I hear the quality programme isn't going forward this year. What are you going to do the side? Yeah, what am I going to do? Well, everybody has it on from me directly that I never give up. And there is room for improvement. Huge improvement still. And we are going to require a quality improvement support system for our teams going forward. And I'm hopeful we'll get it number one. And the the partner for the quality improvement will be the Royal College of Paediatrics and Child Health.

Bryn White 32:07
And from my side, I think going back to what were some of my highlights I I really hope this programme has helped some services come together and allow more connections to be established beyond regional networks. And that this will continue and result in an exchange of good practices, because there's a lot of good stuff going on. And it's just

keeping that good practice shared so that other services can benefit. I'd really like to see that continue, that'd be great.

Jess Ellis 32:30
From my point of view, I think the peer review reports that we have produced have been really high quality as I said, and so if services are kind of unsure what to do next, I think one thing that they can do is go back to those reports and just check in on how they're doing against the recommendations. I know a lot of services are now working more closely with their senior managers. And it's really important to keep up those connections and keep those conversations going just to make sure that they are addressing any concerns and kind of keep your feet on the accelerator.

Dr Fiona Campbell 33:04
I'd completely agree with that. Just had this new world of commissioning out there for a soul now with the integrated care boards, the ICBS. And I do a little bit of work in West Yorkshire IACBE. Because my philosophy really is that if you don't understand how something works, then you're best to be embedded in the discussions to find out. And I do lead the children and young people's West Yorkshire ICV discussions. And I try and weave into that any of the college work or best practice tariff discussions into the work at West Yorkshire and I'm trying to encourage all the clinical leaders across the country to engage with their integrated care board colleagues. So we understand the commissioning environment, how we will be held to account for our quality of care and how we use our best practice tariff, which will be finalised and published probably at the beginning of the financial year next month. So there's still lots of work to do. But I hope all of our work going forward clinically will be based on what we've learned by participating in the quality programmes and the quality of around.

Jess Ellis 34:22
Thank you for that Fiona. One more thing I would like to say is that I do want to thank everyone that's been involved in the programme. So from the services to the peer reviewers to the college everyone should be so proud of what we have achieved here. Personally, I would like to do a special shout out to the college and dQ P team past and present. All of our coordinators admins and the project managers have been completely invaluable. And another Thank you. I know we mentioned them earlier that the clinical advisory group members, programme board and anyone that took part in the programme whether it be the QI collaborative Have a peer review. As a peer reviewer, or the service being reviewed, obviously, it wouldn't have been possible without everyone's participation

and everyone giving it their all. So I do want to thank everyone. And it's been an amazing journey. So Fiona, thank you so much for joining us today. I am really grateful to have had your perspective on this. And I know you're so passionate about this topic. And it's just been great to hear from you. And at the same time bring as well, especially with this being so close to your heart. Very grateful that you have come along and helped me with this podcast today.

Dr Fiona Campbell 35:38
Thank you very much. Thank you, Jess. Thank you Brynn.

Bryn White 35:41
And just to say everybody listening can access information about the National Diabetes quality programme on the College website www.rcpch.ac.uk/diabetes quality. And you can also read more about our programme in our NDP Q Impact Report, and our recently published college Impact Report