NHS
Wolverhampton
Clinical Commissioning Group

Peer Review - Terms of Reference

1. Overview and Plan for September 2016

The Peer Review Scheme commenced in March 2016, building on work already undertaken through the Practice Support Visit Program that commenced in 2014 and concluded earlier in 2016.

The Scheme enables Clinical Networks to examine referral pathways and expose the specialties where significant variation exists within their cohort of practices that give rise to further consideration in relation to referral behaviour, clinical quality, outcomes and cost. Peer Review is an opportunity to reflect and learn from opportunities to identify solution(s) to reduce variation to within acceptable tolerances, set against identified disease prevalence, deprivation and health inequalities.

By September 2016 the CCG plans to redefine the role of Peer Review Groups (PRG's), driven by clinical engagement at locality level and aligning to best practice guidance available from Kings Fund, NHS Institute, NHS England and the Right Care Program. Redefinition will involve building in the Right Care thinking and will seek to achieve a more robust approach to Peer Review.

2. Terms of Reference - Aim & Purpose of the Peer Review Groups (PRGs)

There are 10 Peer Review Groups' that have been formed, their main focus will be to achieve an understanding of the extent of the Right Care un-attributable level of referrals in the 4 key specialties being reviewed (Diabetes, Heart Disease, Mental health and Gastro) that should result in improved referral management for each pathway. Changes in referral management will be achieved by utilising the evidence bases from Kings Fund, NHS Institute and Right Care Program and triangulated with practice level data available from Aristotle.

The Terms of Reference for the Peer Review Groups are outlined as follows:-

- **Gain a better understanding of the situation**, identify areas for improvement and develop a collective strategy for responding to the problem, adopting the NHS Right Care Methodology: (Where to look; What to change; How to change) and aligning Best Practice from Kings Fund et al.

- **Identify scope to reduce variation in Referrals management by interrogating the Aristotle** Information System using benchmarking platforms for A&E, Inpatient Referrals, Outpatient First Attendances, Non-Elective Admissions and Risk Stratification.

- **Seek agreement at Locality & Clinical Network level, of Clinical Areas/ Specialties that give rise to concern** and require further consideration via data available predominantly within Aristotle to understand the extent of the problem.

- **Each Practice to have an identified Clinical Lead to lead, review and discuss variation at practice level**; further discuss findings from case reviews at Locality/Clinical Network level meetings to agree a collective response to tackle unwarranted variation in referrals management.

- **Each Peer Review Group will hold quarterly facilitated meetings** at Clinical Network/locality level to discuss case findings and exchange good practice as well as identify clinical areas where support is required to further refine service improvements.

- **Feedback outputs from Peer Review Group** discussions to be fed through Locality Boards through Locality Clinical leads identifying potential ideas for further scope.

3. Approach: Localities/Clinical Networks to adopt the Right Care approach as follows:-

Where To Look

The Commissioning for Value data packs issued for Wolverhampton CCG May and April 2016 and were used at the CCG Members Meeting on 20th April 2016, where Members agreed to explore Right Care as the focus for Peer Review Groups.
http://www.rightcare.nhs.uk/index.php/commissioning-for-value/#Focus

Subject Matter

Locality/ Clinical Network or Peer Group to identify subject matter and gain a consensus amongst peers to explore further; drawing up a list of Hypothesis/Key Lines of Enquiry (KLOE) Questions for further deep dive.

Information sources

Peer Review Groups may source their clinical information and evidence base from a range of sources i.e.

- National Good Practice
- Kings Fund, Nuffield Trust, NHS England, NHS Institute, NHS Right Care which offer benchmarking and best practice guidance to provide comparative evidence baselines.
- Groups and constituent practices may also consider the merits of interrogating the Aristotle Information System and it's many benchmarking platforms. One example of using Aristotle in an area that General Practice and Peer Review may influence improvement is Outpatient First Attendances (Appendix 1)
- Clinical data sourced from Practice Information System
- Specific patient Referral examples in agreed Clinical Specialties

What to change

- Using the above data sources further analysis should be explored at practice level and outputs from this stage to feed into discussion at a wider peer review level.
- At this stage the Practice level variation review should identify what needs to change and using the data, start to draw explanatory analysis as an impetus to input into a potential case for change to be further be explored and discussed at Peer Review/ Locality level.
- Where the level of granularity of data required is not readily available; additional information request(s) may be required to the CCG via Locality Meetings or Clinical Chairs.

How to change

- Outputs from Practice level analysis to be further discussed and debated at Peer Review level amongst Peers for a collective strategy and response to the problem, including exploring possible options to be further discussed at Locality/ Clinical Network Level.
- Discussions at this level may highlight areas for further exploration and potential opportunities for what needs to change to input into Locality / Clinical network meetings to test the idea and build a case for change for feeding into the CCG Commissioning, Service Transformation and Contracting business planning process. Through this process a commissioning or development solutions manager maybe identified to work with Localities to develop the idea and business case.
- Outputs from Peer Review groups will be collated per group and submitted to the CCGs Transformation Lead (Appendix 1).

Action Plan

Right Care approach – 4 Specialties (Diabetes, Heart Disease, Mental Health & Gastro) examine potential and Right Care approach in each specialty.

Aristotle, Good Practice Benchmarking and generating a robust methodology Identify Practice/ Network gaps from SAR (standardised attendance ratios) and Best Practice learning from National Bodies eg Kings Fund

4. Governance & Membership

Identify Stakeholders to attend Peer Review Groups including secondary care consultants, Public Health Specialists, Mental Health Specialists etc.

Identify a Clinical Lead for each Peer Review Group supported by a nominated Lead Practice Manager to provide organisational arrangements and capture outcomes.

5. Outcomes and Results

Clarity of outcomes, alignment to best practice and benchmarking comparators that will assist in identifying improvement achieved or to be achieved.

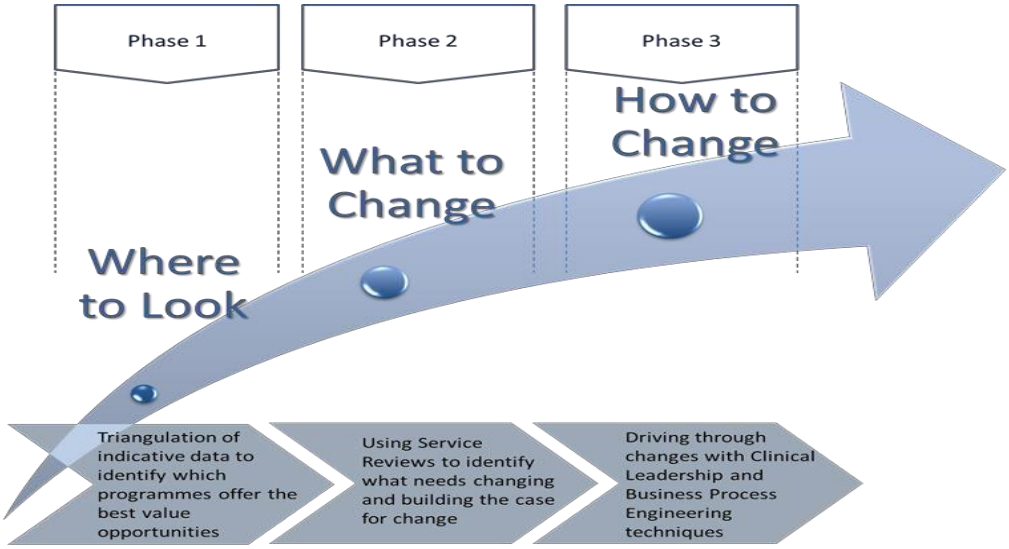
6. **Locality Review**

Service Improvement and development cycle sharing key themes into within the wider locality & other clinical networks.

Appendix 1

Peer Review Process

1. **Right Care Review**



2. Data analysis & evidence base –to identify referral activity gaps and benchmarks for improvement comparison

- Aristotle & Practice's Information System based on clinical coding searches

PEER REVIEW First Outpatient Appointmer

- Kings Fund
- Nuffield Trust
- NHS Institute
- NHS England

3. FEEDBACK INTO LOCALITY & CLINICAL NETWORKS – to share learning

- Key clinical outcomes and learning / service improvement points
- Potential for 'spread' of benefits across all Localities/ Clinical Networks / Practices
- Movement of services 'Out of Hospital and Nearer to Home'

4. FEEDBACK BY PRACTICE LEADS INTO PRACTICES TO EMBED IMPROVEMENTS AT PATIENT LEVEL – to deliver benefits from the learning

- Alignment of improved clinical outcomes and learning into patient care delivery
- Embedding of improved clinical outcomes and learning into Practice MDT's

5. CONTINUOUS PEER REVIEW CYCLE – RIGHT CARE / EVIDENCE BASE