

APA Peer Review Scheme useful information

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A. Overview

A system of voluntary interdepartmental Peer Review between major UK children's hospitals was started in 1999. This was subsequently extended to include paediatric anaesthesia departments in university and district general hospitals. After the development of Anaesthesia Clinical Services Accreditation (ACSA) by the Royal College of Anaesthetists, the APA Peer Review system has been revised to work alongside ACSA to provide a supportive departmental review process. The two systems complement each other, and information from a Peer review is recognised by ACSA if a full ACSA review is undertaken within 4 years of the Peer Review. APA Peer Review is a voluntary process with the aim of raising standards in paediatric anaesthetic practice. The process aims to be supportive and should allow for experiences to be shared, with the dissemination of good and innovative practice.

If you are interested in a Peer Review for your department, have any questions or are interested in becoming a reviewer for the APA, please contact Dr Stephanie Bew at stephanie.bew@nhs.net

Regulation, Accreditation and Peer Review

	Regulation	ACSA	Peer Review
Aim	To ensure that services are delivered in A manner that: - is safe - is effective - maintains patient dignity Relates to minimum standards of care	To improve overall quality of, and reduce variation between, services provided in different locations. To disseminate data, good practice and professional experience To encourage quality improvement by recognising those who meet high standards and share practice more widely	To raise the standards in paediatric anaesthesia To recognise and share good and innovative practice Support departments in their development Support departments in the achievement of ACSA accreditation
Method	Mandatory Minimum standards are developed Hospitals are visited to check that minimum standards are being met If minimum standards are not met, the hospital is required to carry out compliance action or served with a warning notice Suspension of licence to provide specific services if required	Voluntary and invited by service providers A set of evidence-based standards of good practice have been developed in line with the RCoA's Guidelines for the Provision of Anaesthetic Services (GPAS) document Departments benchmark their performance against these standards A team of expert reviewers with training in Peer review techniques are invited to provide advice and assistance where necessary, and to validate the organisations self-assessment When organisations meet all the required standards their achievement is recognised formally by the RCoA Provides an incentive for others to achieve the same standards	Voluntary and invited by service providers. A single episode rather than a process over time A departmental portfolio of evidence and self assessment is assessed against national benchmarks and ACSA standards A team of expert reviewers with training in peer review techniques visit the department and meet a wide range of clinical and non clinical staff and managers A report of the visit is provided including assessment of which ACSA standards are met
Certification	licence	Presentation of a distinctive plaque recognising the quality of service Permission to use ACSA logo in advertisements Listing on the RCoA website	None. The report is the property of the department who requested Peer Review
Cost	nil	Annual subscription	nil

There are two types of review

1. Standard 1 day peer review: non-specialist centres

Departments complete a portfolio of information and self check against the table of ACSA paediatric standards, and the GPAS standards

The standards are based on those outlined in the RCoA Guidelines for the Provision of Anaesthetic Services 2017, Chapter 10.

Information required

- **A short departmental profile.**
- **Department's perceived strengths and weaknesses compiled by the paediatric anaesthetists.**
- **360° appraisal of the department by colleagues.**
- **Feedback from patients/families.**
- **Self -assessment against the ACSA paediatric standards**
- **Self-assessment against the GPAS paediatric standards**
- **Supporting information which should include**

Reports of incident reviews

Department policies and guidelines

Summaries of completed audits from the last 2 years

Minutes of M&M meetings

Copies of patient information

Evidence of any research – facilities, support (ethics), trainee input

Critical incident reports and presentations to M&M meetings

List of any complaints and the management of them

Departments send their information to the peer review lead. A team of local and external anaesthetists will visit the department to meet the paediatric anaesthetists, see some of the clinical areas, meet other clinical staff and verify the information on the self assessment checklists. A short report is sent within 4 weeks, which will include a record of which ACSA standards have been met.

This process is intended for paediatric anaesthetic groups in most hospitals.

2. Specialist 2 day Peer Review: Tertiary Centres

Departments complete the self-assessment documentation and collect evidence as above. They then send their self-assessment report with summary of evidence to the peer review lead. A team of local and external anaesthetists visit the hospital for 2 days, see the clinical and administrative areas, interview staff, observe clinical practice and discuss issues in more depth.

A full report of the findings of the Peer Review Group is sent within 4 weeks, and this will include a record of which ACSA standards have been met.

B. The Process

1. A department contacts the Peer Review lead to register their interest.
2. After seeking approval from within their department and management team, the department undertaking a review should complete the self-evaluation and put together the portfolio of evidence. The department informs relevant individuals, wards and other departments in the Trust about the review, emphasising that this is a voluntary process undertaken by the anaesthetic department to recognise and improve the quality of the service, and not because of a complaint.
3. The Peer Review lead agrees a date and arranges a visiting Peer Review team – three doctors and an APA appointed public advisor.
4. Two weeks before the review, the department collates the departmental profile, self-evaluation documents and a list of the supporting evidence, and sends it to the visiting team.
5. The visiting team review the evidence
6. The visit takes place, including a visit to clinical areas, a meeting with the paediatric anaesthetists to discuss the self-assessment, and a debriefing session. In addition, it is useful to meet any available members of the management team. This can be an informal meeting e.g. over lunch or coffee.
7. A thorough report validating the department's assessment, including confirmation of areas of good practice and constructive suggestions for improvement, will be received within 4 weeks.

C. Reviewing teams

The expenses of the review teams for travel, and accommodation if necessary, are met by the APA and not the department being reviewed.

1. A reviewing team consists of:

A lead, who has had experience as a reviewer on at least two occasions and ideally also hosted a review in their own department. Where possible the lead will also have undergone ACSA reviewer training

Two consultant anaesthetists. One of whom should be from outside the region.

A public advisor

The team may also include an observer who is gaining experience to become a reviewer, and an external visitor from the APA Peer Review committee to monitor for consistency and quality control.

D. Guidance for departments being reviewed

1. The hosting department should agree that peer review will be of benefit.

Allow plenty of time to collect the evidence required including the parent feedback. Have early discussions with relevant managers, wards and departments in the Trust, emphasising that this is a voluntary process undertaken by the anaesthetic department to recognise and improve the quality of the service, and not because of a complaint.

2. Inform the APA Peer Review Lead, of your desire to start a review.
3. Carry out the SWOT process, with all paediatric anaesthetists agreeing to a consensus document.
4. Collate the short portfolio, 360 and parent feedback, self assessment against the GPAS and ACSA standards, and supporting evidence paperwork. Once you are ready to be reviewed, contact the Peer Review Lead.
5. Agree a date for the review.
6. Approximately 2 weeks ahead of the visit send the self evaluation documents and other evidence in electronic format to the review team leader.
8. Send a timetable for the day with contact details to the review team leader. It is helpful to include information about parking, public transport and how to get to the anaesthetic department.
9. Arrange office space for the team to meet. Arrange appropriate visitor badges/passes as required by your Trust
10. Arrange availability of local anaesthetists to meet the team – at least one person should be available all day to accompany the team during their visit
11. Plan to take visitors on a tour of the facilities which could maybe follow a child's path from ED through the ward, to theatres and recovery

On the day of the visit

Have a quiet space available, with any outstanding paperwork that was not sent previously available to be verified.

Have a programme organised. Aim for 09:30am start and 4.30pm finish allowing the visiting team time for travel on the day.

The local organisers should arrange for the visiting team to meet and talk to any nursing staff, medical staff or managers who are involved in providing children's services. It is useful for these meetings to occur in an environment where people can talk freely, either whilst touring the clinical areas of the hospital, or over lunch.

Suggested programme:

09:30---10:00

Meet in Anaesthetic Department and discuss review process. Short presentation from local department about their services

10:00---12:30	Tour of clinical areas: <ul style="list-style-type: none"> • Paediatric wards • Emergency Department • Theatres • HDU/ICU • MRI/CT
12:30---14:00	Lunch and meet other staff (any clinicians/nursing staff/ managerial staff are welcome to attend)
14:00---16:00-16:30	Local Team and Review Team discuss portfolio and review visit

E. The report

The draft report will be sent to the department within 4 weeks of the visit to allow comment and corrections.

After return of the draft, the final report will be sent within a further 2 weeks. Within the report will be an assessment against the ACSA standards which can be used as evidence of which standards have been met if a full ACSA review is undertaken within 4 years. The report is the property of the department under review. A copy will be kept on file by the APA.