Quality Surveillance Programme (formerly National Peer Review Programme):
An Integrated Quality Assurance Programme for the NHS
Quality Surveillance Team

This paper outlines the role and scope of the Quality Surveillance Team (QST) formerly the National Peer Review Programme. This new team and programme have been developed to meet the requirements of the new health care environment and national specialised commissioning directorate. The mission of the QST is to improve the quality and outcomes of clinical services by delivering a sustainable and embedded quality assurance programme for all cancer services and specialised commissioned services within NHS England.

Ensuring those using health services receive high quality care relies on a complex set of interconnected roles, responsibilities and relationships between professionals, provider organisations, commissioners, system and professional regulators and other national bodies including the Department of Health. NHS England is committed to working collaboratively with all stakeholders to improve the quality of their services. The programme will work with, and complement, other commissioning and regulatory functions within the NHS, reducing any duplication of effort and ensuring information on the quality of services is accessible and shared across the commissioning function.

The QST will work through a transition period during 2015 and 2016 with the aim of being fully functional from January 2017.

1. Background and Context

The QST and programme is the output of a taskforce review project initiated as part of NHS England’s Organisational Alignment and Capability Programme (OACP) / Specialised Commissioning Review with the aim of ensuring all elements of quality are considered across the system and utilised effectively to inform clinically driven change and improvement. The aims of the project were to:

- review existing NHS England quality assurance functions and regulatory functions
- design a streamlined quality assurance mechanism for specialised services that:
  - Includes critical event recording
  - Measures performance against quality standards
  - Provides a seamless interface to the statutory and regulatory quality functions.

The project worked with multiple stakeholders both nationally and regionally to design an appropriate quality assurance mechanism for NHS England specialised services and all of cancer services. The programme has taken the best elements of the former National Peer Review Programme and other NHS functions to develop an
integrated process for quality assurance which covers all aspects of quality in particular; patient safety, patient experience, clinical effectiveness and outcomes.

Whilst the programme will continue to focus on the quality assurance of cancer services it will also include and support other specialised services that are directly commissioned by NHS England as well as other CCG commissioned services where it has been specifically commissioned to do so.

2. The Integrated Quality Assurance Programme

The QST is part of the Specialised Commissioning Directorate within NHS England Commissioning Operations. The local review units of the QST will align and formally engage with specialised services teams in the four NHS England Regions; North, Midlands & East, London and South.

Where services covered by the programme are locally commissioned through CCGs, the identified local quality leads working with the specialised commissioning regional director of nursing will work with partners to share information and intelligence.

The process for determining which services will be visited by the QST is currently being developed including how they are selected and prioritised. However, it is expected that this will include alignment with both the National Programmes of Care and the Strategic Service & Market Review Programme. Priorities for service review will be agreed by the Clinical Leadership Senior Management Team (SMT) within Specialised Commissioning.

The Integrated Quality Assurance Model, see figure 1 below, looks to bring together a number of functions in a coordinated way, to share information on clinical services and avoid duplication of effort by both commissioners and the service providers.
2.1 Clinical Reference Groups, Service Specifications and Quality Indicators

The QST will work with the Programmes of Care and use the national service specifications developed by NHS England clinical reference groups as the basis for review and assessment. Each specification includes agreed quality indicators which can be used to measure both clinical outcomes and the implementation of the specification by the clinical service. The indicators will focus on; clinical outcomes, patient experience, service structure and process. Service providers will be required to provide an annual declaration against a small set of essential structure and process indicators drawn from the specification. This will form one element of the range of information collected to support the annual review process. Indicators will
only be included in the annual declaration where the information needed to assess compliance is not available through existing data sources.

2.2 Data collection

Where possible, existing datasets, national submissions and national audits will be used to measure / benchmark against the quality indicators. Data should be collected directly from the data sources to which providers have already submitted data. This will reduce the burden on service providers by preventing the submission of duplicate information. In principle only data that cannot be found elsewhere should be requested from providers.

Data collection will include but is not exclusive to:

- Acute and Specialised Quality Dashboards
- Specialised Services Quality Dashboards
- Serious incidents
- Patient experience
- Annual declaration
- Complaints.

2.3 Quality Surveillance Portal including Quality Profiles

There will be a single web based portal that will enable comparison and calibration across services as well as the shared use of data. It will provide a directory of services and quality profile for each service. The portal will enable the service provider to upload their annual declaration and commissioners, including service specialists, lead nurses and supply managers along with the QST to review and update the status of services.

The directory of service for specialised services was launched in March 2015. The directory used 2014 derogation information and forms the basis of the integrated quality portal. Information currently held on the portal will be validated and updated through discussion with key stakeholders. Formal links are being established with regional teams through the specialised commissioning quality leads and regional service specialists to facilitate this process. The quality leads within the regions will act as the key link between regional specialised commissioners, the quality surveillance portal and the QST. They are also a key link between Quality Surveillance Groups and the QST.

The quality profiles for each individual service will provide an overview of the quality of a service against a set of agreed indicators. The profile will be based on all of the information available on the portal and will be rag rated according to an agreed set of pre-determined rules and national parameters.
Further development of the portal will be undertaken following procurement in 2015 and long term plans include the provision of a high level summary accessible to the public.

The Quality Surveillance Portal is available at: www.england.qst.nhs.uk

2.4 Annual Review

The QST will complete an annual desk top review of all services between June and September each year. A Regional Quality Surveillance Report will be developed, following this process, highlighting those services which require further monitoring and/or would benefit from a review visit.

The Quality Surveillance Report will provide the basis for discussions with commissioners, including service specialists, supply managers and medical and nursing quality leads. The outcome of these discussions should be recorded on the quality portal and will determine regional priorities for peer review visits in the following year as well as actions for regional teams in terms of ongoing monitoring and surveillance.

2.5 Supporting Quality Surveillance Groups and Risk Summits

The annual Regional Quality Surveillance Report and real time quality profiles should be used to inform discussions at quality surveillance groups and risk summits. QST members from local review units will be available to attend local quality surveillance groups and risk summits to support commissioners and provide additional information as required ensuring discussions are fully informed by real time, validated information.

2.6 Review Visits

Peer review visits to clinical services that have been identified either nationally or through the local quality assurance cycle will take place between January and July each year. The total number of visits will be divided between national and regional priorities. There will also be a small number of rapid response visits to be undertaken outside the planned schedule of visits. Annual visit programmes will be developed and agreed each October by the commissioners in each region and signed off by the Specialised Commissioning Clinical Leaders SMT.

2.7 Using the knowledge

Learning from the information held in the quality surveillance portal and from the service review visits will be used to inform the revision of service specifications, or to enable commissioners to better support providers in improving the quality of services.
3. The Transition Period April 2015 to December 2015

3.1 Cancer Services

Cancer services will continue with the biennial validated self-assessment against the peer review measures in 2015. The validated self-assessment should be completed by the end of June 2015. Services which are required to complete a validated self-assessment in 2015 are:

- Cancer of Unknown Primary
- Acute Oncology
- Skin
- Upper Gastrointestinal
- Hepato-pancreato-biliary
- Urology
- Breast
- Head & Neck
- Targeted Cancer Teams

The validated self-assessment should be completed on the CQuINS database www.cquins.nhs.uk

A comprehensive round of service review visits for all haemato-oncology services will take place between May and September 2015. In addition, a number of risk based visits will take place to cancer services in this period. Trusts and services have been notified of these visits. All information from these visits will be contained within the CQuINS database and will be transferred to the QST website at a later date.

3.2 Paediatric Diabetes Services

Paediatric Diabetes services are largely funded by CCGs although there is a small specialised element and the QST is working with the National Clinical Director and CCGs on a local basis to explore continued funding for the Paediatric Diabetes programme. Following the revision of the paediatric diabetes measures, this year’s validated self-assessment cycle will continue as planned. The timeline for paediatric diabetes services to complete their validated self-assessment is still to be confirmed but it is anticipated this will be completed by 30 November 2015 with DQuINS open from 1 July 2015.

The validated self-assessment should be completed on the DQuINS database www.dquins.nhs.uk
4. Specialised Commissioning Dashboards

As of April 2015 the management of the specialised commissioning dashboards transferred to the QST. The dashboards will be a key source of information available in the portal and will inform the services profiles. The QST development team is working with the CRGs and analysts to further develop the dashboard programme and improve the quality and reliability of the data within them.

5. January 2016 and Beyond

During 2015, the QST will be working with the programme of care boards to determine the priorities for a phased introduction of all cancer and specialised services into the new programme and working with CRGs to identify the quality indicators. Development of the interactive portal will continue, establishing summary pages and quality profiles by the end of March 2016. It is expected that the functionality to support the day to day monitoring of services and the annual assessment process will be established during 2016 with a view to full functionality in 2017.