



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 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

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 contri

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.

D Fio a Ca bell 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



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 e5.2 06.7 p8 c)e13.4 (nd).1 (t0.8 6)6.O}o48 (p

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?

D Fio a Ca bell 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

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

