

Peer Review in Endocrinology

Visit Report

Centre

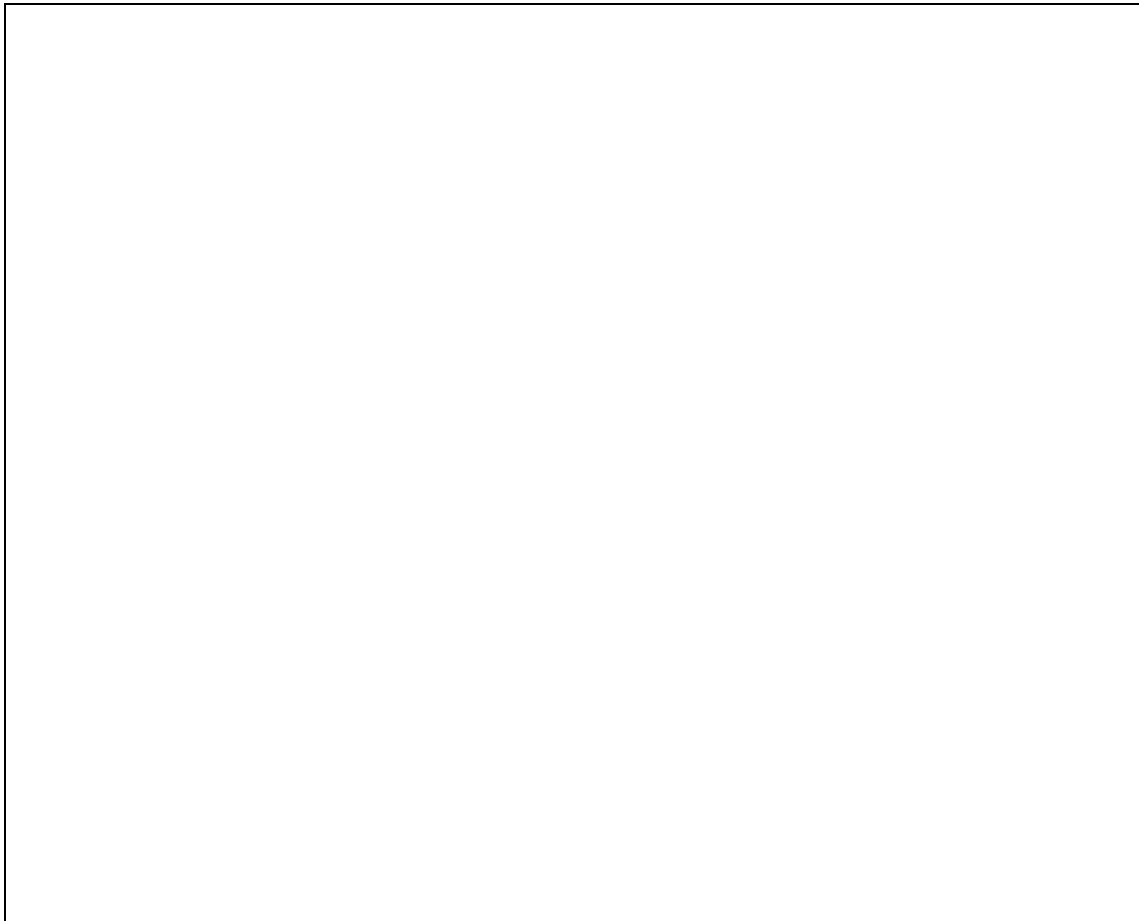
Date

Reviewers

1. Introduction

Brief details of district size, number of hospitals involved, consultant staffing levels, workload and overall provision of endocrine services.

- The staffing/workload details should be specific and summarise the total number of consultant hours per week devoted to endocrinology & the numbers of new and review patients seen annually by the unit.
- Any special demographic characteristics (eg. urban/rural balance, social deprivation etc) should be highlighted.
- A map of the region would be helpful.



2a. List of those interviewed

Consultants	
Specialist Registrars	
Specialist Endocrine Nurses	
Management Representatives	
Secretaries	
Patients (anonymised details of patient 'type' & interview setting)	
Others	

2b. List of key individuals in the unit *not* interviewed

Consultants	
Specialist Registrars	
Specialist Endocrine Nurses	
Management Representatives	
Others	

3. Departments visited

Hospitals	Departments visited (eg. PIU, endocrine ward, endocrine outpatient clinic, seminar rooms, biochemistry labs etc)
1.	
2.	

4. Documents reviewed

Document	Comments
Peer Review - Self Assessment Questionnaire	
Brief description of Endocrine Unit	
Endocrine Unit Protocols Handbook	
Patient Information leaflets	
PIU day case documents	
Shared Care protocols	
Hospital Case Notes	
Commissioned surveys (eg clinic appointment waiting times, letter turnaround, MRI/DEXA waiting times)	
Recent Endocrine Audit reports	
Unit Research summary	
Web site URLs if appropriate	

5. Standards for Endocrine Care

Commentary should be provided on each of the Basic Standards for Endocrine Care approved by the Clinical Committee of the Society for Endocrinology in 2002. The following Reviewer Gradings will be given for each criterion.

GRADING OF ENDOCRINE STANDARD	GRADING ABBREVIATION (IN REPORT)	DEFINITION
MET	M	Evidence or information which shows the criterion is being met
EXCEEDED	Exc	Very good practice
UNMET	UnM	Evidence or information which shows the criterion is not being met
NO SUPPORTING EVIDENCE	N.S.E	No supporting evidence provided by the visited endocrine unit
NOT APPLICABLE	N/A	Criterion not applicable to this endocrine unit

Standard 1: Initial Referral & Assessment

Standard Statement: Waiting times should be as short as possible and tailored to the clinical urgency. A senior endocrine opinion should be provided at the first clinic visit.

Rationale: Some endocrine patients need to be seen urgently (eg thyrotoxicosis¹) whereas others are less urgent (eg hirsutism). All patients wish an authoritative specialist opinion at their first assessment (and/or at their first return visit)

¹ Some units may choose to operate 'shared care' protocols whereby the GP starts treatment and this is followed by a 'routine' hospital appointment (eg. Carbimazole for hyperthyroidism)

Essential Criteria	Comments	Grade
1. Endocrine referrals should be prioritised by a Consultant as soon as possible after receipt ²		
2. Urgent appointments should be offered as soon as possible and non-urgent appointments within an acceptable timescale ³		
3. Patients should be seen by a Consultant, Endocrine Specialist Nurse, SpR, post-MRCP SHO. All new patients seen by trainees or specialist nurse should be discussed with a consultant		
4. There should be access to 'basic' out-patient measurements & investigations (eg. stadiometer, venepuncture, X-ray)		
5. Patients should be investigated & managed according to written protocols (ideally evidence-based)		

Desirable Criteria		
1. Systems for electronic referral should be developed. Combined with referral protocols, these could facilitate prioritisation and electronic booking of out-patient appointments. A system of 'electronic consultation' with primary care might obviate the need for some clinic referrals		
2. Clinics should aim to be multidisciplinary thus enabling 'single-stop' visits (eg. physician, surgeon & cytopathologist present at thyroid clinic)		
3. Post-clinic case discussion meetings are commended for both quality assurance & education		

	Excellent practice	Very good practice	Acceptable	Unacceptable
Referral prioritisation	Within 2 working days (WDs) ¹	Within 5 WDs ¹	Within 10 WDs ¹	Longer than 10 WDs ¹
Appointments				
• Urgent	Within 5 WDs ²	Within 2 weeks ²	Within 6 weeks ²	Longer than 6 weeks ²
• Non-Urgent	Within 1 month ²	Within 2 months ²	Within 4 months ²	Longer than 4 months ²
Breaches: cancer waiting times	No breaches			Any breach
Breaches: 18 week wait	No Breaches			Any breach

❖ Attainment on >90% of occasions secures a particular category

❖ 'Hard data' from Endocrine Unit management are essential to validate the grades awarded

¹From arrival of referral on Trust premises

²From prioritisation

Standard 2: Patient Focus

Standard Statement: Endocrine services should respond to patients' needs and preferences.

Rationale: Patient care outcomes are improved when patients and, as appropriate, their carers are involved in clinical care decisions. Information helps patients to make informed choices, which can reduce anxiety and encourage participation in recommended treatments.

Essential Criteria	Comments	Grade
1. Patients should be provided with a clear explanation of their condition and any treatment, investigation or procedure proposed, including risks and alternatives, before agreeing on a particular course of action, to enable them to give informed consent ¹ .		
2. Where appropriate, patients should be provided with jargon-free and easily understood information materials which reinforce criterion 1. For example, locally produced leaflets on thyroid disorders or pamphlets from patient organisations such as the Pituitary Foundation or the British Thyroid Foundation		
Desirable Criteria		
1. Development of the role of the specialist endocrine nurse is invaluable in the provision of endocrine information		
2. Guidance should be provided to patients regarding useful and reliable internet web-sites for provision of endocrine information		
3. Creation of a unit web-site should be considered, with appropriate links to national and international organisations		

¹ This is clearly difficult to assess during a peer review visit, but all PRVs should include some opportunistic interviews with patients in a routine clinic or endocrine investigation unit

Standard 3: Communication

Standard Statement: There should be prompt transfer of detailed information following out-patient and in-patient endocrine assessments.

Rationale: Good communication and transfer of information among healthcare professionals are essential for effective individual treatment and patient well-being.

Essential Criteria	Comments	Grade
1. Letters should contain a list of principal & other diagnoses, together with a list of recommended medications and their doses		
2. Letters should be typed and posted as soon as possible after an episode of endocrine care		
Desirable Criteria		
1. Systems for electronic communication should be developed		

	Very good practice	Acceptable	Unacceptable
Time to letter dispatch ¹	Within 10 working days (WDs)	Within 15 WDs	Longer than 15 WDs

Attainment on >90% of occasions secures a particular category, Surveys necessary to provide valid data

Standard 4: Endocrine Function Testing

Standard Statement: Appropriate endocrine function tests should be recommended for patients according to their endocrine problems.

Rationale: Endocrine investigation frequently requires the use of ‘dynamic’ endocrine function tests which may be hazardous in inexperienced hands. Test selection, safe working practices and correct sample handling are all crucial.

Essential Criteria	Comments	Grade
1. All dynamic endocrine function testing should be carried out in specialist units according to written protocols containing appropriate safety warnings		
2. There should be facilities for sample separation (cool-spin), storage and appropriate transport to the laboratory		
Desirable Criteria		
1. There should be a designated endocrine investigation area which functions as a programmed investigation unit		
2. Such units are best staffed by endocrine nurse specialists, together with an appropriate level of medical support & training.		

Standard 5: Interface with Clinical Biochemistry

Standard Statement: Endocrine assessment requires access to the reliable measurement of hormone concentrations in blood & urine.

Rationale: An effective clinical endocrine service is dependent on a good relationship with an endocrine biochemistry laboratory.

Essential Criteria	Comments	Grade
1. Turnaround times should be acceptable: <2weeks for most tests		
2. The Regional endocrine laboratory should be registered with an external Quality Assurance scheme		
3. There should be adequate facilities for the regular transport of frozen samples to Supra-Regional laboratories		
Desirable Criteria		
1. There should be 'same day' turnaround times for serum cortisol, prolactin & thyroid profiles (when clinically relevant)		
2. Regular meetings should be held with laboratory colleagues to enhance the clinical:laboratory interface, and to promote audit and continuing education		

Standard 6: Endocrine Imaging

Standard Statement: A high-quality imaging service is mandatory for endocrine assessment

Rationale: Endocrine assessment (particularly of patients with endocrine tumours) requires access to multimodal imaging (ultrasonography, CT, MRI, radionuclide, selective catheterisation, etc). Assessment of bone structure and thyroid function may require quantitative techniques (DEXA and radionuclide uptake, respectively)

Essential Criteria	Comments	Grade
1. Urgent neuroendocrine imaging with MRI (eg. for patients with visual failure) should be available within one week		
2. Routine MRI should have an acceptable waiting time ¹		
3. Routine DEXA should have an acceptable waiting time		
4. Routine radionuclide imaging should be available with minimal delays		
Desirable Criteria		
1. Access to specialised techniques (eg. selective catheterisation, mIBG, PET) should be provided – perhaps via regional Managed Clinical Networks		

	Very good practice	Acceptable	Unacceptable
Routine MRI¹	Within 2 months	Within 4 months	Longer than 4 months
Routine DEXA¹	Within 3 months	Within 6 months	Longer than 6 months

¹Attainment on >90% of occasions secures a particular category. Surveys necessary to provide valid data

Standard 7: Interface with Endocrine Pathology

Standard Statement: Endocrine biopsies and surgical specimens should be assessed by a pathologist with a special interest in endocrine disorders.

Rationale: Many endocrine disorders are rare and the histopathological definition of malignancy may be difficult. FNA is the most important investigation in a patient with a thyroid lump. Immunological tests often assist endocrine diagnosis.

Essential Criteria	Comments	Grade
1. A pathologist with a special endocrine interest should assess FNAs, other biopsies & surgical specimens		
2. There should be access to endocrine autoantibody tests (including TSAb)		
Desirable Criteria		
1. Regular endocrine CPCs should be held to promote quality assurance & continuing education		

Standard 8: Links with other Specialties

Standard Statement: Endocrine management is frequently multidisciplinary and requires close working relationships with several specialities

Rationale: Interaction is necessary with the following specialities:

1. Neuro/Pituitary surgery
2. General Endocrine surgery (thyroid, parathyroid, pancreas, adrenal)
3. Nuclear Medicine (low & high dose radioiodine)
4. Oncology/Radiotherapy
5. Ophthalmology (neuro-ophthalmology & Graves' Orbitopathy)
6. Assisted Reproduction

Essential Criteria	Comments	Grade
1. Pituitary surgery should be undertaken by a surgeon with a special interest in pituitary disease and who undertakes at least 20 pituitary operations per year, with endocrine audit of the results		
2. Endocrine surgery should be undertaken by a surgeon with a special interest who undertakes at least 20 thyroid/parathyroid operations per year and who is likely to be a member of the BAES		
3. Nuclear medicine facilities should be available for out-patient low-dose radioiodine therapy (with appropriate patient information materials & advice on radiation protection issues)		
4. Pituitary radiotherapy should be administered by radiotherapists with experience in standard 3-field techniques		
5. Urgent ophthalmology clinic slots should be available for patients with severe Graves' Orbitopathy, to see an ophthalmologist with Graves' Orbitopathy expertise		
6. A full range of assisted reproduction techniques should be available including gonadotrophin therapy & IVF		
Desirable Criteria		
1. Many of the above may be organised using either multidisciplinary clinics or regional Managed Clinical Networks. The management of thyroid cancer or Cushing's disease might be examples of this		

Standard 9: High-Cost Endocrine Therapies

Standard Statement: Patients should have access to all *appropriate* endocrine therapies - irrespective of cost – provided they are recommended by an endocrinologist according to national/international, evidence-based guidelines.

Rationale: ‘Postcode prescribing’ has been a problem throughout the UK. Within endocrinology this has particularly affected the prescribing of somatostatin analogues, gonadotrophins and GH for adult replacement therapy.

Essential Criteria	Comments	Grade
1. High cost therapies should be funded provided they are recommended by a consultant endocrinologist using evidence-based guidelines		
2. There should be clear protocols for starting (and stopping) these therapies, together with ‘shared care’ agreements with primary care		
Desirable Criteria		
1. Consideration should be given to enrolling such patients in multicentre studies of clinical effectiveness & safety		
2. Annual review of all patients on high cost therapies should be undertaken, often with colleagues from pharmacy & primary care		

Standard 10: Endocrine Audit & Databases

Standard Statement: All endocrine patients, with appropriate consent¹, should be placed on a clinical management system which contains core information about their diagnosis & care, and allows ongoing useful clinical information to be recorded for use in direct patient care and service audit.

Rationale: Data collection and audit facilitate effective healthcare since outcomes can be monitored and lead, where necessary, to improvements in the quality of treatment and care. Such data also facilitate research into rare endocrine disorders.

Essential Criteria	Comments	Grade
1. Endocrine units should undertake regular audit of treatment outcomes		
2. Regional computerised thyroid registers should be used to monitor 'stable' thyroid disease		
Desirable Criteria		
1. An information system should be maintained which contains a minimum dataset of demographic details and endocrine diagnoses		
2. Participation in national databases should be encouraged ¹ (eg. the Acromegaly Register & the UK Pituitary Tumour Database)		

¹ Patient consent is essential if data are sent outwith the centre

6. Conclusions and Recommendations

Major Strengths of the Endocrine Unit and examples of Good Endocrine Practice

Points for Consideration	Recommendations
Main Points	
Other Points	

Confidentiality

This preliminary report is confidential and those reviewed will have an early opportunity to correct any factual inaccuracies. The final version will go to the Society for Endocrinology National Coordinator for Peer Review (Dr P Perros) and to no other party without the express permission of the consultants reviewed. In turn, those reviewed will have the opportunity to provide feedback on the review process to their reviewers.

Signatures

First Visitor

Name:

Post:

Signature

Date:

Second Visitor

Name:

Post

Signature

Date:

Third Visitor

Name:

Post:

Signature

Date:

Fourth Visitor

Name:

Post:

Signature

Date:

Record of thanks

(to the lead organisers in the centre visited)