Getting it Right First Time
Children and Young Adults' (CYA) Diabetes Workstream Systems Reviews

Frequently Asked Questions

Background

What is GIRFT?

Getting it Right First Time (GIRFT) is a well-established national clinical improvement programme created and led by consultant orthopaedic surgeon Professor Tim Briggs, working with frontline clinicians to identify and reduce unwarranted variations in service delivery and clinical practice. The clinicians involved with the GIRFT programme are all specialists in the area they are reviewing. There are more than 40 surgical and medical specialities being reviewed as part of the programme.

The programme undertakes clinically led reviews of specialities, combining wide-ranging data analysis with the input and professional knowledge of senior clinicians to examine how things are currently being done and how they could be improved.

Has GIRFT been used in Diabetes before?

Yes it has. GIRFT has been instrumental in driving improvement within adult diabetes care. The 2020 National Report recommended targeted improvements in Type 1 diabetes care especially during the transition between paediatric and adult services. It also addressed problem areas in general inpatient care and specialist foot services. Fifteen separate recommendations were made to improve quality of care and outcomes. Through the implementation of these, there are potential financial opportunities for the NHS of at least £45 million.

The GIRFT process has been one of the fundamental reasons behind a universal spread and uptake of technology in Type 1 Diabetes-without any variation- resulting in population level outcome changes. The continuance of this work is expected to ensure Hybrid Closed Loops also become standard care -without variation for Type 1 Diabetes.

Has GIRFT been used in Paediatrics before?

The GIRFT model has been applied for some time across paediatric surgical specialities, and more recently in 2022, published reports on children and young people's mental health services, paediatric critical care, paediatric general surgery and urology and neonatology. New workstreams for 2024 are children and young adults' (CYA) diabetes, paediatric rheumatology and childhood asthma.

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What is GIRFT aiming to achieve?

The key objective of the GIRFT programme is to improve outcomes for patients whilst making more efficient use of resources.

What is the purpose of GIRFT in CYA Diabetes?

Care and outcomes have improved overall in CYA diabetes year on year, measured by National Paediatric Diabetes Audit (NPDA), and brought about by significant catalysts for change such as Best Practice Tariff (BPT), the National Diabetes Quality Programme (NDQP), National Institute for Health and Care Excellence (NICE) recommended diabetes treatment technologies, and supported by the establishment of a National Children and Young People's Diabetes Network (NCYPDN) for the sharing of good practice.

However, there remains vast variation in the performance of paediatric diabetes services in key outcome measures (HbA1c), completion of NICE recommended essential care processes, and access to NICE recommended diabetes treatment technologies. This variation is even more marked when data is examined with respect to deprivation and ethnicity, and therefore is widening the health inequalities that already exist. These variations have a measurable impact on patient experience, quality of life, long term health and overall life expectancy.

The purpose of GIRFT in CYA diabetes is to look at the reasons behind unwarranted variation. Reducing variation across health systems is a national priority. Visits will be held at Integrated Care Service (ICS) level and look at variation in care and outcomes between units within one ICS, and variation compared to other ICS's. Where there are examples of good practice and innovation, it will be important to understand how the successful strategies behind them could be adopted by other areas, and to share examples and resources to facilitate this happening. Where improvement is required, this will be detailed by GIRFT recommendations in a published report for each system. There may be common themes and challenges arising across ICS's and Trusts in England, requiring consideration of changes in wider strategy or approach.

The GIRFT process

How is the GIRFT process undertaken?

Broadly, there are 6 main phases to the CYA diabetes GIRFT workstream, which is anticipated to span over the next 18 months, to complete systems reviews of all 42 ICBs.

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Phase 1 – prioritisation and scheduling of systems reviews
Regional clinical teams have already been asked for their input on scheduling prioritisation. A draft matrix has been drawn up based on several factors including size and complexity of system, and where earlier support has been identified to be desirable. The GIRFT central team will be approaching systems to arrange review dates.

Phase 2 – preparation and gathering evidence
The GIRFT analysts gather evidence using metrics derived from national datasets including NPDA, National Diabetes Audit (NDA), Hospital Episode Statistics (HES) and Secondary Uses Service (SUS) along with local intelligence derived from ICB and trust questionnaires.

Phase 3 – data pack distribution
A bespoke data pack is produced for each ICS. This helps clinicians, managers and ICB commissioners understand what the variations are, what needs to be done to address them, and explore the challenges they face. Prior to the review providers and the ICB are encouraged to work together to produce a short presentation to give an overview of their diabetes CYA services and present this at the start of the GIRFT review. The presentation is not obligatory but an opportunity to share context and local intelligence (see below for further details).

Phase 4 – clinical lead visits
The GIRFT team undertake a Systems Review to have a two-way discussion about key areas of the data pack, and to support the system in interpreting the datasets and helping to build implementation plans to deliver on reducing unwarranted variation. The systems review can be preceded by an informal preliminary meeting which is offered to every system, can be used to share success and challenges, and ask questions ahead of the actual review.

Phase 5 – review recommendations
Following the review meeting of a system, all invitees will receive a copy of a summary report and recommendations to incorporate into their system implementation plans.

Phase 6 – national report publication
After all the reviews have been completed, the GIRFT clinical leads oversee the creation of a national report which will provide detailed evidence of the benefits that proposed improvements can bring. The emerging trends and cross-cutting themes enable the development of key recommendations based on the findings, supported by the GIRFT policy team.

How much notice will systems get for their reviews and what is the GIRFT timeline?

Meetings will not be scheduled without agreement, and there will be enough forward planning for clinicians to be able to rearrange or cancel clinical activity without affecting patient care.

Review date offer	Minimum of 6-8 weeks notice (except for initial reviews by agreement)
Confirmation of attendance by ICBs / Trust teams	6 weeks before review date
Issue of GIRFT questionnaires to ICB and provider units	6 weeks before review date
Completion date of GIRFT questionnaires	4 weeks before review date
Offer of pre-meet	Up to 4 weeks before review date
Issue of data pack	2 weeks before review date
Review Date	**2-3 hour meeting via MS Teams**
Report and Recommendations	2-3 weeks after review date

What happens at a review meeting and how long does it last?

This is a draft example agenda. Most systems will be offered a two-hour meeting. Three hours will be allocated for larger and more complex systems.

1.	Welcome and Introduction	1400
2.	Local System CYA Diabetes Service Presentation	1410
3.	Review and discussion of data pack	1425
4.	Summary of challenges and opportunities	1545
5.	Next steps	1555
6.	Close	1600

What are systems required to do ahead of a GIRFT review?

ICB and trust clinical leads from paediatrics and young adult services are asked to complete a questionnaire and invited to give a short 10-minute presentation on the day. The purpose of the questionnaires and presentation are to provide local intelligence, and contextual information to add to and make sense of published data.

What sort of information is asked about in the questionnaires and are these available in advance?

Questions for ICBs relate to place of care (primary or secondary), integration with clinical teams, financing of services by the new best practice tariff, review of audit data, addressing inequalities, access to diabetes technologies, diabetes strategy, and assurance and governance processes.

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The questions for each provider trust are split into information about paediatric services from 0-18 years and young adult services 19-25 years and ask for information on workforce, caseload, access to diabetes technologies, clinical contact and care package, guidelines, policies, emergency care and access to advice, strategy, governance and financing of services.

The exact questions are not available in advance of you being invited to a review, because it is possible they may be subject to alteration as time goes on. On invitation, you will at that stage be provided with a unique link for these questionnaires. There is no requirement to upload any documents.

It is expected that the questionnaires will be straightforward and contain information that is easily accessible or already known. However, 'don't know' is a valid response option.

How can all services within a system present within 10 minutes, and who should lead on this?

The presentation is not obligatory but an opportunity to share context and local intelligence to published data, and should be focussed on key areas only, supported by data. It is a chance to explain how diabetes care operates across the whole system, and the integration between paediatric and adult care. There will be guidance and a suggested template sent to you with your review date invitation. In large systems, it may not be practical to have speakers from each individual Trust, and you would be advised to choose one representative to provide an overview of the system. This could be an ICB lead, NHSE Regional Clinical Lead or Network Manager. The presentation time is confined, so that there is protected time for a two-way discussion of a system's data. The pre-meet is another forum to share aspects of your local system that you would like the GIRFT team to be aware of, or to ask advice about the formal presentation. For the formal presentation though, please aim to be selective with the most important issues, rather than comprehensive.

How long is the preliminary meeting?

This will usually only be for half an hour, but it may be possible to schedule more time if needed, and questions can be asked of the GIRFT team via email at England.girft.central@nhs.net

How will two hours be enough time, as RCPCH National Quality Programme Peer Reviews took a whole day?

Previous Royal College of Paediatrics and Child Health (RCPCH) peer reviews and GIRFT CYA diabetes systems reviews have key differences. The RCPCH peer review visits were held at trust level and examined the care and outcomes of each paediatric service, up to the age of 18 years, against a set of defined standards, identifying any

areas of concern and outlier status. Learning from these reviews has already ensured that paediatric teams have a thorough knowledge of their services and have been supported in making improvements.

GIRFT reviews are very different and are held at ICS level to look at variation in care and outcomes between provider trusts across the system, and include care of the young adult, so cover the ages of 0-25 years.

Although patient care, outcomes and quality of services are at the heart of each programme, they should not be confused as one and the same thing. GIRFT is not a replacement of the peer review programme.

Because GIRFT requires involvement of key stakeholders across the system, meeting times have been kept to a short time duration that will make wider attendance feasible to achieve.

How recent will the data be?

It will be from the latest extractable source nationally. You may have more recent local data to reflect development or change. Please do point these differences out.

What data will be looked at?

A bespoke data pack for each ICS will be provided for type 1 and type 2 diabetes, and will include HbA1c outcomes, key care processes, uptake of diabetes technologies, emergency admissions and place of care. Data will be split by age into 0-18 years and 19-25 years datasets, and type 1 and type 2 care, and triangulated with information from ICB and trust questionnaires to include information on workforce, financing of services, and lived experience voice from Patient Related Experience Measure (PREM) data.

The most important aspects of the data pack will be discussed during the review meeting, but not necessarily all. However, the comprehensive set can be used by the system and providers for their own strategy and service planning.

Who will lead the process and review meeting?

A small team will undertake all systems reviews, ensuring a consistent presence and maximal understanding of cross-cutting themes. Each visit will include a subgroup of the following:
Dr Dita Aswani, GIRFT CYA Diabetes Clinical Advisor
Dr Fulya Mehta, NHSE National Clinical Lead for CYA Diabetes
Prof Partha Kar, GIRFT Type 1 Diabetes and Technology Lead
Mrs Emma Page, GIRFT Workstream Delivery Manager
Mrs Lucy Holmes, NHSE Strategy Lead, National Diabetes Programme

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How time consuming is this for ICBs and clinical teams?

Meetings are kept to two hours in most cases, to facilitate maximum representation of local leadership across the system. More complex systems may have and extension to three hours for their review meeting. ICB leads and trust paediatric and young adult leads are asked to complete a questionnaire in advance, but it is not expected that these will be time consuming as they are asking for information which should be easily sourced. However, 'don't know' is also a valid question response option.

Can any preparation be done ahead of a systems review?

Yes it can, and although this is not asked of you, any preparation you can do will add to the value of your review meeting. Consider who should be involved in your system – those responsible and accountable for commissioning, strategy, operation, and care delivery of paediatric and young adults' diabetes care up to the age of 25 years. Have these individuals sited on GIRFT now, and encourage full attendance when offered a date, so that there can be direct involvement in review discussions, recommendations can be understood directly, and the correct people are in the room to initiate implementation plans in a timely way following the review.

What can I do to prepare as an ICB representative?

Understand the demographics of your population and how this varies between provider units. Establish the exact financing arrangements for services and how these are calculated and reviewed. Clarify the mobilisation and implementation plans of Hybrid Closed Loop (HCL). Review the use of any additional funding received by the ICB, how it has been utilised and what impact it has had (examples include T2Day funding, Transition and Young Adult Pilots, and inequalities technology project funding). Understand what governance and assurance processes are in place for reporting and actioning recommendations.

If ICB leads are not already integrated and meeting regularly with clinical teams, initiate contact with young adult and paediatric leads and regional NHS England (NHSE) CYA clinical leads, and children and young people's (CYP) and adult diabetes clinical networks. Engage in conversations to understand local data, finance and procurement streams, and any challenges or variation in the system between provider units. Such engagement will also help with the completion of the GIRFT questionnaire.

The Right Care Toolkit for CYA Diabetes will be published in July 2024 and is a practical guide complimentary to the GIRFT approach. The interactive checklist at the end of the document should help ICBs pinpoint where to focus their efforts to improve treatment and care.

What can I do to prepare as a Trust Clinical lead?

Examine local audit data, and local uptake and engagement with services. Understand the demographics of your population, key outcome measures and uptake of technologies according to ethnicity and deprivation. Understand the challenges of your workforce and financing arrangements, and the impact this has, supported by data. Review your NDQP peer review report and GIRFT adult diabetes report and action plans. Revisit and share these with Trust managers and ICB colleagues. Use the support of your NHSE Regional Clinical Lead for CYA diabetes. Look at areas of good practice and quality improvement the impact this has made in care, experience and outcomes.

Who will be invited to a GIRFT systems review and who should attend?

The GIRFT central team will send an initial option of dates to systems (trusts GIRFT coordinator and ICB contact) which will be at least 8 weeks in advance. Once the date has been secured, the GIRFT team will send the invite out to the following 6 distribution lists. The GIRFT team will always strive to give as much notice to ensure key attendee's are able to attend. The 6 distribution lists are:

- ICB CEOs
- Trust GIRFT Leads
- Regional CYP Transformation Managers
- NHSE CYA Diabetes Regional Clinical Leads
- Adult Regional Diabetes Programme Managers
- NCYPD Network Managers.

The GIRFT central team have cast an unusually wide net to notify system leaders of review dates, but the colleagues in the distribution lists aboveshould take the lead in ensuring that the correct stakeholders have been identified and invited. Please distribute these initial notifications to whoever you feel is relevant in your system upon receipt. A suggested attendance list is included in initial communications. If you wish to notify the GIRFT central team of key contact emails in advance, you are welcome to do so.

Who in my ICB should lead on this process?

This will vary as each ICB will have a different leadership and management structure and roles, job titles and portfolios within that structure can vary. There may be one person who oversees commissioning for both paediatric and adult diabetes services, but more commonly, it may be a number of people who jointly hold accountability for the governance of these services.

When will the GIRFT team visit my ICS?

Regional teams have been involved in completing a prioritisation matrix to aid scheduling of ICSs within each region. Their local intelligence has been used to determine systems that might benefit from an earlier review, or who wish to take up the

offer sooner. The prioritisation matrix will determine the order in which visits will take place over an anticipated 18 months from June 2024. The visits in each quarter will involve ICCs across regions, so that each region has the benefit of learning from the GIRFT experience from the beginning, is invited to feedback about the process, and no region has longer to wait or has more than a fair share of visits within one time period. Once reviews are underway, it may be possible to provide more specific information on dates with a longer time margin.

Do I have any control in the date and what if it is not convenient?

Yes, each system will be given a range of date options to choose from, and it is up to the system to ensure that the date chosen has thorough representation from commissioning, finance, managerial and paediatric and young adult clinical leads.

What happens when provider trusts span across ICSs or there are other boundary issues?

It is recognised that in some areas, boundaries are not clearly defined. This can be discussed at the pre-meet so the GIRFT team are aware how this affects patients and reflects in the data. We can work with you to ensure the correct people are invited.

Is GIRFT obligatory?

No, but it is hoped that this spotlight on services is embraced as an opportunity to improve services and reduce variation. It is intended to be a developmental and collaborative process with the care of patients at the core, and as such is very much in the spirit of what ICBs and trusts are already committed to achieve. It is hoped that GIRFT reviews will on the whole give reassurance to ICBs that their performance is meeting standards and that there are no inconsistencies between the care delivered by the trusts they commission. Where there are differences, the process should help clarify the reasons behind them, to build a strategy moving forwards to address the variation and provide ongoing assurance and governance.

GIRFT implementation

What will happen after the review?

The GIRFT team will produce a report of observation notes and recommendations within 2-3 weeks, and this will be sent to all attendees. It is intended for your forward sharing to key enablers. The data pack and questionnaire responses will be uploaded to the NHS Futures platform with a recording of the review. You may need to ask your trust GIRFT lead for permissions to access this space.

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Who is accountable for implementing recommendations?

The recommendations will lie with ICBs and ICS providers to take forward and incorporate within their improvement strategies for implementation. ICBs are already accountable for improving outcomes in population health and tackling inequalities in outcomes, experience and access, so directly aligned with GIRFT aims. The GIRFT process will have provided support to interpret local datasets to identify areas to prioritise for reducing unwarranted variation. There is a memorandum of understanding between the Care Quality Commission(CQC) and GIRFT to share reports, and notify outlier status and action plans, and failure to implement action plans. It is also expected that support will be provided from trust GIRFT leads within their remit, and the regional NHSE CYA diabetes programme leadership teams. NCYPD networks although not accountable have always been willing and driven to facilitate implementation, and there is no reason why this would be any different.

Will GIRFT recommendations in some cases have a negative effect on ICB or trust finances?

It is recognised that redesigning services across multiple providers or healthcare sites to drive improvement across a health economy can create costs for individual ICBs although the net financial impact should be positive across the whole health economy. For individual trusts, such costs should also be offset by the financial opportunities created through delivery of GIRFT recommendations.

Will recommendations from review visits have deadlines?

There will be no defined deadlines, but depending on the nature of the recommendations and whether immediate care is compromised or there is significant risk, there will be indication on how quickly recommendations should be acted upon. Generally, it will be for the system to decide how recommendations are prioritised.

What happens if ICBs or trusts don't implement GIRFT recommendations?

We believe that ICBs and Trusts will recognise the value of the GIRFT programme in providing an extensive (free of charge), nationally endorsed and clinically supported review of their key metrics and the national context. It is supported by recommendations and suggested plans to implement changes that will improve productivity, efficiency and outcomes for patients.

Will there be a follow up visit?

No, this is not planned. Learning from the review visits will allow the GIRFT team to collate examples of good practice and development of best practice pathways to

support clinical activity. There will also be a GIRFT national report on CYA diabetes following the completion of all systems reviews.

It is hoped that attendance at the visit will provide a forum for key local partners and decision makers to align thinking around what the key opportunities for improvement might be, and that following the visit, these relationships evolve to create a wider network of support.

Organisations such as NHSE, Diabetes UK the National CYP Diabetes Network (NCYPND) and all have regional clinical and / or programme leads with an interest in supporting local improvement. These teams have valuable expertise and knowledge of best practice and will have capacity to work with systems and peadiatric / young adult teams on joint approaches to delivering on recommendations and to championing change and improvement.

How will improvements be sustained after GIRFT teams stop visiting?

Even though a review of each ICS will happen on just one occasion, it is anticipated it will encourage continuing review of services for improvement and create an ongoing dialogue between ICBs and provider trusts to drive change. There are exciting developments on the horizon in diabetes care, such as screening and early detection of Type 1, diagnosis of prediabetes, immunotherapy, prevention of type 2, newer 'smart' long lasting insulins, and the opportunities we have in embracing artificial intelligence into diabetes care.

Working well across systems and establishing strong relationships will be key enablers to progress. The commissioning space has oversight of the magnitude of impact that diabetes has as a long-term condition from infancy to care home, and therefore the wisdom that getting care right from the very beginning in CYA diabetes is vital.

For any additional questions....

Please contact england.girft.central@nhs.net