

Cystic Fibrosis our focus

Royal London Hospital and network clinics

The paediatric cystic fibrosis (CF) service at Royal London Hospital (RLH) moved to the current new-build site in 2012. As growth outpaced staffing levels, it was put under notice of derogation in 2013. The hospital Trust responded with many new recruitments. The benefits of this step-change in staffing levels are now being reaped, facilitating home visiting and the pioneering of innovative practice. The superb new facilities at RLH are spacious, permitting easy segregation and infection control. The model of network care is heavily dependent on Centre input to ensure an excellent standard. To maintain this with the imminent expansion to Whipps Cross, there will be staffing implications, particularly for consultants. There is still no dedicated social worker for CF and there is room for some improvement in support for the network clinics. However, despite recent upheavals in senior medical staff, in general the service at the Centre is first-class and service-user feedback is excellent.

Service users identified accessibility, communication and outpatient cleanliness as areas of excellence, and noted the car-parking facilities, food and outpatient waiting times as areas for improvement.

Areas of good practice identified by the peer review team include home and school visits by the multidisciplinary team, as well as physiotherapy and psychology assessments carried out at home for annual reviews, which were made possible by increased staffing. Attention to organisms in upper airways (recovered from sinus washouts in older patients), and the use of continuous glucose monitoring as a routine annual screening for CF-related diabetes in patients over 10 years of age were also identified as areas of good practice.

The peer review panel's key recommendations are to phase out respiratory consultant commitment to General Paediatric service, appoint a dedicated social worker and ring-fence secretarial/administrative support to improve the turnover of letters and reduce the administrative burden. Additionally, recommendations are made to address some staffing issues (particularly psychology and dietetic provision) in network clinics, establish a service level agreement for Queen's, continue to give full care at RLH for Harlow patients and foster greater transparency from finance managers over the CF tariff income and how it is spent.