Project Brief

Paediatric Gastroenterology

Controlled Start Up: Project Brief

The Project Brief is required to enable a project to progress from a good idea or Feasibility Study to a formal request to the Project Board. Upon approval to proceed, its contents will be developed into the Outline Business Case and Project Initiation Document (PID), containing the detailed project plan. This will only occur if the Project Board believes that the project is worthwhile, and viable.

The document should be kept as brief as possible, whilst providing sufficient information to enable a decision to be made on whether the programme or project is achievable. The overview of the proposed project including objectives, benefits, risks, costs and timescales.

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### Amendment History

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### Reviewers

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<td>Dr Andy Spencer</td>
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### Related Documents

This Project Brief should be read in conjunction with the following:

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<tr>
<td>Atlas of Variation Endoscopy Rates</td>
<td>Child and Maternal Health Intelligence Network (CHIMAT)</td>
<td><a href="http://www.chimat.org.uk">www.chimat.org.uk</a></td>
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1 Project Background

Paediatric gastroenterology is a clinical specialty comprising the investigation and management of disorders of the gastrointestinal tract including diagnostic endoscopy, inflammatory bowel disease (IBD), mortality disorders, functional disorders and conditions leading to intestinal failure. Specialty services are provided in 20 specialist centres in England by expert multi-disciplinary teams. The prevalence of coeliac disease is 1 in 100 with a new incidence rate of 5 cases per 100,000. Diagnostic endoscopy rates nationally are around 100 per 100,000 population resulting in a 5% positive pick up rate (www.chimat.org.uk).

2 Why: Strategic Business Case

This project is needed as current data shows there is inequity in paediatric endoscopy rates across the West Midlands. Data from the NHS Atlas of Variation in Diagnostics also shows that the West Midlands as a region is performing less paediatric endoscopy than the national average. Evidence suggests that low rates of endoscopy may reflect inadequate provision or poor access, leading to delayed or missed diagnosis which could lead to avoidable invasive tests to this patient group. Anecdotally it is believed that there is also variance in waiting times to access specialists across the region which may be exacerbated by varying referral routes. Finally, it is believed there is variable access to specialist advice out-of-hours for this group of patients which could lead to poor outcomes, inappropriate hospitalisation or misdiagnosis.

3 What: Project Definition

3.1 Project Aim

The project aim is to provide an overview of paediatric gastroenterology in the West Midlands area in relation to:

- Referrals, waiting times and access to specialist outpatient appointments
- Perceived variance in endoscopy rates
- Outcomes
- Out of hours specialist input

3.2 Outline Objectives

The objective of the project is to produce a report of findings and present these findings at a future Paediatric Gastroenterology Network Meeting (known as the Gut Club). Date to be confirmed.

3.3 Scope and Exclusions

The scope of this project is all West Midlands areas/CCGs/secondary care providers. This project will not include the East Midlands region
3.4 Interfaces

This project does not interface with any other project currently being undertaken by the West Midlands Strategic Clinical Network or any other similar project currently being undertaken in the region by another organisation.

4 How: Approach

This is a stand-alone project which may result in further projects at a later date. The project is reliant on effective engagement from secondary providers in the region as well as Public Health England and the Child and Maternal Health Intelligence Network to access required data.

The project also relies on clinical leadership provided by Dr Sue Protheroe, Consultant Paediatric Gastroenterologist at Birmingham Children’s Hospital.

It is anticipated this project will complete by March 2014.

4.1 Resources and Constraints

There are no anticipated financial costs to this project with the exception of human resources of which two Quality Improvement Leads are required each for approximately one day per week for the duration of the project.

4.2 Key stakeholders

Secondary Providers
CCGs
Public Health England
Child and Maternal Health Intelligence Network

4.3 Risks and issues

Preliminary risks have been identified as follows:

- Inability to identify data required in regards to waiting times, outcomes and referrals