

Larger networks of peer support

The NHS has a strong tradition of peer-to-peer support and it is clear from our study that many people find this to be a valuable resource when making decisions.

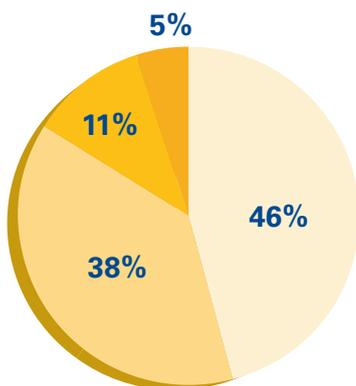
Peer support is generally understood to be a mutual exchange and interaction between like-minded colleagues, which is based on respect and understanding, and survey evidence shows it is a leading source of support. Almost everyone in our survey, across most levels and backgrounds, indicated that they found informal support from colleagues within their organisation useful and a large majority accessed peer support across the system.

It was clear from the staff we spoke to that peer support is more firmly established within the clinical field, and clinicians told us they had strong links with peers often established during their training usually with people outside their organisation. The nature of these relationships was mainly clinical and focused around a particular specialty or service.

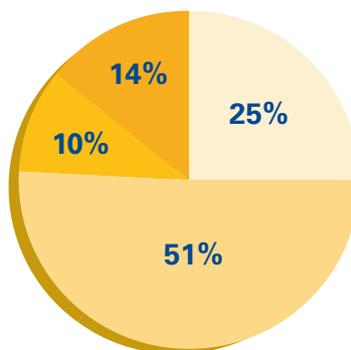
Three key messages

- 1 Peer support is a regular feature of the NHS and is often used to support decision-making, particularly among clinicians.
- 2 Almost everyone finds the informal support of colleagues useful when making decisions and most believe it is essential for that support to offer a constructive challenge.
- 3 There is a role for peer support as part of making decisions that balance quality and finance, but the balance of burden to benefit should carefully be considered.

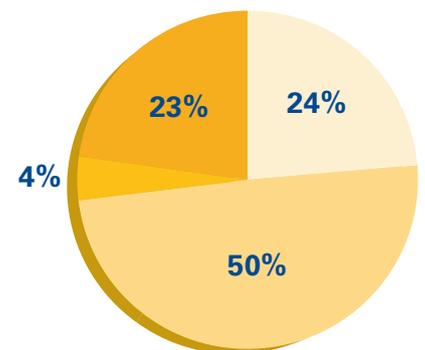
Please highlight how you currently use peer review and where you might find it useful



Specific service reviews based on recognised national standards (Nr=176)



Grouped review across organisations based on an agreed methodology (Nr=176)



Tailored review facilitated nationally by panel of experts (Nr=173)

- Currently use and is beneficial
- Don't use, but would be beneficial
- Currently use and is burdensome
- Don't currently use, would be burdensome

Given the significance of experience in making decisions it is sensible to encourage peer networks, as it allows decision-makers to access the experience and expertise of other people. This, we were told, was an important aim of peer support but so too was setting it up to challenge people constructively and allow them to reflect and test how they make decisions. This notion of a challenge from peer support reflects the conclusions of Professor Don Berwick for embracing an ethic of shared learning, and more specifically the recommendations he made for making use of peer review outside of formal networks to facilitate this learning.

When we explored peer review in more detail, again we found it more prominent as part of clinical practice. We also found it generally focused on quality or on finance, rather than looking at value across the two. Almost half of the people in our survey said they used service-specific peer reviews, and most of those that didn't thought it would be beneficial if they did. Fewer people were aware of peer reviews facilitated across a regional or national group of organisations, yet many indicated they would find this beneficial.

The relationship between burden and benefit of such reviews is crucial. While there is a desire to expand peer support networks, there is also a hesitance about establishing anything that adds to the demands that formal requirements pose. Peer support offers an essential tool for self-regulation and allows the NHS to make use of the experience and expertise existing within it – but it will need to complement formal regulatory structures rather than add an additional layer.

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Having a sliding scale for peer support is essential. Maybe you want review and maybe you want a chat, maybe you want a team and maybe you want an individual.

Director of acute services

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