Innovative ways of working across a healthcare system to improve outcomes of patients with kidney disease

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Aims

To understand unwanted variation in outcomes for patients with kidney disease and enable and support changes in practice across a healthcare system to improve outcomes.

Methods

A mixed methodology improvement approach has been undertaken across four clinical commissioning groups (CCGs) (population 500,000) over 4 years to embed National Institute of Health and Care Excellence (NICE) guidelines in acute kidney injury (AKI) and chronic kidney disease (CKD). Identifying and learning from understanding variation in practice in relation to these guidelines, and from other initiatives such as NHS Right Care, UK Renal Registry and National CKD Audit (NCKDA), galvanised a primary, community, secondary care, patients and Academic Health Sciences Network (AHSN) collaboration.

Key areas of change have included introduction of AKI care bundles in primary and in secondary care; a prescribing incentive scheme for patients at high risk of AKI; targeted care for high-risk patient populations; use of interactive CKD guidance; virtual clinics for patients with diabetes mellitus (DM) and CKD; changes in ways of working with other teams including heart failure and urology; a responsive review of referrals; and changing the clinical conversation.

Results

Examples of change include: 30% new outpatient appointments are avoided and another 30–40% new referrals can be managed differently (responsive advice, virtual monitoring and clinics, different teams working together differently). An example of improved clinical care across the system: only 3% patients coded with CKD have a blood pressure of (BP) >140/90 compared with 47% NCKDA; only 12% patients coded with DM and CKD have a BP >130/80 compared with 71% NCKDA.

Bringing people together has been the critical ingredient to success including general practitioner (GP) champions, provider and commissioner GP engagement, patient leaders, consultants, nurses, allied health professionals and managers with administrative and project support. One GP commented

‘There has been a lot of energy and research into getting to the core of what the patient actually needs in the way of treatment’. One patient commented ‘This feels like it is the patient and not processes that matter’. Multiple different information technology (IT) systems processes can get in the way.

Conclusion

A shared vision to improve outcomes in patients with kidney disease and a need to work differently in a pressurised healthcare system has started to bring silos together. Collaborating to identify and understand what the issues are, engaging stakeholders and putting the right governance in place are crucial foundation stages. Investing in time and supporting infrastructure are key but perhaps the biggest challenges in transition periods of working differently and in the face of a myriad of different IT systems. ■

Conflict of interest statement

None declared.

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