St George's University of London | University Hospitals of Leicester NHS Trust | Kidney Research UK — Funding research to save lives

APPENDIX A

QUALITY IMPROVEMENT IN CHRONIC KIDNEY DISEASE (CKD): A SIGNIFICANT CHALLENGE FOR PRIMARY CARE

A COLLABORATIVE APPROACH BY KIDNEY RESEARCH UK, ST GEORGE'S HOSPITAL TRUST AND UNIVERSITY HOSPITAL LEICESTER.

Project objective and rationale: CKD is a significant challenge for primary care and a three year, community based project with parallel studies overseen by a steering committee with representation from key stakeholders, commences in Spring 2007. It has been developed to test and implement a range of quality improvements (QIs) for individuals with chronic kidney disease (CKD), with one study (study 2) specifically focussing on those individuals also having diabetes. The overall objective being to identify a quality improvement (QI) programme showing the best improvement in the quality of care. Ultimately the aim is to influence the next round of QOF in 2008.

Primary biomedical outcome: improved control of systolic blood pressure.
Other outcomes: **Study 1** - reduced referral rates and better liaison; reduction in rate of decline in renal function; patient empowerment; and overall clinician's confidence in managing CKD. **Study 2 -** enhanced management for those 'at risk'; improved quality of care; earlier referrals to specialist services for preparation for (RRT); and earlier returns to primary care following specialist treatment.

Key indicators: patient and GP/nephrologist feedback, final data and referral rate analysis.

Timing: 3 years, starting in April 2007 and with interventions in years 1-2 and analysis, dissemination and general profiling activities in year 3.

Scope: eight identified localities in England, each with at least 50,000 registered patients, 10% of patients with CKD symptoms, with 5% having stage 3 to 5 CKD. 50% of the eight localities will be in urban areas. There is a requirement to identify 10 practices in each location, ideally within the same commissioning cluster, but the key emphasis will be on commitment as well as an emphasis on ethnic representation, in view of high incidence of CKD in these groups. Provisional locations: Salford/Oldham/Bolton, Birmingham, Leicester, North London, South London, Surrey and Kent.

Methodology and Randomisation: grouping of 8 localities into 4 pairs.
Year 1: Pair 1 to monitor current/usual practice; Pair 2 to introduce a patient education programme; Pair 3 to introduce an audit-based education programme and Pair 4 to introduce a new pathway of care – probably a "Tier 2" specialist primary care clinic. There will be random allocation of interventions to each pair to determine any change that might directly result from the activity.
Year 2: on a random basis, there is a plan to add a further intervention to each of the localities to achieve the assessment of additive benefits.
NB A locality will be excluded if it is already engaged in an identified QI.

GP and Practice involvement:
1) 8 lead GPs to be identified for each locality, exhibiting a willingness to work with an identified local renal specialist, other local stakeholders and the core project management team to assist in the implementation of the QI activities in the locality. A commitment is required to attend and contribute to a series of meetings and training sessions as defined by the specific QI Programme.
2) Baseline data collection. In April /May 2007 practices are to be involved, on a planned limited basis, in baseline data collection e.g. signing of consent forms and facilitating access for a central data collection team to practice computer systems
3) Contribution to workshops. Assistance with implementation of the initial workshops with PCT reps and the local nephrologist, the commitment being dependent on QI. There will also be a requirement for involvement in a final workshop in Yr 3.
4) Reimbursement: local budget allocations will cover specific QI activity including Locum cover and agreed travel and subsistence; this will be agreed at commencement of the project.
(Project management and overall structure: see **Appendixes: A and B.)**

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