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NHS
National Institute for Health Research
Collaboration for Leadership in Applied Health Research and Care (CLAHRC) for Greater Manchester

Minimising the gap between expected and recorded prevalence of Chronic Kidney Disease (CKD) in primary care

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The Greater Manchester **Collaboration for Leadership in Applied Health Research and Care (CLAHRC)** aims to conduct high quality research and ensure the swift implementation of this research into practice. One part of this work is the CKD Collaborative; a project working with 19 general practices from four PCTs to improve care for patients with Chronic Kidney Disease (CKD).

Background: CKD significantly increases the risk of cardiovascular events such as heart attacks or strokes[1]. Prevalence estimates and evidence from QOF suggest that there are 107,000 people with undiagnosed CKD in Greater Manchester and that only 85% of those diagnosed are receiving appropriate care[2,3].

Aim: Based on existing evidence and the views of an expert panel, our project aim is:
To reduce the gap between expected and recorded prevalence by 50% and to ensure that 75% of all patients on CKD registers are treated to the NICE blood pressure targets.

Methodology: We have selected the Institute for Healthcare Improvement's Breakthrough Series Methodology[4] as the framework, with practices testing and learning from each others' improvements using Plan, Do, Study, Act cycles. Their work and the spread of knowledge between practices is facilitated by Knowledge Transfer Associates, whilst data is collected and analysed monthly to provide regular feedback reports.

Results: To date the Collaborative has found **928** patients and is 39% of the way to achieving its target, though there is considerable variation between practices (fig 1). We have identified several key steps to improved quality of care (box 1) and we have discovered there are many challenges faced by practices doing improvement work (box 2).
A lot of work has been done to ascertain the proteinuria status of patients and to ensure they have well controlled blood pressures with good results so far (fig 2).

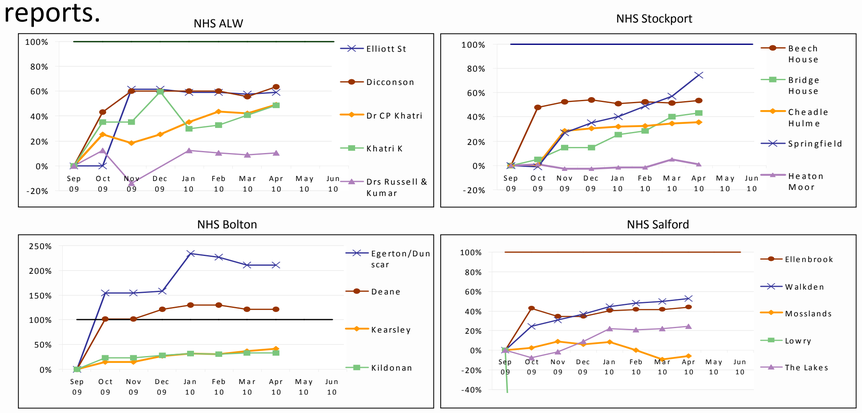

Fig 1. Patients found, as a percentage of target, per practice

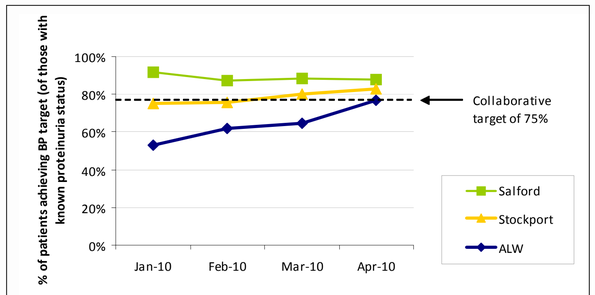

Fig 2. Patients treated to BP target as a % of patients on register per PCT
N.B. data prior to Jan 2010 was inaccurate and no data is available on blood pressures in NHS Bolton. Blood pressure is only analysed for those patients whose proteinuria status is known. (62% of those on CKD registers)

Box 1: **Key changes that bring about improvements**

- Validation of registers – ensuring all patients on the CKD register are correctly diagnosed and coded according to their CKD stage and proteinuria status
- Creation of a localised CKD protocol outlining best practice care
- Searching for possible patients – those with 2 eGFRs <60 and not already on the CKD register or at high risk with no eGFR record
- Development of a recall system to help monitor patients regularly

Box 2: **Challenges faced**

- Lack of time to plan work and conduct patient reviews
- Difficulty obtaining locum cover to free up staff time
- Difficulty creating searches that provide accurate data
- Poor staff awareness of CKD identification and treatment
- Very little appropriate patient information available (i.e. that is focused solely on early stage CKD)

Early identification of chronic kidney disease has been shown to lead to better health outcomes for patients and the CLAHRC CKD Collaborative is helping practices make improvements in this area and share knowledge so that improvements can be more quickly spread to other practices.

REFERENCES: 1. Whitfield &Holmes, 2007. A cost and clinical effectiveness evaluation of a "disease management programme" for Chronic Kidney Disease (CKD). ScHARR, Sheffield; 2. Stevens et al, 2007. Chronic kidney disease management in the United Kingdom: NEOERICA project results. Kidney International, 72(1), pp.92-99;
3. Quality and Outcomes Framework data 2007/2008, available on www.qof.ic.nhs.uk; 4. IHI 2003. The Breakthrough Series: IHI's Collaborative Model for Achieving Breakthrough Improvement. IHI Innovation Series white paper. Boston.