Kidney Care
Renal Services
In the era of a coalition government

Dr Donal O’Donoghue
National Clinical Director for Kidney Care

Working for Better Kidney Care
“Quality is the only organising principle of the NHS”
“no decisions about me without me”
The NHS needs to plan for making huge efficiency savings

NHS expenditure by year

- **Illustrative figures only**
- **£15-20bn productivity challenge**

- **Demand, pay & price pressures**
- **Scenario with "flat cash" from 2011/12**
- **Actual and planned spend**
## Five domains of the NHS Outcomes Framework

<table>
<thead>
<tr>
<th>Domain</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>EFFECTIVENESS</strong></td>
<td>Prevent people from dying prematurely</td>
</tr>
<tr>
<td></td>
<td>Enhancing quality of life for people with long-term conditions</td>
</tr>
<tr>
<td></td>
<td>Helping people to recover from episodes of ill health or following injury</td>
</tr>
<tr>
<td><strong>PATIENT EXPERIENCE</strong></td>
<td>Ensuring people have a positive experience of care</td>
</tr>
<tr>
<td><strong>SAFETY</strong></td>
<td>Treating and caring for people in a safe environment and protecting them from avoidable harm</td>
</tr>
</tbody>
</table>
Preventing people from dying prematurely

**Overarching Indicator**
- Frames NHS Commissioning Board’s broader responsibilities

**Improvement Areas**
- **Outcome Indicator**
  - **Supporting Quality Standards**
    - SofS holds NHS Commissioning Board to account for progress
    - Support commissioning of high quality service

**Improvement Area**
- **Outcome Indicator**
  - Heart disease
    - e.g. premature mortality
    - Cancer
      - e.g. 1 and 5 yr survival
    - Stroke
      - e.g. premature mortality
    - Improvement Area
      - Outcome Indicator
    - Improvement Area
      - Outcome Indicator

**Supporting Quality Standards**
- A suite of quality standards relating to conditions that cause premature mortality but are amenable to healthcare interventions

**e.g. Mortality amenable to healthcare**
Risk of Cardiovascular Events in CKD

Age-standardised rate of cardiovascular events (per 100 person-y)

- ≥60: 2.11
- 45–59: 3.65
- 30–44: 11.29
- 15–29: 21.80
- <15: 36.60

No. of events:
- ≥60: 73,108
- 45–59: 34,690
- 30–44: 18,580
- 15–29: 8809
- <15: 3824

Enhancing quality of life for people with long-term conditions

- **Overarching Indicator**: Frames NHS Commissioning Board’s broader responsibilities
  - e.g. Composite indicator based on Patient Reported Outcome Measures for a range of different conditions

- **Improvement Areas**
  - **Outcome Indicator**
    - SofS holds NHS Commissioning Board to account for progress
  - **Children and Young People**
    - e.g. able to attend school
    - e.g. avoidable admissions
  - **Working Age adults**
    - e.g. ability to work
    - e.g. avoidable admissions
  - **Older People**
    - e.g. ability to live independently
    - e.g. avoidable admissions

- **Supporting Quality Standards**
  - Support commissioning of high quality service
  - A suite of quality standards relating to long term conditions
Wide variation in HHD – Why?

<table>
<thead>
<tr>
<th>City</th>
<th>HHD %</th>
<th>City</th>
<th>HHD %</th>
<th>City</th>
<th>HHD %</th>
</tr>
</thead>
<tbody>
<tr>
<td>M RI</td>
<td>11.4</td>
<td>L Rfree</td>
<td>1.9</td>
<td>Plymth</td>
<td>0.6</td>
</tr>
<tr>
<td>Sheff</td>
<td>5.7</td>
<td>Wirral</td>
<td>1.9</td>
<td>Sund</td>
<td>0.5</td>
</tr>
<tr>
<td>Brighton</td>
<td>5.7</td>
<td>Newry</td>
<td>1.8</td>
<td>Kimarnk</td>
<td>0.5</td>
</tr>
<tr>
<td>L Guys</td>
<td>5.1</td>
<td>B QEH</td>
<td>1.8</td>
<td>Shrew</td>
<td>0.5</td>
</tr>
<tr>
<td>Bristol</td>
<td>5.0</td>
<td>L St G</td>
<td>1.8</td>
<td>Cardff</td>
<td>0.3</td>
</tr>
<tr>
<td>Prestn</td>
<td>4.6</td>
<td>Covnt</td>
<td>1.8</td>
<td>Redng</td>
<td>0.3</td>
</tr>
<tr>
<td>Bangor</td>
<td>4.5</td>
<td>Truro</td>
<td>1.8</td>
<td>Carsh</td>
<td>0.3</td>
</tr>
<tr>
<td>Glasgw</td>
<td>4.1</td>
<td>Nottm</td>
<td>1.7</td>
<td>Exeter</td>
<td>0.3</td>
</tr>
<tr>
<td>Wrexm</td>
<td>4.0</td>
<td>Stoke</td>
<td>1.7</td>
<td>Derry</td>
<td>-</td>
</tr>
<tr>
<td>Derby</td>
<td>3.8</td>
<td>M Hope</td>
<td>1.6</td>
<td>Bradfd</td>
<td>-</td>
</tr>
<tr>
<td>Swanse</td>
<td>3.6</td>
<td>Camb</td>
<td>1.4</td>
<td>Sthend</td>
<td>-</td>
</tr>
<tr>
<td>Oxford</td>
<td>3.5</td>
<td>Antrim</td>
<td>1.3</td>
<td>Stevng</td>
<td>-</td>
</tr>
<tr>
<td>Inverns</td>
<td>3.3</td>
<td>Middlb</td>
<td>1.3</td>
<td>Basldn</td>
<td>-</td>
</tr>
<tr>
<td>Hull</td>
<td>3.3</td>
<td>Kent</td>
<td>1.2</td>
<td>Colchr</td>
<td>-</td>
</tr>
<tr>
<td>B Heart</td>
<td>3.2</td>
<td>Clwyd</td>
<td>1.2</td>
<td>Glouc</td>
<td>-</td>
</tr>
<tr>
<td>Newc</td>
<td>3.1</td>
<td>Liv RI</td>
<td>1.2</td>
<td>Ports</td>
<td>-</td>
</tr>
<tr>
<td>Liv Ain</td>
<td>3.1</td>
<td>Ulster</td>
<td>1.1</td>
<td>L Kings</td>
<td>-</td>
</tr>
<tr>
<td>Leeds</td>
<td>2.9</td>
<td>Dudley</td>
<td>1.0</td>
<td>Wolve</td>
<td>-</td>
</tr>
<tr>
<td>Belfast</td>
<td>2.6</td>
<td>Tyrone</td>
<td>1.0</td>
<td>Carlis</td>
<td>-</td>
</tr>
<tr>
<td>Aabrdn</td>
<td>2.5</td>
<td>L Barts</td>
<td>0.9</td>
<td>Donc</td>
<td>-</td>
</tr>
<tr>
<td>Norwch</td>
<td>2.5</td>
<td>Dorset</td>
<td>0.8</td>
<td>Dunfn</td>
<td>-</td>
</tr>
<tr>
<td>Edinb</td>
<td>2.3</td>
<td>York</td>
<td>0.7</td>
<td>Airdrie</td>
<td>-</td>
</tr>
<tr>
<td>Leic</td>
<td>2.1</td>
<td>L West</td>
<td>0.7</td>
<td>Dundee</td>
<td>-</td>
</tr>
<tr>
<td>Ipswi</td>
<td>1.9</td>
<td>Chelms</td>
<td>0.7</td>
<td>D&amp;Gall</td>
<td>-</td>
</tr>
</tbody>
</table>

%HHD prevalence in dialysis popn 2008

Adapted from Renal Registry 12th Annual Report 2009
Helping people to recover from episodes of illness or following injury

**Overarching Indicator**
- Frames NHS Commissioning Board’s broader responsibilities

**Improvement Areas**
- **Outcome Indicator**
  - Planned Care
    - PROM
  - Unplanned care - children
    - Outcome Indicator
  - Unplanned care – adults
    - Outcome Indicator
  - Unplanned care – older people
    - Outcome Indicator

**Supporting Quality Standards**
- SofS holds NHS Commissioning Board to account for progress
- Support commissioning of high quality service

**Supporting Quality Standards**
- A suite of quality standards relating to curable illnesses and other debilitating conditions that are curable

**Frames NHS Commissioning Board’s broader responsibilities**
- e.g. people returning to their original place of residence on discharge from hospital; or
- Multiple readmissions following discharge from hospital; or
- Hospital admissions for conditions that should not require secondary care
Key findings

• <50% of AKI care considered good
• poor assessment of risk factors
• 43% of post-admission AKI - unacceptable delay in recognition
Ensuring people have a positive experience of care

- Overarching Indicator
  - Frames NHS Commissioning Board's broader responsibilities

- Improvement Areas
  - Outcome Indicator
    - SofS holds NHS Commissioning Board to account for progress

- Supporting Quality Standards
  - Support commissioning of high quality service

A suite of quality standards relating to the patient experience

- e.g. Composite Patient Experience Indicator
- e.g. Maternity services
  - Outcome Indicator
- e.g. mental health services
  - community mental health, in-patient
- e.g. primary care services
  - Outcome Indicator
- e.g. children and young people
  - Outcome Indicator
- e.g. end of life care
  - Outcome Indicator

- e.g. acute care
  - A&E, in-patient, out-patient
13th & 14th October 2010
Treating and caring for people in a safe environment and protecting them from avoidable harm

**Overarching Indicator**
Frames NHS Commissioning Board’s broader focus

**Improvement Areas**

**Outcome Indicator**

**Supporting Quality Standards**

Support commissioning of high quality service

**Safe Treatment**
- e.g. Never Events, VTE, Falls

**Safe discharge**
- e.g. Emergency Readmissions

**Patient Environment**
- e.g. Infection control, cleanliness

**Safety culture**
- e.g. Openness about mistakes

**Vulnerable Groups**
- e.g. Maternity, Older People

- e.g.
  - Number of incidents reported (rising); and
  - Severity of harm (decreasing); and
  - Number of similar incidents (decreasing)

A suite of quality standards relating to patient safety
Timely Vascular Access

Standard 3
“All children, young people and adults with established renal failure are to have timely and appropriate surgery for permanent vascular or peritoneal dialysis access, which is monitored and maintained to achieve its maximum longevity.”
Provision and commissioning of kidney care

Modified from Levey AS et al. KI 2005:2089-2100
Information is the new soil
“No decisions about me without me”

Putting patients, service users and the public first

Improving outcomes

Autonomy, accountability and democratic legitimacy

Cutting bureaucracy and improving efficiency
The Information Revolution

Information for population health
Information for healthier lives
Shared decision-making
Informed choices
Patient / services user control of records
Access to information for all
Chronic Care Model

Community
- Resources and Policies
  - Self-Management Support

Health System
- Health Care Organisation
  - Delivery System Design
  - Decision Support
  - Clinical Information Systems

- Informed, Activated Patient
- Prepared, Proactive Practice Team

Productive Interactions

Improved Outcomes
Impressions of discussions about how best to deal with health problem – overall results

In these discussions, did...

- the doctor/nurse take notice of your views about how to deal with your health problem: 88% Yes, 5% No, 4% Don't know, 3% Not applicable
- the doctor/nurse give information about things you might do to deal with your health problem: 88% Yes, 8% No, 3% Don't know, 3% Not applicable
- you and doctor/nurse agree about how best to manage your health problem: 84% Yes, 10% No, 3% Don't know, 4% Not applicable
- the doctor/nurse give you a written document about the discussions you had: 19% Yes, 68% No, 2% Don't know, 10% Not applicable
- the doctor/nurse ever tell you that you had something called a 'care plan': 11% Yes, 73% No, 7% Don't know, 8% Not applicable

Base: All patients who answered parts a) (773,567); b) (766,260); c) (756,217); d) (753,819); and e) (754,992)

Source: Ipsos MORI
HCC National Patient Survey

The percentage of adults with diabetes diagnosed for more than a year, who report that they have had at least one diabetes checkup in the last 12 months

The percentage of adults with diabetes who have had a checkup who report that they ‘almost always’...

- ... discuss ideas about the best way to manage their diabetes at their checkup
- ... agree a plan to manage their condition over the next 12 months at their checkup
- ... discuss their goals in caring for their diabetes at their checkup
Shared Decision Making

“is a fundamental part of care planning and promotes the best choice in what otherwise can be a complex and overwhelming situation.”

The **care team** communicates to the patient personalised information about the options, outcomes, probabilities and scientific uncertainties of the various treatments.

The **patient** communicates his or her values and relative importance he or she places on the potential benefits and harms.
Decision Aids reduce rates of discretionary surgery

RR=0.76 (0.6, 0.9)

O'Connor et al., Cochrane Library, 2009
Give people the care they need and no less, the care they want and no more
“The challenge is to measure quality”
Does improving quality save money?

A review of evidence of which improvements to quality reduce costs to health service providers

Dr John Øvretveit
September 2009
"If there is one lesson to be learnt, it is that people must always come before numbers. It is the individual experiences that lie behind statistics and benchmarks that matter".