

Introduction to the CKD3 Shared Care Service

In partnership with Hounslow and Hammersmith & Fulham Clinical Commissioning Groups (CCGs), the Trust's renal service has developed a shared care pathway, which defines how patients with CKD3 should be effectively managed. This is based on management defined by the latest NICE guidance and supported by components that allow patients with CKD3 to move seamlessly across primary and secondary care according to need and utilising technology that maximises the chances that the patient can remain within primary care.

It was launched in Hammersmith & Fulham in May 2015, with planned phased implementation across all North West London CCGs over the remainder of 2015/16 and into the first half of the following year. To date, our nephrologists have discharged 45 patients from six CCGs on this pathway – see table below for further information.

Name of CCG	Number of Patients Discharged
Brent	6
Central London	1
Ealing	15
Hammersmith & Fulham	16
Hounslow	3
West London	4

Why was this service redesigned?

The Trust's renal service cares for many patients with CKD3 that do not require long term secondary care intervention. The pathway was designed around the patient to avoid unnecessary hospital appointments for specialist opinions.

What is the aim of the service?

The service aims to co-ordinate care around the patient and deliver care closer to home. It will also improve the skills in the community to manage CKD3.

What are the benefits of this service?

The benefits are:

- The ability for secondary care to manage additional patients with more complex or active renal problems;
- An increased knowledge and understanding of CKD3 management amongst primary care workforce; and
- Reduced inconsistent management of early CKD in primary care.

How will primary care staff be supported in delivering this new service?

We have plans to enhance our current education programme as we believe this will be key to sustaining this service improvement. We currently offer:

- **Education workshops for primary care staff**

Since April 2015, we have run four highly interactive and practical sessions aimed at improving understanding of the management of CKD and criteria for referral. It provides a great opportunity for network building between primary and secondary care. The workshops are delivered by local clinicians and are eligible for CPD points. See appendix A for further information about these workshops.

Our next workshop will be on:

Thursday, 22 October 2015, 13:30 – 16:30
 West London CCG Management Offices
 5th floor, 15 Marylebone Road
 London NW1 5JD

Places are limited; if you would like to attend this session, please book a place by contacting Dawn Richardson on 020 8383 5201 or dawn.richardson@imperial.nhs.uk.

- **Pilot e-advice service**

To support GPs and practice staff manage their patients with stable CKD3 within primary care, we are trialling an email advice service until the end of this year.

Aims and objectives

Using the ICHC-tr.ckdadvice-imperial@nhs.net email address, the service is designed to be accessible, secure, confidential and user-friendly. The service aims to support GPs and practice staff offer the right treatment and referral decisions for their patients with CKD. We hope that this approach will benefit patients as they will be receiving care closer to home.

- The following initiatives are planned:

- List of Frequently Asked Questions;
- Dedicated CKD3 web page (to be hosted on Hounslow CCG's website); and
- GP Protected Learning Time on CKD3.

Which patients will this affect?

Clinical judgment will be used to determine whether a patient is appropriate for discharge back to primary care. The consultant nephrologist will use the following guidelines:

- Stable CKD stage 3, defined by $< 5\text{ml/min/1.73m}^2$ change within a period of 6-12 months, using all available data;
- Urine PCR $< 100\text{ mg/mmol}$; and
- Unlikely to require immunosuppression or other specialised renal intervention.

What does this mean for patients?

The pathway aims to deliver the following benefits to patients:

- Consistently delivered care in accordance with NICE clinical guideline 182;
- Reduced service fragmentation;
- Patients being more engaged with their management;
- Improved quality of care and outcomes; and
- Minimised risk for people with CKD of progression of CKD.

The renal service plan to carry out an audit in autumn 2016 to assess the quality of care the patient has received from their GP practice.

How do I provide feedback on the service?

We are keen to get feedback from primary care staff on the new discharge information we are sending to the patient's GP surgery. In particular, we would like your views on the CKD3 shared care guidance, which can be found in the publications section on Hounslow CCG's website, within the CWHHE Diabetes folder.

Feedback can be directed to Dawn Richardson, renal project manager on 020 8383 5201 or email dawn.richardson@imperial.nhs.uk .

Patients and their carers can provide feedback on the service they have received from the Trust's renal service by contacting the patient advice and liaison service (PALS) on 020 3313 0088 (Charing Cross, Hammersmith and Queen Charlotte's and Chelsea hospitals), or 020 3312 7777 (St Mary's and Western Eye hospitals). They can also email PALS at pals@imperial.nhs.uk. The PALS team will listen to their concerns, suggestions or queries.

Where can I find out more?

We plan to keep you updated through regular updates in our GP bulletin and regular updates. If you would like to know more, please contact Dawn Richardson, renal project manager on 020 8383 5201 or email dawn.richardson@imperial.nhs.uk.

Appendix A:

Evaluation of Diabetes and CKD3 Management Workshops 8 April, 6 and 7 May and 24 June 2015

This report provides a summary of the education workshops delivered to support the launch of phase one of the CKD3 Shared Care Service.

The majority of attendees evaluated the workshop content and general impact as excellent, with 93% stating it met their expectations. Feedback from attendees has been very positive; they felt the workshops were interactive and found applying the new guidelines to the case discussions particularly useful.

1. INTRODUCTION

The CKD3 Shared Care Service was co-designed by the Trust's renal team and Hounslow and Hammersmith & Fulham Clinical Commissioning Groups (CCGs).

In order to successfully implement the new service across primary and secondary care, primary care healthcare professionals will play a critical part in realising the benefits of this service, namely:

- Patients are treated appropriately, according to their clinical needs;
- Care is provided in a setting closer to patients' homes;
- Improved patient outcomes and quality of care;
- Patient pathway streamlined and reduced duplication;
- Unnecessary hospital appointments for specialist opinions are avoided;
- Improved access to specialist opinions via email; and
- Improved capacity within secondary care to manage complex patients and CKD 4.

To support the implementation of this service, the CKD3 project team designed an education workshop which will be run across North West London throughout 2015 and into the first half of the following year. These are aimed at GPs and practice nurses involved in the management of diabetes and CKD3.

The objectives are to:

- Have a better understanding of best-practice CKD3 (NICE) guidelines;
- Understand the objectives of the CKD project and changes to the pathway;
- Have gained further knowledge and understanding of CKD3 management to support more CKD patients in primary care;
- Have a better understanding of the differences in the management of type 2 diabetes patients with CKD3, compared to patients with normal kidney function; and
- Have the ability to identify improvements to communication between primary care and secondary care renal specialists to support better patient care.

2. ATTENDANCE AT EDUCATION WORKSHOPS

Four workshops have been delivered within the geographical boundaries of Hounslow and Hammersmith & Fulham Clinical Commissioning Groups (CCGs).

The table below sets out the attendance to-date:

Clinical Commissioning Group	Number of Attendees
NHS Hammersmith & Fulham CCG	9
NHS Hounslow CCG	23
NHS West London CCG	4

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3. FEEDBACK FROM ATTENDEES

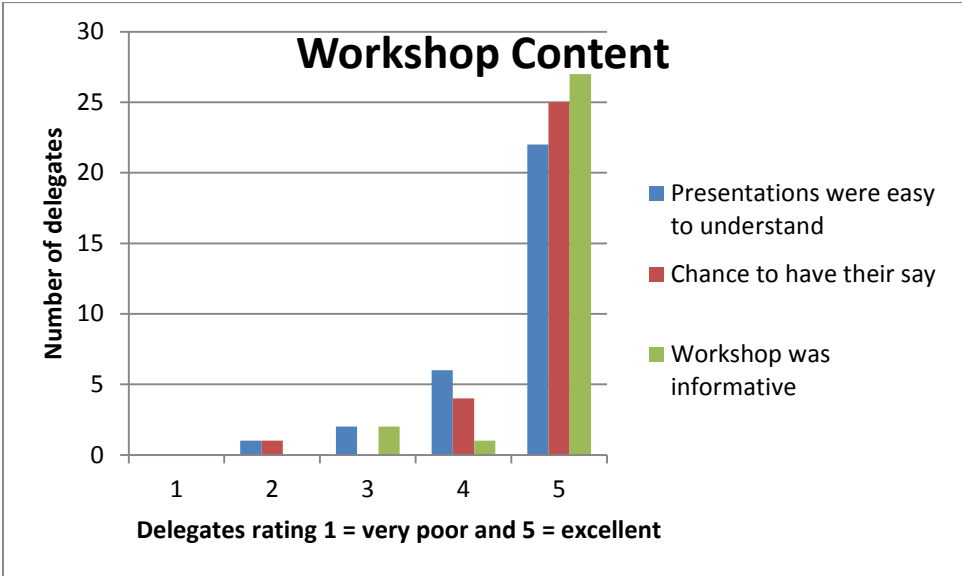
The workshops are constantly evolving as the CKD3 project team take into account the attendees' feedback and facilitators' observations. This proactive approach ensures the content is tailored to the needs of the attendees.

3.1 Workshop Content

We asked three questions about the content of the workshop:

1. Were the presentations easy to understand?
 - 90% (28 out of 31 responses) felt the presentations were easy to understand, scoring it either 4 or 5.
2. Were they given the chance to have their say?
 - 97% (29 out of 30 responses) stated they felt they had the opportunity to have their say.
3. Did they find the workshop informative?
 - 90% (27 out of 30 responses) scored this question as excellent.

The chart below illustrates this data in a visual format.



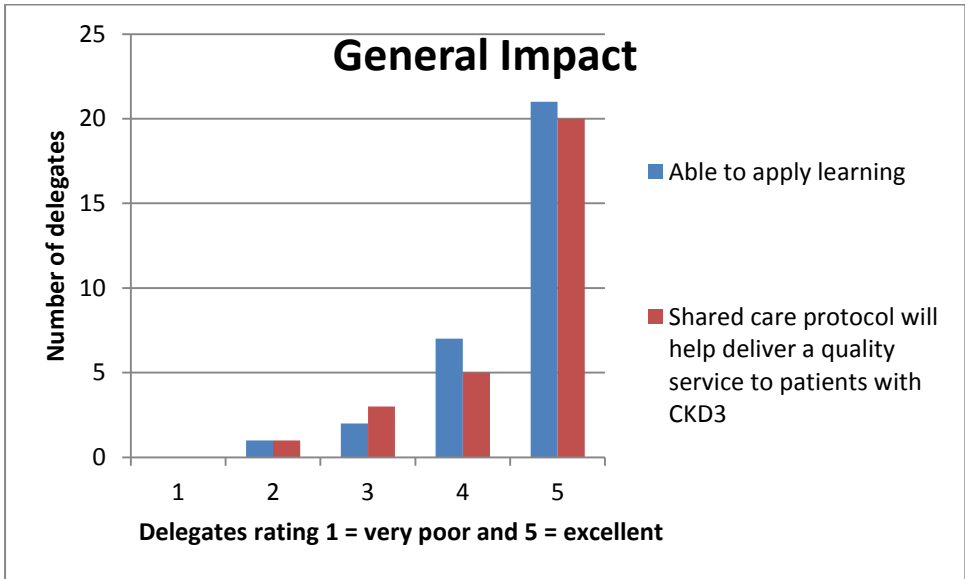
3.2 General Impact

As the shared care protocol will require a specific change in practice, it is essential that attendees are able to apply what they have learnt from this workshop and understand the relevance to their work. We therefore asked the following questions to assess the learning achieved:

1. Will you be able to apply what you have learnt to manage your patients with CKD3 within primary care?
 - 93% (28 out of 31 responses) are confident they will be able to apply what they have learnt.

2. Will the shared care protocol help you deliver a quality service to your patients with CKD3?
 - 86% (25 out of 29 response) responded 'Yes' to this statement.

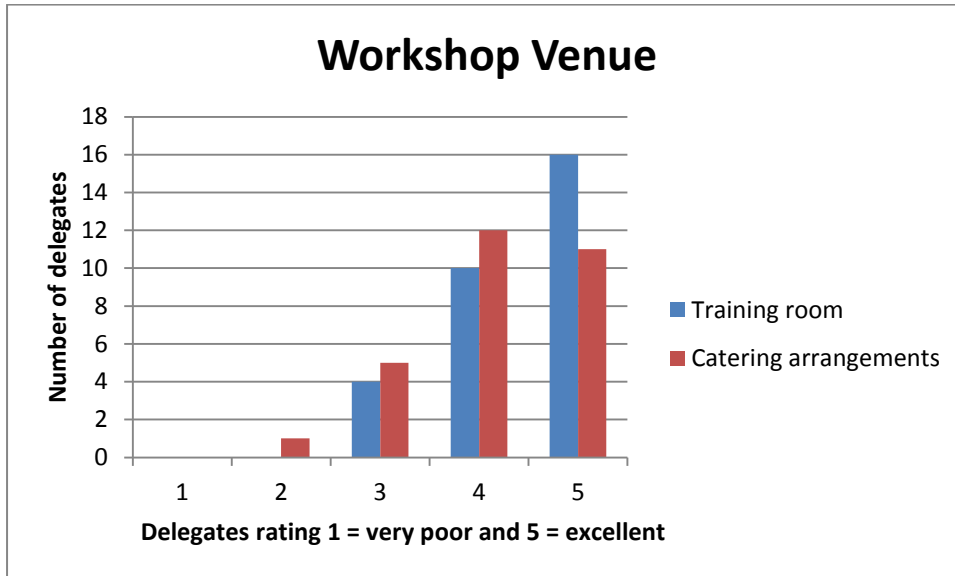
The chart below illustrates this data in a visual format.



3.3 Workshop Venue

An important factor in successful training is the environment in which the training is conducted. We therefore asked the attendees to rate the training room and catering arrangements.

Overall, the attendees were satisfied with the training room and catering arrangements. The chart below illustrates the responses to these questions.



3.4 Meeting Attendees' Expectations

We asked the attendees whether the workshop met their expectations as this knowledge will be useful for planning other events. 93% (27 out of 29 responses) responded 'yes' to this question. No reasons were provided by the two people who responded 'no' to the question.

3.5 Preferred Ways of Receiving Advice

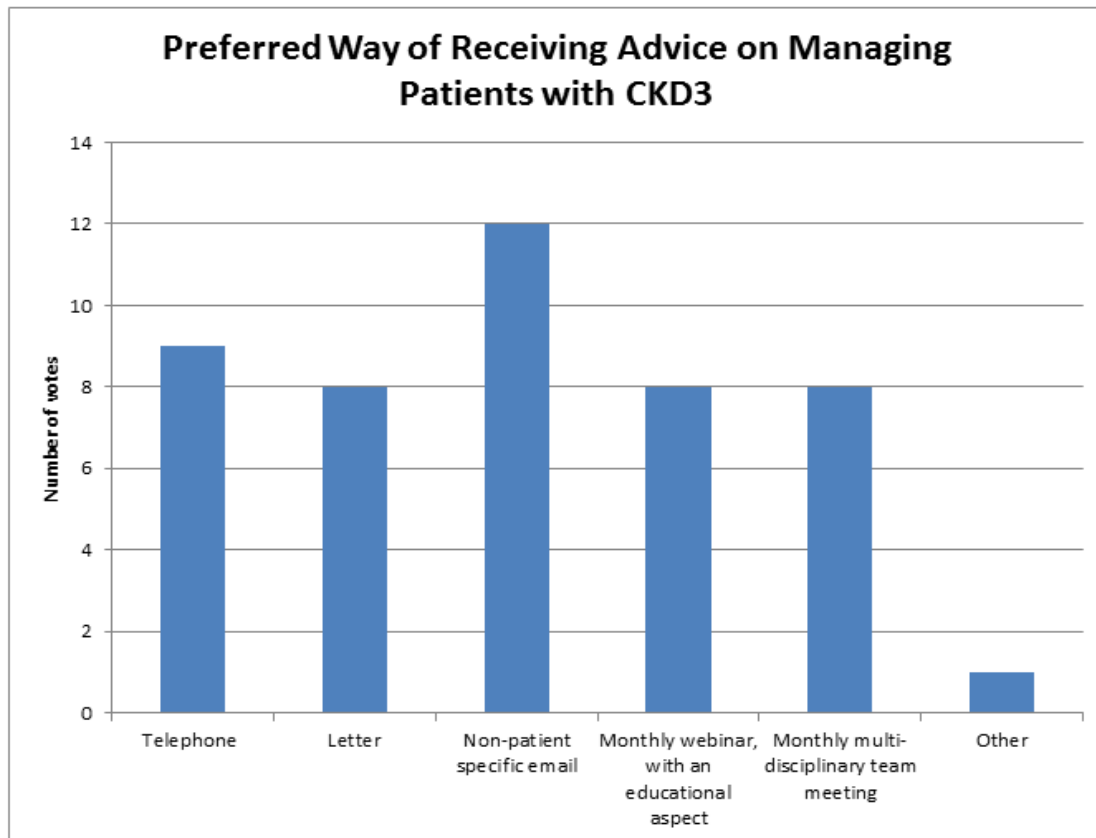
With the view to embedding the new CKD3 guidelines and reducing the number of referrals into secondary care, the project team is looking at alternative ways to provide advice, eg email advice line, monthly MDT webinar.

To inform this work, we wanted to understand what the learning preferences are of primary care staff. With the exception of the workshop held in April, we sought the attendees' feedback.

46 choices were made by 22 people:

- Telephone: 20%
- Letter: 17%
- Non-patient specific email: 26%
- Monthly webinar, with an educational aspect: 17%
- Monthly multi-disciplinary team meeting: 17%
- Other (seminars): 3%

The chart below illustrates this in visual format.



4. INTERPRETATION OF DATA

Since delivering the first workshop on 8 April 2015, attendees' feedback in all the categories has shown an increase in the number of people who feel these events are excellent. This increase is likely due to the continual improvements we have made after each workshop.

With scores ranging from 86% to 97%, the team delivering the training will need to maintain this high standard and to enhance the case studies to meet both the needs of GPs and practice nurses.

There is scope for the catering arrangements to be improved. This feedback will be provided to Sanofi, who generously sponsored these events.