

Renal Service Rapid Review

Over the last few weeks, clinicians, managers and commissioners working in renal services have reviewed every area of the service, and looked at opportunities to improve outcomes for patients.

COVID-19 impacted primary care, out-patient appointments and inpatient services. It also created the environment for better collaboration which will be a key requirement for service restoration and recovery.

Around half a million people aged 16+ in the Midlands have chronic kidney disease (CKD). The majority of these remain under primary care follow up, but each year, in England, an estimated 45,000 premature deaths occur in people with CKD. And for those people who identify as from Black, Asian and minority ethnic communities, they are five times as likely to develop CKD than people in other groups.

The rapid review makes a number of recommendations, which will now be developed in partnership with clinicians, managers and commissioners before system-wide agreement is sought.

1. Formalisation of a funded Midlands Renal Network

Clinically driven to support and implement innovation, the intention is for the Network to act as an enabler of integration throughout the renal pathway and with other related clinical services. It will also disseminate and implement best practice across the Midlands and reduce inequality of access.

2. Transplant Capacity Model

A number of potential models will be considered by the Renal Network – to include a shared waiting list and passporting staff and patients (fulfilling all governance and protocols) to promote more equitable access as there are significant differences in waiting times throughout the region.

3. Pathway Integration

The Renal Network will consider how commissioners (CCG and Specialised) and providers can work more closely together to improve services and outcomes – for instance reduce the number of late presentations, the number of secondary care referrals and waiting times. A number of pilots will be reviewed – for instance the sharing of primary care medical care records and the funding of nurses to work out in the community. Commissioners support is needed to review options for transport and personalised budgets using Population Health Management methodology.

4. Equitable Access to Home Therapies

There is considerable variance in the utilisation of home therapies even though the infection risks are much less for home dialysis rather than in-centre. The intention is to develop models to share learning around home therapy services, and to create a dedicated team to improve education, support training and provide initial set up.



5. Identification of Transplant Patients in Renal Centres

The intention is to improve the identification of patients for transplant being treated in renal centres through access to staff with specialist transplant knowledge

6. Providing patient centred care

All of the recommendations being made in this review support patient centred care but this looks at the mental health support we can offer to patients. Multiple studies have found that transplant and dialysis patients have depression and anxiety and that these can reduce medical adherence and lead to less positive outcomes. It is our intention to develop a workforce strategy to ensure patients are at the centre of care.

7. Recovery of Vascular Access Services and Diagnostic Services

In order to improve access to vascular and diagnostic services, a range of measures are being considered to allow more patients to be prepared for either dialysis or transplants. Mutual aid and day case surgery are all being investigated. The review recommends that providers identify and protect capacity for vascular access so that no patient experiences unnecessary delays. It is also recommended that transplant and CKD patient diagnostic requirements are included in trusts' plans for restoration of diagnostic services.

8. Renal Services in Adult Critical Care

Many COVID-19 patients required renal replacement therapy (RRT). It is our intention to ensure that workforce in adult critical care can support current and future capacity for RRT.

The network is developing a workplan to support the development of these recommendations which includes options appraisals, review of upcoming guidance (including GIRFT) and development of baseline capacity models.

We will be in touch with more updates as the review progresses.

Midlands Regional Renal Network

NHS England and NHS Improvement