## The Optimisation of Treatment in Stage 3B CKD

Using an MDT approach to improving CKD outcomes

Jarir Amarin, GP Partner & Sam Calder, Advance Nurse Practitioner Medicus Health Partners, Enfield Unity PCN

## EDINBURGH TO KING KIT OI4 NO WAY WAY

### CKD: 09/2023 - 08/2024

# \*This may be due to an increase in prevalence of patients who are both on CKD and hypertension registers as well as patients who have not had a BP reading since 1st of September 2023 114% 74% 31% \*13% \*13% \*13% \*13% \*13% \*\*Increase in prevalence of patients who are both on CKD and hypertension registers as well as patients who have not had a BP reading since 1st of September 2023

### Key

Number of patients before review

Number of patients after review

### Staff feedback

Members of the MDT are now more aware of CKD as a long-term condition with increased risk of cardiovascular multimorbidity and mortality. They are more confident in managing CKD patients-coding, counselling and when to seek appropriate advice from GPs.

### Patient feedback

Patients are grateful to being made aware of this condition, feeling more informed and willing to engage in its management

### Abbreviations

ACEI – Angiotensin Converting Enzyme Inhibitor

ARB –Angiotensin Receptor Blocker

BB – Beta Blocker BP – Blood Pressure

CKD – Chronic Kidney Disease

HF – Heart Failure

SGLT2i - Sodium-Glucose Transport Protein 2 (SGLT2) Inhibitors

### Aim

To reduce the deterioration and cardiovascular complications of Chronic Kidney Disease (CKD) following up-to-date guidance by NICE and London kidney network.

### Method

Our Multidisciplinary Team includes – GP Lead, Advanced Nurse Practitioner (ANP), Pharmacist, 2 members of the digital team, Trainee Nurse Associate (TNA) and Care Coordinator(CC).

We adopted a Multi-Disciplinary (MDT) Team approach;

- Searches were run by the digital team
- Care Coordinators contacted patients and created virtual clinics
- Full discussion and explanation given to patients including medication review, initiation and follow up

### **Summary of results**

Positive outcomes in most domains:

- 1-Improved prevalence of CKD diagnosis by 26%
- 2-Increased statin therapy up by 45%
- 3-Patients with CKD & Diabetes:
  - -On ACEI/ARB up by 74%
  - -On statin up by 31%
- 4-Patients with CKD & Heart Failure:
  - -On ACEI/ARB up by 57%
  - -On B-Blocker up by 19%

5-Patients with CKD & Hypertension:

BP <=140/90 and under 80 y/o decreased by 13%

6-CKD/Proteinuria

On ACEI/ARB up by 114%

### **Next steps**

- I will encourage other Medicus sites to run a quality improvement project for patients on their CKD register.
- The team will aim to improve BP control in patients with CKD by encouraging BP home monitoring.
- The team will expand the search by reviewing SGLT2i treatment in patients with CKD associated with proteinuria and HF.

### **Contact Details**



