UCLPartners

# East London Community Kidney Service

# Case Study

## Leadership to facilitate change: East London Community Kidney Service

## Background

The East London Community Kidney Service is commissioned by the Clinical Commissioning Groups (CCGs) of Tower Hamlets, Newham, City & Hackney, and Waltham Forest. This multi-ethnic population of 1.2 million, registered with 160 GP practices, is in the catchment area of Barts Health NHS Trust, which is the sole tertiary renal provider for North East London.

This inner-city population has above average rates of risk factors for chronic kidney disease (CKD), particularly diabetes and hypertension. There is an above average need for renal replacement services, with over 30% of patients with new end stage renal disease commencing dialysis in an unplanned manner, compared to 15.6% across the UK as a whole.

Before the introduction of the virtual clinic, the standard wait time for a general nephrology appointment was 64 days.

# Case Study

## Lessons learnt

- Aligning the project vision across clinical and managerial leadership is essential. Documenting the benefits of service change to all participants is important, but engaging with all stakeholders to understand their perspective is crucial, and often time consuming.

- Leadership occurs at all levels of organisations and empowering people to develop their skills is an essential element of introducing change. These are the leaders for the next round of changes.

- Any service change in a complex system will produce some unexpected outcomes. In our case, we were surprised by a rapid increase in referrals to renal outpatients. People previously excluded from the service, being too frail to travel, or because of lost notes, language barriers and DNAs – were now able to get a timely renal opinion.

- Using a change model is useful in providing a broad framework. It also provides a timely reminder that introducing change is only part of the job. Making change stick is often more difficult, particularly when project funding ceases. In our case, the change was firmly embedded by ensuring that ALL general nephrology referrals from participating CCGs are referred to the virtual clinic, removing the option of a standard OPD referral.

# Case Study

## The challenge

There was a perception among nephrologists that the service they offered through general nephrology:

- Failed to add value to patient management, often repeating tests and reviewing elderly, multimorbid patients without clear benefits.
- Did not see patients at greater risk of CKD progression – they were often referred late in their disease trajectory.

In turn, primary care clinicians were often unsure about management but getting advice – particularly for frail patients – was difficult to access.

The key to change was building an effective working relationship between senior nephrologists at Barts Health and the Clinical Effectiveness Group, an organisation with a long history of delivering quality improvement interventions across east London primary care. This alliance was supported by commissioners in Tower Hamlets CCG, who could see the benefits of developing a virtual consultation model. As part of the Vanguard programme, they provided some core funding for developing the model and the tools for evaluation.

## Overcoming challenges

There were a number of core challenges during the development and implementation of this programme.

1. Introducing EMIS Web to the Renal Unit and working with all practices across the CCGs to sign up with data sharing agreements. This allowed nephrologists to view the complete primary care record, with patient consent.

   It took considerable time to align the IT department at Barts Health with the needs of the CKD programme. This was facilitated by face-to-face meetings and by ensuring that senior management were available to support the intervention.

2. Developing the primary care dashboards and "trigger tools", which alert GPs to people with a fall in eGFR, in the Clinical Effectiveness Group. These were technical challenges that also required testing across practices and engaging CCGs to agree the KPIs and support the programme with financial incentives for practices doing additional work.

# Case Study

The model of change we used during the implementation and evaluation of the virtual CKD clinic was based on Kotter's eight-step process.


Examples of how we used this include:

a) Identifying an urgent need for change – east London has high rates of end stage renal failure that's expensive for both patients and the health service. Primary care had low rates of CKD coding and management of BP to target, so preventive activity needed to increase.

b) The coalition between the Renal Unit, the CEG and the three initial CCGs provided an impetus for change.

c) Practices were engaged when they found how simple it was to refer into the service. Quick wins were demonstrated by the rapid fall in the time taken to get a renal opinion – from 64 days to five days. For nephrologists, quick wins were secured by being able to see ALL the results in the GP record.

d) We built on these changes by providing practice facilitation to support CKD coding and understanding how to use the trigger tools.

e) The changes were embedded into "everyday work" by ensuring that all referrals to general nephrology from participating CCGs go through the virtual clinic.

# Case Study

For further details of the east London Community Renal Service, go to:
https://www.qmul.ac.uk/blizard/ceg/research/renal-health-service/

Or contact Sally Hull

**Sally Hull**
s.a.hull@qmul.ac.uk

**Reader in Primary Care development**
*Centre for Primary Care and Mental Health*
*Queen Mary University of London*

Several research papers describe the project in more detail.
You can find them here:

Improving coding and primary care management for patients with chronic kidney disease.
Go to: https://bjgp.org/content/69/684/e454

Predictors of late presentation to renal dialysis: a cohort study of linked primary and secondary care records in east London.
Go to: https://bmjopen.bmj.com/content/9/6/e028431

Using chronic kidney disease trigger tools for safety and learning: a qualitative evaluation in east London primary care.
Go to: https://bjgp.org/content/69/687/e715