Think kidneys CCG Acute Kidney Injury Quarterly Report

for NHS NORTHUMBERLAND CCG (E38000130)-January 2020 to March 2020

The quarterly rate of AKI alerts in this CCG is 3,393 per million population

The confidence that this is an accurate estimate of the real rate of AKI alerts is GREEN

How to interpret the confidence rating

In respect of quarterly AKI rates all CCG are categorised as:

GREEN - where we are confident that all the labs serving this CCG population provided data for this period. This means that all labs in the CCG, and all labs in neighbouring CCGs, provided data. This is likely to be the real rate of AKI alerts in the CCG population during these three months.

AMBER - where only some of the labs serving this CCG population provided data for this period. The labs within the CCG provided data but not all the neighbouring CCG labs. Data for people living towards the boundaries of the CCG may well be missing. This means that the score is likely to be an under-estimation of the real rate of AKI alerts in the CCG population during these three months.

RED - where we have little or no data from the labs covering the CCG population for this period. This is because at least one of the labs within the CCG has not provided data. This means that the score is likely to be a significant under-estimation of the real rate of AKI alerts in the CCG population during this quarter.

How is this report different to earlier reports

Since the last CCG report there have been several changes to NHS structures – and in particular a significant reduction in the overall number of CCG in England. At the same time, we have changed the frequency of the AKI reports that we issue from quarterly to twice per year. We have made this change to give a small increase in the time laboratories have to report the warning-test-scores – because this small concession significantly increases the completeness of the data-returns and the overall number of CCGs for which we have GREEN level of confidence in the AKI rate.

With the increase in completeness of reporting, and the reduction in the number of CCG we now have an opportunity to modify the way we assess CCG population coverage. We hope to use this new method along with an explanation on how it differs to the current method in time for the next report.

How does NHS Northumberland CCG compare to others?

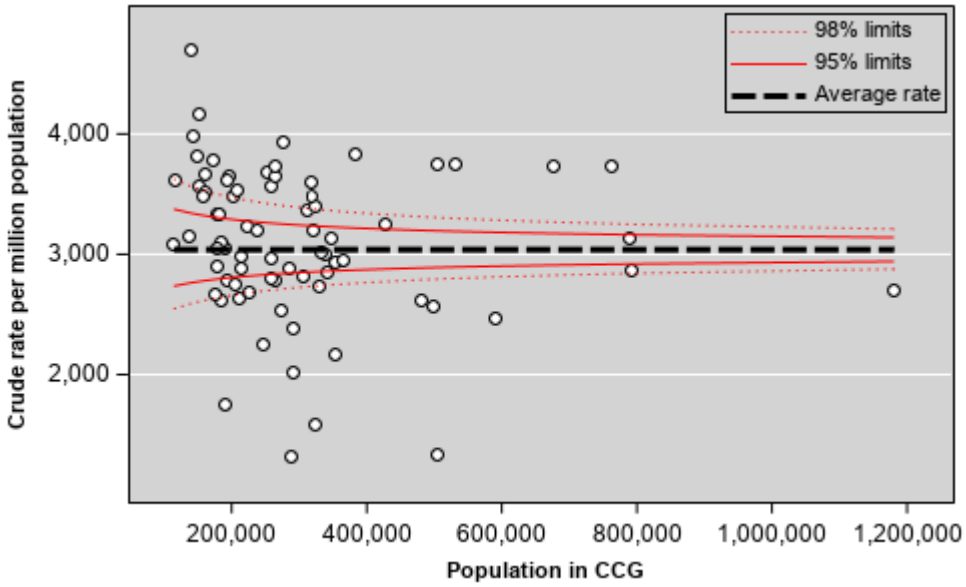
Think kidneys CCG Acute Kidney Injury Quarterly Report

for NHS NORTHUMBERLAND CCG (E38000130)-January 2020 to March 2020

In the three months covered by this report 168 of 190 pathology labs in England have provided sufficient data on AKI to be included in this report.

75 CCGs have an AKI rate confidence of GREEN. The range of rate of AKI alerts in these CCGs is shown below:

Figure 1. AKI rate for covered CCGs (January 2020 - March 2020)



What does this quarter's result say about the AKI rates for NHS Northumberland and how can we move a CCG that is RED/AMBER to GREEN?

Look at the list of labs which are required to enable reporting an AKI rate. In March 2015 NHS England issued a Patient Safety Alert requiring all labs to submit data on AKI to the UK Renal Registry (UKRR). Please contact your local labs directly if they are not reporting.

What can we say about mortality associated with AKI in England as a whole?

Over the last twelve months (January 2020 - March 2020) there have been 625,000 AKI episodes reported to the UK Renal Registry.

Using all the AKI alerts submitted in the last 12 months the overall age and sex adjusted thirty-day mortality is 15.8% and is higher with increased AKI stage.

Table 1. Thirty day crude and adjusted mortality for age and sex (January 2020 - March 2020)

AKI stage	N	Crude mortality (%)	Adjusted for age and sex (%)
1	436,089	12.41	11.04
2	104,418	26.36	23.25
3	87,269	29.38	26.89
Total*	627,776	17.09	15.77

*The total number of episodes is lower than the total number of AKI episodes that have been reported to the UKRR because of missing data in the mortality adjustment

How to improve AKI reporting in NHS Northumberland if not GREEN?

These are the laboratories that need to send data to the UKRR to report an AKI rate for this CCG in order for the AKI confidence to be GREEN.

Table 2. Laboratories within the CCG

Home laboratories		Submitting data
Name	Code	
WANSBECK HOSPITAL LABORATORY	690Z0	Yes
NORTHUMBRIA SPECIALIST EMERGENCY CARE HOSPITAL	698G0	Yes
HEXHAM GENERAL HOSPITAL	698H0	Yes

Table 3. Laboratories in the neighbouring CCG

Neighbouring CCG's	Laboratories		Submitting data
	Name	Code	
E38000127	NORTH TYNESIDE GENERAL HOSP LABORATORY	693B0	Yes
E38000212	QUEEN ELIZABETH HOSPITAL GATESHEAD	691P0	Yes
	FREEMAN HOSPITAL LABORATORY	695D0	Yes
E38000215	CUMBERLAND INFIRMARY LABORATORY	690Q0	Yes
	WEST CUMBERLAND HOSPITAL LABORATORY	695V0	Yes
E38000234	UNIVERSITY HOSPITAL DURHAM	69340	Yes

Notes

What is Acute Kidney Injury (AKI)?

AKI is the term for a rapid decline in kidney function over a period of hours or days. It is commonly associated with acute illness especially in people who are more vulnerable because of their age or long-term conditions. As this report shows people with AKI have a significantly increased risk of dying. A significant proportion do not recover normal kidney function afterwards and develop chronic kidney disease. Several places in the UK are implementing strategies to tackle AKI.

What can I do if my CCG is AMBER or RED?

Look at the list of labs which are required to enable reporting an AKI rate. In March 2015 NHS England issued a Patient Safety Alert requiring all labs to submit data on AKI to the UKRR. Please contact your local labs directly if they are not reporting.

How is the rate of AKI alerts calculated?

An AKI alert is counted if it is received for person with a postcode inside the CCG boundary during the three-month reporting period. All stages of AKI alert are included, but during an episode of AKI only the first alert is counted. A person is considered to have a new episode of AKI (and included in the count/ rate) if they have never had a pervious alert, or it is more than 30 days since their last AKI alert. The three-month rate is calculated using the resident CCG population.

For further information about AKI please visit www.thinkkidneys.org