

CKD Community process Wolverhampton

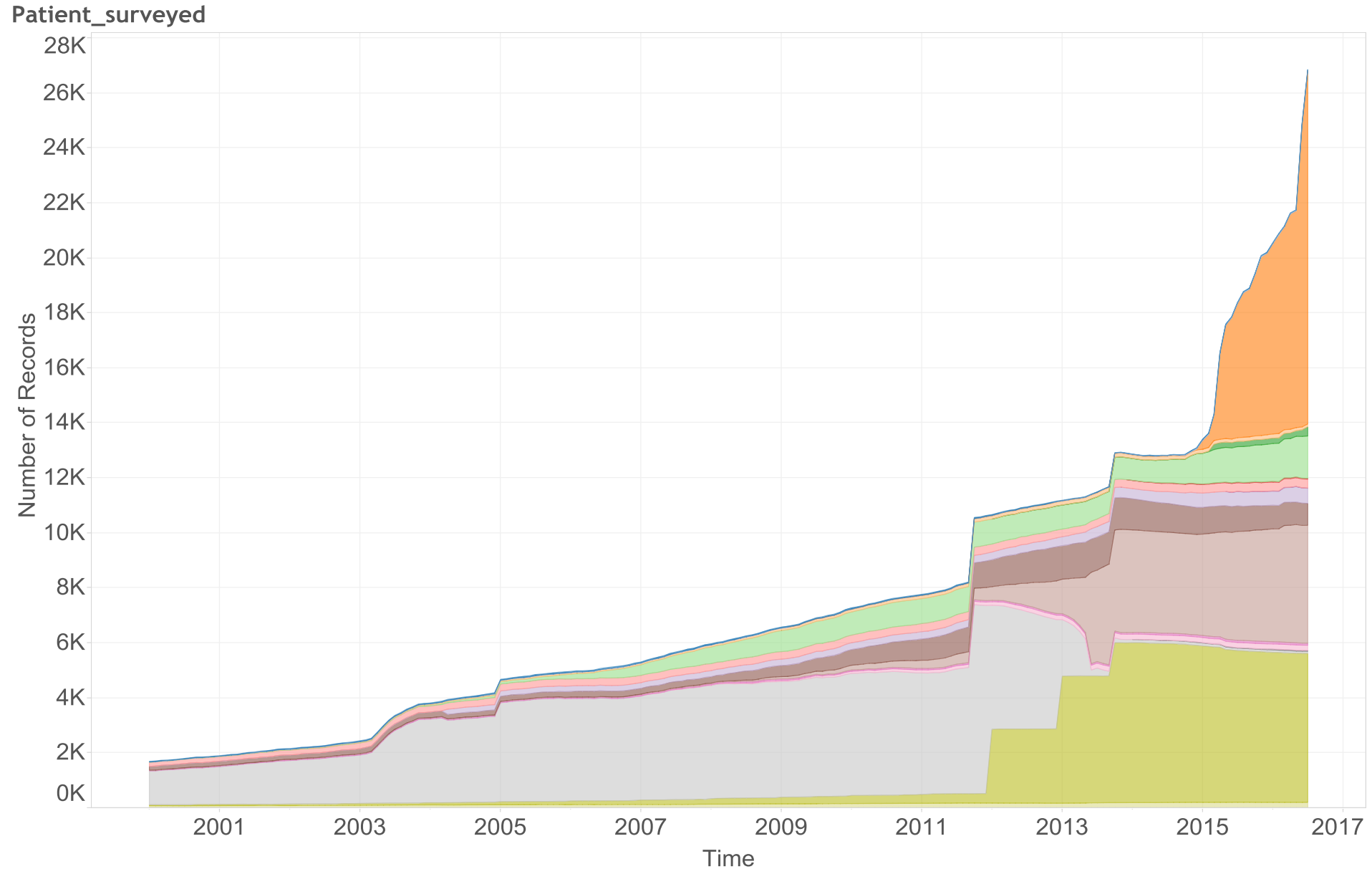
Transformation and Translation

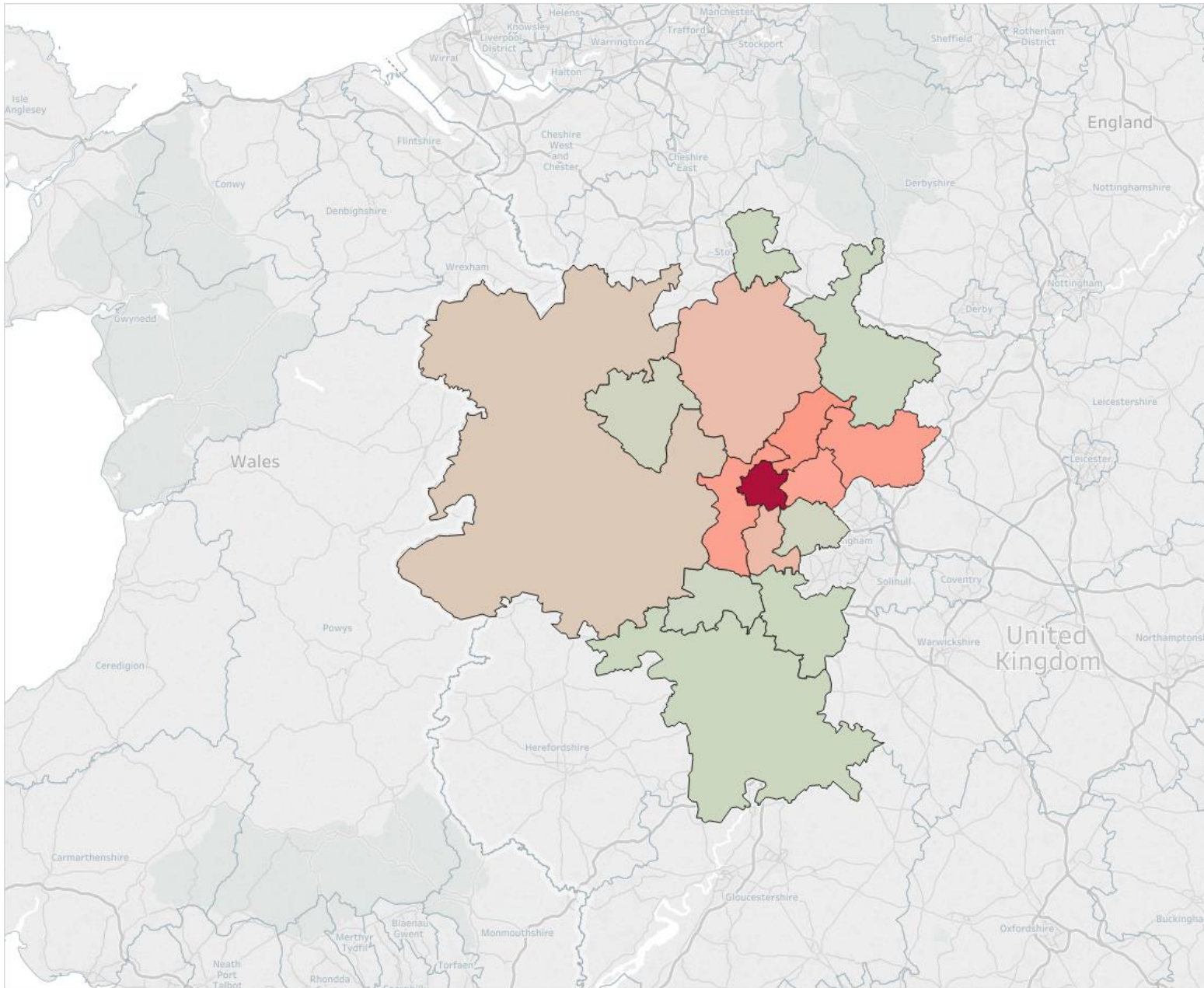
Dr J Nicholas

Introduction

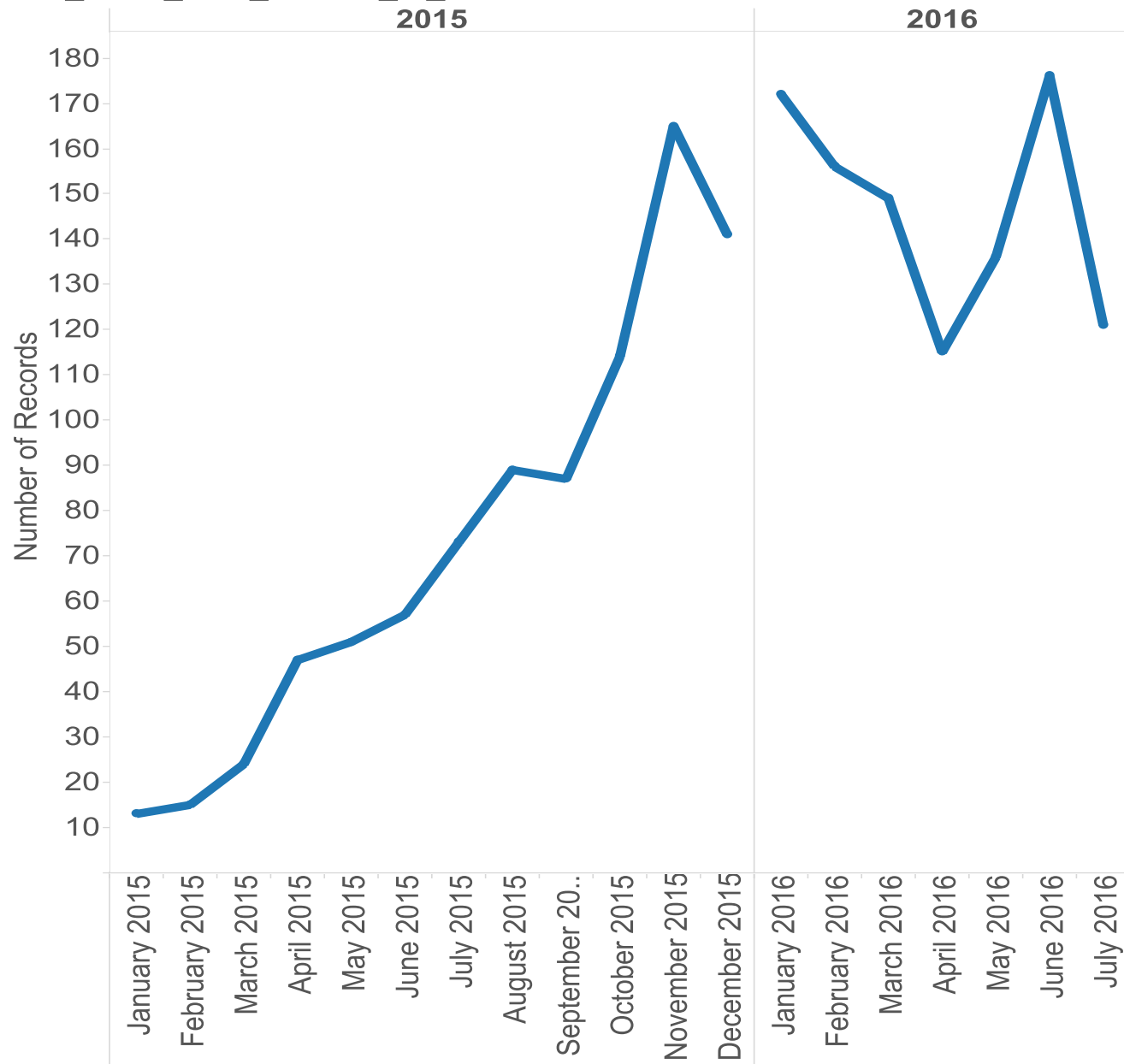
- CKD Community process
- Informatics arrangements
- Outcomes
- Late referrals
- Transformation
- Translation to other Trusts

Patient registered and followed per year





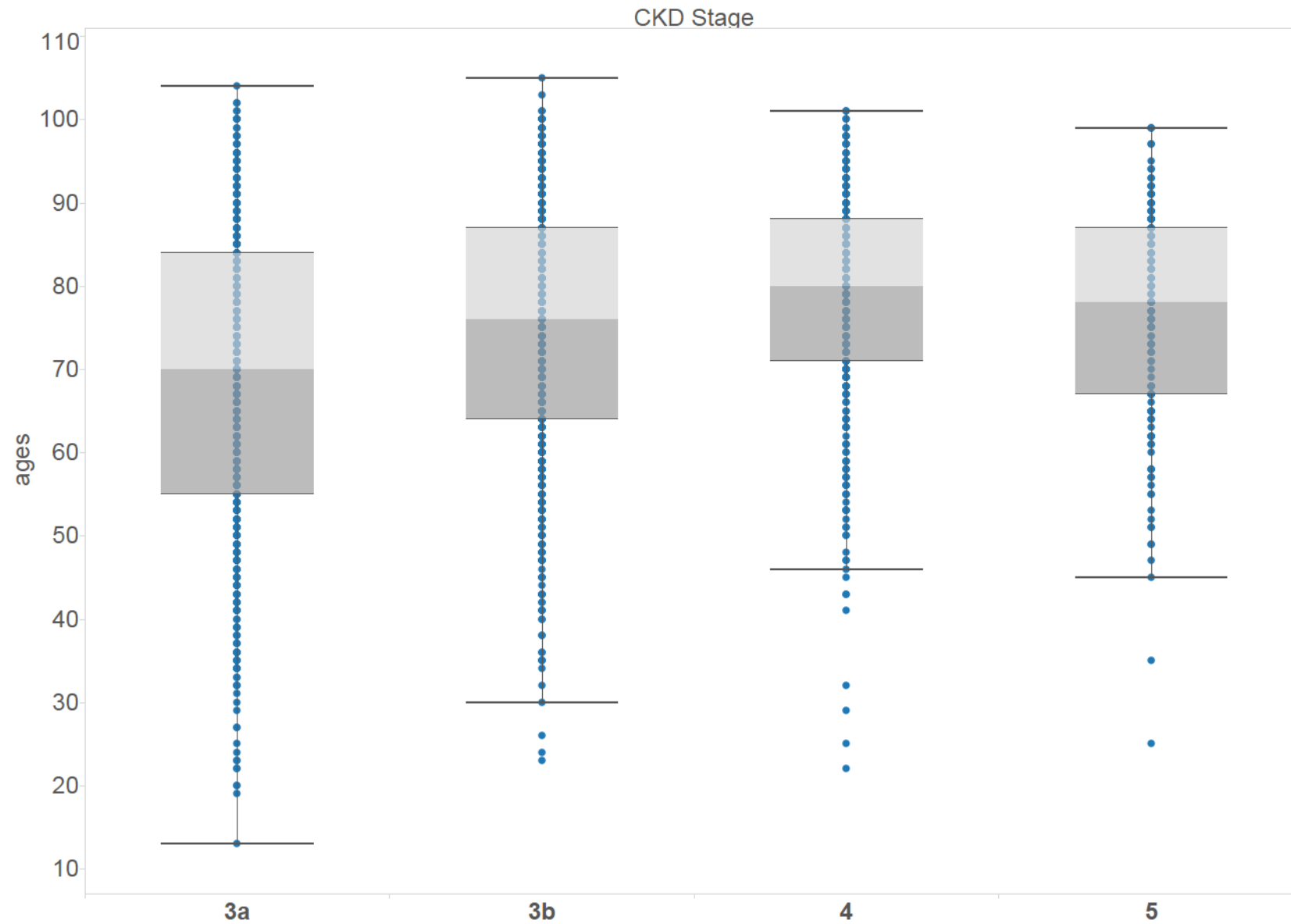
CKD_cases_with_decline_in_function



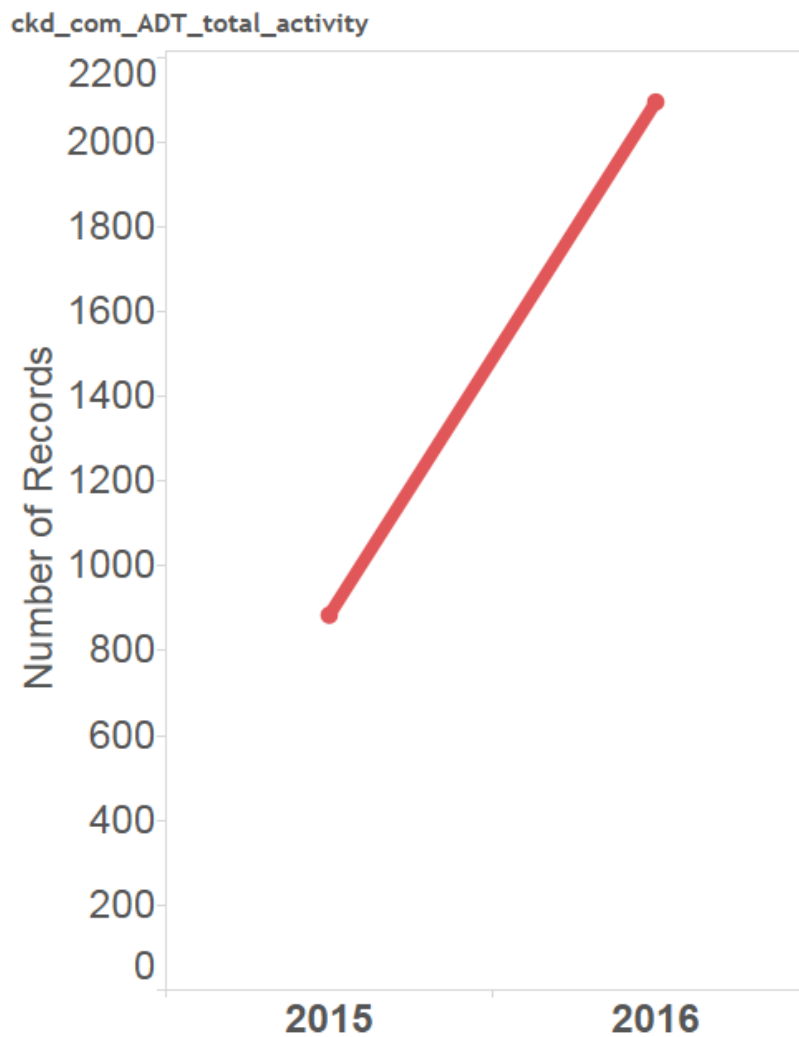
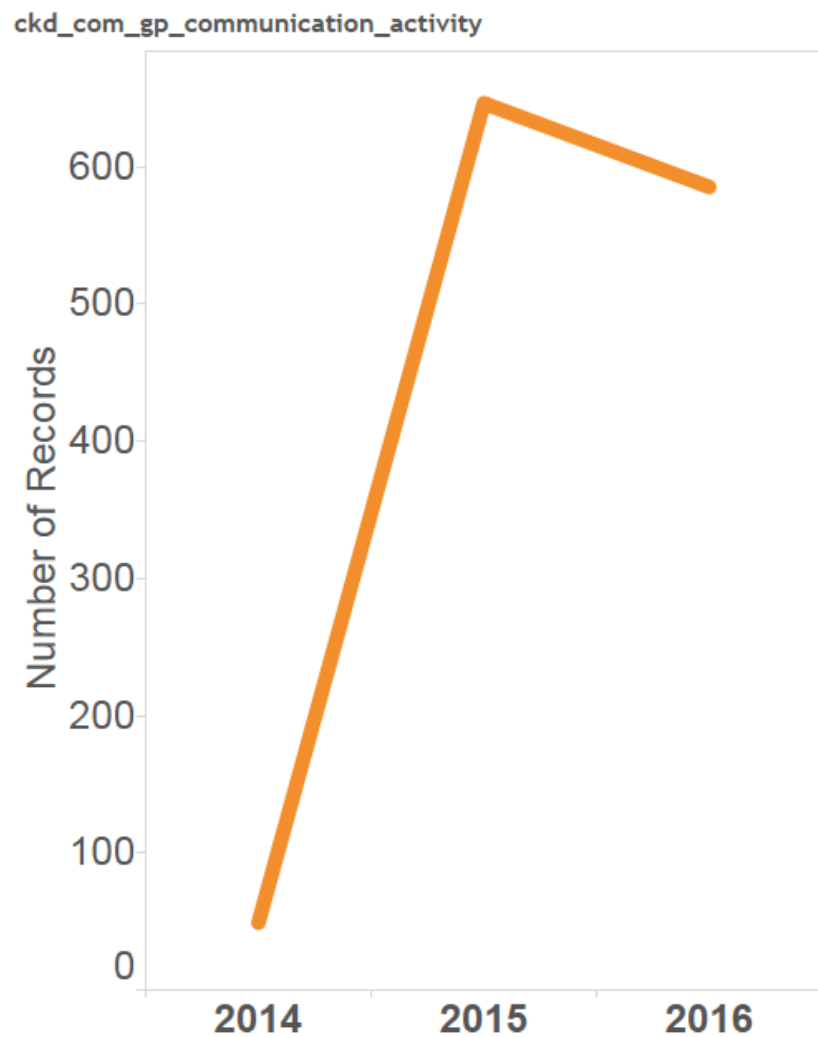
CKD cases and numbers triggering NICE referral criteria

>100 persons per month with a decline
Many are very old
Many have a GFR >50ml/min

Age of patients detected



Activity

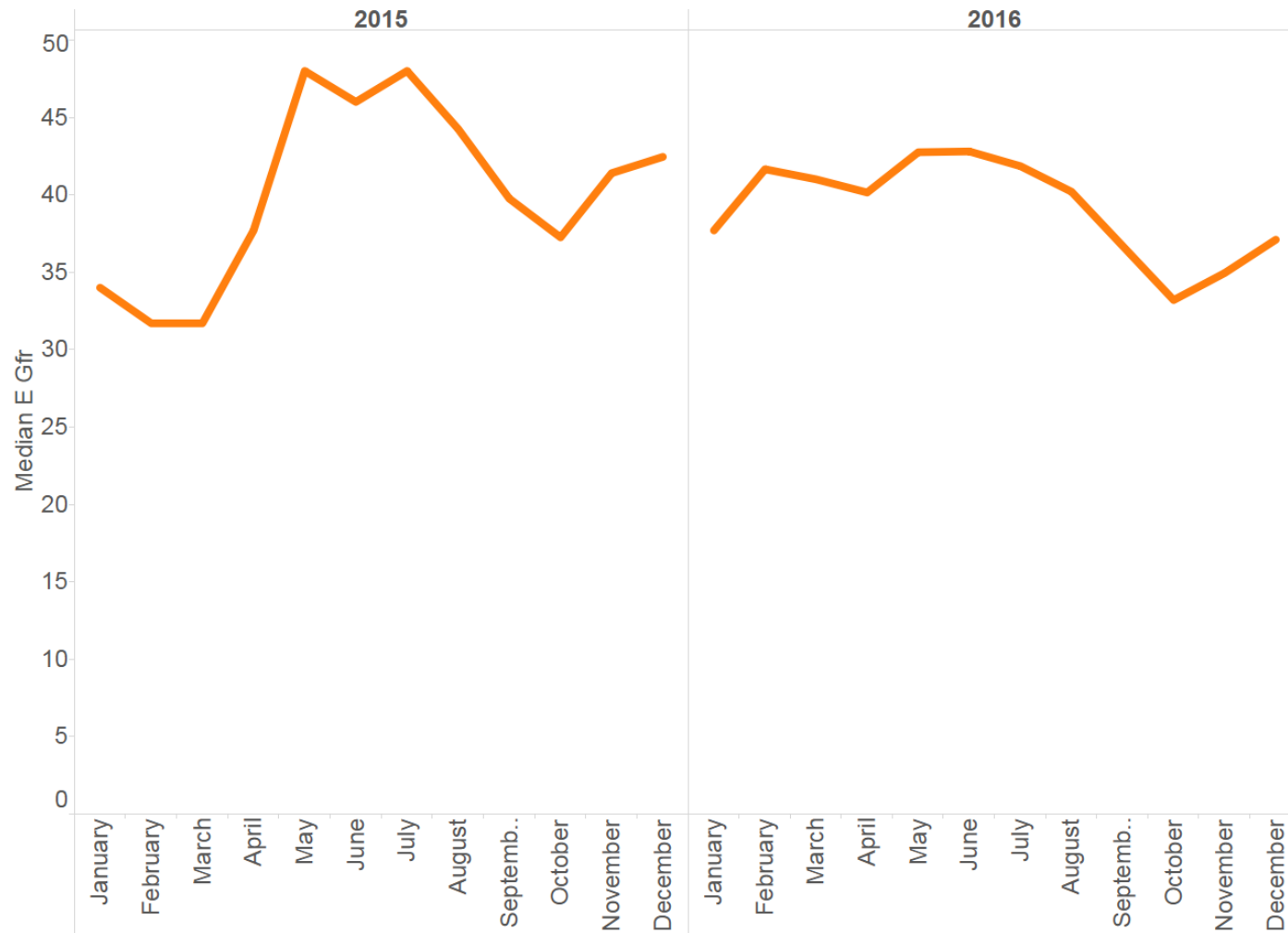


CKD Community

Panel 1: Total of detection and communication activities with GPs

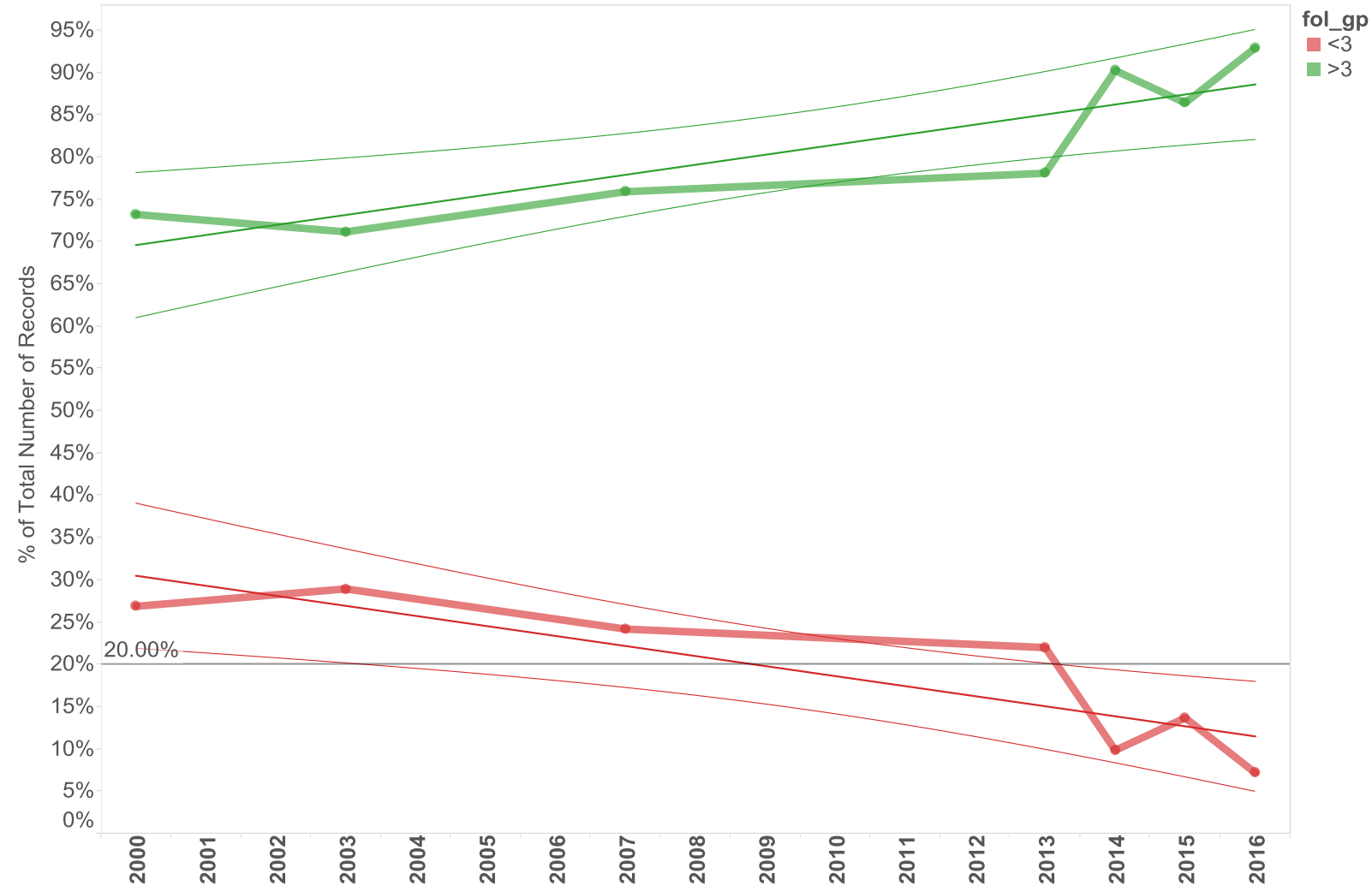
Panel 2: Total of OPD activity associated with CKD patients detected and referred.

Median GFR of CKD Community cases reviewed in OPDs

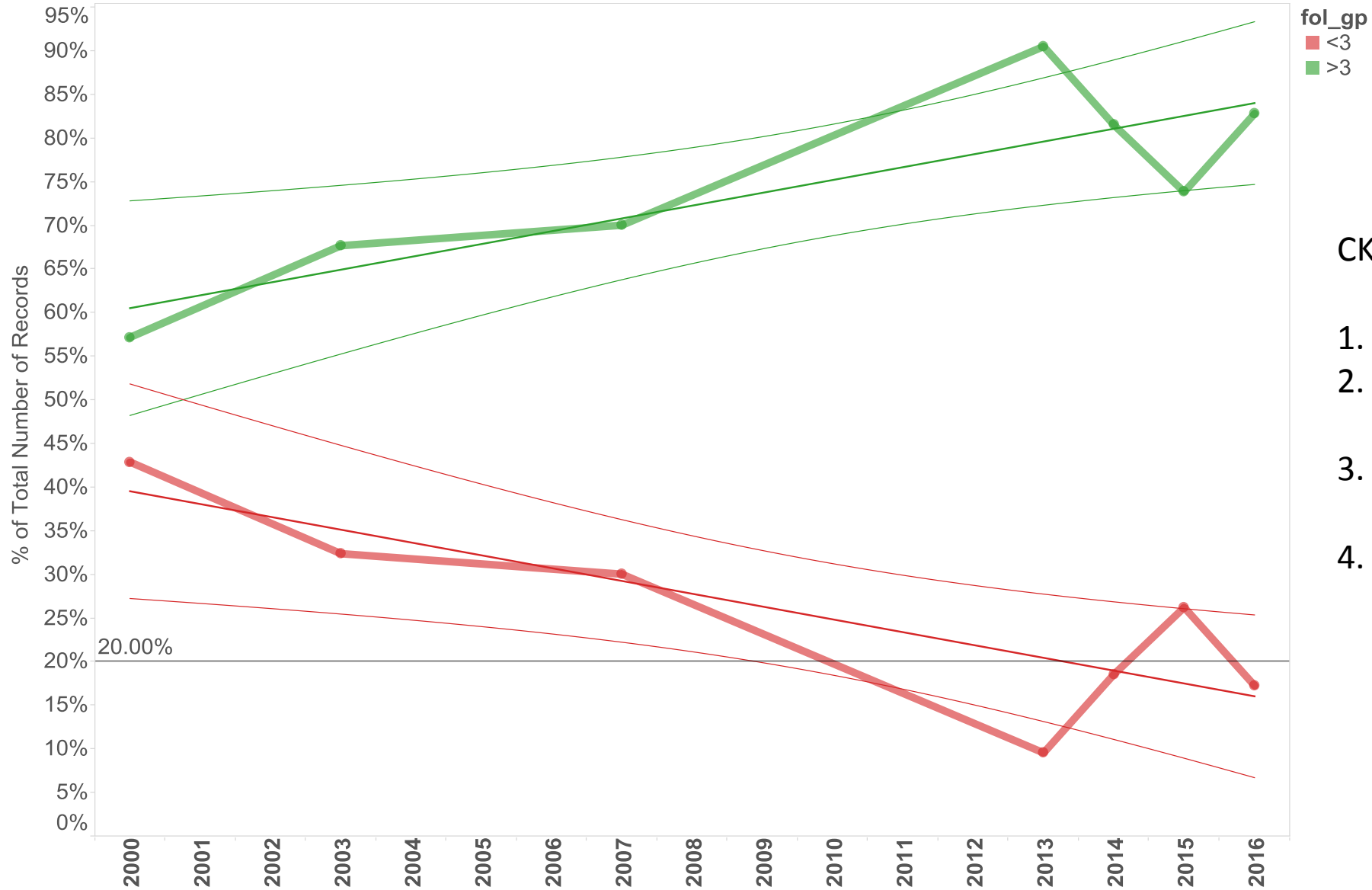


Late referral patterns in Wolverhampton CCG

presentations_in_wolverhampton



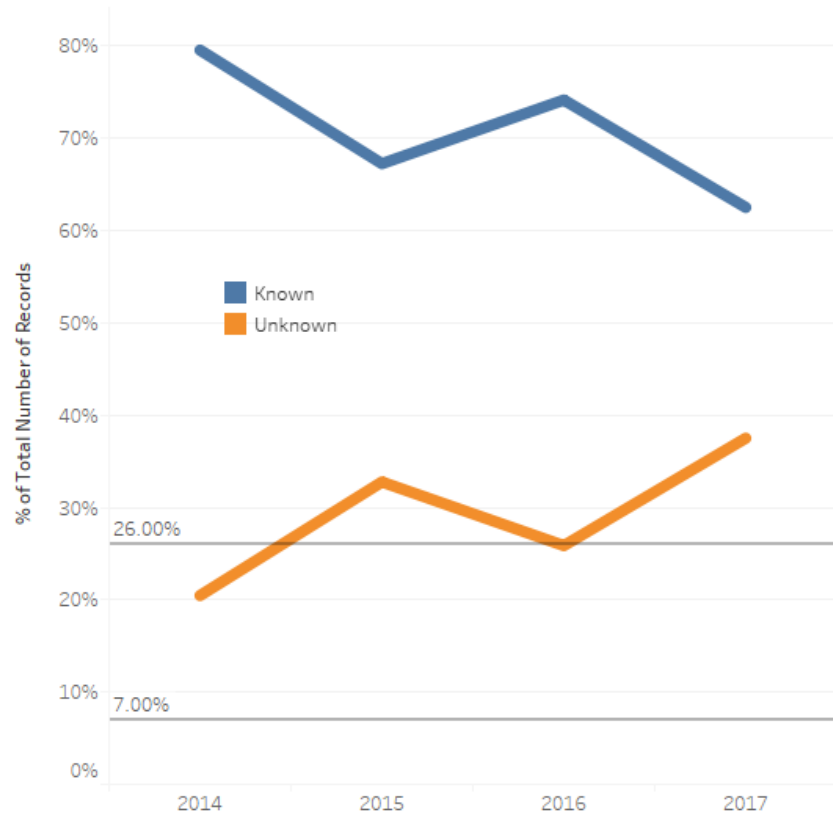
Walsall CCG



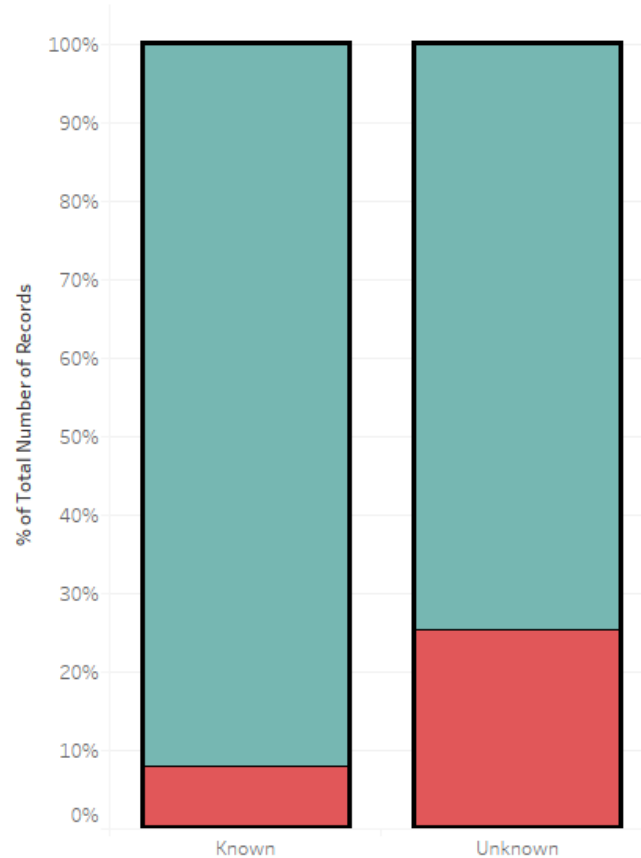
CKD Community process

1. Lab systems aligned
2. PAS systems being connected.
3. Wolverhampton Renal EPR to be utilised
4. Consultant to manage the process

follow up groups



CKD follow up and survival



Shrewsbury

CKD Community process

- EPR augmented.
- Lab feed available.
- PAS feed implemented.
- >3000 initial patients to be loaded.
- System active from April 2017

SATH - Demographic and outcome details of all incident RRT patients.

Late referral is high.

Patient survival affected by referral and access used.

Both modifiable factors with early CKD detection

Summary

- CKD Community process
- Informatics arrangements
- Outcomes
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Reduction in late presentation

Improved patient outcomes