

# KQuIP/UKRR Regional Day Yorkshire & Humber

6th July 2017 – 09.50-10.10

The role of the CRG in promoting quality improvement

Richard Baker, NHS England and Jon Gulliver, NHS England



**KQuIP**



# Commissioning for Quality or What's the point of NHSE?

RICHARD BAKER AND JON GULLIVER

RENAL SERVICES A06

YORKSHIRE AND HUMBERSIDE NETWORK DAY 6.7.17

# An alternative guide to the new NHS in England

www.kingsfund.org.uk/newnhs

## The Kings Fund

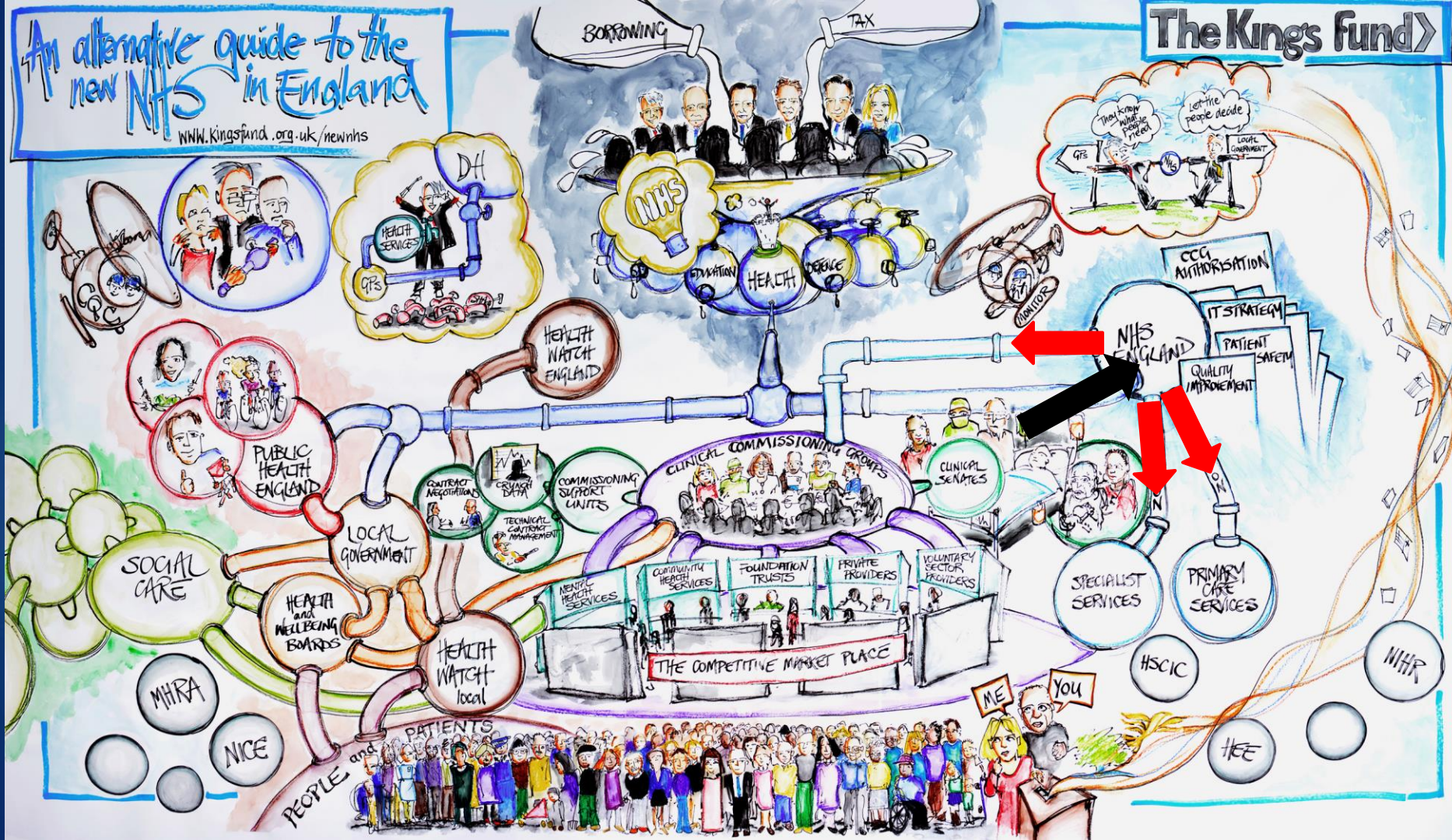
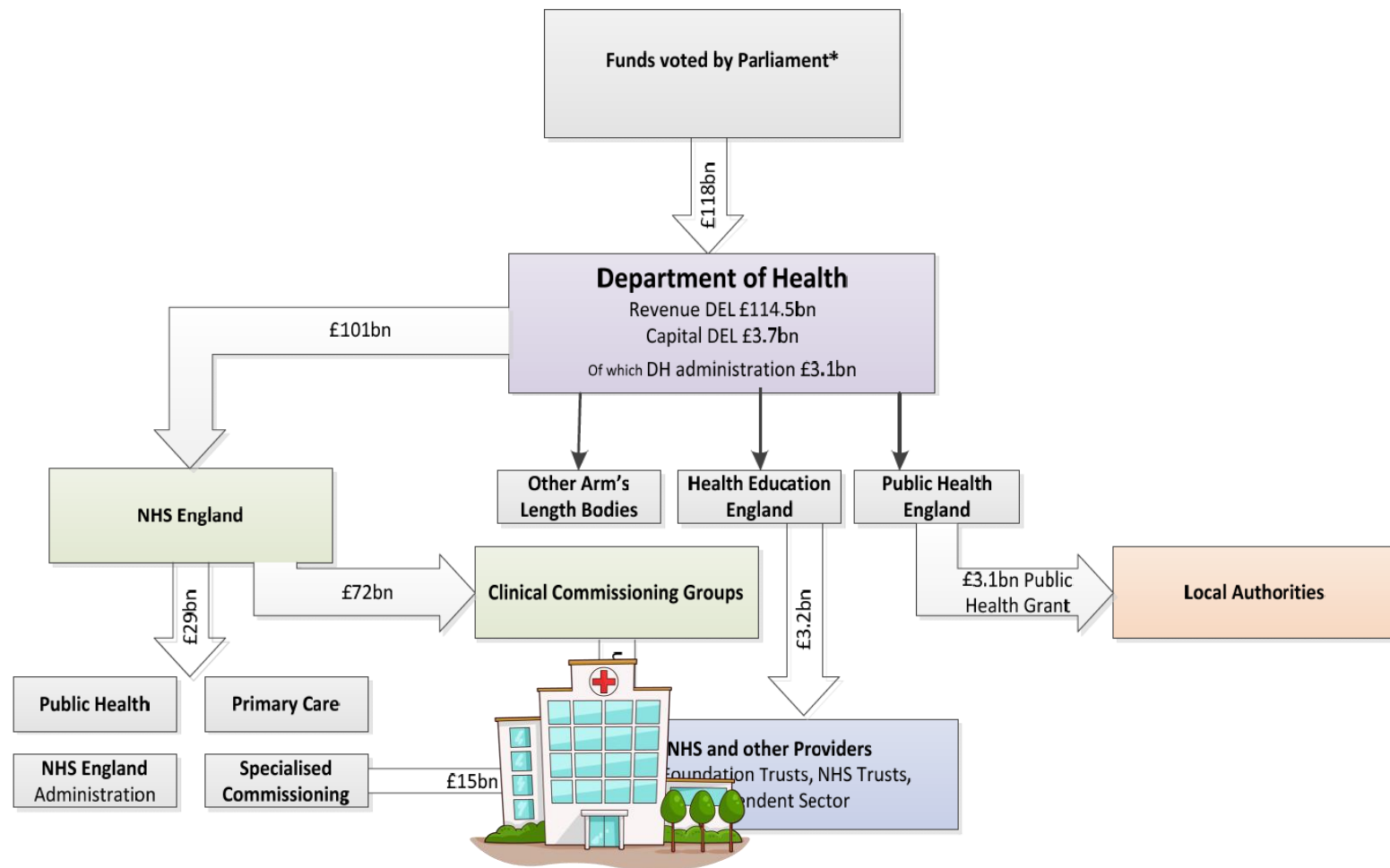


Figure 1: Flow of funding in the health and care system, 2015-16





National Audit Office

Department of Health and NHS England

## The commissioning of specialised services in the NHS

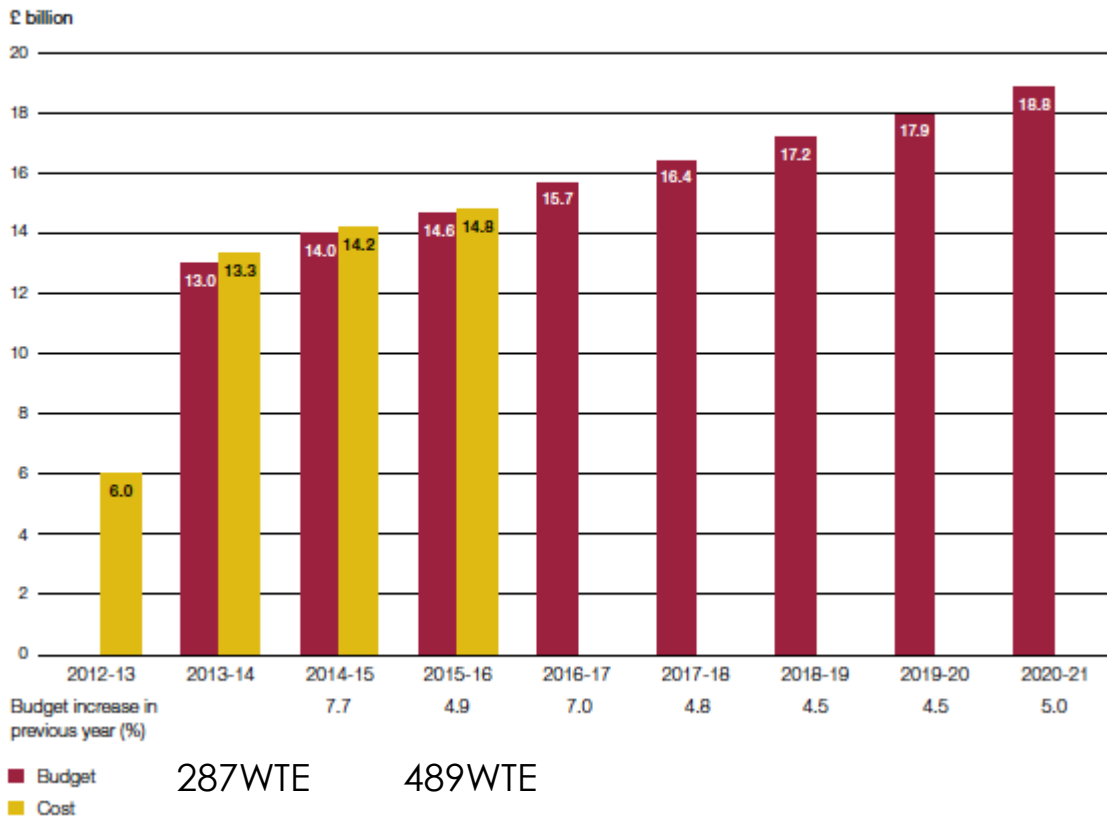
Report by the Comptroller and Auditor General

Ordered by the House of Commons  
to be printed on 26 April 2016

**Figure 6**

### Budget and cost of specialised services

NHS England plans to increase its budget for specialised services to £18.8 billion by 2020-21

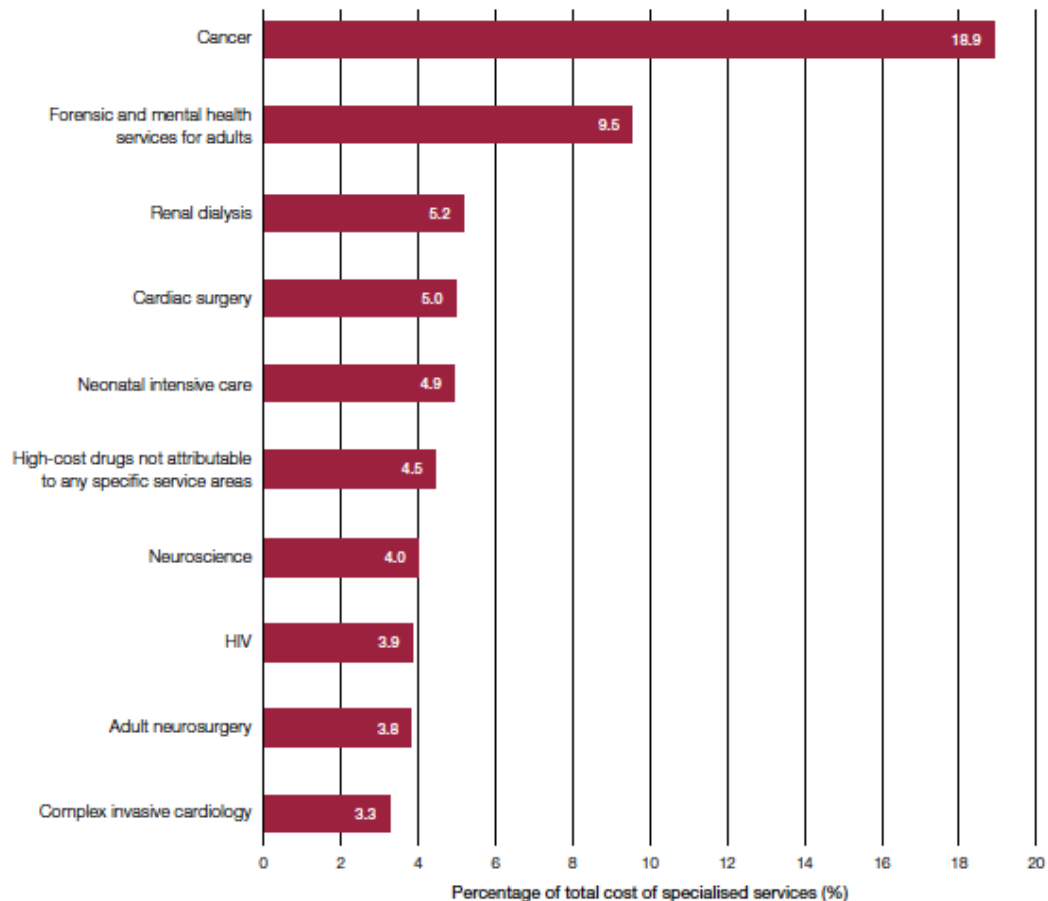


**Figure 7**

**Specialised services with the highest costs, 2014-15**

Ten service areas account for 63% of all spending on specialised services

Service areas

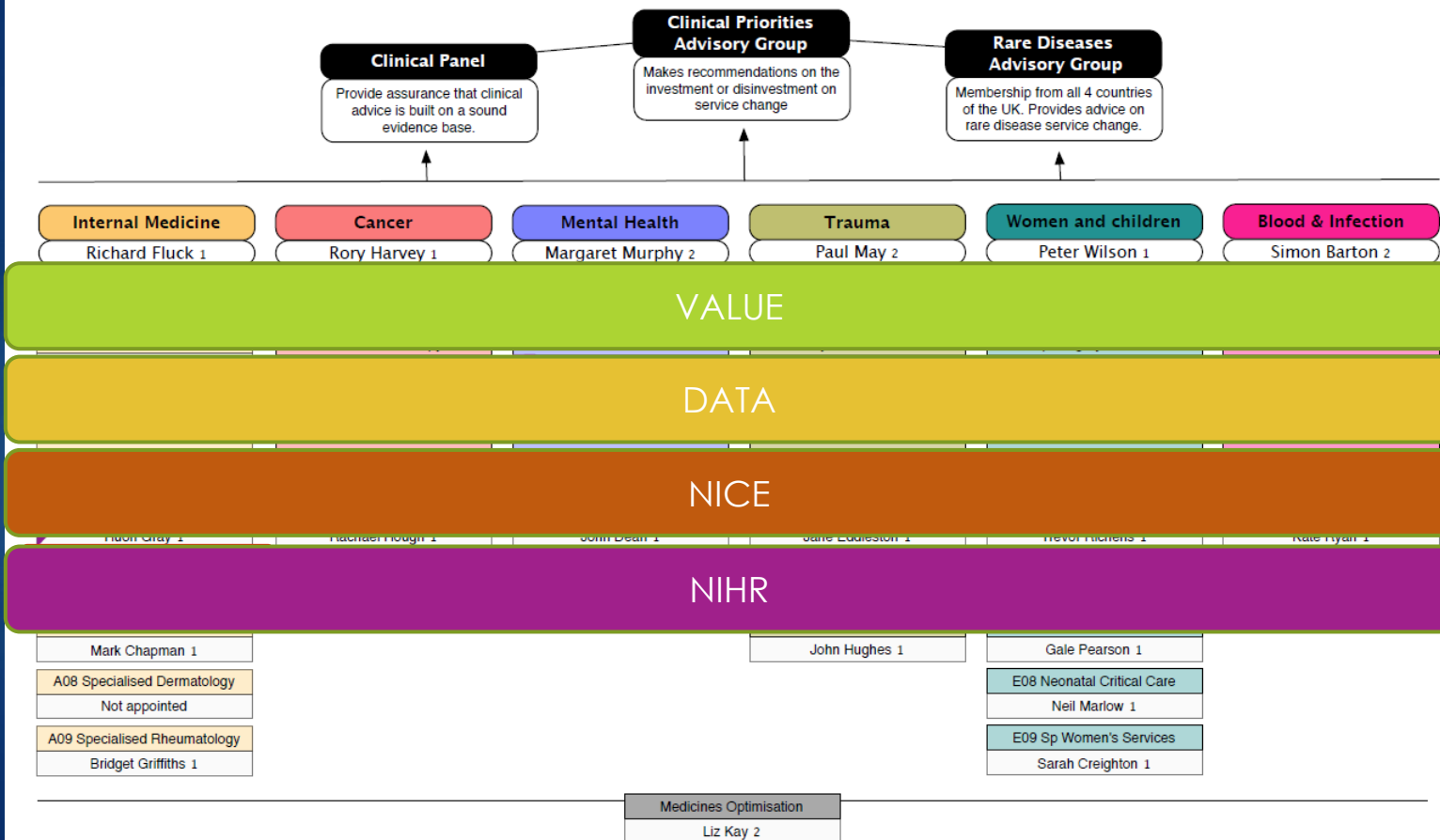


63% in  
ten  
service  
areas

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## 1. Purpose

Clinical Reference Groups (CRGs) have been established as the primary source of clinical advice to NHS England in support of the direct commissioning of prescribed specialised services. Through their work programmes, and by working in partnership with key stakeholders, CRGs drive improvements in the quality, equity, experience, efficiency and outcomes of commissioned specialised services.



Pharmacy  
Andrea Devaney (Tx)  
Liz Lammerton (D)

PPV  
Fiona Loud  
Tracey Rose  
Phil Willan

Public Health  
Ayesha Ali

Clinical Chair  
Richard Baker

Lead  
Commissioner  
Jon Gulliver

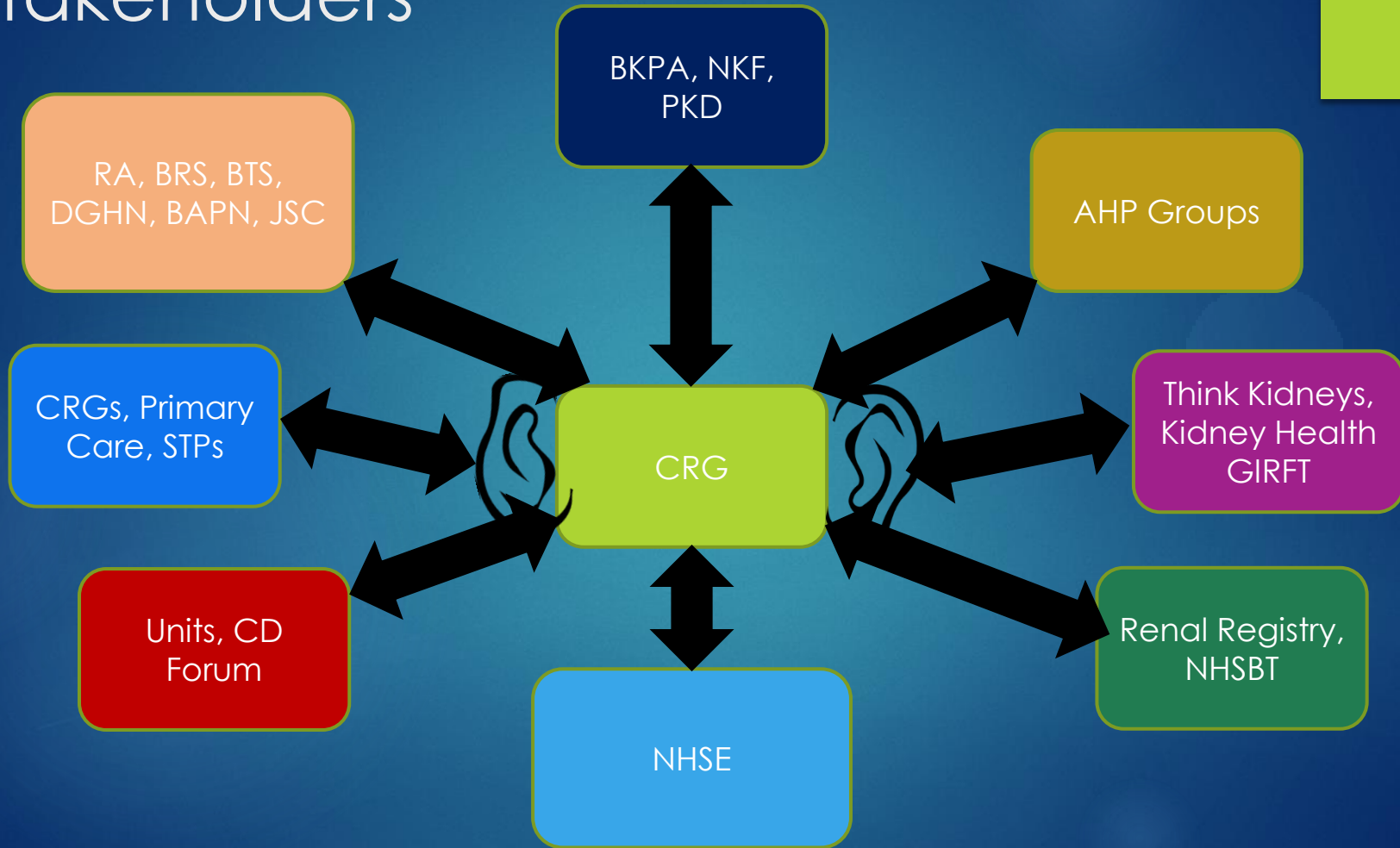
### Renal Services A06 CRG

Societies  
BRS – Maarten Taal  
BTS – Roberto Cacciola  
RA – Graham Lipkin  
Renal Registry – Ron Cullen

Clinical

London	<u>Nizam Mamode (T) NIHR</u>	Neil Ashman (D)
North	<u>Will McKane (T) Data</u>	<u>Sandip Mitra (D) NICE</u>
South	Peter Rowe (T)	Phil Mason (D)
M&E	Nick Torpey (T)	<u>Clara Day (D) Value</u>

# Stakeholders



Think Kidneys award winning awareness raising campaign

LEARN MORE

## Acute Kidney Injury

The NHS campaign to improve the care of people at risk of, or with, acute kidney injury.

## Chronic Kidney Disease

The NHS programme to transform participation for people with CKD to improve experiences and outcomes.

## Kidney Quality Improvement Partnership

Working to develop, support and share improvement in kidney services to improve people's health and add value.

<https://www.thinkkidneys.nhs.uk>

Think Kidneys national programmes are led by the renal community and supported by NHS England and the UK Renal Registry

## Stay in touch

Why not follow us, like us, connect with us or just keep in touch?



## Download App

Guidance produced for AKI is now available in an app. Download it from the following app stores...



# Improving quality in the English NHS

A strategy for action

Authors  
Chris Ham  
Don Berwick  
Jennifer Dixon

February 2016



## A guide to quality improvement metho



Quality  
Improvement –  
training for better  
outcomes

June 2015

produced for HQIP by  

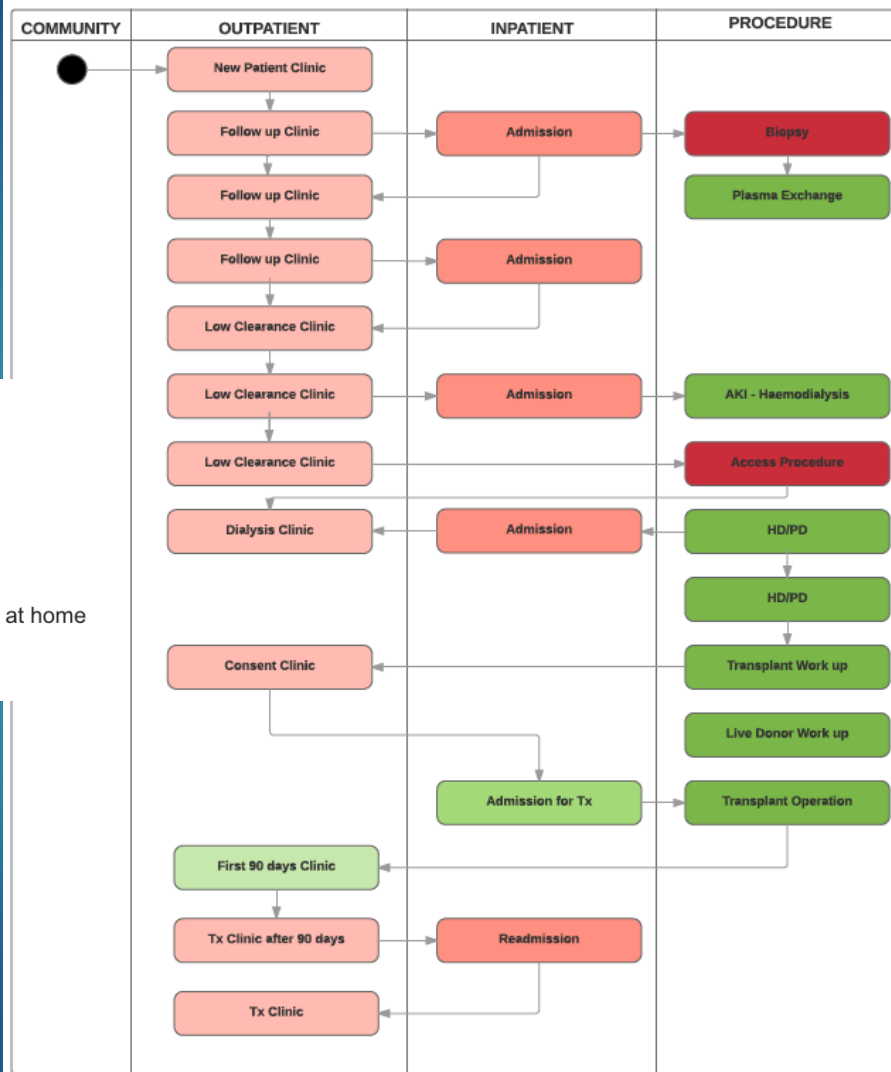

March 2016

# DESIGN

## Scope

This Clinical Reference Group (CRG) covers:

- services for people with acute kidney injury
- the preparation for and delivery of dialysis, whether in a centre or at home
- people who undergo kidney transplantation.











# DESIGN

## ► Service Specifications

### Service Specifications

Service specifications are important in clearly defining the standards of care expected from organisations funded by NHS England to provide specialised care. The specifications have been developed by specialised clinicians, commissioners, expert patients and public health representatives to describe both core and developmental service standards. Core standards are those that all funded providers should be able to demonstrate, with developmental standards being those which may require further changes in practice over time to provide excellence in the field.

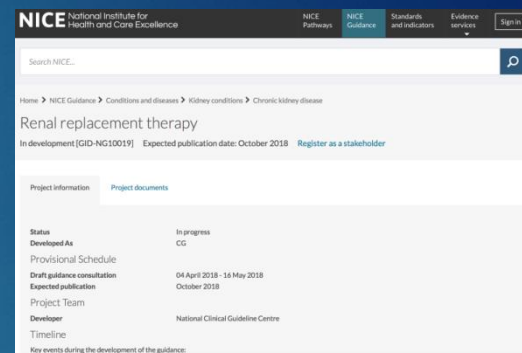
The following service specifications fall within the scope of this CRG:

-  Centre Haemodialysis ICHD
-  Haemodialysis to treat established renal failure in the home
-  Peritoneal Dialysis to treat Established Renal Failure
-  Acute Kidney Injury (Adult)
-  Renal Assessment (Adult)
-  Haemodialysis delivering only Dialysis Away from Base (DAFB)
-  Renal Transplantation (Adult)
-  Encapsulating peritoneal sclerosis treatment service (adults)

- “Pithy” 6 sides Outcome based, quality assured, evidence based, “Band 8c test”

2017-8

Consolidate:  
Centre HD  
Home HD  
PD  
Renal Assessment



NICE National Institute for Health and Care Excellence

Search NICE...

Home > NICE Guidance > Conditions and diseases > Kidney conditions > Chronic kidney disease

### Renal replacement therapy

In development [GID-NG10019] Expected publication date: October 2018 [Register as a stakeholder](#)

Project information	
Status	In progress
Developed As	CG
Provisional Schedule	
Draft guidance consultation	04 April 2018 - 16 May 2018
Expected publication	October 2018
Project Team	
Developer	National Clinical Guideline Centre
Timeline	
Key events during the development of the guidance	

# ACCESS (to resources)







## Policy statements

Policy statements are brief documents that define the current commissioning position to support service contracting. They are interim documents for use while a full commissioning policy is being developed or until a formal NICE Technology Appraisal Guideline has been published.

## Policies

A commissioning policy is a document that defines access to a service for a particular group of patients. A NICE Technology Appraisal Guideline on the same topic will replace, or be incorporated into, a commissioning policy as appropriate. These are important documents that are developed to ensure consistency in access to treatments nationwide.

The following policies fall within the scope of this CRG:

-  Dialysis Away From Base
-  Dialysis Away From Base – Frequently asked questions
-  Reimbursement of Expenses for Living Kidney Donors
-  Eculizumab for the treatment of refractory antibody mediated rejection post kidney transplant
-  Bortezomib for the treatment of refractory antibody mediated rejection post kidney transplant
-  Rituximab for the treatment of Idiopathic membranous nephropathy in adults



2017-8

DAFB

- Access
- Nxs
- Inf screen

# QUALITY

## ► Quality Standards

- Cover a specialised service, these will be used within contracts. Many of the specialised services are not covered by NICE standards, in these circumstances the Clinical Reference Groups will define the Quality Standards used by commissioners to include quality as part of the contract. These standards will include well-defined standards from other sources such as Royal College guidelines. e.g. 1 bacteraemia per 25 patient years

## ► Quality Measures

- Clear statement of how a quality standard can be measured. If E.g. no. of bacteraemias/ 100 patient years

## ► Quality Dashboards

- Outcome Measures
- Transplant Peer Review

# Low Clearance

Title	Numerator	Denominator	Exclusions	Target Date	Comments
<b>Advanced CKD</b> under renal follow-up	GFR<20 <b>active</b> renal f/u (UKRR or local renal EPR)	GFR<20 in catchment (observed or expected, CVIN or	AKI	3 years	1. Exploratory 2. Denominator may be challenging
<b>Transplant listing</b> Access in planned start	<div>Access to dashboards?</div>				
<b>Transplant listing</b> Pre-emptive					
<b>Unplanned start</b> Transplant listing	RRT start +90d with recorded decision	RRT starters	Planned start	1 year	1. Performance 2. Rolling annual average
<b>Unplanned start</b> Definitive access	RRT start +90d with definitive access	RRT Starters	Planned start	1 year	1. Performance 2. Rolling annual average

## KIDNEY HEALTH: DELIVERING EXCELLENCE

A Kidney Health Report  
October 2013



**'THINK KIDNEYS'**

Latest: Improving Home Dialysis - Identifying the barriers survey [link]

[KQIP Home](#) [About](#) [KQIP Hub](#) [Latest](#) [Resources](#) [Events](#) [Forum](#) [Q](#)

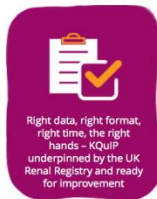
**Kidney Quality Improvement Partnership**  
Working together to develop, support and share improvement in kidney services to improve people's health and add value



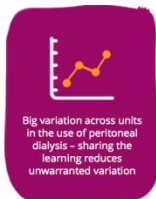
A unique clinician led inclusive partnership of professionals, patient groups, and quality improvement professionals



Every year more people need renal replacement therapy - improvement drives efficiency and effectiveness



Right data, right format, right time, the right hands - KQIP underpinned by the UK Renal Registry and ready for improvement



Big variation across units in the use of peritoneal dialysis - sharing the learning reduces unwarranted variation

UK Renal Registry 18th Annual Report

### What is KQIP?

KQIP is a dynamic network of kidney health professionals, patients and carers who are committed to developing, supporting and sharing quality improvement in kidney services in order to enhance outcomes and quality of life for patients with kidney disease.

### What does KQIP do?

KQIP will improve the lives of adults and children affected by kidney disease by supporting healthcare professionals, kidney units, renal networks and commissioners across the UK to achieve the highest quality of care for patients.

KQIP builds on rather than replaces existing quality improvement structures.

### It will do this by:

Helping kidney services to embed quality improvement into daily practice.  
Understanding and reducing unwarranted variation in care.  
Spreading and sharing good practice.

**NICE** National Institute for Health and Care Excellence



## Chronic kidney disease in adults

Quality standard  
Published: 30 March 2011  
[nice.org.uk/guidance/qs5](https://www.nice.org.uk/guidance/qs5)

**NICE** National Institute for Health and Care Excellence

[NICE Partners](#)

[NICE Guidance](#)

[Standards and indicators](#)

[Evidence services](#)

[Sign in](#)

Search NICE...

[Home](#) > [NICE Guidance](#) > [Conditions and diseases](#) > [Kidney conditions](#) > [Chronic kidney disease](#)

## Renal replacement therapy

In development [GID-NG10019] Expected publication date: October 2018 [Register as a stakeholder](#)

[Project information](#)

[Project documents](#)

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Developed As

Provisional Schedule

Draft guidance consultation

Expected publication

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Developer

Timeline

Key events during the development of the guidance:

In progress

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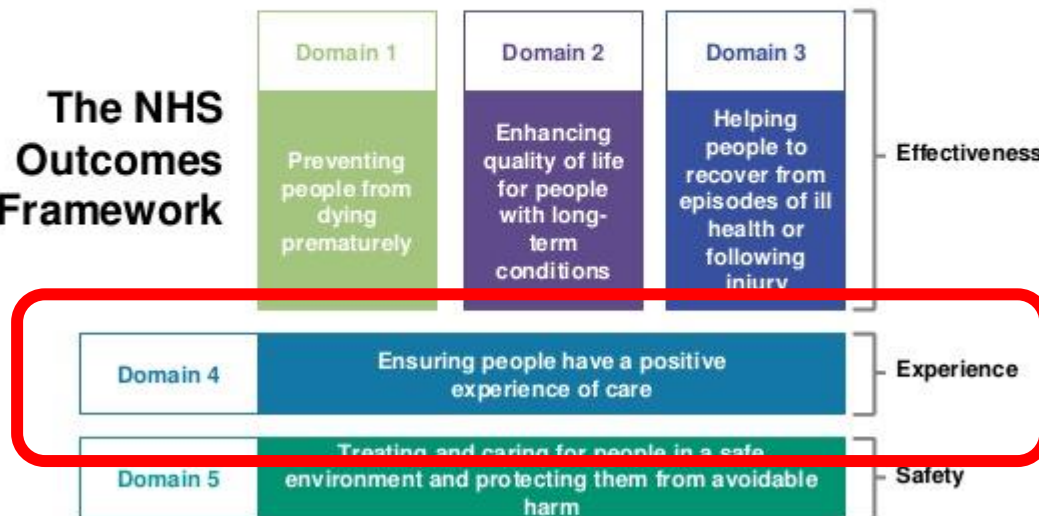
04 April 2018 - 16 May 2018

October 2018

National Clinical Guideline Centre

Our focus – delivering improved outcomes

**The NHS  
Outcomes  
Framework**



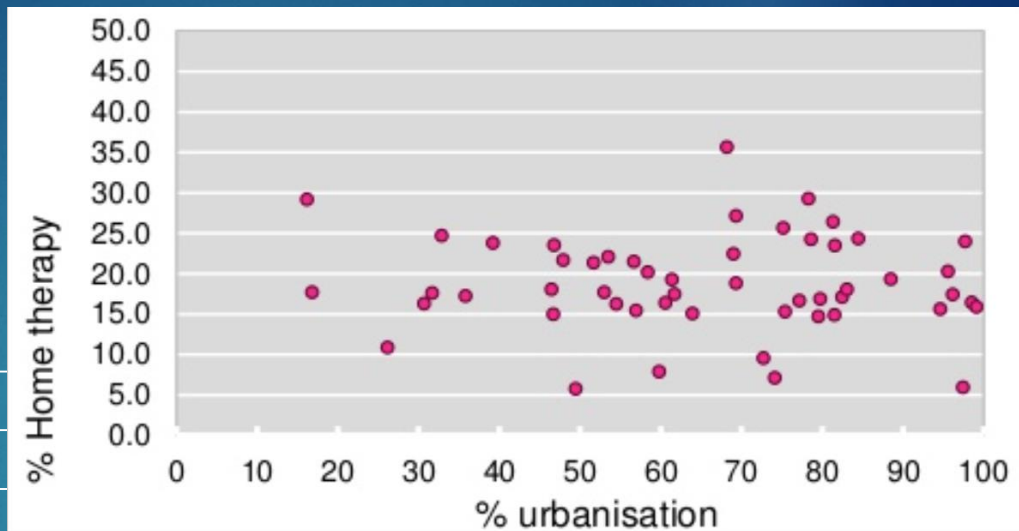
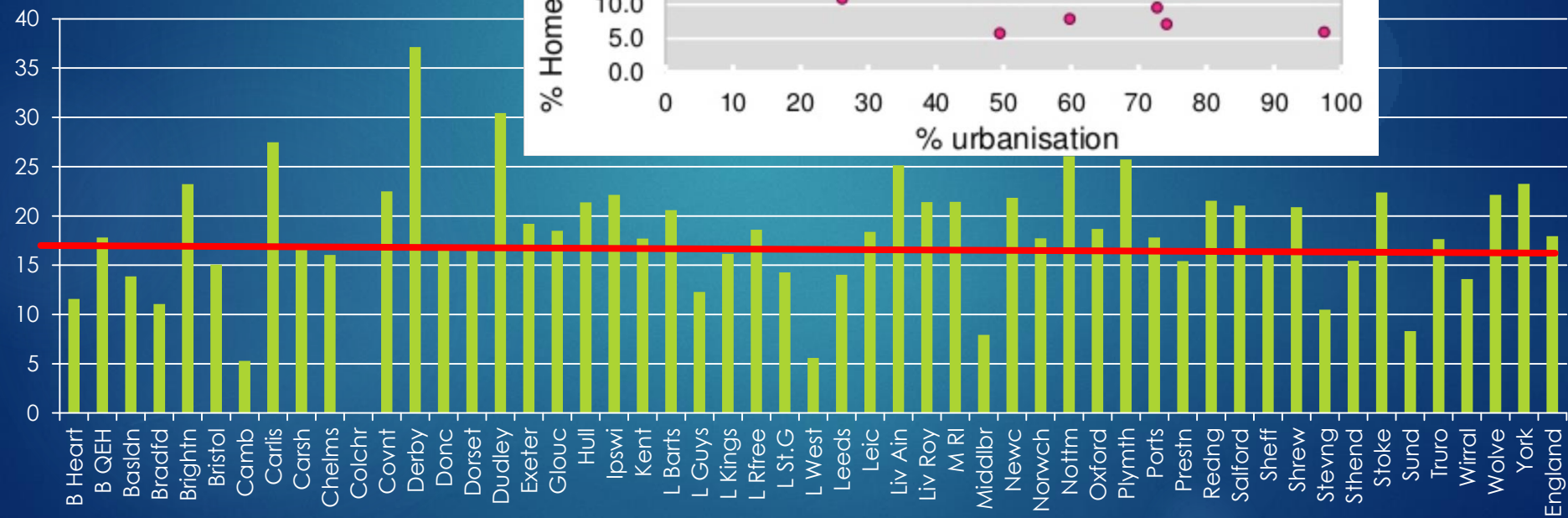
# Patient Centred Dashboard Elements

Title	Numerator	Denominator	Exclusions	Target Date	Comments
<b>RPV Use</b>	Active RPV users (in last 90 days)	Prevalent RRT		1 year	1. Exploratory 2. Combines the numerator and denominator of the 2 existing
<b>PREM</b>				3 years	41 centres
<b>PROM</b>				3 Years	Validation phase
<b>PAM</b>				3 years	Validation phase
<b>Transplant</b>				3 years	ATTOM data
<b>PD</b>					Validation to commence in international study
<b>EQ-5D-5L</b>					1. Simple 2. Doubts about utility

# DELIVERY

- ▶ Variation Mapping
  - ▶ Undertaken to demonstrate differences in demand and activity undertaken by providers for the different area populations. By mapping the differences the areas of focus in terms of supporting changes to the patient pathway are defined. Some of the specialised services are delivered by only a handful of clinicians and supporting specialist staff.

GIRFT?



The map shows the following CCGs and their associated organizations:

- Leeds and West Yorkshire** (Yellow): NHS Leeds and West Yorkshire Partnership, NHS Bradford District Care, NHS South West Yorkshire Partnership, NHS Tees, Esk and Wear Valleys.
- Leeds Community Healthcare** (Red): NHS Leeds Community Healthcare.
- Calderdale and Huddersfield** (Orange): NHS Calderdale and Huddersfield.
- Harrogate and District** (Green): NHS Harrogate and District.
- The Mid Yorkshire Hospitals** (Light Green): NHS The Mid Yorkshire Hospitals.
- Bradford Teaching Hospitals** (Light Blue): NHS Bradford Teaching Hospitals.
- The Leeds Teaching Hospitals** (Light Purple): NHS The Leeds Teaching Hospitals.
- Harrogate and Rural Districts** (Light Green): NHS Harrogate and Rural Districts.
- Leeds North** (Light Blue): NHS Leeds North.
- Leeds West** (Light Blue): NHS Leeds West.
- Leeds South and East** (Light Green): NHS Leeds South and East.
- North Yorkshire** (Light Blue): NHS North Yorkshire.
- West of Yorkshire** (Light Purple): NHS West of Yorkshire.
- Greater Huddersfield** (Light Blue): NHS Greater Huddersfield.
- Craven** (Light Green): Craven District Council.
- Harrogate** (Light Green): Harrogate Council.
- Wakefield** (Light Green): Wakefield Council.
- Kirklees** (Light Green): Kirklees Council.
- Calderdale** (Light Green): Calderdale Council.
- Leeds** (Light Green): Leeds City Council.
- City of Bradford MDC** (Light Green): City of Bradford Metropolitan District Council.
- Yorkshire Ambulance Service** (Light Blue): NHS Yorkshire Ambulance Service.
- West Yorkshire Fire & Rescue Service** (Light Blue): West Yorkshire Fire & Rescue Service.
- West Yorkshire Police** (Light Blue): West Yorkshire Police.
- Healthwatch** (Light Blue): Healthwatch.
- Local Care Partners** (Light Blue): Local Care Partners.
- North Yorkshire County Council** (Light Blue): North Yorkshire County Council.
- Yorkshire County Council** (Light Blue): Yorkshire County Council.

- Plus...

- 650 Care homes
- 319 Domiciliary care providers
- 10 hospices
- 8 large independent sector providers
- Thousands of Voluntary & Community Sector organisations

## NHS RightCare programme

NHS England is investing in this programme to enable every health economy in England to embed the NHS RightCare approach at the heart of their transformation programmes.

It is a programme committed to improving people's health and outcomes. It makes sure that the right person has the right care, in the right place, at the right time, making the best use of available resources.

NHS RightCare is all about:

- **Intelligence** – using data and evidence to shine a light on unwarranted variation to support an improvement in quality
- **Innovation** – working in partnership with a wide range of organisations, national programmes and patient groups to develop and test new concepts and influence policy
- **Implementation and improvement** – supporting local health economies to carry out sustainable change.

“

There is no doubt that transparency of data, transparency of difference and transparency of variation promotes change and improvement. The RightCare programme places the NHS at the forefront of addressing unwarranted variation in care.

**Professor Sir Bruce Keogh, National Medical Director, NHS England**

”

NHS RightCare makes sure local health economies:

- **make the best use of resources** – offering better value for patients, the population and the tax payer
- **understand how they are doing** – by identifying unwarranted variation between demographically similar populations
- **get talking about the same stuff** – about healthcare rather than organisations
- **focus on the areas of greatest opportunity** by identifying priority programmes which offer the best chances to improve healthcare for populations
- **use tried and tested processes** to make sustainable improvement to care to reduce unwarranted variation.

## RightCare scenario: The variation between standard and optimal pathways



### Abdul's story: Progressive Chronic Kidney Disease

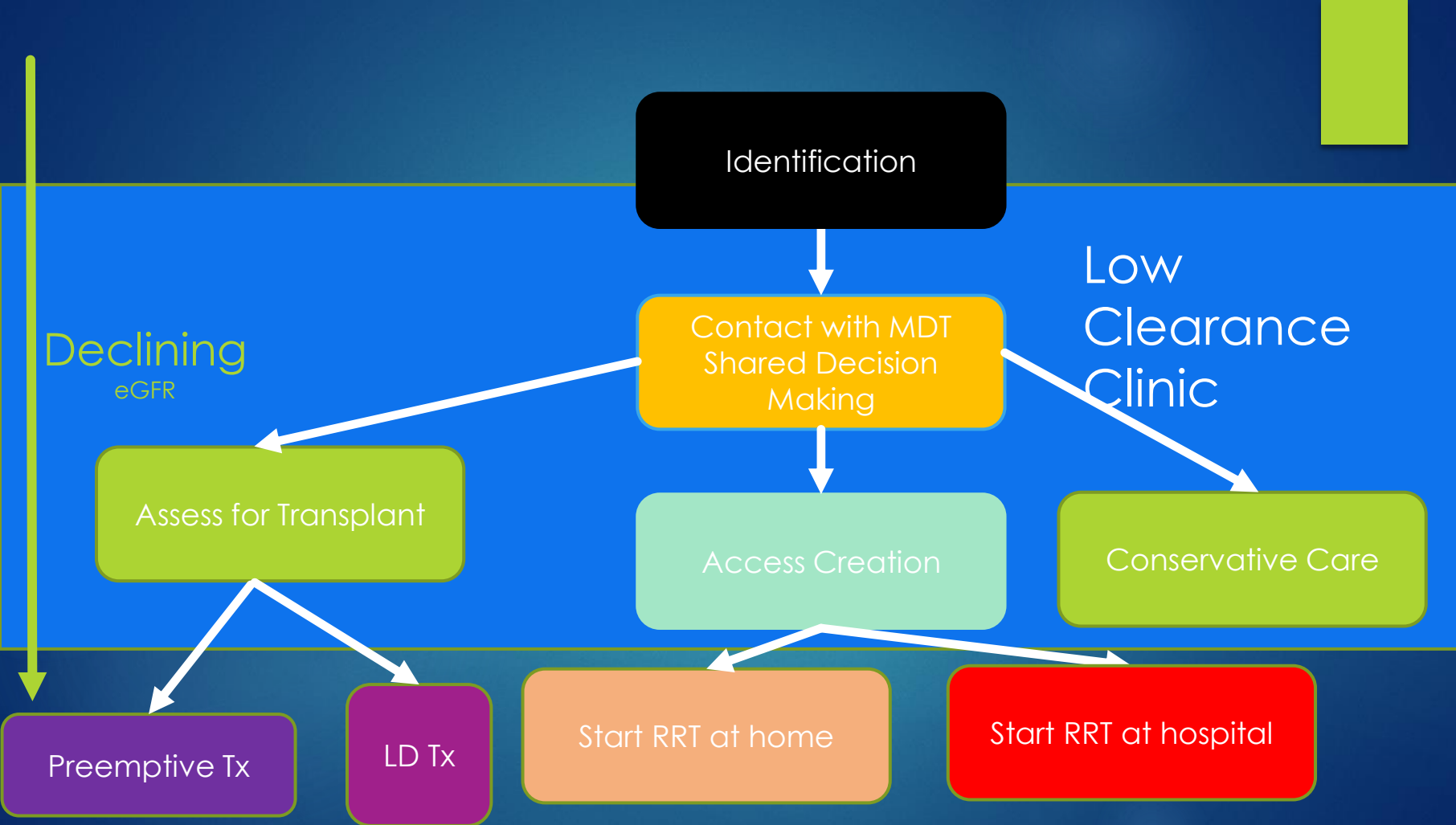


Identification

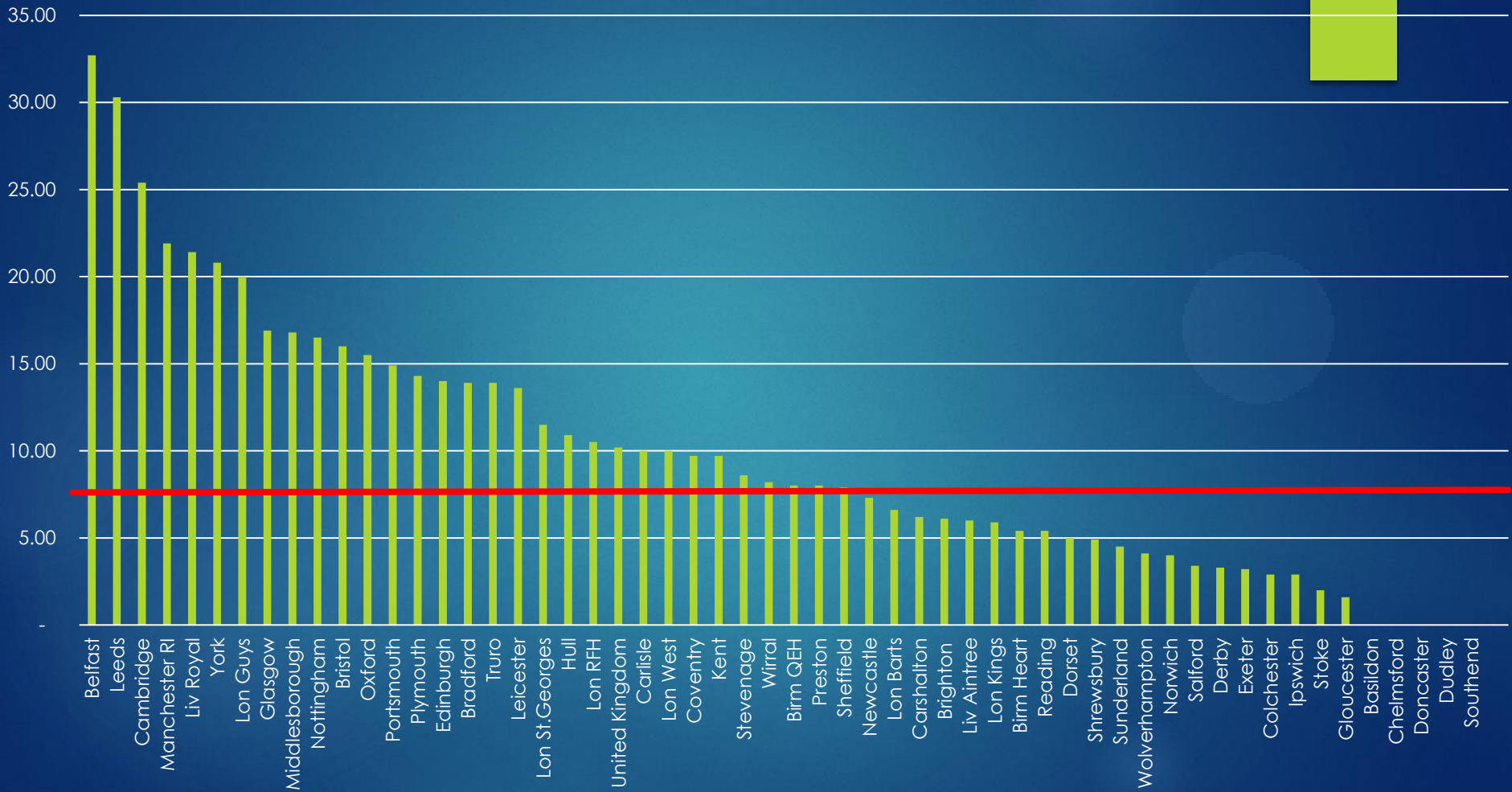
```
graph TD; A[Identification] --> B[Start RRT at hospital];
```

A flowchart on a dark blue background. At the top center is a black rounded rectangle containing the word 'Identification' in white. A thick black arrow points diagonally down and to the right from the bottom of this rectangle to a red rounded rectangle at the bottom right. The red rectangle contains the text 'Start RRT at hospital' in white. In the top right corner, there is a small vertical lime green rectangle. A faint, light blue circle is visible in the background to the right of the arrow.

Start RRT at hospital



## Transplanted at 90 days after RRT start



# Commissioning Tools

- ▶ **Service Specifications**
- ▶ **Dashboards - DATA**
- ▶ Policies
- ▶ CQUINs (Contracting for Quality & Innovation)
- ▶ QIPP (Quality, Innovation, Productivity and Performance)
- ▶ PREMs (Patient Reported Experience Measures)
- ▶ PROMs (Patient Reported Outcome Measures)
- ▶ **Working with partners to influence and respond to new or existing programmes**  
e.g. KQUIP
- ▶ **Role of CRG members**
  - ▶ Regional/ Network
  - ▶ Membership/Leadership of national/regional programmes
  - ▶ Two way process
- ▶ **Peer Review**
- ▶ **Place Based Commissioning**

