

KQuIP/UKRR Regional Day

East Midlands

12th September 2017

IGEM House, Kegworth, Derbyshire

09:30 - 16:45

**‘THINK
KIDNEYS’**

KQuIP

KQuIP/UKRR Regional Day

East Midlands

09:30 - 09:50

Introduction from Network Clinical Lead and Co-Chair of KQuIP

- **Networking in East Midlands – Simon Roe, Clinical Lead**
- **KQuIP and the NHS Change Model – Graham Lipkin, Chair of KQuIP**

**‘THINK
KIDNEYS’**

KQuIP

KQuIP/UKRR Regional Day – East Midlands 2017

Introduction and Welcome

Dr Simon Roe

Clinical Director for Cardiovascular Disease, East Midlands CN

Hopes and ambitions for the day

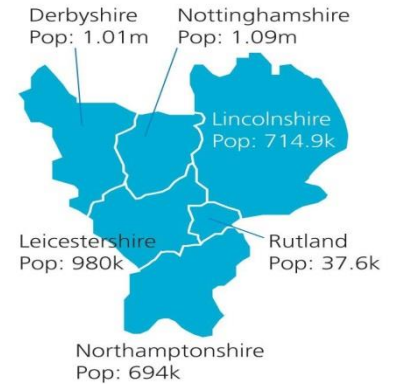
- Opportunity for networking between colleagues
- Better understand the role of KQuIP and the national improvement projects
- What does the UKRR data tell us about renal care in the East Midlands?
- Mixture of talks and breakout sessions
- What is the vision for Renal QI in the East Midlands?
- Enjoy the day

East Midlands Clinical Networks – What do we do?

- Cardiovascular, Cancer, Mental Health, Maternity services
- CVD
 - Diabetes: NDPP and treatment targets
 - Stroke prevention in AF; heart failure management
 - Clinical advisory groups: stroke, renal, diabetes, cardiac services, vascular
 - Urgent and emergency care leads for vascular and cardiac
 - Renal: Supporting work around AKI and CKD; Transplant Improvement Group

East Midlands Clinical Networks – the future....

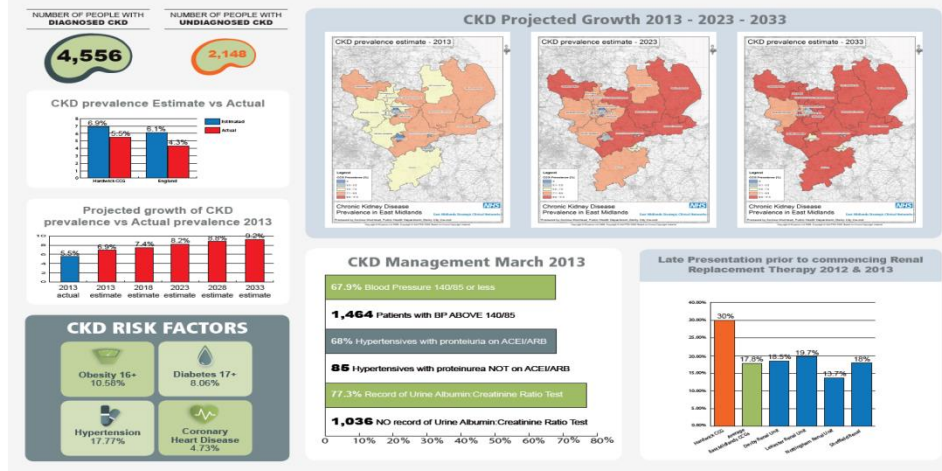
- Operating in a VUGA environment!
- Current consultation on role and structures
 - Potential to realign geographical boundaries
 - CVD network focus entirely on diabetes
- Nothing will change before April 2018



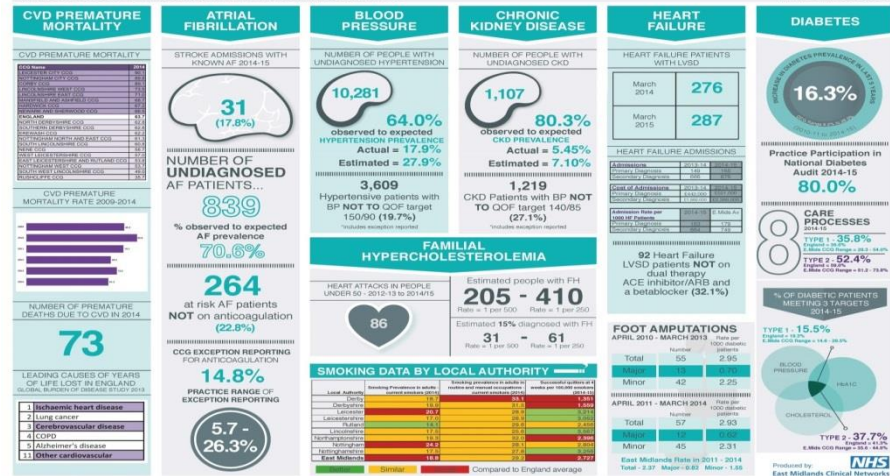
Renal Pathway Infographic

- Plan to develop infographic following event to bring together data across the renal pathway
- Include data from UKRR 2015 & QOF March 2017

CHRONIC KIDNEY DISEASE INFOGRAPHIC - NHS HARDWICK CCG



CARDIOVASCULAR DISEASE PREVENTION INFOGRAPHIC



Kidney Quality Improvement Partnership (KQuIP)

East Midlands Network KQuIP/UK Renal Registry Day

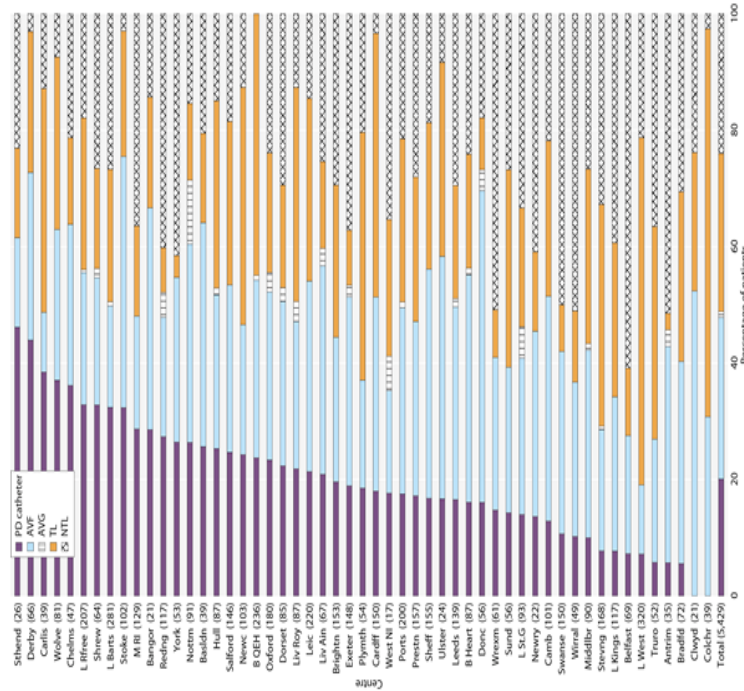
Graham Lipkin
Co-chair of KQuIP

East Midlands Network KQuIP/Registry Day

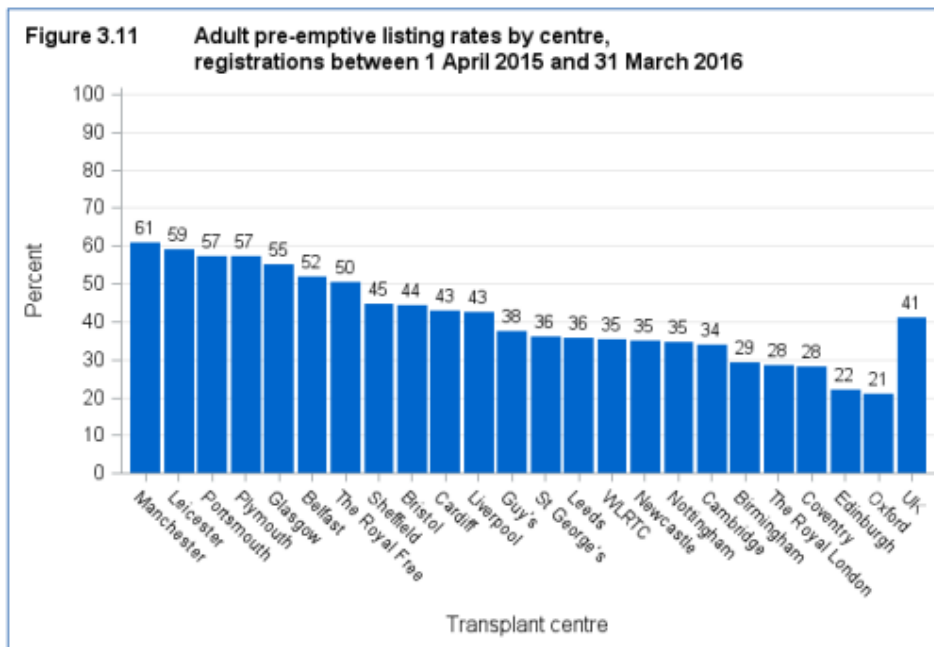
Aims

- Know your outcomes-data
- Identify your Unit QI leads: Medic and MPT
- Decide on your Unit Key priority
- Feel supported to embed QI in your practice
- Sign up to KQuIP

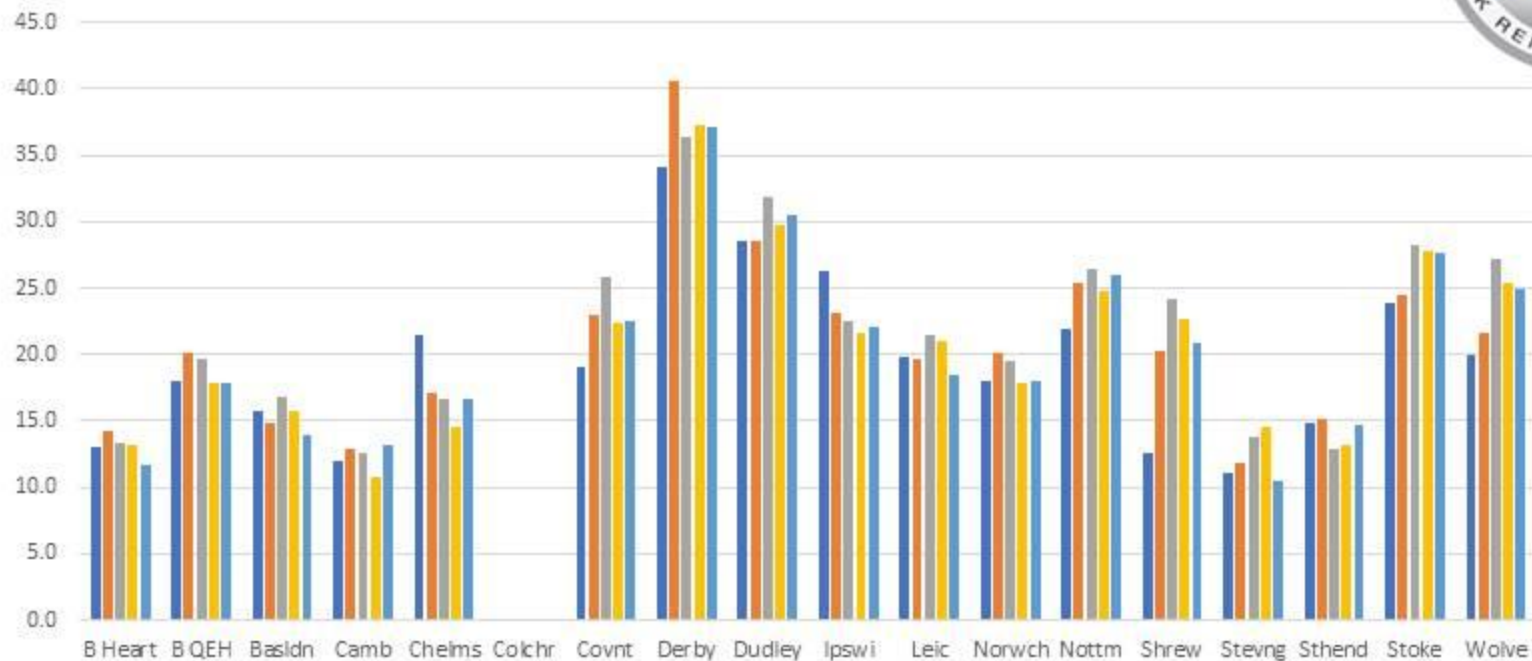
Access at Initiation of Dialysis



Pre-emptive Transplantation Listing Rates



Home Dialysis: UK Renal Registry-Do we improve?



Why does unwarranted variation persist?

Many reasons:

- **Specific to each Unit**-solutions can only come from those on the front **line-you know your system best**
- **Some systematic**
 - Resource?
 - Leadership & leadership training
 - Training in QI methodology
 - Structure
 - We don't share good practice (or learn from less good practice)

KQuIP Launched 2016

'THINK KIDNEYS'



KQuIP Workstreams



Development



Measurement and Understanding



Projects

Programme Board



Work Stream Chairs Group



KOG



3 Work Streams

Faculty

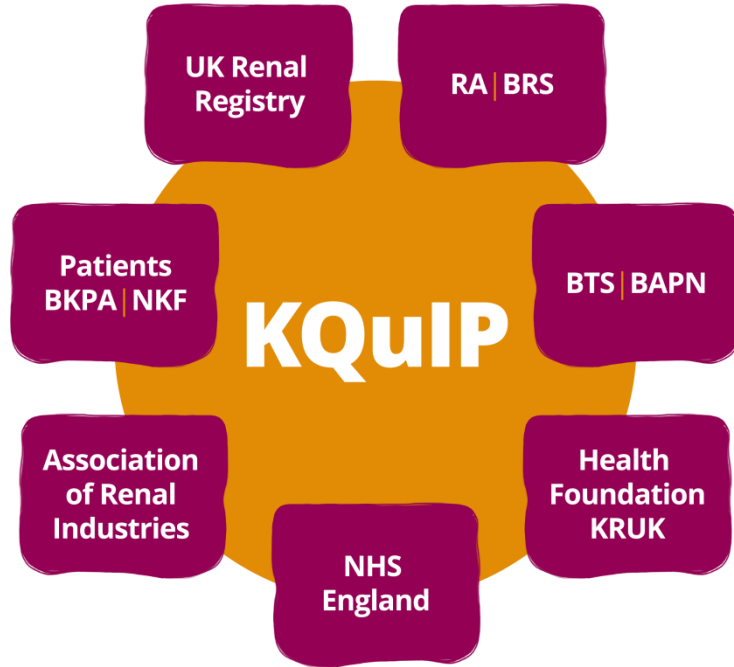
'THINK KIDNEYS'

KQuIP
Kidney Quality
Improvement
Partnership



Think Kidneys is a national programme led by NHS England in partnership with UK Renal Registry

Kidney Quality Improvement Partnership (KQuIP)



KQuIP is a dynamic network of kidney health professionals, patients carers and industry ...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.

Professional Society Led

Multi-Professional

UK

Adults and Children's Care

How Will KQUIP Support Quality Improvement?

1. Regional QI Days
2. 3 National Priority Projects
3. KQuIP Hub
4. Project Management Support

3 National KQuIP Priority Projects

- Improving access to kidney transplantation; Transplant First

Transplant First, developed in West Mids under KQuIP. Now packaged.

- Improving access to home therapies for suitable patients

Launch Manchester Dialysis Conference

KQuIP Support - Post Regional Network



- Central Project management through Registry
- Individual Projects Management Support
- Registry metrics, training, peer assist, KQuIP Hub

Training in Leadership & QI Methods-Medical and MDT



“In order to practise medicine in the 21st century, a core understanding of quality improvement is as important as our understanding of anatomy, physiology and biochemistry”

Stephen Powis, Medical Director, Royal Free London NHS Foundation Trust, 2015



KQuIP – How will it support Renal Quality Improvement?

● National

- Advice to Clinical Reference Group.
- Central Registry Project management & faculty
- Online KQuIP Hub repository
- Industry coordination

● Regional supporting Renal Clinical Networks

- Renal Registry/KQuIP quality improvement day
- Regional Project management support
- Peer assist

KQuIP -National Meetings 2017-18

Renal Association

19 – 21st June Liverpool



UKKW2018
UK Kidney Week 2018

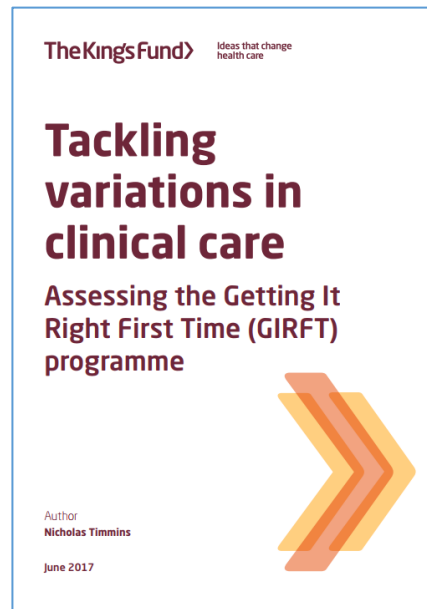
19th – 21st June 2018
Harrogate Convention Centre

UKKW2018 is a multi-disciplinary event co-organised by

THE RENAL
ASSOCIATION
founded 1950



Enabling Kidney Quality Improvement



What we want you to do as day goes along

1. Select Priority project (s)
2. Identify Quality Leads in each Renal Unit **Medical & MPT**
3. Sign up to KQuIP

KQuIP welcomes you...

...enabling you and your team to improve quality and safety



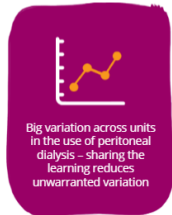
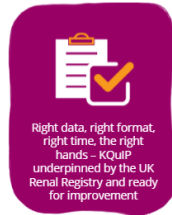
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Kidney Quality Improvement Partnership

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



UK Renal Registry 18th Annual Report



www.thinkkidneys.nhs.uk/kquip/

What is KQuIP?

KQuIP 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 KQuIP do?

KQuIP 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.

Enjoy the Day

KQuIP/UKRR Regional Day

East Midlands

09:50 - 11:00

What do the data tell us – primary, secondary and tertiary care

NHS Rightcare and the National Cardiovascular Intelligence Network (NCVIN) – Using primary care data sources to improve kidney care
Followed by Q & A

James Medcalf and James Hollinshead, Public Health England

**‘THINK
KIDNEYS’**

KQuIP



Public Health
England

Using primary care data sources to improve kidney care

James Hollinshead & James Medcalf
National Cardio-Vascular Intelligence Network (NCVIN)
12 September 2017



Public Health
England

Using primary care data sources to improve kidney care

James Hollinshead & James Medcalf
National Cardio-Vascular Intelligence Network (NCVIN)
12 September 2017

7 million

people in the UK affected
by cardiovascular disease

27%

of all deaths caused by
cardiovascular disease

1 in 4

premature deaths
caused by
cardiovascular
disease

cardiovascular disease
costs the NHS

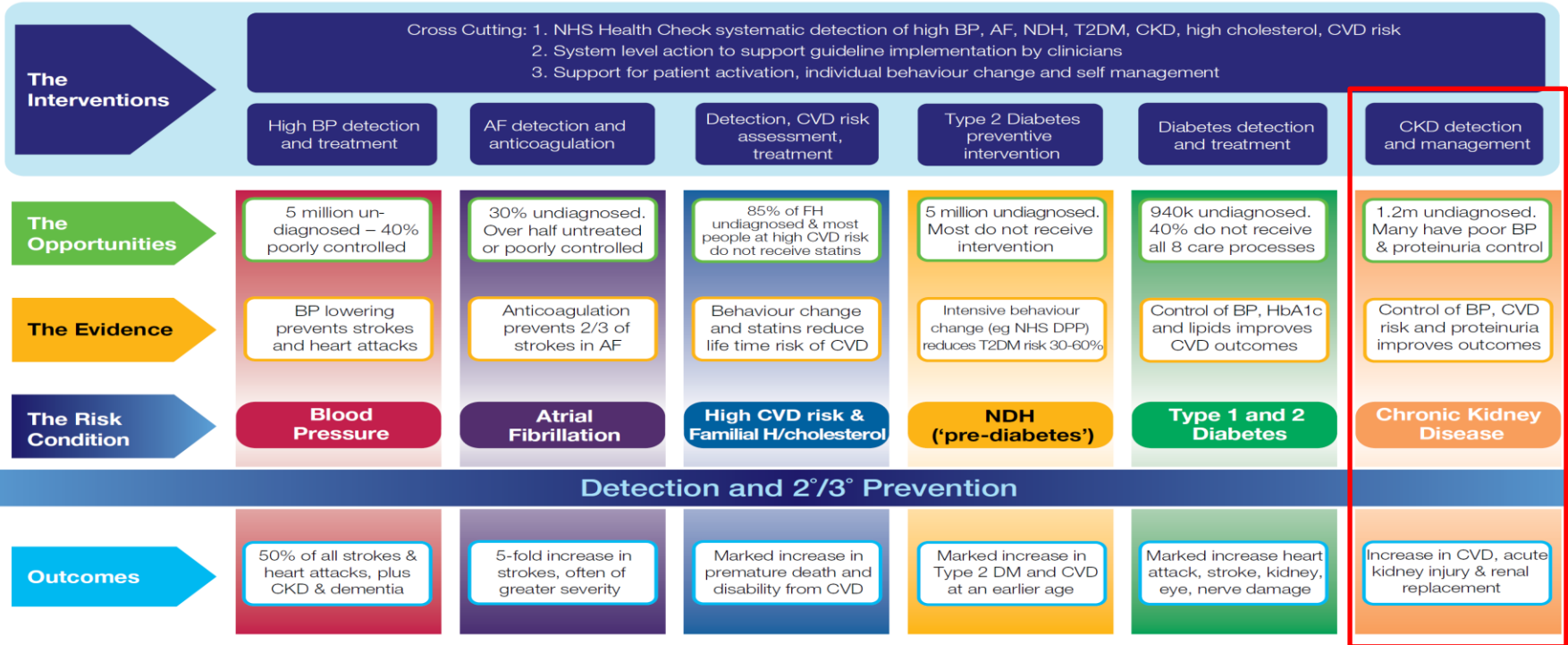
£6.8 billion

a year



3

Cardiovascular Disease Prevention: Risk Detection and Management in Primary Care



Detection and 2°/3° Prevention



High blood pressure affects **more than 1 in 4** adults in England



High blood pressure is the **3rd biggest risk factor** for premature death and disability in England after smoking and poor diet



People from the most deprived areas in England are **30%** more likely than the least-deprived to have high blood pressure

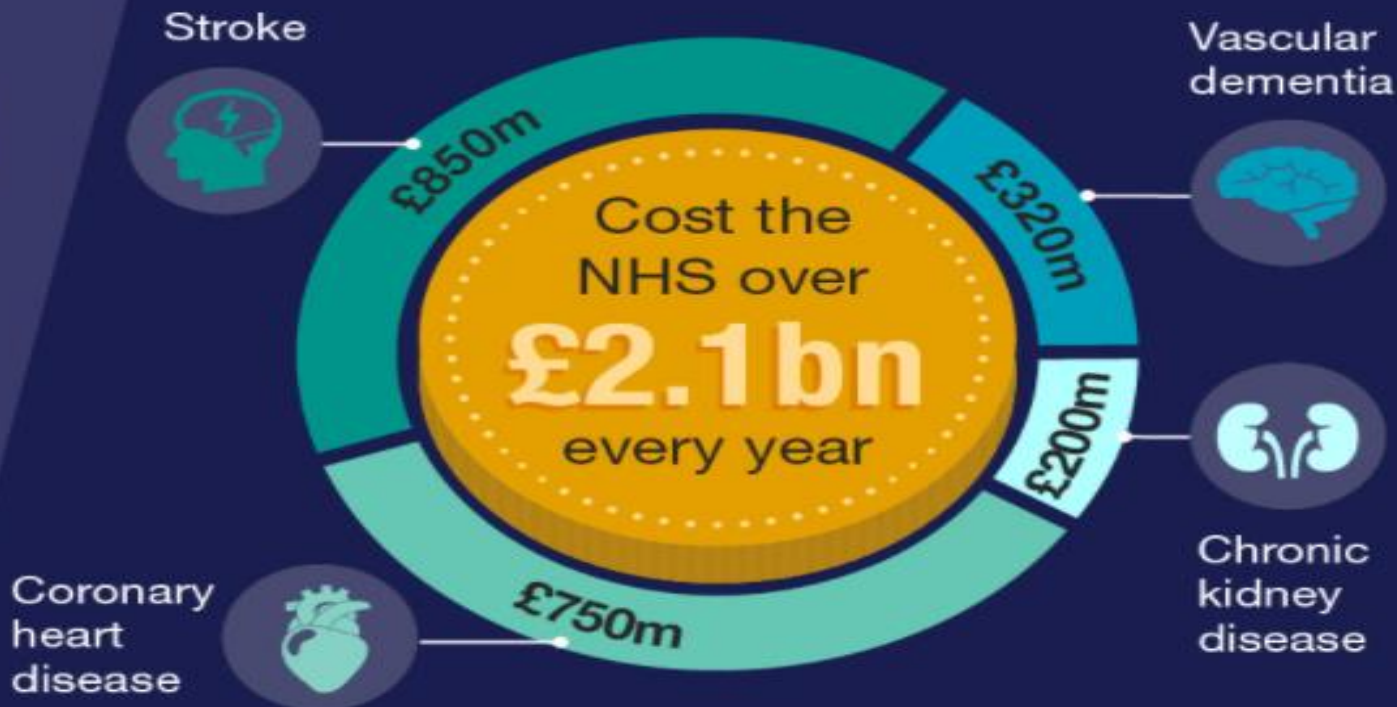


At least half of all heart attacks and strokes are associated with high BP and it is a major risk factor for chronic kidney disease, heart failure and dementia



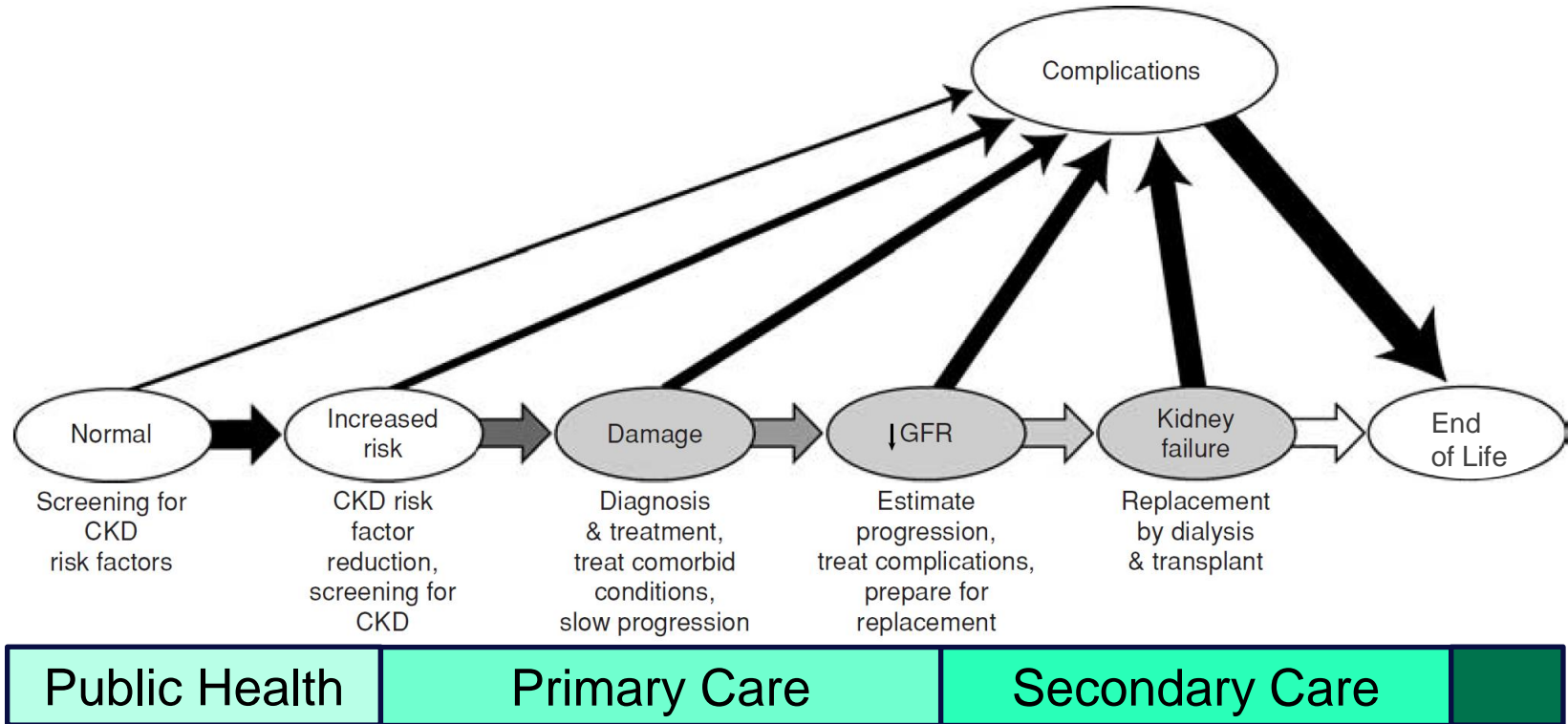


Diseases caused by high blood pressure:





Renal journey



CHRONIC KIDNEY DISEASE INFOGRAPHIC - NHS EREWASH CCG

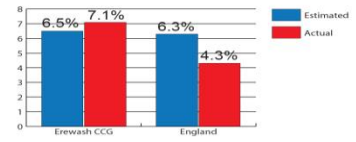
NUMBER OF PEOPLE WITH
DIAGNOSED CKD

5,449

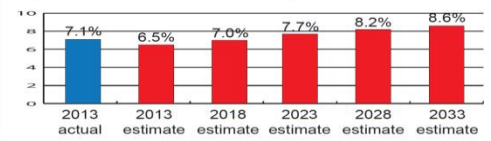
NUMBER OF PEOPLE WITH
UNDIAGNOSED CKD

349

CKD prevalence Estimate vs Actual 2013



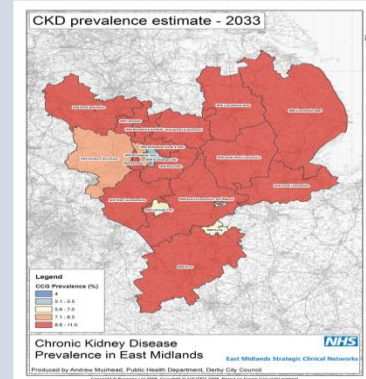
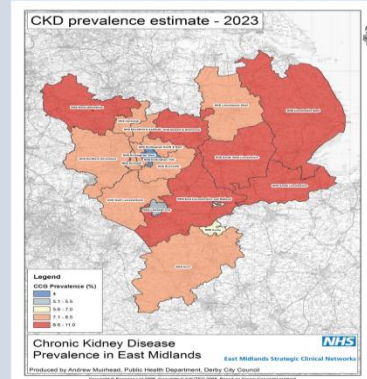
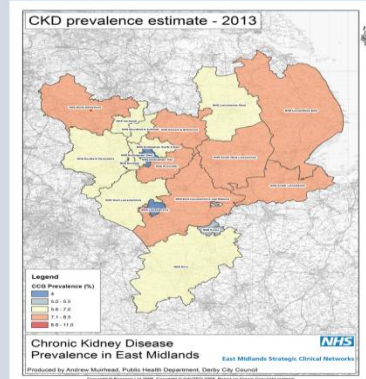
Projected growth of CKD prevalence vs Actual prevalence 2013



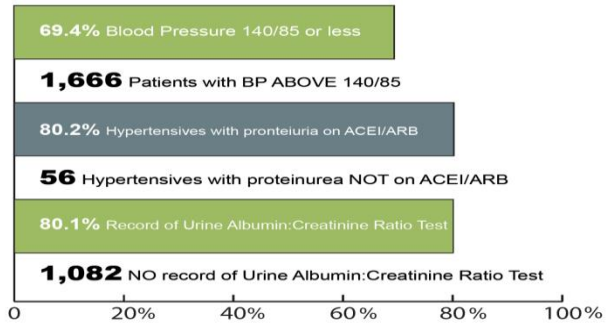
CKD RISK FACTORS

- Obesity 16+**: 11.17%
- Diabetes 17+**: 6.54%
- Hypertension**: 15.78%
- Coronary Heart Disease**: 3.62%

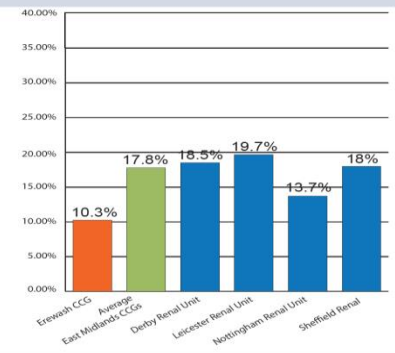
CKD Projected Growth 2013 - 2023 - 2033



CKD Management March 2013



Late Presentation prior to commencing Renal Replacement Therapy 2012 & 2013



Late presentation is the percentage of patients presenting to a nephrologist less than 90 days before initiation of Renal Replacement Therapy



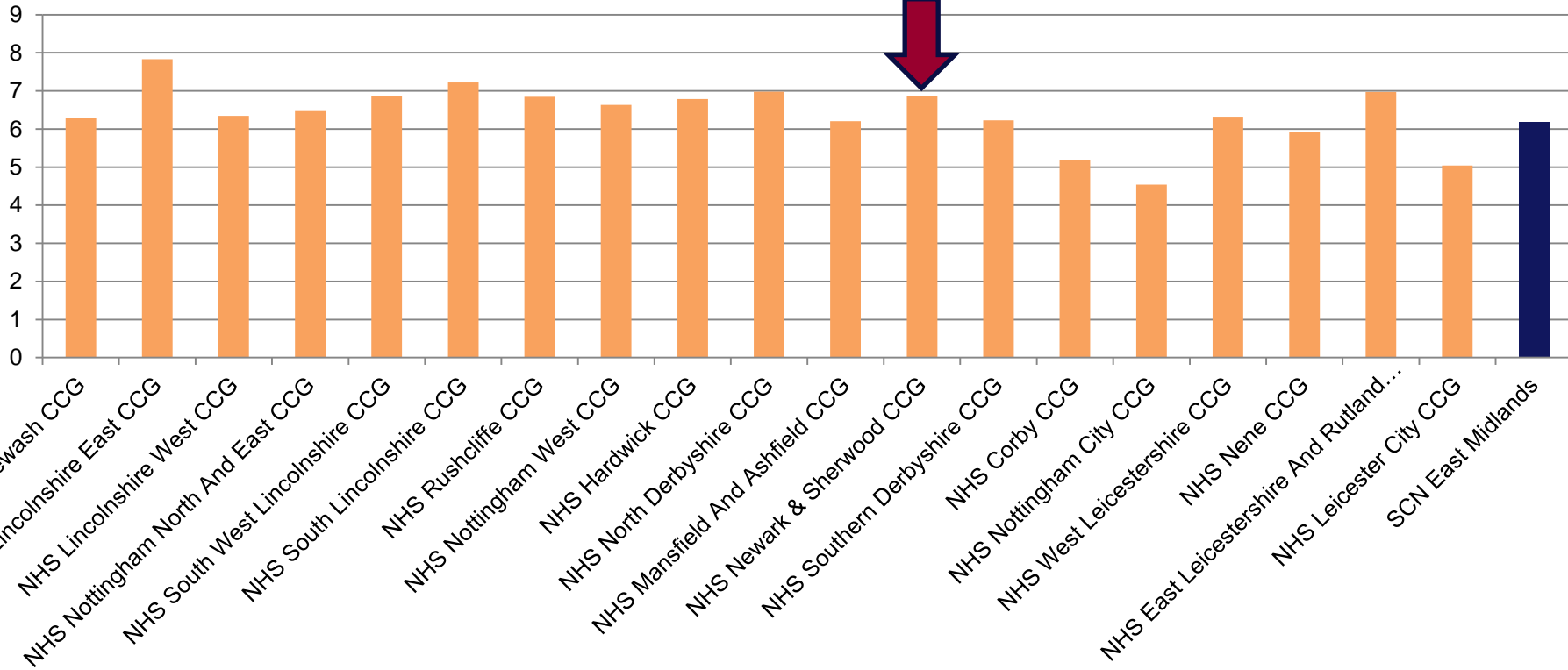
How common is CKD?

Number of patients with diagnosed CKD on GP registers, 2010/11 to 2015/16

Area	Year						% Change 2010/11 to 2015/16	Change in number of people on register 2010/11 to 2015/16
	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16		
Derbyshire STP	44,250	44,610	44,070	37,593	42,727	45,423	2.7	1,173
Leicester, Leicestershire and Rutland STP	31,748	31,713	32,436	30,728	31,965	32,150	1.3	402
Lincolnshire STP	40,770	38,926	38,921	35,430	41,191	44,441	9.0	3,671
Northamptonshire STP	23,570	23,753	23,267	20,501	22,566	22,757	-3.4	-813
Nottinghamshire STP	44,106	44,909	46,549	40,087	43,190	42,088	-4.6	-2,018
East Midlands Region	184,444	183,911	185,243	164,339	181,639	186,859	1.3	2,415
England	1,854,727	1,873,605	1,881,631	1,786,463	1,859,963	1,872,808	1.0	18,081

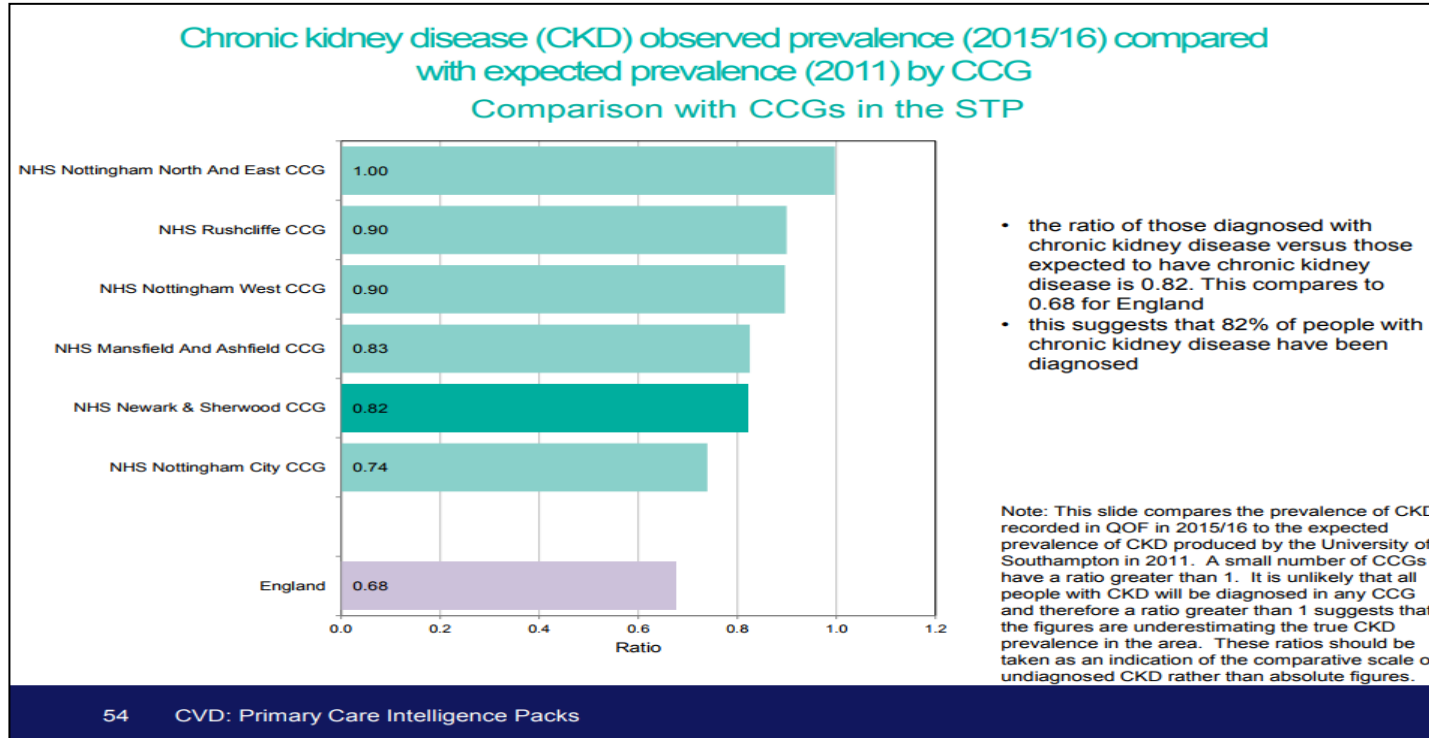


Expected CKD prevalence



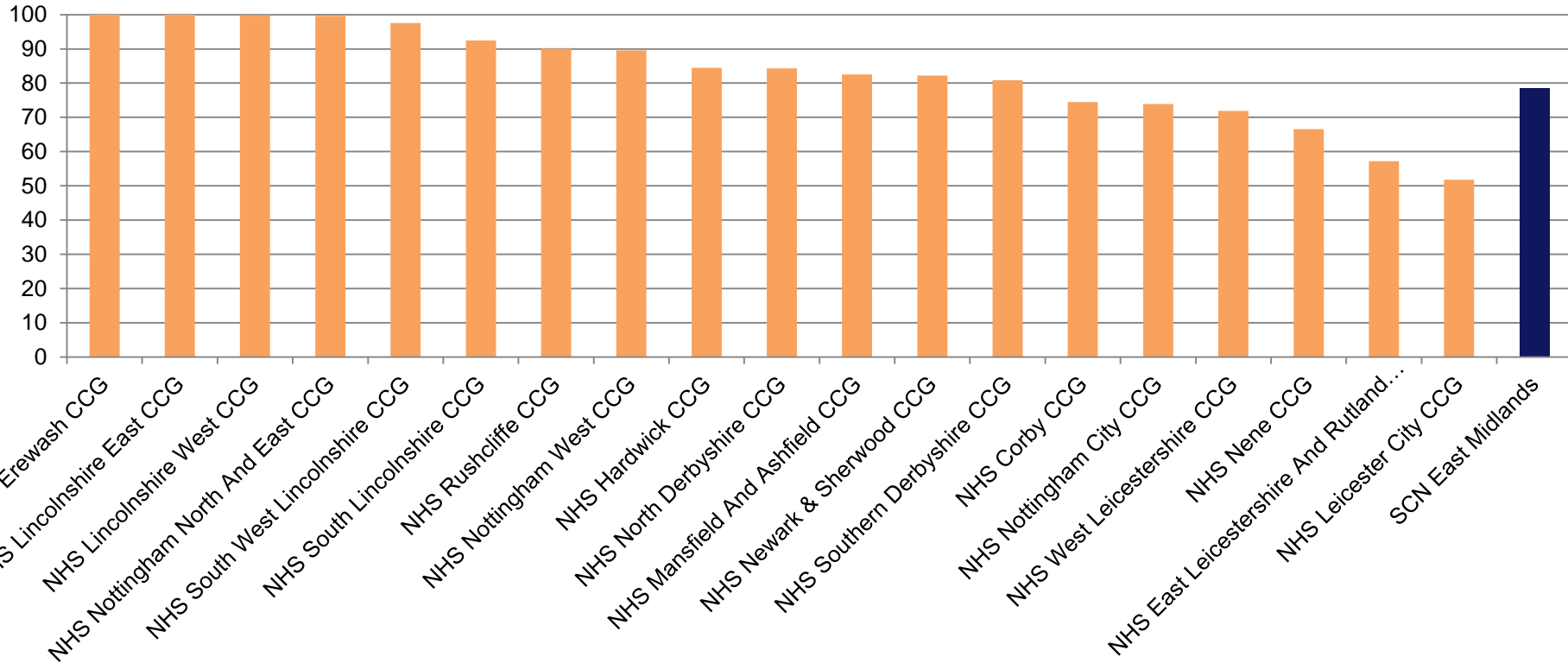


CKD observed to expected prevalence ratio





CKD observed to expected ratio





Proportion BP \leq 140/85

CKD002: Last BP reading measured in last 12mths is \leq 140/85 (den. incl. exc.) - retired

2014/15

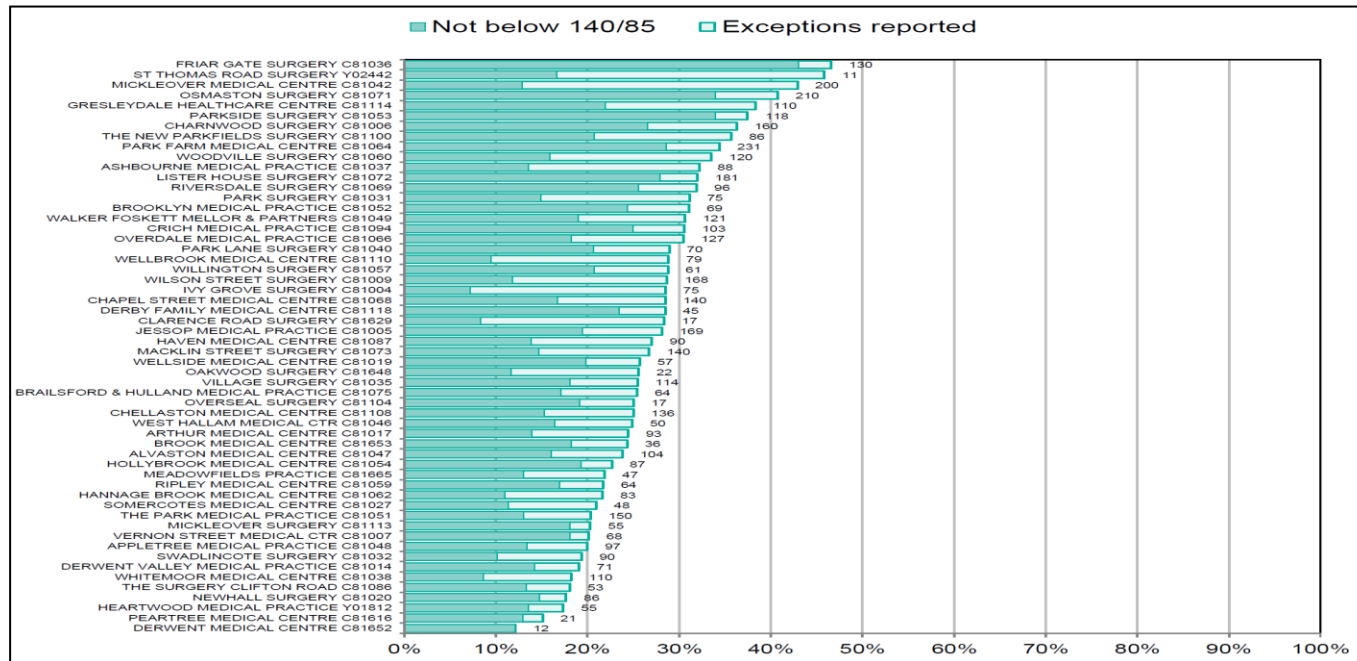
Proportion - %

Area	Count	Value	95% Lower CI	95% Upper CI
England	1,384,184	74.4	74.4	74.5
SCN East Midlands	143,639	74.5	74.3	74.7
NHS Corby CCG	436	80.7	79.0	82.2
NHS South Lincolnshire CC...	5,908	77.4	76.4	78.3
NHS Rushcliffe CCG	4,913	76.7	75.6	77.7
NHS Nottingham West CCG	3,665	76.5	75.3	77.7
NHS Lincolnshire West CCG	8,264	76.0	75.2	76.8
NHS Nene CCG	15,328	75.5	74.9	76.1
NHS Lincolnshire East CCG	11,832	75.2	74.5	75.8
NHS Leicester City CCG	6,094	74.8	73.9	75.8
NHS Mansfield And Ashfiel...	1520	74.8	73.8	75.8
NHS East Leicestershire A...	7,720	74.3	73.5	75.2
NHS West Leicestershire C...	9,949	74.0	73.3	74.7
NHS Nottingham North And...	6,253	74.0	73.0	74.9
NHS Erewash CCG	3,976	73.9	72.7	75.0
NHS South West Lincolnshi...	5,125	73.9	72.8	74.9
NHS Nottingham City CCG	7,565	73.7	72.8	74.5
NHS Hardwick CCG	3,286	72.9	71.6	74.2
NHS North Derbyshire CCG	10,096	72.9	72.2	73.7
NHS Southern Derbyshire C...	5188	72.7	72.1	73.4
NHS Newark & Sherwood CCG	4,125	71.5	70.3	72.6



Is it just a few practices?

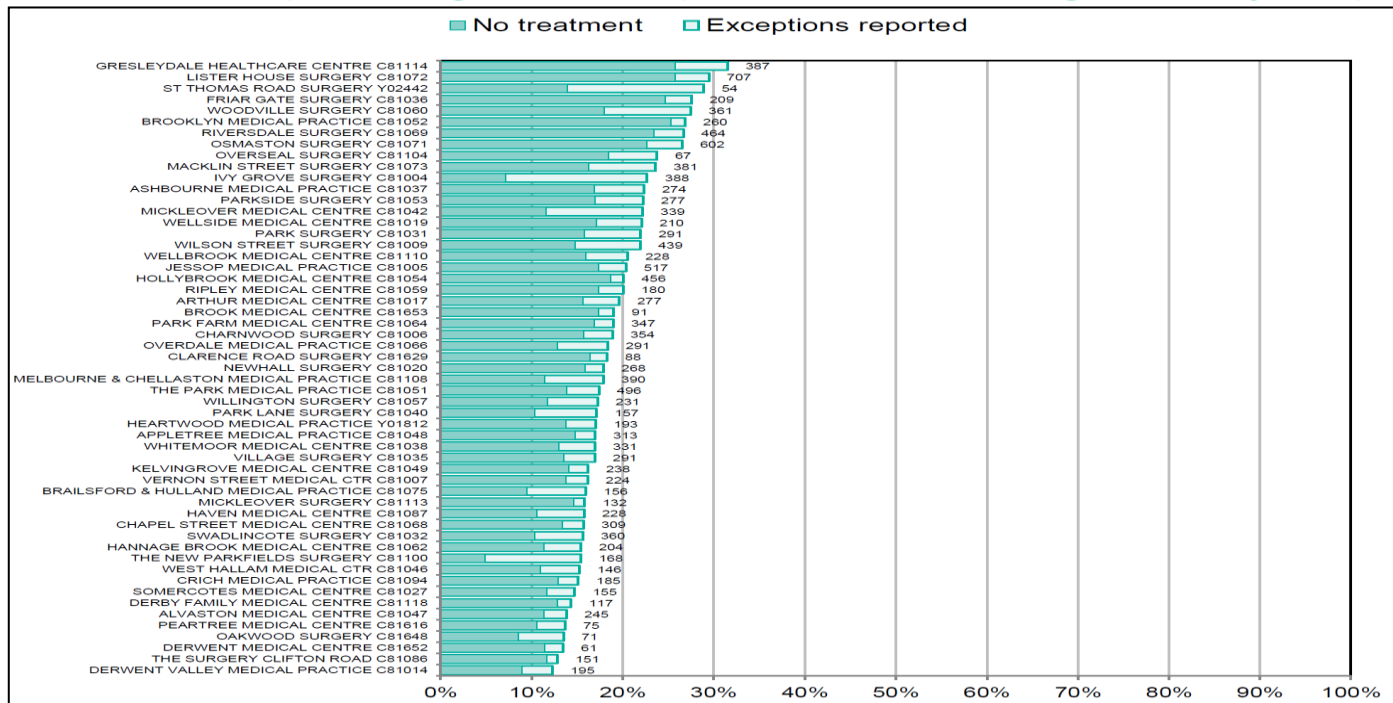
Percentage of patients on the CKD register whose last blood pressure reading (measured in the preceding 12 months) is not 140/85 mmHg or less by GP practice, 2014/15





Is it BP treatment in general?

Percentage of patients with hypertension whose last blood pressure reading (measured in the preceding 12 months) is not 150/90 mmHg or less by GP practice





Timely dialysis preparation

Proportion - %

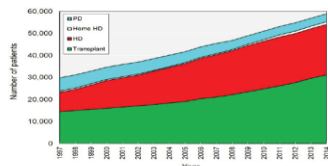
Area	Count	Value	Lower CI	Upper CI
England	-	19	-	-
SCN East Midlands	-	17	-	-
NHS Lincolnshire West CCG	-	31	-	-
NHS West Leicestershire C...	-	26	-	-
NHS Hardwick CCG	-	26	-	-
NHS Nene CCG	-	23	-	-
NHS Nottingham North And...	-	23	-	-
NHS Newark & Sherwood CCG	-	22	-	-
NHS Mansfield And Ashfiel...	-	20	-	-
NHS East Leicestershire A...	-	19	-	-
NHS Southern Derbyshire C...	-	15	-	-
NHS South Lincolnshire CC...	-	15	-	-
NHS Nottingham City CCG	-	12	-	-
NHS North Derbyshire CCG	-	9	-	-
NHS Leicester City CCG	-	7	-	-
NHS Lincolnshire East CCG	-	6	-	-
NHS Nottingham West CCG	-	0	-	-
NHS South West Lincolnshi...	-	*	-	-
NHS Erewash CCG	-	*	-	-
NHS Rushcliffe CCG	-	*	-	-
NHS Corby CCG	-	*	-	-

Source: UK Renal Registry UKRR 2014



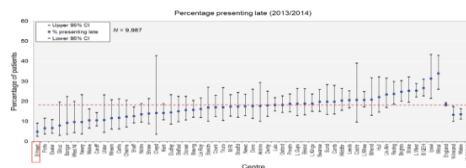
ASSIST-CKD A programme to spread eGFR graph surveillance for the early identification, support and treatment of people with progressive chronic kidney disease

+4% Increase in patients on dialysis nationally each year



4.9% to 33.9% Variation across renal units in Late Presentation for Renal Replacement Therapy (RRT) 2013/2014

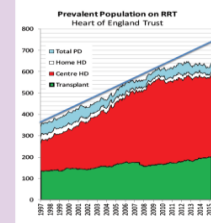
England Average = 18%



Using eGFR chart surveillance Heart of England Foundation Trust, Birmingham have delivered:

-10% Reduction in patients on dialysis against forecast prevalence level

4.9% Lowest Late Presentation for RRT nationally



Dialysis Treatment Costs per person per year	
£25,000	Dialysis Treatment
£5,000 to £10,000	Ancillary Costs inc. transport, EPO & other drugs, admission costs

Cost of eGFR Surveillance for 300,000 population per year	
£3,650	1 Year
£18,250	5 Years



165 additional Renal Replacement Therapy Patients per 300,000 population over 5 years (UK incidence 2013 - 108 per million population)

Delaying dialysis for only **1 patient for one year** will fund eGFR surveillance for 6 years



Benefits to Clinical Commissioning Groups

- Population based intervention supporting prevention & early detection of End Stage Renal Disease (ESRD)
- Significant savings through:
 - delaying or avoiding dialysis treatment costs
 - avoiding ancillary costs of dialysis including:
 - transport
 - EPO & other drugs
 - admission costs to commence emergency dialysis
 - inpatient admissions for complications related to dialysis treatment
- Patient-centric by highlighting groups of patients at greatest risk of ESRD

Benefits to GPs

- Highlights a small number of people with progressive kidney disease who are high risk (2-3 graphs per month per GP practice)
- Offers specialist interpretation of long term trends of renal function
- Prevents inappropriate referral of patients to nephrology & reduces need for outpatient follow-up of patients with stabilised renal function

Patient benefits:

- Reduce morbidity and mortality and increase quality of life
- Earlier access to interventions that slow down progression of kidney disease
- Delay or prevent need for renal replacement therapy
- Better access to pre-emptive transplantation & home therapies for dialysis
- Reduction in emergency dialysis & inpatient length of stay
- eGFR chart supports understanding of the decline in renal function promoting patient activation and empowerment in managing their disease


Project supported by:



www.kidneyresearchuk.org



Kidney disease profile



Public Health
England

Protecting and improving
the nation's health

Cardiovascular disease profile - Kidney disease

June 2017

NHS Erewash CCG

Background

This chapter of the cardiovascular disease profiles focuses on kidney disease and is produced by the National Cardiovascular Intelligence Network (NCVIN). The profiles are available for each clinical commissioning group (CCG) in England. Each profile is made up of four chapters which look at coronary heart disease (CHD), diabetes, kidney disease and stroke. This profile compares the CCG with data for England, a group of similar CCGs and the Derbyshire Sustainability and Transformation Partnership (STP).

Key information

In 2015/16 there were 5,286 people aged 18 years and over who had been diagnosed with chronic kidney disease (CKD) in NHS Erewash CCG. This represents 6.7% of the registered population aged 18 and over.

In the CCG the CKD QOF clinical indicator achievement varied at practice level in 2014/15. The indicators were removed from QOF in 2015/16.

The acceptance rate onto Renal Replacement Therapy (RRT) in NHS Erewash CCG is 124.7 per million population compared to an England rate of 107.9

There were 78 NHS Erewash CCG residents receiving RRT in 2014. The number of residents receiving RRT between 2009 and 2014 has increased by 5.4%.

In NHS Erewash CCG in 2014 the percentage of people receiving RRT who have had a renal transplant was 52.6%, a further 10.3% received home dialysis and 37.2% received hospital dialysis.

Key facts	Local	Comparator CCGs	STP	England
Observed prevalence of CKD (per cent)	6.7	5.5	5.5	4.1
Estimated prevalence of CKD (per cent)	6.3	6.4	6.5	6.1
Patients diagnosed with CKD whom the last blood pressure reading is 140/85 or less (per cent)*	73.9	74.8	73.0	74.4
Number of people receiving RRT	78	-	857	49,842
Proportion of people receiving RRT with transplants	52.6	51.9	49.8	52.4
The acceptance rate onto RRT	124.7	103.7	102.6	107.9

* Data from 2014/15

Produced by the National Cardiovascular Intelligence Network (NCVIN)
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www.gov.uk/phe | <http://fingertips.phe.org.uk/>
Page 1



Kidney disease profile

Kidney disease

June 2017

NHS Nottingham North and East CCG

End stage renal disease (ESRD)

This section summarises some indicators of service use and the care delivered to the CCG by kidney centres. The data is taken from the UK Renal Registry (UKRR). People within the CCG may attend different kidney centres and these and other indicators are available at kidney centre level from the UKRR website www.renalreg.com. Variability between these kidney centre indicators can reflect different patterns of service provision, for example, transplant centres or differences in the populations or the geographical areas served by the centres. Data should be interpreted with local knowledge in mind. Nationally the number of people receiving RRT continues to rise despite little change in the number of new people starting RRT. This is generally explained by a gradual national decline in mortality which is no different between centres once adjusted for case-mix.

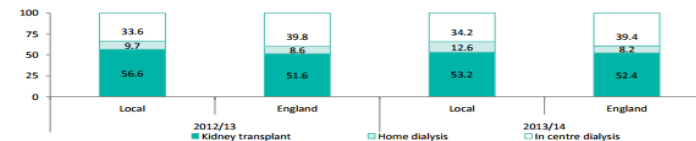
Provision of services 2014

	Local	Comparator CCGs	STP	England
Number of people receiving RRT, 2014	111	—	876	49,842
Change in number of people receiving RRT, 2009 to 2014 (per cent)	9.9	14.0	14.5	20.9
Proportion of dialysis patients receiving home dialysis (home HD and PD combined) (per cent), 2014	26.9	25.0	26.4	17.3

Proportion of people on RRT by treatment modality

Although a person's initial choice of the type of RRT is important – so is the availability of the range of treatment choices (including home therapies and renal transplantation) to those already receiving RRT. Supporting patients doing home therapies in particular is crucial if they are to continue with the treatment long-term. The proportions of people having each type of treatment, viewed alongside the proportions of people choosing each treatment initially gives an broad indication of ongoing access to choice, and also patient support to remain independent.

RRT by treatment modality type (transplant, hospital dialysis, home dialysis), 2012 - 2014 (per cent)



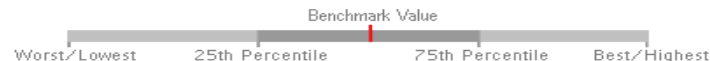
Source: UKRR 2014.

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Drilling down – is there a theme? Interactive kidney profiles

Compared with benchmark ● Better ● Similar ● Worse ● Lower ● Similar ● Higher ○ Not Compared

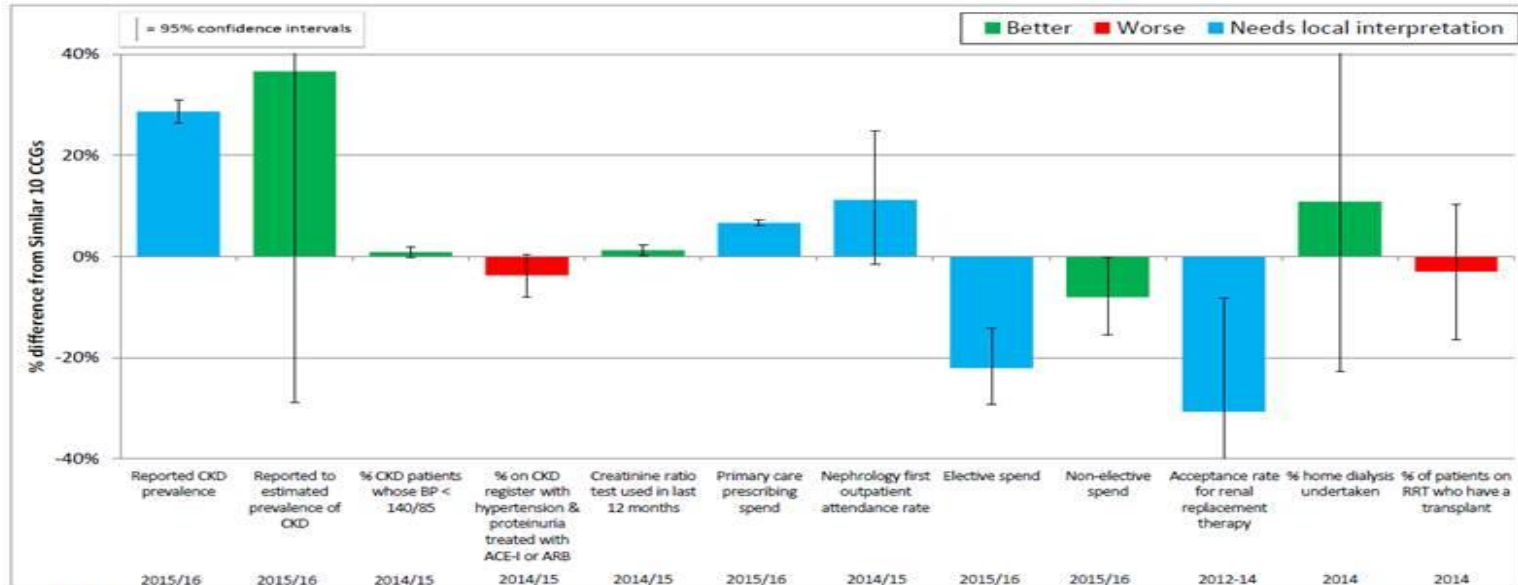


Indicator	Period	Count	Value	Sub-region	England	England		
				Value	Value	Worst/Lowest	Range	Best/Highest
CKD: QOF prevalence (18+)	2015/16	5,479	2.5%	4.1%	4.1%	1.5%		8.2%
CKD expected prevalence	2011	-	4.8%	-	6.1%	2.9%		8.6%
CKD002: Last BP reading measured in last 12mths is <=140/85 (den. incl. exc.) - retired	2014/15	3,637	68.5%	74.4%	74.4%	67.3%		82.6%
CKD003: Hypertension treated with ACE inhibitor/ARB (den. incl. exc.) - retired	2014/15	288	80.9%	75.0%	76.4%	65.7%		86.3%
CKD004: Urine albumin:creatinine ratio test last 12 mths (den. incl. exc.) - retired	2014/15	3,491	65.8%	75.9%	75.4%	61.3%		84.4%
Pre empive and early transplantation rate (per cent starting RRT who have a working transplant at 90 days)	2009 - 14	-	17%	-	10%	3%		24%
RRT Modality at 90 days: % Transplant	2009 - 14	-	17%	-	10%	3%		24%
RRT Modality at 90 days: % Home dialysis	2009 - 14	-	34%	-	21%	4%		40%
RRT Modality at 90 days - % Hospital Dialysis	2009 - 14	-	49%	-	69%	43%		89%
Patients starting dialysis with definitive access (AVF, AVG or PD catheter)	2013 - 14	-	51%	-	54%	-	Insufficient number of values for a spine chart	-



NHS RightCare renal pathway

Renal pathway



NICE guidance:

<http://pathways.nice.org.uk/pathways/chronic-kidney-disease>

<http://pathways.nice.org.uk/pathways/acute-kidney-injury>



Any questions?

james.hollinshead@phe.gov.uk

james.medcalf@nhs.net

KQuIP/UKRR Regional Day

East Midlands

09:50 - 11:00

What do the data tell us – primary, secondary and tertiary care

UKRR – The national and regional picture – To focus on areas of known variation

- Infection data and peritonitis
- Home therapies
- Mortality rates

Followed by Q and A

Fergus Caskey, Medical Director, UK Renal Registry



THE NATIONAL AND REGIONAL PICTURE

THE EAST MIDLANDS

UK Renal Registry

Dr Fergus Caskey

Consultant Nephrologist, North Bristol NHS Trust

Honorary Senior Lecturer, University of Bristol

Medical Director, UK Renal Registry

What we will be covering

- Incidence (treatment rates)
 - Age and ethnicity
- Survival
 - Incident patients (from 90 days)
 - Prevalent patients
 - Impact of co-morbidity
- Quality of care
 - Attainment of CKD-MBD standards
 - Attainment of anaemia standards
- Vascular access
- Infections
 - PD peritonitis
 - MRSA & MSSA
- Home therapies
 - PD at day 1 and day 90
 - Home HD
- Late presentation
 - Modality

INCIDENCE (TREATMENT RATES)



New RRT patients per million of the population

Centre	Year					Catchment	2015 rate	
	2011	2012	2013	2014	2015	population (millions)	pmp	(95% CI)
Derby	74	80	74	76	60	0.70	85	(64-107)
Leic	266	235	288	252	273	2.44	112	(99-125)
Nottm	114	100	113	111	129	1.09	119	(98-139)
							% change since 2011	
England	5,723	5,781	5,983	6,342	6,580	15.0		
UK	6,802	6,855	7,029	7,433	7,814	14.9		

Number of patients starting RRT by renal centre 2011-2015

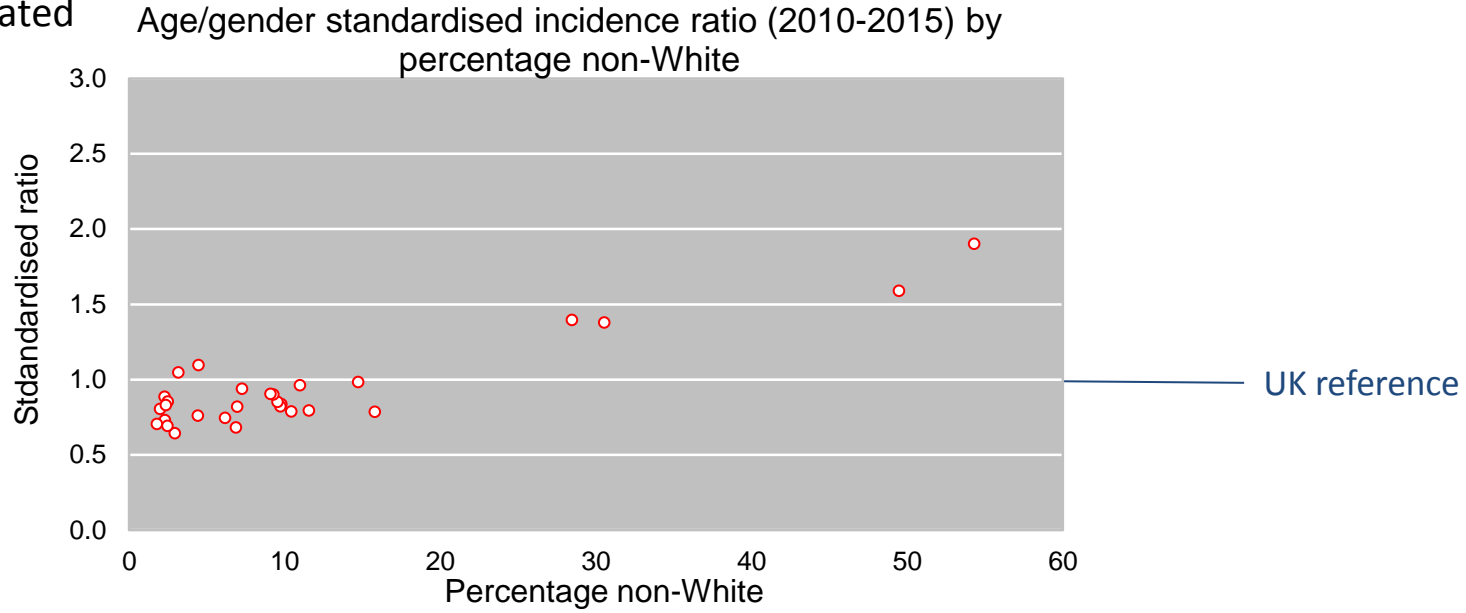


RRT treatment rates by CCG

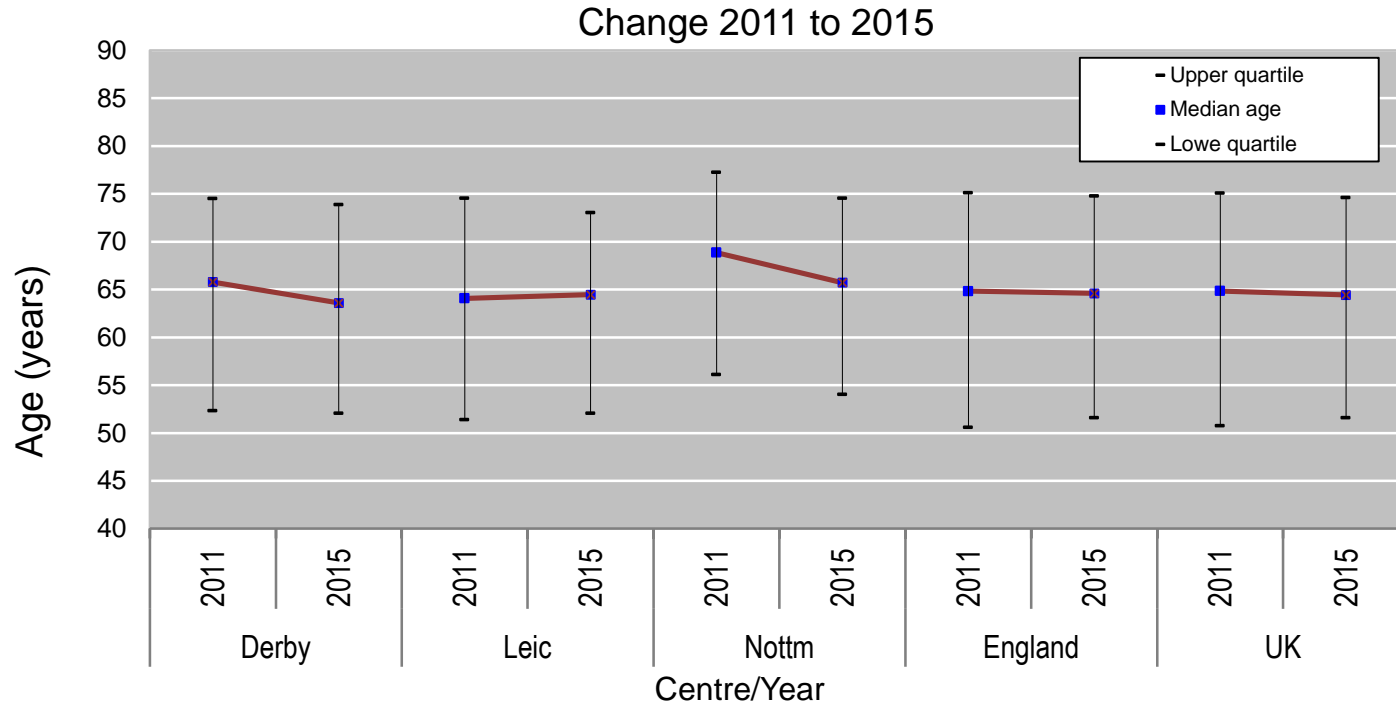
UK Area	Name	Tot Obs	O/E	L 95% CL	U 95% CL	Crude rate per 1000000 pop	% Non White
Leicestershire and Lincolnshire	↓ NHS East Leicestershire and Rutland	196	0.83	0.73	0.96	100	9.8
	↓ NHS Leicester City	278	1.59	1.41	1.78	135	49.5
	↓ NHS Lincolnshire East	152	0.80	0.68	0.94	109	2.0
	↓ NHS Lincolnshire West	103	0.64	0.53	0.78	73	3.0
	↓ NHS South Lincolnshire	97	0.88	0.72	1.08	111	2.3
	↓ NHS South West Lincolnshire	67	0.73	0.57	0.93	90	2.3
	↓ NHS West Leicestershire	216	0.82	0.72	0.94	93	6.9
Derbyshire and Nottinghamshire	↓ NHS Erewash	68	1.04	0.82	1.32	118	3.2
	↓ NHS Hardwick	56	0.70	0.54	0.91	84	1.8
	↓ NHS Mansfield & Ashfield	114	0.85	0.71	1.02	97	2.5
	↓ NHS Newark & Sherwood	72	0.83	0.66	1.04	101	2.4
	↓ NHS North Derbyshire	142	0.69	0.59	0.81	87	2.5
	↓ NHS Nottingham City	223	1.39	1.22	1.59	117	28.5
	↓ NHS Nottingham North & East	77	0.74	0.59	0.93	86	6.2
	↓ NHS Nottingham West	74	0.94	0.75	1.18	110	7.3
	↓ NHS Rushcliffe	55	0.68	0.52	0.89	80	6.9
	↓ NHS Southern Derbyshire	331	0.96	0.86	1.07	105	11.0
Hertfordshire and the South Midlands	NHS Corby	43	1.09	0.81	1.48	107	4.5
	NHS Nene	376	0.90	0.82	1.00	98	9.1

RRT treatment rates by ethnicity

Big differences
between CCGs, related
to ethnicity



Change in median age at start of RRT

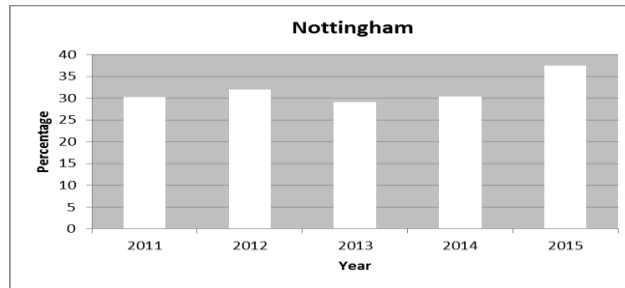
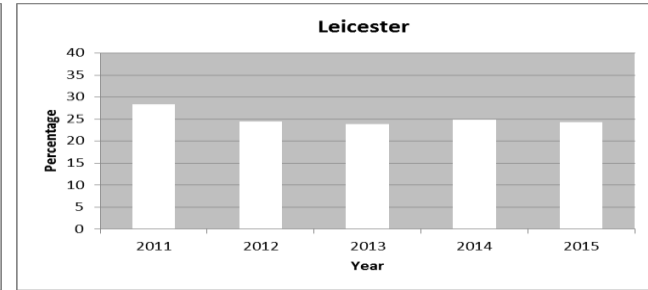
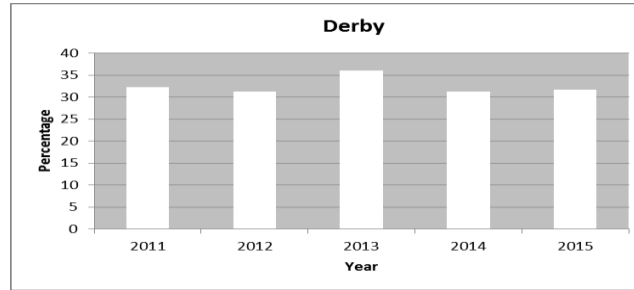


TREATMENT ADEQUACY PARAMETERS

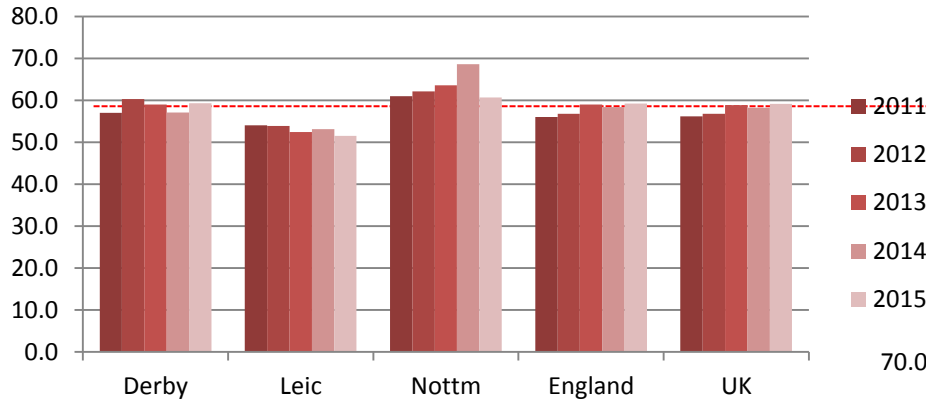


Trends in attainment of CKD MBD standard (HD)

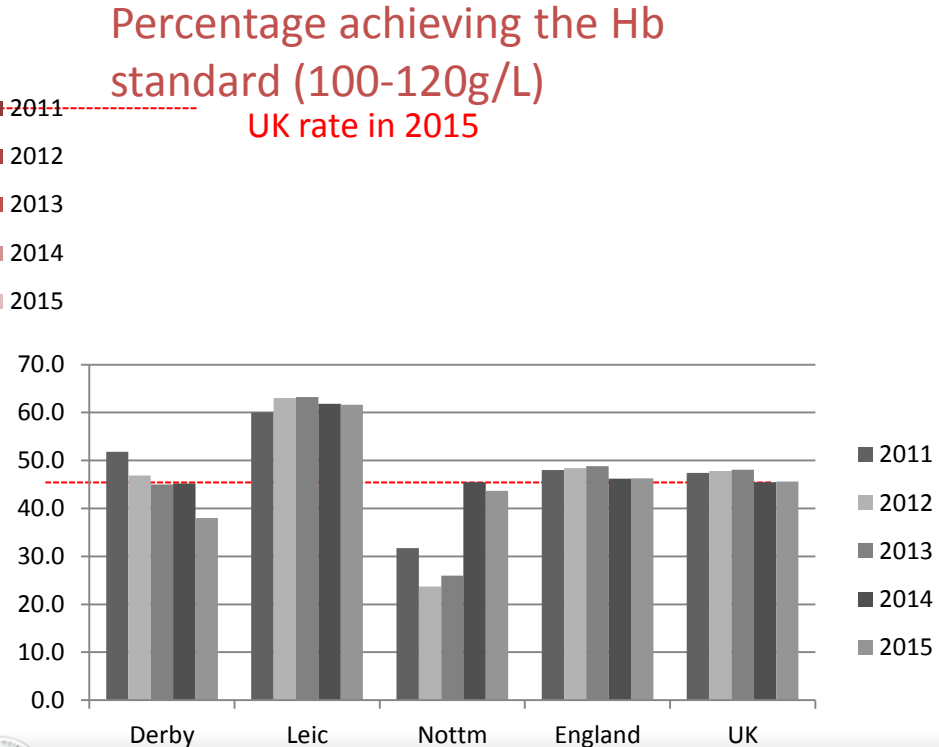
Percentage of haemodialysis patients within the ranges specified for the simultaneous combinations of bone and mineral disorder in preventing severe hyperparathyroidism 2011-2015



Trends in attainment of anaemia standards (HD)

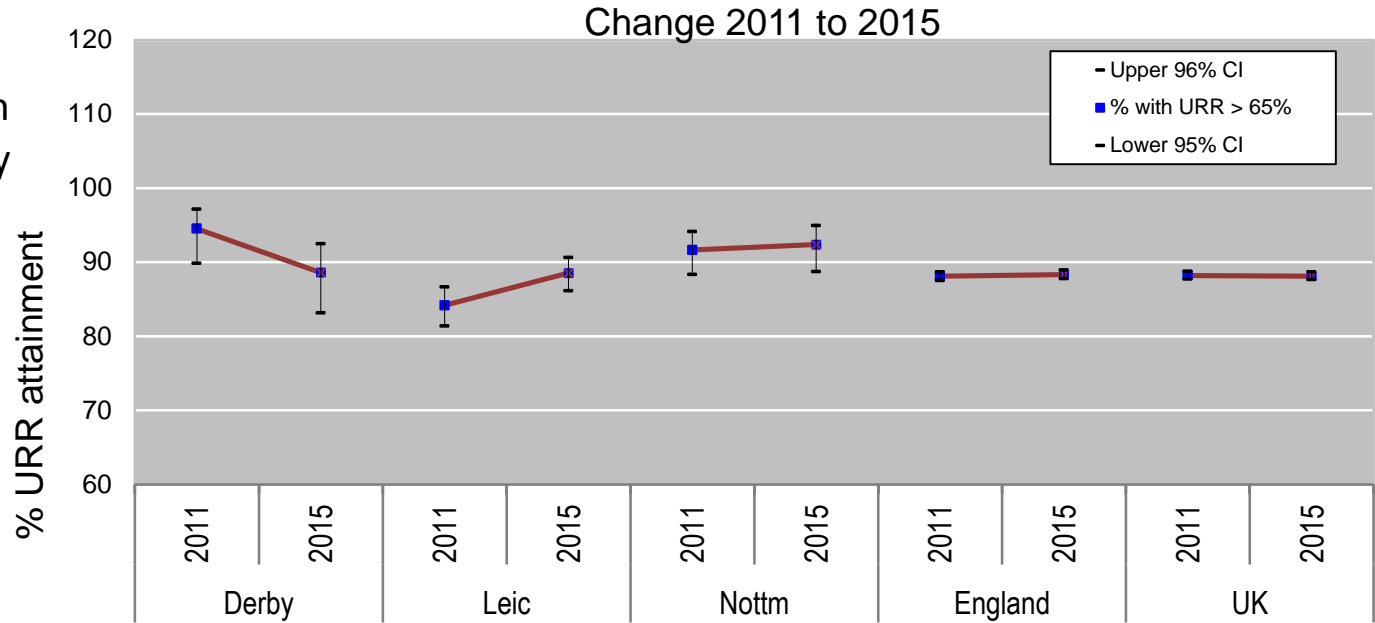


Percentage achieving the Ferritin standard (>100ug/L)



Trends in attaining URR>65%

Percentage of prevalent patients on HD with URR>65% by centre in 2011 and 2015.



SURVIVAL



One year survival from day 90

One year after 90 days
survival adjusted to age
60, 2011-2014 cohort.

Centre	2014 cohort		
	Survival	L95%CL	U95%CL
Nottm	92.5	88.2	97.1
Leic	91.4	88.3	94.6
Derby	95.7	91.1	100.0
England	90.4	89.6	91.2
UK	90.2	89.4	91.1

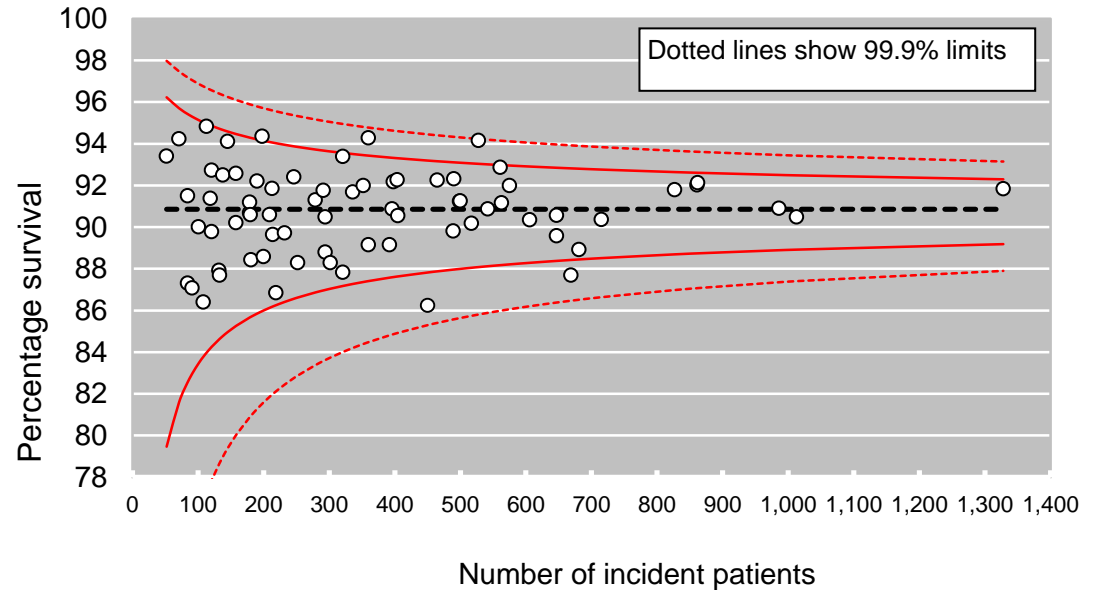


Fig 5.15. Survival Chapter. 19th UKRR Report.

One year survival from 31st Dec 2014

One year survival of prevalent dialysis patients by centre adjusted to age 60, 2014 cohort

Centre	2014 cohort		
	Survival	L95%CL	U95%CL
Nottm	90.4	88.1	92.8
Leic	86.4	84.5	88.3
Derby	90.8	87.9	93.8
England	88.5	88.0	89.0
UK	88.3	87.8	88.7

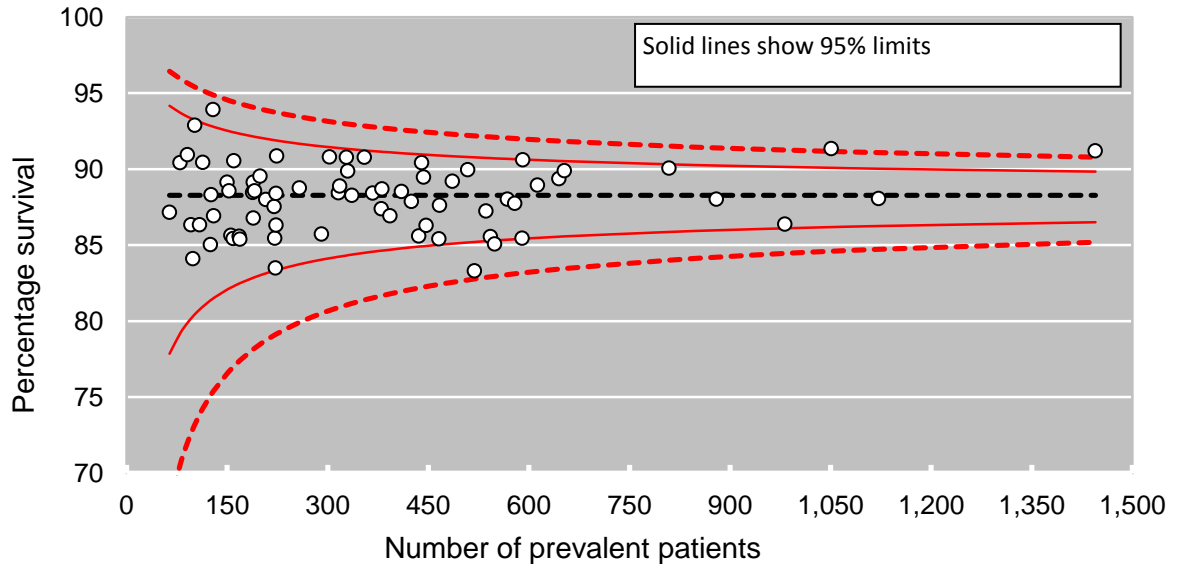
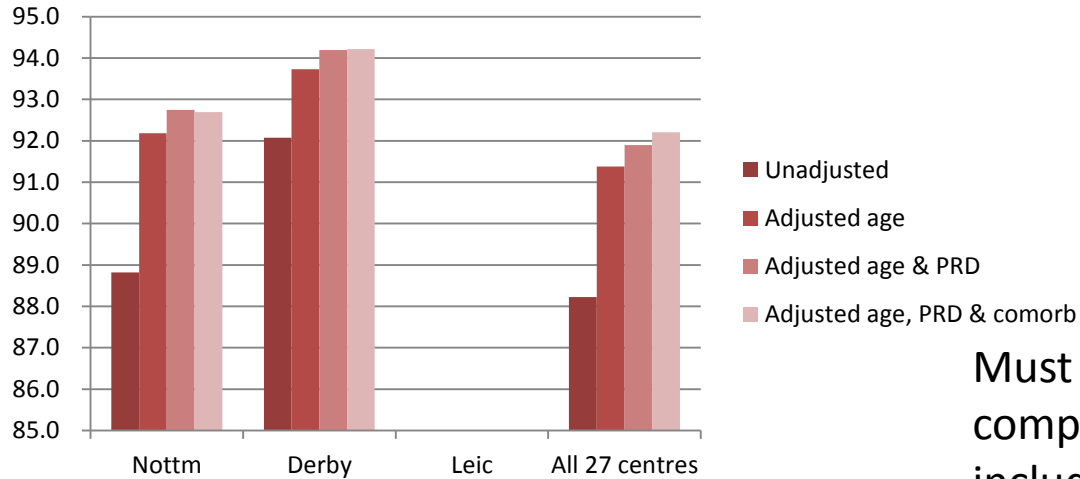


Fig 5.20. Survival Chapter. 19th UKRR Report.

Data completeness for co-morbidity

	Derby	Leic	Nott
Completeness 2014	97	44	99



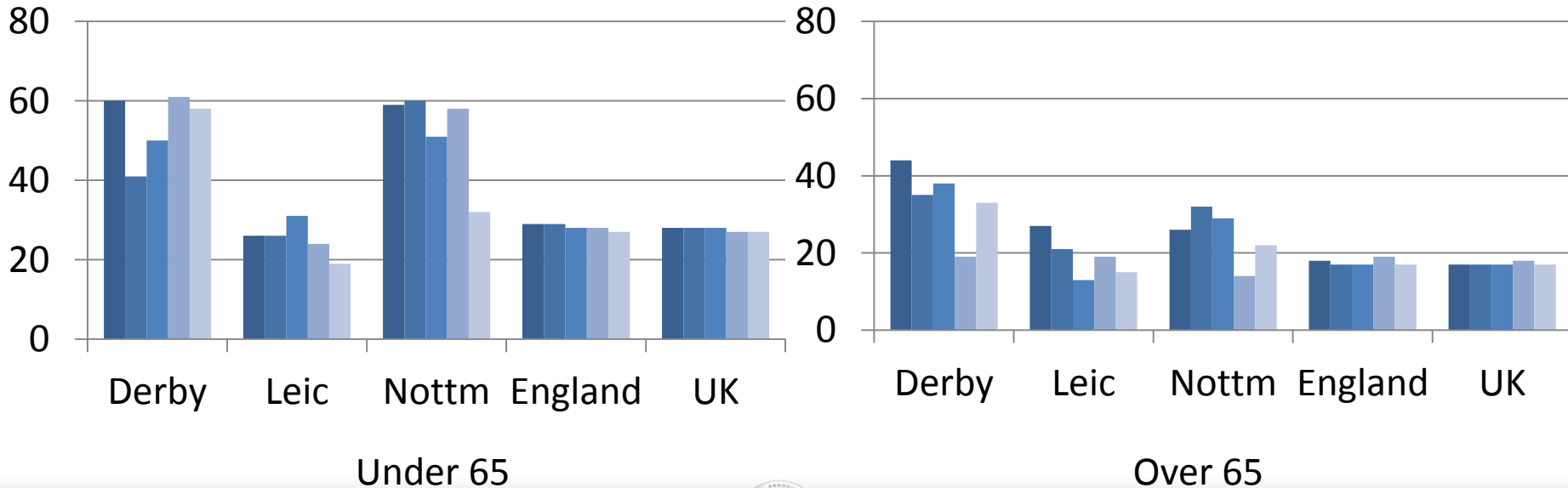
Must be at least 85% complete to be included.

HOME THERAPIES (HOME HD & PD)



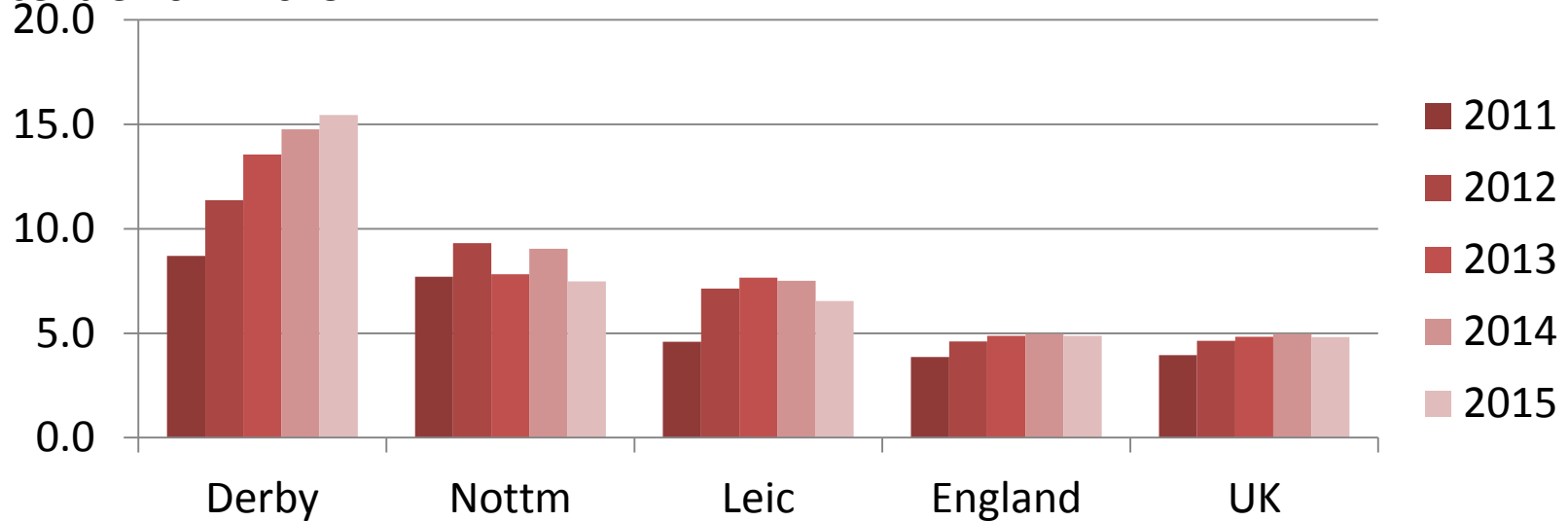
Rates of PD at day 90, by age

Percentage of dialysis patients treated with PD at day 90 by centre 2011-2015, split by age.



Rates of home HD, by centre

Percentage of prevalent haemodialysis patients treated with home haemodialysis by centre 2011-2015.

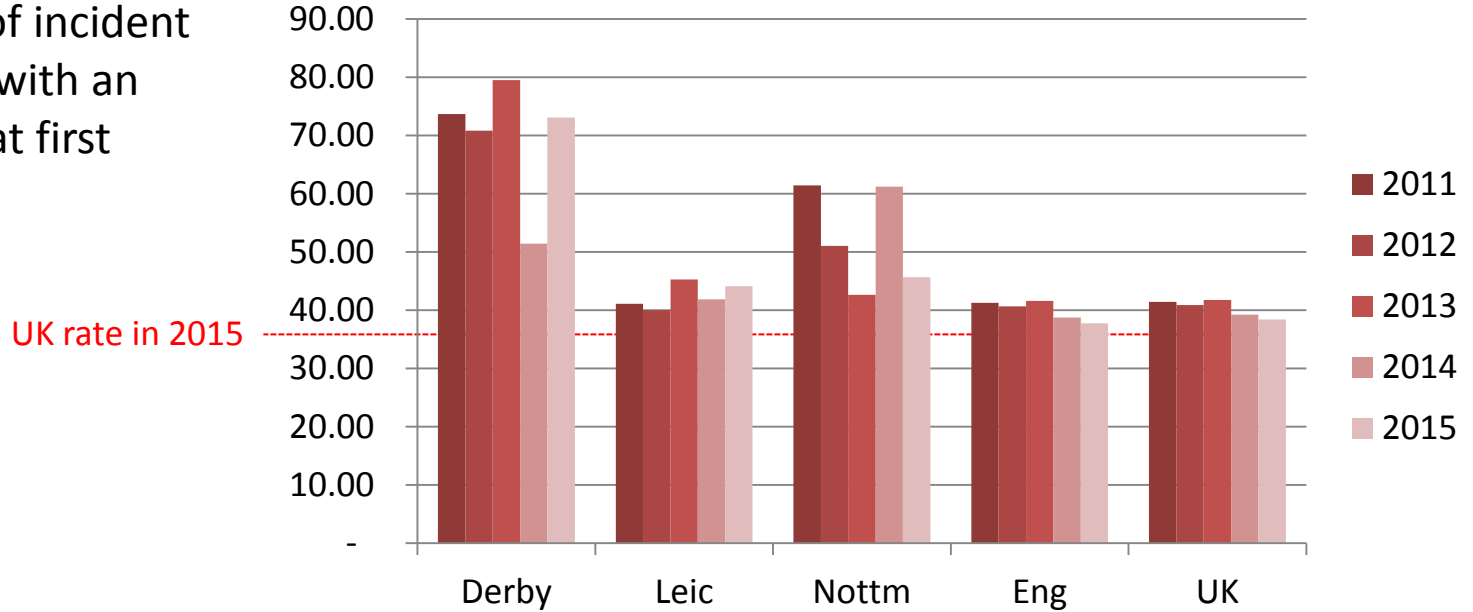


DIALYSIS ACCESS



Trends in definitive access at first dialysis

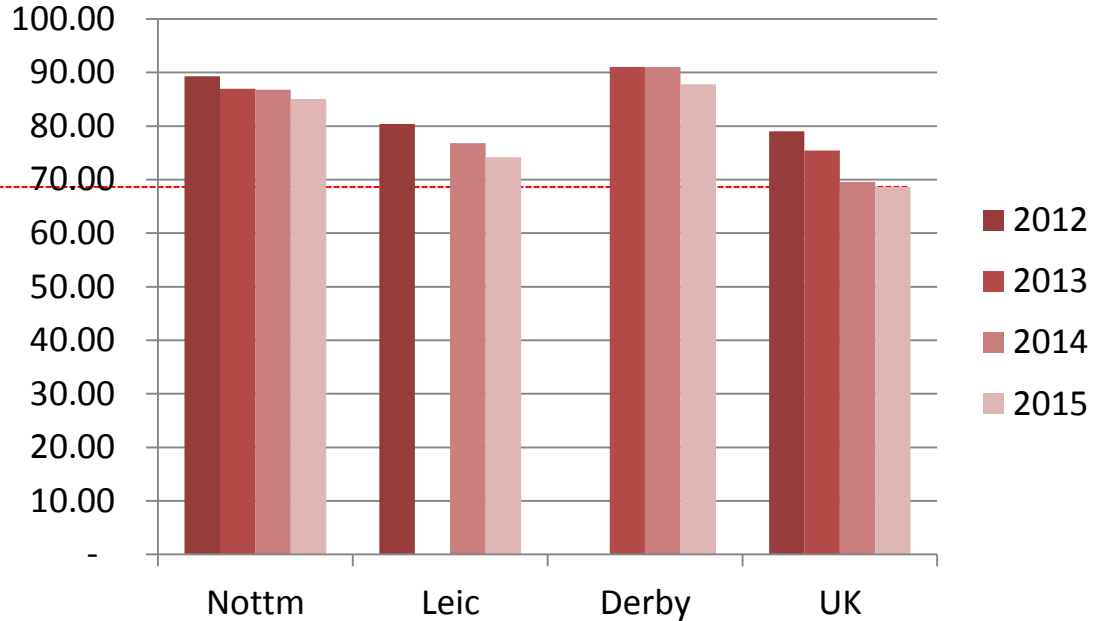
Percentage of incident HD patients with an AVF or AVG at first dialysis.



Trends in definitive access in existing HD patients

Percentage of HD patients on 31st Dec with an AVF or AVG.

UK rate in 2015

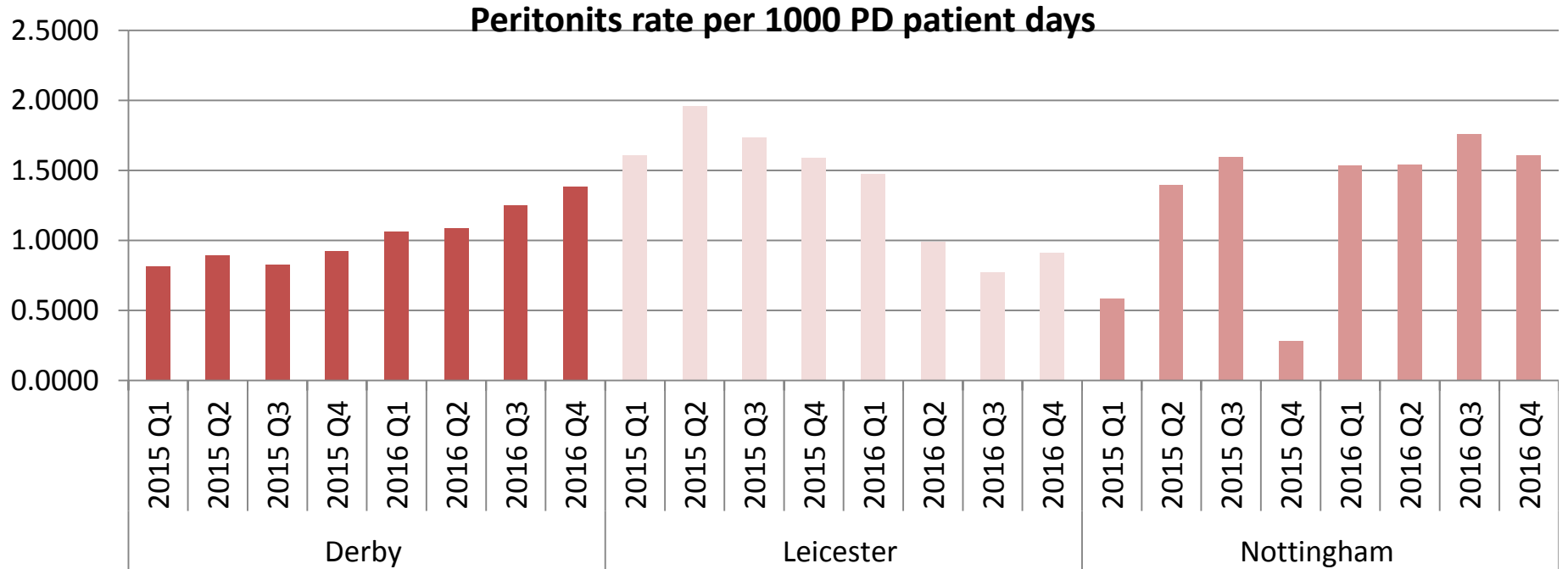


INFECTIONS



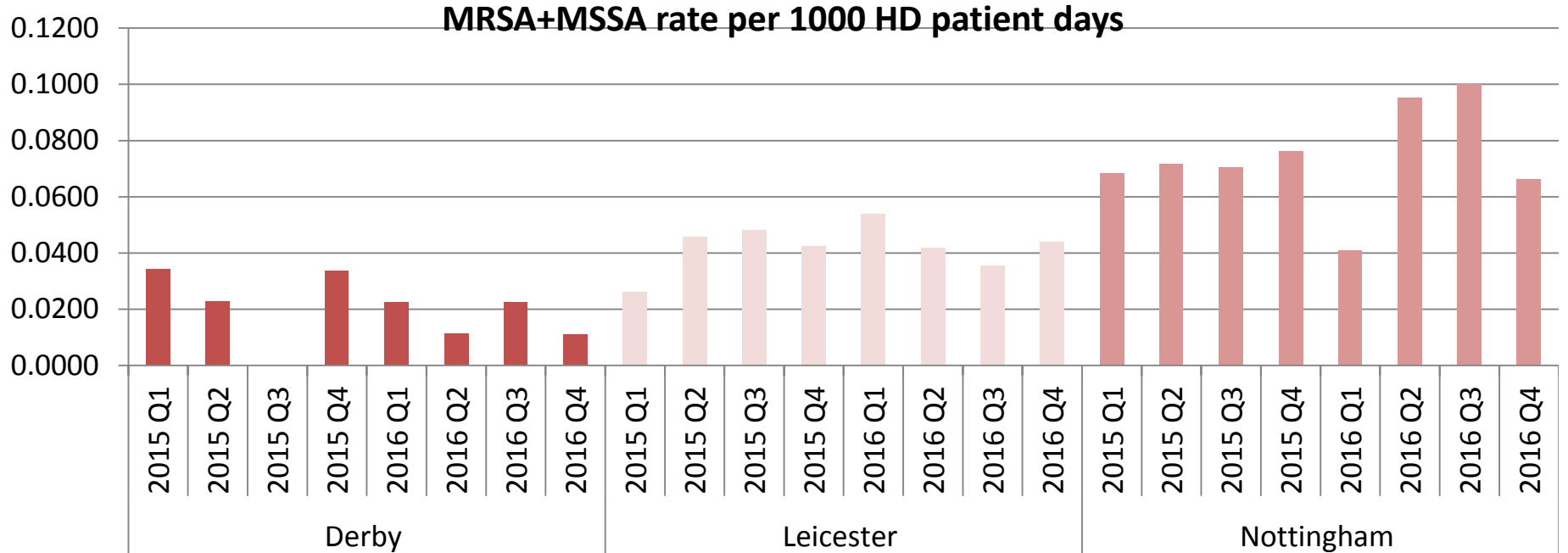
PD peritonitis rates

(Dashboard data)



MRSA & MSSA bacteraemia rates

(Dashboard data)



LATE PRESENTATION



Late presentation for RRT, data completeness

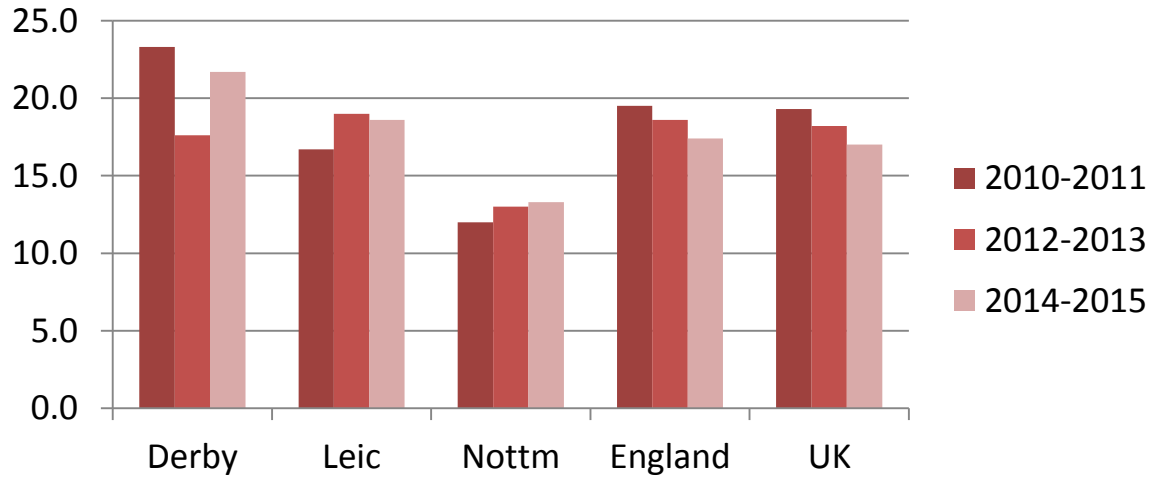
Presenting within 90 days of first dialysis.

Centre	Percentage completeness				
	2011	2012	2013	2014	2015
Derby	96.2	100.0	97.3	100.0	98.4
Leic	96.6	97.0	96.6	98.0	98.2
Nottm	97.4	98.0	97.3	97.3	94.4
England	78.3	87.0	84.4	80.1	81.0
E, W & NI	80.6	87.9	85.3	81.0	81.4



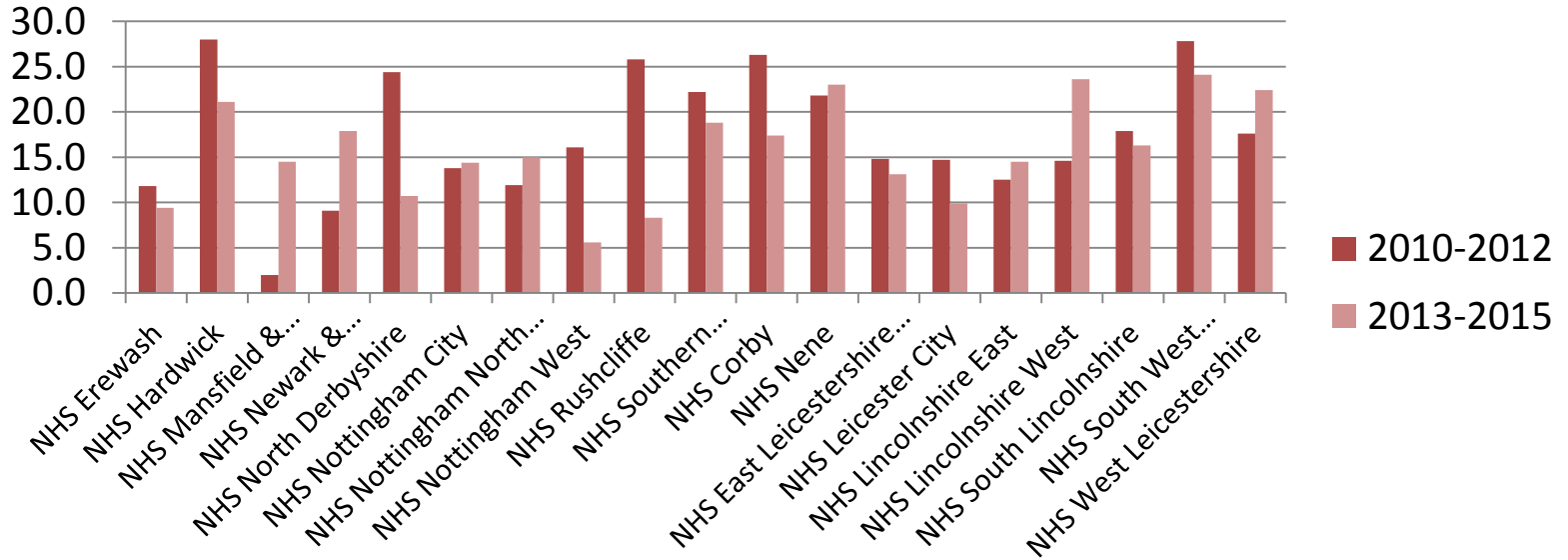
Late presentation for RRT, by CCG

Presenting within 90 days of first dialysis.



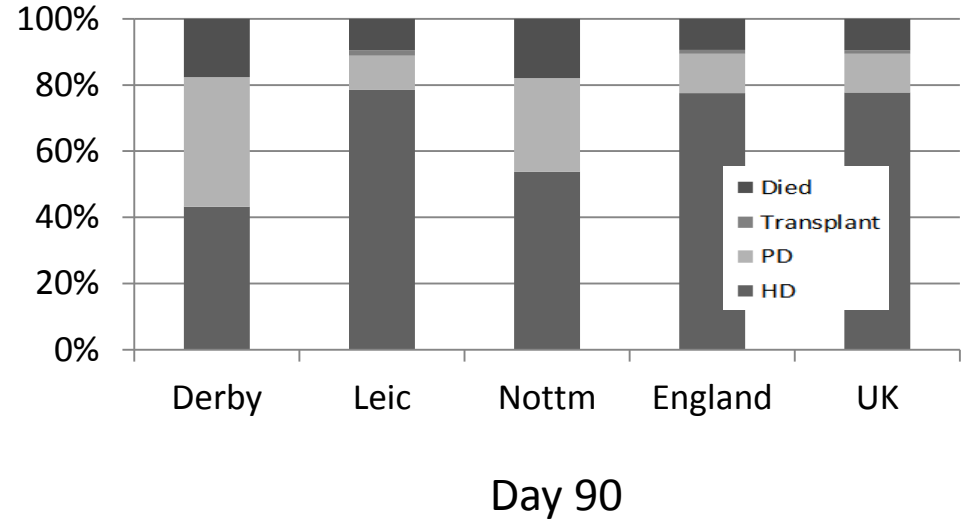
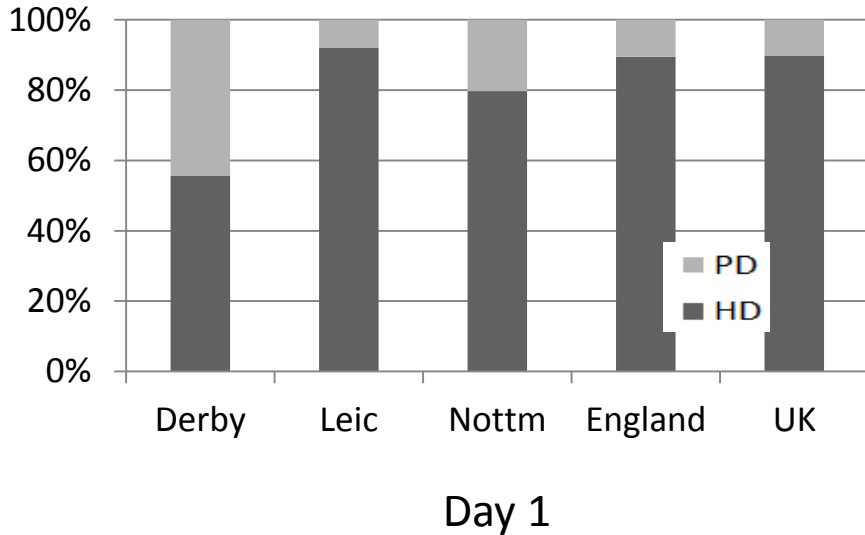
Late presentation for RRT, by CCG

Presenting within 90 days of first dialysis.



Late presentation and RRT modality

Modality at day 1 and day 90,
in people presenting within 90 days of first dialysis.



DISCUSSION – 10 MINS





Acknowledgements

Thank you to **Dr Retha Steenkamp** and Lydia **Iyamu Perisanidou** (UKRR), who ran the analyses for this presentation.

Thank you to **Dr Simon Roe, Suzanne Horobin, Martin Cassidy, Sabhia Sheikh** who helped interpret the local data.

Thank you to all the UK renal units for providing data to the UK Renal Registry.

Current developments at the Registry are only possible thanks to the work of all many people...



[@fjcaskey](#)
[@UKRenalRegistry](#)



www.renalreg.org

KQuIP/UKRR Regional Day
East Midlands

11.00 – 11.20 - REFRESHMENTS

**‘THINK
KIDNEYS’**

KQuIP