

Transplant first: Addressing inequality of access to renal transplantation across the West Midlands

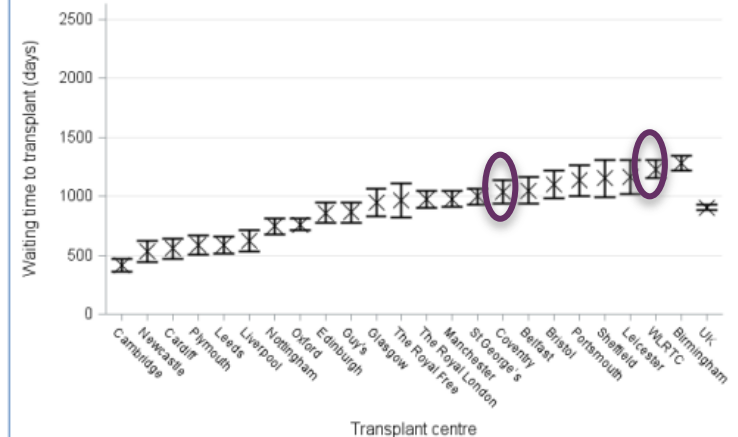
Kerry Tomlinson on behalf of sponsor group
Oxford and Thames Valley KQUIP/UKRR
regional day

Why did we do it?

Figure 3.11 Adult pre-emptive listing rates by centre, registrations between 1 April 2013 and 31 March 2014



Figure 3.10 Median waiting time to deceased donor transplant for adult patients registered on the kidney transplant list, 1 April 2010 - 31 March 2013

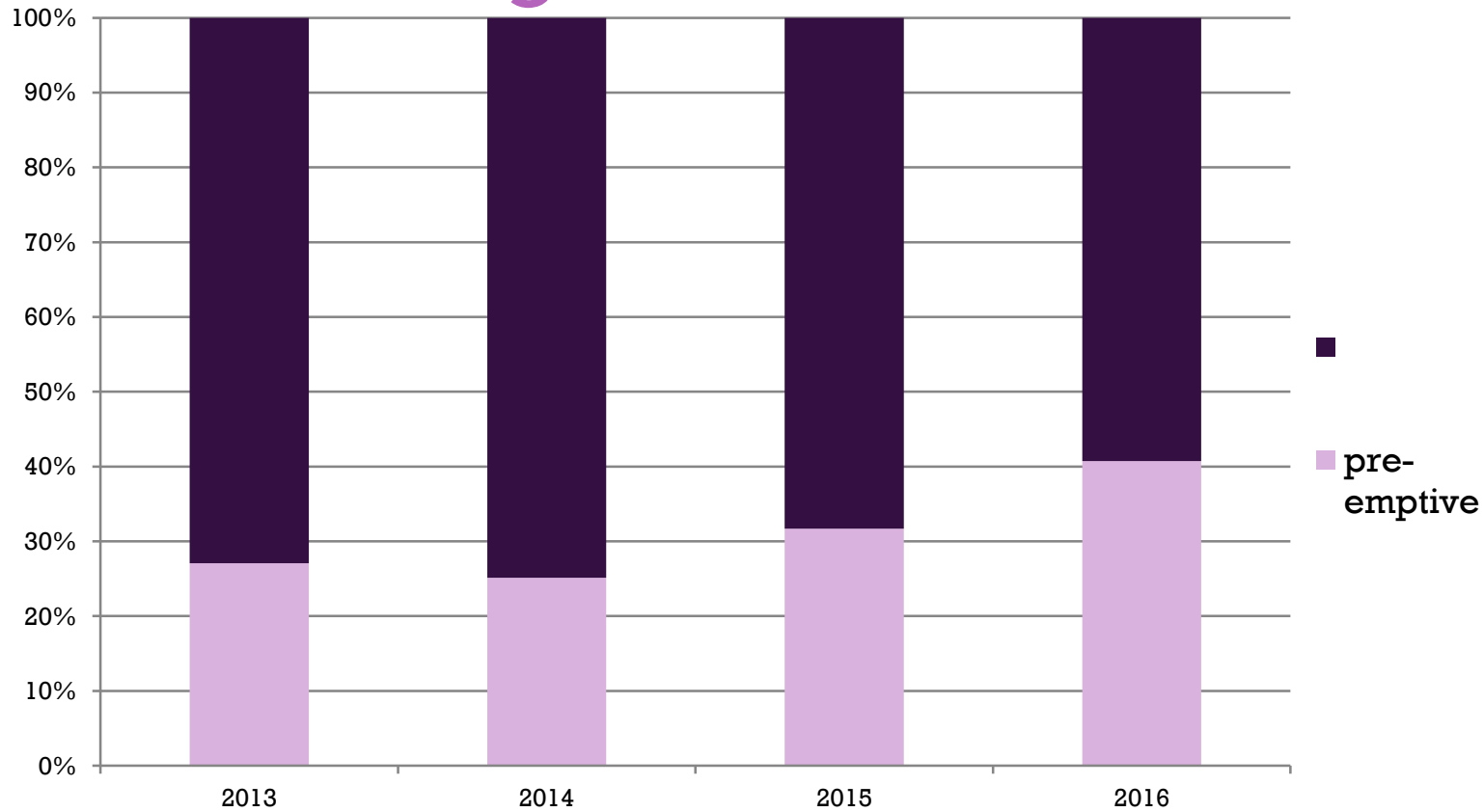


- UK RR 2014 report median time to listing
- 488, 598, 641, (683), 712, 765, 787, 867



Is it working?

UHB listings from all units



+ What it isn't



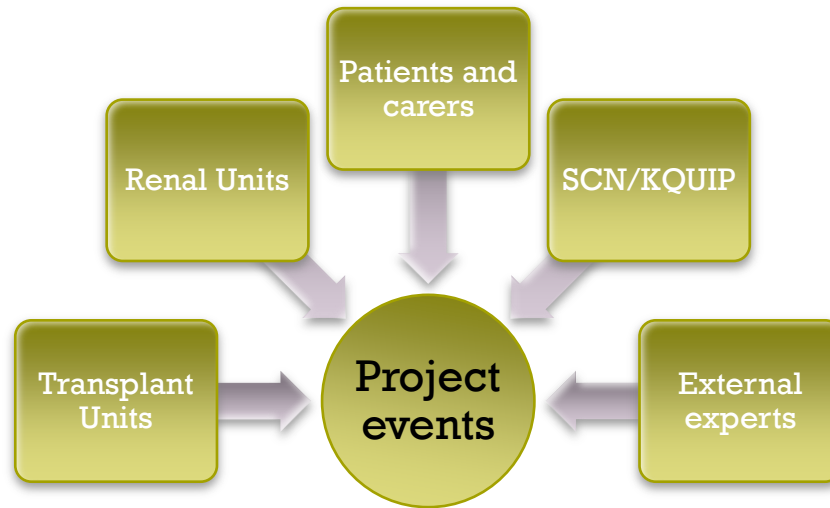


What it is



- Model for region wide QI which will fit into regional KQUIP model
- Ready made data collection tool to understand why you don't pre-emptively list more patients
- Some lessons learned that are likely to be transferrable
- How to Guide
- Flexible around which part of pathway you want to concentrate on

+ What did we do?



Launch event
July 2015



Pathway
Redesign 1



Pathway
redesign 2

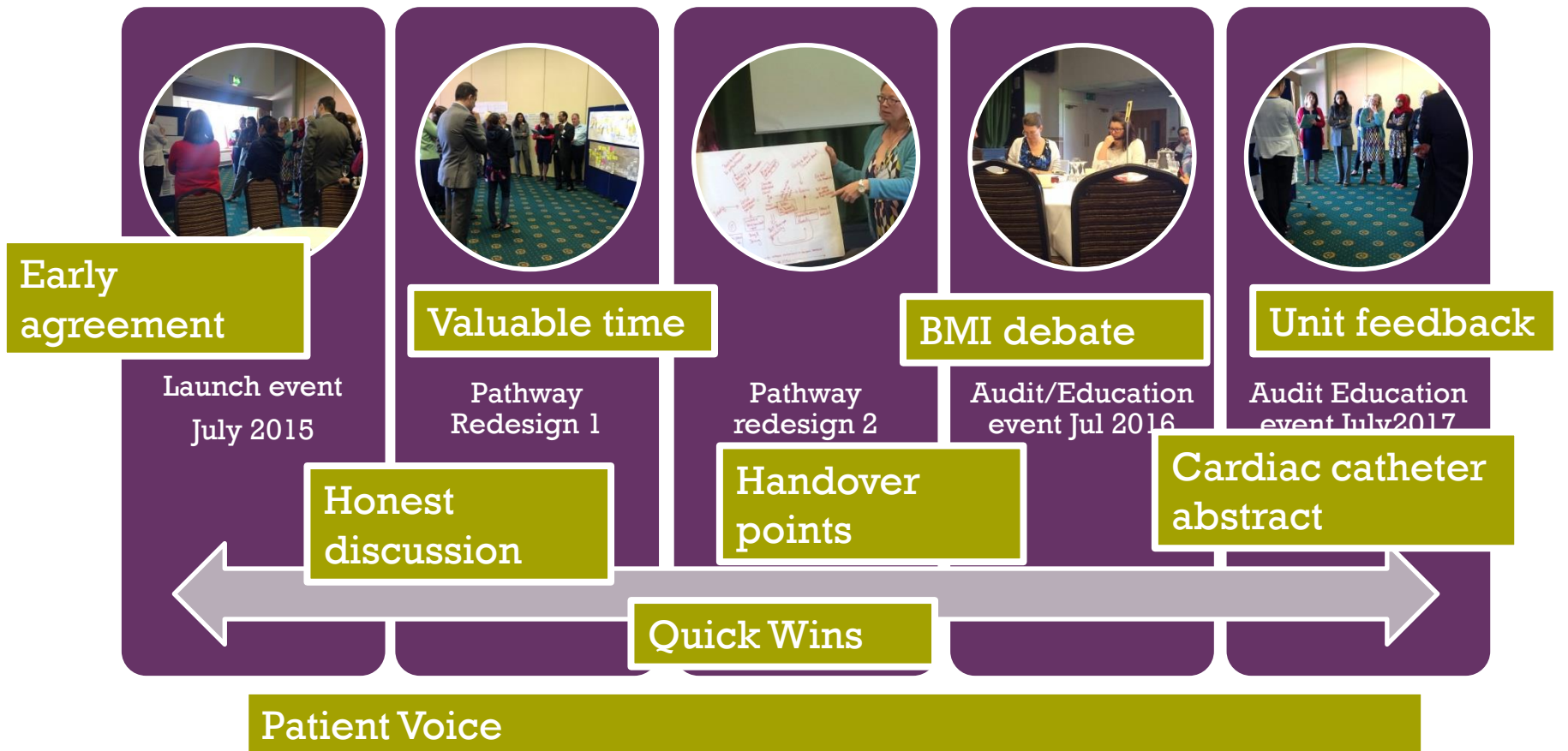


Audit/Education
event Jul 2016



Audit Education
event July 2017





Sponsor team meetings, conference calls, working with RR, subgroup meetings, contact with units etc



Data : Enhanced Dashboard

(It's taken ages so I am telling you about it whether you like it or not!)

West Midlands Strategic Clinical Network

Transplant FIRST

Renal Unit
Contact Email

Stoke - North Midlands

List all patients who started Dialysis , HD or PD in quarter who fit inclusion criteria - ending 31/12/15 (nb total should be same as denominator for dashboard return)

ID no	Renal unit use only (do not include hosp or NHS no)	Transplant status (choose one for each patient)	Reason patient still "working up or under discussion" or "no documented decision" (if you have chosen one of these categories in previous column please choose category from drop down list)	Comment
1		Active on list		
2		Suspended from list		
3		Unsuitable		
4		Working up or under discussion	Referred for Assessment when eGFR < 15	
5		No documented decision		
6		Unsuitable		
7		Working up or under discussion		
8		Unsuitable		
9		Suspended from list		
13		No documented decision	Unsuitable for transplant but NOT documented	
14		Working up or under discussion	Referred for Assessment when eGFR < 15	
15		Working up or under discussion	Referred for assessment within 1 year of predicted date of reaching ESRF	
16		Working up or under discussion	Patient DNA on at least 3 separate assessment Appointments	
17		Working up or under discussion	Medically Complex	
18		Working up or under discussion	Delays in system	

Must complete if 'Working up or under discussion' or 'No decision documented' in previous column - Transplant status

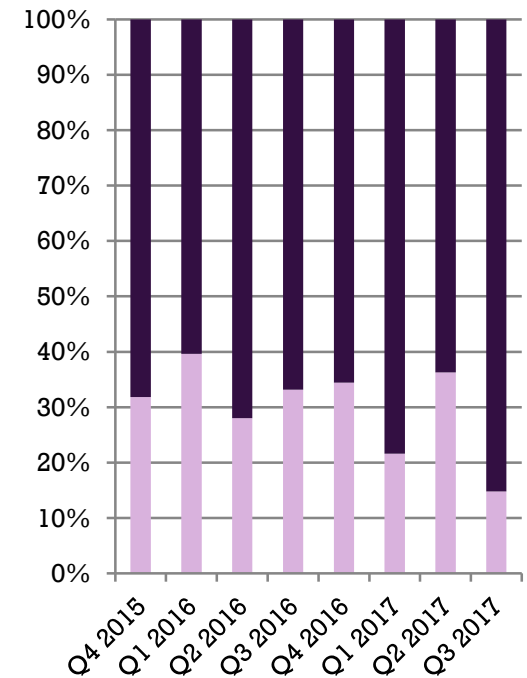
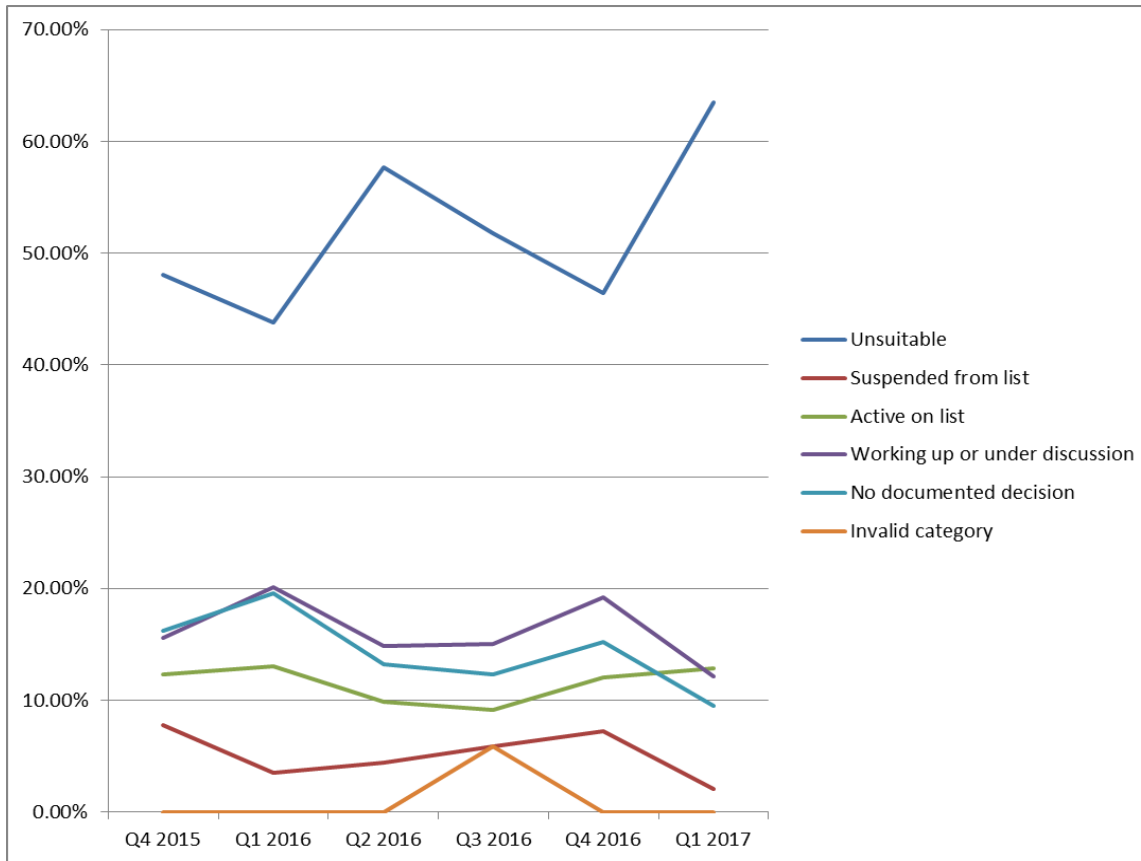
+ Data: transplant listing

List all patients who were registered on the renal transplant list in quarter no matter how long the had been on dialysis or if they were pre-emptive

ID no	Renal unit use only (do not include hosp or NHS no)	Date patient started dialysis	Date patient was transplant listed	Number of days from start of RRT to listing	Adjusted with pre-emptive listing =0	For all patients who have not been listed pre-emptively please give reason from drop down list
1			30/01/2017	0	0	
2	07/07/2015		18/01/2017	551	551	Medically complex
3			14/03/2017	0	0	
4	15/12/2016		20/02/2017	65	65	Referred for assessment within 1 year of predicted date of reaching ESRF
5			20/03/2017	0	0	
6			15/04/2017	0	0	
				0	0	
				0	0	Referred for assessment when eGFR <15
				0	0	Referred for assessment within 1 year of predicted date of reaching ESRF
				0	0	Patient DNA on at least 3 separate assessment appointments
				0	0	Medically complex
				0	0	Previously unsuitable but became suitable
				0	0	Unplanned start
				0	0	Transferred in
				0	0	Delays in System
				0	0	
				0	0	
				0	0	
				0	0	
				0	0	



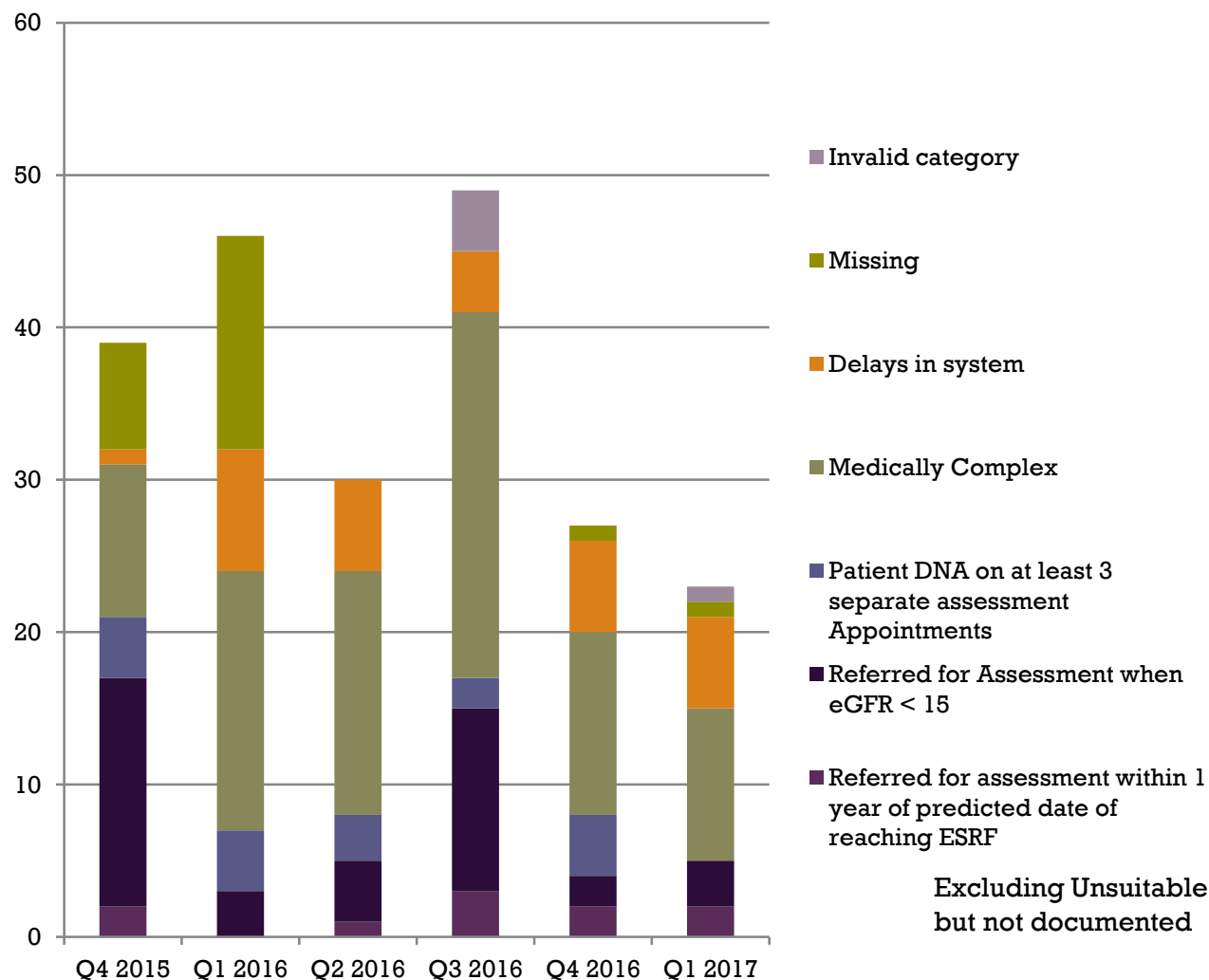
Transplant status from Enhanced dashboard



**“Missed”
patients**



Reason patients are “missed”





Lessons learnt from data



- Transferable causes for missing listing:
 - Failing transplants
 - Predictable but rapidly declining patients
 - Different approaches to cardiac angiography pre-dialysis
 - Referral to other specialties slows listing
- Local causes for missing listing :
 - Specific clinics (e.g. diabetes multi-disciplinary)
 - Different feeder hospitals
 - Other reasons that will be apparent locally

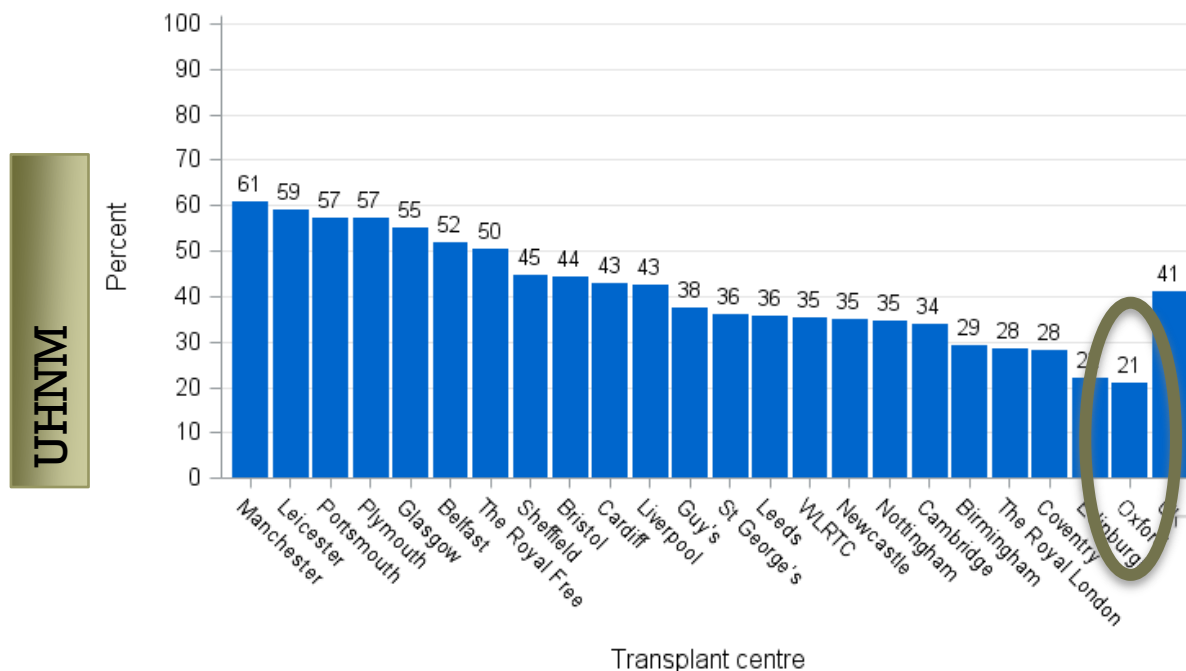
It only works if you use it locally

How to deliver Transplant First in your region



+ Why should you do it?

Figure 3.11 Adult pre-emptive listing rates by centre, registrations between 1 April 2015 and 31 March 2016



Source: Annual Report on Kidney Transplantation 2016/17, NHS Blood and Transplant

Figure 5.8 **Adult deceased donor pre-emptive transplant rates by centre,
1 April 2016 - 31 March 2017**

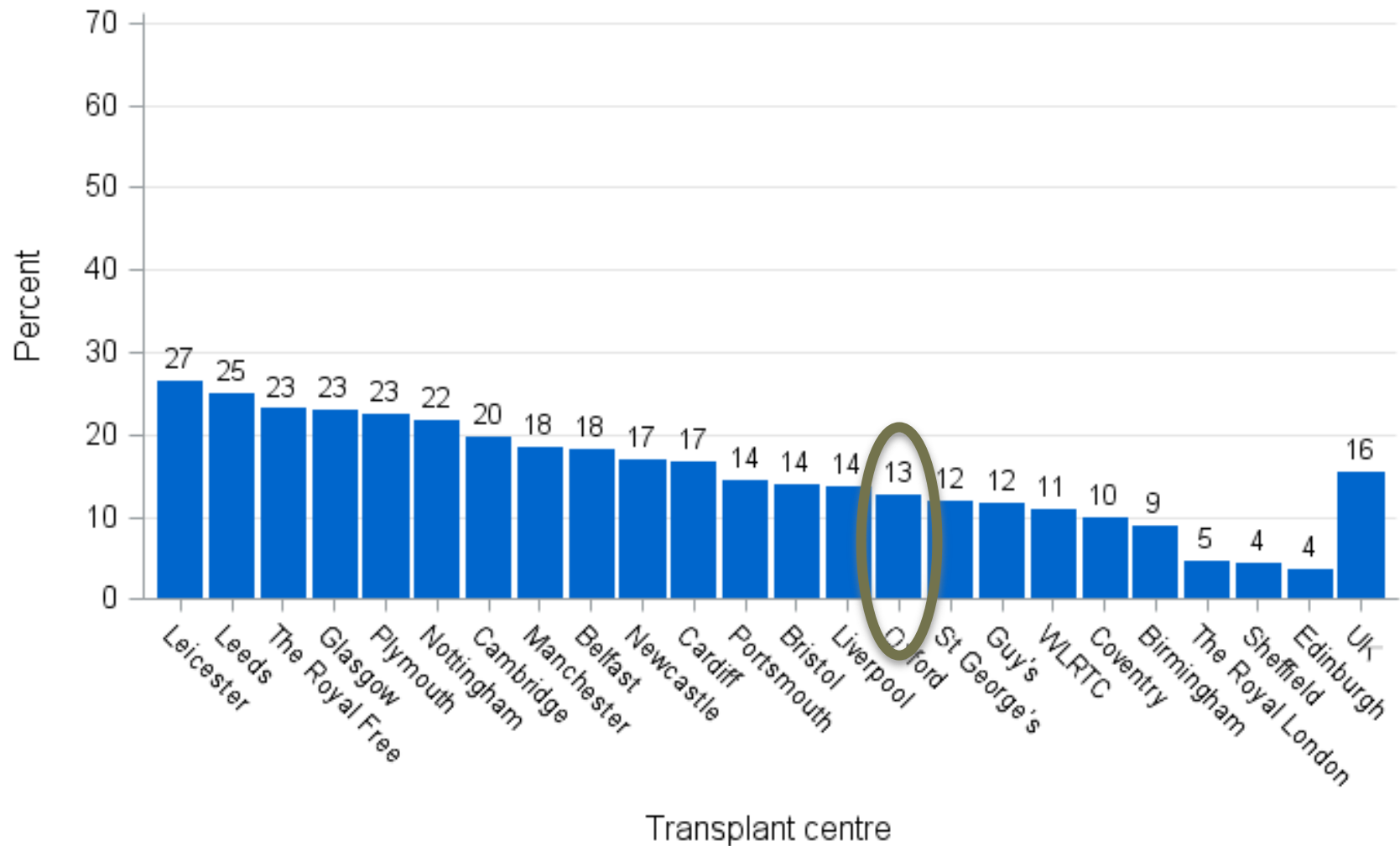


Figure 3.10 Median waiting time to deceased donor transplant for adult patients registered on the kidney transplant list, 1 April 2011 - 31 March 2014

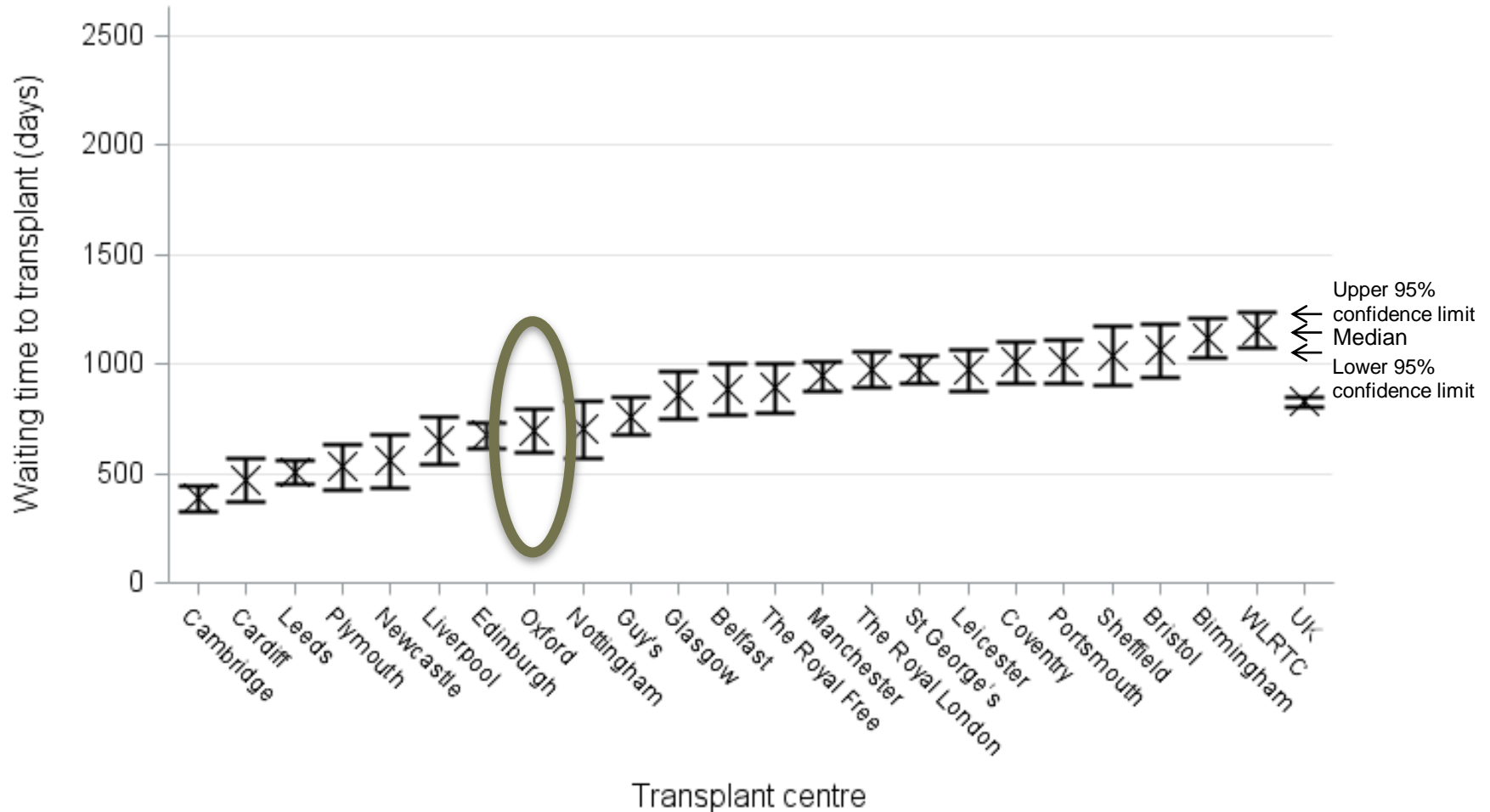


Figure 3.12 Median days from dialysis start date to deceased donor transplant for adult patients transplanted, 1 April 2016 - 31 March 2017

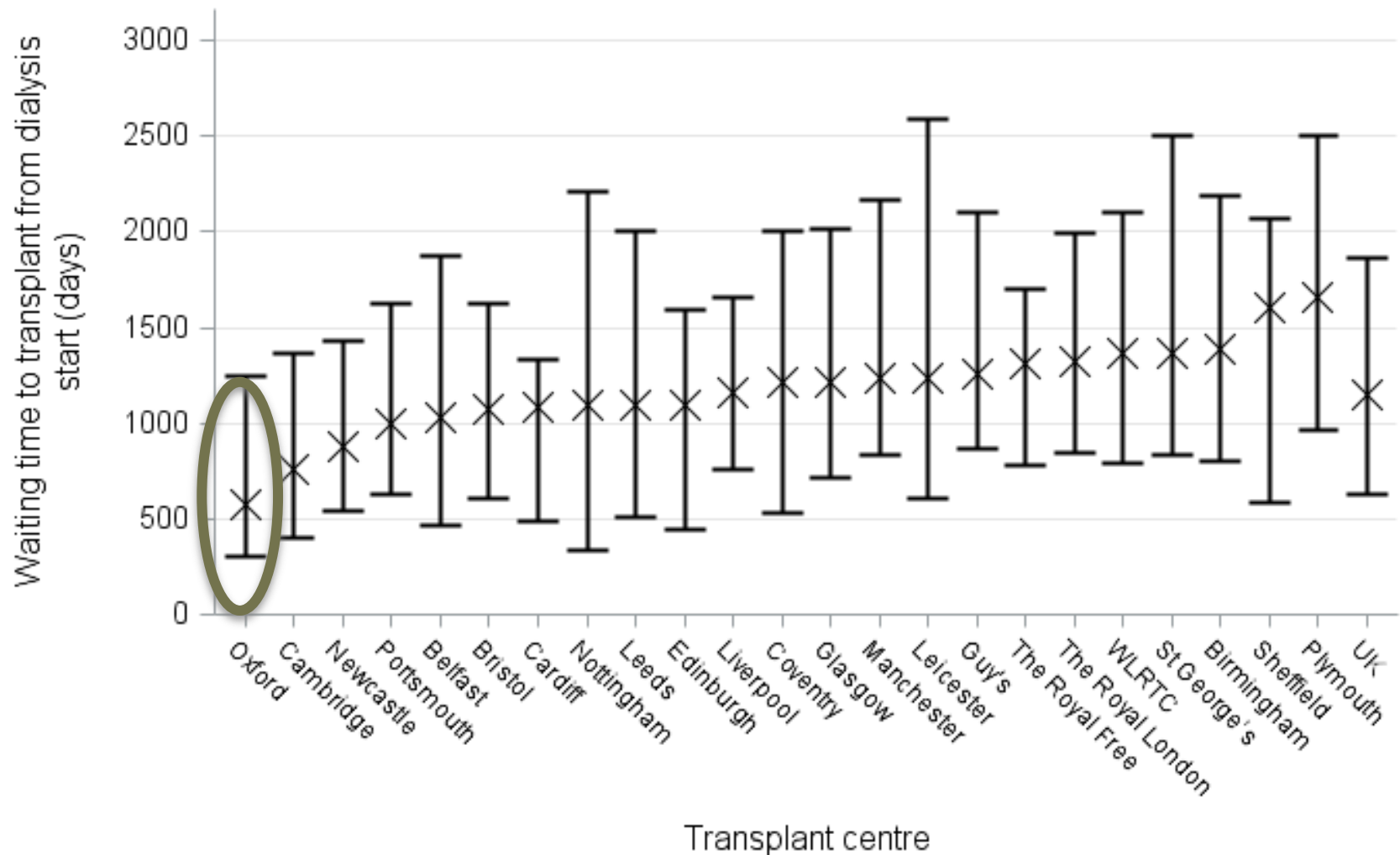
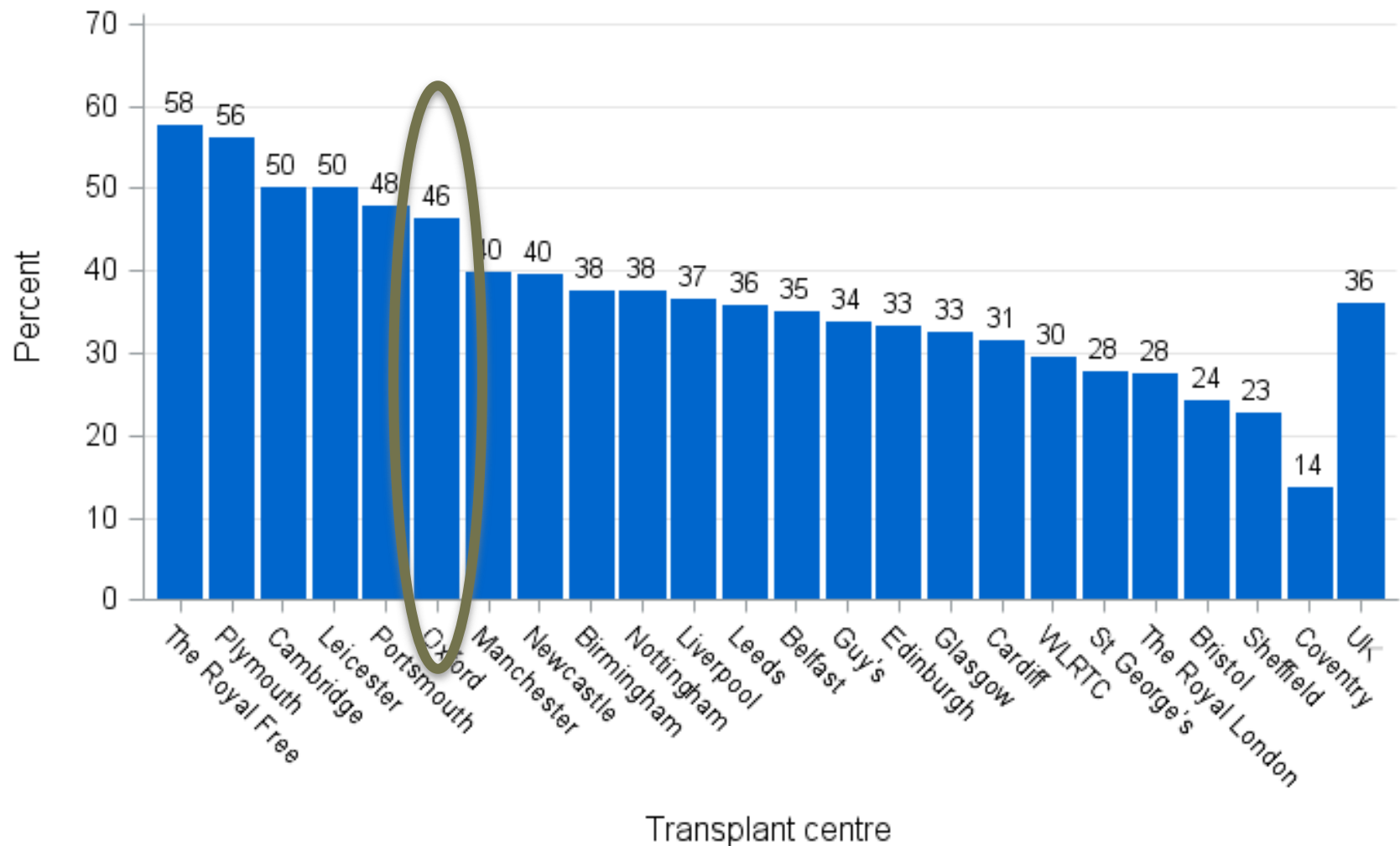


Figure 5.9 **Adult living donor pre-emptive transplant rates by centre,
1 April 2016 - 31 March 2017**





RR 2016 (2010-2012 starters)

	Median time to transplant wait listing	Proportion of patients wait listed within 2 years of RRT (adjusted)
Oxford	95	66.9
Reading	173	66.6
Gloucester	684	49.2

Adjusted for age, gender, ethnicity, PRD
Multi organ and listed then suspended excluded



ATTOM: Centre factors associated with transplant listing



- Centre variables linked to pre-emptive listing were
 - Being a transplant centre
 - Number of consultant nephrologists
 - Whether transplantation is discussed with all patients
- Centre variables linked better access to listing after dialysis were
 - Number of consultant nephrologists
 - Written protocol



ATTOM: Patient factors associated with pre-emptive listing



- Age>50
- Ethnic group (Asian and Black)
- BMI(>35)
- Education
- Car Ownership
- Accommodation
- Employment
- Time First seen by nephrologist
- Diabetes
- Cerebrovascular disease
- Vascular Disease
- Malignancy
- Heart Disease
- Heart Failure
- Current Smoker

Transplant First: Improve understanding of barriers to transplantation in your unit and remove them



Transplant First

