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**A summary of proceedings from the  
Design Event for the Kidney Quality Improvement Partnership (KQuIP)  
17 May 2016**

The inaugural Design Event of the Kidney Quality Improvement Partnership, (KQuIP) covered three areas.

## **1. Why there is a need for the partnership**

Despite a proud history of innovative service development in renal medicine there remains substantial unwarranted variation in outcomes for patients with kidney disease. In addition limited coordinated support and opportunities for patient input exist to enable improvement in the quality of care we provide. NHS England sees clinical areas other than kidney disease as their main focus despite the high cost of kidney care and substantial room to improve outcomes. A new innovative professional and patient led structure is required to enable and support clinicians and patients to improve quality in the care of adults and children with kidney disease across England and the Home Countries.

**‘KQuIP is an inclusive partnership of clinicians and patient groups whose purpose is to facilitate measurable (UKRR) improvement in the quality (QI) of services for patients with kidney disease in UK.’**

Identified barriers to improving quality in kidney services included perceived lack of time and limited sharing of good practice, coordination of QI projects, limited access to outcome data and QI resources including financial and educational opportunities in QI methodology, limited leadership and training, and the current culture of our health system which provides too little support for improving quality.

The faculty identified priority areas for improvement. These included access to kidney transplantation (pre-emptive transplant listing and transplantation and better long term transplant management), increasing access to home dialysis therapies (haemo and peritoneal dialysis), acute kidney injury (improving identification and pathways of care), improving AV fistula access rates, paediatric to adult transitional care, optimising patient engagement, informed choice, shared and self-care and improved patient safety (medicines management and infection control).

Supporting professionally led communities in combination with patients, focused around existing regional delivery structures were seen as key elements for KQuIP. Developing QI projects, peer support between units, effective educational and leadership resources and sharing good practice to drive collaborative cultures, as well as ongoing commitment, were seen as vital to bring about change.

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## 2. How the partnership will work

Co-chairs of the partnership made it clear the partnership's strength lies in being led by professional associations clinicians and patients. KQuIP will support existing regional professional networks as the focus to deliver the QI agenda. An inclusive programme board and six workstreams have been developed and are now operational (Supporting Networks, Education, Measurement and Understanding, Leadership, Projects and Communications). KQuIP aims to influence nationally through the clinical reference group and enable support to individual clinicians and units through professional societies, a central repository of QI projects and resources and education. KQuIP will partner with the Health Foundation Renal Q Founding Group.

A repository and knowledge management system will enable education around projects, with support through webinars and courses, professional societies' support to renal units, increased learning from UKRR metrics, expertise and analysis, and establishing a network of quality improvement (QI) champions.

## 3. What KQuIP will do

- Offer advice on quality improvement to the CRG nationally and coordinate national initiatives
- Support existing clinical networks to improve quality improvement delivery
- Help deliver an annual regional Renal Registry /KQuIP quality improvement day
- Identify renal QI champions and build an inclusive broad based QI faculty
- Identify and enable QI projects, supporting education in QI methodology and clinical leadership roles
- Measure and analyse clinical outcomes
- Provide support and advice for QI projects to national and regional NHS structures
- Pair renal units (Peer assist) and networks to share learning.

## 4. Workstreams

The six identified workstreams are Leadership, Measurement and Understanding, Education, Projects, Communications and Supporting Networks. Of these, the latter was felt to be the most vital for KQuIP's success. The faculty will work with the workstream leads to develop the scope for each workstream and address the opportunities and challenges each faced. Forthcoming priorities, desirable outputs and success criteria, as well as who to engage and with what messages to offer and how for each workstream were defined.

## 5. Next steps

Nationally, KQuIP will:

- Formalise links to the new Clinical Reference Group
- Support the six KQuIP workstreams to deliver
- Support regional networks and leads
- Establish an initial annual KQuIP/UKRR day for some regional networks
- Develop a repository of projects and experience in QI
- Develop education resources
- Develop a ‘peer-assist’ model for sharing good practice
- Constantly reflect
- Develop 2 key projects based on identified priorities.

