KQuIP North West Interim Stakeholder Engagement Day

April 3rd 2019

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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
KQuIP Launch Event 2018

• National Projects were shared
• Widespread engagement and support across the region
• Opted for 2 projects

Transplant First

MAGIC
Managing Access by Generating Improvements in Cannulation
The KQuIP NW Team

- KQuIP team (Leeanne Lockley NW programme)
- Aintree University Hospital NHS Foundation Trust
- Royal Liverpool & Broadgreen University Hospitals NHS Trust
- Wirral University Teaching Hospital NHS Foundation Trust
- Lancashire Teaching Hospitals NHS Trust
- Manchester University NHS Foundation Trust
- Northern Care Alliance (Salford Royal NHS Foundation Trust & Pennine Acute NHS Trust)
Things we may not be able to control

- Geography and population demographics
  - Challenges that come with large areas
  - Changing catchments areas
  - Varying ethnic, socio-economic and deprivations status

- Regional re-organisation

- Loss of strategic clinical networks
  - Emergence of KQuIP as a regional support network

- Carillion insolvency

- BREXIT
Aintree Renal Unit

• Established 2002
• 7.7 WTE (Renal & GIM)
• 25 inpatient beds and a day ward (PCU)
• 1 acute renal unit and 3 satellites
• Onsite haemo and PD access available
Wirral NHS Foundation Trust

• Main unit at Arrowe Park (22 stations) with satellites at Clatterbridge (12) and Countess of Chester Hospital (17)

• Catchment population of 0.6m

• Strengths: Strong senior engagement with QI methodology with formal education sessions; participation in ASSIST-CKD

• Challenges: VA struggles but identified the largest cohort starting on HD with lines are from Home Therapies. Developing plans to facilitate pre-emptive fistula formation.
Lancashire Teaching Hospitals NHS Trust

- LTHTR supports a population of 1.65 million across Lancashire and South Cumbria caring for just under 1300 RRT patients.

- 515 in-centre HD patients, 688 transplant patients, 48 HHD, 41 PD

- Strengths: Staff trained and delivering quality improvement within the renal dept

- Very strong LD programme – 227/668 transplants are live donor recipients and about to have their 300\textsuperscript{th} living donor

- Challenges: wide geographical area – 7 units
Manchester Foundation Trust

• Sizeable organisational change over last 5 years
• Catchment population 1.3 – 1.8 million
• 44 inpatient beds
• 13 FT consultants + 2 dual-specialty appointments
• Transplant service > 500 per year and supports GM & LTHTR catchment population
• Internationally recognised leader in home haemodialysis: host national home therapies conference
• Challenges: “competing demands, appropriate resourcing and streamlined pathways”
Northern Care Alliance

- NCA established April 2017: SRFT & PAT
- Catchment population 1.5 million
- 25 inpatient beds, 542 dialysis patients, 848 transplant patients
- 16.6 WTE consultants
- Strengths: embedded formal QI infrastructure within trust with some protected time for projects; sustained improvement in home therapies (30%); transplant one-stop; acute PD service
- Challenges: demand > capacity (10% increased in dialysis population over 6 months); vascular access; patient flow/inpatient issues
Cheshire & Mersey

• Established SCN with regular meetings
• Organisational re-structure
• Expertise in Quality Improvement

GM & Lancs

• Organisational re-structure almost complete
• Development of Transplant forum and operational meetings
• Expertise in Quality Improvement
GIRFT Regional Support

- 7 GIRFT Regional Hubs operating from Nov 2017.
- **implementation plans** reflecting:
  1. Variations highlighted in Trusts’ data packs
  2. Improvement priorities from Clinical Lead visits
  3. Recommendations from each National Report
- GIRFT will also produce **good practice manuals** full of case studies and best practice guidance. Hubs will also help to ensure that GIRFT findings and plans are cascaded widely within each trust.
KQuiP Benefits

• Established MDT for Transplant First and MAGIC from each unit

• Support from KQuiP Regional Team
  – QI Programme Manager
  – QI training

• Shared learning and support across NW
  – Adverse event learning, protocols etc
  – Staff peer support
Summary

• Established priority projects
• Identified multi-disciplinary teams and patient champions
• QI training and improvement already in progress
• Data driven service improvement opportunities: KQuIP & GIRFT

To do:
• Engage our stakeholders especially patient and carer groups, commissioners and organisational decision makers
• Ensure data and opportunities like GIRFT are used to improve services and make our case for change
• Continue to share experience and learning across the North West – embed a North West Network
Enjoy the day!

Acknowledgements

• NW KQuIP MDT

• Google images search ‘North West’