

On Monday 3rd June at The Metropole Hotel in Brighton, the UK Renal Registry hosted a KQuIP regional day. The purpose of the day was to bring together the Southeast renal community, including medical and multi-disciplinary colleagues and patients, to consider and discuss data provided by the UK Renal Registry, Public Health England and NHS Blood and Transplant (NHSBT). The day began with an introduction from the regional lead, Victoria Ingham, Sharlene Greenwood, co-chair of KQuIP, who welcomed everyone and set the scene. You can access the slides presented on the day, together with photographs and outputs of the group work from this link.

Presentations were given about the three KQuIP priority areas for national quality improvement (QI).
You can follow the links for more information about these projects:
Home therapies (DAYLife)
Vascular Access (MAGIC)

Transplantation (Transplant First)



Dialyse at Home storage Encouraging Barriers Care Think Home Haemodialysis Fit Control Culture Home Dialysis Lets Patients Offer Life There's no Place like Home Lives Uptake HHD Heart Treatment Home Therapies



Managing Access by Generating Improvements in Cannulation



Trios – delegates in groups discussed three questions to identify key themes

"What are we doing well?" identified

- Promoting Home Therapies
- Teamworking
- Supporting patients
- Transplantation

(ii) "What isn't going so well?" identified

- Data/measurement
- Patient engagement
- Vascular Access
- Shared care in centre



Extremely useful to hear patient stories and what matters to them

We heard from two motivational patients – Catherine Murray and Rupert Golds. They spoke frankly about their experiences and reminded us all that good leadership is vital for ensuring that patients receive the messages they need in a timely way.

Graham Lipkin described how GIRFT

• Transplant work up

(iii) "What are our barriers? included

- Staffing issues
- Communication joined up process
- Information governance and data sharing
- Organisational buy-in

Many of the themes identified were listed in all three areas. Implementing the KQuIP project will give us an opportunity to analyse these responses and work on making improvements



and KQuIP are linked and the UK Renal Registry's James Medcalf presented on "How do you demonstrate success in QI?" and encouraged the delegates to think about how and what they will measure.

The KQuIP project chosen by members of the Southeast is **Transplant First**. The next step will be for the QI leads from each unit to meet to start working on implementation.

If you would like further information, contact Julie Slevin julie.slevin@renalregistry.nhs.uk