

Learning and Sharing Event

South London Renal Clinical Alliance

Wednesday 9th October 2019



The SLRCA and KQuIP are working to improve the quality of care people with renal disease receive in South London. We aim to:

- Build effective teams
- Work collaboratively, sharing and learning from each other's experiences
- Establish patient/family co-partnerships to work alongside health professionals
- Develop learning communities, growing from the collective successes and failures

Ninety multi professionals, patients, commissioners and managers attended the KQuIP/SLRCA Sharing and Learning event where the QI work achieved across the four Trusts was showcased

The multiprofessional team comprised:

- QI leads representing each project workstream and Trust
- Project co-chairs
- Lead nurses
- Clinical Directors
- Clinical service managers

Three SLRCA/KQuIP Projects

Transplantation: Dr Phanish Mysore/Mr Nizam Mamode

Supportive Care: Dr Katie Vinen/Dr Seema Shrivastava

Vascular Access: Mr Francis Calder/Dr Richard Hull

Patient partnerships

What is the most effective way to work in partnership with patients?

Maddy Warren and Nick Palmer gave a 'call to action' on how best to integrate the patient voice at every level of discussion. It was acknowledged that this is challenging but not doing it is no longer an option. They agreed to lead on a piece of work on how this level but at local unit level might look at a regional level also

It's not about seeking diversity, it's about creating an inclusive environment - diversity follows

Patient partnerships... really interesting day with lots of discussion about how we make this meaningful, truly representative & sustainable. Thanks for having us



Introductions and welcome

The ODN/SLRCA Director-Stephen Cass and ODN/SLRCA clinical lead Rob Elias started off the day by giving a brief over-view of the role of KQuIP involvement in the SLRCA in progress-ing the three priority projects through the regional network and aligning it to GIRFT and [10 year NHS plan](#). They both acknowledged the role of the teams in the room as being paramount in enabling this to happen. Sharlene Greenwood KQuIP co-chair gave the national KQuIP picture with Ron Cullen CEO RA/UKRR stressing the importance of leadership at every level during transformational change.

Sharlene's slides can be seen [HERE](#).

GIRFT and Quality Improvement

Dr Will McKane gave an overview of the GIRFT data pertinent to South London. The stand out

messages that will help inform the SLRCA three programme work streams are:

- Variation
- Workforce
- On site access surgery and IR
- Infrastructure for PD
- Day case surgery
- Evidence of improved equity in access to transplantation
- Work in progress
- Transplant First

Areas where a coordinated network approach could help:

- Making sure that patients have equal access to the resources within South London
- May require:
- Some changes in working practices
 - Innovative models of care delivery for dialysis access

Slides for this session are [HERE](#)

Transplant First – A national perspective

Dr Kerry Tomlinson, national Transplant First lead, gave an instructive presentation on her experiences, challenges and successes of implementing Transplant First as a KQuIP project. She introduced the Transplant First Measurement Dashboard produced in collaboration with the UKRR and encouraged clinical teams to use this in real time. Please contact Rachel Gair for access to the dashboard.

Slides for this session are [here](#)

Each of the three project work streams co-chairs presented the work they had done so far and the planned next steps.

- Dr Phanish Mysore/Mr Nizam Mamode – Slides for this session [here](#)—transplant
- Dr Katie Vinen/Dr Seema Shrivastava – slides for this session [here](#)—supportive care
- Dr Richard Hull/Mr Francis Calder – slides for this session [here](#)—vascular access

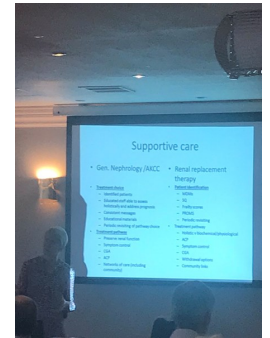
The morning session closed with a panel discussion involving the co-chairs, Dr Kerry Tomlinson and the invited commissioners. Some of the issues raised were about planning for future demand and capacity and the role of prevention in primary and secondary care. It was suggested that this time of transformation within the NHS was a real opportunity for the kidney community as a long term condition to raise their profile as part of the planned Integrated Care Systems (ICS.)

Afternoon Workshops

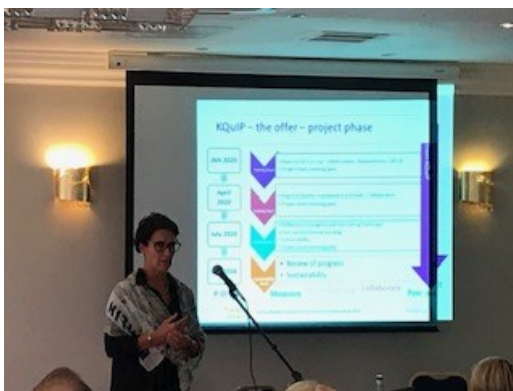
Following lunch the work streams split into groups and the co-chairs along with QI leads from each Trust along with KQuIP facilitators supported a workshop to plan the next steps. It was recommended that:

- Each unit to agree a 30-60-90 day plan that fits with the overall project aim which must include patients
- Agree and share overall elevator pitch/ key messages

At the end of this session each project work stream shared their actions for the next 3 months with the other work streams.



Actions:
To see summary of actions, pledges and elevator pitch for each work stream click [HERE](#)



Rachel Gair shared a plan for future events:

- Training Day 1 – January 2020
- Training day 2 – April 2020
- Training Day 3 – July 2020
- Final Day – October 2020

A brief summing up was given by Rob Elias and Stephen Cass congratulating everyone on the work that had been achieved .

Contact the KQuIP team for more information:

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