

# Kidney Quality Improvement Partnership (KQuIP)

## South West

South West Regional Quality Improvement and  
Clinical Leads meeting, 13 Dec '18

## Introduction

Steve Dickinson

Preetham Boddana

SW KQUIP Leads



**KQuIP**

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# KQUIP SW Regional Day, 4 October

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- Caroline Wroe: Nephrologist Teesside, Chair of UK LKD Network

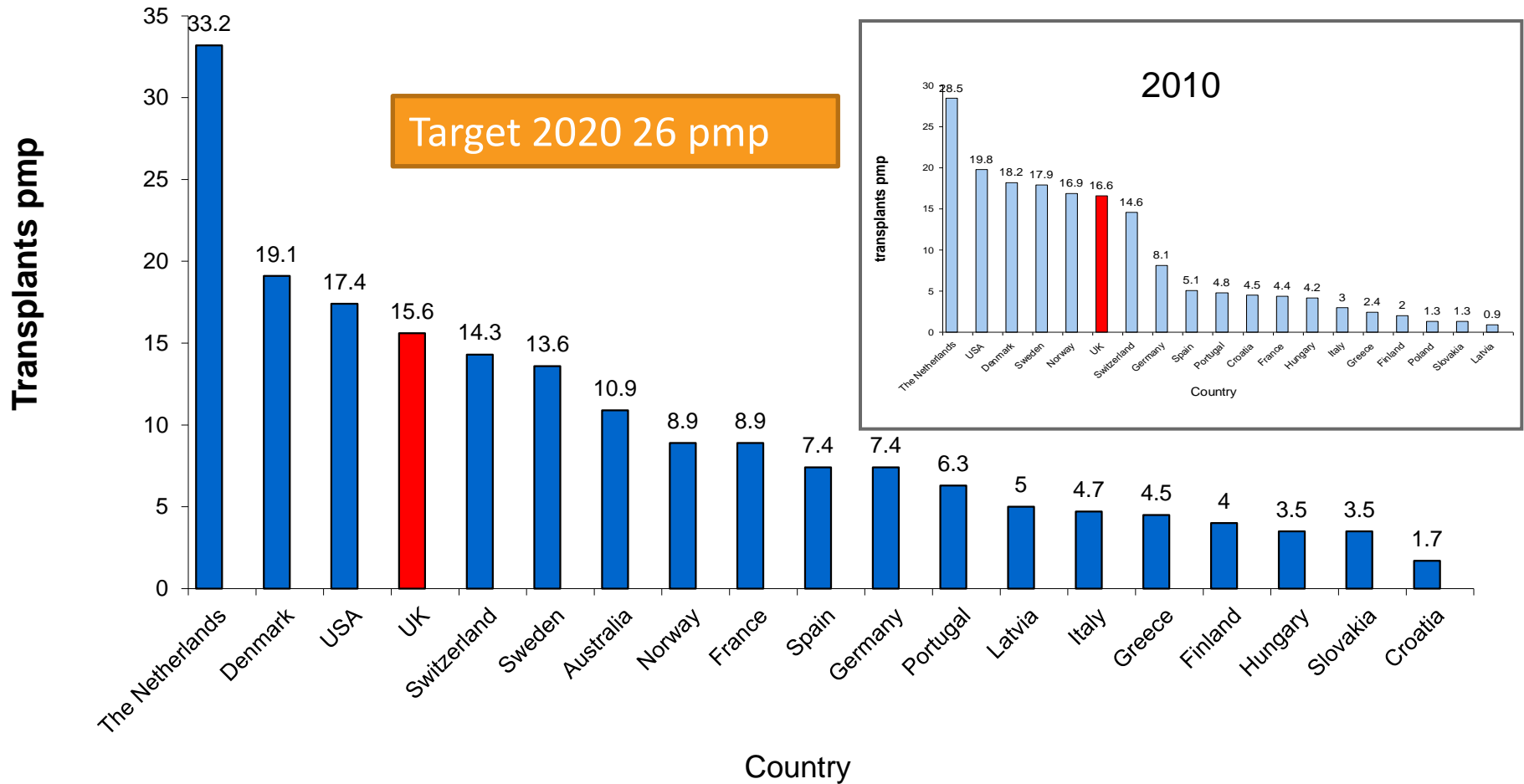
(NHSBT data slides provided by Lisa Mumford and Matthew Robb)

- Kerry Tomlinson: Consultant Nephrologist and Renal Clinical Lead, University Hospitals North Midlands NHS Trust and Transplant First Co-Project Clinical Lead

# International Comparison



## Living donor kidney transplant rates for Europe, Australia and the USA, 2016





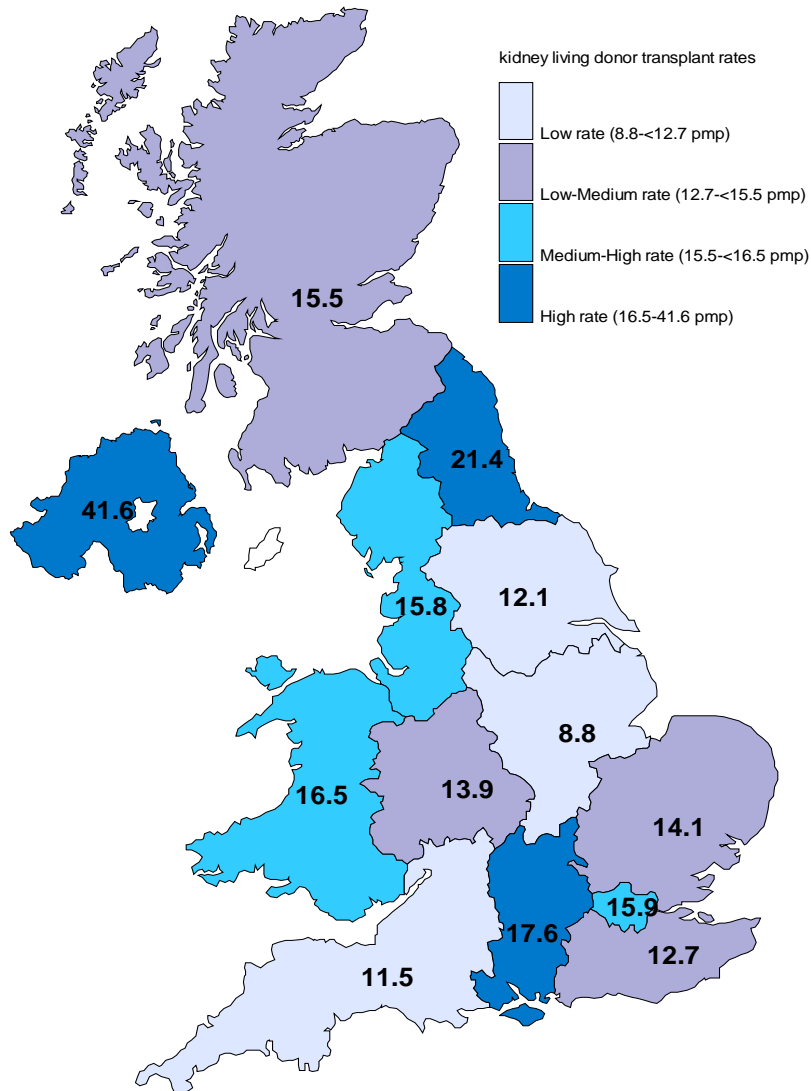
# Outcomes from the Teesside LKD Service (2012-2018)

- ↓1/3 time for donor work up
- ↓1/2 number of donor hospital visits
- LKD to 26pmp in 2017/18
- ↑pre-emptive LKD transplants (27% in 2011 to 63% in 2016)
- Capacity to work up donors for other units
- 100% positive donor experience (76% rated experience as excellent)

# Extracted from UK renal centre report and Kidney transplant report NHSBT 2017/18

Unit	Population (million)	Average % per million population for 3 last financial years (2013/14- 2017/18)			% pre- emptively LKD pmp 2017/18	% ethnicity in new RRT patients 2017/18
		LKD	DCD	DBD		
Bristol	1.44	15	11	22	30	10
Dorset	0.86	11	5	23	22	4
Exeter	1.09	12	16	20	55	1
Gloucester	0.59	11	9	15	11	*
Plymouth	0.47	13	13	17	57	4
Truro	0.41	15	22	21	55	*

### Transplants (living)



**2017/18**  
**South West**  
**↑14.4pmp**

**Gloucester**  
0.59 Million

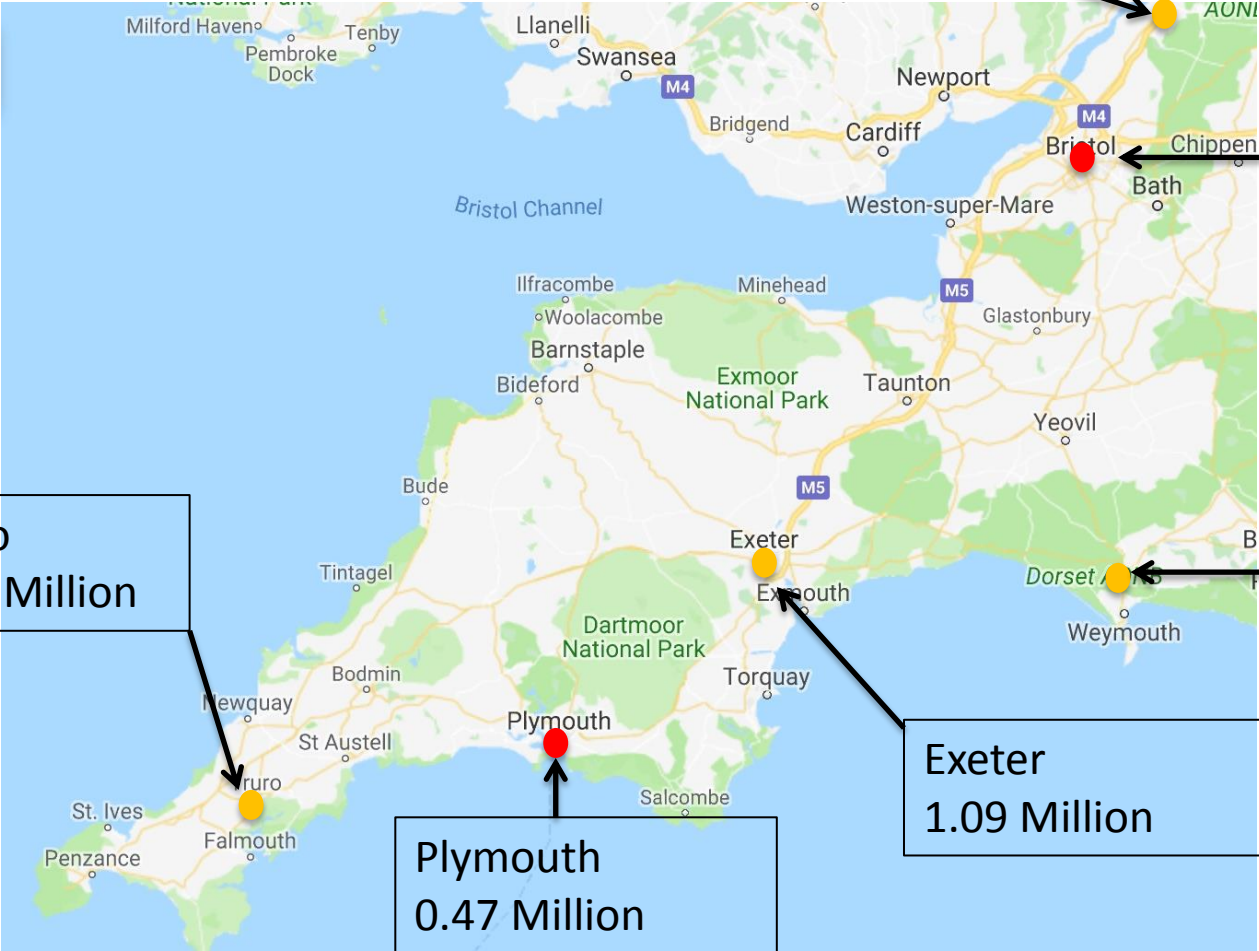
**Bristol**  
1.44 Million

**Truro**  
0.41 Million

**Dorset**  
0.86 Million

**Exeter**  
1.09 Million

**Plymouth**  
0.47 Million



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# Where could we start?

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- How do we assess the quality of our living donor pathway?
- What are the problems we encounter on a regular basis?
- What barriers to living kidney donation should we expect to see in the community we serve?
- What steps can we take to reduce these problems and barriers?



# Transplant First: A KQUIP project to improve access to best practice transplantation

Increasing access to

- Pre-emptive or early transplantation
- Living donor transplantation

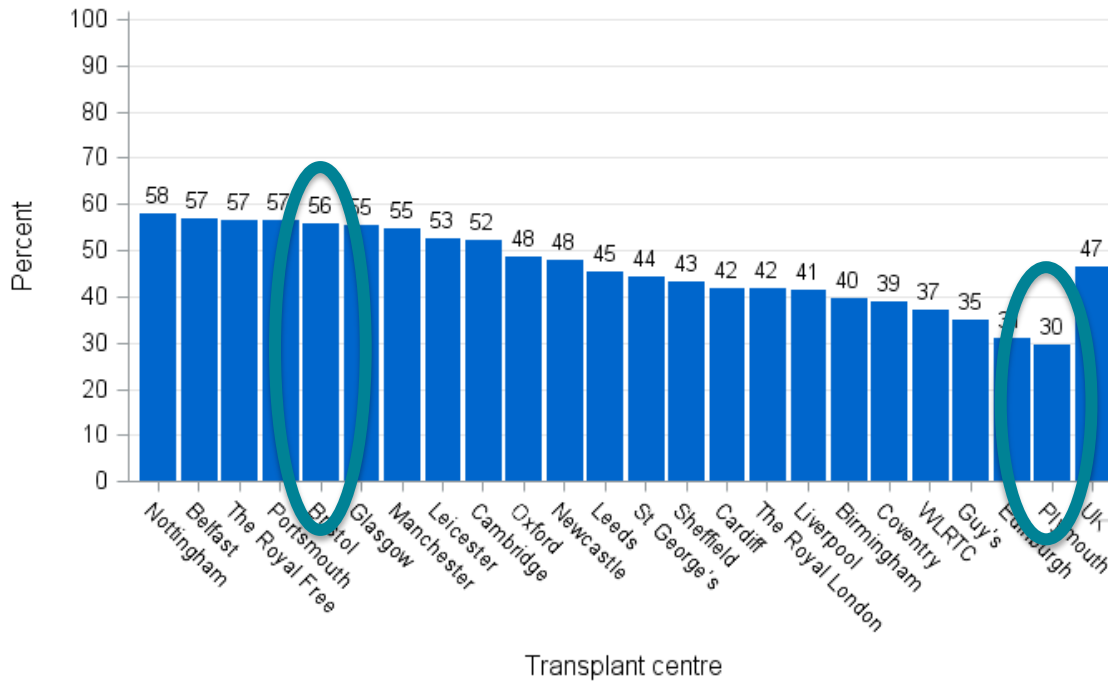
# Transplant First: A KQUIP project to improve access to best practice transplantation

- Focussed on getting patients onto the transplant list promptly
- Encouraged units to look at their processes, such as the way they manage living kidney donors.
- Encouraged surgeons at the transplanting units to review criteria for turning down donor kidneys.
- Transplant First's aims were for 95% of all patients starting renal replacement therapy to have a documented transplant status. It wanted more than half of all patients on the transplant list to be pre-emptive (i.e. on the list before they started dialysis).





**Figure 3.12** Adult pre-emptive listing rates by centre, registrations between 1 April 2016 and 31 March 2017



Source: Annual Report on Kidney Transplantation 2017/18, NHS Blood and Transplant

**Figure 5.9** Adult living donor pre-emptive transplant rates by centre, 1 April 2017 - 31 March 2018

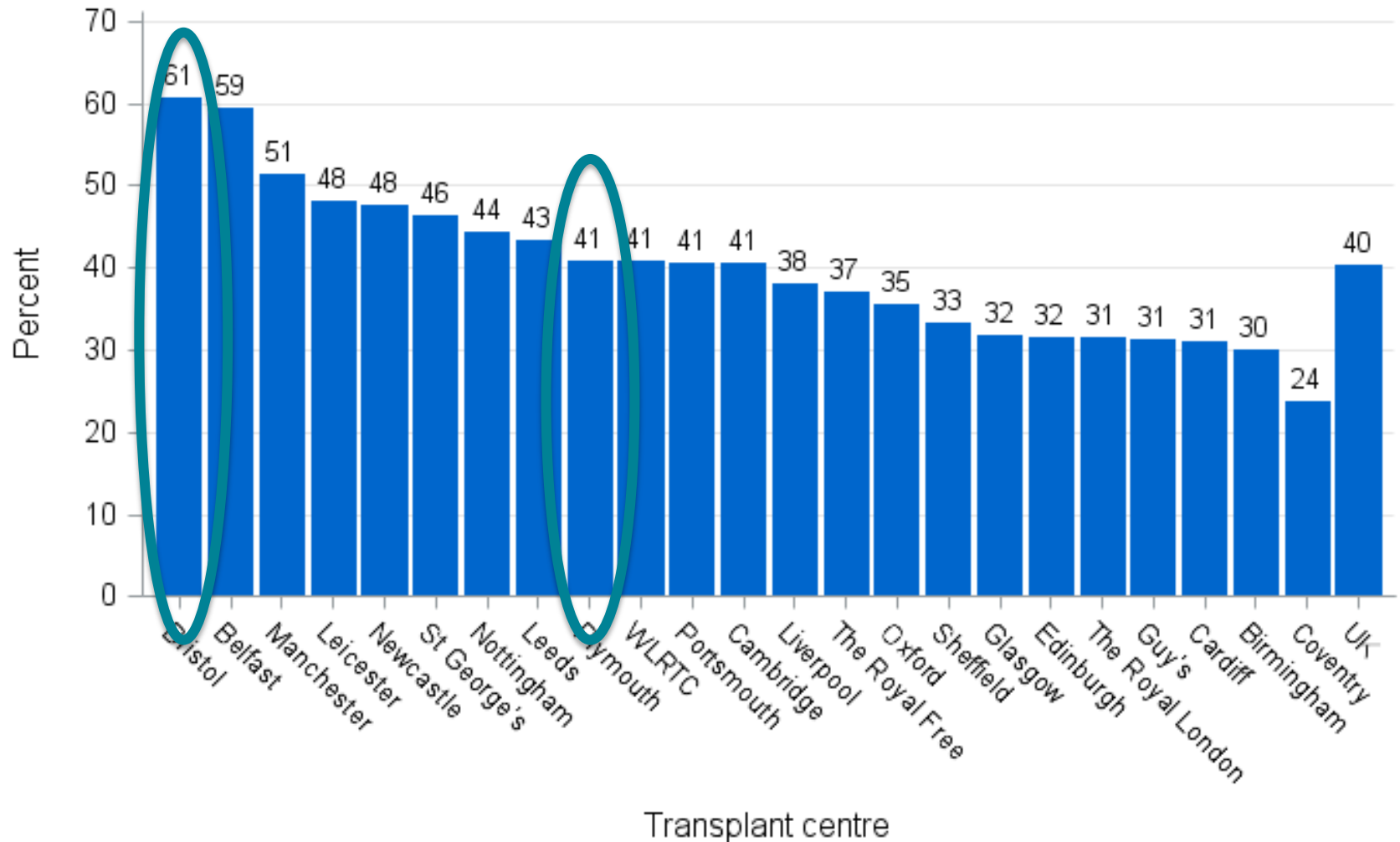
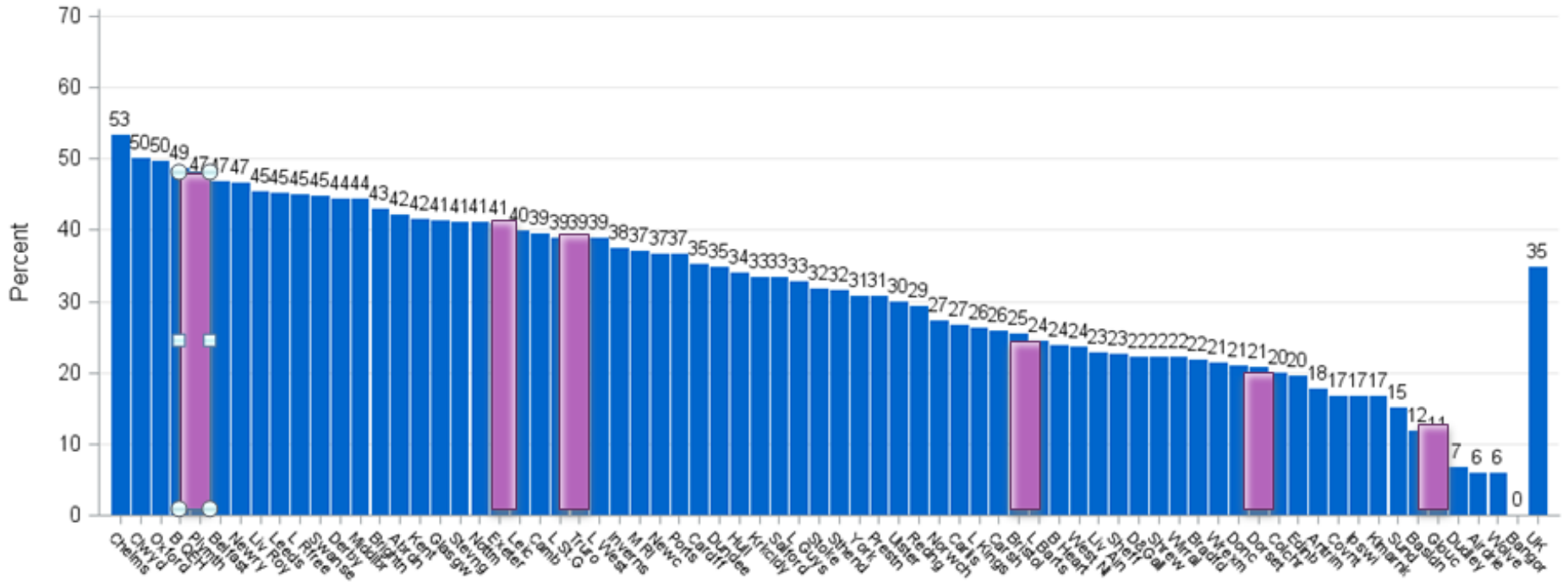


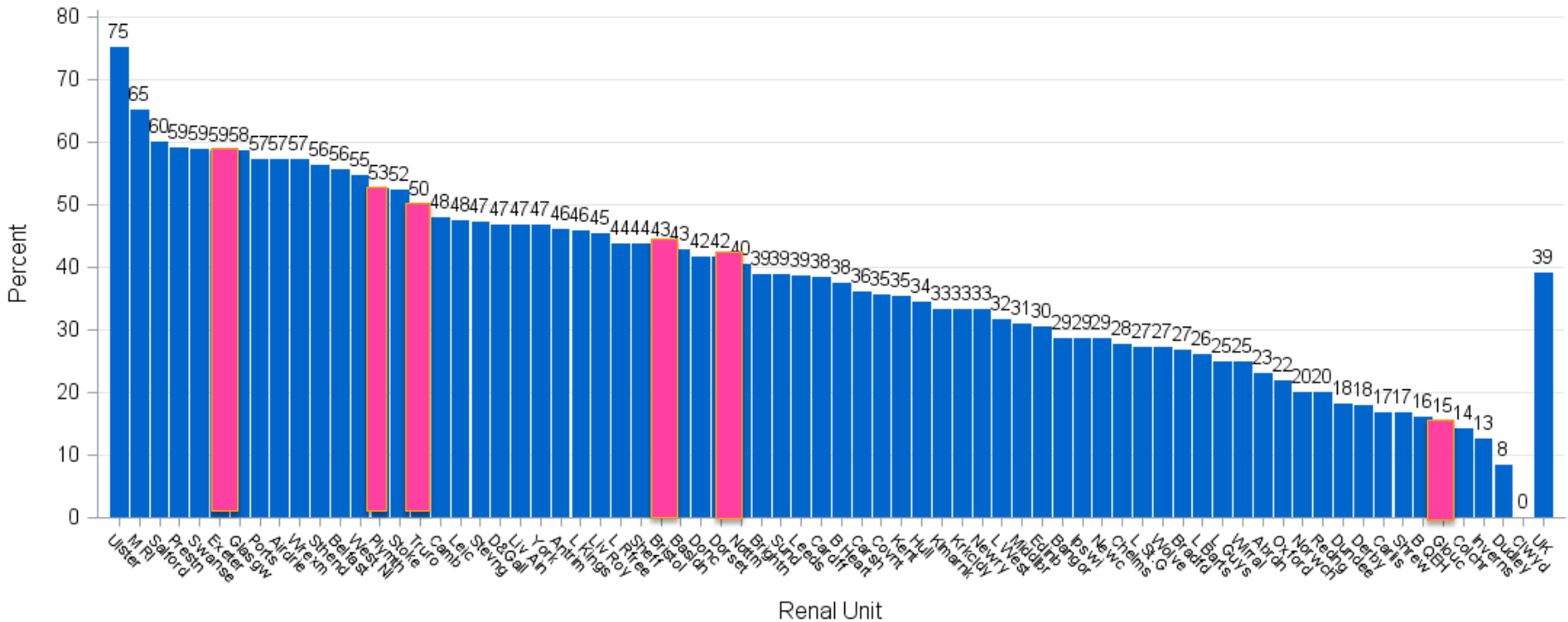
Figure 2.6 Adult living donor pre-emptive transplant rates by renal unit, 1 April 2014 - 31 March 2017



# + Unit level data



Figure 1.6 Adult pre-emptive listing rates by centre, registrations between 1 April 2015 and 31 March 2016



Images from draft NHSBT Kidney Transplant annual Renal unit report 2017/18 and are awaiting verification

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# Lessons learnt from data in West Midlands

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Causes for missing listing:

- Failing transplants
- Predictable but rapidly declining patients
- Different approaches to cardiac angiography pre-dialysis
- Referral to other specialties slows listing





# RR 2017 (2011-2013 starters)

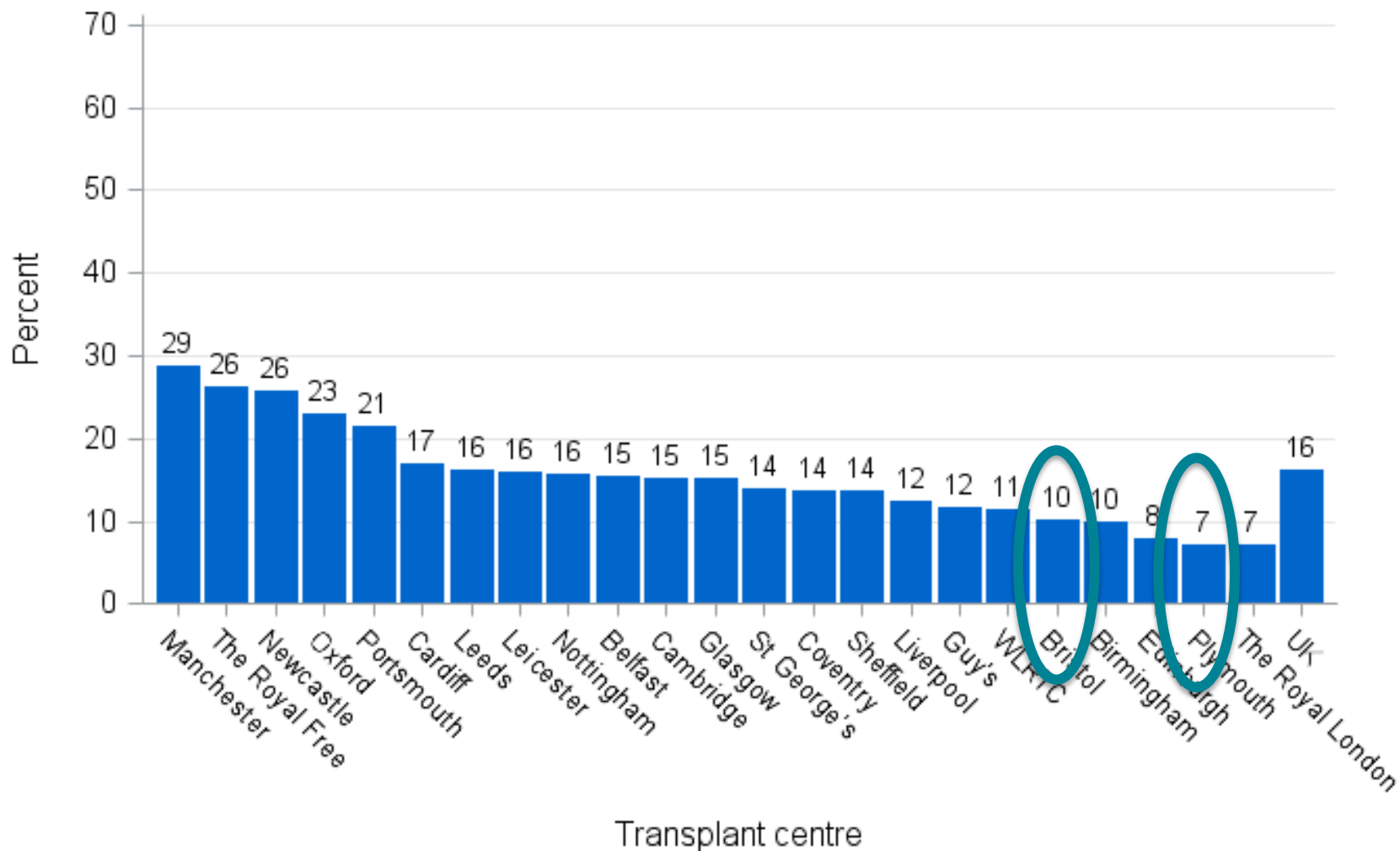


	Median time to transplant wait listing	Proportion of patients wait listed within 2 years of RRT (adjusted)
Bristol	176	61.9
Plymouth	213	65.0
Dorset	266	61.7
Exeter	337	62.6
Gloucester	538	52.7
Truro	105	70.5

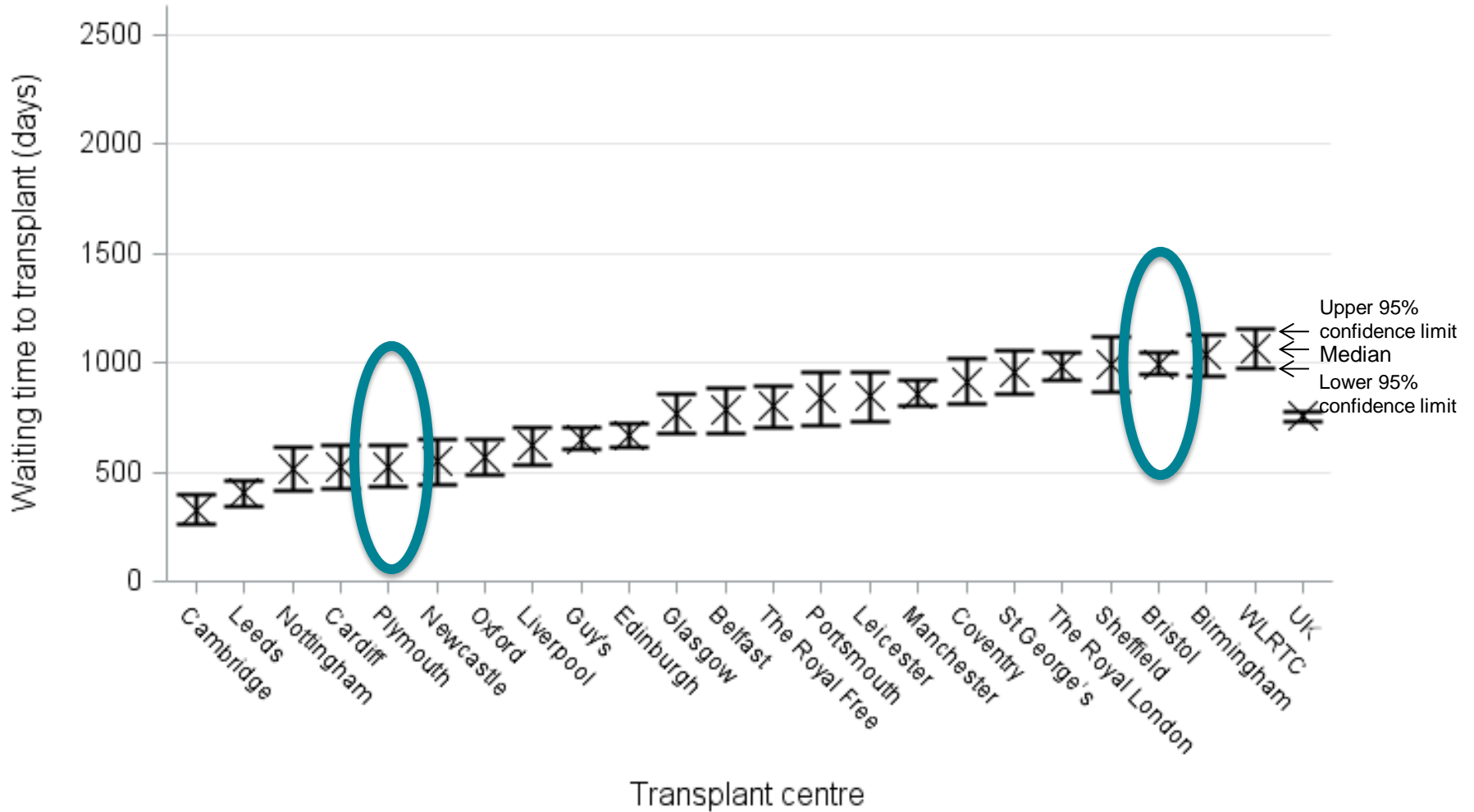
Adjusted for age, gender, ethnicity, PRD  
Multi organ and listed then suspended excluded

Patients from non-transplanting centres are less likely to be wait listed within 2 years of RRT, or receive a DCD or LD transplant.

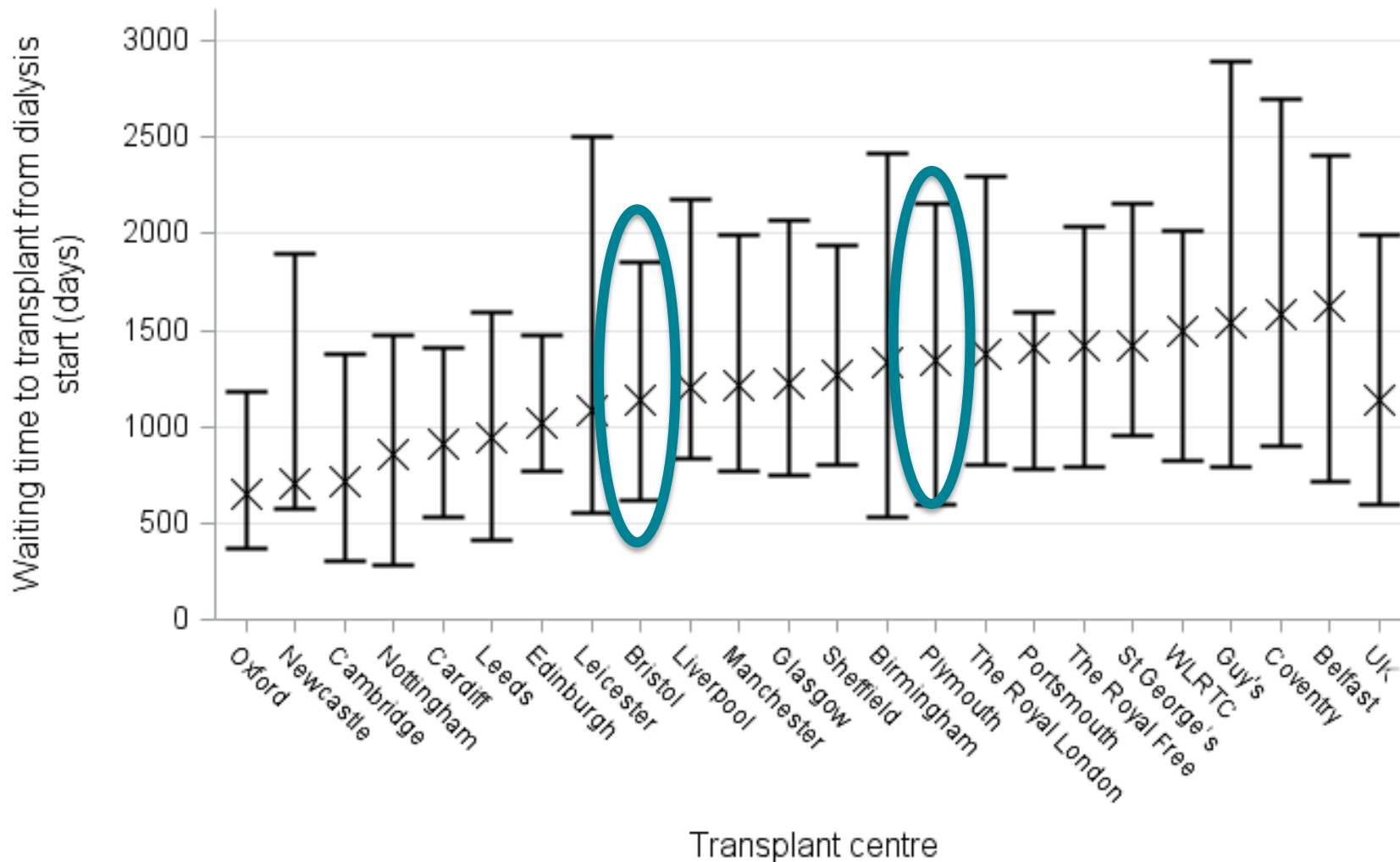
**Figure 5.8** Adult deceased donor pre-emptive transplant rates by centre, 1 April 2017 - 31 March 2018



**Figure 3.10** Median waiting time to deceased donor transplant for adult patients registered on the kidney transplant list, 1 April 2012 - 31 March 2015



**Figure 3.12** Median days from dialysis start date to deceased donor transplant for adult patients transplanted, 1 April 2017 - 31 March 2018



# Summary of variability

- Bristol tend to be good at pre-emptive listing but once on the list patients tend to wait a long time so pre-emptive DD are low and time from RRT to transplant is average.
- Plymouth have low pre-emptive listing rates although once on dialysis patients get listed relatively quickly. So pre-emptive DD are low and time from RRT to transplant is average.
- Patients in some non-transplanting units are taking longer to get on the transplant list

# Transplantation in the South West

- Timing of assessment/ referral
- Transplant status for all? – irrespective of fitness or not
- Cardiovascular work-up – standardised – and time-line
- Standardisation of communication around work-up?
- Standardisation of communication to ‘time-limiting’ departments?
- Single pathway for referral?
- Outcomes – proportion listed for transplantation pre-dialysis (pre-emptive listing)
- Numbers of pre-emptive renal transplants /proportion of all transplanted