RA CD Forum

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National Clinical Director for Kidney Care
Friday 9th March 2012
Chronic Care Model

Community
- Resources and Policies
  - Self-Management Support

Health System
- Health Care Organisation
  - Delivery System Design
  - Decision Support
  - Clinical Information Systems

Improved Outcomes
- Informed, Activated Patient
- Prepared, Proactive Practice Team

Productive Interactions
Patient Involvement: a Paradigm Shift

Old method

"When we want your opinion, we'll give it to you."

New Method

...
Quality in Healthcare

- Safe
- Timely
- Effective
- Efficient
- Equitable
- Patient Centred
- Sustainable
Developing the NHS CB described how teams and members of staff will be managed through a matrix working approach to improve outcomes:

In practice, directorates will need to contribute to improving outcomes through a set of core business processes, as this is how the NHS will ‘feel the touch’ of the NHS CB.
Value in Health Care

• “Value should always be defined around the consumer… and the creation of the value for patients should determine the rewards for all other actors in the system.”

• Measurement of value is challenging. “…the critical first step is measurement. Provider organizations need to capture data on outcomes that matter to patients.”
Domain 1: Preventing people from dying prematurely

Domain 2: Enhancing the quality of life for people with LTCs

Domain 3: Recovery from episodes of ill health/injury

Domain 4: Ensuring a positive patient experience

Domain 5: Safe environment free from avoidable harm

NICE Quality Standards
(Building a library of approx 150 over 5 years)

Commissioning Outcomes Framework
Commissioning Guidance
Provider payment mechanisms
- tariff
- standard contract
- CQUIN
- QOF

Commissioning / Contracting
NHS Commissioning Board – certain specialist services and primary care
GP Consortia – all other services
Strategic Clinical Networks

National Level

Domain 1
Domain 2
Domain 3
Domain 4
Domain 5

National Clinical Directors

Overarching Clinical Network Structures (approx. 15)
Clinical Senates (approx. 15)

Geographical Support Service

CCGs, Providers, Patients and Clinicians

Sub national commissioning sector

Sub sector level

Medical Lead
Lead Nurse
## Principles

- Focused on quality improvement, and the achievement of outcome ambitions for patients, within available resources
- Embedded within the NHS, leading change processes and co-ordinating complex pathways of care
- Clinically led, with all member organisations being actively engaged and abiding by a duty of co-operation
- Established and developed consistently, functioning within a single operating model
- Regularly reviewed, remaining purposeful and value adding for patients, professionals and member organisations
- Aligned to, and operating within, a geographical overarching network structure with a single support team
Provision and commissioning of kidney care

Modified from Levey AS et Al. KI 2005:2089-2100
The Membership Structure of the Clinical Reference Group

- National Invite 1
- Clinician Invite 1
- Clinician x2 North
- PPE 1
- Chair
- Public Health Consultant
- Commissioner

- National Invite 2
- Clinician Invite 2
- Clinician x2 London
- PPE 2
- Appointed through national advert
- Nominated by PH Network
- Nominated by SCG Directors

- National Invite 3
- Clinician Invite 3
- Clinician x2 MidEast

- National Invite 4
- Clinician Invite 4
- Clinician x2 South

- Invited by Chair CAG
- Invited by Chair
- Nominated by Cluster SCG
- Nominated by PPE Steering Group

- Work together as CRG Senior Team

- Leads Quality Measures Production Team
- Leads Policy Production Team
- Leads Specification Production Team
**Community Care**

**Primary Care**

**Secondary Care**

**Tertiary Care**

**Quaternary Care**

**GP Consortia / CCGs**

Local Services

Delivered through different commissioning support models which may/may not be on a cluster footprint

**NHS Commissioning Board**

National and **Specialised Services**

Delivered through a single national process with 4 geographical footprints

**Developing Integrated Pathways**

NHS CB has a responsibility to develop commissioning policy
Investigation

QS1: Identification

QS2: Specialist referral

Progression and complications

QS4: Cardiovascular risk

QS5: Blood pressure control

QS6: Progression

QS7: Acute illness

QS8: Anaemia treatment

Preparing for renal replacement therapy

QS9: Preparing for renal replacement therapy

Preparation for renal replacement therapy

QS10: Psychosocial support

Transplantation

QS11: Transplantation – pre-emptive

QS12: Transplantation – on dialysis

Transplantation – pre-emptive

Transplantation – on dialysis

Dialysis

QS13: Dialysis access

QS14: Best possible dialysis

QS15: Patient transport

End of life care

NICE CKD Quality Standard 2011
Kidney Care QIPP Framework indicating key areas of growth with identified QIPP Actions

Source: NWSCT, IHSS Consulting
Prevalence of CKD:

Chronic Kidney Disease – QOF Reported Prevalent Cases on CKD Registers – 2006/7 – 2009/10

<table>
<thead>
<tr>
<th>Year</th>
<th>No. of People on CKD Register</th>
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<tbody>
<tr>
<td>2006/7</td>
<td>1,279,246</td>
</tr>
<tr>
<td>2007/8</td>
<td>1,589,353</td>
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<tr>
<td>2008/9</td>
<td>1,739,443</td>
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<tr>
<td>2009/10</td>
<td>1,817,871</td>
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</tbody>
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Late Presentations

Adult patients starting RRT in 2009 in the UK

Percentage of patients

Year

2004 2005 2006 2007 2008 2009

% ≥12 months
% 6–<12 months
% 3–<6 months
% <3 months

p for trend <0.0001
Stabilisation of RRT incidence

**Fig. 1.1.** RRT incident rates in the countries of the UK 1990–2009

The UK Renal Registry

The Thirteenth Annual Report
Kidney transplants in the UK

Year | Number
--- | ---
2001 | 1329 DBD donor, 1265 DCD donor, 1185 Living donor
2002 | 1111 DBD donor, 1144 DCD donor, 1101 Living donor
2003 | 56 DBD donor, 85 DCD donor, 112 Living donor
2004 | 147 DBD donor, 201 DCD donor, 1111 Living donor
2005 | 671 DBD donor, 252 DCD donor, 1144 Living donor
2006 | 804 DBD donor, 313 DCD donor, 1101 Living donor
2007 | 924 DBD donor, 455 DCD donor, 1107 Living donor
2008 | 979 DBD donor, 515 DCD donor, 1102 Living donor
2009 | 1013 DBD donor, 582 DCD donor, 1118 Living donor

Legend:
- **DBD donor**
- **DCD donor**
- **Living donor**
Pre-emptive transplant rates - LD adult kidney transplants, 2006-2008
In taking forward decisions this year and next, you need to ask yourself two questions:

- Will it improve care for my patients?
- Will it improve value for taxpayers?

Sir David Nicholson KCB CBE April 2011