Renal Clinical Directors Forum

Jon Gulliver
Specialised Commissioning
Lead Commissioner Renal Services
CRG

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What NHS England commissions (The Manual)

NHS England commissions adult specialist renal services from Adult Specialist Renal Centres and Adult Renal Transplant Centres, including services delivered on an outreach basis as part of a provider network.

NHS England commissions:
• All chronic dialysis services
• Intermittent haemodialysis and plasma exchange for patients with acute kidney injury of such severity that without treatment they would die
• Specific disease-modifying management for patients with intrinsic renal conditions that have a high probability to progress to end stage kidney failure without intervention. Examples include membranous glomerulonephritis or focal and segmental glomerulosclerosis.
• Outpatient assessment and preparation for renal replacement at Adult Specialist Renal Centres; this includes Low Clearance Clinics and procedures relating to establishing renal access prior to dialysis, for example, creating arteriovenous fistulae or inserting peritoneal dialysis catheters
• All transplant-related care provided by Adult Specialist Renal Centres and Adult Renal Transplant Centres. Transplant-related care includes the work-up of potential living donors.
• All transplantation activity provided by Adult Renal Transplant Centres. This includes living donor nephrectomy for living donor transplantation.
Commissioning Tools

- Service Specifications
- Dashboards – performance indicators & outcome measures
- Commissioning Policies
- Evaluative Commissioning – Rituximab for Idiopathic Membranous Nephropathy
- Peer Review
- Service Reviews
- CQUINs (Contracting for Quality & Innovation)
- QIPP (Quality, Innovation, Productivity and Performance)
- PREMs (Patient Reported Experience Measures)
- PROMs (Patient Reported Outcome Measures)
Role of Clinical Reference Group

- Primary source of clinical advice to NHSE Specialised Commissioning
- Membership
  - Medical (8)
  - Patient & Public Reps (2)
  - Affiliates (RA, BRS & BTS)
  - Pharmacy (Transplant & Dialysis)
- Agree 3 year work programme
- Develop commissioning products (specifications & policies)
- Co-opt members for Expert Working Groups
- Advise on new proposals for policy development
- Engage with and represent broader clinical community
CRG Work Programme

• Peer Review
• Service Specification Update
• Service Review – variation and value e.g.
  • Home Therapies
  • Living Donation
  • Pre-emptive listing and transplant
• Integrated Commissioning
• DAFB (Dialysis Away From Base)

• Updates
  • Hep B
  • Transplant Tariff
How many reviews?!

- GIRFT – focus on comparative provider performance
- Peer Review – compliance with standards in service specifications
- National Service Review – variation and value
Value in healthcare

• You have a certain amount of money to spend

• Spend it well

• Get as much healthcare for your healthcare pound as you can
Value Based Healthcare

1. Measure outcomes meaningful for patients and associated costs accurately by medical condition
2. communicate these outcomes and costs transparently with a performance classification (“benchmarking”)
3. organize coordinated care relying on multidisciplinary teams around a patient’s medical profile
4. develop innovative (bundled) payment schemes to foster joint outcome responsibility and selectively reward high-performing care providers accordingly

Value in Renal?

Do we have a shared understanding of what constitutes value in renal care and are we delivering it consistently?

In patients for whom it is suitable:

- (Live) pre-emptive transplantation is best value option
- Live donation is better than deceased
- Any transplantation better than dialysis
Large variation in live donor transplantation

Whether look at:

- By region
- By transplanting centre
- By referring centre

Annual report on Kidney Transplantation 2017/2018 NHS Blood and Transplant
Large variation in live donor transplantation

Annual report on Kidney Transplantation 2017/2018 NHS Blood and Transplant
Individual unit rates

Pre-emptive deceased transplants

Pre-emptive live donor transplants

RRT starters who are pre-emptive listed or LD transplanted
Value for Patients

Patient based value is very important in dialysis
Patient priorities in PD

- PD infection
- Mortality/survival
- Fatigue
- Flexibility with time
- Blood pressure
- PD failure
- Ability to travel
- Sleep disturbance
- Ability to work/finances
- Impact on family and friends

126 participants, 14 countries.
www.england.nhs.uk

Infection

Peritonitis rate per patient year

Dotted lines show 99.9% limits
Solid lines show 95% limits

Peritonitis rate

Patient years by centre

www.england.nhs.uk

NHS E dashboard data
PD catheter failures within one year of insertion

Dashed lines show 99.9% limits
Solid lines show 95% limits
Thick dashed line shows UK average
Patient higher scores

- Ability to travel
- Dialysis-free time
- Dialysis adequacy
- Feeling washed out after dialysis
Ability to travel

- Portable machines
  - Expensive
  - Not an option for all
- EHIC issues
- Space in UK units
Home Therapy rates
• Thank You
• Questions