Case for Renal Strategic Clinical Network

The Kidney Alliance believes that there is a strong case for a renal strategic clinical network in England.

The Kidney Alliance is an umbrella organisation whose membership includes most of the major patient, professional and research organisations in the kidney community. Our list of member organisations is shown at the end of this document.

The Kidney Alliance aims to promote high quality treatment for all patients with kidney disease on an equal and uniform basis throughout the country. We work with patients, healthcare professionals and policymakers, within Government and the Department of Health, at the national and local level, to achieve this.

The pathway of care for people with renal disease is complex, requiring careful integration across health care sectors (primary, secondary or tertiary), requiring strong linkage with social care and requires careful coordination of clinical care (e.g. transplantation and dialysis modality planning). The care of a patient who is either on or is being prepared for dialysis is not just a matter of the performance of a single treatment, but a complex care package across many disciplines. For example, a single patient with kidney failure may, in their lifetime, have a transplant, need peritoneal dialysis and then following a second transplant require haemodialysis. During that entire time, medical, nursing, dietetic, pharmaceutical and social expertise would all be required.

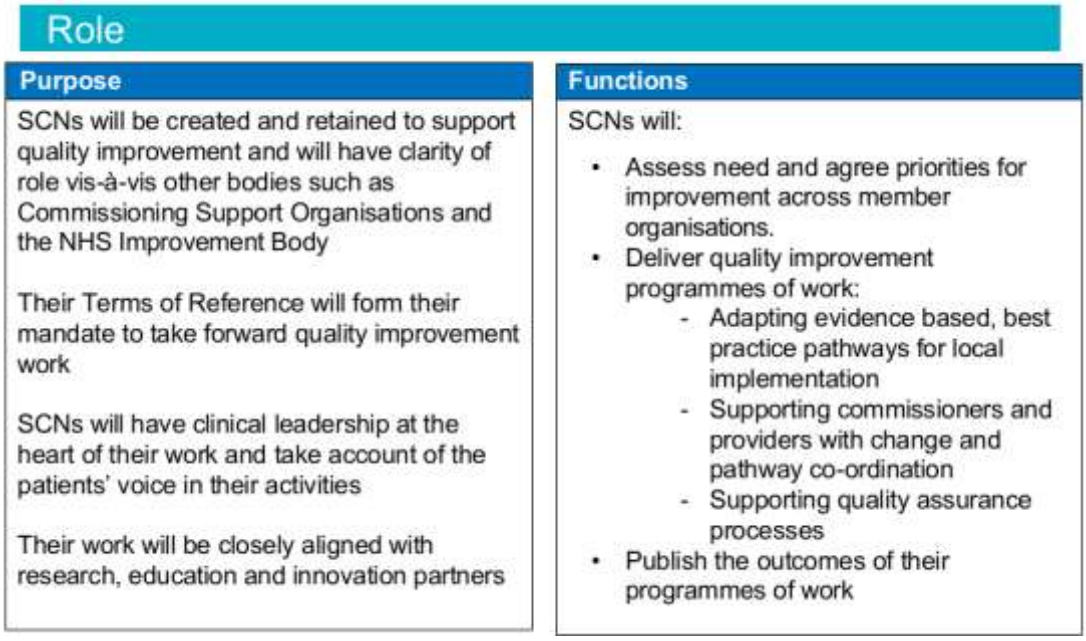
The QIPP agenda for renal disease is focused on three crucial areas, in order to improve quality and reduce resource requirement.

- First, a reduction in the number of people reaching end stage renal failure requires careful coordination between primary and secondary care.

- Second, people who do reach end stage renal failure need the support in terms of choice and shared decision making that can improve rates of transplantation and home dialysis therapies.

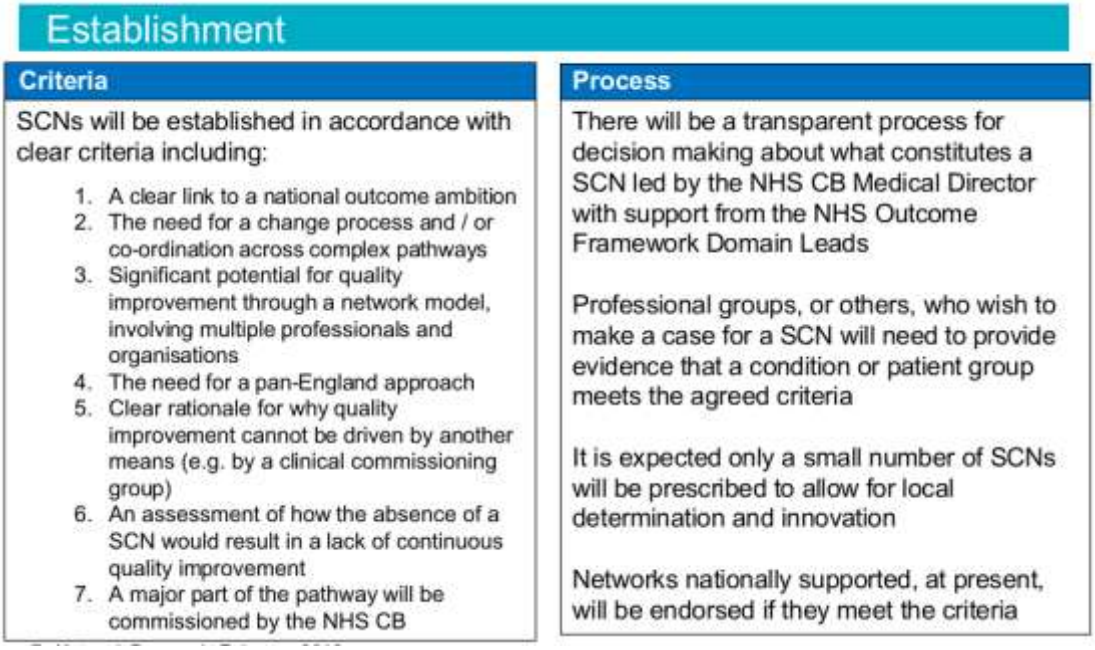
- Third, the adverse consequences of both kidney ill health and therapy result in premature death for the population and increased cost to the NHS. A reduction in infection, cardiovascular disease and acute kidney injury require strategic planning across primary and secondary care.

The recent Webinar on Strategic Clinical Networks laid out the criteria for a network to exist.



To develop and deliver on the QIPP agenda requires strategic planning on a national and regional basis. This needs agreement on priorities and a clear measurable quality improvement programme with support to patients, providers and commissioners. In areas of the country where strong renal networks currently exist there has been good local progress, but a more unified structure and approach could develop this further, whilst enabling focus on important issues such as acute kidney injury to be undertaken. Strong clinical leadership and strengthening renal networks will enhance consistency of care, which is presently variable. This structure and focus will provide measurable improvements in quality.

A strategic renal clinical network fulfills all of the criteria laid out recently.



1. The QIPP agenda is the national ambition
2. Delivering the QIPP is complex across boundaries and pathways
3. Links between primary and secondary care (GPs, Diabetes, Vascular, Renal) in a multidisciplinary framework are essential
4. Planning capacity and quality for ESRD is required on a country level. Quality varies across the country, meaning an increased disadvantage for those in the most at-risk groups
5. CCGs are unlikely to have sufficient focus on the high cost but low volume aspects of the service around dialysis and transplantation. To put the demand for specialist renal care in perspective, for every 1000 patients that a GP is responsible for, 100 will have CKD. However, only 2 will have a potential need for dialysis and only 2 will have kidney failure. It is these patients that require more complex clinical care, for which primary care have neither expertise nor resource
6. Whilst not all quality improvement would stop without a SCN, the loss of coordination is likely to slow the process and reduce its effectiveness. Networks will provide an important opportunity to affect outcomes such as protecting people from avoidable harm and prevention of premature death
7. Transplantation and dialysis are within the Specialised Service Definition set, will be commissioned by the NHS Commissioning Board, and represent the major spend within the renal pathway.

Kidney Alliance
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Kidney Alliance members: British Kidney Patient Association, British Renal Society, Kidney Research UK, National Kidney Federation, Renal Association, Renal Nutrition Group, Association of Renal Managers, Royal College of Nursing (Renal Forum), British Association of Paediatric Nephrologists
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