

UK LKD Network Meeting

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HEALTH INEQUALITY AND LIVING DONATION: LESSONS FROM CLINICAL PRACTICE

3 things to start with...

1: a disclaimer

- The following is not the outcome of a randomised controlled trial
- I have no statistical evidence that proves our system overcomes the barriers of deprivation

This is the narrative of who we are, where we are, how we got here and what we learnt along the way

2: I represent a team



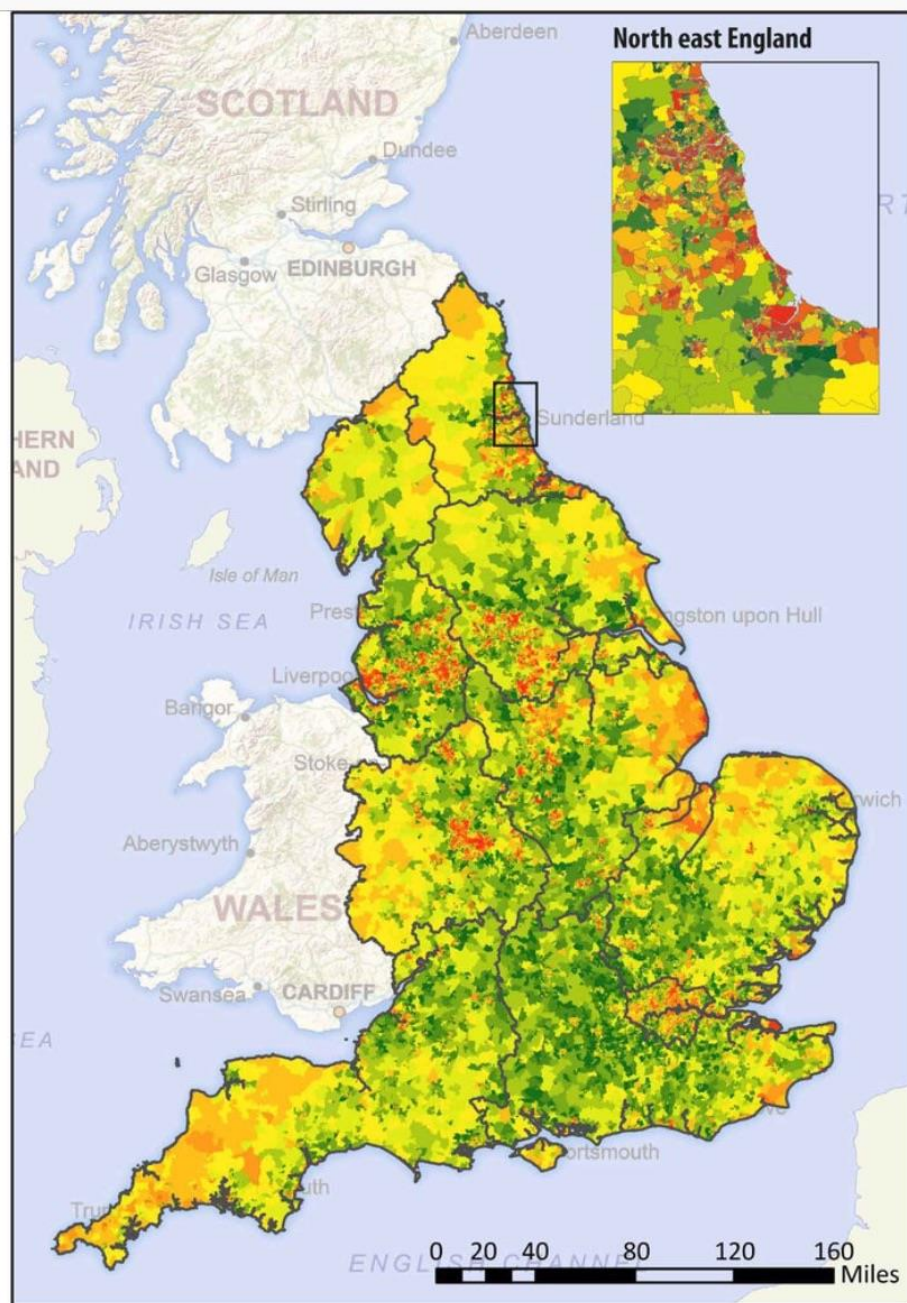
3-Teesside is so much more than deprivation statistics



Teesside –facts and figures



Indices of Multiple deprivation 2018 PHE

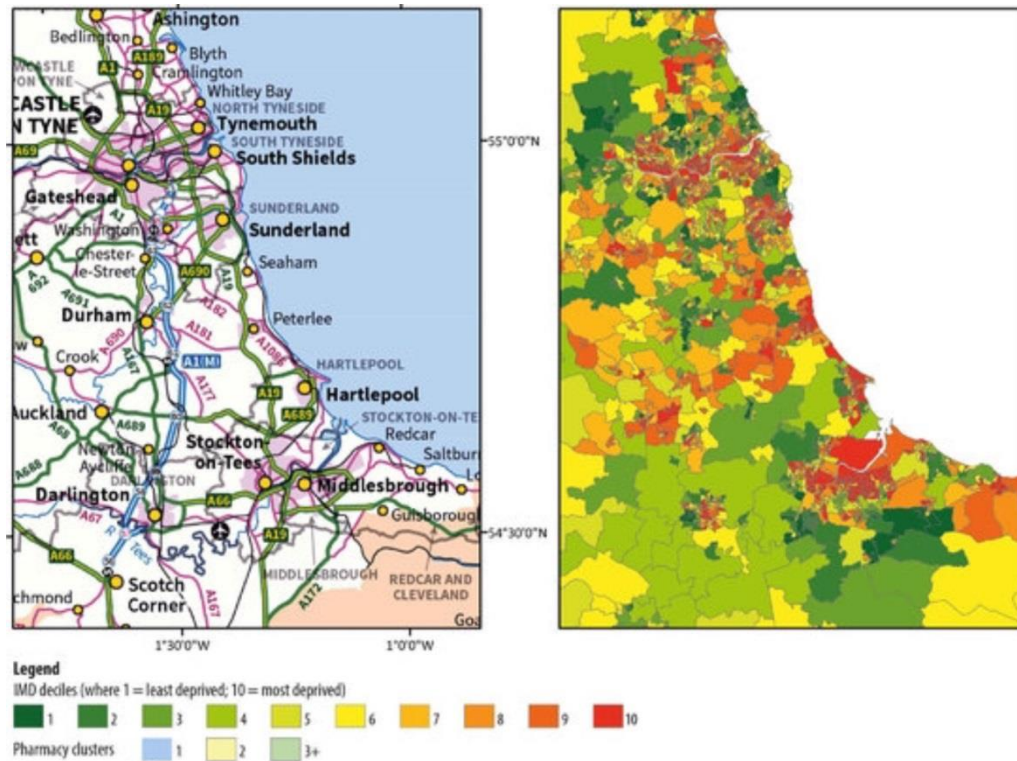


Legend

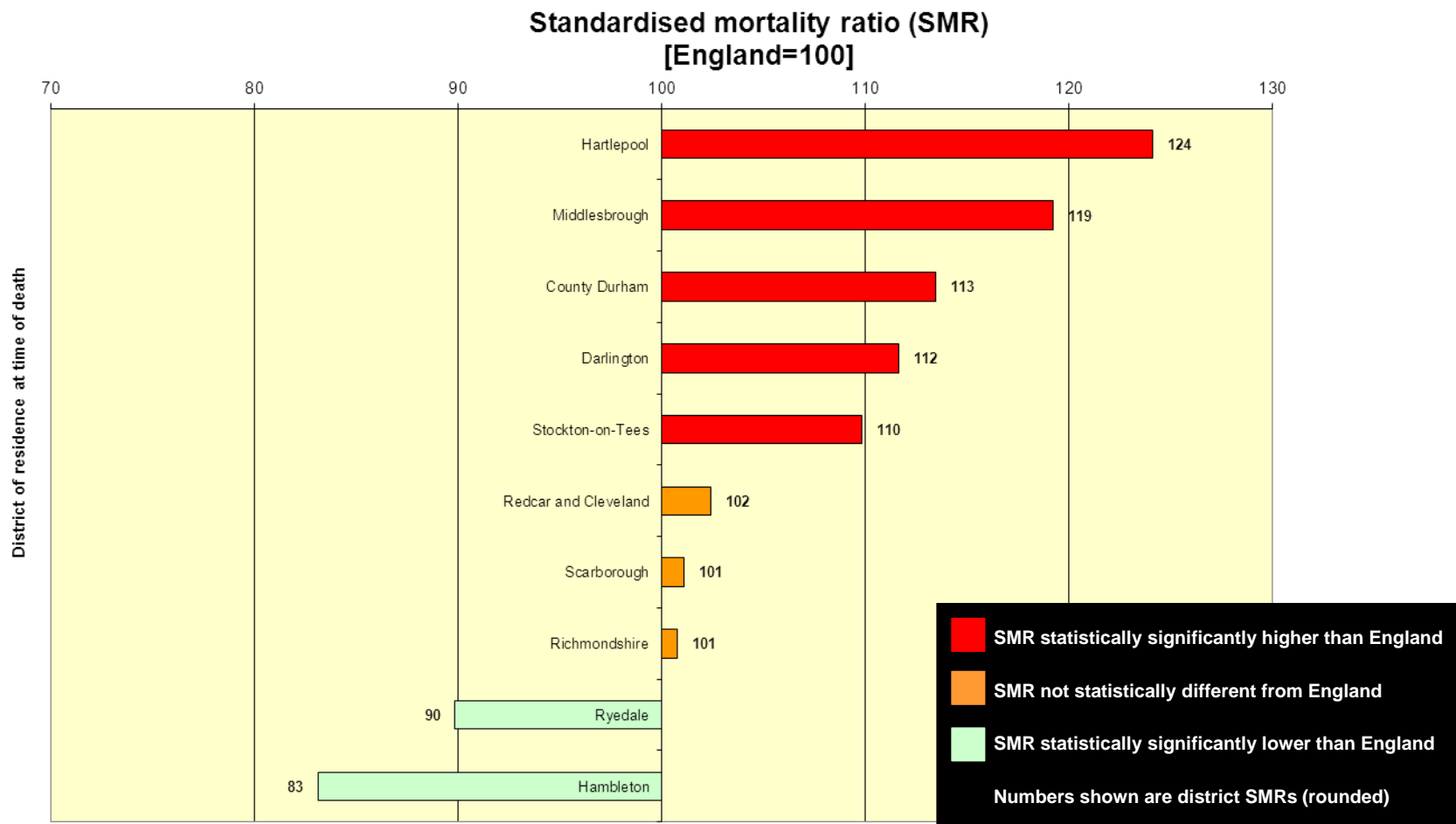
IMD deciles (where 1 = least deprived; 10 = most deprived)



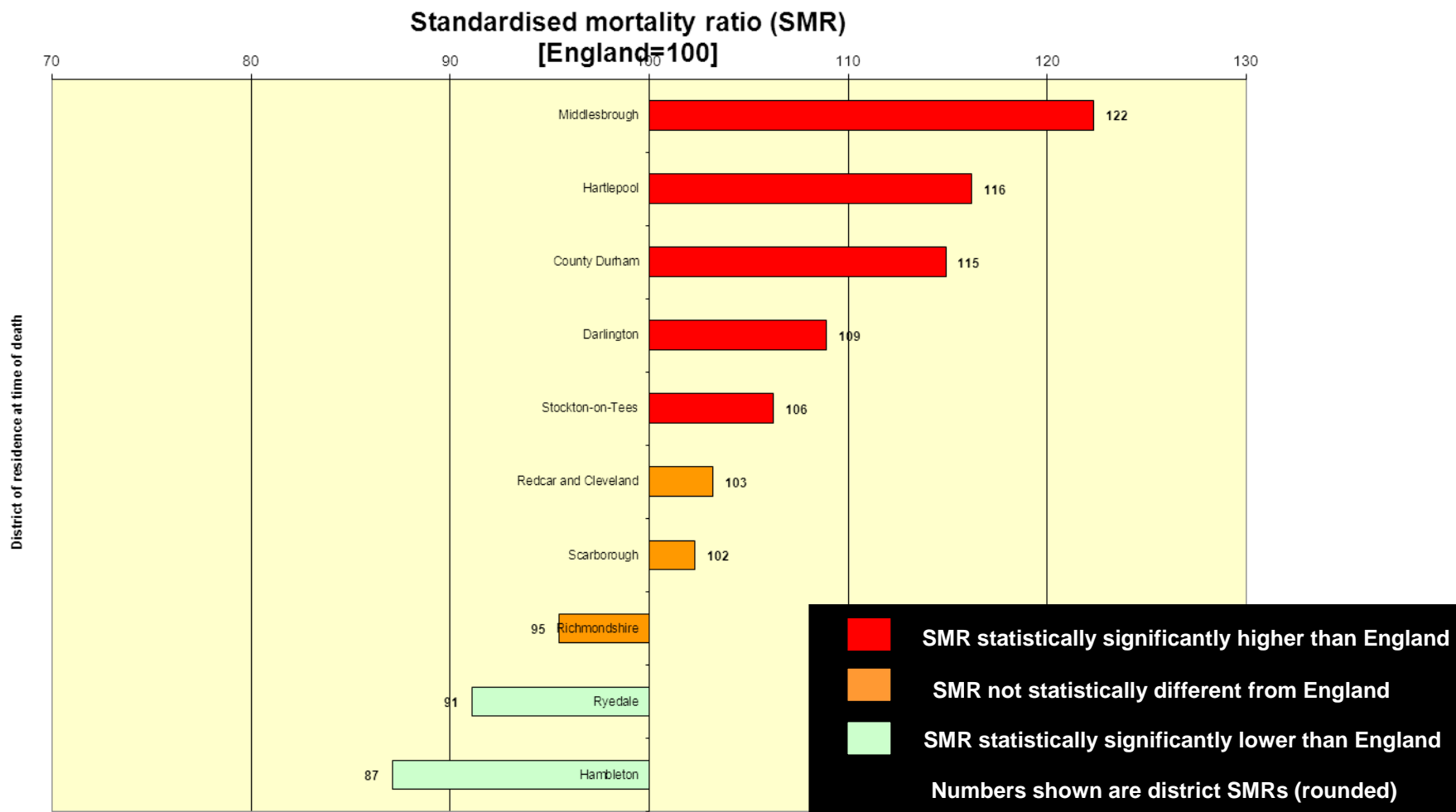
RRT
population
1 Million



Mortality from all causes, males, all ages, 2008-2010



Mortality from all causes, females, all ages, 2008-2010



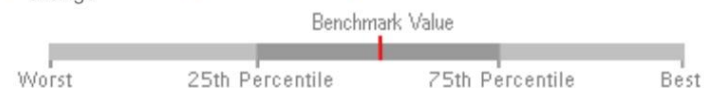
PHE data for Middlesbrough ward 2015-17

* a note is attached to the value, hover over to see more details

Compared with benchmark: ● Better ● Similar ● Worse ○ Not compared

Recent trends: — Could not be calculated ↑ Increasing / Getting worse ↑ Increasing / Getting better ↓ Decreasing / Getting worse ↓ Decreasing / Getting better → No significant change ↑ Increasing ↓ Decreasing

 Export table as image



Indicator	Period	Middlesboro			Region England		England		
		Recent Trend	Count	Value	Value	Value	Worst	Range	Best
Life expectancy at birth (Male)	2014 - 16	—	-	75.8	77.8	79.5	74.2		83.7
Life expectancy at birth (Female)	2014 - 16	—	-	79.6	81.5	83.1	79.4		86.8
Under 75 mortality rate: all causes	2015 - 17	—	1,644	496	396	332	551		228
Under 75 mortality rate: cardiovascular	2015 - 17	—	373	114.1	82.9	72.5	133.4		44.0
Under 75 mortality rate: cancer	2015 - 17	—	595	182.4	155.9	134.6	194.5		100.0
Suicide rate	2015 - 17	—	53	15.3	10.8	9.6	17.9		6.1

Dramatic local variation



Stockton-on-Tees is the town the biggest gap in life expectancy, those living in the wealthier areas can expect to live 18 years longer than those in the more deprived parts of town

Ethnicity

The UK Renal Registry

The Sixteenth Annual Report

of 15

Table 6.1. Percentage of incident RRT patients (2003–2012) in different ethnic groups by centre

Centre	Percentage in each ethnic group					N with data	% completeness
	White	Asian	Black	Chinese	Other		
Leeds	82.4	12.7	3.8	0.1	1.0	1,388	89.3
Leic	80.0	15.7	3.0	0.3	1.0	2,213	98.3
Liv Ain	95.7	1.4	0.7	1.4	0.7	277	78.3
Liv RI	93.3	1.2	1.6	1.7	2.3	1,018	87.6
M RI	77.0	11.9	8.0	0.9	2.3	890	98.0
Middlbr	95.9	3.7	0.2	0.2	0.0	979	97.1
Newc	93.8	4.2	0.6	0.4	1.1	1,009	99.2
Norwch	95.8	0.8	0.3	2.5	0.6	649	77.6
Nottm	89.2	4.9	4.7	0.0	1.3	1,202	99.9
Oxford	85.6	7.5	4.0	0.6	2.2	1,570	96.6

Literacy

- 1 in 100 UK are illiterate
- 15% UK adults (of working age 16-65) functionally illiterate
- 17% Middlesbrough adults functionally illiterate
- 45% UK adults don't have the literacy skills they need to understand and make use of everyday health information ??Middlesbrough
- Low health literacy is associated with a 75% increase risk of early death

Teesside Summary

- High levels of deprivation
- Poor health outcomes
- Low ethnic diversity
- But wide variation across the catchment population for both of the above
- Lower than average levels of literacy
- Highest level of preschool obesity in England

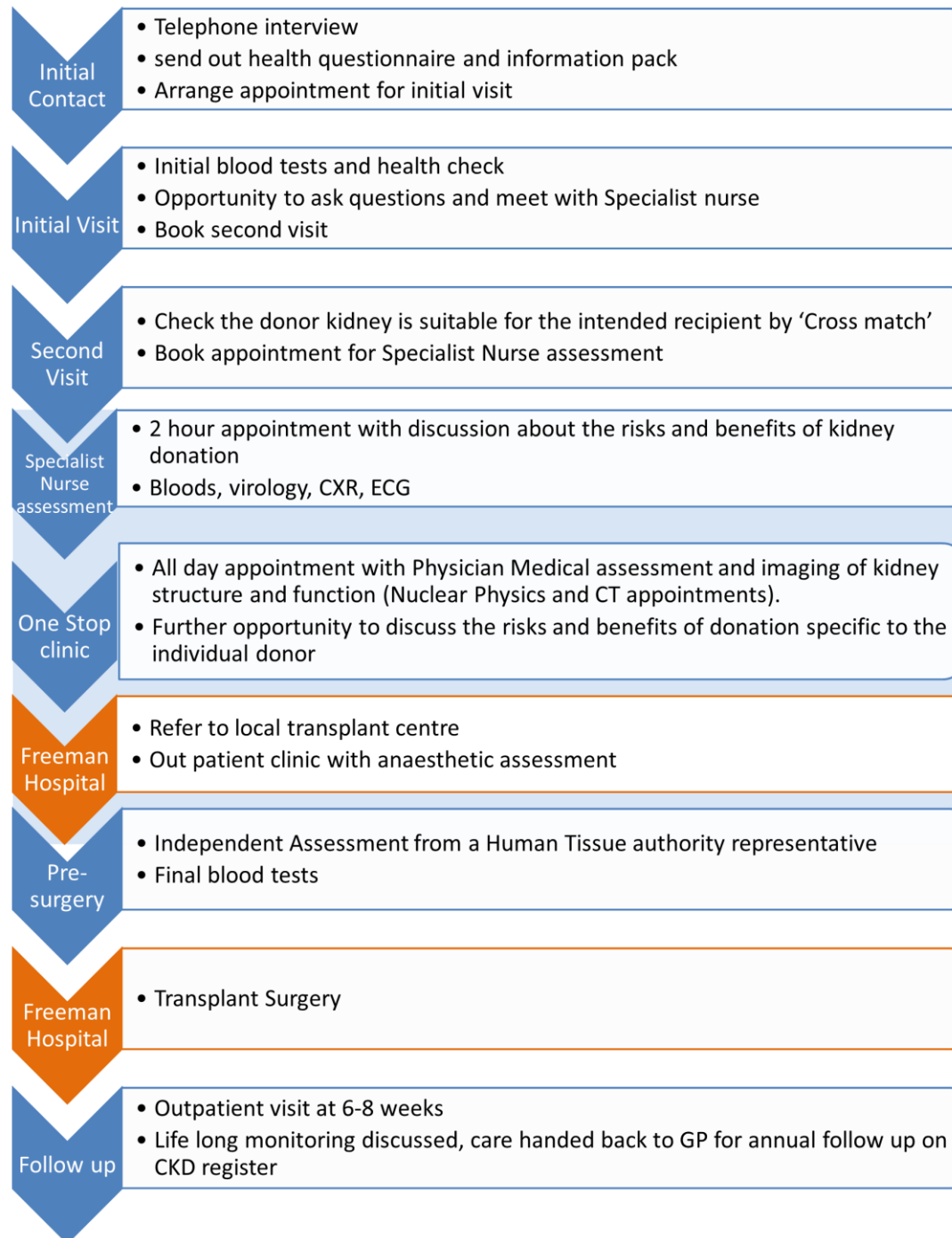
So we would expect lower levels of LKD
transplantation ...?

Teesside –the Living Kidney Donor Service

Teesside LKD service

- 2011 £3K Kidney care timely listing grant
- Need for LKD pathway identified:
 - Standardise donor work up
 - Improve length of work up time
 - Improve the number of donors completing the pathway
 - reduce time taken to work up donors
 - Give all recipients the same opportunities for living donation

LKD pathway 2012



Offer of 1:1
conversation
with previous
donor 2012

Invitation to
bi-annual
open day
2013/14

1st year outcomes from new LKD

1/3 reduction in waiting time to complete work up

50% reduction in the number of donor hospital visits

Survey at end of first year:

- Good donor feedback (76% rated their experience of donor work up as excellent)
- 96% felt they had enough time and understanding of the process and information given during the appointments

“Easier for me
to get one day
off rather than
several half
days”

“Less time off
work and a
smoother
process”



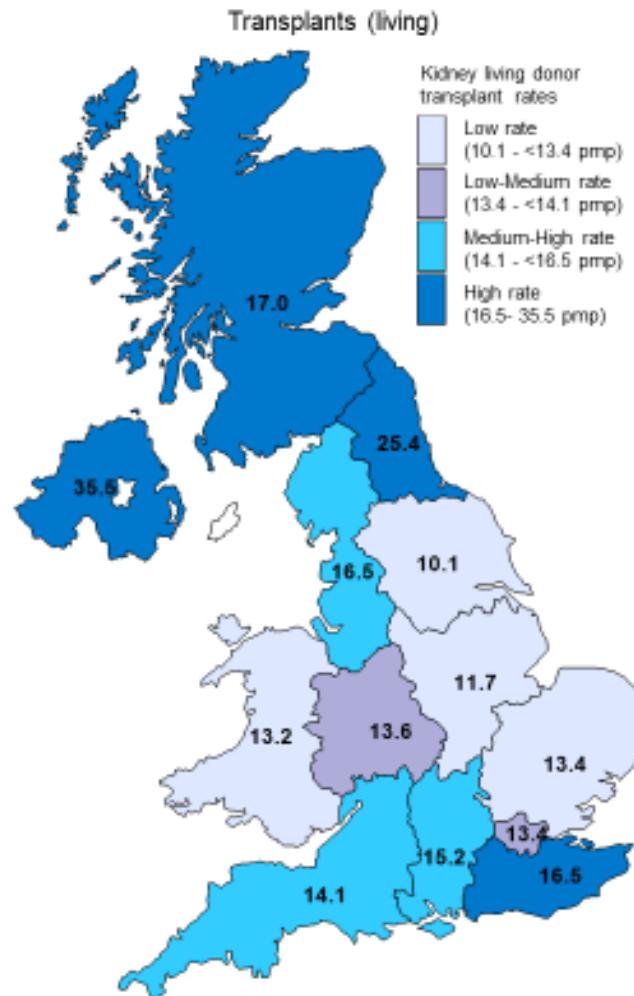
Teesside LKD service-impact on number of LKD transplants

Year	LKDT rate pmp	% pre-emptive LKD's	% LKDT of total activity
2012	16	50%	34%
2013	16	13%	35%
2014	25	56%	53%
2015	19	47%	41%
2016	19	63%	38%
2017	24	24%	53%
2018	20	45%	53%

Figure 2.7 Living donor kidney transplant rates (pmp) by recipient country/Strategic Health Authority of residence

SHA data shows
contribution of all renal
units

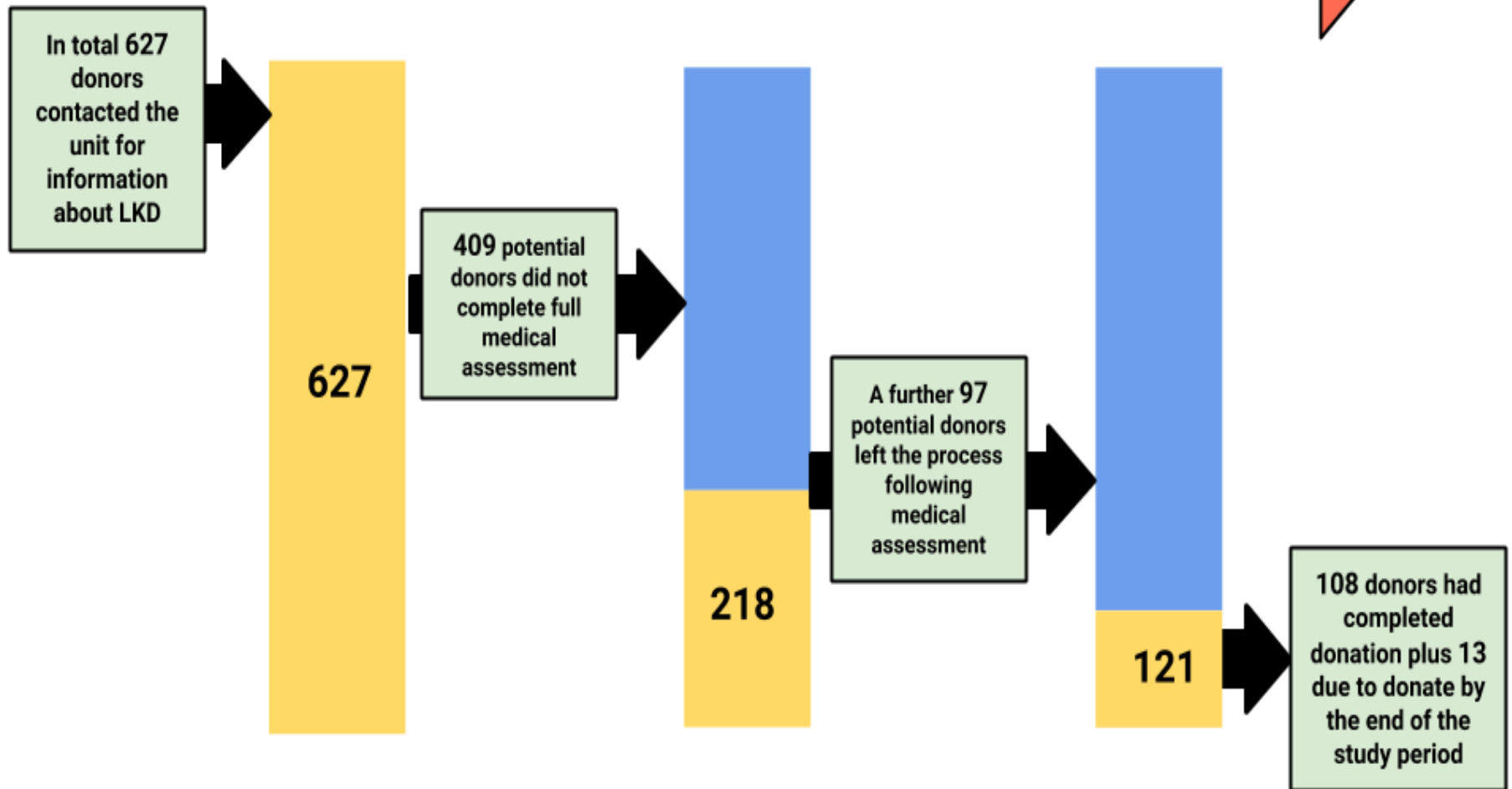
FRH, 30pmp
JCUH 24pmp
SRH 25pmp



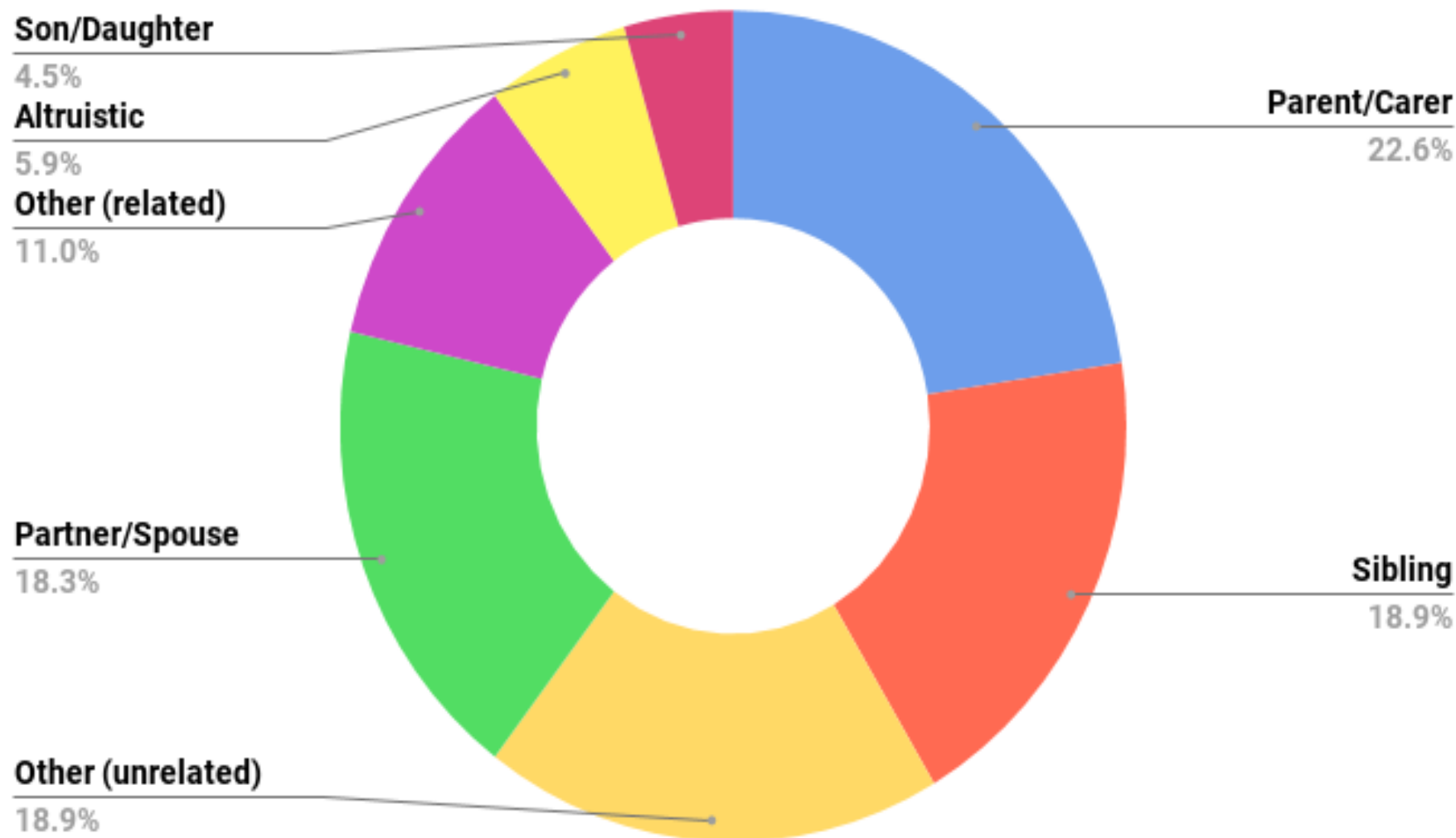
Teesside LKD prospective study

- Data collected prospectively between 01/01/12 - 31/12/17 on all potential donors:
 - Relationship of donor to recipient
 - Progression through the pathway for each donor from initial enquiry to tissue typing, specialist nurse assessment, medical review, surgical review and donation
 - Reasons for not progressing through each step of the pathway

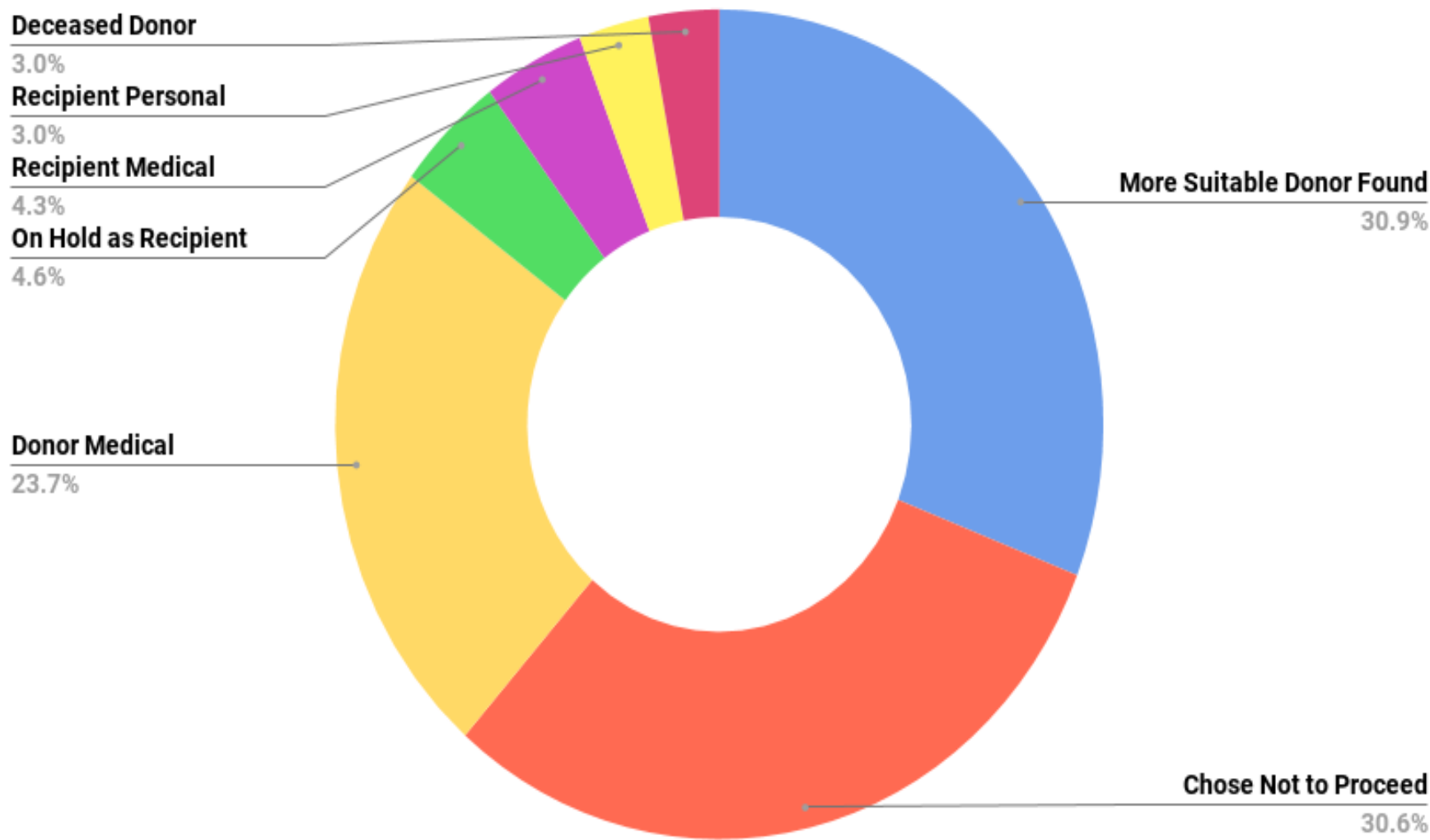
DONOR PROGRESSION THROUGH THE PATHWAY



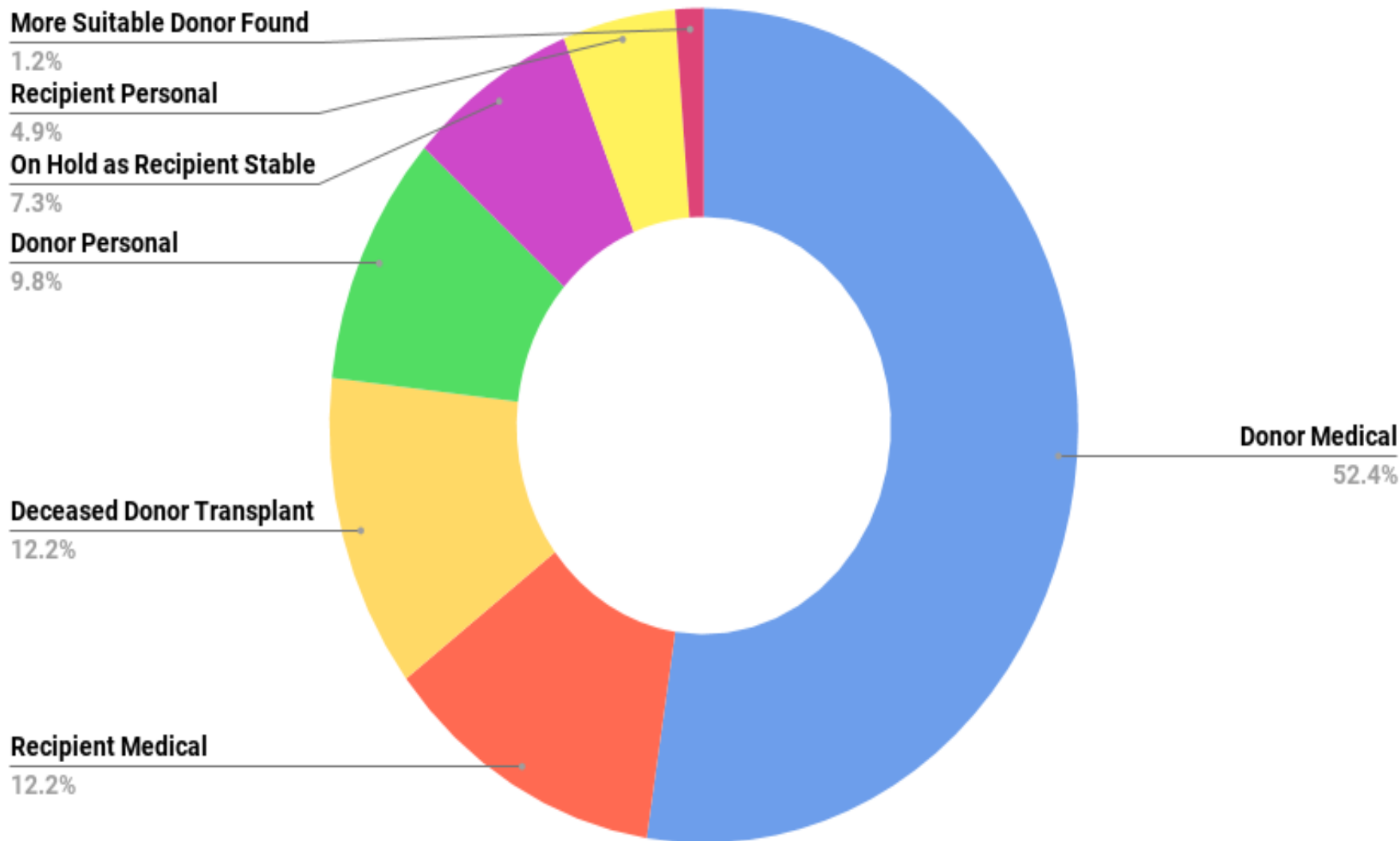
Relationship of Potential Donor to Recipient



Reasons For Withdrawal Prior to Medical Assessment

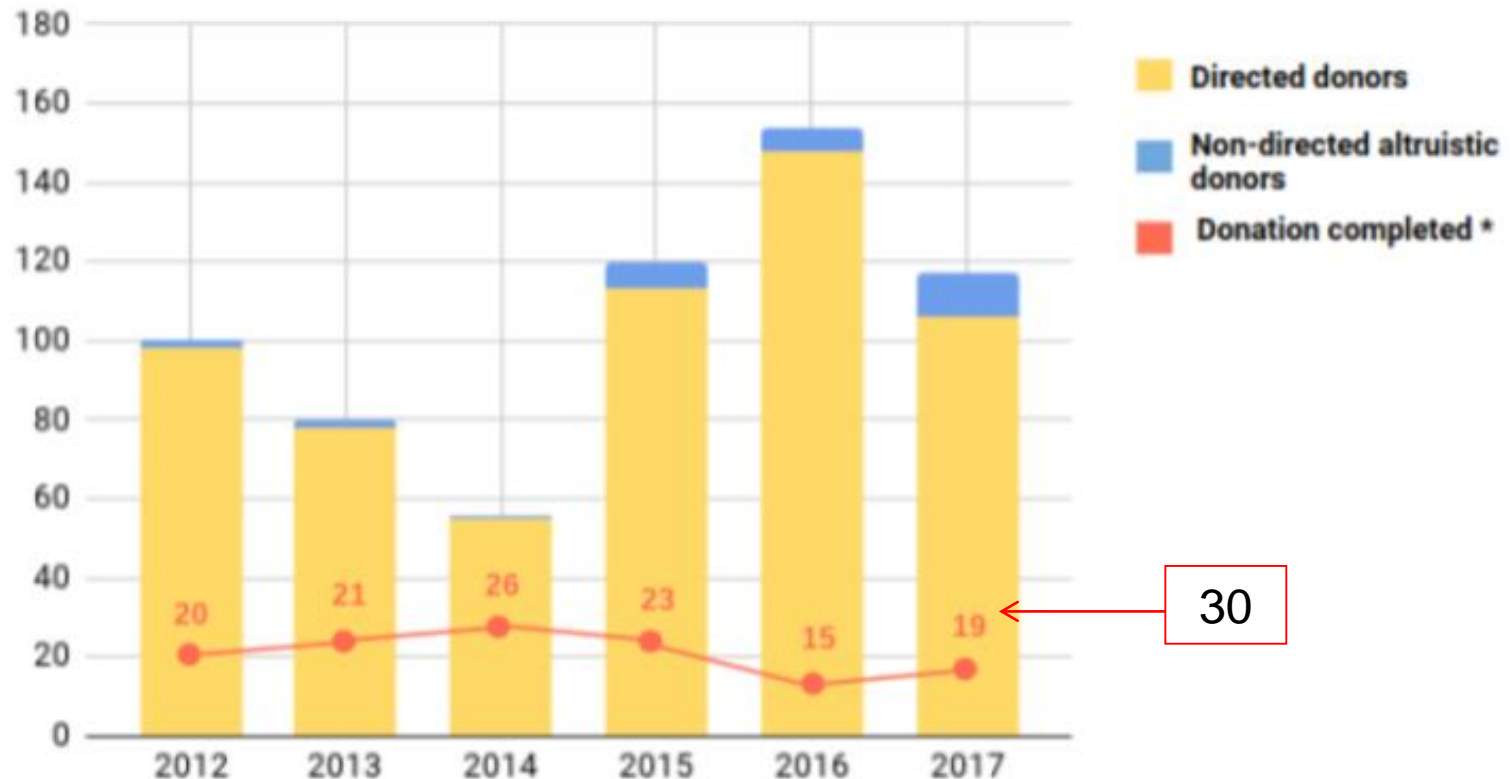


Reasons For Withdrawing After Medical Assessment



Outcomes of Teesside LKD service

Figure 1: Number of Donor Enquiries Each Year

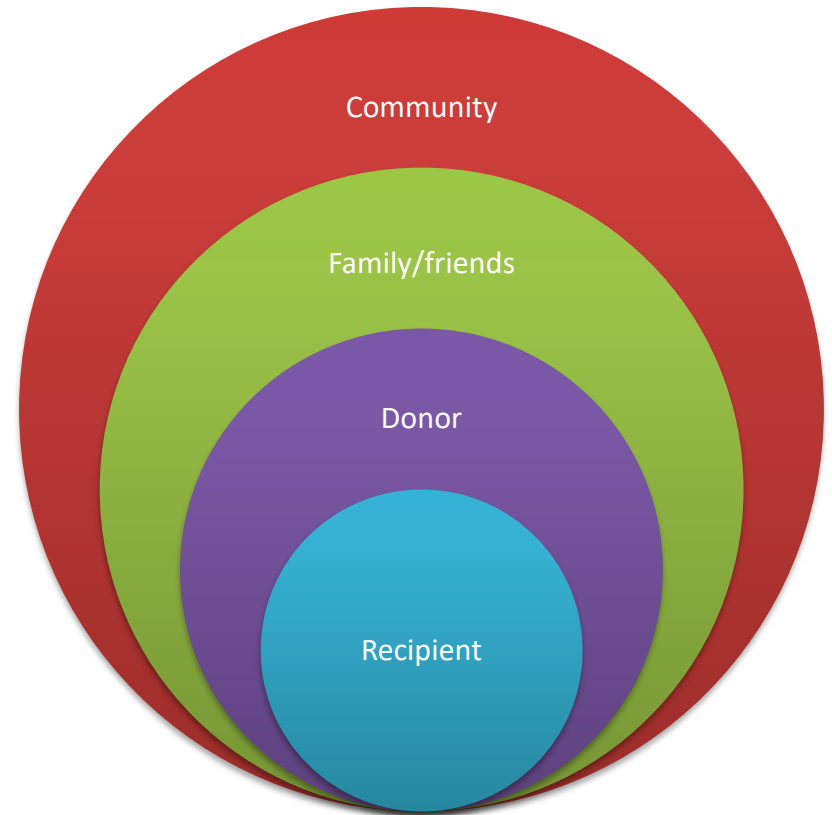


** does not include sharing scheme patients or those waiting to donate*

Teesside –overcoming barriers to Living Kidney Donation

Addressing health literacy

- Cultivate your community
- Educate the recipients family and friends
- Empower your donor
- Entitle your recipient
- Learn from the council

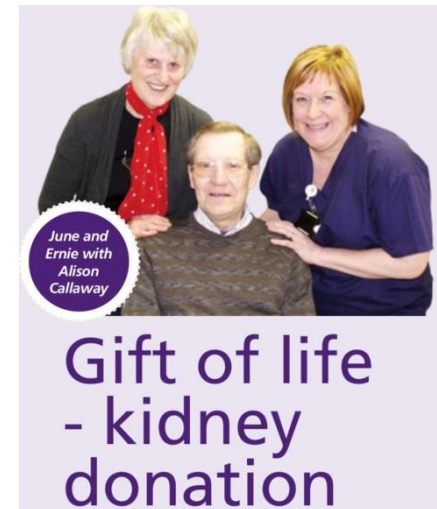


Community



One-stop clinic for living kidney donation
launched in Middlesbrough

Posted on 16th July 2012 in [Hospitals](#), [Services](#)



Tell stories-they are powerful
'My friends Dad donated-he's OK'

Include meaningful others in conversations
Living donation is a team sport

**Family
Friends**



Donor

- Clear and simple process
- Do not rely on written information
- Listen and modify your language
- Build in peer review



Had I the heavens' embroidered cloths,
Enwrought with golden and silver light, The blue
and the dim and the dark cloths Of night and
light and the half-light, I would spread the
cloths under your feet: But I, being poor, have
only my dreams; I have spread my dreams under
your feet; Tread softly because you tread on my
dreams.

(William Butler Yeats)



Recipient

- Early conversations-relationship led
- Be open about potential negative responses
- Create space to tease out self worth and guilt
- Peer support
- Don't write off LKD at the first failure



Peer review

all invited if $GFR < 15$
café style
lunch included

Special considerations

- Single parent family
- Low income families
- Lifestyle choices not compatible with long term health
- Previous or current drug use
- Mental health
- Protein intake and testosterone supplements

Conclusions

We can all take steps to tackle the barriers of poverty and health literacy for living donors

We are all experts in your own localities- what works for your population and what can you learn from your local council?



Next steps-work in localities

- [Fingertips.phe.org.uk](https://fingertips.phe.org.uk)
 - Choose your area, understand local demographics

Group discussion:

