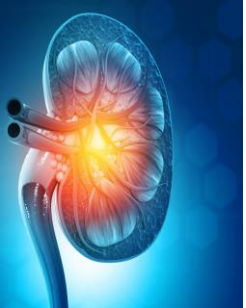


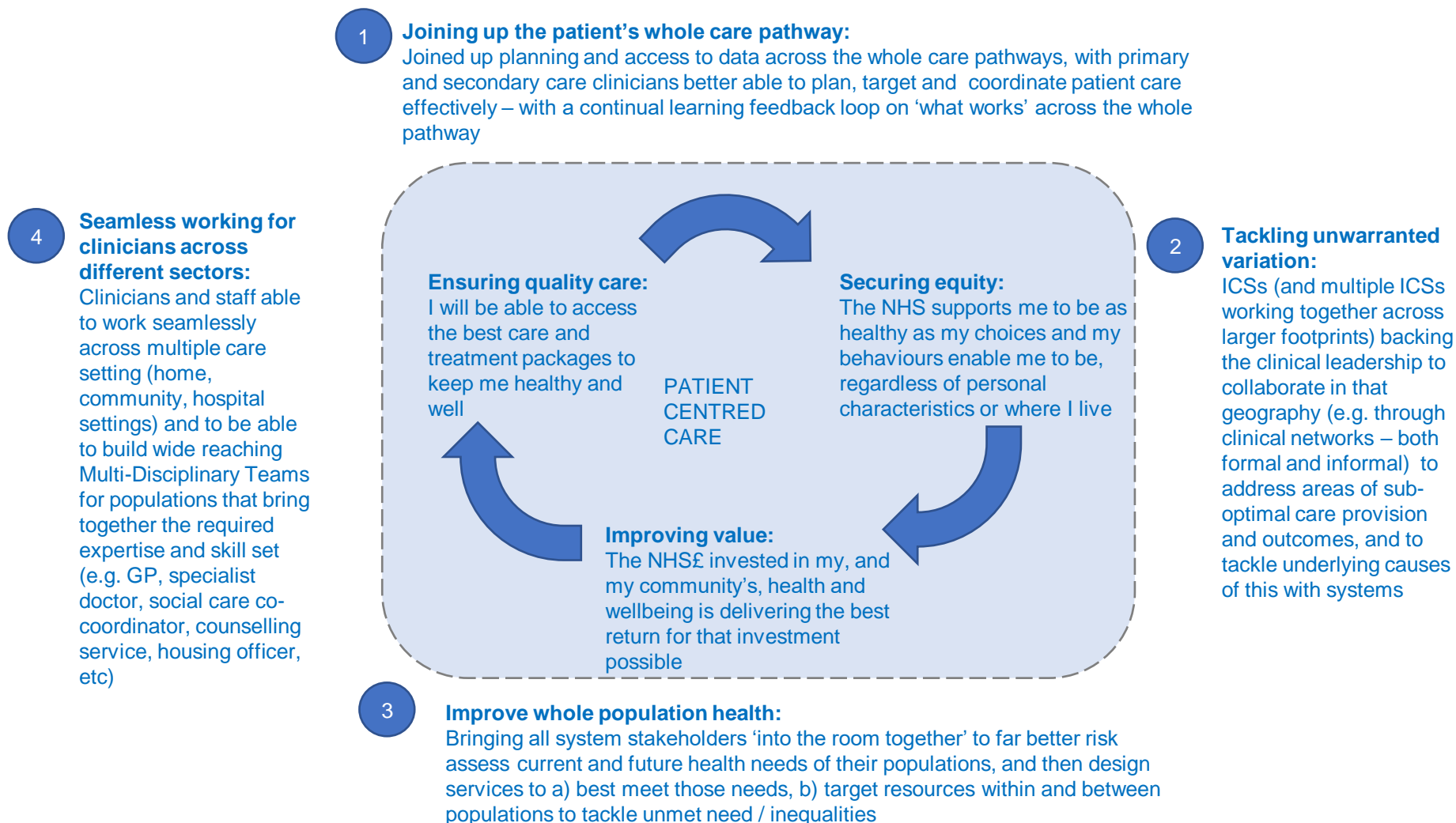
Renal Service Transformation Programme (RSTP)

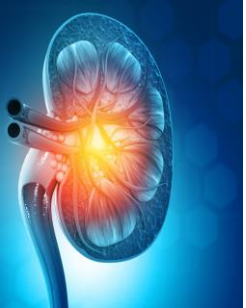
Professor Smeeta Sinha:
National Clinical Director for
Renal Services, Consultant
Nephrologist



A clinician's view – changing culture

Systemic opportunities for continually improving patient care and outcomes





RSTP supporting system integration: whole patient and whole pathway

c. 3 million people have
CKD in the UK

c. 500k episodes of AKI
per annum

About 58,000 pts will be on Renal
Replacement Therapy
56% Transplant & 43% Dialysis

Opportunities

Disease modifying
therapies

Better secondary
prevention

Better and early
diagnosis in
primary care

Equitable access

Leading to
better

Quality of Care

Joined up care

Multi-disciplinary
care planning

Focus on
prevention

Better Step down
care

Value

Investment in
preventive Care

Whole System
Approach

Reinvesting within system

Equity of Access

Population Based
budgets

Challenge
underlying health
inequalities

RSTP & Renal CRG Products

3

Dashboard:
allowing systems to
assess
opportunities and
interrogate their
outcomes and
measure
performance

1

Strategic Service Specifications
Outlining what does good look like?
Focused on patient care pathway

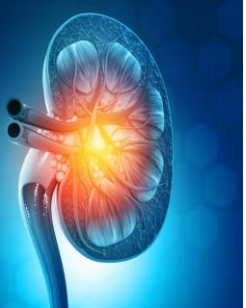
2

Operational toolkits
Outlining how to get to good with
signposting to best practice

Detailed Clinical Guidelines

The detail led by professional
organisations (for e.g. NICE) and
signposted in toolkit

- Developed by National Team in collaboration with our programme stakeholders, regions and ICBs.
- Supported by Clinical Networks integration and Quality Improvement initiatives.



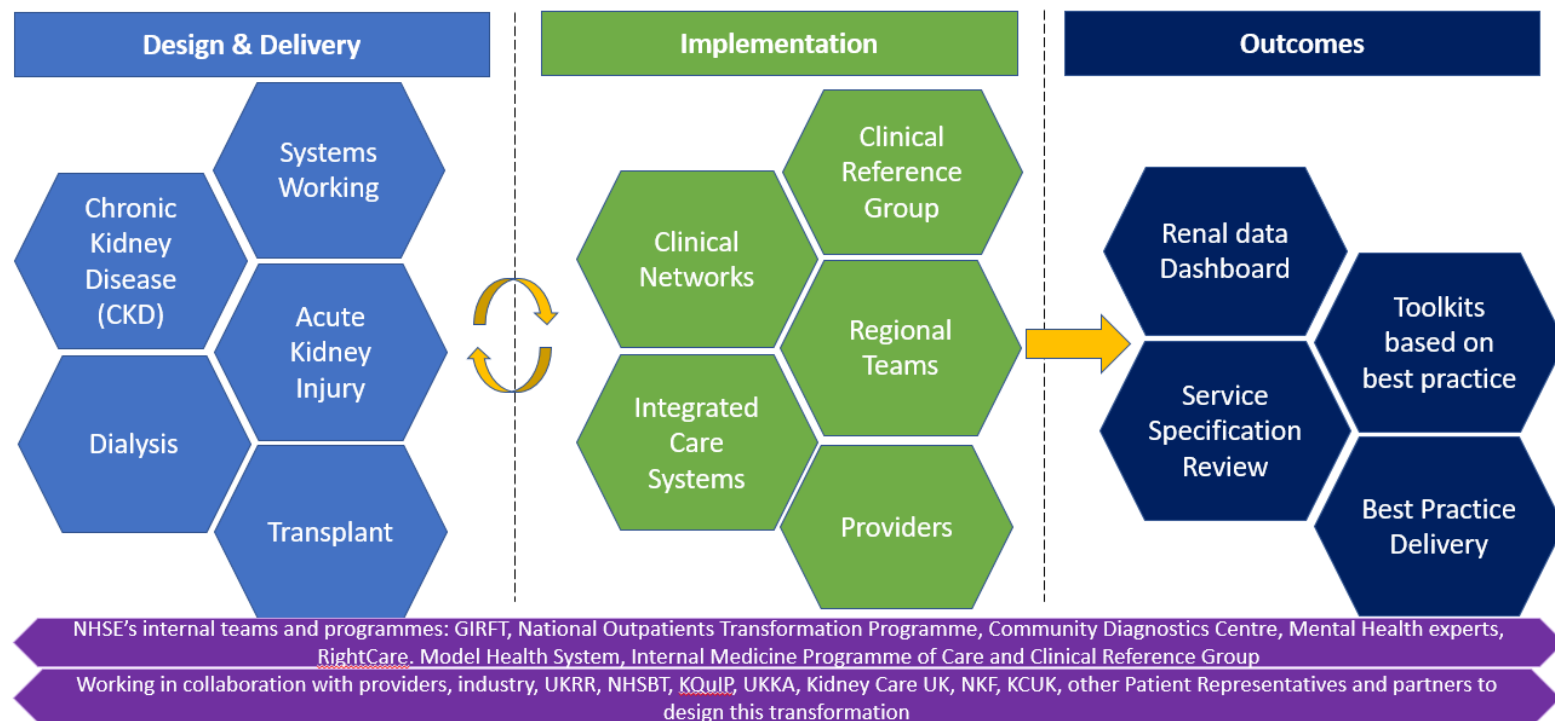
Bringing together teams across NHSE and the sector to support change

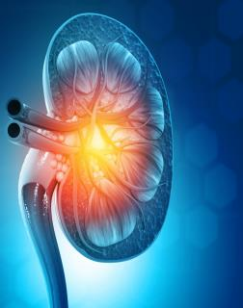
Providing strategic vision & supporting Clinical Networks and ICBs to operationalise clinical implementation

RSTP is a multi-agency whole-pathway collaboration, drawing on prior achievements and the expertise of the kidney care community in conjunction with national bodies, research, patient, and charitable groups

High Impact Changes

1. Address health inequalities
2. Improve access to transplantation
3. Improve access to effective and timely vascular access
4. Reduce patient infection rates
5. Establish a new national standard
6. Establish revised national quality and performance standards
7. Establish the optimum pathway
8. Improve the psycho-social health
9. Establish new commissioning models (including refined payment systems)
10. Implementation of procurement initiatives





Regional Networks

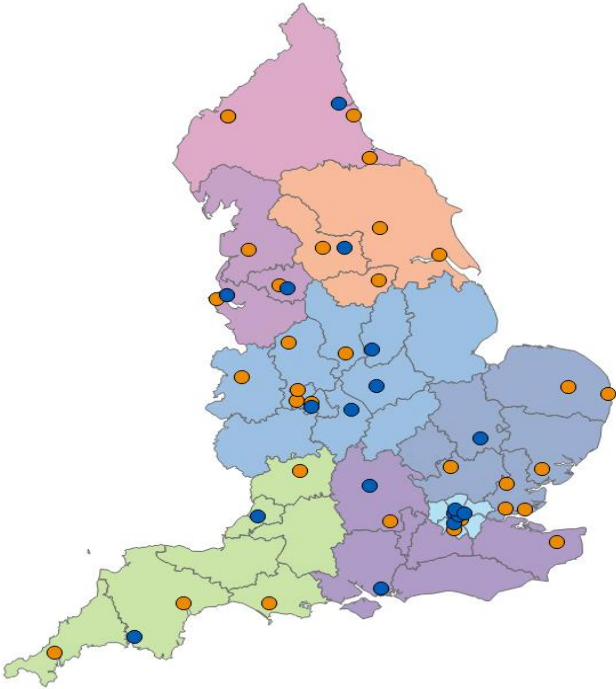
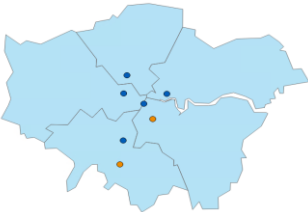
Configuration

Adult renal services are provided by **51 trusts** operating in a hub and spoke model, this includes **19 acute transplanting centres**.

8 renal networks coordinate patient pathways between centres over a wide area to ensure access to specialist resources and expertise.

Renal Network

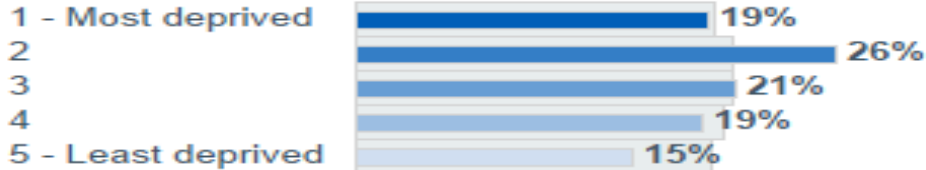
- East of England
- London
- Midlands
- North East
- North West
- South East
- South West
- Yorkshire



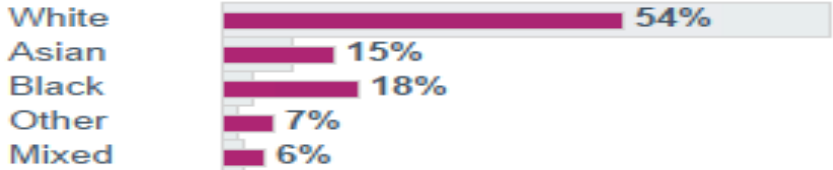
- Acute Transplanting Centre & Dialysis Centre
- Dialysis Centre

Patient profile (2022 Renal Replacement Therapy patients)^{1,2}

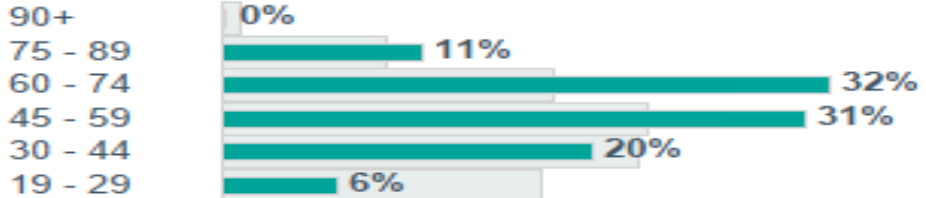
Index of Multiple Deprivation quintile



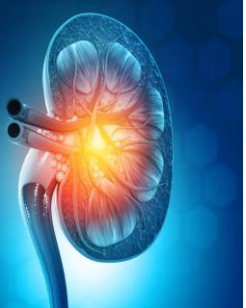
Ethnicity category



Age band



45% of renal replacement therapy patients are from the most deprived 40% of the population and ethnic minority groups are substantially higher as a proportion than the general population. **63%** of patients were aged **45-74**.



NHS Future

future.nhs.uk/RSTP

FutureNHS [My Dashboard](#) [My Workspaces](#) SS Smeeta Sinha 99 ?

Renal Toolkit

31 Upcoming RSTP Events

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Renal Service Transformation Programme (RSTP) Discussion Forum

Renal Service Transformation Programme

Renal Service Tr

Renal Toolkit

Renal Service Transformation Programme

Webinars and Shared ...

Recordings & Slides

Recordings & Slides

Acute Kidney Injury Webinar

Enhanced Supportive Kidney Care Webinar

Health Inequalities Webinar

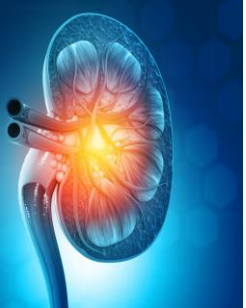
Integrated Chronic Kidney Disease Webinar

Kidney Transplantation Webinar

Living Well with Kidney Disease Webinar

Renal Dialysis Webinar

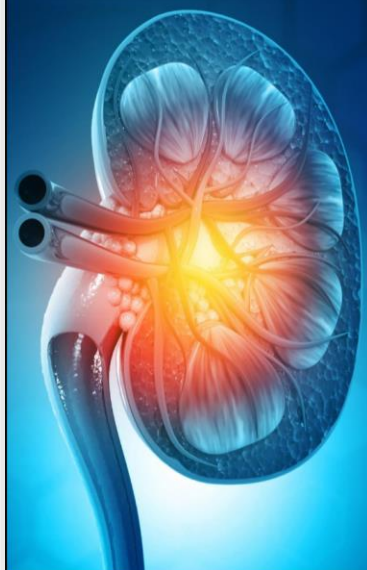
Transition to Adult Renal Services Webinar



NHS Future: RSTP Webinars

future.nhs.uk/RSTP

Renal Service Transformation Programme (RSTP) Webinars



Welcome

Kidney Transplantation

Tuesday 7th February 2023 13:00

Chair:

Richard Fluck: RSTP Clinical SRO,
National Clinical Director, Internal Medicine

Presenters:

Nicholas Torpey: NCA for RSTP Transplantation
Consultant Nephrologist

Kerry Tomlinson: Consultant Renal Physician



Renal Service Transformation Programme (RSTP) Webinars

Optimal Pathway

All patients who are potentially suitable for transplantation should be identified early enough for work up and to allow discussion and identification of living donors. There should be systems in place to support the team in achieving this goal.

- Systematic time points and process
- Monitoring of missed patients at unit and network level focusing on inequity
- Upstream in-reach to AKC teams

There should be proactive strategies used to reach "hard to list patients". This includes patients from some ethnicities, psychosocial or mental health issue or with a co-morbidity which is considered to be problematic for listing

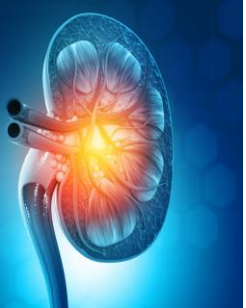
- Units and networks should monitor the level of "unsuitable patients" and address inequity
- Focus in individual benefit
- Strategies to reduce barriers

The workup pathway including cross organisational pathways in a network should be patient focussed, co-ordinated and effective

- There should be a cross patient pathway culture of mutual respect and collaborative QI
- Agreed pathways provided locally where possible
- Adequate CNS staffing across the pathway

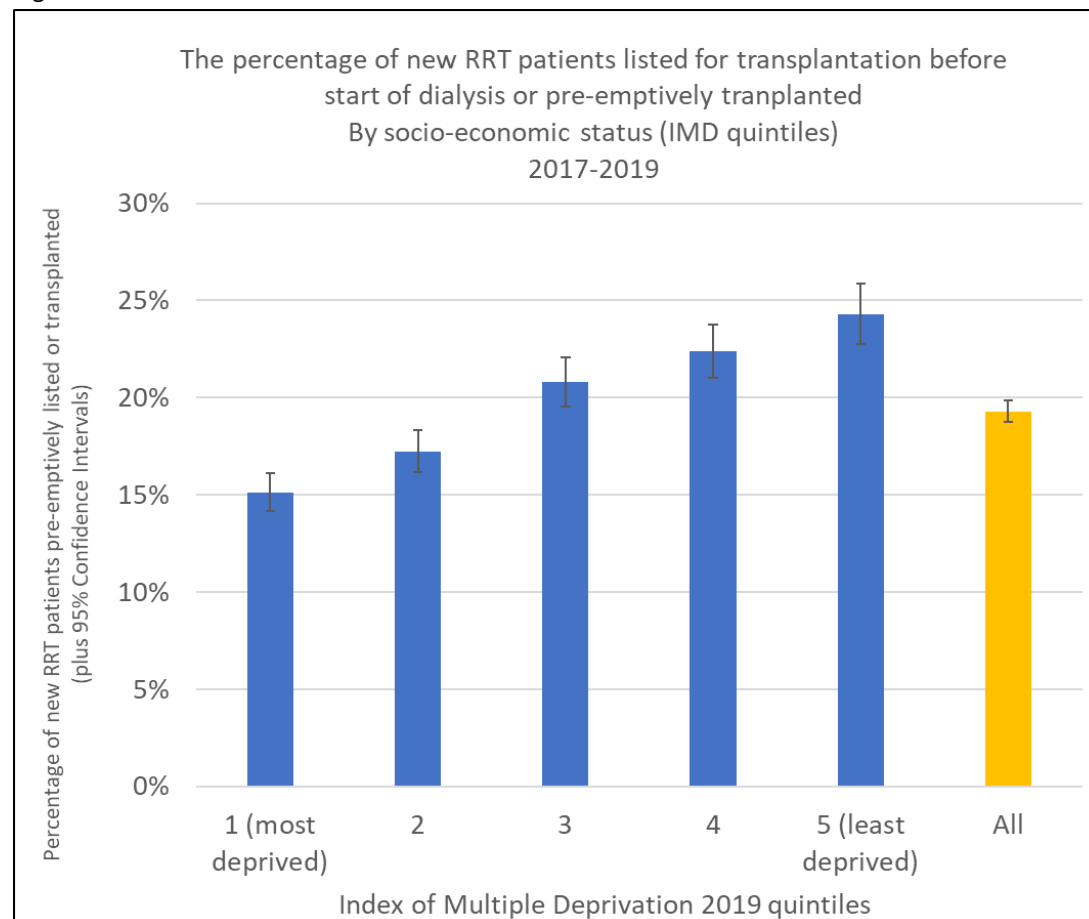
Potential living donors should be given their best opportunity to proceed

- Cross reference to LKDN work



Equity Baseline Assessments

Figure 3




This equity analysis has shown that the likelihood of being pre-emptively listed or receiving a kidney transplant pre-emptively is lower amongst those of:

- Older age
- Being from an area with lower socio-economic status (regardless of ethnicity)
- Being of Black ethnicity



Further enhancements to the filtering on the Dashboard have now been made. Updated engagement pack for each region has now been developed and made available



North West

Renal Engagement Pack (Adults)

Renal Service Transformation Programme (RSTP)

May 2023

Transplant

Patient numbers from ICB of GP registration to ICB of admission

January 2022 - December 2022

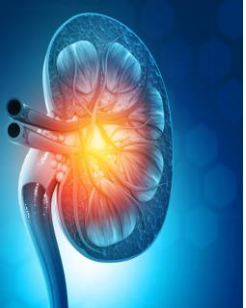
Patients coming to Midlands for Transplant treatment

From Region	From ICB	NHS Coventry and Warwickshire ICB	NHS Nottingham and Nottinghamshire ICB	Grand Total
Midlands	NHS Black Country ICB	7		7
	NHS Coventry and Warwickshire ICB	27		27
	NHS Derby and Derbyshire ICB		18	18
	NHS Nottingham and Nottinghamshire ICB		27	27
	NHS Staffordshire and Stoke-on-Trent ICB		6	6
Grand Total		34	51	85

Patients leaving Midlands for Transplant treatment

From ICB Name	South East NHS Buckinghamshire, Oxfordshire and Berkshire West ICB	Grand Total
NHS Coventry and Warwickshire ICB	4	4
NHS Herefordshire and Worcestershire ICB	4	4
NHS Northamptonshire ICB	9	9
Grand Total	17	17

Patient numbers based on SUS data, one of the following OPCS (Classification of Interventions and Procedures) codes must be included in procedure list: M012 Allotransplantation of kidney from live donor; M013 Allotransplantation of kidney from cadaver; NEC; M014 Allotransplantation of kidney from cadaver heart beating; M015 Allotransplantation of kidney from cadaver heart non-beating; M018 Other specified transplantation of kidney; M019 Unspecified transplantation of kidney.



The Renal Toolkit

This is an electronic web based document which will be available via the RSTP FutureNHS site

The Renal Toolkit

Defining an optimal pathway of care
(final wording to be confirmed)

➔

BACK

INTRODUCTION

SYSTEM WORKING

POST RENAL INJURY

INEQUALITIES

CKD

KIDNEY CARE CLINIC

CARE AND TRANSITION

ACCESS & SAFETY

TRANSPLANT

SUPPORTIVE KIDNEY CARE

POST TRANSPLANT MATERIAL

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SUSTAINABILITY IN KIDNEY CARE

LIVING WELL WITH KIDNEY DISEASE

RESOURCES

NEXT

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Renal Care and Health Equity

Summary of the RSTP baseline equity assessment

Following the publication of the [Core20PLUS5](#) - a national NHS England approach to support the reduction of health inequalities - in 2022, the RSTP Health Inequalities sub-group conducted a baseline equity assessment of access to and outcomes of renal care pathway services. There are equity packs for each part of the care pathway and these can be accessed [here](#).

The findings of the assessment largely echo what has been shown in published literature, that people living in more deprived areas are:

- more likely to present late to specialised renal services,
- less likely to be able to attend their nephrology outpatient appointment
- less likely to have had a kidney transplant within two years of starting Renal Replacement Therapy (RRT)
- less likely to be able to start RRT using peritoneal dialysis (PD).

It was also found that people from ethnic groups other than white have difficulty attending outpatient appointments and are less likely to have had a kidney transplant within two years of starting RRT.

The assessment did have some findings that are not so widely reported; people from Asian ethnic groups have better urinary-ACR testing rates in primary care and tend to have more timely presentation to specialised renal care. Whilst older people may have barriers to RRT modalities such as transplant and PD, it was found that younger adults have higher Did Not Attend rates for their outpatient appointments and are more likely to present late to specialised renal care. Chronic Kidney Disease (CKD) diagnosis completeness and uACR testing rates were worse for women, compared to men.

REDUCING HEALTHCARE INEQUALITIES

The Core20PLUS5 approach is designed to support Integrated Care Systems to drive targeted action in healthcare inequalities improvement

Target population

CORE20 The most deprived 20% of the national population as identified by the Index of Multiple Deprivation

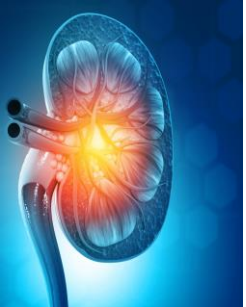
PLUS ICS-chosen population groups experiencing poorer-than-average health across, experience and/or outcomes, who may not be captured within the Core20 alone and would benefit from a tailored healthcare approach e.g. inclusion health groups

Key clinical areas of health inequalities

- MATERNITY** ensuring continuity of care for women from Black, Asian and minority ethnic communities and from the most deprived groups
- SEVERE MENTAL ILLNESS (SMI)** ensuring annual health checks for 80% of those living with SMI (bringing SMI in line with the services seen in Learning Disabilities)
- CHRONIC RESPIRATORY DISEASE** a clear focus on Chronic Obstructive Pulmonary Disease (COPD), driving up uptake of Covid, Flu and Pneumonia vaccines to reduce effective exacerbations and emergency hospital admissions due to these exacerbations
- EARLY CANCER DIAGNOSIS** 75% of cases diagnosed at stage 1 or 2 by 2028
- HYPERTENSION CASE-FINDING** and optimal management and lipid management

SMOKING CESSATION patients receive all 5 key clinical aims

Renal Specialised Transformation Programme 9



Renal Dashboard



Renal Service Transformation Programme (RSTP) Webinars

Data: 3 Top Metrics
whole population, whole pathway perspective.

Metrics for a health economy to look for inequity and opportunity for improvement. We have not corrected out factors which are potentially surmountable and represent co-horts of patients where improvements can be made. High levels of comorbidities in a health economy may not be correctable by an individual renal unit but are the responsibility of the health economy overall. Individual renal units are responsible for tailoring their care to the population they serve.

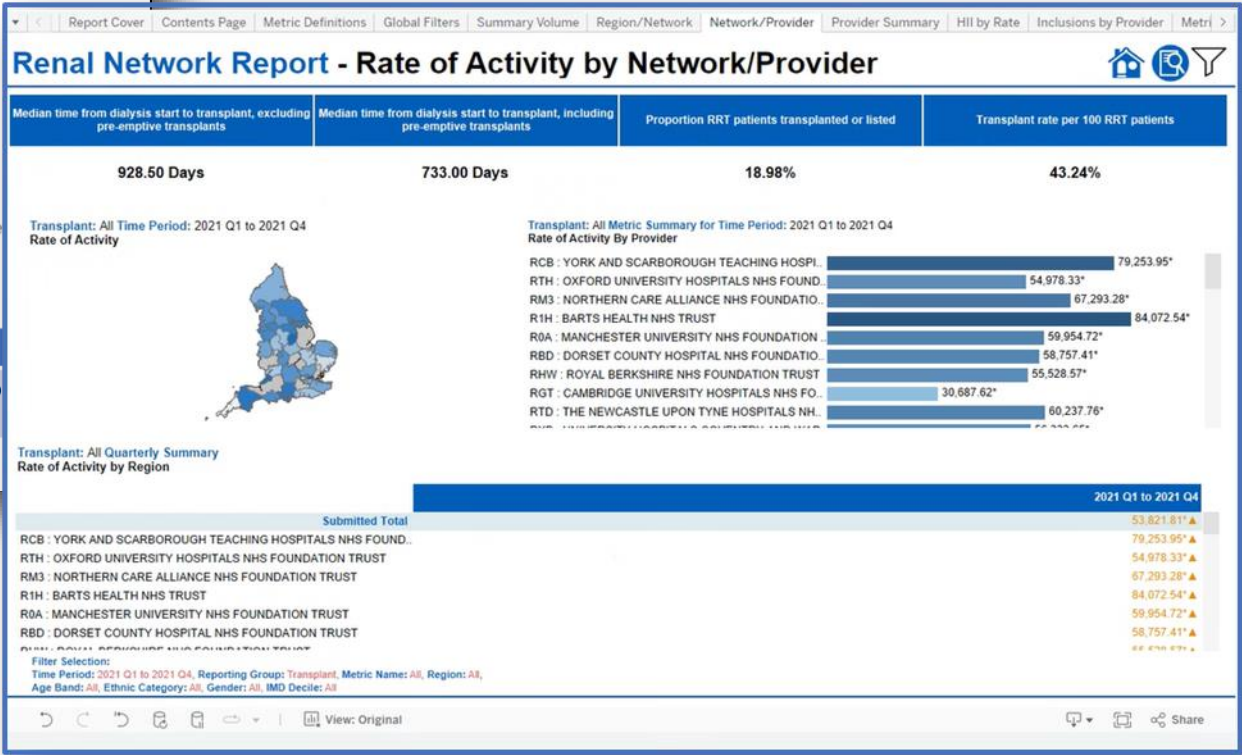
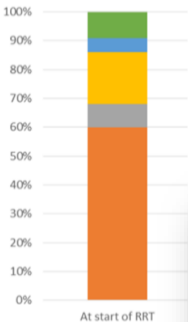
Transplant status at start of RRT

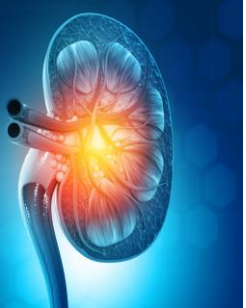
Includes all patients starting RRT known to unit for >90 days and exclude acute starters. Corrected for age >75

Incident transplant rate per 100 incident RRT patients < 75 yo

Median time from dialysis start to transplant

Includes all patient who are transplanted in the time period or LD). Pre-emptive transplant are counted as 0.





The Improvement Journey

