

# Central Manchester Locality Group

## CKD Education Session

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Monday, April 29<sup>th</sup>, 2013

12:30 - 14:00

# Introducing your hosts...

**Viv Entwistle and Ann Jones**

**CLAHRC CKD Nurse Facilitators**

**Chantelle Bailey**

**CLAHRC Knowledge Transfer Associate**

# Today's agenda

- 12.30 Lunch
- 12.45 Welcome and introductions
- 12.50 Gerry's Story
- 12.55 Professional perceptions of CKD
- 13.00 Previous phases of CKD project
- 13.10 CKD project objectives
- 13.15 Interactive session and feedback
- 13.45 What do we want to achieve?
- 13.50 Q&A session
- 14.00 Close

# Gerry's story

# Professional perceptions of CKD

## Kidney disease is part of the normal ageing process

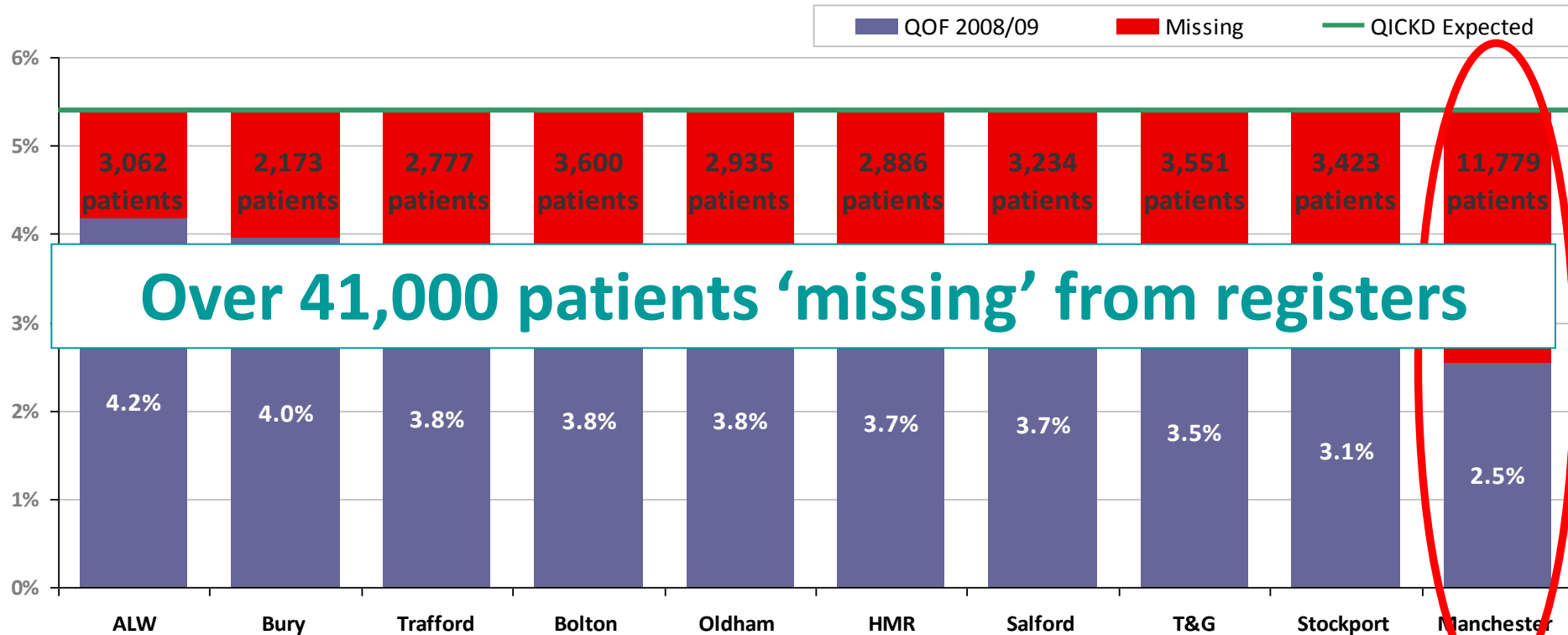
- The **label** 'chronic kidney disease' can induce **fear and is stigmatising** for patients
- A low eGFR level/**declining renal function is normal for the elderly**

## Issues surrounding giving a patient a CKD diagnosis

- Informing patients they have been classified CKD stage 3 **unduly raises patient anxiety** – some think they require a kidney transplant
- GPs **should not put CKD 3 diagnosis** on a patient's record **without informing** them – medical-legal requirement
- **Not adequate time** in 10 min consultation **to explain** to patients the significance of an eGFR score

Crinson I et al. *Br J Gen Pract* 2010 Jun;60(575):403-9

# Where did we start in 2009? Missing patients across Greater Manchester



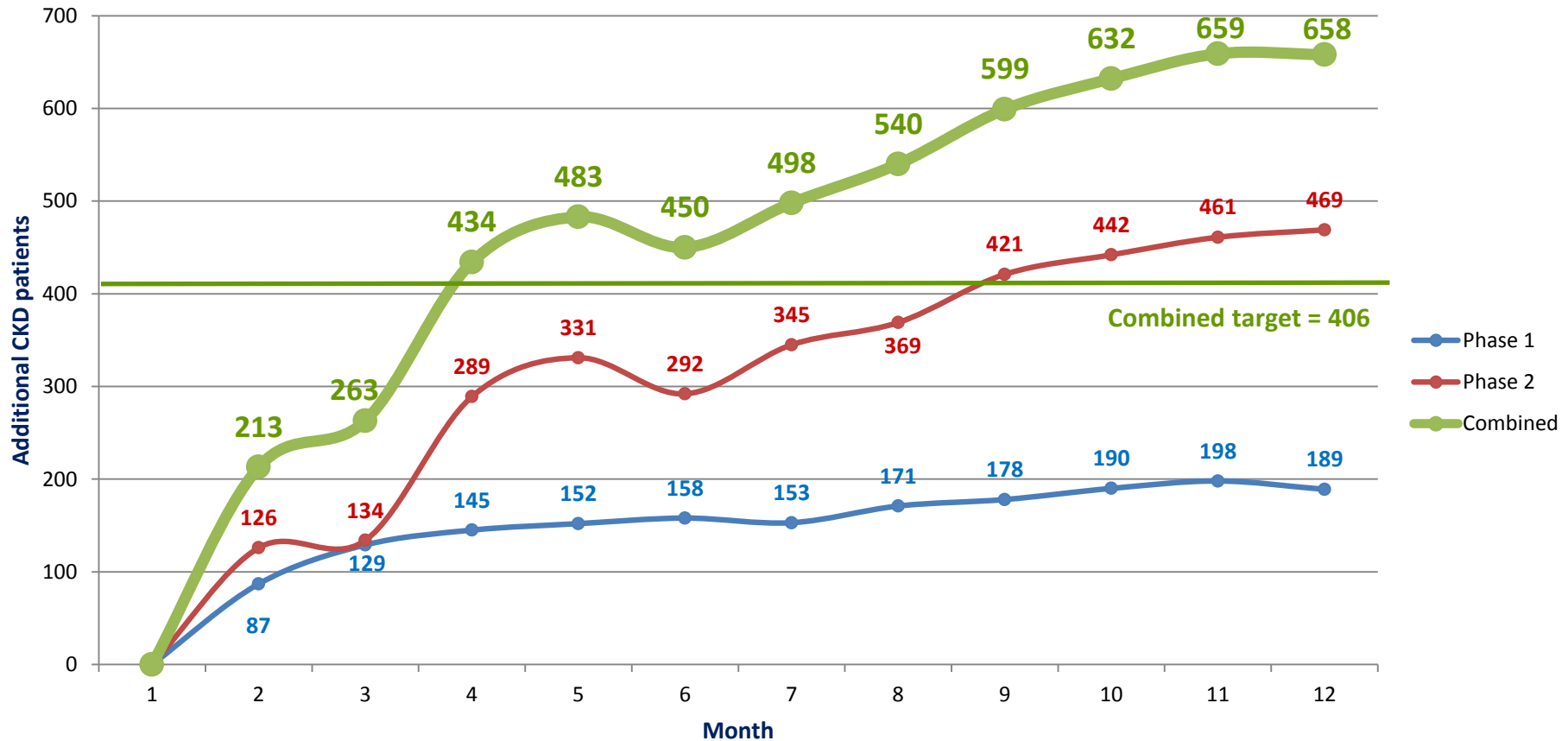
Using QICKD expected prevalence of 5.4%\* (18+ prevalence from QOF 2008/09)  
 \*5.4% may be an underestimation for GM population – perhaps more like 6%

# Previous phases of CKD improvement work

- Phase 1: 19 practices -(Greater Manchester)
- Phase 2: 11 practices -NHS Ashton, Leigh and Wigan (ALW)
- Phase 3: 12 practices -NHS Ashton, Leigh and Wigan (ALW)

# What has changed so far in NHS ALW?

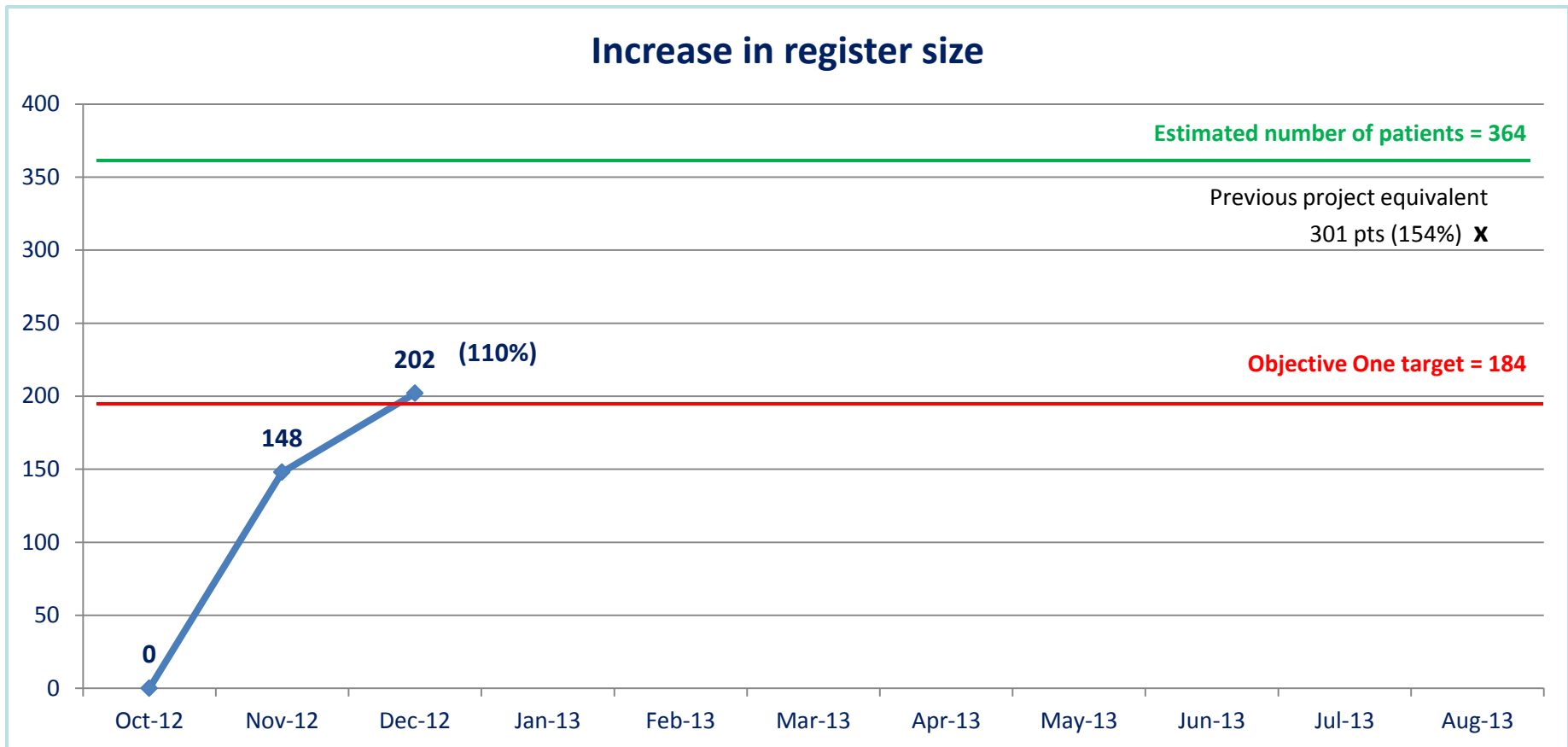
## Number of patients identified by phase



658 / 3,062 (21%) of the 'missing' ALW patients found in just 15 practices so far



# NHS ALW- The story so far!



**ALW ACHIEVED OBJECTIVE ONE OF THE PROJECT!**

# Our project objectives

The two primary objectives are the same at practice and project level:

**Objective 1: To halve the gap between recorded and estimated CKD prevalence on practice registers**

**Objective 2: 75% of all registered patients to be tested for proteinuria and managed to NICE blood pressure targets by September 2013**

# IMPAKT Register 1: Patients coded with CKD

A	B	C	D	E
Identifier	84	*CKD stage 3 without proteinuria	0 eGFRs>=60 after latest<60 (or last 2 eGFR not both<60): ?CKD3A without proteinuria	54 latest<60 on 04/07/2012
Identifier	86	*CKD stage 3 without proteinuria	0 eGFRs>=60 after latest<60 (or last 2 eGFR not both<60): ?CKD3A without proteinuria	59 latest<60 on 03/01/2013
Identifier	86	*CKD stage 3 without proteinuria	0 eGFRs>=60 after latest<60 (or last 2 eGFR not both<60): ?CKD3A without proteinuria	59 latest<60 on 03/10/2012
Identifier	91	*CKD stage 3 without proteinuria	0 eGFRs>=60 after latest<60 (or last 2 eGFR not both<60): ?CKD3A without proteinuria	57 latest<60 on 14/11/2012
Identifier	63	*CKD stage 3 without proteinuria	0 eGFRs>=60 after latest<60 (or last 2 eGFR not both<60): ?CKD3A with proteinuria	57 latest<60 on 30/01/2013
Identifier	68	*CKD stage 3 without proteinuria	*No suggestion without proteinuria	0
Identifier	73	*CKD stage 3 without proteinuria	*No suggestion without proteinuria	0
Identifier	76	*CKD stage 3 without proteinuria	*No suggestion without proteinuria	0
Identifier	83	*CKD stage 3 without proteinuria	*No suggestion without proteinuria	0
Identifier	44	*CKD stage 5 without proteinuria	*No suggestion	*0
Identifier	92	*CKD stage 3	*CKD stage 5 without proteinuria	13 latest<60 on 31/01/2013
Identifier	70	*CKD stage 5 with proteinuria	*CKD stage 5 with proteinuria	10 latest<60 on 15/08/2012
Identifier	41	*CKD stage 4 with proteinuria	*CKD stage 4 without proteinuria	18 latest<60 on 09/11/2012
Identifier	72	*CKD stage 3 without proteinuria	*CKD stage 4 without proteinuria	27 latest<60 on 19/09/2012
Identifier	74	*CKD stage 4 without proteinuria	*CKD stage 4 without proteinuria	24 latest<60 on 02/10/2012
Identifier	75	*CKD stage 4 without proteinuria	*CKD stage 4 without proteinuria	28 latest<60 on 17/12/2012
Identifier	81	*CKD stage 3 without proteinuria	*CKD stage 4 without proteinuria	28 latest<60 on 16/10/2012
Identifier	86	*CKD stage 5 without proteinuria	*CKD stage 4 without proteinuria	29 latest<60 on 12/09/2012
Identifier	88	*CKD stage 4 without proteinuria	*CKD stage 4 without proteinuria	27 latest<60 on 19/06/2012
Identifier	89	*CKD stage 4 without proteinuria	*CKD stage 4 without proteinuria	20 latest<60 on 23/10/2012
Identifier	89	*CKD stage 4 without proteinuria	*CKD stage 4 without proteinuria	24 latest<60 on 07/01/2013
Identifier	89	*CKD stage 3 without proteinuria	*CKD stage 4 without proteinuria	24 latest<60 on 28/11/2012
Identifier	90	*CKD stage 4 without proteinuria	*CKD stage 4 without proteinuria	26 latest<60 on 02/08/2012
Identifier	91	*CKD stage 5 without proteinuria	*CKD stage 4 without proteinuria	18 latest<60 on 24/09/2012
Identifier	92	*CKD stage 4 without proteinuria	*CKD stage 4 without proteinuria	16 latest<60 on 16/07/2012
Identifier	93	*CKD stage 4 without proteinuria	*CKD stage 4 without proteinuria	28 latest<60 on 04/01/2013
Identifier	72	*CKD stage 4 without proteinuria	*CKD stage 4 without microalbuminuria in diabetes	25 latest<60 on 09/10/2012
Identifier	74	*CKD stage 4 without proteinuria	*CKD stage 4 without microalbuminuria in diabetes	21 latest<60 on 11/10/2012
Identifier	78	*CKD stage 4 without proteinuria	*CKD stage 4 without microalbuminuria in diabetes	15 latest<60 on 02/01/2013
Identifier	78	*CKD stage 3 without proteinuria	*CKD stage 4 without microalbuminuria in diabetes	27 latest<60 on 26/09/2012
Identifier	50	*CKD stage 4 with proteinuria	*CKD stage 4 with proteinuria	18 latest<60 on 19/10/2012
Identifier	65	*CKD stage 4 with proteinuria	*CKD stage 4 with proteinuria	17 latest<60 on 13/06/2012
Identifier	66	*CKD stage 4 with proteinuria	*CKD stage 4 with microalbuminuria in diabetes but uncoded	27 latest<60 on 09/11/2012
Identifier	60	*CKD stage 3 without proteinuria	*CKD stage 3B without proteinuria	42 latest<60 on 09/08/2012
Identifier	65	*CKD stage 3 without proteinuria	*CKD stage 3B without proteinuria	44 latest<60 on 15/11/2012
Identifier	65	*CKD stage 3 without proteinuria	*CKD stage 3B without proteinuria	43 latest<60 on 23/05/2012
Identifier	68	*CKD stage 3 without proteinuria	*CKD stage 3B without proteinuria	35 latest<60 on 28/01/2013
Identifier	71	*CKD stage 3 without proteinuria	*CKD stage 3B without proteinuria	44 latest<60 on 12/12/2012
Identifier	73	*CKD stage 3 without proteinuria	*CKD stage 3B without proteinuria	43 latest<60 on 25/10/2012
Identifier	75	*CKD stage 3 without proteinuria	*CKD stage 3B without proteinuria	42 latest<60 on 10/12/2012
Identifier	75	*CKD stage 3 without proteinuria	*CKD stage 3B without proteinuria	41 latest<60 on 31/12/2012
Identifier	76	*CKD stage 3 without proteinuria	*CKD stage 3B without proteinuria	43 latest<60 on 24/10/2012
Identifier	76	*CKD stage 3 without proteinuria	*CKD stage 3B without proteinuria	43 latest<60 on 28/01/2013
Identifier	77	*CKD stage 3 without proteinuria	*CKD stage 3B without proteinuria	43 latest<60 on 14/06/2012
Identifier	77	*CKD stage 3 without proteinuria	*CKD stage 3B without proteinuria	36 latest<60 on 26/09/2012
Identifier	78	*CKD stage 3 without proteinuria	*CKD stage 3B without proteinuria	44 latest<60 on 13/08/2012

Patient System ID or NHS no.

Age

Recorded CKD stage

IMPAKT recommended CKD stage

Latest eGFR evidence

# IMPAKT Register 2: Patients not coded with CKD

Identifier	74	eGFR data confirms CKD3 at least	*CKD stage 3A but no quantitative proteinuria	53	latest<60 on 22/10/2012
Identifier	80	eGFR data confirms CKD3 at least	*CKD stage 3A but no quantitative proteinuria	52	latest<60 on 04/09/2012
Identifier	87	eGFR data confirms CKD3 at least	*CKD stage 3A but no quantitative proteinuria	48	latest<60 on 27/07/2012
Identifier	67	eGFR data is borderline for CKD3	0 eGFRs>=60 after latest<60 (or last 2 eGFR not both<60): ?CKD3A but no quantitative proteinuria	53	latest<60 on 29/01/2013
Identifier	76	eGFR data is borderline for CKD3	0 eGFRs>=60 after latest<60 (or last 2 eGFR not both<60): ?CKD3A but no quantitative proteinuria	58	latest<60 on 16/07/2012
Identifier	88	eGFR data is borderline for CKD3	0 eGFRs>=60 after latest<60 (or last 2 eGFR not both<60): ?CKD3A but no quantitative proteinuria	56	latest<60 on 15/11/2012
Identifier	67	eGFR data is borderline for CKD3	0 eGFRs>=60 after latest<60 (or last 2 eGFR not both<60): ?CKD3A without proteinuria	59	latest<60 on 14/01/2013
Identifier	67	eGFR data is borderline for CKD3	0 eGFRs>=60 after latest<60 (or last 2 eGFR not both<60): ?CKD3A without proteinuria	53	latest<60 on 04/10/2012
Identifier	74	eGFR data is borderline for CKD3	0 eGFRs>=60 after latest<60 (or last 2 eGFR not both<60): ?CKD3B without microalbuminuria in diabetes	33	latest<60 on 31/01/2013
Identifier	87	eGFR data is borderline for CKD3	0 eGFRs>=60 after latest<60 but the eGFRs<60 are <90d apart	52	latest<60 on 13/07/2012
Identifier	71	eGFR data is borderline for CKD3	0 eGFRs>=60 after latest<60 but the eGFRs<60 are <90d apart but no quantitative proteinuria	55	latest<60 on 26/10/2012
Identifier	77	eGFR data is borderline for CKD3	0 eGFRs>=60 after latest<60 but the eGFRs<60 are <90d apart but no quantitative proteinuria	55	latest<60 on 20/12/2006
Identifier	81	eGFR data is borderline for CKD3	0 eGFRs>=60 after latest<60 but the eGFRs<60 are <90d apart but no quantitative proteinuria	56	latest<60 on 06/08/2012
Identifier	69	eGFR data is borderline for CKD3	0 eGFRs>=60 after latest<60 but the eGFRs<60 are <90d apart without proteinuria	57	latest<60 on 31/12/2012
Identifier	79	eGFR data is borderline for CKD3	0 eGFRs>=60 after latest<60 but the eGFRs<60 are <90d apart without proteinuria	54	latest<60 on 03/01/2013
Identifier	81	eGFR data is borderline for CKD3	0 eGFRs>=60 after latest<60 but the eGFRs<60 are <90d apart without proteinuria	57	latest<60 on 14/01/2013
Identifier	82	eGFR data is borderline for CKD3	0 eGFRs>=60 after latest<60 but the eGFRs<60 are <90d apart without proteinuria	59	latest<60 on 15/01/2013
Identifier	32	eGFR data not confirmatory	0 eGFRs>=60 after only one <60	56	once<60 on 17/01/2013
Identifier	43	eGFR data not confirmatory	0 eGFRs>=60 after only one <60	55	once<60 on 03/12/2012
Identifier	62	eGFR data not confirmatory	0 eGFRs>=60 after only one <60	59	once<60 on 08/01/2013
Identifier	62	eGFR data not confirmatory	0 eGFRs>=60 after only one <60	59	once<60 on 14/01/2013
Identifier	65	eGFR data not confirmatory	0 eGFRs>=60 after only one <60	59	once<60 on 09/07/2012
Identifier	80	eGFR data not confirmatory	0 eGFRs>=60 after only one <60	59	once<60 on 05/12/2012
Identifier	85	eGFR data not confirmatory	0 eGFRs>=60 after only one <60	40	once<60 on 12/03/2012
Identifier	62	eGFR data not confirmatory	0 eGFRs>=60 after only one <60 but no quantitative proteinuria	54	once<60 on 22/06/2012
Identifier	65	eGFR data not confirmatory	0 eGFRs>=60 after only one <60 but no quantitative proteinuria	57	once<60 on 12/12/2012
Identifier	72	eGFR data not confirmatory	0 eGFRs>=60 after only one <60 but no quantitative proteinuria	58	once<60 on 20/11/2012
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Identifier	87	eGFR data not confirmatory	0 eGFRs>=60 after only one <60 with proteinuria	51	once<60 on 19/11/2012
Identifier	69	eGFR data not confirmatory	0 eGFRs>=60 after only one <60 without microalbuminuria in diabetes	59	once<60 on 02/01/2013
Identifier	69	eGFR data not confirmatory	0 eGFRs>=60 after only one <60 without microalbuminuria in diabetes	56	once<60 on 15/11/2012
Identifier	72	eGFR data not confirmatory	0 eGFRs>=60 after only one <60 without microalbuminuria in diabetes	59	once<60 on 28/01/2013
Identifier	59	eGFR data not confirmatory	0 eGFRs>=60 after only one <60 without proteinuria	55	once<60 on 13/02/2012
Identifier	74	eGFR data not confirmatory	0 eGFRs>=60 after only one <60 without proteinuria	59	once<60 on 11/02/2011
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Identifier	70	eGFR data is borderline for CKD3	1 eGFRs>=60 after latest<60 but the eGFRs<60 are <90d apart without microalbuminuria in diabetes	52	latest<60 on 27/09/2012
Identifier	84	eGFR data is borderline for CKD3	1 eGFRs>=60 after latest<60 but the eGFRs<60 are <90d apart without microalbuminuria in diabetes	59	latest<60 on 11/01/2011
Identifier	72	eGFR data not confirmatory	1 eGFRs>=60 after only one <60	49	once<60 on 25/11/2008
Identifier	39	eGFR data not confirmatory	1 eGFRs>=60 after only one <60 but no quantitative proteinuria	44	once<60 on 14/01/2013
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Patient System ID or NHS no.

Age

IMPAKT recommended CKD stage

IMPAKT recommended CKD stage

Latest eGFR evidence

# **Interactive session**

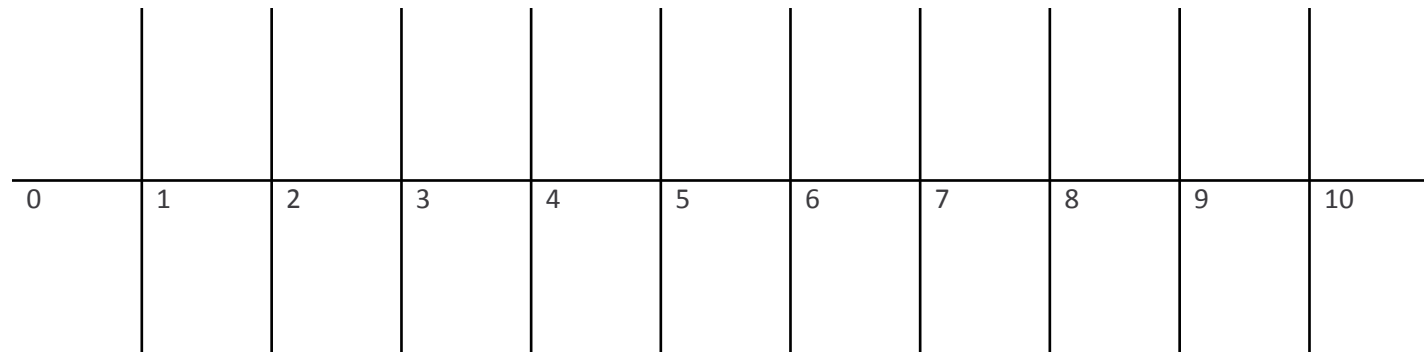
## **Group work**

### **How do you manage the care of your CKD patients?**

# Where are you now with CKD?

We have heard a little why managing CKD is so important.

Now tell us your thoughts – where on the scale is your care for CKD vs. your general chronic disease management?



What is good, and what needs to improve? Make a list.

# What do we want to achieve between now and September 2013?

**Viv Entwistle**



# Breakdown per practice

GP Practice	Number of patients on CKD register	Target	+/-
Moss Side (Dr Ahmed)	76	60	(-16)
Robert Darbishire Practice	191	233	42
Cornbrook Medical Practice	101	115	14
Moss Side (Dr Hussain)	44*	58	14
Wilmslow Road Medical Centre	47*	79	23
The Arch Medical Centre	106*	151	45
The Docs	27*	46	19
<b>TOTAL</b>	<b>592</b>	<b>742</b>	<b>141</b>

*\*Prevalence data calculated from QOF (2011 to 2012) figures*



# Q&A session

# Back to you...

**In the same groups as previously:**

- **One patient scenario and one case study to discuss per group on different aspects of CKD care**
- **After a few minutes, each group will feedback suggested actions to Ann and Viv for wider discussion**

# Patient scenario 1: CKD and hepatitis B

A patient with CKD stage 5 has been seen in renal clinic and haemodialysis has been discussed as a likelihood in the near future.

**What can you do in primary care to prepare the patient for this treatment?**

# Patient Scenario 1: CKD and hepatitis B

These are some of the important things to ensure:

- 1) Check that annual influenza vaccine has been given
- 2) Check that the patient has received a pneumococcal vaccine in the previous 5 years
- 3) Administer hepatitis B vaccination in surgery as advised by the Department of Health. Haemodialysed patients will have impaired immuno-response so this is administered at a higher dosage of 40mcg. The vaccination is free for this group of high-risk patients
- 4) Discuss nephrotoxic drugs that they should avoid

**Application in practice** – The guidelines to vaccinate patients against the risk of hepatitis B were introduced to reduce the risk of blood borne viruses. Since the initiation of this practice the rate of hepatitis B virus (HBV) infection amongst patients has declined by approximately 95%

**Question from:** Astley General Practice, <http://www.ekhuft.nhs.uk/patients-and-visitors/services/a-z-of-services/renal/advanced-kidney-care/ckd/> and <http://www.dh.gov.uk/>

# Case study

A 59 year old female with hypertensive disease and CKD stage 3B without proteinuria. She has a good blood pressure of 125/65 mm/Hg.

- Latest urine test shows positive ACR of 40 mg/mmol
- Latest renal profile shows a decline in eGFR of 4ml/min/1.73 m<sup>2</sup>
- She is complaining of frequency of micturition and feeling generally unwell
- Smoker (around 35 packs per year)

**What four actions would you take to manage this patient?**

# Case study: Actions

The actions in order to best-manage this patient include:

- 1) Obtain a urine sample for bacteriology to exclude a urinary tract infection
- 2) Request a repeat sample for ACR
- 3) Encourage the patient to stop smoking and direct her to appropriate lifestyle service (e.g. health trainer)
- 4) If positive ACR persists for this patient refer her for specialist assessment

**Application in practice** – Patients at CKD stage 3 have been subdivided into 3A and 3B as those at stage 3B are at far higher risk of CVD and end-stage renal disease than those at 3A – and should therefore be regarded as an important target group in primary care.

**Case study from:** NHS employers – Chronic kidney disease frequently asked questions (page 17), [http://www.nhsemployers.org/SiteCollectionDocuments/Chronic\\_kidney\\_disease\\_FAQs%20-%20ja040711.pdf](http://www.nhsemployers.org/SiteCollectionDocuments/Chronic_kidney_disease_FAQs%20-%20ja040711.pdf)

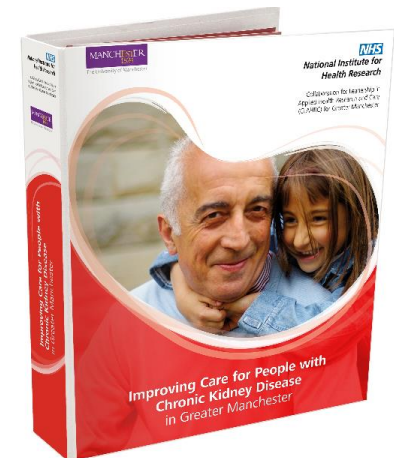
# Where to find it

This data can be found at:

- Head to <http://clahrc-gm.nihr.ac.uk/>
- Navigate to the User Area on the left of the page
- Project Documentation (NHS ALW QIPP Programme)
- Password: **improvement leaders**
- Reports per practice and overall

Also on the site:

- Supporting resources, Improvement Guide and **today's slides**



# Thank you for your time!

**Your feedback is very welcome**