



# Chronic Kidney Disease Outreach to Reduce Waiting Times in Secondary Care

## Suffolk and NE Essex



## Background

Current outpatient wait times for Nephrology appointments are high. Patients are experiencing long delays for new and follow up appointments in secondary care, which can impact clinical outcomes. Through collaborative working, primary and secondary care can provide a more patient centred and holistic approach, ensuring patients receive the right care, at the right time, closer to home.

## Aim & Stakeholders

**Aim:** To reduce the total number of non-urgent CKD outpatient nephrology referrals sent by primary care that are rejected by secondary care by 10% by June 2025, while maintaining and improving patient outcomes through more frequent follow up.

**Project team:** Transformation leads, Physician Associates, Practice Manager, GPs, Clinical Leads, Consultants, Service and operational management.

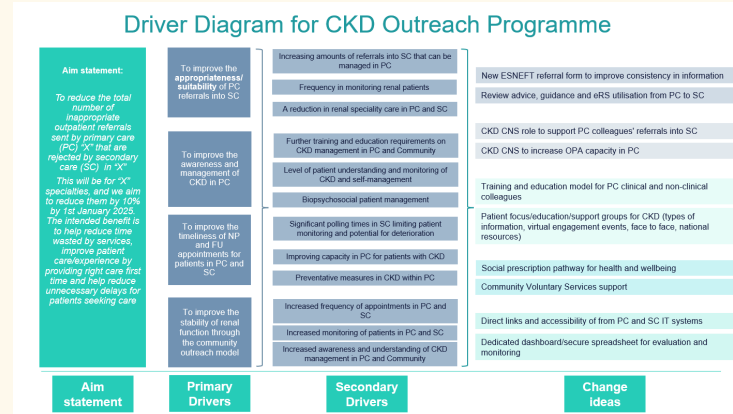


## Measurement

1. Monitor new & follow-up waiting times in primary and secondary care
2. Number of hospital admissions with AKI under programme
3. % of patients with appropriate plan for management of anaemia and CKD-MBD
4. % of patients with documented Hb; haematinics; bone profile and PTH
5. Patient experience/satisfaction of the new outreach service



## Driver Diagram



## PDSA cycles/testing

1. Creating and designing roles and pathway for a CKD outreach service.
2. Development of interfacing clinical documents from electronic patient record systems to improve visibility between primary care and secondary.
3. Redesigned single referral form to drive up quality and consistency of referrals across ESNEFT from primary care.

Project developed through the NHS Confederation's primary and secondary care interface improvement programme.



## Intended/outcomes

1. To improve clinical outcomes for patients with CKD, through reducing waiting times, improving monitoring, and reducing health inequalities.
2. To support the development of CKD management in primary care through peer learning and interfacing with secondary care.
3. To improve the streaming of urgent and non-urgent Nephrology patients on the most appropriate pathway and setting.



## General Reflections

The process of, and implementation of change is complicated within the healthcare system. Despite the considerable time working through this process, the project has helped to support significant changes and streamlining of non-recurrent roles, whilst also ensuring succession planning is built into future projects to prevent future financial issues and risks to divisional management teams.



## Next & sustainability

Additional funding has been approved for a two-year clinical nurse specialist post, with a third year to be included in divisional business planning to ensure sustainability in the role. A robust evaluation process is aimed to help evidence the impact and therefore develop the role to support other chronic conditions such as cardiovascular disease and diabetes.