MANCHESTER 1824
The University of Manchester

NHS
National Institute for Health Research
Collaboration for Leadership in Applied Health Research and Care (CLAHRC) for Greater Manchester

Measurement for improvement

Using data to promote kidney care excellence in GP practices in Greater Manchester

Authors: Barclay A, Hegarty J, Butler B, Coleiro M, Gwozdziewicz M, Harvey G, Humphreys J, O'Donoghue D. The NIHR CLAHRC for Greater Manchester.

About the CLAHRC

The CLAHRC for Greater Manchester is a collaboration between the University of Manchester and 20 NHS Trusts across Greater Manchester. Its five year mission is to improve healthcare and reduce inequalities in health for people with cardiovascular conditions (diabetes, heart disease, kidney disease and stroke).

The Challenge

- To show progress towards the project aims in a way that motivates practice teams and engages a wide variety of stakeholders from PCT-level sponsors to the project team
- To use the data to drive improvement by highlighting successes and areas for development in a simple, visual way

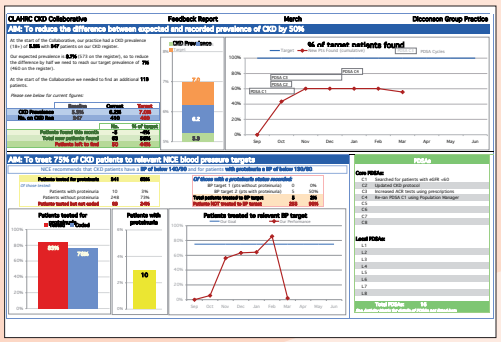
The Greater Manchester CLAHRC Kidney Collaborative

The CLAHRC for Greater Manchester is running a primary care quality improvement (QI) Collaborative to improve the identification and management of people with Chronic Kidney Disease (CKD). The aims are to reduce the gap between expected and recorded prevalence of CKD by 50%, and to treat 75% of people on CKD registers to NICE blood pressure targets.

We are working with 19 pilot practices from four PCTs, who use small-scale Plan-Do-Study-Act (PDSA) cycles to test changes which, if successful, are shared between and adopted by other practices across the Collaborative.

The Process

- From discussions with our stakeholders we learned that our reporting system needed to be:
  - simple to interpret
  - accessible
  - easily updatable
- The reports were based on QI methodology of using run charts to document performance
- Prototypes were developed and shown to stakeholders and improvements were made based on their recommendations

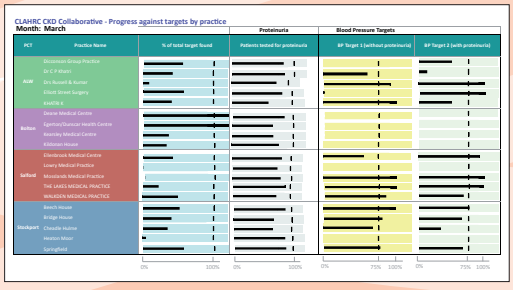


Practice feedback reports show progress against personalised aims and link performance with PDSA cycles

PCT-level dashboard displays aggregated data for each PCT and compares practice performance

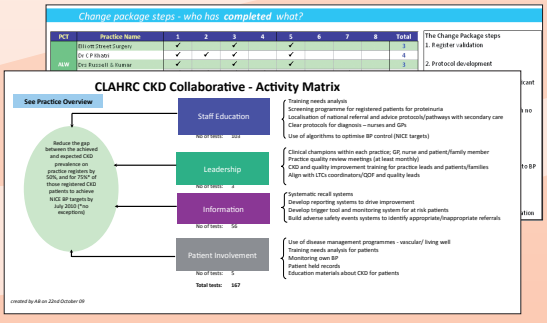
The Result

We used Excel 2003 to create a suite of simple, visual reports and publish them online using SharePoint



Practice-level dashboard compares each practice's progress with its peers in the Collaborative

Activity matrix details the PDSAs that each practice has completed to facilitate shared learning



In Practice

- Reporting progress monthly against their project aim helps to motivate improvement teams and identify successful tests of change
- Using comparable data means practices can quickly see areas where others are improving and ask for shared learning
- Creating a versatile suite of reports has enabled us to engage all stakeholders
- Data collection and data quality issues highlighted by the reports are being addressed with help from PCTs' Data Quality teams

Conclusion

The spirit within which information is used can be one which will facilitate improvement and motivate to achieve excellence.

Our reporting structure has been designed to provide the foundation on which practices can easily see where they are and where they want to get to, to improve kidney care for their patients.

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Getting evidence into practice in the management of Chronic Kidney Disease (CKD):

the Collaboration for Leadership in Applied Health Research and Care (CLAHRC) for Greater Manchester

Authors: Butler B, Hegarty J, Barclay A, Coleiro M, Gwozdziewicz M, Harvey G, Humphreys J, O'Donoghue D. The NIHR CLAHRC for Greater Manchester.

The gap between evidence-based best practice and actual management of Chronic Kidney Disease (CKD) in primary care.

On average only 60% of patients with chronic conditions receive appropriate evidence-based care[1] and in CKD specifically only 85% of patients receive best practice care[2].

The estimated prevalence of CKD in Greater Manchester stands at 8%[3], but in 2008 only 3.5% of patients were diagnosed with the condition[2].

This equated to approximately 107,000 people across the region having CKD but being undiagnosed and possibly untreated. This puts them at significantly increased risk of cardiovascular events[4] such as heart attacks or strokes and could eventually lead to them requiring dialysis or a transplant, or death. The importance of closing this gap and the role of primary care in identifying and treating CKD patients had been recognised in several Department of Health publications[5,6].

Purpose

Nine CLAHRCs have been established throughout England to address the gap between research and practice.

The Greater Manchester CLAHRC, with a specific focus on vascular disease, is working to improve implementation of evidence based care for patients with CKD.

They are running an improvement project across four PCTs: Ashton, Leigh and Wigan, Bolton, Salford and Stockport to increase recorded prevalence and increase the number of patients that receive best practice, evidence based care.

Design

We have selected the Institute for Healthcare Improvement's Breakthrough Series Collaborative methodology[7] as the framework for addressing the evidence-practice gap. This method combines regular learning sessions with action periods - when practices test possible improvements using Plan, Do, Study, Act (PDSA) cycles (fig.1). Participants work together to share knowledge, solve problems and share results of PDSA cycles, such that successful changes can be quickly implemented throughout all participant organisations.

The Collaborative is coordinated by a project team (fig.2) comprising two clinical advisors, an academic from Manchester Business School, a Project Manager, an Information Analyst and two Knowledge Transfer Associates (KTAs) who support practices in the action periods (fig.1).

Additional local support is provided in each PCT by senior sponsors and local leaders.

There are 19 practices from across the four PCTs participating in the Collaborative. Each practice has created an improvement team of a GP, a practice nurse and a practice manager who work together to test changes and lead the improvement work in their practice.

The aim of the Collaborative was agreed by a faculty of local and national renal and primary care experts to be **to reduce the gap between expected and actual prevalence of CKD by 50% and to ensure that 75% of all CKD registered patients achieve NICE blood pressure targets**.

The faculty also identified four key areas where improvements should be made and created a Driver Diagram to highlight these (fig.3).

Results

Collaborative participants have been addressing the evidence-practice gap since September 2009 and we have so far found over 840 new CKD patients. Weaker areas of care including proteinuria testing and accuracy of records have been highlighted and key steps to bring about change identified. Patients' blood pressures appear well controlled, though tighter targets for those with proteinuria still need attention.

There have been numerous challenges to overcome – obtaining accurate data has proved difficult, as has finding time for staff to plan and complete work. There is a clear indication that a practice's context, including the existing culture and effectiveness of their team, is a critical factor for success. The provision of support through KTAs has proven to be an effective, if resource intensive method, with practices benefiting from the personalised assistance.

Conclusion

CKD has been recognised as a serious public health problem[6,8] but many patients are either unidentified or receiving care that does not match recommended best practice.

The Greater Manchester CLAHRC CKD Collaborative is a service-academic partnership that is addressing this problem using a structured quality improvement approach that is intensive but effective. Patient care has improved and key factors affecting the successful implementation of evidence into practice have been identified.

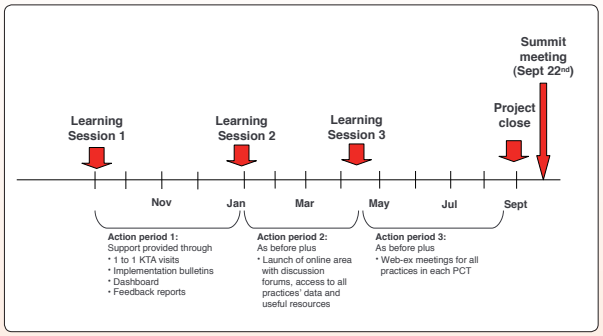

Fig.1 Timeline of the CKD Collaborative

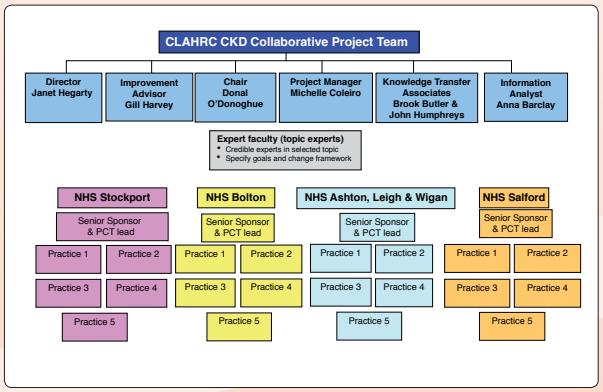

Fig.2 The Collaborative Structure

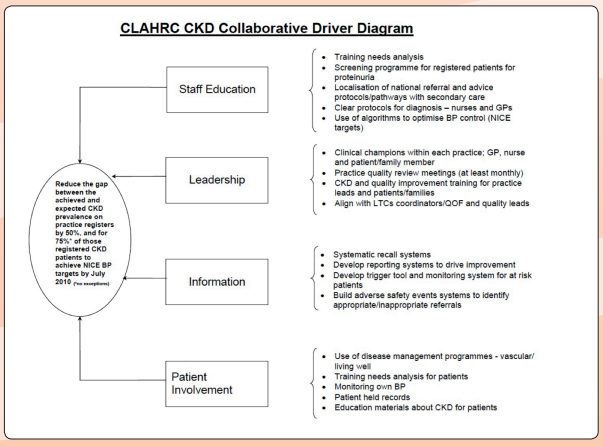

Fig.3 The Driver Diagram

References

1. Schuster et al, 1988. 2. Quality and Outcomes Framework 2007/2008. 3. Stevens et al 2007. 4. Whitfield and Holmes 2007. 5. Department of Health 2007. 6. Renal National Service Framework Part Two, DH 2005. 7. Institute for Healthcare Improvement 2003. 8. National Institute for Clinical Excellence Chronic Kidney Disease Guidelines 2008.