

QUALITY IMPROVEMENT IN CHRONIC KIDNEY DISEASE (CKD): A SIGNIFICANT CHALLENGE FOR PRIMARY CARE

Project objective and rationale: CKD is a common and relatively newly recognised long-term condition, the management of which is being refocused towards primary care, presenting a significant challenge. In Summer 2007, a major three-year, community-based research project with parallel studies, aims to develop, implement and evaluate a range of Quality Improvement (QI) interventions in CKD. Overseen by a steering committee with representation from key stakeholders, this important study will hopefully demonstrate the evidence base for primary care-led quality improvement in this common condition and ultimately, influence the next round of QOF in 2008.

Primary biomedical outcome: Improved control of systolic blood pressure.

Other outcome measures: Urinalysis and proteinuria, cholesterol, anaemia and smoking status; key co-morbidities including diabetes and heart failure; drug therapy affecting renal function; referral rates and liaison between primary and secondary care; patient empowerment; a cost model for various interventions; practitioner's confidence in managing CKD. In relation to patients with diabetes - management for those 'at risk' and quality of care leading to earlier referral to specialist services for preparation for renal replacement therapy (RRT).

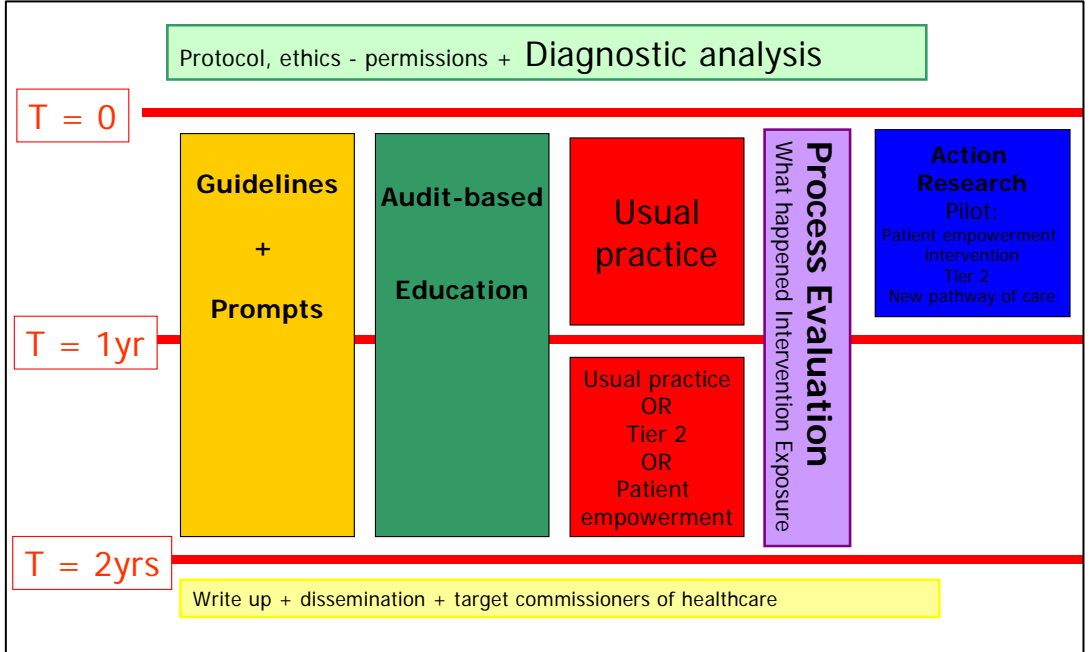
Methodology: Two quality improvement interventions, a) the provision of clinical practice guidelines with prompts and b) audit-based education, will be implemented across a study population of 100 general practices derived from eight localities across England. These interventions will be compared with usual practice in a two year cluster randomised study. Two additional interventions will be developed using an action research approach: c) a patient empowerment programme specific for chronic kidney disease and d) new pathways for care provision. These two novel interventions will then be compared with usual practice in a second (one year) cluster randomised study.

Key indicators: An intensive programme of analysis and evaluation of the interventions will run throughout the course of the three year project.

Scope

Within the 8 identified localities in England (provisionally Oldham, Bolton, Birmingham, Leicester, North London, South London, Surrey and Kent), 12 practices will be identified by the lead primary care clinician (with a combined registered population of at least 50,000 patients in each locality).

Methodology and Randomisation



Project support: The Health Foundation and the Edith Murphy Foundation.

Key contacts: Project Manager: **Bernie Stribling** 07971426592 berniestribling@kidneyresearchuk.org

Project Co-ordinator: **Nicola Thomas** n.m.thomas@city.ac.uk

Further Details Available: www.kidneyresearchuk.org/content/view/381/540