A DECLARATION OF JOINT WORKING BETWEEN

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AND

AstraZeneca UK, 8th Floor, 2 Pancras Square N1C 4AG

relating to

The Birmingham Renal Specialist Review Service – a community-based service model to improve CKD and other long-term conditions related to Renal patient care.

Summary of the project:

Chronic kidney disease can result in progressive kidney damage leading to complete kidney failure and increased cardio-vascular and mortality risk. Early diagnosis and intervention can arrest or slow the decline in kidney function leading to improved clinical and patient outcomes.

NICE guidance requires people at risk of CKD including those with hypertension and diabetes to be assessed for cardiovascular risk and target organ damage.

This includes testing for the presence of protein in the urine using albumin:creatinine ratio (ACR) to screen for possible early chronic kidney disease (CKD) and eGFR testing to assess kidney function and change in kidney function with time.

Furthermore, National and societal CKD guidance recommends CV/renal optimisation through BP control, statins, up titration of RAAS inhibition and SGLT2 inhibition.

This project provides a Renal Specialist Review Service – a community-based service model to improve CKD and other long-term conditions related to Renal patient care aiming to improve outcomes for CKD patients. This service model is designed and implemented by South Doc Services (SDS), and operates by integrating specialist clinical review within primary care. As such, specialist renal clinicians are given access to primary care electronic patient records (EMIS in this case) and are able to run virtual clinics in the community.

The outcomes of this review include treatment optimisation and referral for complex review. This review service is expected to support patients to achieve guideline recommended therapy optimisation which can result in reducing cardiovascular and renal risk leading to fewer unplanned hospitalisations and slow progression to ESKD.

The Aims and objectives of the project are;

To achieve guideline recommended therapy optimisation in patients diagnosed with CKD, reduce unnecessary referrals to secondary care renal services and improve capability to manage and treat CKD in primary care

The program aims to improve key outcome measures from baseline over 1 year

- Increased utilisation and recording of urine albumin creatinine ratio amongst CKD patients
- Increased utilisation of treatments proven to modify cardiovascular and renal endpoints (e.g. ACE/ARB, SGLT2i) in line with national, local and societal guidelines
- Improved CV risk management through BP and lipid management
- Reduced referrals to secondary care
- Reduced outpatient hospital visits
- Reduced late presentation of end-stage renal disease

Timeframes

The project will run from October 2022 to October 2023. Both parties have contributed resources to the initiative.