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P092 -Sustaining Quality Improvement – what does the ASSIST-CKD project tell us?

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Introduction
A programme to Spread eGFR graph Surveillance for the early Identification, Support and Treatment of people with progressive Chronic Kidney Disease (ASSIST-CKD), had the aim to implement at scale and then sustain an intervention that detects people with declining kidney function early and highlights them to their GP. The project involved 23 pathology laboratories and their GP practices, serving 11-12 million people. The intervention is a graph of kidney function over time, automatically generated in laboratories for patients with reduced eGFR, reviewed by a trained member of the laboratory team (or renal nurse), and for those showing a declining eGFR trajectory, the graph is sent to the GP with guidance. The study has now finished although data from the UK Renal Registry in 2020 will inform the main outcome measure of late presentation to secondary care. This abstract focuses on the messages from the qualitative evaluation (completed in Autumn 2018) and our initial findings about sustainability.

Methods
Developmental Evaluation (DE) (Patton 2011) was the chosen approach for the qualitative evaluation. Five sites were involved in the qualitative evaluation - they had been implementing the intervention for more than one year. The evaluation comprised interviews with secondary care staff, focus groups in GP practices and surveys to GPs, underpinned by some quantitative local data such as referral numbers.

Results
We found a low burden of graph reporting for laboratory (or other) staff, with reporting times typically one hour/week. An average of 18% of graphs generated were reported to GPs with significant variability in the proportion reported. There was a low impact on GP workload, with attention directed towards high-risk cases – typically one-five graphs per month received by an individual GP Practice. The receipt of graphs was generally perceived as useful by GPs. Despite there being a perception of increased referral to kidney services from some renal units, this was generally not borne out by data on referral numbers.

We saw clear evidence of sustainability. At the end of 2018 twelve sites had implemented the ASSIST-CKD intervention for more than one year, with eleven still live. This number is likely to rise further as nine more sites commenced during 2018. Of the eleven sites still live, eGFR reporting has been embedded into daily practice in seven sites (with no additional funding) and local funding has been found in four. Eight sites have been running for more than two years; and two sites have been running for more than three years.

Conclusion
We believe that four enablers have been important in supporting sustainable intervention: i) the nature of the intervention which is easy to understand and conceptually easy to link to beneficial clinical outcomes; ii) a low cost-intervention (circa £5000 per year for an average CCG with a population of 300,000); iii) a sense of local ownership and iv) the possibility of local customisation plus adaptability, both of the intervention and the project team.