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P117 -The experience of Chronic Kidney Disease patients: The results of the 2017 and 2018 Renal Association / Kidney Care UK Patient Reported Experience Measure

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Introduction:

Patient experience is positively associated with clinical effectiveness, self-rated and objectively measured health outcomes, patient activation and treatment adherence. Furthermore, insight into people's experience is crucial in shaping services and providing responsive and person centred care. The Renal Association and Kidney Care UK's, Kidney Patient Reported Experience Measure (KPREM) was co-designed by patients, academics and clinicians in 2016 to give patients the opportunity to feed into service improvement by sharing what matters to them. It was piloted and validated in 2016-2017 and subsequently rolled out across the UK. This abstract reports the results from the 2017 and 2018 KPREM.

Methods:

The 2018 KPREM consists of 39 items across 13 domains covering patient experience of their renal unit, kidney disease and treatment. There are six demographic questions including age, sex, ethnicity and modality. The KPREM was distributed to all UK renal units in June 2018, with accompanying survey guidance and support provided to invite outpatient, pre-dialysis, dialysis and transplant renal patients to complete the KPREM online or in hard copy format. It was provided online in Welsh, Gujarati and Urdu as well as in English and patients participated anonymously, returning hard copy KPREMs to their unit in return boxes or directly to the UK Renal Registry by post. Experience was scored on a scale of 1 (negative) to 7 (positive). Analysis was conducted at individual unit and aggregate centre level (aggregate being the main hospital and all of its satellite units). Unit and centre means were estimated across respondents for that unit or centre. Patient characteristics were evaluated by comparing mean scores, and via regression models.

Results:

13,770 analysable responses were received in 2018 from 71 out of 72 adult renal centres, incorporating 281 units in total. The findings from 2017 and 2018 validated KPREM collections show a remarkably similar national picture; evidence of the robustness of KPREM as a measure and therefore a solid baseline for informing and measuring quality improvement. Patient experience was high (6.3 out of 7 in both 2017 and 2018) but with significant variation between centres. Despite considerable shuffling between centre level results, as in 2017, the lowest scoring themes remain Sharing Decisions About Your Care (5.5 out of 7.0 in 2017 and 5.4 out of 7.0 in 2018), Transport (5.6 out of 7.0 in 2017 and 2018) and Needling (5.7 out of 7.0 in 2017 and 2018). Nationally, there has been no improvement in these three key areas, which continue to report the highest variation in scores between centres. Patient characteristics contributed little to variation in both years; only differences smaller than 10% (.7) of the scale range were seen (men and women, age, type or location of treatment, and ethnicity). As in 2017, differences between centres are more important to patient experience than any other difference captured by the KPREM.

Conclusions

Centre and patient participation in the Kidney PREM has increased every year since the pilot in 2016. In both 2017 and 2018 the biggest factor driving variation in patient experience is the treating centre, and not

patient characteristics. The consistent and unchanged national findings provide a strong case for change, and a call to action from kidney patients in the UK to address as a priority the three aspects of kidney care that impact most negatively on their experience: Sharing Decisions About Your Care; Transport and Needling.