

A CASE STUDY

Welsh Nephrology Patient Pathway

The development of the Welsh Nephrology Patient Pathway has been prompted by a number of factors and changing circumstances. An increasing number of patients with renal impairment, together with improvements in the monitoring of patients at risk of renal disease, has generated an increase in demand for renal replacement therapy (RRT).

Due to delayed diagnosis, late referral and limited resources available to deliver appropriate care, morbidity and mortality in this patient group was increasing. Renal impairment is now recognised as the biggest cardiovascular risk factor and therefore appropriate management is a key objective for the entire healthcare community.

The Welsh Renal National Service Framework has set out care standards and provided guidance on how to achieve these standards. At the same time, renal disease has been included in the GMS contract for the first time. These two events prompted the need to pilot a project that created a partnership that would ensure appropriate timely referrals and manage the increase in patient numbers due to reporting changes and detection of renal impairment.

Gwent NHS Healthcare Trust was selected as a pilot site because it already had an established relationship with the Map of Medicine.



“The Welsh Nephrology Patient Pathway is slightly unusual in that it is less about localisation and more about ‘nationalisation’. It has involved using the Map of Medicine as a resource to generate a local referral pathway that, if successful as a pilot, will hopefully be adopted as a national initiative across Wales.”

Professor Aled Phillips, Institute of Nephrology, Cardiff

Milestones

The first milestone to be addressed was gaining an in-depth understanding of the nephrology service in Gwent and identifying the potential problems. An audit of referral patterns showed that, since the introduction of the eGFR, referrals had nearly doubled. Measures needed to be implemented to ensure these referrals were appropriate and referred with adequate patient information.

From this information it was then possible to design a Patient Pathway and engage the key stakeholders; the Welsh Assembly Government (WAG) and the Renal NSF Implementation Group, the Gwent NHS Healthcare Trust, GP Trainers, Local Health Boards, GPs and Nephrologists.

Aims

The primary aim of the project was to develop a pathway that would effectively manage both the entry and exit of the renal patient from Gwent Nephrology Services. This pathway was also required to manage the increase in patient numbers within a limited commissioned resource and ensure appropriate timely referrals.

Challenges

One of the main challenges in developing the pathway was communicating to GPs that the majority of patients with renal impairment do not need to be managed within secondary care. A change in disease monitoring, (using eGFR instead of creatinine levels), together with the recent inclusion of patients in the GMS contract, had prompted a tidal wave of referrals that clogged the system, stretching resources to the limit.

Another challenge was to achieve early interaction with the key players who would dictate the success or failure of the project. The National Service Framework allowed motivated people to be identified who could support the development of the pathway and help address this challenge.

Results

It is expected that by auditing referral numbers, patterns and quality, as well as patient 'entry' and 'exit' from care, it will be possible to ascertain the best use of local resources, increase collaboration amongst GPs and secondary care to improve patient care and mobilise local health organisations to align themselves with the new pathway. It is believed that the Nephrology Patient Pathway will enable patients to be managed on their journey from primary care into secondary care and back again much more effectively.

"The Map of Medicine helps us identify patients in an appropriate and timely fashion and refer them for the right treatment. Renal impairment is the biggest cardiovascular risk factor so early identification has the potential to make a great deal of impact to the disease outcome. The new referral pathway keeps patients off dialysis for longer and ultimately prolongs their lives."

[Professor Aled Phillips, Institute of Nephrology, Cardiff](#)

Aims

- Manage patient entry and exit from nephrology services
- Run a pilot in Gwent and, following a period of assessment, extend to the whole of Wales

Challenges

- To manage the increase in patient numbers within a limited commissioned resource and ensure appropriate timely referrals
- To achieve early interaction with the key players who will dictate the success or failure of the project

Anticipated results

- Better use of local resources
- Increased collaboration between GPs and secondary care
- Improved patient care

