

A CASE STUDY

Welsh Nephrology Patient Pathway

An increasing number of patients with renal impairment, together with improvements in the monitoring of patients at risk of renal disease, generated an increase in demand for renal replacement therapy (RRT). Renal impairment is now recognised as the biggest cardiovascular risk factor and therefore appropriate management is a key objective for the entire Welsh healthcare community. A care pathway was required that would ensure appropriate timely referrals to nephrology secondary care services and manage the increase in patient numbers.

A recent study found that the launch of the Pathway on the Map of Medicine resulted in a reduction in the number of referral letters received containing inadequate information, as well as a fall in the total number of referral letters received. Referrals from GP practices registered to use the Map were more likely to be appropriate and thus require follow up, and less likely to generate referrals containing inadequate clinical information.

First piloted in Gwent Health Community, the Welsh Nephrology patient Pathway is now being rolled out across Wales.



“The Map of Medicine helps us identify patients in an

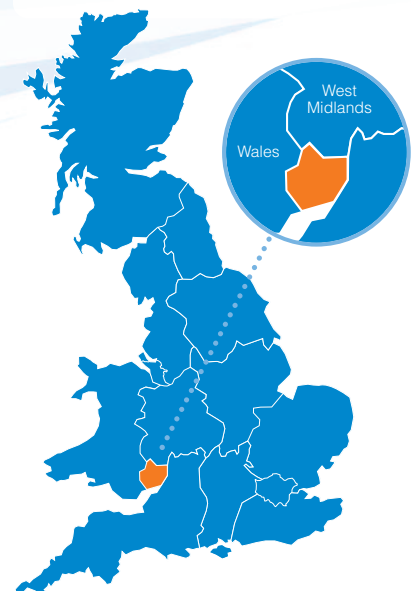
appropriate and timely fashion and refer them for the right treatment. Renal impairment is the biggest cardiovascular risk factor so early identification has the potential to make a great deal of impact to the disease outcome. The new referral pathway keeps patients off dialysis for longer and ultimately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

Professor Aled Phillips,
Institute of Nephrology,
Cardiff

Project

The Welsh Renal National Service Framework set out care standards and provided guidance on their achievement. At the same time, renal disease was included in the General Medical Services contract for the first time, recognising the importance of early detection and treatment. These two events prompted the need to develop a care pathway that would ensure appropriate timely referrals to nephrology secondary care services and manage the increase in patient numbers.

The first milestone to be addressed was gaining an in-depth understanding of the nephrology service in Gwent and identifying the potential problems. Gwent Health Community covers five primary health care Local Health Boards and a population of 560,000. Gwent was chosen as the pilot site because they were already using the Map of Medicine to localise pathways such as the management of catheterised patients. An audit of referral patterns showed that, since the introduction of the estimated glomerular filtration rate (eGFR) reporting, referrals had nearly doubled.



Measures needed to be implemented to ensure these referrals were appropriate and contained adequate patient information.

From this information it was then possible to design a patient Pathway based on the current agreed guidelines. It was developed in conjunction with the key stakeholders; the Welsh Assembly Government (WAG) and the Renal National Service Framework (NSF) Implementation Group, the Gwent Healthcare NHS Trust, GP trainers, Local Health Boards, GPs and Nephrologists.

Aims

The aim of developing a Welsh nephrology pathway was to bring together the numerous guidelines currently available to primary care physicians with the recommendations of the Welsh Renal NSF. The pathway aimed to provide healthcare professionals with clear guidance on referral and set out the minimal clinical data required to prioritise the outpatient appointment. The pathway would then allow the better management of the increase in patient numbers within a limited commissioned resource and ensure appropriate timely referrals. The pathway would effectively manage both the entry and exit of the renal patient from secondary care nephrology services.

Challenges

A change in disease monitoring, 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 and increasing waiting times.

A challenge at the beginning of the project was to achieve early interaction with the key players who would dictate the success or failure of the pathway development. The NSF identified motivated people to support the project and help address this challenge.

One of the major challenges of the project was communicating to GPs that the majority of patients do not need to be managed in secondary care. The

pathway was designed to provide the appropriate support and education to facilitate the discharge of patients with stable, uncomplicated renal impairment to primary care, together with clear guidelines on future monitoring and re-referral criteria.

Results

A recent study by Professor Aled Phillips et al¹ reviewed the renal quality outcomes framework, the introduction of eGFR reporting and their impact on secondary care. The study examined the quality of referrals, categorised as appropriate, inappropriate and inadequate. The launch of the pathway on the Map of Medicine resulted in a reduction in the number of letters with inadequate information, as well as a fall in the total number of referral letters received.

More than 60% of primary care practices in Gwent registered with the Map of Medicine. Phillips et al found that referrals from practices registered to use the Map were more likely to be appropriate and thus require follow up, and less likely to generate referrals containing inadequate clinical information.

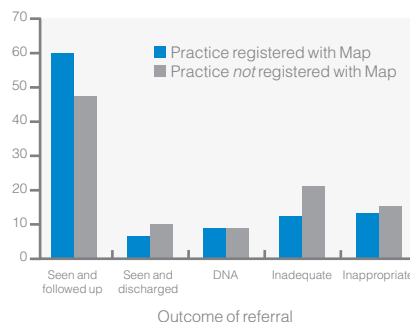


Figure one - Relationship between registration with the Map of Medicine and referral patterns¹

The positive results of the implementation of the Welsh Nephrology patient Pathway in Gwent has consequently allowed the roll out of the pathway across Wales. The Map of Medicine was key in the creation and implementation of a pathway at a time of increased awareness of CKD.

Aims

- To better manage the increase in patient numbers within a limited commissioned resource and ensure appropriate timely referrals
- To manage patient entry and exit from nephrology services
- To run a pilot in Gwent and, following a period of assessment, extend to the whole of Wales.

Challenges

- To achieve early interaction with the key players who will dictate the success or failure of the project
- To communicate to GPs that the majority of patients do not need to be managed in secondary care.

Results

- A reduction in the number of referral letters with inadequate information, as well as a fall in the total number of referral letters received
- Referrals from practices registered to use the Map are more likely to be appropriate and require follow up, and less likely to generate referrals containing inadequate clinical information
- Pilot now being rolled out across Wales.

Reference

A. Phillips, K.L. Donovan, and A.O. Phillips, Renal quality outcomes framework and eGFR: impact on secondary care, QJM Advance Access published on June 1, 2009, DOI 10.1093/qjmed/hcp030, QJM 102: 415-423.



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