

# Transform AKC – for the best patient experience

A Kidney Care UK and UK Kidney Association / KQIP Partnership project

## Short Project Summary

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**Project aim** – Improve equity of access for all patients to the highest quality advanced kidney care (AKC) service through systemic and sustainable change in practice.

### Project scope

The multi-professional care provided to patients in the following settings:

- adult patients in the 18-24 months before they commence kidney replacement therapy (KRT).
- patients with eGFR <20 who choose to follow a non-dialysis conservative kidney management pathway.

### Project objectives

1. Work in partnership with the AKC expert practitioner community, capitalising on existing expertise.
2. Co-design and pilot an improved AKC change package and toolkit supported by staff training, suitable for wider adoption.
3. Incorporate the outputs of other existing workstreams to avoid duplication, including DAYLife, Transplant First, the Kidney Care UK Psychosocial Manifesto, peer support programmes, UKKA Professional and Special Interest Groups (SIGs)

### Project funding

The project is funded by Kidney Care UK to provide a project manager, medical leadership, project events and QI training for participating kidney centres. There is no additional funding for individual kidney centres participating in the project.

### Why focus on unmet need in advanced kidney care

- The AKC clinic is a pivotal stage in the patient's pathway - a time of greatest anxiety, distress and life changes.
- AKC is a key target for improvement work to impact patient experience and outcomes.
- Considerable variation in AKC care exists, including models of care, team composition, training and expertise – leading to unmet needs and inequalities.

- There is no standardised AKC staff training programme and the elements of ideal AKC care have not yet been fully described.

### Multiple unmet needs and inequalities affecting patient experience and outcomes include:



### Planned project timescales and outputs

#### Year 1 (April 2024 – March 2025) – Understand the problem

1. Recruit 5 kidney centres for Level 3 “full participation” in the project – finalise by 1/10/24.
2. Create a wider multi-professional AKC Community of Practice (see level 1 and 2 involvement) to expand the existing ANN UK AKC Community of practice, which meets regularly to share progress.
3. Define the elements of ideal AKC care and unmet needs from patients’ and staff perspectives by a series of webinars and a face-to-face event.
4. Complete literature review on practical steps to improve AKC.
5. Complete national survey of current AKC practice.

#### Year 2 (April 2025 – March 2026)

6. Co-design a multifaceted AKC change package and toolkit for participating kidney centres to test and improve using QI methodology. Staff will be provided with training and support to pilot elements of the change package and toolkit.

#### Year 3 (April 2026 – March 2027)

7. Completion of piloting of the AKC toolkit
8. Evaluation report on AKC toolkit
9. Recruitment of additional kidney centres

The change package and toolkit are likely to include some or all these elements:



### Measurement of the project impact on patient care and AKC staff skills

- Growth of multi-professional AKC Community of Practice
- Feedback from attendees of project webinars and events
- Feedback from attendees of AKC skills teaching events
- From participating centres
  - UK Renal Registry data on AKC patient population
  - AKC patient experience measure
  - Annual questionnaire to participating kidney centres

### Governance and project structure

To ensure full involvement from the community, a comprehensive management structure has been created for the project.

**Partnership Board** – meets quarterly with lead representation from all key bodies and organisations involved in AKC services.

**Operational Leadership Group** – Meets monthly as the core project delivery team, represented by project leads from all key bodies and professions, pilot centre leads, QI project management staff and support specialists as identified.

**Workstream Meetings** - to be determined by the OLG if appropriate or as required – Communications, specialist/focussed development areas or sub projects.

## Benefits of participating in the AKC partnership project

- Contribute to a national, community-wide network of expert patients and AKC multi-professionals
- Improved knowledge, skills and confidence in the elements of ideal AKC care
- Understanding of different AKC care delivery models
- Practical experience of Quality Improvement
- Support for the implementation of simple practical steps to improve AKC care locally
- Co-production and use of AKC toolkit to improve patient care and staff skills

## Levels of participation for stakeholders

**Level 1** – Join the national virtual AKC community of practice, attend stakeholder events to contribute to and learn from collective expertise. For AKC staff who agree to be engaged with the project, be a point of contact for updates and general communication, function as local champions and contribute to the work of the project with comments and local knowledge.

**Expected time commitment: approximately 1 hour / month.**

**Level 2** – as level 1 but also agreeing to contribute to the programme more formally such as support an AKC professional to join a workstream/project group and/or contribute to developing a specific output such as resources or staff training in a particular area of expertise.

**Expected time commitment: 1 - 2 days a month.**

**Level 3** – “full project participation and programme pilot site” – for kidney centres wishing to be fully involved in the programme as a core partner and one of 5 pilot sites. This includes involvement in all stakeholder events and being a full member of the project operational team - designing, developing, piloting and evaluating the impact of the AKC change package and toolkit for the duration of the project.

**Expected time commitment 1-2 hours per week each for 3-5 team members.**

## Expectations of Level 3 “full participation” kidney centres

- Has support from kidney centre Clinical Director, senior leadership team and AKC lead to participate in the full 3-year programme.
- Willingness to share data via the UK Renal Registry on local AKC population numbers, demographics, care planning, composition of AKC team, and how care is delivered.
- Participate in the design and piloting of an enhanced AKC model.
- Participate in the evaluation of changes including the collection of simple data on piloting 1 or 2 AKC tools during years 2 and 3.
- Participate in electronic measurement of patient experience (tool to be developed).
- Attend monthly virtual meetings to maintain momentum.
- Attend regular webinars and at least one face-to-face event per year.

## How to find more information or express an interest in participation

Please contact Ranjit Klare (Project Manager) [Ranjit.klare@ukkidney.org](mailto:Ranjit.klare@ukkidney.org).