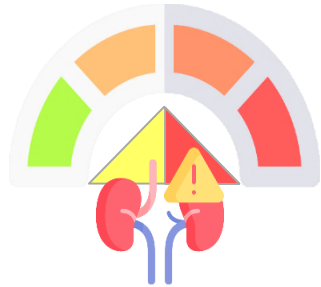


London Kidney Network: Identify and manage CKD early to save kidneys, reduce cardiovascular events and reduce dialysis numbers

The **incidence and prevalence of chronic kidney disease (CKD) is increasing**. This is driven by key risk factors, e.g. diabetes, hypertension, cardiovascular (CV) disease, age, ethnicity, smoking.



1. South London has a diverse population, with areas of deprivation and significant non-white population. Evidence shows us these populations are at higher risk of CKD and experiences poorer outcomes. Closing this equity gap is important

To identify CKD early in high-risk people (e.g. those with high blood pressure, or diabetes), there needs to be greater urinary testing of albumin to creatinine ratio (ACR) and coding of CKD in South London



4. **ACR testing is ~72%, i.e. <82%** for those at top performance (NDA). Testing has decreased since it was removed from QOF, and covid disruptions have further reduced testing. **Coding is poor**. A national audit showed ~70% of those with evidence of CKD were coded as such. In Lambeth, this was 45%.



5. **Support for GPs** to identify and treat CKD early includes EMIS tools, gliflozins guidelines and education on CKD coding. Working with several Boroughs will make learning scalable and replicable

Patients and their families receive better outcomes and improved experiences.

8. Primary care teams are **better equipped** to save kidneys and improve CV outcomes. The sooner we identify the patients, the sooner we can maximise benefits.



2. Of the 162,000 adults with CKD in South London, **~59,000 are undiagnosed with Stage 3 CKD** (missing from primary care CKD registers).



3. **Current cost is significant**, with a great proportion spent on dialysis (appr £25k per patient year). Earlier identification and management of CKD will mitigate future growth- a medium growth projection of 600 patients in 10 years' time could cost £15million increase dialysis cost.



Early identification and management of CKD can **prevent or delay worsening kidney function**. This can avoid the need for dialysis and reduce the risk of CV complications and so improve population health. Improved GP understanding of CKD and embedding algorithms within primary care systems will improve coding and improve outcomes

6. Gliflozins are effective at reducing progression of kidney disease, reducing the long-term need for RRT, and minimising CV events in people with CKD. Additional support is needed to optimise their widespread use in people with and without diabetes.



NICE is expected to publish guidance on the use of Dapagliflozins for treating CKD (Jan 2022), which could create a "seismic" impact. Support to implement these guidelines will impact on population health and outcomes

7. Cross boundary (primary/secondary care) and cross discipline working (GPs/pharmacists) will **improve care pathways for people** with or at high risk of CKD, alongside other long-term conditions maximising resource use and clarifying referral and treatment pathways and responsibilities.