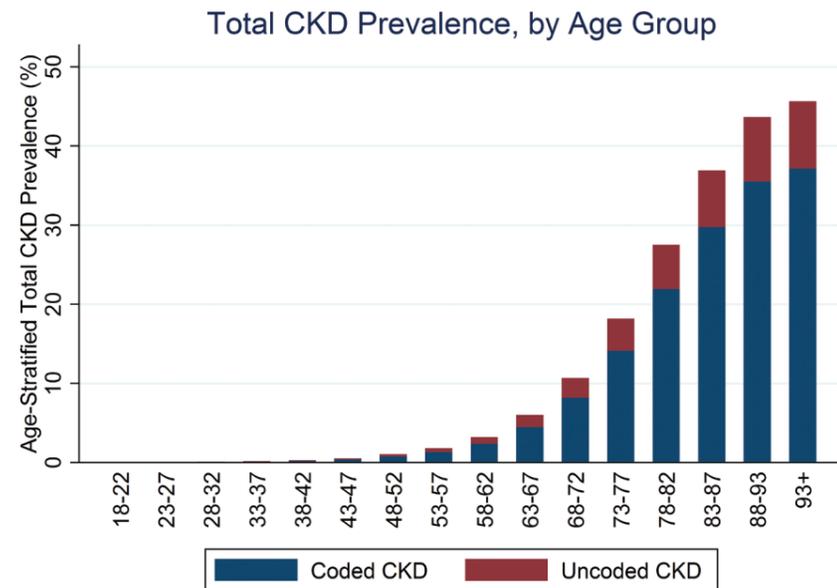


CKD Coding

Overall we found between 5 and 6 % of the adult population had CKD and around three quarters of the people with CKD had been given an appropriate code by their GP practice.



This chart shows the number of people with CKD in each age group. The blue bars show those coded with CKD by their GP and the red bars are an estimate of those that remain uncoded.

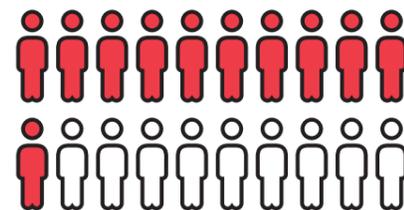
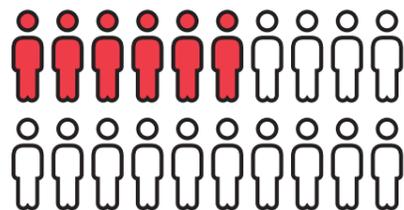
CKD Management

The NCKDA found that the blood pressure of most patients with CKD at highest risk of kidney failure doesn't meet targets.

The charts below show the proportion of people with CKD achieving blood pressure targets. A lower target is advised in those with diabetes or proteinuria but fewer people achieve this.

People with Diabetes or heavy proteinuria

Other people with CKD



Key: There are no formal targets in the guidance, but the audit selected 70% and 90% as quality markers.
Red < 70% **Amber 71-90%** **Green > 90%**

Testing for CKD

Performing blood and urine tests in those at risk is the best way to identify people with CKD.

The NCKDA measured whether those at risk of CKD had undergone blood and urine testing.

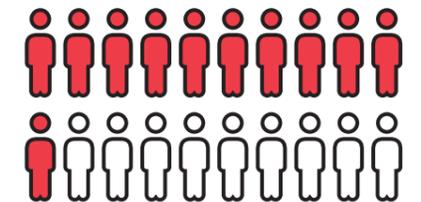
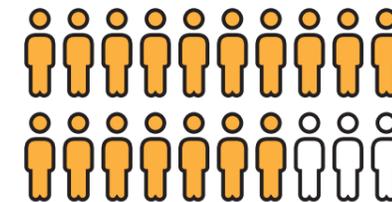
Blood tests were performed most of the time but urine tests often were not.

The charts below show the proportion of patients with different risk factors for CKD who have had blood and urine tests.

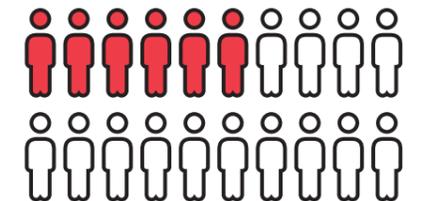
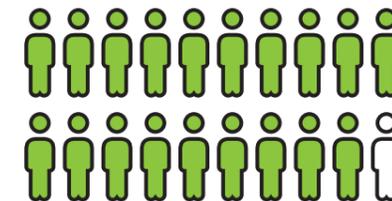
Blood Tests

Urine Tests

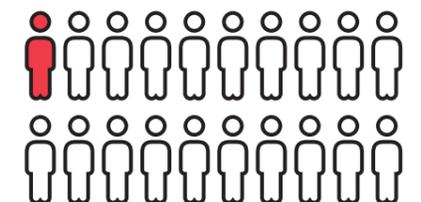
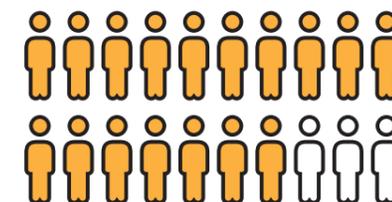
Diabetes



High Blood Pressure



Other Risk Factors



Key: There are no formal targets in the guidance, but the audit selected 70% and 90% as quality markers.
Red < 70% **Amber 71-90%** **Green > 90%**

Recommendations

Recommendation 1. For people at high risk of CKD, GPs should review practice to ensure that they are including both blood tests for eGFR and urinary testing for albumin to creatinine ratio (ACR).

On average GPs test 86% of people with diabetes for CKD (using annual blood tests), but only 54% have the relevant annual urine test. For other groups (such as those with hypertension), urine test rates are below 30%.

Recommendation 2. GPs should review practice to improve the coding of patients with CKD.

70% of cases of CKD were given an appropriate Read code but there is high variability in the accuracy of coding ranging from 0% to 80%. Appropriate coding means IT systems can assist GPs to provide improvements in management.

Recommendation 3. Having identified patients with CKD, effort should be focused on regular review, management of high blood pressure, prescribing cholesterol lowering treatment, and performing vaccinations to improve health outcomes.

Whilst over 80% of those with CKD had had an eGFR test in the previous year, only 31% had a repeat ACR test. For people without diabetes, ACR testing rates are less than 15%. For patients at high risk of progression, 70% had BP values above the recommended target range. 69% of people with identified CKD were prescribed statin medication in accordance with NICE guidelines. Whilst 75% of people with identified CKD had a flu vaccination in accordance with NICE Guidance, only 23% of had the recommended pneumococcus vaccination.

Quality Improvement

GPs used the NCKDA quality improvement tool to help code patients with CKD in their practices:

“ I found it really useful. It is easy to find all the information one needs and very easy to go to specific patients from the audit software searches to their records in EMIS.

I used it to code probably around 25 patients identified by the audit as having CKD on the basis of two eGFRs <60ml/min who actually do have CKD but weren't coded as such in our practice system.

I haven't had time to do much else yet but did browse through the audit and I am sure the list of high risk patients with CKD particularly those with poorly controlled BP, not on a statin, etc will prove a useful starting point to improve care in the practice. ”

The full report for the NCKDA is available at: www.ckdaudit.org.uk/audit/national-reports/

Summary of the 2016 National Report for England and Wales

The purpose of the National Chronic Kidney Disease Audit and Quality Improvement Programme (NCKDA) is to improve the identification and management of CKD in primary care.

Chronic Kidney Disease (CKD – irreversible kidney damage) is usually silent in the early stages but increases the risk of cardiovascular problems, as well as the chances of acute kidney injury (acute loss of kidney function) in those unwell for other reasons. In a small number of cases people with CKD will go on to need dialysis.

The National CKD Audit produced the largest sample of patients with CKD in primary care globally. It has examined how well primary care diagnose and recognise CKD, looked at variation in treatment patterns and developed systems to support improvement in care. There are 3 main recommendations on the back page.

The full report for the NCKDA is available at: www.ckdaudit.org.uk

Commissioned by:



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