

London Kidney Network

Vascular Access

Priorities for 2021-22

GIRFT Recommendations

5. GIRFT	Reduce variation in incident and prevalent definitive HD vascular access rates and deliver RA clinical practice guideline minimum thresholds.* * 60% incident and 80% prevalent patients with AVF/G.		
5a.	NHS England and NHS Improvement to review differential pricing, and the effectiveness of the existing HD BPT.	NHS England and NHS Improvement, accountable commissioners	Within 24 months of report publication
5b.	NHS England and NHS Improvement and professional societies to establish the surgical and IR capacity required to deliver an 80% prevalent definitive vascular access rate. (This will also require formal definition of the pathway urgency to be delivered by relevant teams.)	NHS England and NHS Improvement, professional societies	Within 24 months of report publication
5c.	Trusts with a renal service to ensure they have sufficient surgical and IR capacity to support their HD programmes.	Trusts with a renal service	Within 24 months of report publication
5d.	Trusts with a renal service to ensure their day case surgery rate for HD arteriovenous fistula/graft (AVF/G) formation is a minimum 70% of all cases.	Trusts with a renal service	Within 12 months of report publication
5e.	All renal centres to have a vascular access co-ordinator post or posts (depending on size).	Renal centres	Within 24 months of report publication
5f.	Accountable commissioners to explore network-based commissioning of HD vascular access, including commissioning of dedicated vascular access centres and IR support.	NHS England Specialised Commissioning, accountable commissioners, renal networks	Within 12 months of report publication
5g.	Renal centres to optimise skill mix and competencies of clinical staff in the needling and monitoring of HD vascular access.	Renal centres and KQuIP	Within 12 months of report publication
5h.	Collaboration with regional vascular access QI initiative to identify local actions needed to implement effective pathways, to be agreed at network level.	Renal centres, regional networks and ICSSs	Upon report publication
5i.	Intervention (+/- transfer where relevant) of failing or thrombosed vascular access to be sufficiently rapid to avoid central venous access (usually 24–48 hours).	To be ratified by all relevant NHS England clinical reference groups (CRGs) (vascular, radiology and renal) and adopted in relevant NSSs	Within 12 months of report publication
5j.	A curriculum, training and qualification process to be developed for credentialling in vascular access intervention.	Royal College of Physicians (RCP), Royal College of Radiologists (RCR), Royal College of Surgeons (RCS), RA, Vascular Access Society of Britain & Ireland (VASBI), British Society of Interventional Radiology (BSIR), Health Education England (HEE)	Within 12 months of report publication

QI WORKSTREAM: Vascular Access – 2021/2022

High level summary

AIMS	OBJECTIVES	OUTPUTS	MEASUREMENT
<ol style="list-style-type: none"> 1. Improve definitive access in prevalent patients to 80% in each centre by 2025 2. Improve definitive access in incident patients in each centre to 65% by 2025 1. Achieve a day case surgery rate for HD VA formation in a minimum of 70% of all cases in each centre by 2023 2. Pathway in place by 2023 3. There is a skilled and competent workforce in place 	<ol style="list-style-type: none"> 1. Create an optimum vascular access pathway 2. Define the criteria for referral for surgery 3. Define a measurement strategy with clear data points 4. Map the resources required for IR/theatre/workforce across London 5. Map variation in definitive access in incident and prevalent patients 6. Map variation in day case surgery 7. Optimise skill mix and competencies of clinical staff in the needling and monitoring of HD vascular access 8. Map vascular access coordinator posts across London 	<ol style="list-style-type: none"> 1. Agree and develop a vascular access pathway for London 2. A pathway for day case surgery and reporting to track progress 3. Report on the resources needed to maintain 80% access per 1000 patients on HD. 4. Implement MAGIC (Managing access by generating improvements in cannulation) – across all units in London 5. Report with gap analysis on vascular access roles across London 	<p>Day case surgery rates</p> <p>Numbers of incident patients starting dialysis with definitive access</p> <p>Number of prevalent patients with definitive access</p> <p>Patient experience/satisfaction with needling technique's</p> <p>Number of missed cannulations, failed fistulae, area puncture, rope ladder & button hole cannulations</p>



- In South London we developed a System Performance Dashboard that pulls the headline outcome data from the QI Workstreams
- It aims to give a clear, more timely understanding of current performance and to show improvements over time.

Mar-21 Metric (iv) - Vascular Access Day Surgery

- Number & Percentage of Vascular Access procedures done in Day Surgery

		<i>N</i>	<i>%</i>
SL Trust 1	Day Surgery	32	100.0%
	Inpatient	0	0.0%

		<i>N</i>	<i>%</i>
SL Trust 2	Day Surgery	40	66.7%
	Inpatient	20	33.3%

		<i>N</i>	<i>%</i>
SL Trust 3	Day Surgery	40	72.7%
	Inpatient	15	27.3%

		<i>N</i>	<i>%</i>
SL Trust 4	Day Surgery		
	Inpatient		

		<i>N</i>	<i>%</i>
SL Total	Day Surgery	112	76.2%
	Inpatient	35	23.8%

76%

Mar-21 Metric (ii) - HD Fistula/Graft rate

- Number & Percentage of prevalent HD patients with AVF / AVG as current access

		<i>N</i>	<i>%</i>
SL Trust 1	AVF / AVG	175	52.2%
	Line	160	47.8%

		<i>N</i>	<i>%</i>
SL Trust 2	AVF / AVG	442	52.9%
	Line	393	47.1%

		<i>N</i>	<i>%</i>
SL Trust 3	AVF / AVG	428	60.0%
	Line	285	40.0%

		<i>N</i>	<i>%</i>
SL Trust 4	AVF / AVG		
	Line		

		<i>N</i>	<i>%</i>
SL Total	AVF / AVG	1045	55.5%
	Line	838	44.5%

55.5%