

## Transform AKCfor the best patient experience

Summit Update 25<sup>TH</sup> March 2025 Bradford Teaching Hospitals NHS Trust





- Re-introduction of patient seminars and face-to-face education sessions
- Representation and engagement of various key teams AKC team, haemodialysis, home therapies, kidney transplant, dietician, diabetes specialist team
- Patient representation
- Representation from Kidney Information Network (KIN)
- Strengthen our patient education leaflets and information packs
- Reinforce data input via our local registry database to ensure collection of our data set

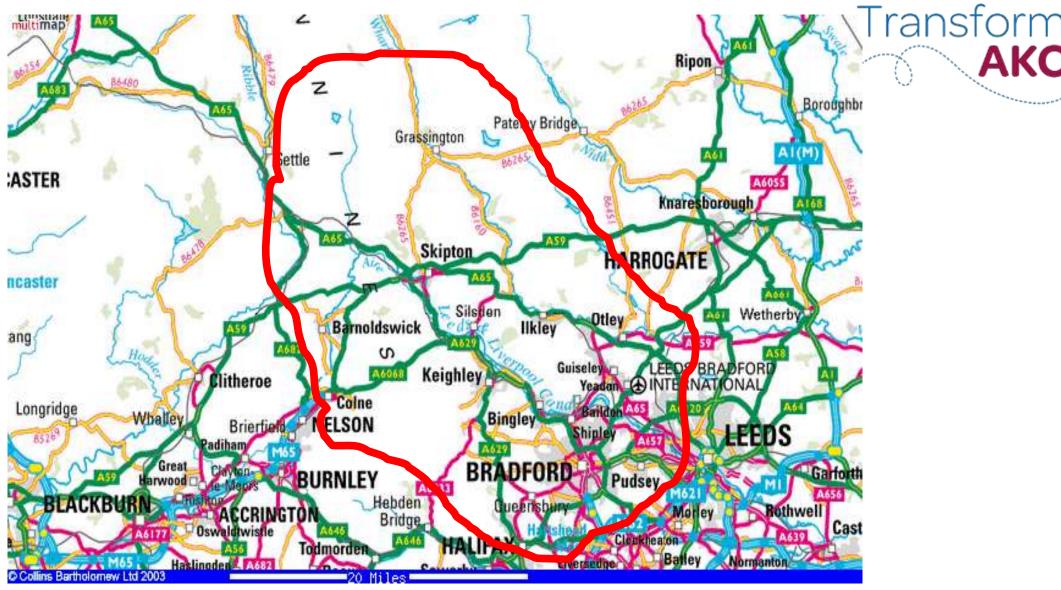




- Culturally and ethnically diverse population of around 0.7 million
- Catchment area includes the city of Bradford in West Yorkshire and a more rural area that includes the Airedale valley extending into North Yorkshire and villages on the East Lancashire border.
- Bradford has the highest number of patients of Asian ethnicity in terms of AKC attendance, dialysis incidence and dialysis prevalence (over 40% for the latter as per the 26<sup>th</sup> Annual renal registry data) in the whole of the UK.
- 42% of our patients on our AKC radar are of Asian mainly Pakistani ethinicty, < 2% are black and the remaining patients are white.
- Bradford district ranks as the 13<sup>th</sup> most deprived of the 317 local authorities in England and 2<sup>nd</sup> most deprived in the Yorkshire and Humber region. Prevalence of Low Health literacy is 52% (mean 39%).
- Diabetes and Hypertension comprise 30-40% of the causes for primary kidney disease and there is an increased prevalence of CKD in our South Asian population.



#### Area Covered by the AKC Team



Kidney | MUKKA C

**AKC** 





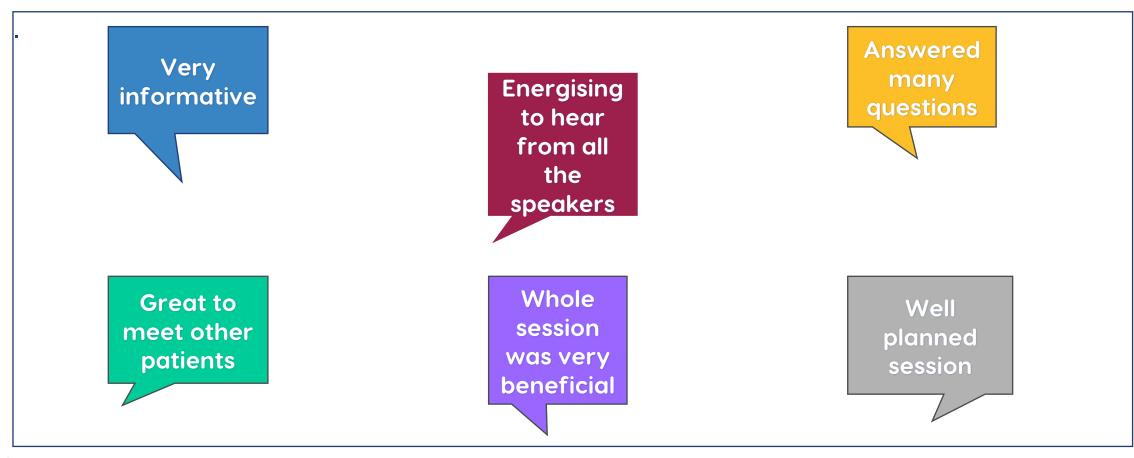
### Why?

- Pre COVID era ~ successful patient seminars and symposia
- 4 educational events per year
- High patient involvement and engagement
- Increasing staff participation
- Excellent patient feedback on the content and delivery
- Food and refreshment



# Feedback from seminars previously held at BTHFT







#### Learning so far

We got to know our team AKC better (strengths)

Reviewed our system and pathways

Patient representation

Reviewed educational literature, identified new resources, approval by our CPAG (communication patient approval group)

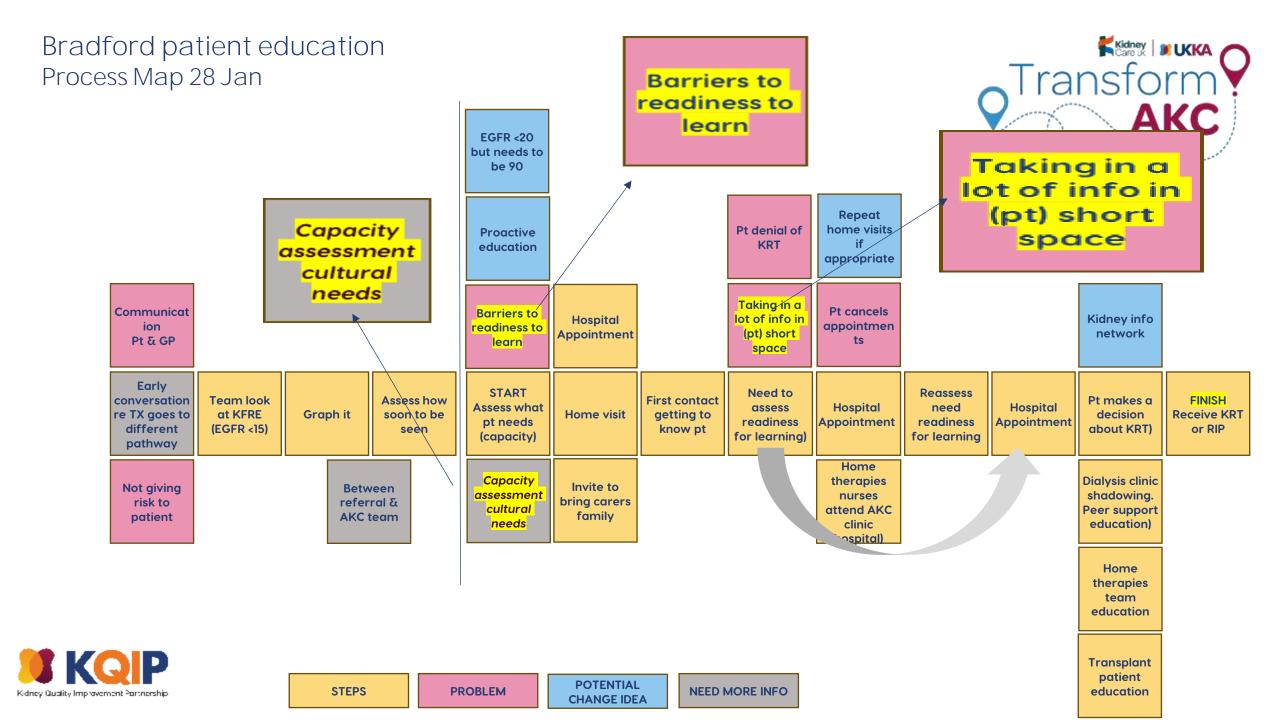
Engagement with the wider renal MDT

Captured data and identified what needs improving













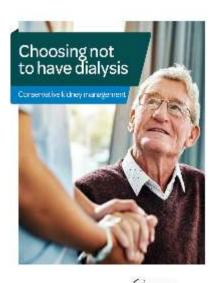
Sourced new leaflets and resources provided to patients when providing education



Don't face kidney disease alone leaflet – QR, Bradford approved leaflet to be provided in the clinic



Flyers to promote the KPA (OP, Ambulatory unit and dialysis unit)











### Kidney Care UK Leaflet with Designated QR







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### Bradford patient education



Within	We want to achieve	We want to complete this by
30 days	Review education resources provided to patients Review alternative resources with MDT Team meeting – bring everyone up to speed Set a date for the education seminar	24/12/24 10/01/25 Before 28/01
60 days	Patient review & feedback of alterative resources CPAG review & submission	02/02/25
90 days	Produce index/welcome to renal resource	02/03/25 Owing to staffing numbers- this is ongoing.



#### Action plan



- Stakeholders meeting on the 8<sup>th</sup> April to discuss patient education and engagement seminars.
- Aim is to hold "one" patient seminar in 2025.
- Identify suitable venue, agree on the date and invite key stakeholders.
- Identify expert patients willing to share experience with others at the seminar.
- Liaise with Bradford charity and industry partners re-equipment and visual aids to use at the seminar
- Invite patients and families use a formal written invitation with RSVP or electronic forms such as Eventbrite and Patients Know Best.
- Collate feedback before and after completion of the event (qualitative survey)



#### Data collection



- Work is ongoing to collate data and to identify demographic of patients.
- We are looking at the patient pathway and duration from referral to education and start of renal replacement therapy and identify where improvements could be made.
- Following data has already been collected
  - Gender (by year of referral)
  - Ethnicity of all patients
  - Age
  - Postcodes
- Emphasis on collecting data for patient's main spoken language and tailoring the education accordingly.

