

# Transform AKC- For the best patient experience



## **Summit Update**

Pilot site unit name: Royal Free London

Jo Henry (Nurse)

# Where is the Royal Free London located?

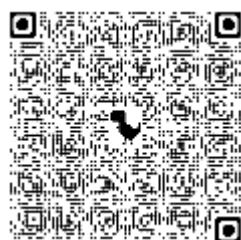
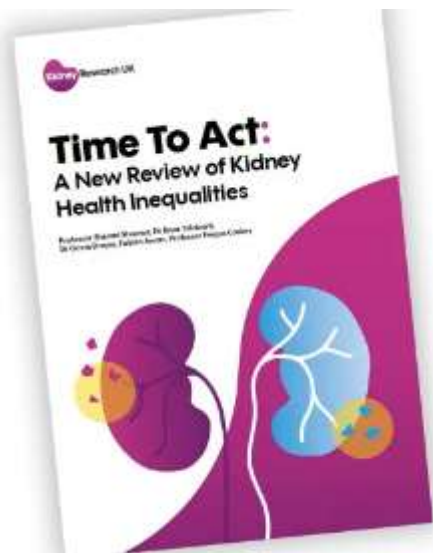
## North central London (NCL)



1.8 million people live in NCL

- Boroughs – Enfield, Camden, Islington, Barnet and Haringey.
- Number of patients we look after with advance kidney disease 1,200.
- NCL is home to an ethnically diverse population.
- Largest communities are Turkish, Irish, Polish and Asian people.

# Inequalities in kidney health



## Kidney health inequalities. What do we know now?

More than

**7.2 million**

– that's more than 10% of the population – are living with kidney disease in the UK, many of whom will be undiagnosed and unaware that they are in the early stages of disease<sup>1</sup>



Kidney disease impacts some communities much more than others:



South Asian adults develop kidney disease younger than white adults<sup>2</sup>



People from low socioeconomic groups are more likely to develop chronic kidney disease than those in higher socioeconomic groups<sup>3</sup>



Acute kidney injury is more common in men than women after accounting for socioeconomic status, ethnicity, alcohol intake and smoking history<sup>4</sup>

Disease progresses faster in some people:



People of Black, Asian or mixed heritage are more likely to experience kidney failure than people of white heritage<sup>5</sup>



Under-70s living in deprivation are more than twice as likely to progress to kidney failure than those in more affluent areas<sup>6</sup>



More men than women start treatment for kidney failure<sup>7</sup>



Mental health conditions are associated with faster disease progression and worse outcomes for people with kidney disease<sup>8</sup>



Low health literacy affects **25% of people with chronic kidney disease,**

particularly minority ethnic communities and lower socioeconomic groups<sup>34</sup>. People with lower health literacy tend to enter the health system when they are sicker<sup>35</sup>

WHO defines health literacy as

“representing the personal knowledge and competencies that accumulate through daily activities, social interactions and across generations. Personal knowledge and competencies are mediated by the organisational structures and availability of resources that enable people to access, understand, appraise, and use information and services in ways that promote and maintain good health and well-being for themselves and those around them.”

<https://www.who.int/news-room/fact-sheets/detail/health-literacy>



# *Literacy in England*



*43% of adults (18-65) do not have adequate literacy skills to routinely understand health information and 61% of adults do not have adequate numeracy skills to routinely understand health information.*

Rowlands, G. et al (2015) British Journal of General Practice 65 e379-e386



# Taking action: what we have done

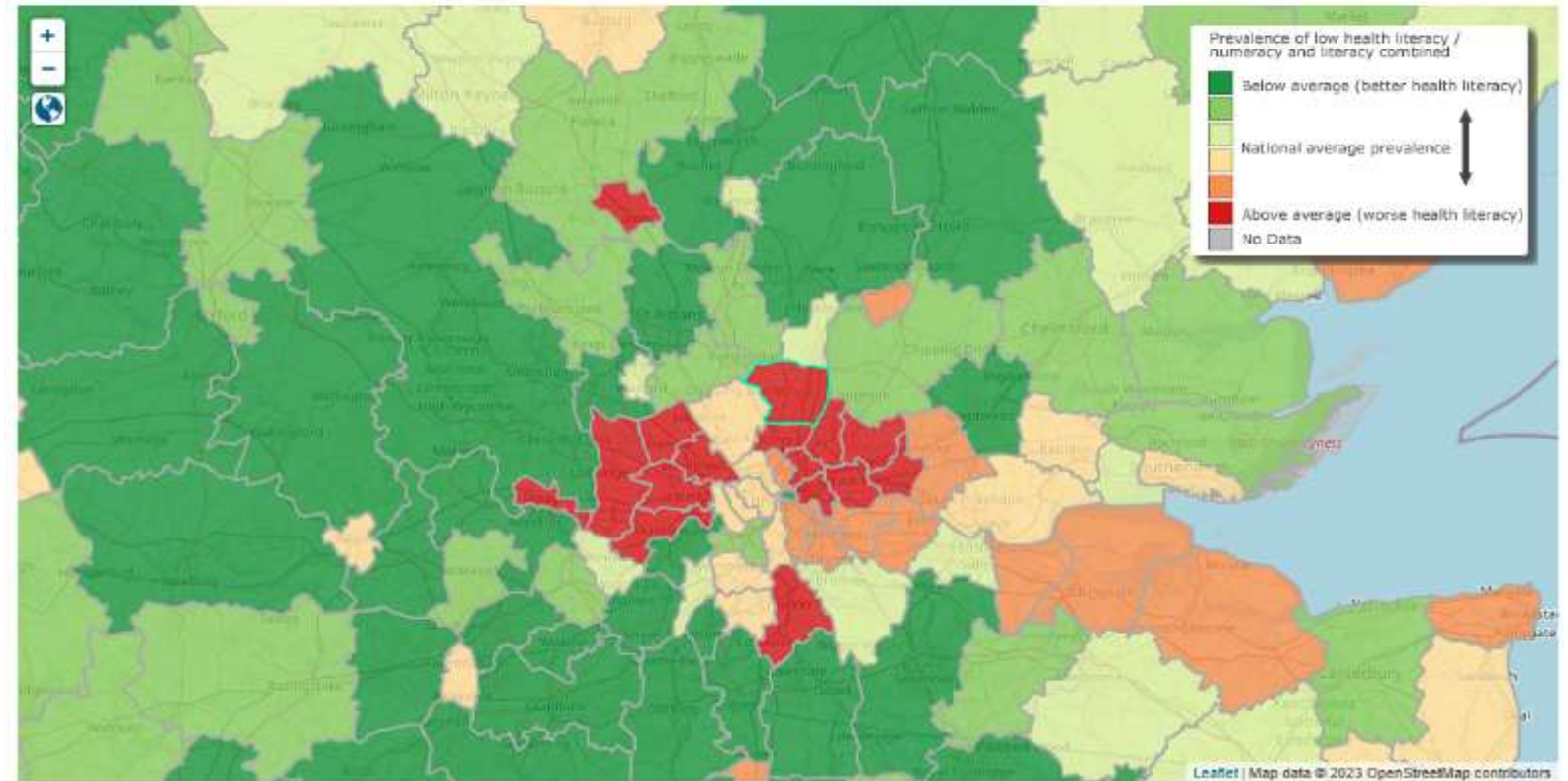
<https://healthliteracy.geodata.uk/>



## Estimated prevalence of low health literacy **Enfield**

Map shows the level of prevalence in the chosen Local Authority. Click on a neighbouring Authority to display its value.

Zoom in and out of the map using the '+' and '-' controls in the top left-hand corner. Zoom to the extent of England using the 'zoom to max extent' button.



## ***Aim: Health literacy***

- *How do we document and measure health literacy levels within the AKC population with the aim to adapting patient education?*

*Year 1: 60% of AKC patients to have health literacy documented on vitaldata using single item literacy screener by 31/12/25.*

*Year 2: How to use this information to shape care?*

# Health literacy screening tool

## Single Item Literacy Screener (SILS):

How often do you need someone to help you when you read instructions, leaflets or letters from your doctor or pharmacy?

- 1 – Never
- 2 – Rarely
- 3 – Sometimes
- 4 – Often
- 5 – Always

**SCORE >2 is POSITIVE**  
for reduced reading ability



[Health Literacy Tool Shed \(tuftsmedicine.org\)](https://tuftsmedicine.org/health-literacy-tool-shed)



# Learning so far... stakeholder map

More power in the project	<p><b>Satisfy</b> <i>Opinion formers. Keep them satisfied with what is happening and review your analysis of their position regularly</i></p> <p>Triumvirate Renal management      RFH comms team</p> <p>Other pilot sites</p> <p>North central London      Community MDT</p>	<p><b>Manage (key stakeholders)</b> <i>Key stakeholders should be fully engaged through full communication and consultation</i></p> <p>Administrative staff      KCUK</p> <p><u>Macius</u>      Csilla/Jo</p> <p>AKC consultant      Frailty Team &amp; OT/PT</p> <p>KPA      Renal IT      RFH AKC staff/ nurses/AHPs</p> <p>KQIP – Transform AKC team      AKC/LCC patients</p>
Less power in the project	<p><b>Monitor</b> <i>This group may be ignored if time and resources are stretched</i></p> <p>DALS – trust language service provider</p> <p>Kidney Research</p>	<p><b>Inform</b> <i>Patients often fall into this category. It may be helpful to take steps to increase their influence by organising them into groups or taking active consultative work</i></p> <p>Local orgs working with patients      Renal IT      Phlebotomy      LKN      NKF</p> <p>Patients      Royal Free charity      Renal staff</p> <p>Dementia specialists      Population health team      Patients' relatives/carers</p> <p>Learning disability acute liaison nurses</p>
	Less impact	More impact

# Taking action: what we have done



- Applied for the Single Item Literacy screen (SILS) to be added to our renal data base.
- Staff are observing how they interact with patients
- Reviewing our welcome letter
- using the <https://hemingwayapp.com/> to assess the readability of our written materials and letters.
- Using the NHS Health literacy toolkit 2<sup>nd</sup> edition 2023
- Transform AKC at every team meeting
- Staff learning new skills such as Teach back – now applying in their consultations
- Chunk and check

## Patient education

*(any changes made to patient education since 3 Dec event)*



- We restarted Patient education sessions in 2024 – we are gaining in confidence.
- Using the patient and carer evaluations to tweak the next session
- Less talks and more time at the stalls
- Most common praise is about Peer supporters and seeing the equipment
- Meeting others with kidney problems
- Positive effects on staff, networking and morale boosting for all.
- Patients want to come again