

# Transform AKC Project: A Quality Improvement (QI) approach to document a health literacy journey with our Advanced Kidney Care (AKC) population

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**Introduction**

- The World Health Organization (WHO) define health literacy as “the personal characteristics and social resources needed for individuals and communities to access, understand, appraise and use information and services to make decisions about health.” (1).
- Low health literacy affects 25% of people with Chronic Kidney Disease (CKD). It disproportionately affects minority ethnic communities and those from lower socioeconomic groups (2).
- In 2 boroughs in the Royal Free London (RFL) catchment area, 50% of the population are predicted to experience low health literacy, rising to 69% when you include numeracy.
- Recognising the link between low health literacy, difficulty navigating healthcare systems, and poorer outcomes, the team sought to address these barriers.
- The nurse-led AKC service was selected as one of 5 national pilot sites to take part in a 3 year Transform AKC (Advanced Kidney Care) project using Quality Improvement (QI) methodology supported by Kidney Quality Improvement Partnership (KQUIP). Patient representation and co-design from outset.

**Aim: To measure health literacy levels in 60% of the AKC population by 31.12.2025 and plan how we use this information to shape AKC care.**

**Methods**

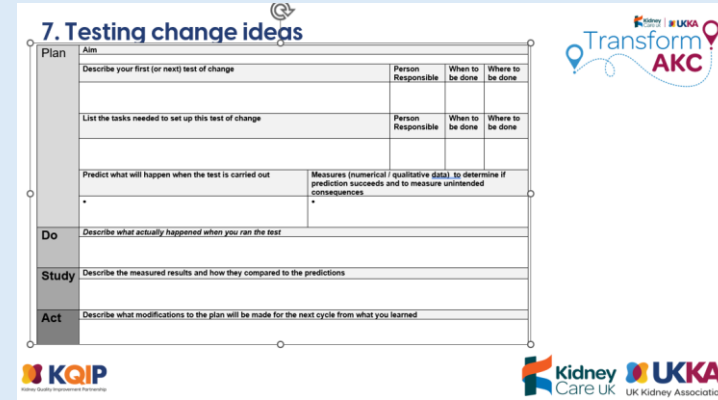
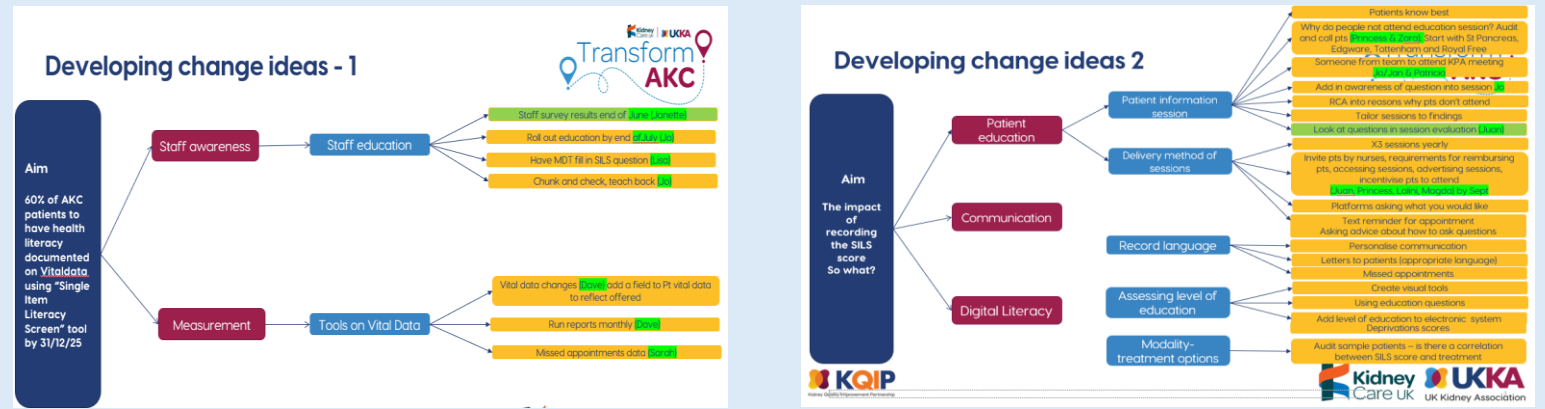
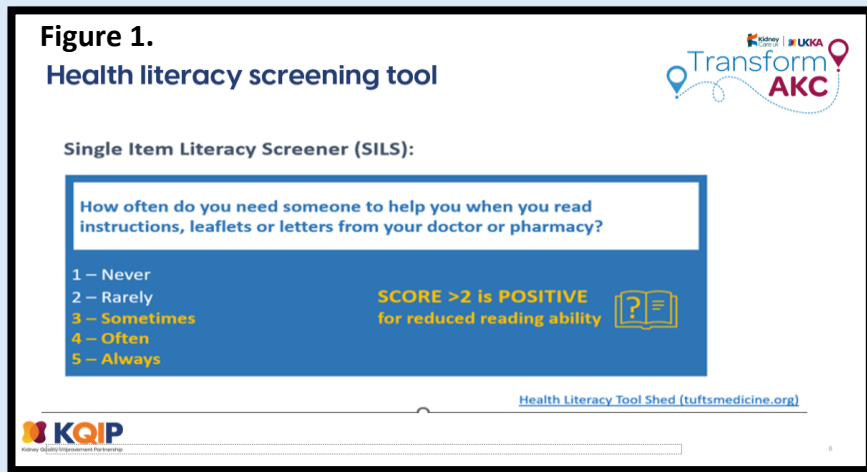
**Screening Tool**

- Identified screening tool. Single Item Literacy Screener (SILS) (Fig 1.)
- SILS question embedded into consultation and recorded on Vital data records system.
- Screening question included in AKC patient education session evaluation forms.
- Recording language and need for interpreter.

**QI Methodology**

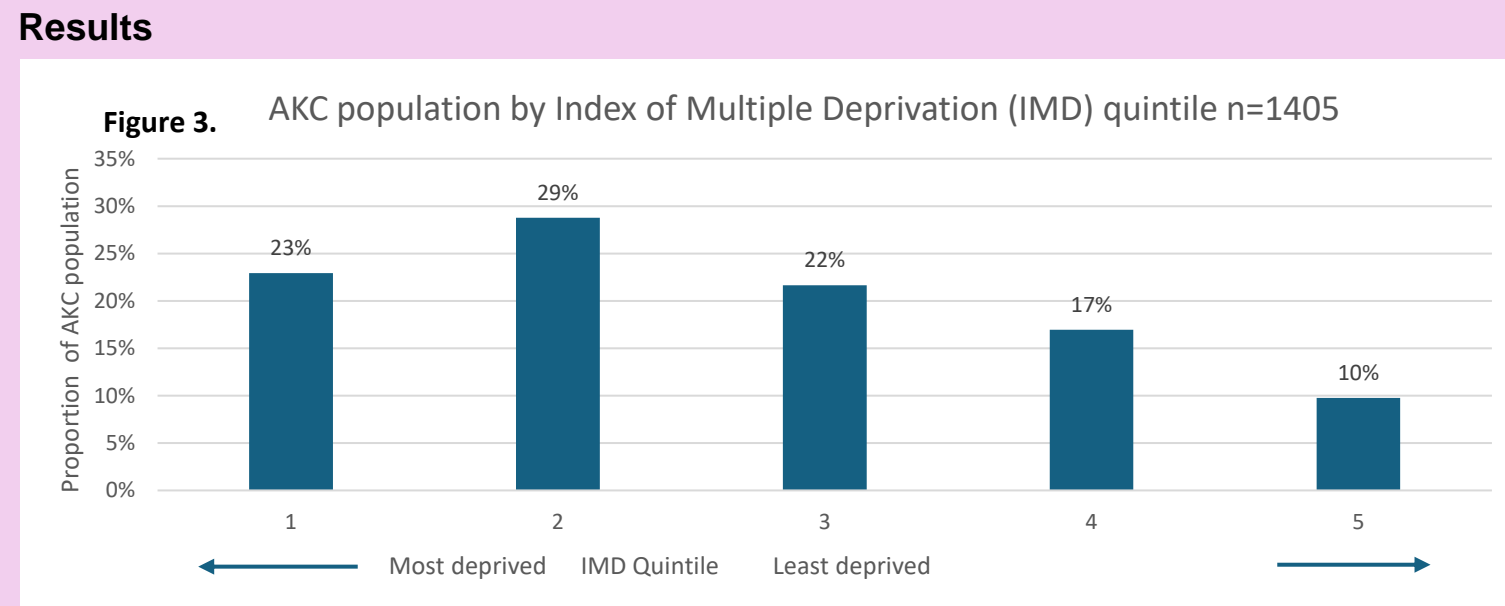
Change Ideas & Plan, do, study, act (PDSA) cycles (Fig 2)

- Review and evaluation of patient education sessions (PES) with patient involvement and co-design. Use of pictures and videos.
- Review nonattendance of PES with reasons why and SILS score.
- Monitoring attendance at PES and impact on decision making
- Monitor clinic not attendance rates.

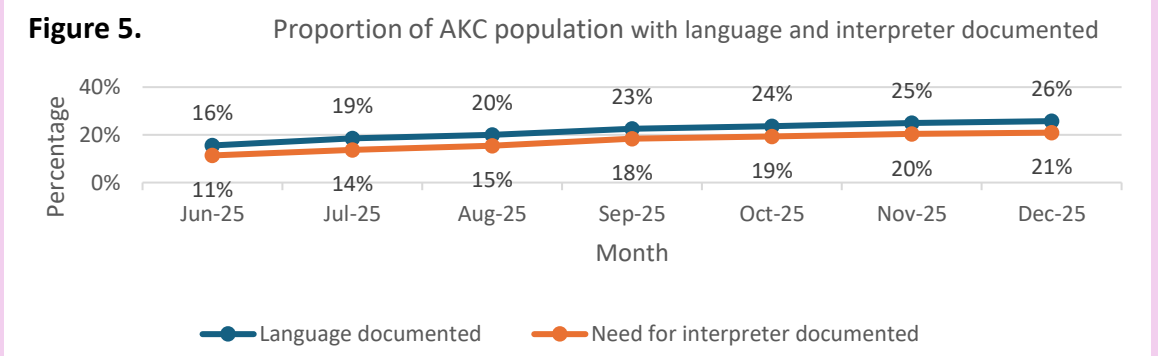
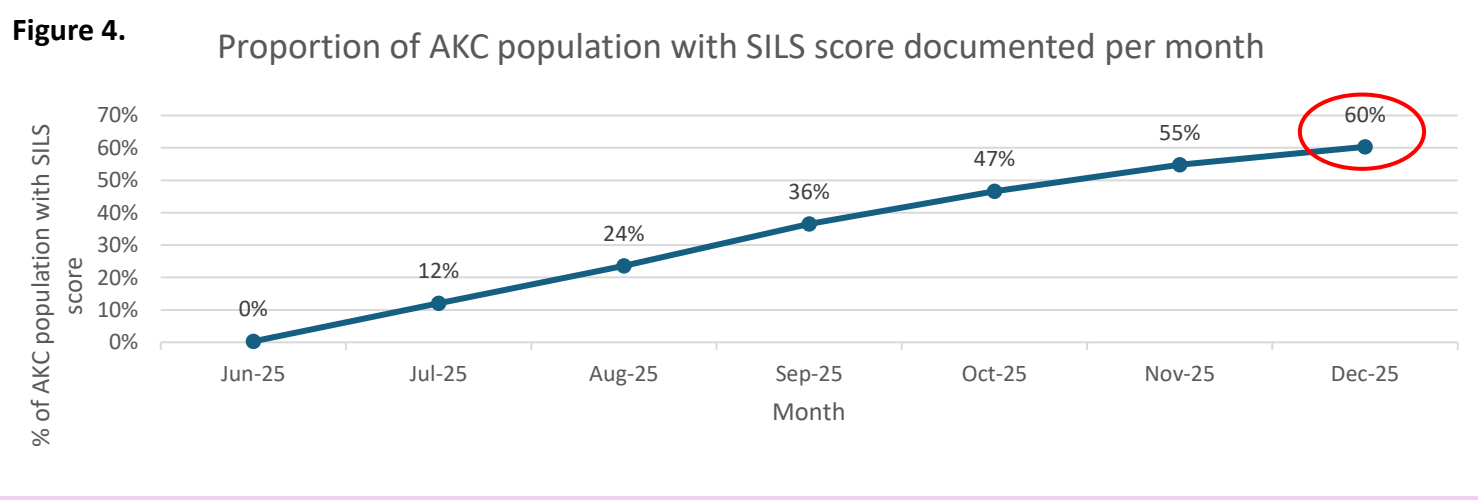


**Health Literacy Education for staff**

- Teaching at monthly team meetings using NHS health literacy toolkit (3).
- Chunk and check and teach back techniques.
- Hemingway app to check readability score of all written material including our letters (4).
- Pre and post surveys to assess staff education needs.



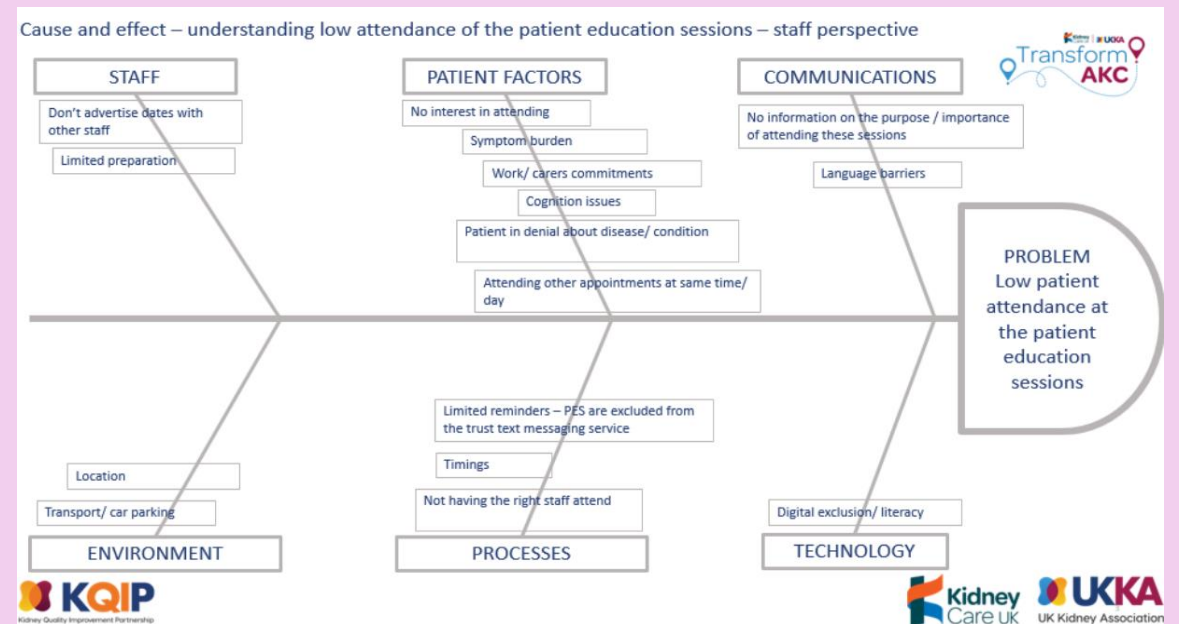
- 52% of AKC population live in the two most deprived IMD quintiles (fig 3).
- 876 (60%) of total AKC population (1452) have SILS score documented as of 31.12.25 (fig 4).
- Proportion of AKC population with SILS score  $\geq 3 = 45%$  (indicative of low health literacy level) (fig 6).



- Recording of first language and need for interpreter  $\uparrow$  by 10% (fig 5)

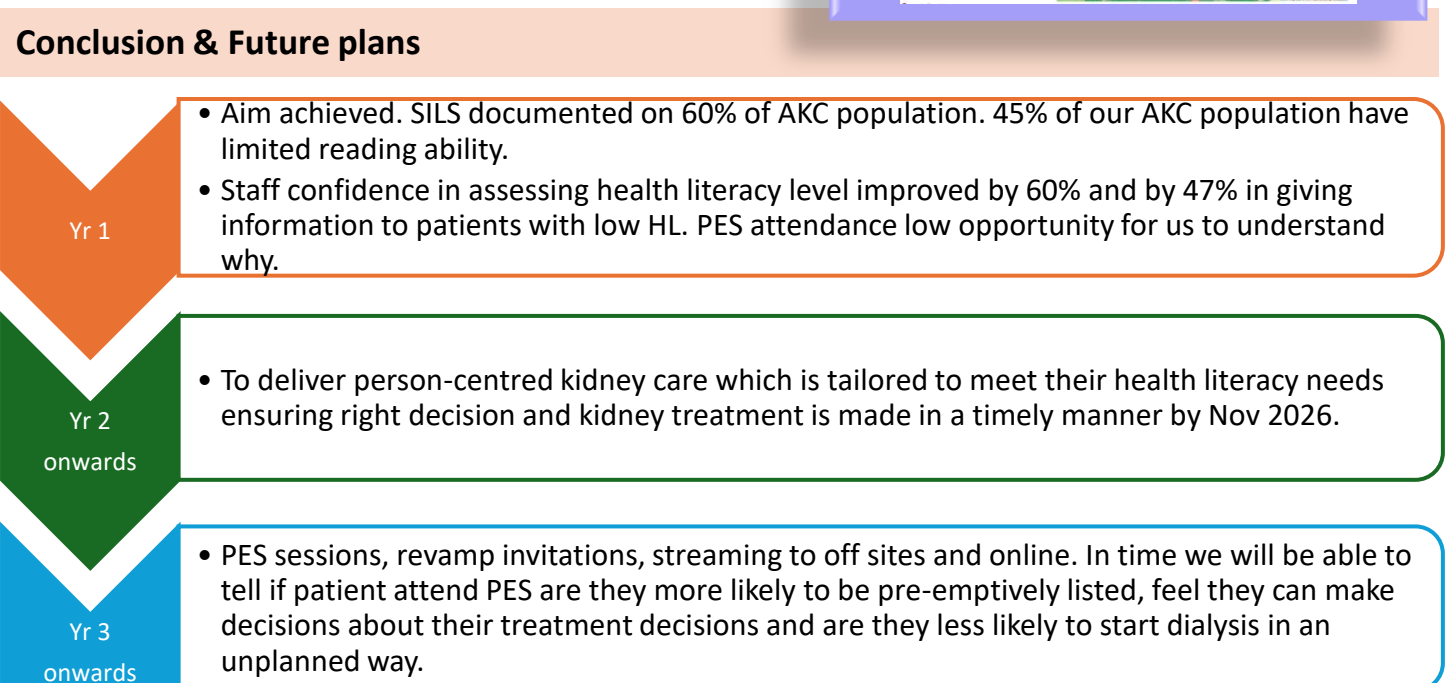
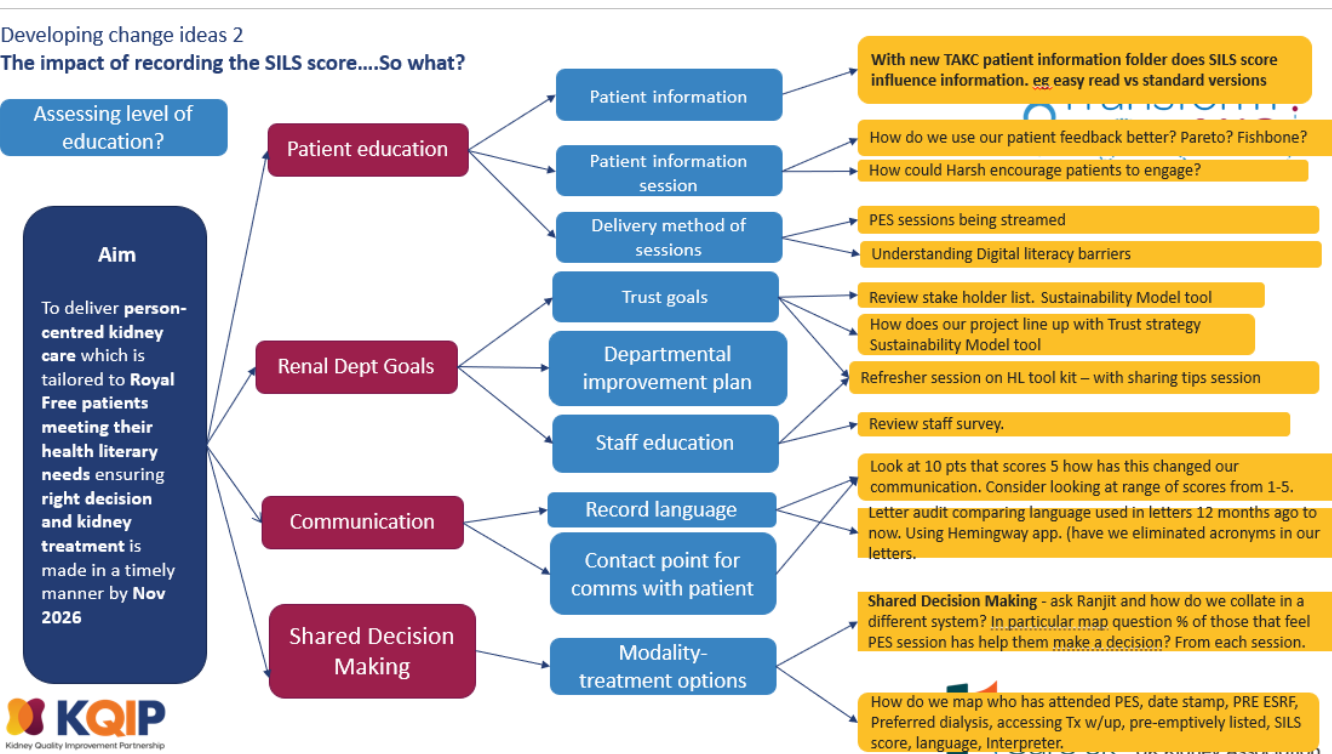
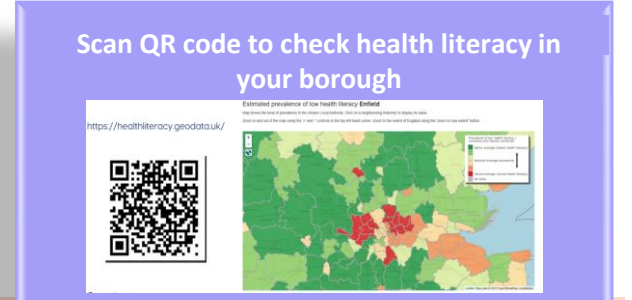
SILS score for those with SILS score documented.

SILS score	Number	Proportion
1 Never	421	48%
2 Rarely	65	7%
3 Sometimes	82	9%
4 Often	58	7%
5 Always	250	29%
Total	876	100%



**Discussion**

- 45% of our AKC population have limited reading ability and need help reading health related material.
- Low patient attendance at education session evaluation highlighted those with low SILS scores 1 and 2 are more likely to attend.
- PDSA cycles directed us to understand why.
- Cause and effect allowed us to reevaluate with patient involvement and plan year 2 aim.



References: 1. WHO (2025) Health Literacy, <https://www.who.int/news-room/fact-sheets/detail/health-literacy> 2. Sharma, S., et al (2024) Time to Act: A new review of kidney health inequalities. Kidney Research UK; 2. Geodata (2025). Health Literacy Prevalence Estimates for Local Authorities. <https://healthliteracy.geodata.uk/>; 3. NHS Health Literacy toolkit 2nd edition 2023 4. <https://hemingwayapp.com/>

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