Renal Services in Wales

2016 – 2020 DELIVERY PLAN
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Delivery Plan for Renal Services in Wales

1. Overview

Chronic Kidney Disease (CKD) affects 6 – 8% of the Welsh population (around 200,000 people). The Renal Services Delivery Plan provides a framework for action by Local Health Boards and Trusts. It sets out the Welsh Government’s (WG) expectations of the NHS in Wales to commission and deliver high quality patient centred care for anyone affected by CKD. It focuses on meeting population needs, improving access to services and reducing inequalities in outcomes across 7 themes:

- Delivery Theme 1: Preventing the development of CKD
- Delivery Theme 2: Early identification and management of CKD
- Delivery Theme 3: Delivering fast, effective care
- Delivery Theme 4: Meeting People’s Needs
- Delivery Theme 5: Caring at the end of life
- Delivery Theme 6: Improving Information
- Delivery Theme 7: Targeting research

The Welsh Renal Clinical Network (WRCN) have developed Service Specification documents and consulted widely in doing so. The LHBs’ Renal Teams will use these to help in planning and auditing services. WRCN are issuing these documents to the service and will collaborate with LHBs on their use, especially in relation to WRCN’s continued commissioning role.

For each theme and taken together with the Service Specification documents, this Delivery Plan sets out:

- Delivery expectations for the management of renal conditions
• Specific priorities for 2016 and subsequent years
• Responsibility to develop and deliver actions to achieve the specific priorities
• Population outcome indicators and NHS assurance measures

To date Children’s Renal Services have not been the responsibility of the Welsh Renal Clinical Network (WRCN). WG has asked WRCN to advise on the current position for these services and how NHS Wales might plan and commission future services. A future iteration of this plan will include a detailed plan for Children’s renal services.

Similarly, the management of Acute Kidney Injury (AKI) is not – other than when Renal Replacement Therapy is required - a WRCN responsibility. A set of guidance is being prepared on an all Wales basis under the direction of WG, by a Steering Group hosted by WRCN.

2. Strategic Context
The Welsh Government’s Programme for Government and its 5 year NHS Plan, Together for Health, sets out an ambitious programme in Wales so that:

• Health and well-being will be better for everyone
• Access and patient experience will be better
• Better service safety and quality will improve health and well-being outcomes

Much of the ongoing care and support for people with long term conditions can be provided by primary and community care at or close to home. The Welsh Government plan Delivering Local Health Care, published in June 2013, brings a renewed focus to the need for rapid change and improvement in primary and community care settings.

This Delivery Plan reflects the aim of delivering as much care at or close to home and forms part of a suite of delivery plans for service areas and should be read
alongside the Delivering End of Life Care Plan, Stroke and Critical Care Delivery Plans.

The Service Specifications expand on the Delivery Themes giving detail of the outcomes and actions required and echo aspects of the drive to secure prudent healthcare by:

1. Questioning all routine practice carrying a risk
2. Changing our relationship with testing
3. Giving patients the time and opportunity to think about treatment options
4. Using standard pathways for frequently used services
5. Thinking more widely about how to support patients in meeting lifestyle needs

3. Our vision
The Programme for Government sets out the overall population outcomes that we want to achieve; better health for all and reduced inequalities in health. Reducing the impact of CKD on the lives of people in Wales will contribute significantly to these outcomes. Our vision is for people with CKD in Wales to have access to high quality care wherever they live with no variation in treatment opportunity and expected outcomes.

4. Why is this a priority?
People with CKD are at greater risk of death than people of the same age and sex with healthy kidneys. The risk increases as the disease progresses, and is greater than the risk of progression to RRT.

People with Chronic Kidney Disease (CKD) have a gradual loss of kidney function over time. The kidneys become less effective at filtering waste products from blood; water, waste and toxic substances therefore accumulate in the body. A minority of people with CKD suffer Established Renal Failure (ERF), and choose Renal Replacement Therapy (RRT): dialysis or transplant.

People with CKD are also at increased risk of stroke, heart attack, bone disease and other conditions.
CKD is classified in five stages, according to the level of kidney damage.

**Classification**

The classification of CKD below is from National Institute of Health and Clinical Excellence guidance (CG182)\(^1\)

For the majority this is part of the aging process and has little implication for their health and well being. However,
for the small proportion of patients (around 1000 patients per annum) who develop progressive CKD the impact can be considerable and lead to require dialysis or transplant.

People with CKD have a substantially increased mortality risk relative to the age adjusted non-CKD population. The risk of death is far greater than the risk of progression to Established Renal Failure (ERF). A large proportion of deaths in the CKD population are due to cardiovascular events. The risk of cardiovascular events rises substantially as GFR falls.

CKD is associated with reductions in health-related quality of life. A number of studies have reported that people receiving RRT experience significantly reduced quality of life, relative to those with normal kidney function. Less severe kidney disease also reduces quality of life. A number of studies have reported that people with ERF experience significantly reduced quality of life relative to those with normal kidney function. Quality of life in CKD varies depending on disease stage, treatment modality and the presence of complications and co morbidities such as anaemia, diabetes and cardiovascular disease.

A recent meta-analysis by the CKD Prognosis Consortium found that eGFR and albuminuria were associated with all-cause mortality and cardiovascular mortality independently of each other and of traditional cardiovascular risk factors (age, ethnic origin, sex, history of CVD, systolic blood pressure, diabetes, smoking, and total cholesterol concentration).

5. Our journey so far

Much has already been achieved in Wales but there is more to do. Using the Renal National Service Framework to guide the agenda the Welsh Renal Clinical Network has led the commissioning of adult renal services since 2010
and during this time a number of improvements have been realised:

- Additional unit haemodialysis capacity
- Improved local access to renal services
- Increased access to home dialysis therapies including nocturnal dialysis
- Increased rates of transplantation for renal patients
- Increased workforce for home therapies, vascular services and medical staff
- National prescribing contracts for key renal medicines, improving clinical management and releasing savings for reinvestment
- Development of a national audit process to provide quality assurance, share learning and identify areas for improvement

Despite these improvements, many challenges remain. Whilst the number of patients with a functioning transplant, peritoneal dialysis, receiving home dialysis, unit haemodialysis or managing their chronic kidney disease through conservative management is rising, the risk factors for developing progressive chronic kidney disease and subsequently needing renal replacement therapy are numerous. The specific and cumulative effect of obesity, diabetes, aging, ethnicity and cardiovascular disease are not fully understood.

Incidence and prevalence of dialysis is higher in Wales than in other parts of the UK. Planning facts include:

- Approximately 50% of all patients requiring renal replacement therapy are not suitable for transplantation
- Of the patients developing the need for renal replacement therapy, 30% are expected to be suitable for home therapies
- The remaining 70% of patients are suitable only for unit haemodialysis due to co morbidities, frailty, etc.
• Transplantation and home therapies tend to be suitable for a similar cohort of patients rather than exclusive cohorts which reduces the separate proportions rather than reducing the proportion of patients receiving unit haemodialysis. This can mean that high transplantation rates (a success) can leave a low rate of home therapies.
• The average age of a patient starting unit haemodialysis is rising by roughly one year every year (in 2013 it was 59)
• Increasing age, obesity and co-morbidities (a third of dialysis patients will have heart disease, a third will have diabetes) reduces the safety and efficiency of home dialysis
• The Cardiff Unit has the lowest decline rate of organs and high rate of successful transplantation but transplantation is dependent upon donation and technology keeping pace to maximise the opportunity to use organs.

6. What is a high quality adult renal service?

Achieving Excellence: The Quality Delivery Plan for the NHS in Wales for 2012-16 describes a journey to delivery of consistent excellence in service. It outlines actions for quality assurance and improvement. We commit to a quality-driven NHS that provides services that are safe, effective, accessible, affordable and sustainable and that come with an excellent user experience.

The Welsh Government’s Programme for Government and its 5 year NHS Plan, Together for Health, sets out an ambitious programme for health and healthcare in Wales so that:

• Health will be better for everyone.
• Access and patient experience will be better.
• Better service safety and quality will improve health outcomes.

The Welsh Renal Clinical Network (WRCN) and the Welsh Health Specialised Services Committee (WHSSC) provide
excellent mechanisms for supporting a collaborative and informed approach to achieve this.

This Delivery Plan sets out what this means for the delivery of measurable excellence in adult renal services.

Input from renal teams and patient group representatives have identified the following factors as core components of a high quality adult renal service. For our population we want:

- Patients in Wales to have a minimised risk of developing CKD and, where it does occur, a minimised risk of developing Established Renal Failure (ERF) and requiring Renal Replacement Therapy (RRT).
- Wales to have rates of CKD and RRT comparable with the best in Europe.
- All patients with ERF to have access to, and are supported by, full renal multi-disciplinary team including medical experts, specialist nurses, renal pharmacists, renal dieticians, renal social workers, renal physiotherapies, renal psychologists and other professionals.
- Where there is a genetic component involved in the patients renal care, access to genetic counselling.
- All patients with ERF to have an annual review of their management.
- Where Renal Replacement Therapy is required, transplantation to be considered for all patients who would benefit.
- Home dialysis to be available to as many patients as possible who require RRT but cannot undertake a transplant.
- Where haemodialysis is required, 85% or more of prevalent dialysis patients to be receiving dialysis through a mature and permanent form of vascular access such as an Arterio-Venous Fistula (AVF).
• Patients in Wales to have a minimised risk of developing Acute Kidney Injury following admission to hospital.
• The commissioning of adult renal services to be undertaken in a transparent and inclusive manner that fully uses the available clinical intelligence such as Renal Association Guidance, Renal Registry reports and national audit and related projects.

7. What do we want to achieve?
The strategic model for renal services is focused in two areas.

• Long – term
  Prevention and delayed disease progression requires activity and change over the longer-term with benefits manifesting in later years i.e. reduction in the rate and numbers of patients developing Established Renal Failure and requiring Renal Replacement Therapy.
  This requires a holistic and cohesive action across primary, secondary and social care and requires behavioural change amongst citizens. The WRCN will contribute to this range of activities through provision of guidance and advice and the coordination and facilitation of service and practice change.

• Short – Medium Term
  An increase in the number of patients who will develop Established Renal Failure and require specialist management is anticipated.
  The Welsh Renal Clinical Network has an agreed clinical strategy to ensure access to the most appropriate forms of treatment.
  This is based on the premise that all patients must be offered the opportunity to benefit from a
treatment choice if it is clinically appropriate and that this decision is shared between the clinical teams and the patients (alongside carer / family).

This treatment principle is:

- Pre-emptive transplantation is the optimal choice wherever appropriate;
- Where this is not an option, the patient should undergo Peritoneal Dialysis unless there are clinical grounds that make this inappropriate;
- If Peritoneal Dialysis has been actively excluded, Home Haemodialysis must be offered unless there are clinical grounds that make this inappropriate;
- If Home Haemodialysis has been actively excluded, Unit Haemodialysis will be offered.
- At any stage, appropriate patients on the transplant register should have the opportunity to receive a transplant through either the Living or Deceased Donor Pathways;
- At any stage, patients can enter a conservative management programme where this offers an advantage in quality of life and no inferiority to a renal replacement therapy option on an individual basis.

Many and varied factors can affect a patient's choice over Renal Replacement Therapy: needle phobia; fear of peritonitis; illness/disablement amongst family members; social/emotional/psychological problems; and therefore patient’s must have the best opportunity available for informed consent and understand and chose a care plan that is best for them. The emphasis should be on the enablement of the most appropriate option rather than exclusion.

Based on the seven Delivery Themes which follow and the Service Specifications, priority actions expected to make
Service improvement gains will be adopted. For 2016 the selected actions are:

- Health Boards support the National CKD Audit so that future service change and development is based on appropriate evidence and best practice.
- Bring into practice the completion of Advanced Care Plans for all patients with Established Renal Failure with initial focus on patients entering the conservative management pathway.
- Ensure the functionality of the National Renal IT system allows for all patients under the care of renal services to be captured including patients with CKD and that the treatment pathway is audited.
- Completion of workforce and workload assessments and consider these against outputs and outcomes to identify areas of good practice.

Progress against priorities will be reported in the WRCN annual reports and priorities will be updated / replaced as an iterative process. WRCN will propose a new set of selected actions for each successive year.

Key Performance Indicators for Themes 1 - 6 appear in each service specification, as do specific quality outcome measures.

**Delivery Theme 1: Preventing the development of CKD**

*People live a healthy lifestyle, making healthy choices and minimise the risk of developing CKD*

Overall, health is improving and our population is getting older. Improvements in health have not been achieved equally for all people. Life expectancy for the most deprived fifth of the population has risen more slowly than for other groups. Many of the causes of poor health are deep-rooted and difficult to tackle. Obesity is widespread in Wales and
rates of smoking, drinking and substance misuse continue to cause concern. These root causes of poor health contribute directly to the risk of developing CKD and ultimately ERF.

In March 2011, the Welsh Government published Fairer Health Outcomes for All. This sets out our vision to improve health and wellbeing for everyone in Wales, with the pace of improvement increasing in proportion to the level of disadvantage. The NHS, working with its partners, needs to support the population of Wales to take responsibility for its own health.

**Delivery Theme 2: Early identification and management of CKD**

*Optimise management of symptoms and underlying factors affecting the progression of CKD including blood pressure, anaemia and weight loss.*

Prompt diagnosis and management of CKD has significant benefit to patients. As well as maintaining or improving quality of life, it can prevent / delay the decline in renal function towards ERF and the ultimate need for renal replacement therapy.

**Delivery Theme 3: Delivering fast, effective care**

*Provide guidance and support to primary and community care to optimally manage patients with CKD.*

*Ensure access to a comprehensive renal MDT to work with the patient to manage their health, well-being and renal disease.*

*Ensure all patients approaching or presenting with ERF are supported in making an informed decision on Renal Replacement Therapy in line with best practice.*

All services should offer access to:

- Supportive (Conservative) renal care
• Transplantation
• Peritoneal Dialysis
• Home Haemodialysis
• Unit based Haemodialysis
• Vascular Access

For a large proportion of patients, transplantation will be the most clinically effective treatment choice. For that not suitable or awaiting donation, home therapies offer many advantages including quality of life and symptom management. Where this is not appropriate, patients will require access to a local dialysis unit.

For unit haemodialysis patients, the critical issue is one of logistics and such services need to include transport arrangements to and from dialysis.

Effective vascular access is crucial for dialysis services. It provides a good measure of quality as timely permanent access that is mature before starting dialysis is linked with efficient early management and intervention and low rates of hospital acquired infection.

Patient education will be critical in enabling informed choice and needs to be seen as a formal part of service requirements.

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**Delivery Theme 4: Supporting Living with Chronic Kidney Disease**

*People are placed at the heart of renal care with their individual needs identified and met so they feel well supported and informed, able to manage the effects of CKD and ERF.*

A diagnosis of CKD for the majority of patients will have little consequences for their overall health in isolation. It does however mean that they need regular monitoring to ensure it does not become progressive or lead to other conditions such as cardiovascular disease.
A diagnosis of progressive CKD and ultimately ERF sets the patient on a ‘renal career’ which can often involve a number of modalities of renal replacement therapy.

It is key to managing CKD / ERF that patients and their families have access to timely and accurate information so they understand their condition and what to look out for and what to do and which service to access should problems occur.

CKD services should be available locally through primary and general secondary care services with clear processes and systems that enable appropriate and timely referral to specialist services.

The chronic career nature of progressive CKD and ERF enables many patients to become experts through their experience and engagement with health services. It is key that patients and carers are involved in the design of services and people’s views on services are sought regularly and acted upon to ensure continuous improvement.

Costs directly associated with home therapies e.g. water and electricity and transport to and from dialysis must not be borne by patients and families.

Renal services benefit from well established patient groups and charities (e.g. Kidney Wales Foundation, Welsh Kidney Patients Association and National Kidney Federation) and these present growing opportunities for patient and carer views to be included in service design, delivery and commissioning.

**Delivery Theme 5: Caring at the end of life**

*People approaching the end of life feel well cared for and pain and symptom free.*

People with ERF approaching the end of life need access to care and support whenever it is needed. The access to health and social care, support and symptom control must be the same wherever they die - at home, in hospital, in a care home or a hospice. These services...
need to be well coordinated across primary, community, social and hospital care and between statutory and Third Sector organisations. It is hard to identify those likely to die within 12 months and initiate the necessary conversations. It requires considerable skill and experience. However, the right support can transform the end of life experience for everyone – the patient, family, carers and friends.

Access to palliative and end of life care has improved under the leadership of the Palliative Care Implementation Board, established in 2008. We now have a set of palliative care standards with measures to monitor the quality of care in all settings.

These need to inform future service planning and delivery so the standards are implemented in full. It is vital that both the transition into end of life and the planning, contracting and monitoring of service delivery are integrated and well managed if people are to die well in a place of their choosing. Welsh Government is developing a separate Delivery Plan for Palliative and End of Life Care for the NHS up to 2016.

**Delivery Theme 6: Improving information**

*Easy to understand information is key to demonstrating effectiveness of adult renal services to citizens.*

*Staff should have user friendly and comprehensive IM&T systems in order make informed clinical decisions.*

*Commissioners and service providers must have relevant, accurate and timely information upon which service design and delivery decisions are to be based.*

Renal services are typically data rich with a requirement for regular returns to the UK Renal Registry ([www.renalreg.com](http://www.renalreg.com)). This includes public health data as well as clinical performance against UK Renal Association Standards. This information is typically more use to service providers and commissioners to assist service design and performance management.
At present further work is required to deliver optimal connectivity across NHS Wales and renal services. A national Renal IT project is ongoing to implement changes to the renal IM&T systems across Wales.

The WRCN facilitates an annual national renal audit day. This includes evaluating national audit topics (involving all units in Wales) as well as unit specific audits. From 2013, the WRCN will be publishing an annual report which will present key findings and actions from the national audits.

All renal services provide or make accessible a range of information sources such as leaflets for patients covering a range of issues (from smoking cessation through to transplantation). In addition, patients can access Renal PatientView (www.renalpatientview.org) although this has yet to be rolled out universally across Wales.

There is however no single universal source of general information for renal patients.

With so many sources and levels of data, service providers and commissioners need to consider how information and support is passed on to patients to improve their ability to access services and manage their illnesses.

**Delivery Theme 7: Targeting research**

Research shapes changes in healthcare delivery, and medical advances bring opportunities and challenges to healthcare services. Key priorities include developing and maintaining a research-literate workforce, and integration of research into clinical service provision. These are central to capitalizing on the opportunities that new findings bring, and to the use of research to improve renal services for the people of Wales. Renal research is an area of strength in Wales, and is underpinned nationally by WKRU (Welsh Kidney Research Unit) a thematic research network funded by
the Health and Care Research Wales (HCRW) since 2010. The Cardiff University led Wales Kidney Research Unit will deliver an all-Wales strategy for the study of diagnosis, prevention, treatment and social context of kidney disease. The Unit will test existing clinical approaches to underpin discovery, design and preclinical development of prototype diagnostics and therapies for kidney disease. It will also enable researchers, clinical staff, patients, families and carers to work together to answer important health and social care research questions, and to develop state-of-the-art services that benefit the needs of the population.

A current focus is the work on patterns of recognition and treatment of AKI (Acute Kidney Injury) in Wales led by WKRU investigator Professor Aled Phillips, in conjunction with the ongoing AKI service evaluation.

Alignment of renal research in Wales with commissioned renal services will be maintained by regular dialogue between WKRU and the Welsh Renal Clinical Network Clinical Lead through this restructuring process.

**Delivery expectations**
- Flourishing research to improve care and treatment, making NHS Wales an attractive place to live and work for high calibre clinicians
- Rapid uptake of research findings to shape service delivery

**Assurance measures**
Number of people with renal disease entered into clinical trials (Source: HCRW)

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8. Impact Assessment
The number of patients with CKD is expected to rise given its relationship with age. The number of patients with
progressive CKD that is likely to result in the need for specialist care is harder to determine; Demand for dialysis in 2008 was growing by 7% per annum but is now less than 3%. This change is possibly as a result of earlier involvement of the specialist teams following changes to prescribing for renal related anaemia. It is also likely to have been affected by the introduction of QoF targets linked to the introduction of the eGFR measure which encouraged the identification and referral of patients with CKD to renal services. Familiarity of renal disease amongst primary care will have increased as a result. It is unclear whether the current growth rates are an artificial non-sustainable ‘plateau’ or a longer term trend. This will continue to be monitored and modelled to assist planning and service delivery.

The requirements in this Delivery Plan and its associated Service Specifications are not automatically linked to increased funding requirements. Instead, it requires both renal and non-renal services to work differently within existing resources.

Only where it is evidenced that additional funding is necessary will due consideration be given as part of the commissioning cycle. These will then be considered as part of a prioritisation process.

To support this approach the WRCN has instigated a number of activities including:

- Collation of workforce and workload data
- Peer review (piloted within Vascular Access Services)
- Introduction of a clear business case process with a needs assessment.

Each service will be required to work with the WRCN to develop a continuous plan for service improvement against the service specifications and the related outcomes. This will include gap analysis of resources used versus required.
9. Working Together

We all have a key part to play in our efforts to tackle CKD. The **Welsh Government** is responsible for strategic leadership through setting the health outcomes it expects for the people of Wales. It holds the NHS to account on how well it delivers the outcomes we want. The lines of accountability are via the Chairs of the Local Health Boards and Trusts to the Minister for Health and Social Services. The Chief Executives of the Local Health Boards and Trusts report to the Chief Executive of the NHS Wales who is also the Director General of the Welsh Government’s Department of Health Social Services and Children. There are regular performance reviews. Progress is overseen by monitoring specified levels of performance.

**NHS Wales** is made up of 7 Local Health Boards and 3 NHS Trusts. Local Health Boards are responsible for planning, securing and delivering local services to help prevent CKD and to diagnose, treat and care for people affected by it and progressing to ERF. All 7 Local Health Boards plan and fund renal services through their partnership work on the Welsh Health Specialised Services Committee (WHSSC) and the Welsh Renal Clinical Network.

To plan services effectively for their populations Local Health Boards must build and lead coalitions with Trusts, Independent (dialysis) Service Providers, GPs, pharmacists, dentists, opticians, social services, the Third Sector and voluntary bodies. Renal patient groups and charities play a valuable role in meeting the needs of people with renal disease.

Public Health Wales NHS Trust provides Local Health Boards with information and advice to inform service planning. The Welsh Ambulance Service NHS Trust plays a vital role in transporting patients to and from unit. The NHS Wales Informatics Service (NWIS) supports Local Health Boards in the collecting and reporting of information.
Welsh Ambulance Service NHS Trust will lead the provision of Non Emergency Patient Transport, including travel to and from unit haemodialysis. An ‘Enhanced Service’ including dialysis will be operational by September 2016 and this will include longer operating hours and a more timely response, recognising the critical nature of transport for unit haemodialysis patients.

**Local government** also has a vital role to play to prevent chronic renal disease. To promote a co-ordinated approach, they need to work with Local Health Boards through Local Service Boards. This work includes the analysis of the evidence base and development of Single Integrated Plans showing how they can contribute to improving health outcomes, in areas such as smoking, obesity, nutrition and exercise.

The **Welsh Renal Clinical Network** commissions specialised renal services on an all-Wales basis and provides a single decision-making framework with clear remit, responsibility and accountability. National prioritisation and implementation generates economies of scale and synergy between the network and its stakeholders.

WRCN works with renal patient groups including the Kidney Wales Foundation, National Kidney Federation and the Welsh Kidney Patients Association to collect views on renal services in Wales and acts on the results.

### 10. Measuring success

The General Introduction document within the Specifications refers to data collection, self assessment, audit and reporting processes which apply.

WRCN will report to the public, and hence to Welsh Government, and their Boards at regular intervals. This Renal Delivery Plan and the Welsh Health Circular which is issued with the first iteration places a requirement on each organisation to work with the WRCN to produce an annual report on renal services for the public of Wales each year to demonstrate progress.
Starting in April 2016, the WRCN will publish an annual report providing details of renal services, their effectiveness and performance.

By working together, focusing on the needs of people and by being open and honest about how we are doing, we will make the difference we all want.

### What needs to happen and when to achieve:

#### Selected Actions for 2016-17:

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<tr>
<th>Action</th>
<th>By whom</th>
<th>When</th>
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<tr>
<td>Further guidance on the Selected Actions to be provided</td>
<td>Welsh Renal Clinical Network</td>
<td>Ongoing</td>
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<tr>
<td>LHBs to confirm plans to carry out Selected Actions and report progress as part of IMTPs</td>
<td>Health Boards</td>
<td>By March 2017 and ongoing</td>
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**Priority 1**

Health Boards support the National CKD Audit so that future service change and development is based on appropriate evidence and best practice.

**Priority 2**

Encourage the use of Advanced Care Plans for all patients with Established Renal Failure.
**Priority 3**
Ensure the functionality of the National Renal IT system allows for all patients under the care of renal services to be captured including patients with CKD and that the treatment pathway is audited.

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<th>Welsh Renal Clinical Network</th>
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**Priority 4**
Completion of workforce and workload assessments and consider these against outputs and outcomes to identify areas of good practice.

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<th>Welsh Renal Clinical Network</th>
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